EFFECTS OF TRANSACTIONAL ANALYSIS AND SELF-EFFICACY STRATEGIES ON EMOTIONAL LABOUR OF NURSES IN ILORIN, KWARA STATE, NIGERIA

BY

FLORENCE BOSEDE FAMOLU
(MATRIC NO. 140948)
B.Ed G&C ILORIN, M.Ed G&C ILORIN

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ABSTRACT

Some nurses have been perceived to have poor interpersonal relationships with patients. This, could affect their productivity and also inhibit psychological torture and wellness of patients. Thus, nurses require emotional labour to overcome these challenges. Emotional labour is the degree of one's display of appropriate emotion in response to the patient and the management of feelings to create a publicly observable emotional display as the situation demands. Transactional Analysis and Self-Efficacy Strategy treatments have been employed in enhancing the emotional labour of sales personnel, cashiers, receptionists, police officers and some healthcare personnel but have not been used in respect of nurses' professional output. Therefore, this study investigated effects of TA and SES on emotional labour of nurses in the government hospitals Ilorin, Kwara State, Nigeria.

The study employed a pretest-posttest, control group, quasi-experimental design with a 3x3x2 factorial matrix. Simple random sampling technique was used to select 124 nurses from University of Ilorin Teaching Hospital and Civil Service Hospital in Kwara State, these hospitals are government hospitals. Two instruments were used. They are Emotional Labour Scale (α=0.81) and Emotional Intelligence Scale (α=0.80). The samples were randomised into two experimental groups and one control group. It involves eight weeks training; one hour daily contact session twice a week for the experimental groups while the control group was met in the first and eighth week of the contact period. The groups are Transactional Analysis, Self-efficacy and Control group. Seven hypotheses were tested at the 0.05 level of significance. Data were analysed using the descriptive statistics and analysis of covariance.

There was a significant main effect of treatments on emotional labour of participants ($F_{(2,114)}$=44,487, $p<0.05$). The Transactional Analysis group obtained the highest mean score in emotional labour ($\overline{X}$ =170.286), Self-efficacy mean score ($\overline{X}$ =164.77), and the lowest mean score obtained by the control group ($\overline{X}$ =136.571) which means that Transactional Analysis was more effective in enhancing the emotional labour of the participants. There was no significant difference in the two-way interaction effect of treatment and the moderating variable of emotional intelligence emotional intelligence on participants' emotional labour. A comparison of the emotional labour scores of the participants with low, moderate and high levels of emotional intelligence treated with Transactional Analysis and Self-Efficacy strategies were not also significant.

Although Transactional Analysis was more effective than Self-Efficacy Strategies, the two approaches were effective in enhancing emotional labour of nurses in Kwara State. The two intervention strategies are, therefore, recommended for use by nurses and other helping professionals in handling interpersonal relationships with their clients.

Key words: Transactional analysis, Self-efficacy, Emotional labour, Nurses, Emotional intelligence.

Word count: 419

CERTIFICATION

I certify that this work was carried out by **Florence Bosede FAMOLU** in the Department of Guidance and Counselling, Faculty of Education under my supervision.

SUPERVISOR

Dr OYESOJI AREMU

DEDICATION

This thesis is dedicated to **God Almighty** who gave me Life, good health, wisdom, favour and knowledge to undergo this Course at the Ph.D level. THANKS BE TO GOD.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Nursing profession is concerned with providing care to the sick and disabled with the aim of promoting, maintaining and restoring health. All service industries requires interactions with customers. Nurses perform many different services, including research, education and mostly patient consultation. They often coordinate their services with physicians and other health providers. The need for nursing is universal, thus the International Council of Nurses states that the functions of nursing is fourfold: to promote health, prevent illness, restore health and alleviate suffering, and that inherent in nursing is the respect for life, dignity and the rights of individual. It is unrestricted by considerations of nationality, race, creed, colour, age, gender, politics or social status (Williams, 1999; Zapf & Holz, 2006).

Gesell and Wolosin (2004) and Khatri, (2006) argued that health care organizations are not factories and, in comparison with industrial model of management, they require a different set of human resources- practices and systems to support a particular kind of service. Considering their emotional, psychological and/or physical fragilities, patients are not "normal" customers. They need both instrumental and expressive (emotional) care. Although both contribute to excellence in health care, expressive caring is increasingly overshadowed by instrumental caring with a focus on technical skills and knowledge (Godkin & Godkin, 2004).

The movement for reform in nursing was led by Florence Nightingale, a woman of intellectual and moral power in 1948. This professionalisation is certainly one strategy to cope with difficult medical experiences, particularly death and dying (Barnes, 1998; Kelly, 2000); the pressure of making mistakes (Barnes, 1998); and the uncertainties involved in exercising medical knowledge (Lawler, 1991; Barnes, 1998) Therefore, this requires emotional labour. However, emotional labour in this context is largely hidden behind a 'cloak of competence' in the case of medical practitioners (Haas & Shaffir, 1977).

Hospitals are staffed by consulstants in the various medical, surgical, gynecology, pediatric and psychiatric disciplines and by their junior medical and nursing staff. From the middle of the 19th century on, the number of hospitals greatly increased, principally because of the discovery of anesthesia and aseptic surgical

techniques. During the 20th century, the demand for hospital services expanded further with the spread of economic prosperity (Haas & Shaffir, 1977).

The concept of professional intimacy helps define the complex circumstances nurses face as part of their caring labour. Nurses struggle to define their labour so that it is duly recognized as work that is indispensable to health, well being, and saving lives (Gordon, 2006; Melosh, 1982). Professionalization has been one way that nurses have promoted the skill and complexity of their labour. Nursing used to be considered "sacred" work, "a calling" for middle class women, or the only job accessible to women other than teaching. Now, it is a career path viewed as suitable for men and women of various races, classes, and ethnicities.

In Nigeria, the career progression of nurses established that nurses faced a homogeny of obstacles in their careers (Adeyemo, 2006; Alarape & Oki, 1999; Olomitutu, 1999; Salami, 2002). The organizational level of these obstacles included role conflicts and role uncertainty, poor working conditions, frequent shift duties and transfers, lack of motivation, lack of training facilities, inadequate working facilities, work overload and stress, poor salaries and poor promotion prospects. Most of these nurses are not satisfied with their jobs and lack commitment to their career and place of work (Adeyemo, 2006; Salami, 2002). Olomitutu (1999) states that much is demanded from the nurses. Too little pay and too much work have often resulted in absolute discontentment, lack of self-will on the job and high turnover among the nurses (Salami, 2002).

The life of every individual is valuable and because it has no replica, it should not be toyed with. Therefore, nurses who are charged with the responsibility of caring for the sick require a good deal of commitment, retraining and interpersonal relationships to help patients to dispense appropriate drugs, retrieve useful information from patients and arrange them logically for the physicians' to read-through (Umoinyang, Nsemo, Ntukide, Obi & Joshua, 2004).

Nursing is characterized by relatively rigorous stress, high job turnover, and early bournout due to work load (Gray-Toft &Anderson, 1981; Hipwell, Tyler & Wilson, 1989; Revicki & May, 1989). Nurses have impressive responsibility for people's lives in an arena of constant pressure, conflict and change. Role ambiguity and role boundary problems are created by dual lines of authority, conflicting role functions and differing expectations from other senior nurses, doctors, administrators and patients (Hipwell, Tyler & Wilson, 1989).

Nursing is a service job where the employee/customer interaction is dynamic with uncertain outcomes (Ashforth & Humphrey, 1993; Mann, 1997; Morris & Feldman, 1997). The manner by which employees present themselves to customers, including the emotions that employees display during interactions, will contribute to the overall perception customers formulate about the organization and the quality of the organization's products (Sutton & Rafaeli, 1988; Ashforth & Humphrey, 1993; Morris & Feldman, 1996; Abraham, 1998; Zapf, 2002; Diefendorff & Richard, 2003; Totterdell & Holman, 2003). This organizational representation by employees, termed "emotional front" by Sutton and Rafaeli (1988), serves as an organizational attribute.

Some of the problems of nurses are *external*, For example, the hospital environment, policies, workload, allowances and attitude of the societies. Though this not withstanding, a few number of nurses who are subjected to the same environmental conditions are satisfied with the profession and still relate well with patients and are willing to continue with the job. This is an evidence that environmental factors are not the sole causes of improving emotional labour of nurses. *Internal* factors such as thinking pattern, emotions and negative self-statement could also contribute to the frustration experienced by some nurses. So, if nurses learn and practise new ways of thinking and responding, they would be satisfied, free from frustration, gain confidence in their ability to treat patients and relate effectively. This could also improve their emotional labour by learning new ways of thinking and behaving (Godkin & Godkin, 2004).

Emotion is the complex psychophysiological experience of an individual's state of mind as interacting with biochemical (internal) and environmental (external) influences. In humans, emotion fundamentally involves "physiological arousal, expressive behaviours, and conscious experience." Emotion is associated with mood, temperament, personality and disposition, and motivation (Martin, 1999). Motivations direct and energize behaviour, while emotions provide the affective component to motivation, positive or negative (Ekman, 2003). In turn, these organizational fronts draw customers to themselves or resist customers depending on the individual customer's preferences of treatment. Hochschild (1983) states that emotional display acts as a signal function; if the customer appreciates the status given by the organization through its associates, then the customer will continue to patronize that organization. Also, this perception of the organization may promote or

prevent opportunities with third parties, such as the customer's close associates (Rafaeli & Sutton, 1987; Diefendorff & Richard, 2003; Totterdell & Holman, 2003).

The importance of the nursing profession should be demonstrated by the nurse and in the best interest of the patient. In addition, confidentiality as part of the social, ethical and moral basis of working in care setting is further explained in the nursing profession. In clinical setting, preserving confidentiality is viewed as the key to establishing trust and promoting good relationship and interaction. In the absence of this, nurses might not be able to offer the client the required quality care as expected (Hogston & Simpson, 1999). Al-Mailam, 2005 argues that if clients feel confident to communicate their information to the nurse, are made aware that their information is secure with the assurance that it will not be passed on without their consent and used on a need to know basis, they will be willing to disclose sensitive and relevant information more freely.

Employees can display organizationally-desired emotions by acting out the emotion. Such acting can take two forms: surface acting and deep acting. Surface acting involves affective displays, or faking; surface acting which involves an employee's (presenting emotions on his or her "surface" without actually feeling them. The employee in this case puts on a facade as if the emotions are felt, like a "persona"), and deep acting wherein they modify their inner feelings to match the emotion expressions the organization requires. Though both forms of acting are internally false, they represent different intentions. When engaging in deep acting, an actor attempts to modify feelings to match the required displays, in order to seem authentic to the audience (faking in good faith) while in surfasce acting, the alternative strategy, employees modify their displays without shaping inner feelings. They conform to the display rules in order to keep the job, not to help the customer or the organization (faking in bad faith) (Grandey, 2003).

Deep acting is argued to be associated with reduced stress and an increased sense of personal accomplishment; whereas surface acting is associated with increased stress, emotional exhaustion, depression, and lack of authenticity. Hochschild (1983), in his writing about emotional labour, coined the term *emotional dissonance* to describe this process of "maintaining a difference between feeling and feigning". Emotional labours in organizations which involve Nurses working in a hospital are expected to express positive emotions such as warmth and compassion towards patients.

In the past, emotional labour demands and display rules were viewed as characteristics of particular occupations such as restaurant workers, cashiers, hospital workers, bill collectors, counsellors, secretaries and nurses. However, display rules have been conceptualized not only as role requirements of particular occupational groups, but also as interpersonal job demands, which are shared by many kinds of occupations (Rafaeli, 1989).

Suggestions on using emotional labour indicate that emotional labour jobs require the worker to produce an emotional state in another person. For example, flight attendants are encouraged to create good cheer in passengers while bill collectors are to promote anxiety in debtors. Research on emotional contagion has shown that exposure to an individual expressing positive or negative emotions can produce a corresponding change in the emotional state of the observer (Khatri, 2006). Grove (1989) in his study reveals that employees' display of positive emotions is indeed positively related to customers' positive affect. Positive affective display in service interactions, such as smiling and conveying friendliness, are positively associated with important customer outcomes, such as intention to return, intention to recommend a store to others and perception of overall service quality (Pugh, 2001).

There is evidence that higher levels of emotional labour demands are not uniformly rewarded with higher wages. Rather, the reward is dependent on the level of general cognitive demands required by the job. Occupations with high cognitive demands evidence wage returns with increasing emotional labour demands; whereas occupations low in cognitive demands evidence a wage "penalty" with increasing emotional labour demands (Gross, 1998).

The spirit of the hospitality industry is not only “getting a job done,” but also involves getting the job done with the right attitude, with the right degree of sincerity, and with the right amount of concern for the guests. Every company in the hospitality industry requires that employees, while interacting with customers, display certain types of emotions such as friendliness, cheerfulness, warmth, enthusiasm, or confidence. Nurses are called on to display caring and kindness. They display behaviours similar to those of food servers to show friendliness and cheerfulness. Bill-collectors need to be forceful and angry and the police calm and cool. One attribute that the above job categories have in common is that they are all service occupations in which face-to-face or voice-to-voice interactions with customers, clients, or the public constitute a major part of the work (Firth & Praty, 2004).

Berne (1961) defines transactional analysis as the method for studying interactions between individuals. Transactional Analysis started, as a system that focuses on people's external behaviour and only secondarily on analyzing their internal psychological processes and was designed as a system that seeks to understand the interactions of people and to improve the human social environment and highly effective information based psychology and psychiatry of human communication.

Berne (1961) states that the complexity of interpersonal transactions is an understandable recognition that people can interact from one of three "ego-states" - Parent, Adult or Child - and that these interactions can occur at overt and covert levels. Each one of the ego states has its effect of a "mind module," that is, a system of communication with its own language and function. The Parent's is a language of values, the Adult's is a language of logic and rationality and the Child's is a language of emotions. Slaughter (1980), states that effective functioning in the world depends on the availability to all the three intact ego states. Transactional Analysts are trained to recognize what ego states people are transacting from, and to follow, in precise detail, the transactional sequences that people engage in as they interact with each other. With this training, they are also able to get involved effectively to improve the quality of communication and interaction for their clients.

Berne (1964), enunciates that a therapist could learn what the problem was by simply observing what was communicated (words, body language, facial expressions) in a transaction. So, instead of directly asking the patient questions, He would frequently observe the patient in a group setting, noting all of the transactions that occurred between the patient and other individuals.

In addition to the analysis of the interactions between individuals, transactional analysis also involves the identification of the *ego states* behind each and every transaction. He defines ego state *as* "a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviour. Transactional Analysis was designed as a system that seeks to understand the interactions of people and to improve the human social environment.

A common belief held by many employers is that there is a high correlation between employees' smiling faces and increasing revenue (Ash, 1984; Peters & Austin, 2001; Rafaeli & Sutton, 1989). Displays of friendliness and enthusiasm, for example, are thought to increase customer satisfaction, that is the efficacy of the

employee, by improving sales immediately, resulting in increased repeat business, and ultimately, financial success (Hochschild, 1983; Rafaeli & Sutton, 1987; 1989). As a result, even when facing difficult customers, efficacious employees are still expected by the company to do what it takes to change the situation into a positive experience. Negative emotional displays are prohibited and positive emotional displays are required.

Therefore, transactional analysis is a rational approach to understanding behaviour and is based on the assumption that individuals can learn to trust themselves, think for themselves, make their own decisions and express their feelings. Transactional analysis principle can be applied on the job, in the home, at work, in the neighbourhood and wherever people deal with one another.

Bandura (1982) defines self-efficacy as a form of self-evaluation that influences decisions about what behaviours to undertake, the amount of effort and persistence put forth when faced with obstacles, and finally, the mastery of the behaviour. Self-efficacy is not a measure of skill; rather, it reflects what individuals believe they can do with the skills they possess. Self-efficacy is also people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes (Bandura, 1994).

A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep desire in activities. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure and they quickly recover their sense of efficacy after failures or setbacks. Bandura, 1991 attributes failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers exposure to depression.

In contrast, people who doubt their capabilities shy away from difficult tasks which they view as personal threats. They have low aspirations and weak

commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties; they are slow to recover their sense of efficacy following failures or setbacks. Because they view insufficient performance as deficient aptitude, it does not require much failure for them to lose faith in their capabilities, they fall easy victim to stress and depression.

Although there is a growing shift towards the psychological and social aspects of patient care, an important gap in understanding is the centrality and therapeutic value of emotional labour in patients' lives. Hochschild (1983) said that emotional labour involves the induction or suppression of feeling to sustain an outward appearance that produces in others a sense of being cared for in a convivial safe place. Emotional labour is typified by three characteristics (Hochschild, 1983; Smith, 1992 Smith & Lorentzon, 2005 & 2007):

- Face-to-face or voice contact with the public;
- It requires workers to produce an emotional state in another person;
- It allows employers to have a degree of control over workers' emotional activities, through training and supervision.

Gender means a range of differences between men and women, extending from the biological to the social. Biologically, the male gender is defined by reference to the presence of a Y-chromosome and its absence in the female gender. However, there is debate as to the extent that the biological difference has or necessitates differences in gender roles in society and on gender identity, which has been defined as "an individual's self-conception as being male or female, as distinguished from actual biological sex" (Davis, 1998).

The traditional definitions of intelligence emphasized cognitive aspects such as memory and problem-solving. Several influential researchers in the intelligence field of study recognize the importance of the non-cognitive aspects. Thorndike, used the term social intelligence to describe the skill of understanding and managing other people (Thorndike, 1920).

Similarly, Wechsler (1940) describes the influence of non-intellective factors on intelligent behaviour and argues that our models of intelligence would not be complete until we can adequately describe these factors (Bar-On, 2006). In Gardner's frames of mind, the theory of multiple intelligences introduces the idea of

Intelligences which includes both *Interpersonal intelligence* (the capacity to understand the intentions, motivations and desires of other people) and *Intrapersonal intelligence* (the capacity to understand oneself, to appreciate one's feelings, fears and motivations), (Gardner, 1983). In his view, traditional types of intelligence, such as IQ, fail to fully explain cognitive ability (Smith, 2002). Thus, even though the names given to the concept vary, there was a common belief that traditional definitions of intelligence are lacking in ability to fully explain performance outcomes.

Emotional intellegence refers to the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and relationships (Goleman, 1998). As a result of the growing acknowledgement of professionals for the importance and relevance of emotions to work outcomes (Feldman-Barrett & Salovey, 2002), the research on the topic continued to gain momentum but it was not until the publication of Goleman's best seller *Emotional Intelligence: Why It Can Matter More Than IQ* that the term became widely popularized (Goleman, 1995). Time Magazine article highlighted Goleman's book and was the first in a string of mainstream media interest in Emotional Intelligence (Gibbs, 1995). Thereafter, articles on Emotional Intelligence began to appear with increasing frequency across a wide range of academic and popular outlets.

. Emotional Intelligence is the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions (Salovey & Mayer, 1990). Despite this early definition, there has been confusion regarding the exact meaning of this construct. The definitions are so varied, and the field is growing so rapidly that researchers are constantly amending even their own definitions of the construct (Dulewicz & Higgs, 2000).

The literature reviewed so far on the use of transactional analysis and self-efficacy strategies were used to enhance Police Interpersonal skills, Bankers' Inpersonsl skills, Confict resolutions and to reduce retirement anxiety but this study is to enhance the Emotional labour of nurses using transactional analysis and self-efficacy strategies on emotional labour of nurses in Kwara State, Nigeria.

Many interaction troubles occur because there is poor communication. The main goal of this stategy is to train individuals to be flexible and open when engaging in any type of transaction. Also, the strategy is to change the thinking prterns of participants and teach them more appropriate ways of communicating and behaving.

Enhanced emotional labour encourages workers to learn how to listen and communicate with others. It helps to brainstorm solutions and negotiate an agreement that work for them. Trained workers create a safe atmosphere, allowing free flow of communication which assists them in working out mutually acceptable agreement.

Statement of the Problem

Evidence from research have shown that many nurses are caught up in poor communication contact everyday in their interactions with patients and do not have adequate interpersonal relationship skills to manage emotions, jealousy and physical aggression (Zapf & Holz, 2006). Also it was observed that nurses are usually subjected to stress and depression. These could be responsible for lack of commitment at work and distance between the patients and nurses and in consequence could be counterproductive to the patients in terms of health care provision.

The role of nurses in health care delivery in Nigeria can not be ignored. It is obvious that nurses are faced with diversity of obstacles in their careers (Adeyemo, 2006; Olomitutu, 1999; Salami, 2002). In nursing profession, the career progression established that nurses faced an equality of obstacles in their careers and the organizational level of these obstacles which include role conflicts and role uncertainty; poor working conditions, frequent shift duties and transfers, lack of motivation, lack of training facilities, inadequate working facilities, work overload and stress, poor salaries and poor promotion prospects.

This study investigated the moderating of emotional intelligence, gender and working experience on the relationship between transactional analysis, self-efficacy strategies and enhanced emotional labour of nurses in Kwara State, Nigeria. The study also investigated the impact of individual characteristics on the way emotional labour is performed on the relationships among the different ways of enacting emotional labour and their consequences, and addresses the question of whether organizational characteristics and job characteristics have shield effects on the perceived consequences of emotional labour of nurses.

Purpose of the Study

This study investigated the effectiveness of transactional analysis and self-efficacy strategies in enhancing emotional labour of nurses. In addition, the study

examined which of the treatments (Transactional Analysis and Self-Efficacy) would be more effective. The study also investigated the moderating effects of gender, emotional intelligence and work experience on patient. In this study, the post treatment outcome of the target population would serve as basis for offering useful suggestion to other researchers who may be interested in similar studies in the future.

Significance of the Study

Results of this study would be of benefits to the nurses, health authorities and counselling psychologists. The awareness invariably would make health care profession to become more knowledgeable in handling emotional labour challenges to ensure that nurses are helped to maintain quality and stable interactive contact at work.

From this study nurses would find a useful knowledge about the management of emotions and better interactive contact with patients and staff. The study exposes nurses to the fact that emotions are inevitable, hence there is need to develop positive emotions to face challenge where they arise. From the result of this study, health authorities would be able to enlighten the authorised personnel on the fact that emotional labour is inevitable but could be controlled. Counselling psychologists also find the findings from the study useful for emotional therapy in their counselling profession and nurses are also expected to benefit immensely from the results of this study on how their interactive contact directly or indirectly affects their emotions. This will enable them work positively on their future relationships.

A training package evolves from this study would assist hospital management, administrators, patients and government in training nurses to reduce the cases of bad interactions which in most cases leads to poor human relationship and discontentment among nurses would help to inform and assist authorities and policy makers in the health care sector in Nigeria and help nurses to learn and develop a behaviour change that would advance a sense of efficiency in hospitals. Nurses would be direct beneficiaries because their emotional labour would be enhanced. The training would boost nurses' confidence in effectively carrying out their duties; also their level of commitment, efficiency and effectiveness would enhance the quality of health care. When a highly efficacious and committed nurse passes instructions to patients it is understood and this could improve the interpersonal contact.

Scope of the Study

This study was carried out at the government hospitals in Ilorin and was limited only to two strategies which are Transactional Analysis and Self-efficacy. The sample was also limited to nurses (both gender) age ranging between 25yeara to 40years in the Maternity and GOPD units of UITH Ilorin and Civil Service State Hospital, all in Ilorin, Kwara state, Nigeria. Private hospitals and other health officers were excluded because there is a great difference between the conditions of service of private and government hospitals.

Operational Definition of Key Terms

The following terms are operationally defined as used in the study:

Emotional Labour: the management of feelings to create a publicly observable facial and bodily display by the employer as expected to be displayed by the organization.

Transactional Analysis: Is the approach the researcher would use to study the way of communication and mode of interaction between the patients and the nurses. It is a behaviour and therapeutic technique for facilitating effective communication and understanding others and at the level of the three ego stages.

Self-efficacy: The beliefs of one's capabilities to organize and execute the courses of action required to produce when given attainments.

Emotional Intelligence: Emotional intellegence refers to the capacity for recognizing our own feelings and that of other peopple, for motivating ourselves and for managing emotions well in ourselves and relationships.

Working Experience: This is the number of years that nurses have spent on their interactions with Patients so far as a worker in the hospital.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

Introduction

This chapter presents the review of related literature using the following subheadings:

Theoretical Background

Nursing profession

Functions and duties of nurses

Emotional labour

Emotional labour and nursing profession

Theories of emotional labour

Affective event theory

Social identity theory

Emotional intelligence

Self-efficacy

Transactional analysis and training

Empirical Review

Nursing and emotional labour

Nursing and transactional analysis

Self-efficacy and nurses' emotional labour

Nurses emotional labour and gender factor

Nurses emotional labour and emotional intelligence

Nurses emotional labour and work

Experience factor

Appraisal of literature

Conceptual model of the study

Research hypotheses

Theoretical Background

Nursing Profession

Nursing as a profession is significant, particularly as emotional care and labour, and accompanying feelings of stress in nurses affect the retention of much-needed staff and influence the quality of nurse-patient relationships (Firth-Cozens & Payne,

1999). The culture of care in health services and changing techniques of health and healing in nursing helps in appreciating the everyday ethical and emotional predicament that staff face when supporting patients and families (Smith & Lorentzon, 2005; 2007; Smith, 2005).

Caring is the act of conveying individualized or person-to-person concern or regard through a specific set of behaviours (Issel & Kahn, 1998). Patients report that they feel cared for when they feel treated as individuals, receive help dealing with their illness, and when they believe that nurses anticipate their needs, are available to them and appear confident in their work (Hines, 1992; Godkin, 2001; Godkin & Godkin, 2004). The caring nurse is perceptive, supportive of patient concerns and physically present/available (Godkin, 2001; Riemen, 1986). By paying attention to the peculiar physiological and emotional needs of their patients, nurses can improve patients' satisfaction, well-being and health (Godkin, 2001; Godkin & Godkin, 2004; Al-Mailan, 2005; Meyer, Cecka & Turkovich, 2006).

Considering these benefits, promoting expressive caring is a worthy and even an imperative aim (Godkin & Godkin, 2004). This requires that researchers identify the factors affecting caring behaviours and this study here contributes to this body of knowledge by linking caring with emotional intelligence. After discussing the relevance of Emotional Intelligence for a number of aspects of individual and organizational life and for nursing, we theoretically show how nurses' Emotional Intelligence may relate with their caring behaviours. The goal of nursing is to restore, maintain and advance the health of individuals, groups or entire communities. It is a science and an art. The science is the application of nursing knowledge and the technical aspects of practice.

The art is the establishment of a caring relationship through which nurses apply nursing knowledge, skills and judgment in a compassionate manner. Both focus on the whole person, not just a particular health problem. Nurses have many different roles – clinical practice, administration, teaching, researching in many different settings, including hospitals, long-term care facilities, clients' homes, clinics, industries and classrooms, to name just a few. They care for individuals at all stages of the life cycle and in all states of health, from normal functioning to crisis.

Nurses are accountable for their decisions and actions, and for maintaining competence throughout their careers. Although all nursing students learn from the same body of nursing knowledge, registered nurses study for a longer period of time,

allowing for greater depth and breadth of foundational knowledge in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. Emotions in nursing are traditional as training programmes for nurse's barrier were encouraged (Plant, Plant & Foster, 1992). This conferred some protection from the emotional concerns of patients (Menzies, 1960). The way in which the work was organized, with nurses approaching patients to carry out particular tasks of a physical nature did helped to maintain a cordial relationships. In recent decades, however, there has been a move away from maintaining distance and detachment towards an appreciation of involvement and commitment (Williams, 2000).

Many concepts now valued in health care, such as partnership, open communication and 'new nursing' emphasize the importance of nurse–patient relationships (Savage, 1990). The value of each nurse adopting a holistic approach to patient care and addressing psychological, social and spiritual needs has been acknowledged, and necessitates closer relationships, as well as continuity in the delivery of nursing care (Benner, 1984). The move to encourage partnership in health care requires open communication and mutual understanding that can be facilitated when there is good rapport between a patient and a professional (McQueen, 2000). Getting to know patients helps nurses to interpret concerns, anticipate patients' needs and adds to job satisfaction (Luker, 2000). In adopting values of holistic care, partnership and intimacy, nurses get to know their patients as individuals and experience emotional responses to their suffering. They are, therefore, now more exposed to both physical and emotional distress of the patients and have to deal with this as part of their work.

While it is now considered acceptable for nurses to show their emotions as they empathize with patients and show their humanity (Staden, 1998), there is clearly also a need for them to manage their emotions if they are to offer help and support. In this respect, Omdahl and O'Donnell (1999) differentiate between empathetic concern and emotional contagion, and advise nurses to use strategies that promote empathetic concern and avoid emotional contagion.

Caring is a complex phenomenon and many definitions have been suggested. Intentional actions that convey physical care and emotional concern and promote a sense of security in another (Larson & Ferketich 1993). The mental emotional and physical effort involved in looking after, responding to and supporting others (Baines,

1991) Caring for someone, in its fullest sense, includes an emotional element, that is, to care for and about the person (Fealy, 1995). Caring for someone is associated with the performance of physical tasks, whereas caring about someone implies care at a deeper level, where feelings are explicitly involved in the relationship and resulting care. If nurses are to form therapeutic relationships and engage with patients, to care for and about them, this involves their emotions.

However, in situations when they are emotionally upset, or when nurse–patient contact is maintained over a period of time (Morse, 1991), the relationship is likely to develop as nurse and patient get to know each other and negotiate a relationship that satisfies both parties. Henderson (2001) in his study experienced detachment or engagement on a continuum along which there was movement according to specific patient circumstances. Ability to move along such a continuum, according to individual circumstances, may grant an advantage and protect nurses from undue emotional stress. Emotional experience at work can involve nurses in managing instinctive emotions such as disgust, annoyance or frustration in patient interactions.

When one is trying to view the situation from patients' perspectives and empathizing with their emotions, nurses' facial expressions and behaviour can be managed to display caring behaviour. Alternatively, when nurses reflexively identify with patients in suffering, a degree of emotional management may also be required to enable them to function in a manner that is beneficial for patients. While it is appreciated that showing emotion that reflects feelings for patients shows humanity on the part of the nurse (Staden, 1998), the aim of emotional management is to facilitate the best possible outcome for patients or clients. If one is overcome with emotion, cognition and behaviour can be adversely affected (Ramos, 1992).

Types of Nursing Profession

The specialization of any nurse will determine the type of interpersonal contact the patients gets from the nurses, irrespective of whether the patient is a "good one or a bad one". Example of a pediatric nurse who gets close to he/her patients, touch them and make a follow up till the baby is out because it involves a follow-up of the baby's mother. While the case is not so with the bad patients who takes drug and alcohol and place limitations on interpersonal contacts from nurses (Gray, 2009).

The following are some types of nursing profession: Agency nursing, Ambulatory care nursing, Anesthesia nursing, Cardiac care nursing, Case management nursing, Critical care nursing, Emergency nursing, Forensics nursing, Gastroenterology nursing, Geriatrics nursing, Holistic nursing, HIV/AIDS nursing, Informatics nursing, Legal nursing, Midwifery nursing, Military nursing, Neonatal nursing, Neuroscience nursing, practitioner nursing, Occupational health nursing, Oncology nursing, Pediatric nursing, Peri- operative nursing, Psychiatric nursing, Research nursing, School nursing, Transplant nursing, Trauma nursing, Travel nursing and Urology nursing (Tyler & Ellison 1994).

Functions and duties of nurses: The practice of nursing requires the following functional abilities as stated by O'Lynn (2008):

1. Physical endurance – this is the sufficiency of physical endurance, strength and mobility to perform required client care activities in a safe and effective manner for the entire length of the clinical experience. Examples of relevant activities is working for 8 or 12-hour shifts, days, evenings or nights, weekends, holidays, also, standing, walking, bending, squatting, lifting or moving clients or objects weighing 25 to 50 pounds or more.
2. Visual ability – is the independent assessment of patients and their environments, examples of relevant activities are the detective changes in skin, colour or condition, collection of data from recording equipment and measurement, devices used in patient care, detect a fire in a patient area and initiate emergency action, draw up the correct quantity of medication into a syringe.
3. Hearing ability – it is the physical monitoring and assessment of client's health care, examples of relevant activities are hearing faint body sounds (i.e. blood pressure sounds, assessment of placement of tubes), hear auditory alarms (i.e. monitors, fire alarms, call bells) and hearing of normal speaking level sounds (i.e. person-to-person reports).
4. Olfactory ability - to detect significant environment and client odors- example of relevant activity is to detect odors from client and environment.
5. Tangible ability - to independent assess patients and to implement the nursing care plans that are developed from such assessment and to detect changes in skin temperature; detect unsafe temperature levels in heat-producing devices used in

patient care, also to detect anatomical abnormalities (i.e. subcutaneous crepitus, edema, or infiltrated intravenous fluid) and detect vibrations etc.

6. Communication ability - ability to speak, comprehend, and write (print and cursive) in english at a level that meets the need for accurate, clear, and effective communication. This gives a clear oral report, direct activities of others by providing clear written and oral instructions to others and influence people's actions to be able to communicate effectively on the telephone and legibly convey information through writing (O' Lynn, 2008).

7. Reading ability - sufficient ability to comprehend the written word. Examples of relevant activities reading of graphs (i.e. vital signs sheets) reading and understand english print and cursive documents.

8. Math's ability - ability to do accurate computations and to read measurement marks, count rates, read digital displays. It tells and measure time (i.e. count duration of contractions, etc.) and accurately calculates medication dosages. It accurately calculate intake and output.

9. Critical thinking ability – this is the ability to collect, analyzes, integrate, and generalize information and knowledge to make clinical judgements and management decisions that promote positive patient outcomes. It evaluates the outcome, transfer knowledge from one situation to another, process information and prioritize tasks and the Using of long and short term memory.

10. Emotional stability - to assume responsibility/accountability for actions in Establishing a therapeutic relationships and communicate in a supportive manner.

To deal with the unexpected (i.e. client becoming critical, crisis), handle strong emotions, adapt to changing environment/stress, focus attention on task and monitor own emotions and be able to keep emotional control.

11. Interpersonal skills - ability to interact with individuals, families and groups respecting social, cultural and spiritual diversity in negotiating interpersonal conflict to establish positive rapport with clients, co-workers, and faculty (Shader, Broome, West & Nash, 2001).

Apart from hospitals, general practice surgeries, and clinics, nurses work in nursing and residential homes, occupational health services, rest home and residential care homes, the pharmaceutical industry, the prison service, universities and schools, on leisure cruise ships, or for the armed forces. With the explosion of technical knowledge in the field of health care since World War II, nurses have also begun to

specialize in particular areas of nursing care. These include surgical, dental, maternity, psychiatric, an anaesthesia, and community-health nursing (O'Lynn, 2008).

Emotions

Emotions are feelings that people experience, interpret, reflect on, express and manage (Thoits, 1989; Mills & Kleinman, 1988). They arise through social interaction and are influenced by social, cultural, interpersonal and situational conditions (Martin, 1999). In many situations in our daily lives, we often find ourselves suppressing feelings and displaying a more socially accepted emotion that is deemed more appropriate. For example, showing excitement about a colleague's promotion or suppressing anger when being cut off by someone in a waiting line are emotional. Regulating one's emotions to comply with social norms is referred to as "emotion work" (Hochschild, 1990).

As we try to regulate our emotions to fit in with the norms of the situation, based on many and sometimes conflicting demands upon us which originate from various entities studied by sociology on a micro level, such as social roles and "feeling rules" the everyday social interactions and situations are shaped by and, on a macro level, by social institutions, discourses and ideologies. For example, post-modern marriage is, on one hand, based on the emotion of love and on the other hand the very emotion is to be worked on and regulated by it. The mode of emotions also focuses on general attitude changes in a population. Emotional appeals are commonly found in advertising, health campaigns and political messages. Recent examples include no-smoking health campaigns and political campaign advertising emphasizing the fear of terrorism.

Examples of basic emotions:

Source: Paul Ekman, 2003

Fig. 2.1

Emotional Labour

Emotional labour is a form of emotional regulation in which workers are expected to display certain emotions as part of their job, and to promote organizational goals. The intended effects of these emotional displays are on targeted people who are the clients, customers, subordinates or co-workers (Grandey, 2000). Hochschild (1983) stated that emotional labour involves the induction or suppression of feeling to sustain an outward appearance that produces in others a sense of being cared for in a convivial safe place.

When our job roles require us to display particular emotions and suppress others, we do our emotion management for a wage. Hochschild (1983) terms this regulation of one's emotions to comply with occupational or organizational norms as "emotional labour." She defined emotional labour as "the management of feelings to create a publicly observable facial and bodily display; emotional labour is sold for a wage and therefore has exchange value" (Hochschild, 1983).

The role of emotion in the workplace has been a constant thought often implicit theme in the organization behaviour literature. Recent theoretical and empirical works have been focused on how emotions are expressed in the workplace as well as on how they are experienced. The manner in which one displays feelings has a strong impact on the quality of service transactions, the effectiveness of the interpersonal climate and the experience of emotion itself.

Hochschild (1983) defines emotional labour as the induction or suppression of feeling to sustain the outer appearance that results in others feeling cared for in a safe place. This kind of labour calls for a co-ordination of mind and feeling and it sometimes draws on a source of self that we honour as deep and integral to our individuality. In order to help patients feel cared for, nurses welcome patients, are polite, respectful and considerate. They engage in various activities that correspond with caring behaviour, e.g. providing helpful information and advice; physically helping patients when necessary; engaging in supportive behaviour and administering technical care. Associated with these behaviours can be emotions such as sadness, joy and compassion (McQueen, 1997).

In addition to these positively valued emotions, nurses can also experience negative emotions such as frustration, disgust, irritation and anger. If patients are to feel cared for, these latter emotions will require control to present a front appropriate for the situation (Goffman, 1959). Emotional labour, however, is more than

presenting a front to patients or observers. It also involves working on the emotions to correspond with this front. Emotional labour is guided by 'feeling rules' derived from social conventions, the reactions of others or from within the individual. Hocshschild (1983) argues that emotional life is socially controlled in a nursing context when nurses do not feel as they think they, engage in emotional labour to manage, control or alter their emotional status to correspond with what they believe is appropriate for the situation. The emotional work involved in achieving correspondence between the emotions experienced and behaviour demonstrated helps to give the behaviour authenticity.

Hochschild (1983) describes two processes involved in emotional labour: Surface acting and Deep acting. Surface acting requires altering the outer expression to achieve correspondence between feelings and the behaviour demonstrated. Deep acting requires a change of inner feelings to those considered appropriate for the situation, so that these feelings are mirrored in facial expressions and outer behaviour. The feeling rules used to monitor emotional feelings and emotional labour may be unconscious or semiconscious (Hochschild, 1983). While Hochschild's work was carried out with airline stewards and is not without its critics (Wouters, 1989; Tolich, 1993), it has been shown to have wider application and its relevance in nursing has been clearly demonstrated (James, 1992; Smith, 1992; Phillips, 1996; & McQueen, 1997). He maintains that the purpose of emotional labour is to promote in others a feeling of being cared for thus rainforcing its relevance since caring is a central element in nursing (Watson, 1990; Swanson, 1993).

James (1992) states that emotional labour operates in the context of caring about, since it involves a 'personal exchange'. She does, however, observe that the feelings of the airline stewards in Hochschild's study may not have been based on such a personal exchange but could have appeared genuine because the stewards were trained to behave in this way. To engage patients at a level at which nurses can feel for and empathize with them may in some cases be reflexive or automatic while in other cases will demand emotional work if their behaviour is to show genuine emotional responses. Such work on the emotions requires that nurses give of themselves and this can have personal costs in terms of feeling emotionally drained or exhausted (Hocshschild, 1983). However, not all patients require intense emotional engagement.

In situations when they are emotionally upset, or when nurse – patient contact is maintained over a period of time (Morse, 1991), the relationship is likely to develop as nurse and patient get to know each other and negotiate a relationship that satisfies both parties. Henderson (2001) experienced detachment or engagement on a continuum along which there was movement according to specific patient circumstances. Ability to move along such a continuum, according to individual circumstances, may give an advantage and protect nurses from undue emotional stress. Emotional work can involve nurses in managing instinctive emotions such as disgust, annoyance or frustration in patient interactions. By trying to view the situation from patients' perspectives and empathizing with their emotions, nurses' facial expressions and behaviour can be managed to display caring behaviour.

Alternatively, when nurses reflexively identify with patients in suffering, a degree of emotional management may also be required to enable them to function in a manner that is beneficial for patients. While it is appreciated that showing emotion that reflects feelings for patients shows humanity on the part of the nurse (Staden, 1998), the aim of emotional management is to facilitate the best possible outcome for patients or clients. If one is overcome with emotion, cognition and behaviour can be adversely affected (Ramos, 1992).

To patients, the advantage of feeling cared for can be demonstrated in physical behaviour, attentiveness and the time that nurses give to meeting their needs (Smith, 1992). The quality of care may be enhanced when nurses can engage with patients, detect and act on reminder, anticipate needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care. Muetzel (1988), describes this level of engagement as 'being there; nurses connecting with patients physically, psychologically and spiritually. Integrative literature reviews and meta-analyses of emotional intelligence in nursing by Dietze and Orb (2000) propose that it is important for nurses to experience compassion because it affects their decision-making and actions, contributing to excellence in the practice of nursing.

Nurses have also enjoyed benefit from emotional labour; engaging with patients at a personal level has been reported to be satisfying, and job satisfaction is also achieved when feedback of appreciation is given by patients (McQueen, 1995). However, emotional labour is a skilled demanding work and intense continuous emotional work can be stressful and exhausting. Unrelenting work of this nature can adversely affect nurses' physical and psychological health, potentially leading to

burnout (Benner & Wrubel, 1989). A balance is therefore required to provide intimate, personal attention to patients while recognizing personal limitations and engaging in coping mechanisms to protect oneself from burnout. Some such techniques are careful patient allocation so that the more demanding patients are shared amongst nurses, and provision of peer support and supervision (Staden, 1998).

There is evidence that the importance of self-awareness and understanding patients' perspectives is recognized in nursing education (Mason, 1991; Wells-Federman, 1996). However, some nurses feel inadequately prepared for the social, interpersonal and emotional demands of their roles (Henderson, 2001). Evans and Allen (2002) acknowledge that nurses' ability to manage their own emotions and to understand those of their patients is an asset in providing care but that Emotional Intelligence is generally overlooked in nursing curricula. Cadman and Brewer (2001), claim that emotional intelligence is developed over time by interpersonal skills training, and propose that an assessment of Emotional Intelligence should be made prior to recruitment of people into preregistration nursing programmes. Although Emotional Intelligence evolves over time, this does not necessarily mean that it should not be addressed during nursing education. It is a quality that can be learned and taught throughout life (Segal, 2002).

Nursing work involves cognitive and technical skills. There has been increasing recognition of the interpersonal and intrapersonal skills required to cope with the complex demands of modern health care systems (Bellack, 1999), and emotional labour is a well-recognized concept in the literature. It is acknowledged that emotional work is involved in direct patient care (Smith, 1992); and at management levels within the organization (Strickland, 2000). The qualities in Emotional Intelligence that are relevant to this discussion are the abilities to understand other people, work well in co-operation with them and be self-aware. These are relevant to direct patient care and multidisciplinary teamwork. Graham (1999), states that nurses need 'emotional competence', the ability to question themselves and provide patient-centered care.

Arandon (2000) maintains that self-knowledge and critical examination of one's own practice, both on an individual and a team perspective, are key mechanisms for surviving and thriving as a palliative care nurse, claiming that we need to see the whole commitment involved in holistic care to appreciate the significance of the contributions of the nurse to the patient's well-being. James (2004), in the study of the

relationship between gender and the emotion work of adult rest-home nurses, suggests that emotional labour is a skilled work that goes largely unrecorded and may not be appreciated by managers.

Emotional labour is the effort you exert to separate yourself from a situation in order to get your work done. For example, if you are a customer service representative, the 50th person asking the same question must be answered as thoroughly as the first person. Otherwise, you are not doing your job of providing customer service because that 50th person has no idea that you have answered the same question 50 times that same day. The customers just need an answer. You must swallow your irritation, separate yourself emotionally from the situation in order to do your job. Similarly, without emotional labour, the intimidated prison guard, the judgmental social worker and the empathetic bill collector fail to do their jobs (Encarta, 2009).

The term 'emotional labour' draws attention to the similarities as well as differences between emotional and physical labour. Emotional labour requires an individualised but trained response that helps to manage patients' emotions in the everyday working life of health organisations (Smith & Lorentzon, 2007; 2005; Allan & Smith, 2005; James, 1993). James (1993) enunciates that "emotional labour" is intended to highlight the similarities as well as differences between emotional and physical labour, with both being hard, skilled work requiring experience, affected by immediate conditions, external controls and subject to division of labour. Emotional labour is an integral, yet often unrecognized, part of employment that involves contact with people.

Emotional labour demands an individualized and trained response which exercises a degree of control over the emotional activities of labour and thereby commodifies their feelings.' Hochschild (1983) states that commercialization of human feeling has inspired a body of research that is yet to reach a consensus upon the definition and conceptualization of emotional labour. Even though there is widespread of opinion on the nature of emotional labour, agreement generally prevails that emotional labour calls for the management of emotions and emotional expression in order to conform to organizational requirement and expectations (Grandey, 2003). The interaction between the service provider and customer is the core of a service experience that influences customers' perceptions of service quality, it is necessary

for managers or employers to regulate or manage employees' behaviour or emotional expressions to ensure service quality (Abraham, 1998).

The term emotional labour refers to the management of human feelings that occur during the social interaction that takes place as a part of the labour process. This is clearly different from emotion work. During emotion work, the feelings of employees are managed in order to maintain an outward appearance and to produce particular states of the mind in other people for private purposes. Hochschild (1983) identifies two form of emotional labour, where employees induce or suppress their feelings or emotions as part of the labour process. First, surface acting, which involves pretending 'to feel what we do not'. Second, deep acting which is to deceive 'oneself' as much as deceiving others. Taylor (1989) identifies three characteristics that define emotional labour and distinguishes it from emotional work.

1. Feeling management is performed as part of paid work.
2. emotional labour is predominantly undertaken during social interaction within the workplace.
3. there must be some attempt to prescribe or supervise and measure employee performance.

James (1989), in a stimulating essay dedicated to 'emotional labour', defines it as 'the work involved in dealing with other peoples' feelings, a core component of which is the regulation of emotions', whose value lies in its contribution to the social reproduction of labour power relations to production. Emotional labour here essentially refers to the result (someone's emotion being transformed by the production process), that is, the expression is used in the same way as we say: it is a craft, or she did a really good job.

Another important and common meaning of the term Emotional labour is "work that implies suffering" which makes one feel painful distressing emotions, involvement distress are often felt together. Women workers even feel the need to put themselves at stake emotionally. Nursery school teachers, for example, contest with each other to secure jobs involving more contact with the children and complain of being taken away by excessive tidying up and cleaning duties (Giacomini, 1982). With this kind of job, energy consumption, intellectual, physical or emotional exhaustion can give pleasure (rather like orgasm). There are events, sometimes even pleasurable, that severally test the heart. A person can feel real pain and even die of a broken heart, as doctors and sociologist have confirmed. Moreover, it is to be

expected that all encompassing and instant understanding is matched by a sudden and powerful outpouring of energy, at times a destructive explosion. It is a question of equilibrium.

There are jobs that drain one's emotions even in a short time, for example, nursing terminal patients or children with leukemia, who still looked well initially and then you watch them waste away and die. In the meaning given above, 'emotional labour' defines the effect of the work on the emotions (Dworkin, 1981).

Emotional labour is also viewed as work involving observation or perception of one, the greater the challenge to one's emotions therefore form a significant part of one's job. Emotional labour denotes work on oneself; in the officially accredited usage in psychoanalytical language in order to process/digest one's emotions within oneself. This 'emotional labour' was viewed as an activity to be carried out consciously to overcome the limits of our ways of approaching people, influenced by our background, behaviour, experiences (Hochschild, 1990).

The needs to acquire a greater capacity for work on oneself is essential to all jobs. It has been shown that nurses are concerned with the patient's well being but are more "detached" in England. It is this lack of social skill in training the emotions that defines the high value of the job. The worker is thrown in at the deep end with respect to manual or intellectual work where job processed are more consolidated and definite. However, in most Nigerian organizations, employees come to work with different types of emotion such as anger, love, joy, sadness, fear and the likes, which influence their level of performance positively or negatively. Meanwhile, special skills are needed to manage these various types of emotions and this could be done through emotional labour in order to increase workers' performance.

Emotional Dissonance

Emotional Dissonance has been argued as the experience of results from the employee perceiving certain display rules that dictate the employee customer - interaction and acting against his or her true emotions to fulfill those display rules. Deep and surface acting are methods by which employees can modify their actual emotional state to conform to those display rules (Hochschild, 1993, Ashoforth & Humphrey, 1993, Adelmann, 1995; Abraham, 1989; Grandey, 2000, Totterdell & Holamn, 2003).

Hochschild (1983) explains that emotional dissonance is the aspect of emotional labour that is detrimental to one's health and well-being. Many researchers have specified emotional dissonance as a dimension of the emotional labour construct (Morris & Feldman, 1996; Abraham ,1989; Kruml & Gaddes ,2000; Grandey, 2000).

Grandey (2000) views emotional labour, deep and surface acting without direct connection to emotional distance. Also, many of these aspects of emotional labour listed by Zapf (2001) are executed or controlled by surface or deep acting where emotional dissonance may not necessarily come into play in such actions. Emotional effort, specified by several researchers as a dimension of emotional labour (Kruml & Geddes, 2000; Grandy, 2000), is represented in the present model by the methods of emotional labour: surface acting, active deep acting, and passive deep acting. This is an extension of Brotherigdge & Lee's (2000) distinction of surface and deep acting as applied emotional effort. Emotional effort was clearly indicated as, at least, an aspect of emotional labour in Morris and Feldman's (1996) definition of emotional labour.

Krumi and Geddes (2000) explaines that emotional effort exists regardless of the existence of dissonance such as when the customer exhibits negative feelings. In this situation, emotional contagion may come into play to test the sales person's present positive emotional state and, in turn, require more effort in maintaining his or her positive emotional display.

Surface Acting

Hochschild (1983) views surface acting as disguising what we feel, or visually pretending to feel what we do not. Zapf (2001) explains that surface acting is a physical attempt to conceal emotional dissonance and describe surface acting as the employees attempt to manage physical or visible displays of emotion. Surface acting often may be interpreted as superficial and insincere (Ashforth & Humprehey, 1993). Such perceptions are not only detrimental to the organization customer relationship but also to the health of the portrayer of the insincere emotion (Morris & Feldman, 1996). Accordingly, the proposal model indicates surface acting as a type of emotional effort out of which emotional dissonance arises as a stressor in the emotional labour process displayed by the individual.

Deep Acting

Hochschild (1983) enunciates the step above surface acting in that the employee is not only attempting to fool the customer with his or her emotional display but also considers it an attempt at *self deception.* The employee not only controls his or her physical display but also endeavours to modify internal thoughts and feelings (i.e. emotional dissonance) in order to fulfill expectations of emotional display (Brotheridge & Grandey, 2002). Hochschild (1983) discussed two categories of deep acting as passive and active:

Passive deep acting simply means that the employee already feels the desired emotion, so there is need for cognitive manipulation of emotion. Passive deep acting is thus considered to be a direct result of perceived behavioural expectations with no resulting emotional dissonance. Active deep acting is the second category. This form of deep acting is termed active because some amount of emotional management is necessary due to the emotional dissonance felt as the interaction occurs. It requires cognitive manipulation of feelings in order to fulfill emotional labour requirements at the place of work.

Totterdell and Holman (2003) explain two techniques for active deep acting. The first is attention deployment whereby one changes his or her focus of thought. For example, a retail sales clerk who is required to display positive emotions such as happiness may think of his or her impending graduation from college in order to change his or her emotional status after being angered by receiving a speeding ticket on the way to work.

The other technique, cognitive change, is the attempt to reappraise a situation in order to adopt a perspective that will induce the appropriate emotion. For example, a sales person who is confronted with a customer's anger at receiving broken merchandise might react with less defensiveness and more sympathy and helpfulness if he or she were to consider the interaction from the customer's point of view. Less emotional dissonance is felt in this interaction due to the active act and the deep acting that was employed.

Grandey (2000) opines that the suppression of emotion, either positive or negative, was associated with serious detrimental health effects. Toterdell and Hollman (2003) construe from previous research that physical strains may be closely associated with the effort of emotional regulation. The data shows that emotional

intelligence moderates the effects of emotional effort, specifically the effort of surface acting, on resulting stress reactions in the form of physical strains.

A concentrated focus in this area has been on burnout. Many studies have found unequivocal evidence linking emotional exhaustion (i.e. indicated by many as the most prominent dimension of burnout) to one's state of emotional dissonance in the emotional labour process (Zapf, 2001). Totterdell & Hollman (2003) found that surface acting, identified by many researchers to be an operationalisation of emotional dissonance, has a stronger association with emotional exhaustion.

Several researchers have proposed and found evidence to support the idea that emotional dissonance as a result of emotional labour will cause reduction in job performance (Ashorth & Humphrey, 1993; 1997; Abraham, 2000). Evidence also suggests that job performance, as an outcome of emotional labour practices, may be positively affected by emotional intelligence. Several researchers have argued that the emotional labour process may adversely affect organizational commitment (Zapf, 2001) while Abraham (2000) proposes that advanced emotional intelligence skills might possibly benefit organizational commitment.

Labour Intentions

Another extension of emotional labour research comes from the issue of resulting organizational problems. Researchers have discussed job turnover as one of several troublesome organizational problems associated with emotional labour (Maslach & Jackson, 1981; Grandey, 2000). Emotions are feelings that people experience, interpret reflect expression and management. Feelings arise through social interaction and are influenced by social, cultural, interpersonal and situational conditions. In many situations in our daily lives, we often find ourselves suppressing feelings and displaying a more socially accepted emotion that is deemed more appropriate. For example, showing excitement about a colleagues promotion or suppressing anger when being cut off norm then is referred to as "emotion at work". When our job roles require us to display particular emotions and suppress others, we do our emotion management for a wage (Hochschild, 1990).

Hochschild (1983) argues that service providers and customers share a set of expectations about the nature of emotions that should be displayed during the service encounter. These expectations are a function of societal norms, occupational norms and organizational norms (Rafaeli & Sutton, 1989; Ekman, 1973). The service

industry in general and the hospitality industry in particular, implement display rules to regulate employees' behaviour. "Show an upbeat attitude at every table" or "put energy and enthusiasm into every guest interaction" are common instructions in employee handbooks.

In addition, companies use policies, symbol, myths and stories to teach, demonstrate and reinforce these display rules. Based on these display rules, service providers are expected to act friendly and upbeat, and to disguise anger and disgust, even toward annoying customers. Further, employees must often relinquish part of their independence to the control of their company through body language and emotional expressions (Paules, 1991). The purpose is to ensure that employees will project the desired image of the company to the public and that this image will elicit the desired response satisfaction and continued patronage from consumers.

Some researchers proposed that employees perform emotional labour through three types of acting mechanism: Surface acting, deep acting and genuine acting (Hochschild, 1983; Ashforth & Humphrey, 1993). Surface acting involves employees simulating emotions that are not actually felt by changing their outward appearances (i.e. facial expression, gestures, or voice tone) when exhibiting required emotions. For example, a hotel front desk employee may put on a smile and cheerfully greet a customer even if she or he is feeling down. In this case, the front desk clerk feigns emotions that are not experienced.

When *surface acting technique is used*, people alter the outward expression of emotion in the service of altering their inner feelings. By changing facial or bodily expressions, such as slumped shoulders, bowed head, or dipping mouth, inner feelings can be altered to a corresponding state (Hochschild, 1993). One flight attendant described how surface acting helps her to elicit friendly behaviour, "If I pretend I'm feeling really up, sometimes I actually cheer up and feel friendly. The passenger responds to me as though I was friendly and then more of me respond back (Hochschild, 1990). The flight attendant uses surface acting to display an emotion friendliness that she does not actually feel". Surface acting then is a discrepancy between felt and displayed emotion (Ashforth & Humphrey, 1993).

Another acting technique is *Deep Acting*. Deep acting occurs when employees' feelings do not fit the situation. They then use their training or past experience to work up appropriate emotions. Unlike surface acting, deep acting involves changing inner feeling by altering something more than outward appearance.

In surface acting, feelings are changed from the "outside," whereas feelings are changed from the "outside in", whereas feelings are changed from the "inside out" in deep acting (Hochschild, 1983). Hochschild classifies deep acting as:

1. exhorting feeling, whereby one actively attempts to evoke or suppress an emotion and;
2. trained imagination, whereby one actively invokes thoughts, images and memories to induce the associated emotion such as thinking of a wedding to feel happy or a funeral to feel sad). In other words, employees use their training or past experiences to help conjure up appropriate emotions or response (empathy, cheerfulness) for a given scene (Kruml & Geddes, 2000). By practicing deep acting, emotions are actively induced, suppressed or shaped.

The airline company that Hochschild studied utilized the deep acting technique to help flight attendants produce appropriate emotions or suppress inappropriate emotional responses toward guests. In a training session, flight attendants were taught to imagine the cabin as a living room and passengers as their guests as and to regard difficult passengers as children who need attention (Hochschild, 1983). As Hochschild's acting paradigm rest on the assumption that service providers are making efforts to actually feel the emotions they are displaying, many scholars claim that Hochschild ignores the instances whereby one spontaneously and genuinely experiences and expresses the expected emotion without exerting any effort (Ashforth & Humphrey, 1993). For instant, a nurse who feels sympathy at the sight of an injured child has no need to "act". Therefore, genuine acting is used to imply the situation where employees spontaneously experience and express same emotion (Ashforth & Humphrey, 1993).

As the competition becomes more intense in the hospitality industry, many hospitality companies challenge their employees to strive for "world class service". This striving for guest service excellence makes companies no longer content with their employees engaging in surface acting. They are seeking to achieve genuine acting or deep acting in employees. Consider the following instructions drawn from an employee handbook on how to greet or say goodbye to customers. Companies explicitly specify that "a personal greeting with a big smile and a warm 'hello' means much more to a guest than robotic greeting" or "sincere" (Kruml & Geddes, 2000). Encouraging employees to engage in genuine acting or deep acting, companies hope

to enhance the authenticity of the service performance and reduce the possibility that service providers might break the service "norms' and express emotions incongruous with the role they are expected to play (Paules, 1991).

Emotional Labour and Nursing Profession

1. Workload: The most obvious means of reducing the workload of practitioners is to ensure that staffing levels are adequate, including administrative staff so that reduce the paperwork burden on nurses would be reduced (Finlayson, 2002). Recent funding increases introduced by the Government promise improvements in staff recruitment (Department of Health, 2002). Department of health notes that there has been 'excellent progress' in both recruitment and retention of nurses during the past years, even exceeding their own forecasts. Deeming and Harrison (2002) and Finlayson (2002) suggestes that the rate of increased recruitment cannot be sustained, as statistics have been influenced by an initial large influx of employees from overseas and also by those returning to nursing after a break in employment. Finlayson (2003) states that an ageing staff profile and recruitment efforts perhaps should be seen as medium-to long-term measures that will produce little significant improvement in workload stress in the near future.

2. Leadership/management conflict: These are issues and professional conflict which Introduces the participative strategy for management in the heart of human resource proposals within the Nursing Hospital Staff (NHS) Plan. A long-term strategy for the delivery of health care and ensuring an inclusive leadership style which seems to be crucial to improving staff retention. This style engenders group cohesion and empowerment and has been found to be inversely correlated with burnout in nurses, but a 'transactional' leadership style that is interventionist and potentially critical was positively associated with it (Stordeur, 2001).

3. Conflict with other professionals: This is a group cohesion management issue and could require a culture shift if the problem is to be eradicated. The Royal College of Nursing has urged that this issue be addressed as harassment from doctors, supervisors, managers and colleagues which is an increasing way of distress and absenteeism amongst nurses (Kivimaki, 2000; Ball, 2002). The nursing hospital staff now requires a commitment from managers to remove harassment and discrimination. When there is a moves towards a more inclusive style of management will produce the culture shift required in practice remains to be seen but it may take some time

before the situation is sufficiently improved to have a significant impact on stress reduction.

4. Approach of Emotional labour: This is to promote a more holistic approach to care there is a dynamic approach between nurses and patients, from one in which nurses might distance themselves from the emotional needs of patients to one in which development of a nurse–patient relationship is considered essential (Williams, 2001). Such 'emotional labour' places considerable demands on those delivering health care (Phillips, 1996) and may reduce objectivity in caring (Williams, 2001). Identification of the need to cope with sick patients and their families as a source of distress for nurses, therefore, has no emotional effect.

5. Pay and shift-working: Pay and shift work schedules seem to be more prominent as major sources of distress for nurses, to the extent that they are displacing other sources in importance. Lack of reward is an increasing source of frustration (Ball, 2002) and contributes to role disengagement, a component of burnout (Demerouti, 2000). There remains a disparity of pay for newly qualified nurses when compared with that for police officers and teachers, two professional groups traditionally compared with nurses (Duffin, 2001; Holyoake, 2002), and nurses are especially aggrieved by governmental failure to address the issue of salaries. Furthermore, proposals to remove clinical grades and to link pay to competency indicators through the 'Agenda for Change' programme have not helped to reduce anxieties over levels of pay (MacKenzie, 2002).

Shift work such as night duties, traditionally attracts pay enhancements but can have a significant effect on personal and social life. Prolonged shift work, especially night shift-work, also has a health risk as it produces symptoms that correspond closely to those of mild or moderate distress (Efinger, 1995). Long-term night shift working has even been suggested to increase the risk of cardiovascular disease. Integrative literature reviews and meta-analyses Workplace stress in nursing although the data are inconclusive (Steenland, 1996, & Scott, 2000).

There has to be equity in the allocation of shift schedules, and flexibility to reduce the social and personal impacts of shift working. A possible reason for the recent appearance of shift work scheduling as a source of distress is that staff shortages make it more difficult for nurses to choose when to work unsocial hours. The situation will not be improved if prescriptive patterns of shift working for staff are introduced (Waters, 2002). Indeed, the situation may worsen if current pay

modernization plans lead to reduced payments for working unsocial hours (Buchan, 2002).

The scheduling of shift duties seems likely to remain a source of distress until the problems be make worse by staff shortages. Difficulties with internal shift rotation are common reasons for nurses leaving the profession (Learthart, 2000). An alternative 12-hour shift pattern has been tried in some practice areas and in some studies has been found to be beneficial and popular, primarily because it can have social benefits (Reid, 1994; Gillespie & Curzio, 1996; Bloodworth, 2001). However, other studies suggest that fatigue levels and stress may be higher with 12-hour shifts possibly depending upon the practitioner's age (Reid & Dawson, 2001).

6. Individuality of stress perceptions: This is organizational measures to reduce stress for nurses are likely to have limited impact, at least in the short-term, but also because perceptions are not consistent so an important finding from the current review is that there is a lack of commonality between nurses' perceptions of sources of stress, even where the main sources seem to be identified strongly by a sample (Demerouti, 2000; Stordeur, 2001). Consequently, a collective evaluation of sources of distress for nurses in any given clinical area cannot be predictive of ensuing distress in an individual. In addition, there is some evidence that different clinical areas may influence perceptions of which sources are the most important (Foxall, 1990; Tyler & Ellison, 1994). Measures introduced for the majority within a hospital, or even within a single practice area, are therefore unlikely to meet the needs of other staff. Variation between individuals in their perception of the workplace must be addressed.

The variation between individual perceptions is most likely to arise from differences in personal factors, as personal stress 'hardiness' influences ability to cope (Boyle, 1991; Simoni & Paterson, 1997), as done the levels of companionship and social interaction at work (Ceslowit, 1989; Morano, 1993; Healy & McKay, 2000). There will also be contributions from sources outside the workplace. Tyler and Ellison (1994) provided an illustration of this, as it identified that nurses living with a partner had fewer stress symptoms than those with no partner, and those with children experienced less stress from dealing with patients and relatives. Ensuring provision of professional, emotional and social support in the workplace as part of stress management should be seen as being preventative (Rick, 2001). Thus when methods are improved, detection of distress in nurses is still only likely to identify clearly those

who are already showing symptoms associated with severe distress, as these are consistent and extreme.

Service based organizations means “Customers right” Tracy found “three central practical concerns applicable to service organizations”. She illustrated the strength and potential abuse of customer-based control of service personnel (Tracy, 2000). This happens because in service based organizations customers become a sort of a second boss for the employees. Since service employees are taught that the customer is always right this creates confusion where to draw boundaries. This is magnified in situations that manager use customer’s “evaluations to reward and punish employees” (Tracy, 2000). Tracy explains that when managers choose to use customer evaluations to reward and punish employees, customers essentially become a second boss. Also in job situations in which much of the organizational product consists of employee personality, organizational leaders must temper and contextualize customer service programs with information that helps employees recognize and negotiate the boundaries between selling a smile and accommodation customer abuse or harassment.

The perceived quality of the service often is directly influenced by the customer's interaction with the service provider (Bowen & Schneider, 19881). How the service provider acts and speaks with the customer has become a much more salient concern of management. Hochschild (1983) stated that organizations are increasingly willing to direct and control how employees present themselves to others. In other words, the images employees create for customers and the quality of interactions between employees and customers have come increasingly under the control of management. As a consequence, a key component of the work performed by many workers has become the presentation of emotions that are specified and desired by their organizations. An under-researched, yet critical, aspect of the literature on emotions in organizational life concerns these organizational attempts to control and direct how employees display emotions to customers.

Dimensions of emotional labour

The dimensions of emotional labour focus are on the level of planning, control, and skill that are required to present appropriate emotional display in organizational settings (Morris and Feldman, 1996). Based on this definition, they proposed emotional labour as a four-dimension construct: Frequency of emotional labour,

Attentiveness (intensity of emotions, duration of interaction), Variety of emotions required, and Emotional dissonance (the difference between felt emotions and expressed emotions).

Dimensions of emotional labour

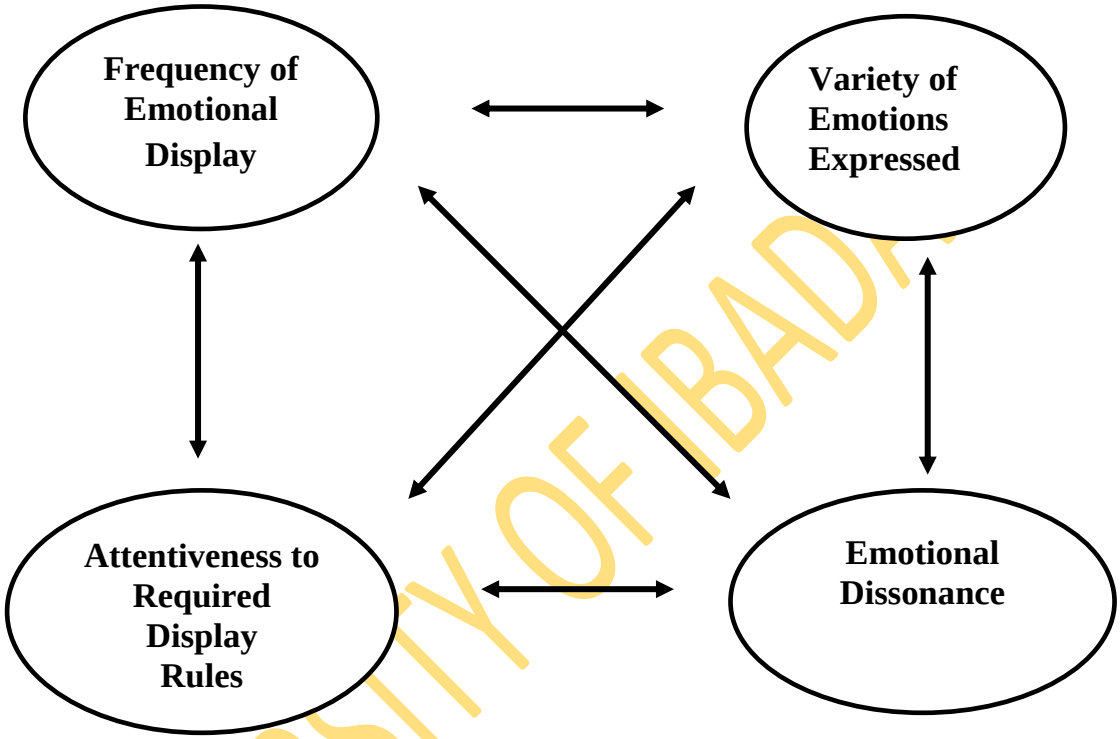


Figure 2.1

Source: Morris & Feldman (1996)

1. Frequency of emotional display

Frequency of emotional display has been the most examined component of emotional labour. Most previous research has focused on the frequency of interaction between service providers and clients as the key dimension along which jobs can be grouped in terms of emotional labour. The premise has been that stakeholders (customers or clients) are more likely to do business with an organization when the affective bonds of liking, trust and respect have been established through employees' behaviour (Wharton & Erickson, 1993). Consequently, the more often a work role requires socially appropriate emotional displays, the greater the organization's demands for regulated displays of emotion will be.

Clearly, frequency of emotional display is an important indicator of emotional labour. However, conceptualization of emotional labour only in terms of frequency of

appropriate emotional display could miss some complexity in the construct because frequency alone does not capture the level of planning, control, or skill needed to regulate and display emotional expression.

2. Attentiveness to required display rules

The second dimension of emotional labour is the level of attentiveness to display rules required by the job. The more attentiveness to display rules required, the more psychological energy and physical effort the service job will demand from employees and hence the more "labour" emotional displays will entail. Attentiveness to display rules required consists of both the duration of emotional display and the intensity of emotional display.

Sutton and Rafaeli (1988, 1989) suggest that short interactions with customers often involve highly scripted interaction formats - a simple thank you, perhaps a slight smile. This finding implies that the level of effort required for emotional displays of short duration is quite minimal. Conversely, emotional displays of longer duration should require more effort and thus more emotional labour. Research on job stress and burnout supports this argument. Cordes and Dougherty (1993) report that longer interactions with clients are associated with higher levels of burnout.

There are two reasons why duration may have an impact on the effort required to express organizationally desired emotion. First, the longer emotional displays go on, the more likely they will become less scripted. Consequently, longer emotional displays require greater attention and emotional stamina (Hochschild, 1983). Second, more information about the customer or client may become available as the interaction becomes prolonged. This knowledge makes it harder for employees to avoid showing their own personal feelings, thereby violating organizational or occupational norms (Smith, 1992).

Intensity of emotional display is also the emotional intensity which refers to how strongly or with what magnitude an emotion is experienced or expressed. Frijda, Ortony, Sonnemans and Clore (1992) argue that it is the intensity of the expressed emotion more than any other factor that determines whether or not clients and customers change their behaviour during service interactions because people may be convinced or intimidated by the perceived intensity of service providers' emotions.

Ashforth and Humphrey (1993) explain that deep acting requires greater effort because the role occupant must actively strive to invoke thoughts, images, and memories to induce the associated emotion.

Intensity becomes clearer when the differences in emotional labour across groups of service workers are examined. For example, consider the difference in emotional labour demands between debt collectors, who are expected to convincingly display urgency and anger, and store clerks, who are expected to offer polite thank you. Researchers simply count the frequency of expressed organizationally desired emotion and might conclude these two jobs entail equivalent amounts of emotional labour. However, if researchers consider the level of effort required to display appropriate emotions, they will find that these two jobs are very different indeed.

Previous research suggests that duration of emotional display and intensity of emotional display are positively related. Short displays of emotion are more likely to be scripted and require little emotional intensity, whereas long displays are more likely to be unscripted and require the display of more intense (sincere) emotions (Rafaeli, 1989). Thus, clients do not expect emotional intensity in short scripted interactions with telemarketers but they do expect more intense exchanges in longer, no scripted interactions with nurses. Frijda and Colleagues (1992) note that displays of intense emotion are more likely to occur when participants in the transactions have some history to their exchanges. Interactions of longer duration are more likely to provide that history.

3. Variety of emotions required to be expressed

The third major dimension of emotional labour is the variety of emotional displays required by work roles. The greater the variety of emotions to be displayed, the greater the emotional labour of role occupants will be. Service providers who must alter the kinds of emotions expressed to fit specific situational contexts have to engage in more active planning and conscious monitoring of their behaviour. For example where a nurse is expected to express different emotions at the same time to fit the situations of the following patients in a hospital:

1. A man of God's wife who has a child after fifteen years and such a precious baby died in the hospital few hours later.
2. A police officer's wife who desired and had the seventh child as a male child (previous ones were females) but the child died at birth.
3. A wife of a man with mental problem who has a set of twins (one was a normal child and the other one was abnormal) but the normal one died two days later.

The nurse will have to apply her professional skill, plan and control her emotions before demonstration. Irrespective of whether the patient is a good one or bad one, or if the child is dead or alive, a service bill must be paid to the hospital, then the nurse can go on to display the emotions as required to fit each situation of the three examples above to each of the patients. Consequently, the amount of psychological energy the nurses have to expend in emotional labour will be greater as well.

Emotional displays in organizations have been characterized as positive, neutral, or negative in nature (Wharton & Erickson, 1993). Positive emotional displays are aimed at increasing bonds of liking between employees and customers; display rules emphasizing emotional neutrality are used to convey calm authority and status; negative display rules emphasizing anger and hostility often are employed to intimidate or subdue clients (e.g. bouncers). Given the dynamic nature of many service encounters, it is not surprising to find that different sets of occupational and organizational display rules are sometimes utilized as the demands of a given transaction change (Sutton, 1991). For example, salespeople may be encouraged to give individualized attention to customers when business is slow, and they may be encouraged to speed up transactions as the number of customers waiting in line increases or as it nears closing time (Leidner, 1989; Rafaeli, 1989).

Similarly, some jobs (such as those of professors) often require frequent changes of emotions that are displayed: positive emotions to build up interest, negative emotions to support discipline, and neutrality of emotions to demonstrate fairness and professionalism. Thus, the amount of emotional labour involved in regulating emotional expression may be significantly influenced by variety.

The extent to which the variety of expressed emotions changes over time also may have an impact on the planning and adjustment needed to display organizationally desired emotions. For example, a debt collector who works on bills that are 30 days overdue on Monday, 90 days overdue on Tuesday, and 6 months overdue on Wednesday exhibits a fairly wide variety of emotional displays because interactions with different kinds of delinquent accounts requires different amounts of flattering, sympathy, and anger (Sutton, 1991). Additionally, the same debt collector who works on all three types of overdue accounts within a single day will need to engage in even greater emotional adjustment because potentially, every new call that day may require a different type of expressed emotion. In summary, then, frequent

changes in the variety of emotions displayed over a limited period of time require more planning and anticipation on the part of employees and thus entail greater emotional labour.

4. Emotional Dissonance

Middleton (1989) defines the conflict between genuinely felt emotions and emotions required to be displayed in organizations as emotional dissonance. Workers may experience emotional dissonance when the emotional expression required by the job's display rules clashes with their inner or "real" feelings. In previous examinations of emotional dissonance, researchers typically have considered dissonance a consequence of emotional labour (Adelmann, 1989). However, rather than being a consequence, emotional dissonance can and should be considered as the fourth dimension of the emotional labour construct. What makes regulation of emotional expression more difficult, and thus more labour intensive, are exactly those situations in which there are conflicts between genuinely felt emotions and organizationally desired emotions.

It seems unlikely that considerable control or presentational skill is necessary when the emotion the employee is expected to display matches the emotion actually felt (Leary & Kowalski, 1990). For example, it should require little emotional "labour" to sell products one genuinely believes in. However, the act of expressing desired emotions during interpersonal transactions becomes much more demanding when it requires greater skill to control true feelings. Thus, it is much more "labour" for a nurse to display emotional neutrality when a long-term patient whom he or she likes is dying. When mismatches between genuinely felt and organizationally required emotions exist, then, greater control, skill and attentive action will be needed.

Frequency of emotional display and attentiveness to required display rules should be negatively related because the longer and more intense the display of emotion, the fewer opportunities an employee will have for multiple service interactions within any given time period. Hochschild (1983) notes that flight attendants were more likely to routinize, shorten and limit the magnitude of expressed emotion as the number of passengers to be served increased. Leidner (1989), states that workers at fast-food restaurants further supports this relationship. He found that these workers are strongly encouraged to routinize interactions and minimize interaction time because time spent waiting in line violates customers' expectations of good service.

Consequently, organizations that are able to create a group that employees perceive as attractive to identify with are likely to have employees who "feel authentic," i.e. who experience positive emotional harmonization while performing emotional labour as defined above.

Emotional Dissonance has been argued that the experience of results from the employee perceiving certain display rules as dictate the employee customer - interaction and acting against his or her true emotions to fulfill those display rules. Deep and surface acting are methods by which employees can modify their actual emotional state to conform to those display rules (Hochschild, 1993; Ashoforth & Humphrey, 1993, Adelmann, 1995; Abraham, 1989; Grandey, 2000, Totterdell & Holamn, 2003).

Hochschild (1983) notes that emotional dissonance is the aspect of emotional labour that is detrimental to one's health and well-being. Many researchers have specified emotional dissonance as a dimension of the emotional labour construct (Morris & Feldman, 1996; Abraham 1989; Kruml & Gaddes 2000; Grandey, 2000).

Grandey (2000), views emotional labour with deep and surface acting without direct connection to emotional distance and note that individual and organizational factors moderate the performance of these methods. Also, many of the aspects of emotional labour listed by Zapf (2001) are executed or controlled by surface or deep acting where emotional dissonance may not necessarily come into play in such actions. Emotional effort, specified by several researchers as a dimension of emotional labour (Kruml & Geddes, 2000; Grandy, 2000), is represented in the present model by the some methods of emotional labour; surface acting, active deep acting, and passive deep acting. Brotherigdge & Lee (2000) explain that distinction of surface and deep acting are applied as emotional effort, emotional effort was clearly indicated as at least an aspect of emotional labour (Morris & Feldman, 1996)

Krumi and Geddes (2000) enuciate that emotional effort exists regardless of the existence of dissonance such as when the customer exhibits negative feelings. In this situation, emotional contagion may come into play to test the sales person's present positive emotional state and, in turn, require more effort in maintaining his or her positive emotional display.

Implications for Management Theory and Practice of Emotional labour in Nursing

Customer perceptions of good service centre are more than mechanical conformity with display rules. The turning point on the extent to which the service agent conveys the sense of genuine interpersonal sensitivity and concern, and the establishment of this emotional rapport or resonance cannot be simply mandated by the organization 'good service' is necessarily in the eye of the beholder (Ashforth & Humphrey, 1993). Synthetic compassion can be more offensive than none at all (Thompson, 1976) Customers 'catch' the affect of employees through emotional contagion processes (Pugh, 2001).

As implied from the above quotations, with the current rate of increase in the share of services as well as the increased customer expectations, organizations can no longer afford to reduce emotional labour into "display rules" that they can enforce and expect to be able to hand-puppet to control their employees into meeting customers' requirements and achieving success and competitive advantage. Customers would rather interact with humans with the willingness and ability to employ their emotions, as well as their bodies and minds, as part of their jobs (Grandy, 2005). No matter how much organizations try to mould their employees' emotional displays, each employee's individual characteristics and cognitive processes, and each situation's emotional interactions, will dictate the appropriate format of emotional expression. But the good thing is that it is more effective this way because the more organizations reduce their control over their employees' emotional expression, the more positive individual and organizational outcomes will be reaped (Krumi & Geddes2000).

This is not to say that organizations should not interfere at all with their employees' emotional displays (Hochschild, 1983). The role of management in shaping expectations about emotional expression is to come into play indirectly through organizational context, including recruitment and selection, socialization, rewards and punishments, work design, workplace values and norms. Hochschild (1983) however states that the purpose of these contextual factors should not be to shape employees' outward expressions of emotions. To ensure that employees socially identify with the organization, have an institutional self-conception, enjoy rewarding social relationships, and possess enough self-efficacy beliefs to contribute to organization's expectations about emotional expressions, through meeting them, shaping them, maintaining them, and changing them when necessary.

Many of the disparities in the existing variety of theories and empirical research findings about emotional labour can be resolved by broadening perspective and employing a multidisciplinary approach that draws from other related fields and the ways they view emotions, and by challenging the underlying assumptions that cast workplace emotions in a negative light. Emotional labour is neither positive nor negative (Zapf, 2001). The physical and mental labour content of any job, emotional labour can be considered the 'emotional job description' of a certain position, as interpreted by the holder of that position, and as continuously modified through the implicit and explicit input that this person receives through interactions with other people and situational factors. An interactional approach needs to be employed in studying emotional labour.

Positive emotional synchronization has a remarkable positive side on authenticity, personal achievement, resource replenishment/ surplus and confidence which employees feel as they meet their perceived organizations' expectations about emotional expression that increases their willingness and ability to perform emotional labour. A positive approach needs to be employed when studying the consequences of emotional labour (Grandy, 2000).

Theories of emotional labour

A. Affective Events Theory

Affective Events Theory (AET) is a model developed by the organizational psychologists, Howard M. Weiss (Purdue University) and Russell Cropanzano (University of Arizona) to identify how emotions and moods influence job performance and job satisfaction. The model increases understanding of links between employees and their emotional reaction to things that happen to them at work.

One model of emotions at work receiving attention in recent years is Affective Events Theory (Weiss & Cropanzano, 1996). AET states that characteristics of the job make the occurrence of certain types of work events more likely than others. These discrete events, called affective events, are then thought to lead to particular affective reactions (i.e. emotions) at work. Affective reactions, in turn, are proposed to lead to both immediate, affect-driven behaviours (e.g., smiling, frowning, yelling, leaving the work floor) and also to contribute to work attitudes over time (such as job satisfaction). For example, in a customer service job, a snide remark or reprimand from a customer could be considered an affective event. Such an event might produce

an affective reaction or emotion (e.g. anger, embarrassment) in the employee, which results in affect-driven behaviours such as frowning, yelling back at the customer, or leaving the work floor.

The theory suggests that over time, repeated occurrences of this type of event, might be expected to decrease the customer service employee's job satisfaction as a function of the increased negative emotions experienced at work. Hochschild introduced the idea that individuals often get paid for controlling their own emotions, emotional expressions, and the emotions of others. She named this phenomenon emotional labour and defined it as the regulation of emotions as part of the work role. Since her early work, several models of emotional labour have emerged (e.g. Ashforth & Humphrey, 1993; Diefendorff & Gosserand, 2003; Grandey, 2000; Morris & Feldman, 1996).

Work events modeled include hassles, tasks, autonomy, job demands, emotional labour and uplifting actions. These work events affect employees positively or negatively. Employee's mood predisposes the intensity of their reaction; this emotional response intensity therefore affects job performance and satisfaction. Furthermore, other employment variables like effort, leaving, deviance, commitment, and citizenship, are affected. AET is described in more detail in multiple references. The theory states that negative emotional episodes at work can produce shocks that then produce lasting affective reactions. Recipients often refer to these events in exit interviews when voluntarily leaving their current employer.

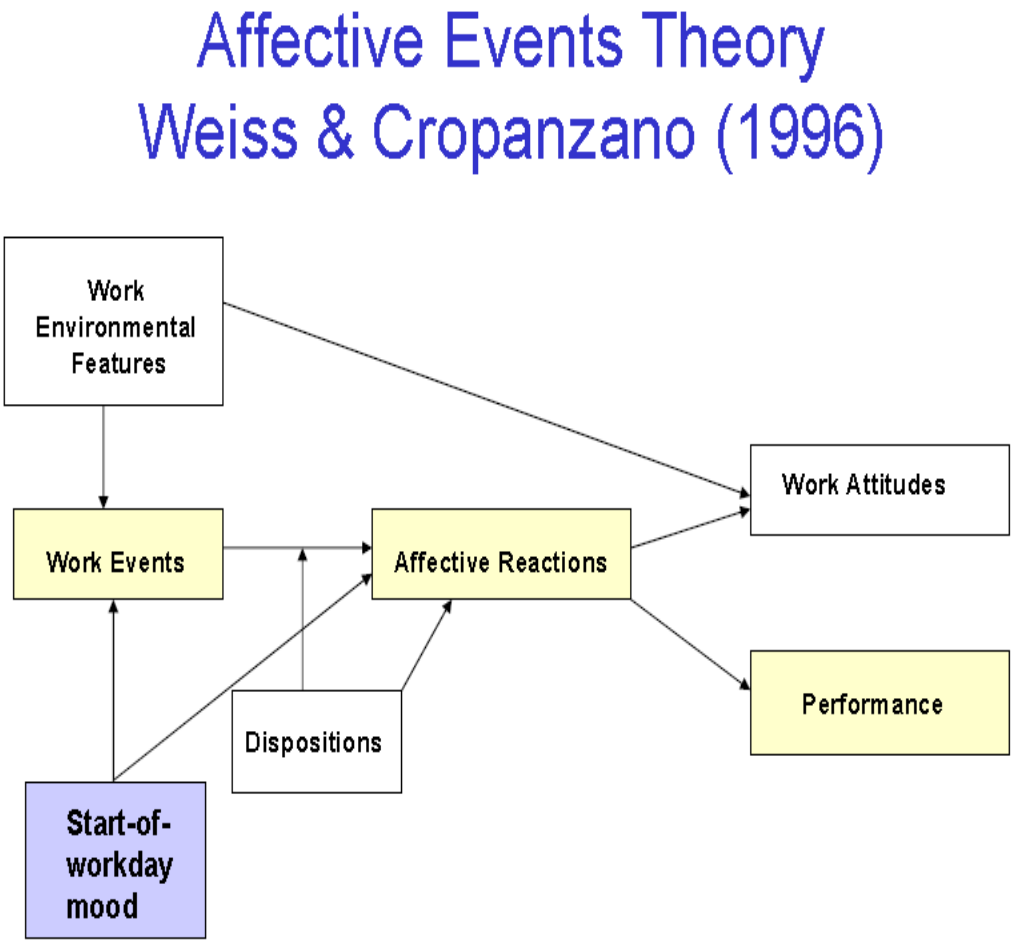


Figure 2.2

Source : Weiss & Cropanzano, 1996

According to all of these theories, employees regulate their emotions and/or emotional expressions in response to display rules (Ekman, 1973) that specify which emotions are appropriate in work situations and how those emotions should be expressed to others (Ashforth & Humphrey, 1993; Brotheridge & Grandey, 2002; Diefendorff & Richard, 2003; Hochschild, 1983; Schaubroeck & Jones, 2000). Surface acting refers to regulating expressions, or "faking" the emotion. In other words, the individual simply "puts on a mask" and displays the correct emotion, regardless of what that person may actually be feeling (Grandey, 2000). Deep acting, on the other hand, takes place when the individual consciously tries to modify his or her feelings so that they are consistent with the desired emotional expression

(Grandey, 2000). The result is a natural emotional display that matches one's feelings and the requirements of the job.

Grandey's (2000) model of emotional labour suggests that Hochschild's (1983), concepts of surface acting and deep acting might be analogous to emotion regulation strategies described by Gross (1998), in his model of emotion regulation. Gross (1998) states that emotion regulation strategies can occur at two main points in the emotion generation process. Specifically, he proposed that it is possible to regulate emotions either by (1) altering the stimulus, or the perceptions of the stimulus (antecedent focused regulation), or (2) altering the response to the stimulus (response-focused regulation). Grandey suggests that deep acting is equivalent to antecedent focused emotion regulation and surface acting is equivalent to response-focused emotion regulation. Gross (1998) divides these two general ways of regulating emotions into five categories, four of which are antecedent-focused and one of which is response-focused.

Antecedent-focused regulation includes situation selection, situation modification, intentional deployment, and cognitive change while response-focused regulation refers to response modulation. During situation selection, an individual may choose to approach or avoid certain stimuli (people, places, or objects) in order to regulate emotions. For example, individuals may choose to avoid certain people who tell offensive jokes that always upset them, or they may choose to be around people who make them feel good (Gross, 1998).

Situation modification refers to efforts on the part of the individual to directly change a situation so that its emotional impact is different. For example, one may ask a neighbour to turn down his loud music before getting upset or turn a meeting into a phone conference upon getting a flat tire (Gross, 1998). Attentional deployment refers to strategies such as distraction, concentration, and meditation. Distraction focuses attention on non-emotional aspects of the situation or turns attention away from the situation altogether. Concentration refers to turning one's attention to stimuli other than the one eliciting emotion, in order to absorb cognitive resources. Meditation refers to actually concentrating on current feelings (i.e. not trying to change these feelings), such as when a person focuses on his/her negative emotions or concentrates on future threats (Gross, 1998).

Cognitive change is Gross's final antecedent-focused strategy of emotion regulation. In cognitive change, the meaning of the situation is evaluated in a way so

as to prevent an emotional response. For example, individuals may use downward social comparison by comparing their situations to those of others who may be even less fortunate. Another example of a cognitive change strategy is cognitive reframing, where one frames a failure to obtain one goal in terms of a success (or at least a non-event) with respect to another goal. Closely related to this is cognitive reappraisal, where the individual thinks about the situation in a different way in order to change its emotional impact (Gross, 1998).

If none of these antecedent-focused regulation processes occur (or none succeed), an individual may still attempt to alter the emotional output with response focused regulation, or response modulation. Response modulation includes anything that alters the physiological, experiential, or behavioural response (e.g. drugs, exercise, cigarettes, food, or simply "faking" other emotions).

According to Grandey (2000) Gross's first two types of antecedent-focused emotion regulation. (situation selection and situation modification) may be of limited utility in a work setting. Apart from employees choosing their jobs, there is little chance to pick and choose between situations that may or may not produce the desired emotions. For example, an employee choosing to avoid a certain customer who upsets him or her may be successful in avoiding the undesired emotion. However, leaving the work floor may result in other negative consequences such as poor customer service when customers are left unattended to (Grandey, 2000). Additionally, modifying a situation (or problem solving) may be difficult in situations where the employee is expected to operate under the assumption that "the customer is always right" (Grandey & Brauburger, 2002).

Attentional deployment might also be a poor strategy for an employee to use because focusing on something else would take cognitive resources away from the job which may result in poor job performance. Also, certain forms of attentional deployment (calling up thoughts of events that produce positive emotions) are proposed by Grandey (2000) to be effective forms of "deep acting;" however, cognitive theories of mood-dependent memory would argue that it is very difficult to call up positive memories while in a negative mood (Reed, 2000).

As a result of the limited utility of situation selection, situation modification, and attentional deployment Grandey (2000) states that Gross's final two forms of affect regulation (cognitive change and response modulation) are most relevant for use in work situations. Cognitive change, especially reappraisal, has long been

advocated as an effective strategy against stress (Lazarus, 1966; Lazarus & Folkman, 1984; Lazarus, 1999; Gross, 1998). Grandey (2000) classifies this type of strategy as a form of "deep acting" which is hypothesized to have more positive long-term effects than surface acting because it removes the dissonance between what is expressed and what is actually felt. In other words, because individuals are actually changing their thoughts and feelings into what is desired, there is no dissonance between what they feel and what they are expressing. In addition, their emotional displays should be more authentic.

Response modulation, on the other hand, may be considered "surface acting" (Grandey, 2000). For example, customer service employees may smile even though they are depressed, or they may try to appear polite even though they are very angry with certain customers. Response modulation, therefore, does not reduce the dissonance between what the employee feels and what he/she expresses.

B. Social Identity Theory

Social identity theory was developed by Henri Tajfel and John Turner in 1979. According to social identity theory, the self-concept consists of a personal identity, including individual traits and abilities, as well as a social identity, the perception of belonging to main group classifications. Based on social identity theory, Ashforth and Humphrey (1993) argue that the effects of emotional labour are moderated by one's social identity. As individuals start to identify with a certain group, they begin to assume the "prototypical characteristics" they perceive for the group as their own, a "self-stereotyping" process that lead to individuals seeing themselves as "more or less representing the group". When individuals identify with the organizations they work for as the groups they belong to, they view their jobs as an important component of who they are, and are likely to "feel authentic" when performing emotional labour as defined above, that is, when following their perceived organization's implicit or explicit expectations about emotional expression. On the other hand, if individuals do not identify with their organizations, they feel authentic only when these expectations match their personal identities.

Social Identity Theory affirms that group membership creates ingroup/ self-categorization and enhancement in ways that favour the in-group at the expense of the out-group. Turner and Tajfel (1986) claim that the mere act of individuals *categorizing themselves* as group members was sufficient to lead them to display

ingroup favoritism. After being categorized of a group membership, individuals seek to achieve positive self-esteem by positively differentiating their ingroup from a comparison outgroup on some valued dimension. This quest for *positive distinctiveness* means that people's sense of who they are is defined in terms of 'we' rather than 'I'. Tajfel and Turner proposed that there are three mental processes involved in evaluating others as "I" "us" or "them" (i.e. "ingroup" and "outgroup". These take place in a particular order.

Categorisation

Turner and Tajfel (1986) claim that objects are categorised in order to understand them and identify them. In a very similar way, we categorise people (including ourselves) in order to understand the social environment. We use social categories like black, white, Australian, Christian, Muslim, student, and bus driver because they are useful. If people are assigned to a category that tells things about those people, and as it is seen with the bus driver example, it could not function in a normal manner without using these categories i.e. in the context of the bus. This defines appropriate behaviour by reference to the norms of groups we belong to but you can only do this if you can tell who belongs to your group. An individual can belong to many different groups.

Social Identification

One adopts the identity of the group one has categorized oneself as belonging to. If for example one has categorized onerself as a student, the chances are one will adopt the identity of a student and begin to act in the ways one believe students act (and conform to the norms of the group). There will be an emotional significance to one's identification with a group, and one's self-esteem will become bound up with group membership.

Comparison

Turner and Tajfel (1986) claim that once we have categorised ourselves as part of a group and have identified with that group, we then tend to compare that group with other groups. If our selfesteem is to be maintained our group needs to compare favourably with other groups. This is critical to understanding prejudice, because once two groups identify themselves as rivals they are forced to compete in order for the members to maintain their self-esteem. Competition and hostility between groups is

thus not only a matter of competing for resources (like in Sherif's Robbers Cave) like jobs but also the result of competing identities. As emphasis, in social identity theory, the group membership is not something foreign or artificial which is attached onto the person, it is a real, true and vital part of the person. Again, it is crucial to remember ingroups are groups we identify with and outgroups are ones that we do not identify with, and may discriminate against.

The recognition that identification has an emotional as well as a cognitive basis has a long history in psychology. Sigmund Freud, for example, described identification in terms of the emotional ties one has, first with a parent, and later, with members of groups (and especially with the group leader). Subsequently, social psychologists such as Henri Tajfel included the emotional significance of membership as part of social identification.

Social identities also have a motivational basis. Particularly in the case of identities that people choose or achieve, specific functions are believed to be satisfied by the choice of identification. Although the variety of functions served by social identities are numerous, it is possible to think about a few general types. First, social identity may serve as a means of self-definition or self-esteem, making the person feel better about the self. Second, social identification may be a means of interacting with others who share one's values and goals, providing reference group orientation and shared activity. A third function that social identification can serve is as a way of defining oneself in contrast to others who are members of another group, a way of positioning oneself in the larger community. This functional basis of identification can both serve as the impetus for joining a group, as well as become a defining agenda for group activity.

Emotional Display

Grandey (2000) argues that Morris and Feldman use circular reference to represent frequency, duration and variety as dimensions of the construct. In her model, produced from a summary of the literature, Grandey lists Morris and Feldman's dimensions as expectations of interaction later called "job focused emotional labour" (Brotheridge & Grandey, 2002). Several researchers have considered these dimensions as antecedents or reminders in the emotion regulation process (Brotheridge & Lee, 1998; Kruml & Geddes, 2000; Grandney, 2000). These

"job focused emotional labour" antecedents mark out one part of the organization's rules for emotional display.

The second part of the organization's rules for emotional display is represented by organizationally prescribed emotional display, which may include the rules to guide positive or negative emotional display, hide negative emotional, display or show empathetic concern, or all of these actions. These prescribed emotional efforts come from the information summarized by Zapf (2001). Zapf lists five aspects of emotional labour:

(1) Emotional display

(2) Negative emotional display

(3) Empathy for customer

(4) Control of the interaction process

(5) Emotional dissonance.

These aspects concentrate more on the abilities and efforts of the employee rather than specific emotional labour characteristics of the job as Morris & Feldman's (1996) dimensions do and thus aid in providing a clearer picture of organization expectations of emotional display.

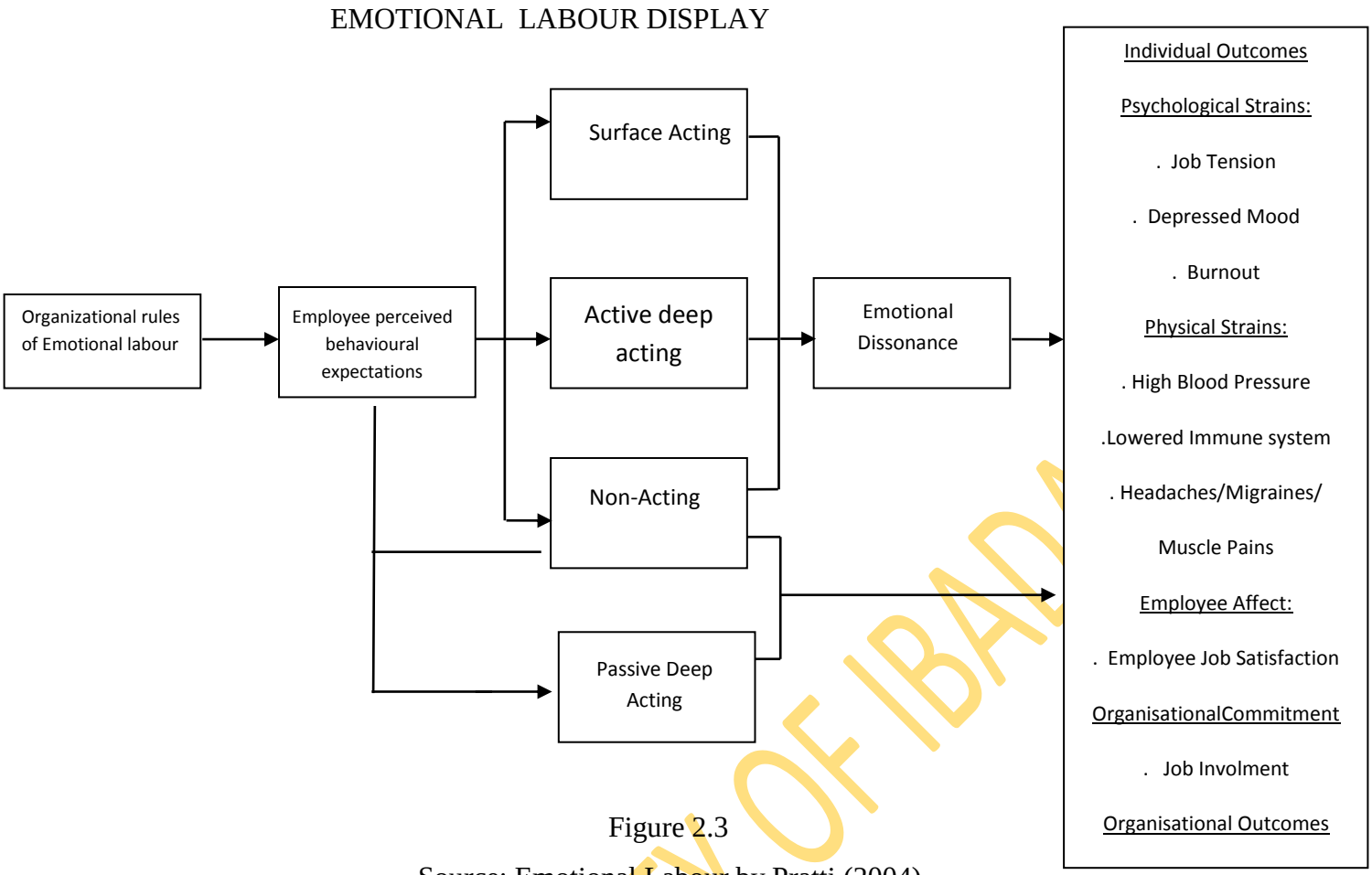


Figure 2.3

Source: Emotional Labour by Pratti (2004)

Self-Efficacy

Self-efficacy beliefs are defined as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1997). People's beliefs about their efficacy can be developed by four main sources of influence which are: mastery experiences, vicarious experiences, social persuasion, and somatic and emotional states such as anxiety, stress, arousal, and mood states (Bandura, 1994). Self-efficacy was included in the proposed model because it has been empirically shown to be one of the most influential psychological constructs affecting achievement in life in general, and in sport in particular (Feltz, 1988). The following is a review of self-efficacy in the contexts of human functioning, career development and pursuit, and in the sport management literature.

The Influence of Self-Efficacy on Human Functioning

Self-efficacy beliefs can enhance human accomplishment and well-being in numerous ways. It influences the choices people make and the courses of action they pursue. Unless people believe that their actions will have the desired consequences, they have little incentive to engage in those actions. Self-efficacy beliefs also help determine how much effort people will expend on an activity, how long they will persevere when confronting obstacles, and how resilient they will be in the face of adverse situations (Pajares, 2002). The higher the sense of efficacy, the greater the effort, persistence, and resilience. Self-efficacy beliefs also impact an individual's thoughts and emotional reactions. High self-efficacy helps create feelings of peacefulness in approaching difficult tasks and activities. Conversely, people with low self-efficacy may believe that things are tougher than they really are; a belief that promotes anxiety, stress, depression, and a narrow vision of how best to solve a problem (Bandura, 1994; Pajares, 2002).

According to Bandura (1977, 1986, 1997), self-efficacy beliefs are a major determinant of behaviour only when people have sufficient incentives to act on their self-perception of efficacy and when they possess the necessary skills. Self-efficacy beliefs will exceed actual performance when there is little incentive to perform the activity, or when physical or social constraints are imposed on performance. Some people may have the necessary skills and high self-efficacy beliefs but no incentive to perform. Inconsistencies between efficacy beliefs and performance also occur when tasks or circumstances are ambiguous or when one has little information on which to base efficacy judgments, such as when one is first learning a skill (Feltz & Lirg, 2001). People with higher perceived self-efficacy to fulfill job functions consider a wider range of career options. Some people eliminate entire classes of vocations based on perceived efficacy (Bandura, 1997; Lent, Brown, & Hackett, 1994). Perceived self-efficacy is concerned with people's beliefs in their capabilities to exercise control over their own functioning and over events that affect their lives. Beliefs in personal efficacy affect life choices, level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression.

Bandura's self-efficacy theory provides a conceptual framework in which one can study the characteristics of effective work environment and the mechanisms to enhance organizational functioning. Given the generality and centrality of the self-

efficacy variable, it is an important motivational factor that accounts for employees' behaviours' variance in the workplace (Bandura, 1997).

However, in the sport management literature, self-efficacy has been ignored, probably due to the contextual link to physical performance. Self-efficacy theory has support in many sport- and exercise-related studies mainly with athletes and coaches. Because self-efficacy is directly related to employees' performance, it was expected to influence customer satisfaction and thus was included in the new model. The theory explains how behaviour, cognitive and personal factors, including self-efficacy and environmental events, interact and influence each other in dynamic ways. Self-efficacy refers to beliefs in one's capabilities and courses of action needed to meeting given situational demands (Wood & Bandura, 1989). Any one who believes in being able to produce a desired effect can conduct a more active and self-determined life course. The "Can Do"- cognition shows a sense of control over one's environment. It reflects the belief of being able to control challenging environmental demands by means of taking adaptive action. It can be regarded as a self-confident view of one's capability to deal with certain life stressors.

Self-efficacy has enormous effects on one's effort, interest, persistence and performance. Numerous organizational behaviour literatures focus on improving self-efficacy in order to improve both individual and organizational performance. Being a task specific construct, self-efficacy describes a judgement of task (Bandura, 1988; Wood & Bandura, 1989; Gist & Mitchell, 1992).

Bandura (1997) argues that self-efficacy makes a difference in how people feel, think and act. In terms of feeling, a low sense of self-efficacy is associated with depression, anxiety and helplessness. Such individuals also have low self-esteem and harbour pessimistic thoughts about their accomplishments and personal development. In terms of thinking, a strong sense of competence facilitates cognitive processes and performance in a variety of setting, including the quality of decision-making and academic achievement. When it comes to preparing action, self-related cognitions are a major ingredient for the motivation process.

Bandura (1997) states that one can deduce that the level of self-efficacy influences the state of mind of an individual. Consequently, this could influence his/her performance. Therefore, the level of self-efficacy of a person should not be taken for granted.

Self-efficacy level can enhance motivation; people with high level of self-efficacy choose to perform more challenging tasks (Bandura, 1997). They set higher goals for themselves and stick to them. Actions are pre-shaped in thought and people anticipate either optimistic or pessimistic circumstances in line with their level of self-efficacy. Once an action has been taken, high self-efficacious people invest more effort and persist longer than those who are less self-efficacious.

Self-Efficacy Beliefs

Bandura (1977, 1981, 1986, 1995, & 1997) defined personal self-efficacy as "judgments about how well one can organize and execute courses of action required to deal with prospective situations that contain many ambiguous, unpredictable, and often stressful elements". In research with phobics and heart attack patients: Bandura (1977) conceptualizes the theory of self-efficacy beliefs based on a relationship that he proposed existed between personal self-efficacy and the actions and behaviours of these patients. Bandura postulated that, self-efficacy beliefs influence the course of action people choose to pursue, how much effort they put forth in given endeavours, how long they would persevere in the face of obstacles and failures, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding, how much stress and depression they experience in coping with taxing environmental demands, and the level of accomplishments they realize.

Bandura (1995) contrasts people with different senses of efficacy as follows: People who have a low sense of efficacy in given domains shy away from difficult tasks, which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, the obstacles they will encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties. They are slow to recover their sense of efficacy following failure or setbacks. Because they view insufficient performance as deficient aptitude, it does not require much failure for them to lose faith in their capabilities and they fall easy victim to stress and depression.

On the other hand, people who have strong beliefs in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an affirmative orientation fosters interest and engrossing involvement in activities.

They set themselves challenging goals and maintain strong commitment to them. They invest a high level of effort in what they do and heighten their effort in the face of failures and setbacks. They remain task-focused and think strategically in the face of difficulties and the approach potential stressors or threats with the confidence that they can exercise some control over them. Such an efficacious outlook enhances performance accomplishments, reduces stress, and lowers vulnerability to depression (Bandura, 1995).

Bandura's philosophy of the self-efficacy construct included his theory that self-efficacy beliefs affect how people think, act, feel and motivate themselves concerning all aspects of their lives. However he interpreted efficacy beliefs as having varying levels of importance. The most fundamental beliefs are those around which people structure their lives (Bandura, 1997). Such beliefs have predictive value because these types of beliefs guide which activities are undertaken and how well they are performed. Bandura found this predictive value to be of the utmost importance because it gave way to the fact that if the self-efficacy beliefs of people could be influenced, people could achieve at levels they once thought they were incapable.

The self-efficacy construct, as described by Bandura, consists of two cognitive dimensions: personal self-efficacy and outcome expectancy. Bandura (1977) portrays outcome expectancy as "a person's estimate that a given behaviour will lead to certain outcomes. An efficacy expectation is the conviction that one can successfully execute the behaviour required to produce the outcomes. Outcome and efficacy expectations are differentiated because individuals can believe that a particular course of action will produce certain outcomes but if they entertain serious doubts about about their ability to perform the necessary activities, such information does not influence their behaviour.

A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep desire in activities. They set themselves challenging goals and maintain strong commitment to them which heighten and sustains their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with the assurance that they can exercise control over them.

In contrast, people who doubt their capabilities shy away from difficult tasks which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties. They are slow to recover their sense of efficacy following failure or setbacks.

Bandura (1997) also notes that people who believe that their behaviour can influence the outcome of a situation act more assertively than those who believe that outcomes cannot be influenced by their behaviour. Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes.

Processes of self-efficacy

Many research have been conducted on the four major psychological processes through which self-beliefs of efficacy affect human functioning (examples, some one with a high sence of efficacy do visualize positive support for successful performance).

1. Cognitive Processes: The effects of self-efficacy beliefs on cognitive processes take a variety of forms. Much human behaviour, being purposive, is regulated by forethought embodying valued goals. Personal goal setting is influenced by self-appraisal of capabilities. The stronger the perceived self-efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them. Most courses of action are initially organized in thought. People's beliefs in their efficacy shape the types of anticipatory circumstances they construct and rehearse. Those who have a high sense of efficacy visualize success scenarios that provide positive guides and supports for performance (Bandura, 1982; Pintrich & Schunk, 1996). Those who doubt their efficacy visualize failure scenarios and dwell on the many things that can go wrong. It is difficult to achieve much while fighting self-doubt. A major function of thought is to enable people to predict events and to develop ways to control those that affect their lives. Such skills require effective cognitive processing of information that contains many ambiguities and uncertainties.

In learning predictive and regulative rules, people must draw on their knowledge to construct options, to weigh and integrate predictive factors, to test and revise their judgments against the immediate results of their actions, and to remember which factors they had tested and how well they had worked.

It requires a strong sense of efficacy to remain task oriented in the face of pressing situational demands, failures and setbacks that have significant repercussions. Indeed, when people are faced with the tasks of managing difficult environmental demands under taxing circumstances, those who are beset by self-doubts about their efficacy become more and more unpredictable in their analytic thinking, lower their aspirations, and the quality of their performance deteriorates (Bandura, 1994). In contrast, those who maintain a resilient sense of efficacy set themselves challenging goals and use good analytic thinking which pays off in performance accomplishments.

2. Motivational Processes: Self-beliefs of efficacy play a key role in the self-regulation of motivation. Most human motivation is cognitively generated; people motivate themselves and guide their actions anticipatorily by the exercise of forethought. They form beliefs about what they can do, they anticipate likely outcomes of prospective actions, they set goals for themselves and plan courses of action designed to realize valued futures.

There are three different forms of cognitive motivators around which different theories have been built. They include causal attributions, outcome expectancies, and cognized goals. The corresponding theories are attribution theory, expectancy-value theory and goal theory, respectively. Self-efficacy beliefs operate in each of these types of cognitive motivation. Self-efficacy beliefs influence causal attributions. People who regard thesmselves as highly efficacious attribute their failures to insufficient effort, those who regard themselves as inefficacious attribute their failures to low ability. Causal attributions affect motivation, performance and affective reactions mainly through beliefs of self-efficacy (Rokeach, 1968).

In expectancy-value theory, motivation is regulated by the expectation that a given course of behaviour will produce certain outcomes. But people act on their beliefs about what they can do, as well as on their beliefs about the likely outcomes of performance. The motivating influence of outcome expectancies is thus partly governed by self-beliefs of efficacy. There are countless attractive options people do not pursue because they judge they lack the capabilities for them. The predictiveness

of expectancy-value theory is enhanced by including the influence of perceived self-efficacy. The capacity to exercise self-influence by goal challenges and evaluative reaction to one's own attainments provides a major cognitive mechanism of motivation.

Rokeach 1968 shows that challenging goals enhance and sustain motivation. Goals operate largely through self-influence processes rather than regulate motivation and action directly. Motivation, based on goal setting, involves a cognitive comparison process. By making self-satisfaction conditional on matching adopted goals, people give direction to their behaviour and create incentives to persist in their efforts until they fulfill their goals. They seek self-satisfaction from fulfilling valued goals and are prompted to intensify their efforts by discontent with substandard performances.

Self-efficacy beliefs contribute to motivation in several ways: They determine the goals people set for them; how much effort they expend; how long they persevere in the face of difficulties; and their resilience to failures. When faced with obstacles and failures, people who harbor self-doubts about their capabilities slacken their efforts or give up quickly. Those who have strong beliefs in their capabilities exert greater effort when they fail to master the challenge and strong perseverance contributes to performance accomplishments.

3. Affective Processes: People's beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as their level of motivation. Perceived self-efficacy to exercise control over stressors plays a central role in anxiety arousal. People who believe they can exercise control over threats do not conjure up disturbing thought patterns. But those who believe they cannot manage threats experience high anxiety arousal (Lewis (1990), They dwell on their coping deficiencies. They view many aspects of their environment as fraught with danger. They magnify the severity of possible threats and worry about things that rarely happen. Through such inefficacious thinking, they distress themselves and impair their level of functioning. Self-efficacy regulates avoidance behaviour as well as anxiety arousal. The stronger the sense of self-efficacy, the bolder people are in taking on taxing and threatening activities.

Anxiety is affected not only by perceived coping efficacy but by perceived efficacy to control disturbing thoughts. The exercise of control over one's own consciousness is summed up well in the proverb: "You cannot prevent the birds of

worry and care from flying over your head. But you can stop them from building a nest in your head." Perceived self-efficacy to control thought processes is a key factor in regulating thought produced stress and depression. It is not the sheer frequency of disturbing thoughts but the perceived inability to turn them off that is the major source of distress. Both perceived coping self-efficacy and thought control efficacy operate jointly to reduce anxiety (Bandura, 1982; Pintrich & Schunk, 1996).

Social cognitive theory prescribes mastery experiences as the principal means of personality change. Guided mastery is a powerful vehicle for instilling a robust sense of coping efficacy in people whose functioning is seriously impaired by intense apprehension and phobic self-protective reactions. Mastery experiences are structured in ways to build coping skills and instill beliefs that one can exercise control over potential threats. Intractable phobics, of course, are not about to do what they dread. One must, therefore, create an environment so that incapacitated phobics can perform successfully, despite themselves. This is achieved by enlisting a variety of performance mastery aids. Feared activities are first modeled to show people how to cope with threats and to disconfirm their worst fears. Coping tasks are broken down into subtasks of easily mastered steps. Performing feared activities together with the therapist further enables phobics to do things they would resist doing by themselves.

Another way of overcoming resistance is to use graduated time. Phobics will refuse threatening tasks if they will have to endure stress for a long time. But they will risk them for a short period. As their coping efficacy increases, the time they perform the activity is extended. Protective aids and dosing the severity of threats also help to restore and develop a sense of coping efficacy. After functioning is fully restored, the mastery aids are withdrawn to verify that coping successes stem from personal efficacy rather than from mastery aids.

Self-directed mastery experiences, designed to provide varied confirmatory tests of coping capabilities, are then arranged to strengthen and generalize the sense of coping efficacy. Once people develop a resilient sense of efficacy, they can withstand difficulties and adversities without adverse effects. Guided mastery treatment achieves widespread psychological changes in a relatively short time (Bandura, 1982; Pintrich & Schunk, 1996). It eliminates phobic behavior, anxiety and biological stress reactions, creates positive attitudes and eradicates phobic ruminations and nightmares. Evidence that achievement of coping efficacy profoundly affects dream activity is a particularly striking generalized impact.

A low sense of efficacy to exercise control produces depression as well as anxiety. It does so in several different ways: One route to depression is through unfulfilled aspiration. People who impose on themselves standards of self-worth they judge they cannot attain drive themselves to bouts of depression. A second efficacy route to depression is through a low sense of social efficacy. People who judge themselves to be socially efficacious seek out and cultivate social relationships that provide models on how to manage difficult situations, cushion the adverse effects of chronic stressors and bring satisfaction to people's lives. Perceived social inefficacy to develop satisfying and supportive relationships increases vulnerability to depression through social isolation. Much of human depression is cognitively generated by dejecting ruminative thought. A low sense of efficacy to exercise control over ruminative thought also contributes to the occurrence, duration and recurrence of depressive episodes.

Other efficacy-activated processes in the affective domain concern the impact of perceived coping self-efficacy on biological systems that affect health functioning. Stress has been implicated as an important contributing factor to many physical dysfunctions. Controllability appears to be a key organizing principle regarding the nature of these stress effects. It is not stressful life conditions per se but the perceived inability to manage them that is debilitating. Thus, exposure to stressors with ability to control them has no adverse biological effects. But exposure to the same stressors without the ability to control them impairs the immune system. The impairment of immune function increases susceptibility to infection and contributes to the development of physical disorders and accelerates the progression of disease.

Biological systems are highly interdependent, a weak sense of efficacy to exercise control over stressors activates autonomic reactions, catecholamine secretion and release of endogenous uploads. These biological systems are involved in the regulation of the immune system. Stress activated in the process of acquiring coping capabilities may have different effects than stress experienced in aversive situations with no prospect in sight of ever gaining any self-protective efficacy.

There are substantial evolutionary benefits to experiencing enhanced immune function during development of coping capabilities vital for effective adaptation. It would not be evolutionarily advantageous if acute stressors invariably impaired immune function because of their prevalence in everyday life. If this were the case, people would experience high vulnerability to infective agents that would quickly

harm them. There is some evidence that providing people with effective means for managing stressors may have a positive effect on immune function. Moreover, stress aroused while gaining coping mastery over stressors can enhance different components of the immune system (Pintrich & Schunk, 1996).

There are other ways in which perceived self-efficacy serves to promote health. Lifestyle habits can enhance or impair health. This enables people to exert behavioural influence over their vitality and quality of health. Perceived self-efficacy affects every phase of personal change-whether people even consider changing their health habits; whether they enlist the motivation and perseverance needed to succeed should they choose to do so; and how well they maintain the habit changes they have achieved. Lewis 1990 argue that stronger the perceived self-regulatory efficacy, the more successful people are in reducing health-impairing habits and adopting and integrating health-promoting habits into their regular lifestyle. Comprehensive community programs designed to prevent cardiovascular disease by altering risk-related habits reduce the rate of morbidity and mortality.

Selection Processes: The discussion so far has centered on efficacy-activated processes that enable people to create beneficial environments and to exercise some control over those they encounter day in and day out. People are partly the product of their environment, therefore beliefs of personal efficacy can shape people's live by influencing the type of activities and environments they choose (Bandura, 1982). People avoid activities and situations they believe exceed their coping capabilities. But they readily undertake challenging activities and select situations they judge themselves capable of handling. By the choices they make, people cultivate different competencies, interests and social networks that determine life courses. Any factor that influences choice behaviour can profoundly affect the direction of personal development. This is because the social influences operating in selected environments continue to promote certain competencies, values, and interests long after the efficacy decisional determinant has rendered its inaugurating effect.

Career choice and development is an example of the power of self-efficacy beliefs to affect the course of life paths through choice-related processes. The higher the level of people's perceived self-efficacy the wider the range of career options they seriously consider, the greater their interest in them, and the better they prepare themselves educationally for the occupational pursuits they choose and the greater is

their success. Occupations structure a good part of people's lives and provide them with a major source of personal growth (Bandura, 1982).

Sources of self-efficacy

People's beliefs about their efficacy can be developed by four main sources of influence and they include the following:

. Mastery Experiences: The most effective way of creating a strong sense of efficacy is through mastery experiences (Bandura, 1982; Pintrich & Schunk, 1996). Successes build a robust belief in one's personal efficacy while failures undermine it, especially if failures occur before a sense of efficacy is firmly established. If people experience only easy successes they come to expect quick results and are easily discouraged by failure. A resilient sense of efficacy requires experience in overcoming obstacles through perseverance. Some setbacks and difficulties in human pursuits serve a useful purpose in teaching that success usually requires sustained effort. After people become convinced they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks. By sticking it out through tough times, they emerge stronger from adversity (Bandura, 1994).

. Social Models: The second way of creating and strengthening self-beliefs of efficacy is through the vicarious experiences provided by social models. Seeing people similar to one succeed by sustained effort raises observers' beliefs that they too possess the capabilities to master comparable activities to succeed. By the same token, observing others' fail despite high efforts lowers observers' judgments of their own efficacy and undermines their efforts. The impact of modeling on perceived self-efficacy is strongly influenced by perceived similarity to the models (Bandura, 1982). The greater the assumed similarity, the more persuasive is the models' successes and failures. If people see the models as very different from themselves, their perceived self-efficacy is not much influenced by the models' behaviour and the results it produces.

Modeling influences do more than provide a social standard against which to judge one's own capabilities. People seek proficient models that possess the competencies to which they aspire. Through their behaviour and expressed ways of thinking, competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands.

. Social Persuasion: This is a way of strengthening people's beliefs that they have what it takes to succeed. People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbour self-doubts and dwell on personal deficiencies when problems arise, while persuasive boosts in perceived self-efficacy lead people to try hard enough to succeed, they promote development of skills and a sense of personal efficacy. It is more difficult to instill high beliefs of personal efficacy by social persuasion alone than to undermine it. Unrealistic boosts in efficacy are quickly disconfirmed by disappointing results of one's efforts. But people who have been persuaded that they lack capabilities tend to avoid challenging activities that cultivate potentialities and give up quickly in the face of difficulties.

By constricting activities and undermining motivation, disbelief in one's capabilities creates its own behavioural validation. Successful efficacy builders do more than convey positive appraisals (Collins, 1982). In addition to raising people's beliefs in their capabilities, they structure situations for them in ways that bring success and avoid placing people in situations prematurely where they are likely to fail often. They measure success in terms of self-improvement rather than by triumphs over others.

. Somatic Model: People also rely partly on their somatic and emotional states in judging their capabilities. They interpret their stress reactions and tension as signs of vulnerability to poor performance. In activities involving strength and stamina, people judge their fatigue, aches and pains as signs of physical debility. Mood also affects people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy; despondent mood diminishes it (Collins 1982).

It is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted. People who have a high sense of efficacy are likely to view their state of affective arousal as an energizing facilitator of performance, whereas those who are beset by self- doubts regard their arousal as a debilitation. Physiological indicators of efficacy play an especially influential role in health functioning and in athletic and other physical activities (Bandura, 1992).

Self-beliefs help to determine how much effort people will expend on an activity and how long they will persevere. The higher the sense of efficacy, the greater the effort expenditure and persistence. This function of self-beliefs helps create a type of self-fulfilling prophecy, for the perseverance associated with high

efficacy is likely to lead to increased performance which in turn raises the sense of efficacy, whereas the giving-in associated with low efficacy limits the potential for improving self perceptions (Collins, 1982). Here again, however, effects are not always so clear cut, Bandura (1992), pointed out that the effects of efficacy differ for individuals learning a task and for those performing established skills. Low self-efficacy in a student, for example, creates a self-doubt that may provide a needed impetus for learning. In a similar situation, high sense of efficacy may mislead a student into feeling that less effort and preparation are necessary. It is when one is applying skills that high efficacy may more likely serve to sustain and intensify effort, and it is in this situation that self-doubt may be debilitating.

Self-beliefs affect people by influencing an individual's thought patterns and emotional reactions. People with low efficacy, for example, may believe that things are tougher than they really are: a belief that may foster stress and narrow vision of how best to go about a problem. High efficacy, on the other hand, may be responsible for feelings of confidence and serenity in approaching difficult tasks. Collins (1982) found that sense of efficacy shapes causal thinking. High efficacy people attribute failure in difficult tasks to insufficient effort, which supports success orientation, whereas those with low efficacy beliefs attribute it to deficient ability.

Rokeach (1968) and Nisbett and Ross (1980) argue that human beings take deeply held beliefs very seriously and even fuse them with their own identity, so that it becomes very difficult to separate self from belief. The simple notion that high efficacy is best may have damaging effects. A bit less efficacy in such situations may help us divorce self from consequences of our behaviour. The degree of congruence between perceived efficacy and other key variables may offer more promise in understanding human behaviour than simply the strength of efficacy itself.

Self-confidence breeds success which in turn breeds more challenging performance; self-doubt breeds caution, defeat, and failure to try. Our perceptions of efficacy help determine how we think, feel and behave. The important point, however, is not only that self-beliefs influence behaviour but also that people actively use these beliefs to influence how they behave.

The meditational role of judgments of self-efficacy in human behaviour is a complex one and is affected by a number of factors. There may be discouragement and performance constraints; that is, even highly efficacious and well-skilled people may choose not to behave in concert with their beliefs and abilities because they

simply lack the incentive to do so, lack of necessary resources, or perceive social constraints in their envisioned path or outcome. In such cases, efficacy will fail to predict performance. An individual may feel capable but do nothing because he feels impeded by these real or imaginary constraints (Pintrich & Schunk, 1996).

It is not unusual for individuals to overestimate or underestimate their abilities and suffer the consequences of such errors of judgment. These consequences of misjudgment play a part in the continual process of efficacy self-appraisals. When consequences are slight, individuals may not feel the need to reappraise their abilities and may continue to engage in tasks beyond their competence. In such situations, the relationship between efficacy judgments and subsequent behaviour will be muddled by the misjudgment of skills. Self-efficacy must also be checked periodically to assess the effect of experiences on competence, for the degree of relationship between efficacy and action is affected by temporal disparities. Lewis (1990), argue that because strong efficacy beliefs are generally the product of time and multiple experiences, they are highly resistant and predictable. Weak efficacy beliefs, however, require constant reappraisal, if they are to serve as predictors. Both, of course, are susceptible to a powerful experience or consequence (Bandura, 1997).

It is important to note that when exploring the relationship between efficacy and behaviour, we must be certain to measure the self-efficacy beliefs relevant to the behaviour in question, and vice-versa. Faulty assessment of self-efficacy percepts or performance will create an ambiguous relationship. "Measures of self-precept must be tailored to the domain of psychological functioning being explored", but this may be even more complex than it appears, for the efficacy involved in certain behaviour is not always obvious or apparent. Rokeach (1968), Kitchener (1986) Lewis (1990), Nespor (1987), Nisbett & Ross (1980) and Posner (1982) have argued that the influence of beliefs on behaviour must often be assessed by exploring the centrality of the beliefs in question and the connections among them. Bandura suggests, along similar lines, that efficacy beliefs differ in level, generality and strength, that the interplay of these dimensions has important implications for behaviour, and that detailed assessment of all three is vital. In addition, disparities will occur if efficacy is measured for a simulated situation and performance measured in a real situation, or vice-versa.

It is important to know the precise nature of the skills required to successfully perform a particular behaviour, for misweighting requisite sub-skills results in

discrepancies between efficacy and behaviour, and the problem is worsened when individuals are called on to make efficacy judgments about their own cognitive skills. Similarly, when individuals are uncertain about the nature of their task, their efficacy judgments can mislead them. Tasks perceived as more difficult or demanding than they really are result in inaccurate low efficacy readings, whereas those perceived as less difficult may result in over-confidence. More complex yet, individuals often perceive their abilities as only partially mastered, feeling more competent about some components than about others. How they focus on and appraise these components will strongly affect their sense of efficacy about the task to be undertaken.

If sunclear aims and performance ambiguity are perceived, sense of efficacy is of little use in predicting behavioural outcomes, for individuals do not have a clear idea of how much effort to expend, how long to sustain it, and how to correct mis-steps and mis-judgments. The aims of a task and the performance levels required for successful execution must be accurately appraised for self-efficacy judgments to serve as useful regulators and predictors of performance. This factor is especially relevant in situations where an individual's "accomplishment is socially judged by ill-defined criteria so that one has to rely on others to find out how one is doing" (Lewis, 1990). In such situations, people lack the experience to accurately assess their sense of efficacy and have no option but to gauge their abilities from knowledge of other experiences, often a very poor indicator and predictor of the required performance. This faulty self-knowledge can have unpredictable results. Many factors help distort efficacy perceptions, and these distortions ultimately result in poor self-assessments (Rokeach, 1968).

Biological conceptions of aging focus extensively on declining abilities. Many physical capacities do decrease as people grow older, thus, requiring reappraisals of self-efficacy for activities in which the biological functions have been significantly affected. However, gains in knowledge, skills, and expertise compensate some loss in physical reserve capacity. When the elderly are taught to use their intellectual capabilities, their improvement in cognitive functioning more than offsets the average decrement in performance over two decades. Because people rarely exploit their full potential, elderly persons who invest the necessary effort can function at the higher levels of younger adults. By affecting level of involvement in activities, perceived self- efficacy can contribute to the maintenance of social, physical and intellectual functioning over the adult life span.

Older people tend to judge changes in their intellectual capabilities largely in terms of their memory performance. Lapses and difficulties in memory that young adults dismiss are inclined to be interpreted by older adults as indicators of declining cognitive capabilities. Those who regard memory as a biologically shrinking capacity with aging have low faith in their memory capabilities and enlist little effort to remember things. Older adults who have a stronger sense of memory efficacy exert greater cognitive effort to aid their recall and, as a result, achieve better memory (Bandura & Schunk, 1981).

There is no uniform decline in beliefs in personal efficacy in old age. The persons against whom the elderly compare themselves contribute much to the variability in perceived self-efficacy. Those who measure their capabilities against people their age are less likely to view themselves as declining in capabilities than if younger cohorts are used in comparative self-appraisal (Bandura, 1991). Perceived cognitive inefficacy is accompanied by lowered intellectual performances. A declining sense of self-efficacy, which often may stem more from disuse and negative cultural expectations than from biological aging, can thus set in motion self-perpetuating processes that result in declining cognitive and behavioural functioning.

Major life changes in later years are brought about by retirement, relocation, and loss of friends or spouses. Such changes place demands on interpersonal skills to cultivate new social relationships that can contribute to positive functioning and personal well-being. Perceived social inefficacy increases older person's vulnerability to stress and depression both directly and indirectly by impeding development of social supports which serve as a buffer against life stressors. The roles into which older adults are cast impose sociocultural constraints on the cultivation and maintenance of perceived self-efficacy. As people move to older-age phases, most suffer losses of resources, productive roles, and access to opportunities and challenging activities (Bandura, 1991).

Monotonous environments that require little thought or independent judgments diminish the quality of functioning; intellectually challenging ones enhance it. Some of the declines in functioning with age result from sociocultural dispossession of the environmental support for it. It requires a strong sense of personal efficacy to reshape and maintain a productive life in cultures that cast their elderly in powerless roles devoid of purpose. In societies that emphasize the potential for self-development

throughout the lifespan, rather than psychophysical decline with aging, the elderly tend to lead productive and purposeful lives.

TRANSACTIONAL ANALYSIS

Transactional Analysis is a social psychology and a method to improve communication. The theory outlines how we relate and communicate with others, and offer suggestions and interventions which will enable us to change and grow. Transactional Analysis is underpinned by the philosophy that:

- people can change
- we all have a right to be in the world and be accepted

Initially criticised by some as a simplistic model, Transactional Analysis is now gathering worldwide attention. It originally suffered much from the popularised writings in the 1960s. Also, summarised explanations, such as this, which can only touch on some of the concepts in Transactional Analysis, led their readers to believe that there was very little to it. Also many did not appreciate the duration and complexity of the training. Today there is greater understanding of Transactional Analysis. Those taking training in it include psychiatrists, organizational and management consultants, teachers, social workers, designers, engineers and the clergy. Today Transactional Analysis is used in psychotherapy, organisations, educational and religious settings. Books have been written for all ages, from children through to adults, by people all over the world.

Transactional Analysis is truly an international theory relating to a diverse range of cultures. Theoretical concepts within the Transactional Analysis world are constantly being challenged and developed, making it a rich dynamic process. Berne died in July 1970 at the age of 60, however, Transactional Analysis has not stood still and continues to develop and change, paralleling the processes we encourage in ourselves and others.

Transactional Analysis is a contractual approach. A contract is "an explicit bilateral commitment to a well-defined course of action" Berne (1966). Meaning that all parties need to agree on:s

- why they want to do something
- with whom
- what they are going to do
- by when

- Any fees, payment or exchanges.

For example, we want the outside of our house painted, we need to find a person who will paint it and who will give us a quotation for doing it. If we agree on the quote, and we like him or her enough, we will no doubt employ them. We will agree on a date and time, perhaps check they are insured, and choose the colour of the paint and off they go ometimes contracts will be multi-handed with all parties to the contract having their own expectations. If these expectations are all congruent then fine, if not then discussing everyone's expectations will lead to greater understanding and therefore to a clear contract. Contracts need to be outlined in positive words i.e. what is wanted, rather than what is not wanted. The minds tend to focus on the negative and so this encourages failure. For example, how many times do one look round when someone says to us "Don't look now but" at the same is true when one set up contracts which start "I don't want to do anymore".

Contracts need to be measurable, manageable and motivational. Measurable means that the goals need to be tangible. That each party involved in the contract will be able to say in advance how they will know when the goal has been achieved. The goal will be specific and behavioural and clearly defined. The contract will also need to be manageable and feasible for all those concerned.

Parent: There are two forms of Parent we can play.

The *Nurturing Parent* is caring and concerned and often may appear as a mother-figure (though men can play it too). They seek to keep the child safe and offer unconditional love, calming them when they are troubled. The *Controlling (or Critical) Parent*, on the other hand, tries to make the child do as the parent wants them to do, perhaps transferring values or beliefs or helping the child to understand and live in society. They may also have negative intent, using the child as a whipping-boy or worse.

Adult: The Adult in us is the 'grown up' rational person who talks reasonably and assertively, neither trying to control nor reacting. The Adult is comfortable with them and is, for many of us, our 'ideal self'. The Adult Ego state objectively deals with reality, gathers information and organizing tests reality estimates probabilities, computes dispassionately and makes decisions.

Child: There are three types of child we can play; The *Natural child* is largely not-self-aware and is characterized by the non-speech noises they make (yahoo, etc.). Children like playing, open and vulnerable. The child named *Little Professor* is the curious and exploring child who is always trying out new stuff (often much to their controlling Parent's annoyance). Together with the Natural child, they make up the free child. The *Adaptive child* reacts to the world around him, either changing them to fit in or rebelling against the forces they feel.

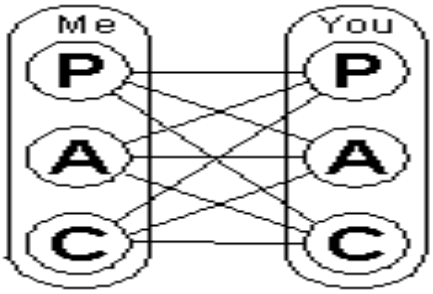
How to Tell What Ego State You Are Using

There are several ways to tell what ego state you are (or some one else is) using. One way is to pay attention to tone of voice, body posture, gestures, choice of words, and emotional state. If the tone of voice is soft and soothing, this is a sign that the speaker is using a Nurturing Parent ego state. If, on the other hand, the tone is harsh and critical or threatening, then the speaker is probably using a Critical Parent ego state. An even and clear tone of voice usually comes from an Adult ego state, while an especially cheerful or emotion-laden tone of voice is likely to be coming from the Free Child. The Adapted Child may sound either whiney or like a good girl (or boy) saying just what is expected of her or him.

Similarly, there are gestures that signify that someone is using Parent (the warning, wagging finger), Adult (thoughtful expression, nodding head), or Child (jumping up and down). There are also specific words that tend to come from one ego state more than from the others. The Parent is most likely to use expressions such as "Pay attention now" or "You should always do it this way," while language belonging to the Adult ego state is likely to sound evenhanded ("This information might be useful to you") or simply factual ("Will you tell me what time it is?"). The Child is most likely to use short expressive words like "WOW!" "Yeah!" or "Let's go!" When you pay attention to these behaviors and to how you feel, you will be able to tell what ego state you or someone else is using.

Communications (transactions): When two people communicate, each exchange is a *transaction*. Many of our problems come from transactions which are unsuccessful.

Bern Ego Stage



Transactional Analysis in Psychotherapy.

Fig 2.5

Source: Bern (1961).

Parents naturally speak to Children, as this is their role as parents. They can talk with other parents and adults, although the subject still may be about the children. The Nurturing Parent naturally talks to the Natural Child and the Controlling Parent to the Adaptive Child. In fact, these parts of our personality are *reminded* by the opposite. Thus if one acts as an Adaptive Child, it would most likely stimulate the controlling parent in the other person. We also play many games between these positions, and there are rituals from greetings to whole conversations (such as the weather), where we take different positions for different events. These are often 'pre-recorded' as *scripts* we just play out. They give us a sense of control and identity and reassure us that all is still well in the world. Other games can be negative and destructive and we play them more out of sense of habit and addiction than constructive pleasure.

Conflict

A complementary transaction occurs when both people are at the same level. That is parent talking to parent, etc. Here, both are often thinking in the same way and communication is easy. Problems usually occur in *Crossed* transactions, where the other person is at a different level. The parent is either nurturing or controlling, and often speaks to the child, who is either adaptive or 'natural' in their response. When both people talk as a parent to the other's child, their wires get crossed and conflict

results. The ideal line of communication is the mature and rational Adult-Adult relationship.

Transactional analysis - ego states:

Ego states explains how we are made up, and how we relate to others. These are drawn as three stacked circles and they are one of the building blocks of Transactional Analysis. They categorise the ways we think, feel and behave and are called Parent, Adult, and Child. Each ego state is given a capital letter to denote the difference between actual parents, adults and children.

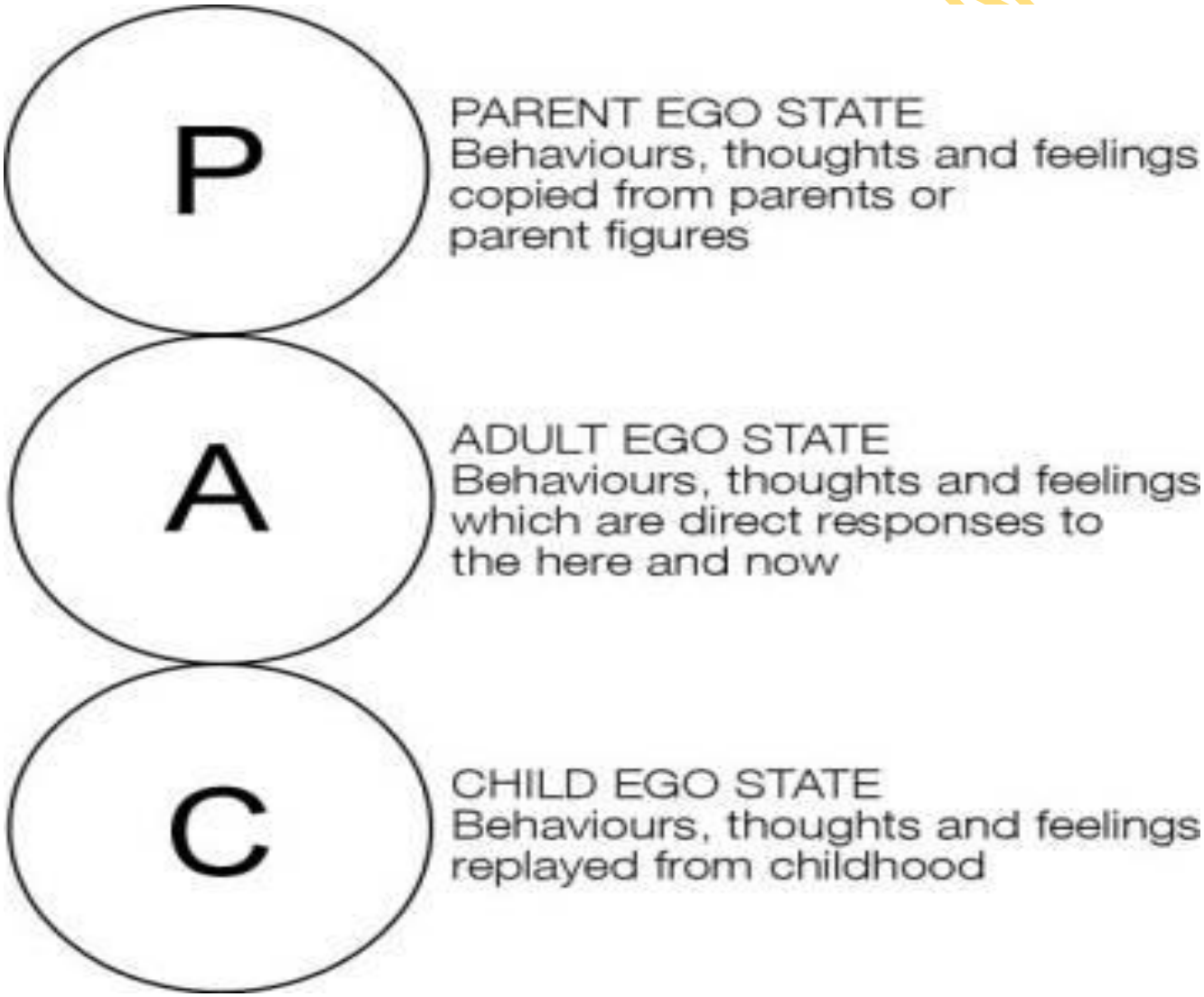


Figure 2.6

Transactional Analysis in Psychotherapy.

Source: Bern (1961).

Parent ego states

This is a set of feelings, thinking and behaviour that we have copied from our parents and significant others. As we grow up we take in ideas, beliefs, feelings and behaviours from our parents and caretakers. If we live in an extended family, then there are more people to learn and take in from. When we do this, it is called introjections and it is just as if we take in the whole of the care giver. For example, one may notice that we are saying things just as our father, mother, grandmother may have done, even though, consciously, we don't want to. We do this as we have lived with this person so long that we automatically reproduce certain things that were said to us, or treat others as we might have been treated.

Adult ego state

The Adult ego state is about direct responses to the here and now. We deal with things that are going on today in ways that are not unhealthily influenced by our past. When in our Adult we are able to see people as they are, rather than what we project onto them. We ask for information rather than stay scared and rather than make assumptions. Taking the best from the past and using it appropriately in the present is an integration of the positive aspects of both our Parent and Child ego states. So this can be called the Integrating Adult. Integrating means that we are constantly updating ourselves, through our every day experiences, and using this to inform us.

In this structural model, the Integrating Adult ego state circle is placed in the middle to show how it needs to coordinate between the Parent and the Child ego states. For example, the internal Parent ego state may beat up on the internal Child, saying "You are not good. Look at what you did wrong again. You are useless". The Child may then respond with "I am not good. Look how useless I am. I never get anything right". Many people hardly hear this kind of internal dialogue as it goes on so much they might just believe life is such a way. An effective Integrating Adult ego state can intervene between the Parent and Child ego states. This might be done by stating that this kind of parenting is not helpful and asking if he/she is prepared to learn another way. Alternatively, the Integrating Adult ego state can just stop any negative dialogue and decide to develop another positive Parent ego state perhaps taken in from other people they have met over the years.

Child ego state

The Child ego state is a set of behaviours, thoughts and feelings which are replayed from our own childhood. Perhaps the boss calls us into his or her office, we

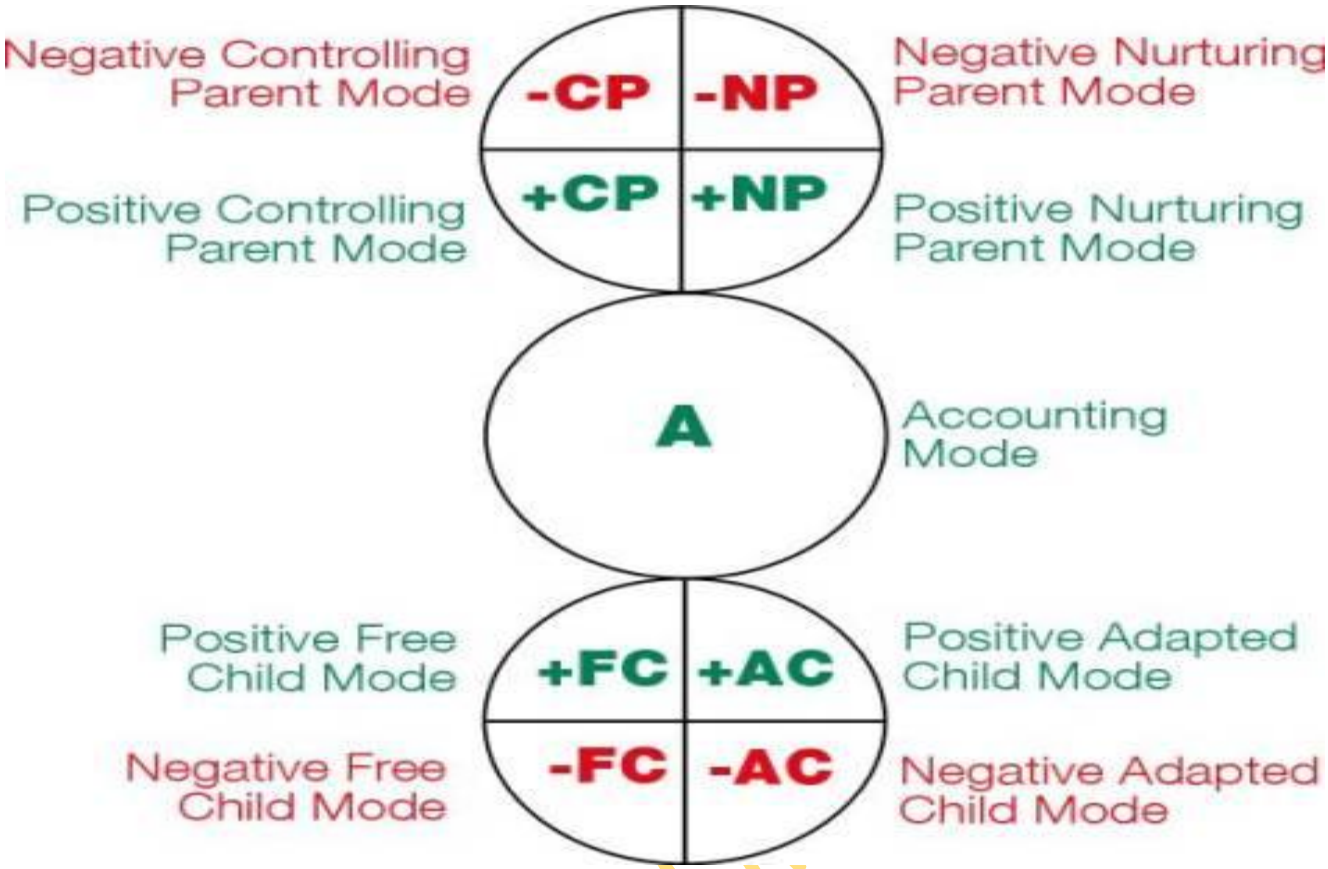
may immediately get a churn in our stomach and wonder what we have done wrong. If this were explored we might remember the time the head teacher called us in to tell us off. Of course, not everything in the Child ego state is negative. We might go into someone's house and smell a lovely smell and remember our grandmother's house when we were little, and all the same warm feelings we had at six year's of age may come flooding back.

Both the Parent and Child ego states are constantly being updated. For example, we may meet someone who gives us the permission we needed as a child, and did not get the funs joyous. We may well use that person in our imagination when we are stressed to counteract our old ways of thinking that we must work longer and longer hours to keep up with everything. We might ask ourselves "I wonder what X would say now". Then on hearing the new permissions to relax and take some time out, do just that and then return to the work renewed and ready for the challenge. Subsequently, rather than beating up on ourselves for what we did or did not do, what tends to happen is we automatically start to give ourselves new permissions and take care of ourselves.

The process of analysing personality in terms of ego states is called structural analysis. It is important to remember that ego states do not have an existence of their own; they are concepts to enable understanding. Therefore it is important to say "I want some fun" rather than "My Child wants some fun". We may be in our Child ego state when we say this, but saying "I" reminds us to take responsibility for our actions.

Transactional analysis - the descriptive model

This model shows how we function or behave with others. The model used here is divided up into nine and we have used S.Temple's term "mode" as it differentiates it from the structural ego state model mentioned above. Effective communication comes from the green modes, (just as with traffic lights we get the go ahead when the green light comes on), and ineffective communication come from the red modes (as with the red traffic light which stops). When we come from the red modes we invite a negative response, and vice versa from the green modes.



Transactional Analysis in Psychotherapy

Source: Bern, E. (1961).

Figure 2.7

Effective modes

Positive Nurturing Parent - do communicate the message "You're OK". When in this mode the person is caring and affirming. Positive Controlling Parent - communicates the message "You're OK". This is the boundary setting mode, offering constructive criticism, whilst being caring but firm. Positive Adapted Child -

communicates an "I'm OK" message. From this mode we learn the rules to help us live with others. Positive Free Child - communicates an "I'm OK" message. This is the creative, fun loving, curious and energetic mode.

Accounting mode - communicates "We're OK" messages. The Adult is able to assess reality in the here and now. When the Accounting mode is in the executive position it is possible to choose which of the other effective modes to go into, dependent on the situation, this is then called Accounting Mode. When using the descriptive behavioural model the term Accounting Mode helps to differentiate it from the structural model where it is referred to as Adult. When stable in this Accounting Mode we are taking account of the present context and situation and deciding the most appropriate mode to come from. We are then able to respond appropriately rather than flipping into archaic or historic ways of being, thinking and behaving which are likely to be inappropriate and unhelpful.

Ineffective modes

Negative Controlling Parent - They communicates a "You're not OK" message, and is penalizing. Negative Nurturing Parent - communicates a "You're not OK" message. When in this mode the person will often do things for others which they are capable of doing for themselves and the person is overwhelm and overprotective. Negative -Adapted Child - expresses an "I'm not OK" message. When in this mode the person over-adapts to others and tends to experience such emotions as depression, unrealistic fear and anxiety. Negative Free Child - in this mode the child runs wild with no restrictions or boundaries and the mode they express is "You're not OK" message especially when the child is restless.

Transactional analysis – diagnosis

It is helpful to be able to assess or diagnose which ego state in the structural model, or which mode in the descriptive model, somebody is in. In this way we can respond appropriately as well as ensure which mode we are addressing. However, when we work with other staff or are relating with young people, we are responding on the behavioural level. It is not always possible, or appropriate, to be undertaking more in-depth types of diagnosis. It has been outlined here though, so that an understanding of the complexity of the process can be achieved.

Behavioural diagnosis

Words, tone, tempo of speech, expressions, postures, gestures, breathing, and muscle tone provide clues for diagnosing ego states. Parent mode words typically contain value judgments, Adult words are clear and definable, and Free Child mode words are direct and spontaneous. For example, a person in Adapted Child mode may cry silently, whereas when in Free Child mode we are likely to make a lot of noise. "You" or "one" usually comes from Parent: This can switch even mid-sentence, If we are leaning forward it is likely we are in the posture of the Parent mode, whereas if we are in Adult mode we tend to be erect, these are indicators not guarantees and assessment needs.

Social diagnosis

Observation of the kinds of transactions a person is having with others for example, if eliciting a response from someone's caretaking Parent it is likely that the stimulus is coming from Child, though not necessarily the Adapted Child mode. Our own responses to someone will often be a way of assessing which ego state or mode they are coming from.

Historical diagnosis

The person's past also provides important information. If, as a child we had feelings similar to those we are experiencing now, it is likely we are in Child ego state. If our mother or father behaved or talked in the same way that we are behaving or talking now then we are probably in a Parent ego state.

Transactional analysis – strokes

In Transactional Analysis compliments and general ways of giving recognition are called strokes. It apparently makes no difference whether the touching induces pain or pleasure - it is still important. On the whole, we prefer to receive negative strokes than no strokes at all, at least that way we know we exist and others know we exist. We all have particular strokes we will accept and those we will reject.

For example, if we have always been told we are clever, and our brother is creative, then we are likely to accept strokes for being clever, but not for being creative. From this frame of reference only one person in the family can be the creative one and so on. Stroking can be physical, verbal or nonverbal, it is likely that

the great variety of stroke needs the styles present in the world resulting from differences in wealth, cultural background, and methods of parentation.

Strokes can be positive or negative

A) "I like you"

B) "I don't like you"

Strokes can be unconditional or conditional. An unconditional stroke is a stroke for being whereas a conditional stroke is a stroke for doing. For instance:

"I like you" - unconditional

"I like you when you smile" - conditional

As negative strokes these might be:

"I don't like you" - negative unconditional

"I don't like you when you're unsympathetic" - negative conditional.

People often have a stroke filter: they only let in strokes which they think they are allowed to let in. For instance, they allow themselves to receive strokes for being clever and keep out strokes for being good looking. One way to think about this, is to consider being out in the rain, the rain is the strokes that are available to us, both positive and negative.

Transactional analysis - life positions

Life positions are basic beliefs about self and others, which are used to justify decisions and behaviour. When we are conceived we are hopefully at peace, waiting to emerge into the world once we have grown sufficiently to be able to survive in the outside of the womb. If nothing untoward happens, we will emerge contented and relaxed. In this case we are likely to perceive the world from the perspective of “I am OK” and “You are OK”. However, perhaps our mother had some traumatic experiences, or the birth was difficult or even life threatening, this experience is likely to have an effect on the way we experience the world, even at thesomatic level. In which case, we might emerge, sensing that life is scary and might, for example, go into "I am not OK and You are not OK either" **(**Franklin, 1971**).**

For instance let’s take it that a pregnancy went fine, and the birth was easy enough. What then? Well, life experiences might reinforce our initial somatic level of life position, or contradict it. If we were treated punitively, talked down to, and not

held, we may begin to believe "I am not OK and You are OK". This might be the only sense we can make of our experiences. Let's take another situation, perhaps we were picked on and bullied as a child. We learnt that the way to get by was to bully others and that way we felt stronger and in control. Our behaviour then comes into the " I am OK and You are not OK" quadrant. Of course this may cover up our belief that we are really not OK, but nobody sees that. They just see our behaviour, and in fact we may have forgotten all about our negative feelings about ourselves as we have tried so hard to deny the pain of believing we are not OK **(**Franklin, 1971**).**

These life positions are perceptions of the world. The reality is "I just am and you just are", therefore how I view myself and others are just "views", not fact. However, we tend to act as if they are a fact. Just like when somebody says "I can't do this, I'm useless". Rather than "I don't know how to do this, will you show me?" The latter is staying with the fact that they do not yet know how to do it, whilst the former links being useless with not being able to do something. There are a number of ways of diagramming the life positions. Ernst drew the life positions in quadrants, which he called the OK Corral (1971). This has been put into red and green to show the effective and ineffective quadrants for communication and healthy relationships.

By shading in the quadrants, according to Ernst, the term 'Corralogram' for this method of self-assessment is using the OK Corral matrix.

The ok corral

Figure 2.8 Source: The ok corral (Franklin Ernst, 1971):

Davidson (1999) writes about the three dimensional model of Okayness. All of the previous diagrams talk as if there were only one other person in the equation, when in reality there are often more. For example, the behaviour of young people in gangs may say that they believe they are okay and perhaps other team in their neighbourhood are okay, but an individual or gang from another neighbourhood are not okay. We often do this at work as well. We find other people who we like and then we gossip and put other people down. We are therefore saying that we believe we are okay but those others are awful (underneath this, there may be a belief that we are not okay either but we feel better by putting someone else down).

In this way the two dimensional model of okayness i.e. that there are only two people involved, becomes three dimensional model, where there can be three or more

involved. There is also the way in which we view life itself. If we consider that there is something wrong with us, and that others are not to be trusted and are not OK either, then the world would be a scary place and we are likely to experience life as tough and believe we will only be all right if we keep alert and on the look out for danger and difficulties.

Blame model

The Transactional Analysis 'Okay Corral' can be linked to 'blame', for which Davis developed this simple and helpful model. Commonly when emotions are generated people adopt one of three attitudes relating to blame, with each correlating to a position on the Okay Corral:

- I'm to blame (You are okay and I'm not okay - 'helpless')
- You are to blame (I'm okay and you are not okay - 'angry')
- We are both to blame (I'm not okay and you are not okay - 'hopeless')

None of these is a healthy position.

Instead the healthy position is, and the mindset should be: "It's no-one's fault, blame isn't the issue - what matters is how we go forward and sort things out." (I'm okay and you are okay - 'happy') (Davis, 1990).

Transactional analysis - the script

The script is a life plan, made when we are growing up. It is like having the script of a play in front of us - we read the lines and decide what will happen in each act and how the play will end. The script is developed from our early decisions based upon our life experience. We may not realise that we have set ourselves a plan but we can often find this out if we ask ourselves what our favorite childhood story was, who was our favorite character in the story and who do we identify with. Then consider the beginning, middle and end of the story. How is this story reflected in our life today?

Another way of getting to what script is may be to think about what we believe will happen when we are in old age. Do we believe we will be alive at 80 or 90 years old, be healthy, happy, and contented? What do we think will be on the headstone for our grave? What would we like to be on it?

The importance of recognising these in ourselves and others is that we can then work to the best of them rather than be driven by them. The working style “Be Perfect” means that we will be really good at doing accurate detailed reports, we will

be neat in our appearance and our homes will be clean and tidy. If we have this style and are under stress, it is likely that we would beat up on ourselves for not being good enough, for making a mistake, for something being out of place. Of course, we created the rule about what perfection is, and when we do not meet up to it, we have a go at ourselves. This may also mean that we expect others to be perfect too, which can be hard on the colleagues we work with.

Transactional analysis - time structuring

Time structuring is also influenced by our scripts the way in which we structure time is likely to reflect the different users. We all structure time in a variety of ways:

- Withdrawal
- Rituals
- Pastiming
- Activities
- Games
- Intimacy

Obtaining balance means ensuring that we have sufficient time for play and intimacy and if this does not occur, and then it would be beneficial to explore what we might be avoiding.

Goal of Transactional Analysis

The goal is to be flexible and open when doing any type of assessment while developing the inner determination, maturity and skills to handle strategically whatever has been thrown your way. By helping your clients to see that there is a mutual benefit in working together that satisfies them, you will get much more detailed and accurate information, especially if you write down what they tell you, as they tell you. These skills are based in specific behaviours that must be taught, practiced and eventually integrated into one's understanding.

Approaches espoused by Psychologists:

There are two main ways that psychologists know this can be done:

1. Change the thinking in the hope that changes in behaviour will follow. This is the traditional Freudian approach based on gaining insight (an older term for "model shift"). This will work as long as people:

Come to see the cost in maintaining the old way of thinking, The potential benefits to thinking differently, and have had the chance to observe and experience the new behaviour that they need to start using. This approach is aligned with Freud's perspective that inappropriate behaviour, so often rooted in the unconscious, cannot change until the distorted thinking creating that behaviour is first brought to consciousness.

2. A second approach is to model and teach people more appropriate ways of responding to situations and to have them simply practice the behaviours and sometimes, even the appropriate conscious thoughts without trying to enlighten or change their unconscious ways of thinking. Psychologists who focus solely on behaviour or on changing one's conscious thoughts without worrying about the unconscious are called behavioural or cognitive behavioural psychologists. This latter approach is much more commonly used in the workplace. It can be quite effective simply because half the battle is making a person aware of what they are in fact thinking or doing from any given moment! If we were completely consciously aware of the conversation we were having with ourselves all the time, we would be amazed at how negative they usually are.

This conscious and external focus on inter-personal behaviour is more aligned with the transactional analysis approach already discussed. There is no interest in whether an enduring change in one's inner thinking will occur. All that matters is that the behaviour is appropriate to get the results you want. The theory enables people to examine how they spend their time and energy, how to utilize their talents and creativity, how to establish positive relationships with others. In short, Transactional analysis help us to understand the way we behave and how to make behavioural changes if need be.

Transactional analysis is a rational approach to understanding behaviour and is based on the assumption that all individual can learn to trust themselves, think for themselves, make their own decision and express their feelings. Its principle can be applied on the job, in the home, in the classroom, in the neighbourhood, wherever people deal with people (James & Jongward, 1971).

The nature of people

Berne (1969) has a positive view of the nature of people. He believes that children were born princes and princesses but shortly there after, their parents and the

environment turn them into frogs. He believed people had the potential to regain their royal status, provided they learned and apply the lessons of transactional analysis to their personal lives. Berne states that the early childhood years were critical to personal development. During these early years, before children start school, they form their basic life script and they develop a series of being either "Ok or not". They also arrive at conclusions about other people's 'Ok-nots'.

In Berne's view, life is very simple to live. But people upset themselves to the point that they invent religions, pastimes and games. These same people complain about how complicated life is, while persisting in making life even harder. Life is a series of decision to be made and problems to be solved. Berne believes that people have the judiciously and freedom to make decisions and solve their problems.

The transactional Analysis theory of human nature and human relationships are deriving from data collected through four types of analysis:

1. Structural analysis in which an individual's personality is analyzed;
2. Transactional analysis which is concerned with what people do and say to each other;
3. Script analysis, which deals with the specific life dramas people compulsively enjoy;
4. And game analysis, in which ulterior transactions leading to a pay off are analyzed.

Berne (1976) further opines that transaction is the heart of transactional analysis. Any time a person acknowledges the presence of another person, either verbally or physically, a transaction has taken place. A transaction is often defined as a nit of human communication or as a stimulus or response connection between ego states. Transactions are grouped into three categories:

- **Complementary Transactions:** Berne describes this as "the natural order of healthy human relationships", which occurs when response comes from the ego state to which it was addressed. In this transaction, the individual who starts the communication sends a stimulus from one ego state explicitly to get a response from a particular ego state of the other person.

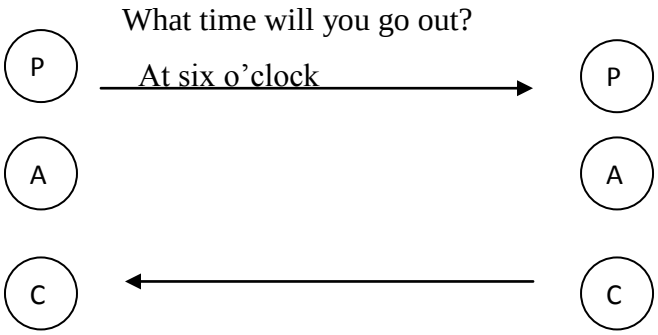


Figure 2.9

Sorrce: Berne (1976)

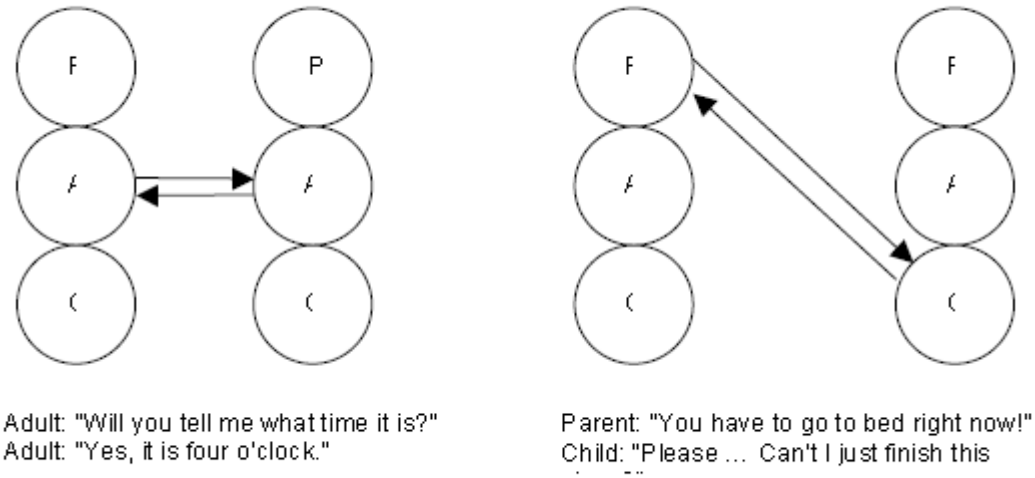


Figure 2
Straight Transactions

Sorrce: Berne (1976)

2. **Crossed transactions:**

In a crossed – transaction, an unexpected response is response either originated from an ego state different from that expected, or is directed to an ego state other than the one anticipated.

When are you leaving the office?

A ⟶ B

⟵

What is your business with that?

Sorrce: Berne (1976)

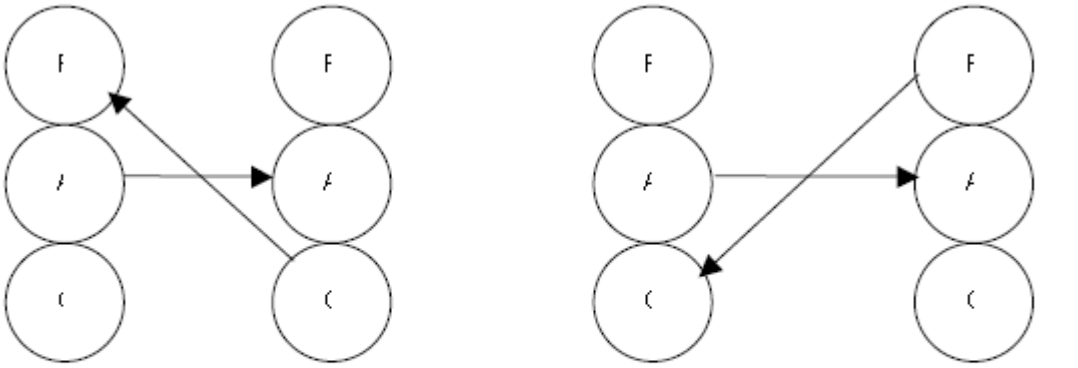


Figure 3
Crossed Transactions

Sorrce: Berne (1976)

Ulterior Transactions: In this transaction, three ego states are involved with an ulterior or psychological message. They are basically dishonest on the surface; the actual message sent is most spoken.

Sorrce: Berne (1976)

Structural analysis:

Structural Analysis of personality is one of the strategies which Berne adopts to explain the view of human nature and the difficulties people encounter in their lives. Each individual's personality is divided into three separate and distinct ego states. These ego states, which are the sources of behaviour, are Parent, Adult and childhood (PAC). The ego states represent the real personalities who now exist or once existed and had their own identities. Therefore, the conflicts among them often cause inconsistencies as well as flexibility in people.

Emotional Intelligence

Emotional intelligence describes the ability, capacity, skill, or self-perceived ability to identify, assess, and imanage the emotions of one's self, of others, and of

groups. People who possess a high degree of emotional intelligence know themselves very well and are also able to sense the emotions of others. They are affable, resilient, and optimistic. Surprisingly, emotional intelligence is a relatively recent behavioral model: it was not until the publication of *Emotional Intelligence: Why It Can Matter More Than IQ* by Goleman (1995) that the term became popular.

The intelligence quotient, or IQ, is a score derived from one of several different standardized tests to measure intelligence. It has been used to assess giftedness, and sometimes underpin recruitment. Many have argued that IQ, or conventional intelligence, is too narrow: some people are academically brilliant yet socially and interpersonally inept (Goleman 1995). Also, it is known that success does not automatically follow those who possess a high IQ rating.

The most distant roots of emotional intelligence can be traced to Darwin's early work on the importance of emotional expression for survival and second adaptation (Bar-On, 2006). The traditional definitions of intelligence emphasized cognitive aspects such as memory and problem-solving. Several influential researchers in the intelligence field of study had begun to recognize the importance of the non-cognitive aspects. Thorndike, used the term social intelligence to describe the skill of understanding and managing other people (Thorndike, 1920).

Similarly, Wechsler (1940) describes the influence of non-intellective factors on intelligent behaviour, and further argues that our models of intelligence would not be complete until we can adequately describe these factors (Bar-On, 2006). Gardner's *Frames of Mind: The Theory of Multiple Intelligences* (Gardner, 1983) introduces the idea of Multiple Intelligences which includes both *Interpersonal intelligence* (the capacity to understand the intentions, motivations and desires of other people) and *Intrapersonal intelligence* (the capacity to understand oneself, to appreciate one's feelings, fears and motivations). In Gardner's view, traditional types of intelligence, such as IQ, fail to fully explain cognitive ability (Smith, 2002). Thus, even though the names given to the concept varied, there was a common belief that traditional definitions of intelligence are lacking in ability to fully explain performance outcomes.

The Model

Individuals have different personalities, wants, needs, and ways of showing their emotions. Navigating through this requires tact and wisdom, especially if one

hopes to succeed in life. This is where emotional intelligence theory helps. In the most generic framework, five domains of emotional intelligence cover together personal (self-awareness, self-regulation, and self-motivation) and social (social awareness and social skills) competences (Grosset & Goleman. 1997). The model are

• Self-Awareness

(i) Emotional awareness: Recognizing one's emotions and their effects.

(ii) Accurate self-assessment: Knowing one's strengths and limits.

(iii) Self-confidence: Sureness about one's self-worth and capabilities.

• Self-Regulation

(i) Self-control: Managing disruptive emotions and impulses.

(ii) Trustworthiness: Maintaining standards of honesty and integrity.

(iii) Conscientiousness: Taking responsibility for personal performance

(iv) Adaptability: Flexibility in handling change.

(v) Innovativeness: Being comfortable with and open to novel ideas and new information.

• Self-Motivation

(i) Achievement drive: Striving to improve or meeta standard of excellence.

(ii) Commitment: Aligning with the goals of the group or organization.

(iii) Initiative: Readiness to act on opportunities.

(iv) Optimism: Persistence in pursuing goals despite obstacles and setbacks.

• Social Awareness

(i) Empathy: Sensing others' feelings and perspective, and taking an active interest in their concerns.

(ii) Service orientation: Anticipating, recognizing, and meeting customers' needs.

(iii) Developing others: Sensing what others need in order to develop, and bolstering their abilities.

(iv) Leveraging diversity: Cultivating opportunities through diverse people.

(v) Political awareness: Reading a group's emotional currents and power relationships.

• Social Skills

(i) Influence: Wielding effective tactics for persuasion.

(ii) Communication: Sending clear and convincing messages.

(iii) Leadership: Inspiring and guiding groups and people.

(iv) Change catalyst: Initiating or managing change.

(v) Conflict management: Negotiating and resolving disagreements.

(vi) Building bonds: Nurturing instrumental relationships.

(vii) Collaboration and cooperation: Working with others toward shared goals.

(viii) Team capabilities: Creating group synergy in pursuing collective goals.

In brief, the five domains relate to knowing your emotions; managing your emotions; motivating yourself; recognizing and understanding other people's emotions; and managing relationships, i.e., managing the emotions of others.

As a result of the growing acknowledgement of professionals for the importance and relevance of emotions to work outcomes (Feldman-Barrett & Salovey, 2002) the research on the topic continued to gain momentum but it was not until the publication of Goleman's best seller *Emotional Intelligence: Why It Can Matter More Than IQ* that the term became widely popularized (Goleman, 1995). Time magazine article highlighted Goleman's book and was the first in a string of mainstream media interest in Emotional Intelligence (Gibbs, 1995). Thereafter, articles on Emotional Intelligence began to appear with increasing frequency across a wide range of academic and popular outlets.

There are a lot of arguments that regard both terminology and operationalizations about the definition of Emotional Intelligence. One attempt toward a definition was made: Salovey & Mayer, 1990 who defined Emotional Intelligence as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions". Despite this early definition, there has been confusion regarding the exact meaning of this construct. The definitions are so varied, and the field is growing so rapidly that researchers are constantly amending, even their own definitions of the construct (Dulewicz & Higgs, 2000). Up to the present day, there are three main models of Emotional Intelligence:

- Ability Emotional Intelligence models
- Mixed models of Emotional Intelligence
- Trait Emotional Intelligence model

The ability-based model

Salovey and Mayer's conception of Emotional Intelligence strives to define Emotional Intelligence within the confines of the standard criteria for a new

intelligence. Following their continuing research, their initial definition of Emotional Intelligence was revised to "the ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth." The ability based model views emotions as useful sources of information that help one to make sense of and navigate the social environment (Salovey & Grewal, 2005). The model proposes that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. This ability is seen to manifest itself in certain adaptive behaviours. The model proposes that Emotional Intelligence includes 4 types of abilities:

1. Perceiving emotions - the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts- including the ability to identify one's own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.
2. Using emotions - the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.
3. Understanding emotions - the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognize and describe how emotions evolve over time.
4. Managing emotions - the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

The ability-based model has been criticized in research for lacking face and predictive validity in the workplace (Salovey & Grewal, 2005).

Mixed models of Emotional Intelligence

The model introduced by Goleman (1998), focuses on Emotional Intelligence as a wide array of competencies and skills that drive leadership performance. Goleman's model outlines four main Emotional Intelligence constructs (Bradberry & Travis).

1. Self-awareness - the ability to read one's emotions and recognize their impact while using gut feelings to guide decisions.
2. Self-management - involves controlling one's emotions and impulses and adapting to changing circumstances.
3. Social awareness - the ability to sense, understand, and react to others' emotions while comprehending social networks.
4. Relationship management - the ability to inspire, influence and develop others while managing conflict (Greaves, 2005).

Goleman includes a set of emotional competencies within each construct of Emotional Intelligence. Emotional competencies are not innate talents but rather learned capabilities that must be worked on and developed to achieve outstanding performance. Goleman posits that individuals are born with a general emotional intelligence that determines their potential for learning emotional competencies. Goleman's model of Emotional Intelligence has been criticized in research literature as mere pop-psychology (Mayer, Roberts, & Barsade, 2008).

Measurement of the Emotional Competencies (Goleman) model

Two measurement tools are based on the Goleman model:

1). The Emotional Competency Inventory (ECI), which was created in 1999 and the Emotional and Social Competency Inventory (ESCI), which was created in 2007.

2). The Emotional Intelligence Appraisal, which was created in 2001 and which can be taken as a self-report or 360-degree assessment (Bradberry & Gdfreaves, 2005).

The Bar-On model of Emotional-Social Intelligence (ESI)

Bar-On (2006) developed one of the first measures of Emotional Intelligence that used the term *Emotion Quotient*. He defines emotional intelligence as being concerned with effectively understanding oneself and others, relating well to people, and adapting to and coping with the immediate surroundings to be more successful in dealing with environmental demands (Bar-On, 1997). Bar-On posits that Emotional Intelligence develops over time and that it can be improved through training, programming, and therapy. Bar-On hypothesizes that those individuals with higher than average Emotion Quotient's are, in general, more successful in meeting

environmental demands and pressures. He also notes that a deficiency in Emotional Intelligence can mean a lack of success and the existence of emotional problems.

Problems in coping with one's environment are thought by Bar-On to be especially common among those individuals lacking in the subscales of reality testing, problem solving, stress tolerance and impulse control. In general, Bar-On considers emotional intelligence and cognitive intelligence to contribute equally to a person's general intelligence, which then offers an indication of one's potential to succeed in life. However, doubts have been expressed about this model in the research literature (in particular about the validity of self-report as an index of emotional intelligence) and in scientific settings (Kluemper, 2008). It is being replaced by the trait Emotional Intelligence model discussed below.

The Trait Emotional Intelligence Model

Petrides (2000, 2004, 2007) proposed a conceptual distinction between the ability based model and a trait based model of Emotional Intelligence (Petrides & Furnham, 2000). Trait Emotional Intelligence is "a constellation of emotion-related self-perceptions located at the lower levels of personality". In lay terms, trait Emotional Intelligence refers to an individual's self-perceptions of their emotional abilities. This definition of Emotional Intelligence encompasses behavioural dispositions and self perceived abilities and is measured by self report, as opposed to the ability based model which refers to actual abilities, which have proven highly resistant to scientific measurement. Trait Emotional Intelligence should be investigated within a personality framework (Petrides & Furnham, 2001). An alternative label for the same construct is trait emotional self-efficacy.

The trait Emotional Intelligence model is general and subsumes the Goleman and Bar-On models discussed above. Conceptualization of Emotional Intelligence as a personality trait leads to a construct that lies outside the taxonomy of human cognitive ability.

Figure 1 : Mayer and Salovey's (1997) Four-Branch Model of Emotional Intelligence

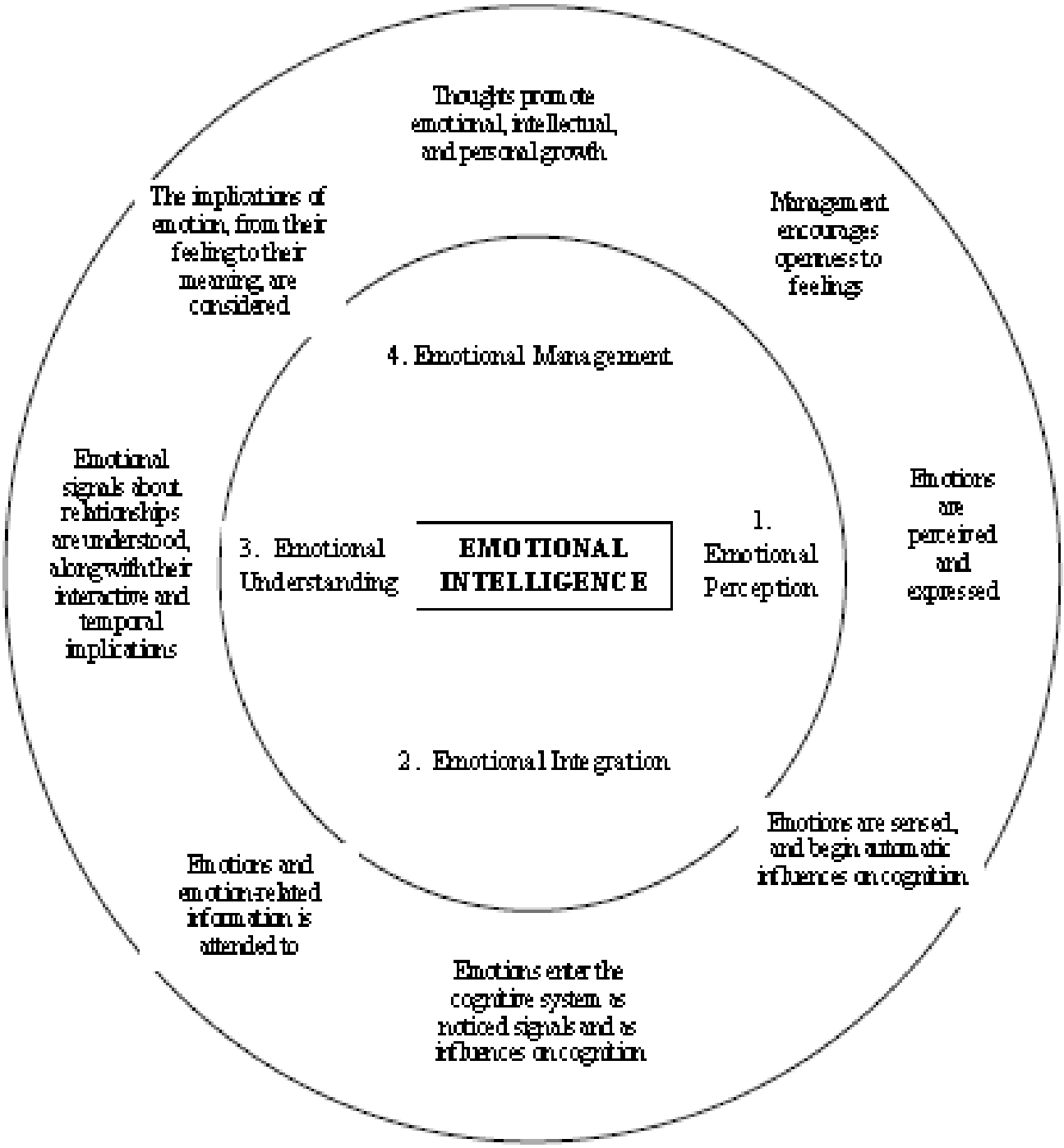


Figure 2.9

Source: Salovey and Meyer (1990)

Measures of Mayer and Salovey's Model

Mayer and Salovey began testing the validity of their four-branch model of emotional intelligence with the Multibranch Emotional Intelligence Scale (MEIS). Composed of 12 subscale measures of emotional intelligence, evaluations with the Multibranch Emotional Intelligence Scale indicate that emotional intelligence is a distinct intelligence with 3 separate sub factors: emotional perception, emotional understanding, and emotional management. The Multibranch Emotional Intelligence Scale found only limited evidence for the branch of emotional intelligence related to integrating emotions (Salovey and Meyer, 1990). Additionally, examination of the Multibranch Emotional Intelligence Scale found evidence for discriminant validity in that emotional intelligence was independent of general intelligence and self-reported empathy, indicating its ability to measure unique qualities of an individual not encompassed by earlier tests.

However, certain limitations to the Multibranch Emotional Intelligence Scale, not only was it a lengthy test (402 items) but it also failed to provide satisfactory evidence for the integration branch of the Four Branch Model (Mayer, Salovey, & Caruso, 2002). For these and other reasons, Mayer and Salovey decided to design a new ability measure of emotional intelligence. The current measure of Mayer and Salovey's model of emotional intelligence, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) was normed on a sample of 5,000 men and women. The MSCEIT is designed for individuals 17 years of age or older and aims to measure the four abilities outlined in Salovey and Mayer's model of emotional intelligence. Each ability (perception, facilitation of thought, understanding, and regulation) is measured using specific tasks.

Perception of emotion is measured by rating the extent and type of emotion expressed on different types of pictures. Facilitation of thought is measured by asking people to draw parallels between emotions and physical sensations (e.g., light, colour, and temperature) as well as emotions and thoughts. Understanding is measured by asking the subject to explain how emotions can blend from other emotions (e.g., how emotions can change from one to another such as anger to rage). Regulation (or management) of emotions is measured by having people choose effective self and other management techniques (Brackett & Mayer, 2003).

With less than a third of the items of the original Multibranch Emotional Intelligence Scale, the Mayer-Salovey-Caruso Emotional Intelligence Test is comprised of 141

items. An overall emotional intelligence score (expressed as an emotional intelligence quotient, or EIQ), two area scores (Experiential Emotional Intelligence, or EEIQ and Strategic Emotional Intelligence, or SEIQ). Each score is expressed in terms of a standard intelligence with a mean score of 100 (average score obtained in the general population) and a standard deviation of 15. Additionally, the manual provides qualitative ratings that correspond to each numeric score. For example, an individual who receives an overall EIQ of 69 or less would be rated 'considerable development' whereas someone scoring 130 or more would be rated 'significant strength' (Mayer, Salovey, & Caruso, 2002).

Promoting Emotional Intelligence in the Workplace

The work conducted in most organizations has changed dramatically in the last 20 years. Of course, there are now fewer levels of management and management styles are less autocratic. But there has also been a decided move toward knowledge and team-based, client-oriented jobs so that individuals generally have more autonomy, even at the lower levels of organizations. Since modern organizations always look to improve performance, they recognize that objective, measurable benefits can be derived from higher emotional intelligence. To name a few, these include increased sales, better recruitment and retention, and more effective leadership (Brackett & Mayer, 2003).

Naturally, the criteria for success at work are changing too. Staff are now judged by new yardsticks: not just by how smart they are, or by their training and expertise, but also by how well they handle themselves and one another. And that is strongly influenced by personal qualities such as perseverance, self-control, and skill in getting along with others. Increasingly, these new yardsticks are being applied to choose who will be hired and who will not, who will be let go and who will be retained, and who will be past over or promoted (Mayer, Salovey, & Caruso, 2002).

Emotional intelligence may be the (long-sought) missing link that unites conventional “can do” ability determinants of job performance with “will do” dispositional determinants. Modern organizations now offer learning and development that is explicitly labeled as “emotional intelligence” or “emotional competence” training. In support, their leaders create and manage a working environment of flexibility, responsibility, standards, rewards, clarity, and commitment (Goleman, 1995).

Alexithymia and Emotional Intelligence

Alexithymia from the Greek words (literally "lack of words for emotions") is a term coined by Sifneos (1973) to describe people who appear to have deficiencies in understanding, processing, or describing their emotions. Viewed as a spectrum between high and low Emotional Intelligence, the alexithymia construct is strongly inversely related to Emotional Intelligence, representing its lower range (Parker, Taylor & Bagby, 2001). The individual's level of alexithymia can be measured with self-scored questionnaires such as the Toronto Alexithymia Scale (TAS-20) or the Bermond-Vorst Alexithymia Questionnaire (BVAQ) (Vorst & Bermond, 2001), or by observer rated measures such as the Observer Alexithymia Scale (OAS).

Psychologists have identified a variety of intelligences over the years and these can be grouped into one of three clusters, "abstract", "concrete" or "social" intelligence (Gardner, 1983). Abstract intelligence is an ability to understand and manipulate verbal and mathematical symbols, whereas concrete intelligence is an ability to understand and manipulate objects. Social intelligence, which was first identified by Thorndike in 1920, is an ability to understand and relate to people (Ruisel, 1992) while emotional Intelligence has its roots in social intelligence (Young, 1996; Hein, 2003).

Emotional Intelligence brings us to Salovey and Mayer, who were attempting to develop a scientific way of measuring different individuals' emotional abilities, such as identifying their own feelings, identifying those of others and solving emotional problems. Thus, emotional Intelligence was presented as "a type of social intelligence, which involves the ability to monitor one's own and others' emotions, to discriminate among these emotions and to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990).

These are relevant to nurses as they interact with other people Emotional intelligence requires that emotions are recognized and surfaced. The concept provides understanding of how the emotions experienced by individuals affect the work of the team (Druskat & Wolff, 2001). Emotions, therefore, are not suppressed or ignored but are actually acknowledged and their value appreciated when there is awareness of the importance of Emotional Intelligence. The significance of emotions in nursing work has come to be recognized in the literature. While nursing work involves cognitive and technical skills, there has been increasing recognition of the interpersonal and intrapersonal skills required to cope with the complex demands of modern health care

systems (Bellack, 1999), and emotional labour is a well-recognized concept in the literature.

It is acknowledged that emotional work is involved in direct patient care and at management levels within the organization (Strickland, 2000). Emotional work calls upon some of the skills that fall within emotional intelligence. The qualities in Emotional Intelligence that are relevant to this discussion are the abilities to understand other people, work well in co-operation with them and be self-aware. These are relevant to direct patient care and multidisciplinary teamwork, Graham (1999) indicates that nurses need 'emotional competence' which is the ability to question themselves and provide patient-centred care. The argument here is that management of emotions is required in successful interactions, so that professionals show understanding of others and in turn influence the feelings of others (who may be patients or colleagues) (Young, 1996; Gardner, 1983).

The Conceptualisation of Emotional Intelligence:

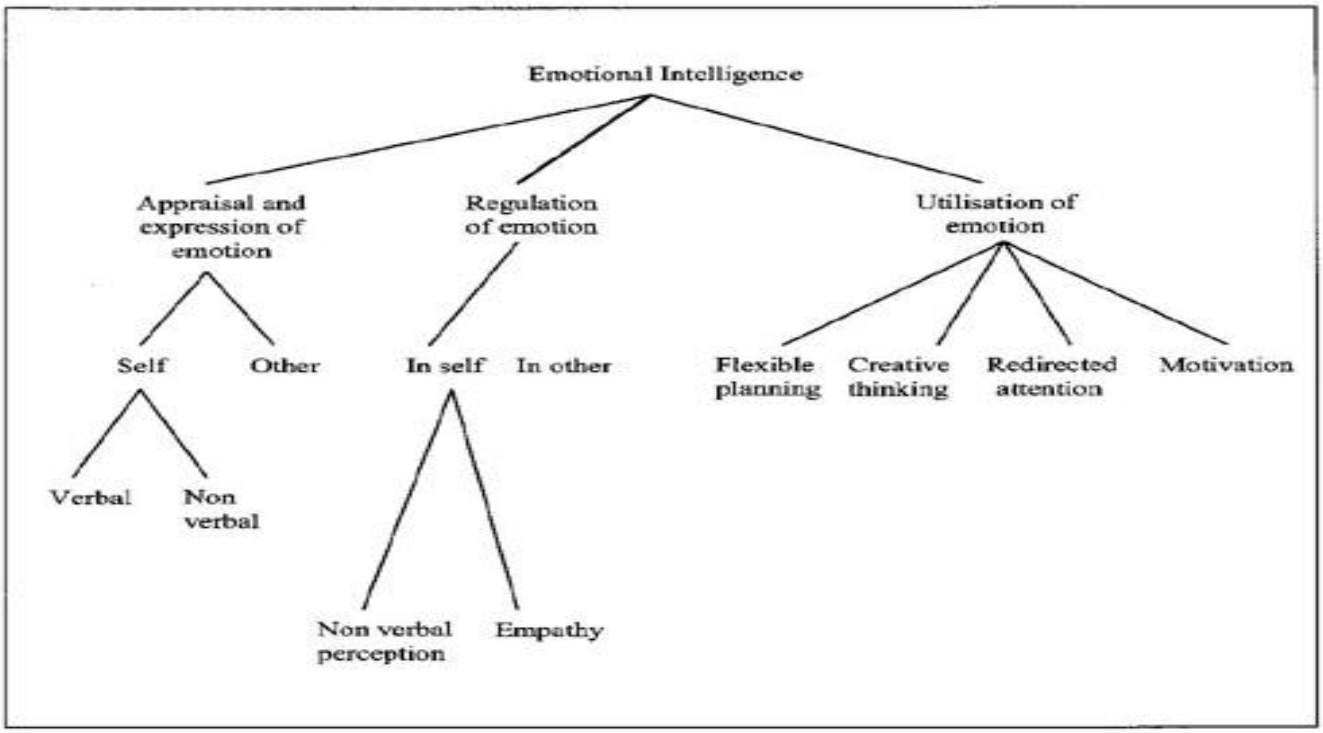


Figure 2.9

Source: (Howard Gardner, 1983).

In the diagram above, the mental processes include appraisal and expression of emotion in the Self, which suggests that people's skill in this process can be recognized and so they can respond more appropriately, to their own emotions. Such emotionally intelligent individuals can better express these emotions to others. They tend also to be more talented at recognising others' emotional reactions, thus producing empathic responses to them. Individuals skilled at accurately gauging affective responses in others are usually talented at choosing socially adaptive behaviours, in their response. Thus, others should see them as warm and genuine. In contrast, individuals who lack such skills can often appear impolite or diffident.

Emotionally intelligent individuals are said to be particularly adept at regulating emotion. This process is often used as a means to meeting particular goals, as it can lead to more adaptive mood states. In other words, such emotionally intelligent individuals may improve their moods and the moods of others. As a result, they can even go so far as motivating others to achieving worthwhile objectives.

However, these skills are sometimes channeled antisocially and used to manipulate others.

Emotional intelligence can be utilized in problem solving. Salovey and Mayer (1990) propose that individuals tend to differ greatly in their ability to organise their emotions, in order to solve problems. Both emotions and moods have a subtle influence over the strategies involved in problem solving. They came to the conclusion that positive mood enables a greater degree of flexibility in future planning, which enables better preparation for making the most of future opportunities. Similarly, they claime that a good mood is beneficial in creative thinking, as it increases an individual's ability for developing category organising principles. Unfortunately, the reverse of these abilities have a tendency to hold true for individuals in negative moods.

Moods may also be used to motivate one in the face of a challenge. Some people can positively channel the anxiety experienced in situations such as exams, while others may imagine the possibility of failure, to better motivate themselves. In general, individuals with an optimistic attitude towards life construct interpersonal experiences, which result in improved outcomes for themselves and those around them. All in all, it can be said that emotionally intelligent individuals should be at an advantage in adaptively solving problems encountered in life.

The second definition of Emotional Intelligence, known as the "corporate version", such as conscientiousness, self-confidence, optimism, communication, leadership and initiative (Goleman, 1995). This approach, which is extremely popular in the business world, emerged following David Goleman's book, appropriately named "Emotional Intelligence: Why it can matter more than IQ". Emotional Intelligence was catapulted into the headlines as an ability, which could lead to success at home, at school and in the workplace. Goleman's book proposes ways individuals can become more effective and co-operative team members, as well as improving their technical skills and IQ for jobs of all levels.

Childhood abilities, for instance being able to handle frustration, control emotions and get along with other people, were shown to be the most influential factors for later success, which broadly supports Goleman's contentions. In short, Emotional Intelligence is based on a long history of research within a variety of areas, in particular, Social Psychology. It may veer more in the direction of Goleman's 'corporate' approach, which focuses on personality traits and implies that emotionally

intelligent individuals are ambitious, enthusiastic and committed to achieving their goals. Alternatively, it could veer more towards Salovey and Mayer's 'academic' model (Hein, 2003), which direction it takes, remains to be seen (Mayer & Salovey, 1993).

Hein (2003) believes Emotional Intelligence refers to an individual's innate potential, with a core formed by four inborn components: Emotional sensitivity, emotional memory, emotional learning ability and emotional processing. Hein (2003) explains that this innate intelligence is affected either developed or damaged, by life experiences. It appears to be particularly affected by the emotional lessons taught by parents, teachers, caregivers and family. He considers emotional processing as one of the four core innate components, which affects individuals' natural intelligence and potential. Therefore, to improve an individual's Emotional Intelligence, perhaps one needs first to develop has emotional processing abilities.

Emotional processing as defined by Rachman (1980) is "a process whereby emotional disturbances are absorbed and decline to the extent that other experiences and behaviour can proceed without disruption." Thus similarities are seen with Salovey and Mayer's recent definition of Emotional Intelligence, which focuses on the ability to process emotional information, more particularly the ability to recognise their meanings and relationships. However, emotional processing does not involve the conscious management and manipulation of emotions, to the extent that Emotional Intelligence does. Rather, it refers more to the psychological mechanisms involved in processing. Mechanisms are often unconscious, non-verbal, sub-symbolic, passive and automatic (Teasdale, 1999; Epstein, 1998).

Salovey and Pizarro (2003) conclude that Emotional Intelligence is beneficial for two reasons. Firstly, it provides an organizing framework that enables the field to synthesize a large body of research on affective phenomena. Secondly it reaches beyond traditional views of Intelligence, by incorporating the emotional system. This provides a theory of individual differences in emotional abilities. Emotional Intelligence has a strong interpersonal focus and works on positively improving individuals' own skills and successes (Rachman, 1980). It focuses on processes related to disorders, rather than self improvement.

Emotional processing is applicable to mental health, psychosomatic disorders and physical illness. Baker's ongoing work endeavours to gain a deeper understanding of the role of emotional processing in each of these areas. In conclusion, emotional

processing has the potential for bringing together very diverse schools of psychological therapy, by offering a reformulation of the therapy process (Baker, 2004). Developments in this area could potentially see the exciting emergence of an encompassing concept, which leads to improvements in future clinical practice.

Empathy means that you can recall some of those same feelings based on your own experiences. There is a sharing and identifying with emotional states. What does this have to do with running a business, managing a company and dealing with bottom-line performance issues? Obviously, if managers were to take the time to listen with empathy at everything that was said, nothing would get done. One cannot fall prey to being swept up into every person's story. Managers and leaders must keep the focus and guide people to goal completion (Goleman, 1998).

Goleman (1998) enunciates that empathy represents the foundation skill for all the social competencies important for work:

- Understanding others: This is the ability to sense others' feelings and perspectives.
- Service orientation: This is ability to anticipate, recognize and meet customers' needs.
- Developing others: This is the ability to sense others developmental needs and to bolster their abilities.
- Leveraging diversity: This is the ability to cultivate opportunities through diverse people.
- Political awareness: This is also the ability to read the political and social currents in an organization.

Managers and leaders are usually high in those traits and characteristics that lead to successful goal completion, such as high achievement orientation and high focusing abilities. That's why they get promoted to managing positions. Success depends a great deal on being focused, able to persevere, and able to concentrate. But focus alone can result in undesirable consequences if not counterbalanced by empathy. Focus alone will not result in the fulfillment of goals. Empathy skills are those that involve paying attention to people's concerns like listening, attending to needs and wants of others, and building relationships. When empathy skills are high, one is more likely to inspire the troops. People are more likely to go the extra mile;

both managers and employees need empathy in order to interact well with customers (Goleman, 1998).

Empirical Background

Nursing and Emotional Labour

In nursing, the quality health care and service excellence are of critical and fundamental importance and are major differentiating features between health care providers (Anthony, Brennan, O'Brien, & Suwannaroop, 2004; Ford, Sivo, Fottler, Dickson, Bradley & Johnson, 2006; Rowell, 2004). Patient satisfaction is a widely recognized measure of medical care quality and a predictor of several positive consequences for organizations and patients (e.g. patient adherence to treatment regimens, malpractice suits, hospital employees' satisfaction, and financial performance; Gesell & Wolosin, 2004). Hunt (1997).

Emotional labour on the part of nurses may have benefits for both patients and nurses. The advantage to patients of feeling cared for can be demonstrated in physical behaviour, attentiveness, and the time that nurses give to meeting their needs (Smith, 1992). The quality of care may be enhanced when nurses can engage with patients, detect and act on cues, anticipate needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care. Muetzel (1988) describe this level of engagement as 'being there'; nurses connecting with patients physically, psychologically and spiritually.

Findings show that empathy and emotional contagion do not explain caring behaviours. Although this seems surprising, there are some plausible arguments supporting the finding. Omdahl and O'Donnell (1999), and Stein & Kanter (1993) differentiate empathetic concern and emotional contagion, and they advise nurses to use strategies that promote empathetic concern and avoid emotional contamination. Health care and nursing are caught up in the same inversion of human priorities. Professionals, such as nurses and midwives, need to take on social responsibilities and moral regeneration of society. This involves carrying civic rights and duties into the workplace (Adesina, 2007).

Emotions are feelings that people experience, interpret, reflect on, express, and manage (Thoits, 1989; Mills and Kleinman, 1988). Tracy (2000) found "three central practical concerns applicable to service organizations" like hospitals. Her study aboard cruise ships "illustrates the strength and potential abuse of customer-based

control of service personnel." According to Tracy, this occurs because in service-based organization customers frequently become what Tracy terms a "second boss" for the employees. Since service employees are taught that "the customer is always right", this creates confusion among staff as to where to draw boundaries (Sutton & Rafaeli 1988; Muetzel, 1988; Smith, 1999). Tracy explains that when managers use customer evaluations to reward and punish employees, customers essentially become a second boss. When much of the organizational product consists of employee personality, organizational leaders must temper and contextualize customer service programs with information that helps employees recognize and negotiate the boundaries between rendering a service smile and accommodating a customer's abuse or harassment (Tracy, 2000; Shaufeli, Leiter, Maslach, Jackson, 1996).

Loss of emotional control can have negative effects for both nurse and patient. Caring requires emotional labour, that is, mental work to manage feelings. Emotional labour can be defined as the effort, planning and control needed to express organizationally desired emotions and suppress undesirable ones during interpersonal transactions (Vitello-Cicciu, 2003). In nursing, desired emotions consist of displaying a genuine caring demeanor, expressing empathy for patients and showing an understanding for patients experiencing pain or emotional, physical and psychological weakness (Al-Mailam, 2005; Gesell & Wolosin, 2004; Smith, 2005). Nurses are also expected to demonstrate a non-judgmental manner with patients, to foster trust and a sense of security.

Emotional labour has a potential effect on nurses. By paying attention to the peculiar physiological and emotional needs of their patients, nurses can improve patients' satisfaction, well-being and health (Al-Mailan, 2005; Dingman, Williams, Fosbinder, & Warnick, 1999; Godkin, 2001; Godkin & Godkin, 2004; Issel & Kahn, 1998; Mahon, 1996; Meyer, Cecka & Turkovich, 2006; Williams, 1997; Wolf, Colahan, Costello, Warwick, Ambrose, & Giardino, 1998).

Transactional Analysis and Nurses' Emotional Labour

The Hospital Nursing Staff (HNS) has been identified as one of the groups at risk of suffering emotional exhaustion, a preliminary stage of burnout syndrome, due to the nature, intensity and diversity of the stressors related to their job tasks (Leiter 1993, Maslach & Leiter 1997, Maslach, Shaufeli & Leiter 2001). The majority of this research suggests that transactional analysis may be more beneficial to both the

employee and the organization than response modulation transactional analysis; (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Grandey, 2003; Totterdell & Holman, 2003). For example, studies have shown transactional analysis techniques are differentially related to the dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment). For example (Issel & Kahn, 1998, Maslach & Leiter 1997, Maslach, Shaufeli & Leiter 2001, for amalgamation), by showing respect for patients, nurses improve the level of patient satisfaction. This can lead to more favourable word-of-mouth recommendations of the health organization, an increasing demand of services, a better reputation in the community, fewer lawsuits and better economic and financial results of health care organizations (Al-Mailan, 2004; Issel & Kahn, 1998; Lee, 2005; Weech-Maldonado, Neff & Mor, 2003; Wolf et al., 1998).

A better patient-centered organizational climate can also emerge, thus improving the satisfaction and job commitment of personnel, reducing medication errors, perhaps reducing turnover (Gesell & Wolosin, 2004; Rathert & May, 2007; Lazarus, 1991). In contrast, when disrespecting and communicating poorly with patients, nurses contribute to increasing the patients' stress, which can have negative effects in the cardiovascular and endocrine systems, such as an increase in heart rate, blood pressure, and levels of stress-related hormones.

Studies carried out from the transactional perspective have highlighted that the job demands of Hospital Nursing Staff can increase the *job stress* and overwhelmed personal coping resources and consequently, unleash physical and emotional reactions. The nature of these job demands may be physical (e.g. work overload), emotional (e.g. continuous contact with suffering and death), and social (e.g. problems interacting with co-workers) (Gray-Toft & Anderson 1981, Schaefer & Moos 1993). As a consequence, both health and job performance become affected (Lazarus 1991).

Self-Efficacy and Nurses'Emotional Labour

The self-efficacy construct, as described by Bandura, consists of two cognitive dimensions: personal self-efficacy and outcome expectancy. Bandura (1977, 1981, 1986, 1995, & 1997) define personal self-efficacy as "judgments about how well one can organize and execute courses of action required to deal with prospective situations that contain many ambiguous, unpredictable, and often stressful elements". Bandura

(1977) portrays outcome expectancy as "a person's estimate that a given behaviour will lead to certain outcomes. An efficacy expectation is the conviction that one can successfully execute the behaviour required to produce the outcomes. Outcome and efficacy expectations are differentiated because individuals can believe that a particular course of action will produce certain outcomes. But if they entertain serious doubts about whether they can perform the necessary activities, such information does not influence their behaviour.

Nurses are encouraged to conceal their emotions and to maintain a professional barrier. These confer some protection from the emotional concerns of patients (Menzies, 1960; Phillips, 1996; Secker; Pidd & Parham, 1999). The way in which job allocation was organized, with nurses approaching patients to carry out particular tasks of a physical nature, helped to maintain this. In recent decades, however, there has been a move away from maintaining distance and detachment towards an appreciation of involvement and commitment (Williams, 2000; Schutte, Malouff , Bobik, Coston, Greeson, Jedlicka, Rhodes & Wendorf, 2001). Furthermore, the introduction of the named nurse concept and primary nursing has resulted in less formal nurse–patient relationships than those traditionally encouraged.

Many concepts now valued in health care, such as partnership, open communication and 'new nursing' (Savage 1990), emphasize the importance of nurse–patient relationships. The value of each nurse adopting a holistic approach to patient care and addressing psychological, social and spiritual needs has been acknowledged, and necessitates closer relationships, as well as continuity in the delivery of nursing care (Benner, 1984). The move to encourage partnership in health care requires open communication and mutual understanding that can be facilitated when there is good rapport between patient and professional (McQueen, 2000; Morse 1991; Segal, 2002; Ramos, 1992; & Muetzel, 1988). Getting to know patients helps nurses to interpret concerns, anticipate patients' needs and adds to job satisfaction (Luker et al., 2000). In adopting values of holistic care, partnership and intimacy, nurses get to know their patients as individuals and experience emotional responses to their suffering. They are, therefore, now more exposed to both the physical and emotional distress of the patients and have to deal with this as part of their work.

Self-efficacy makes a difference in how nurses' feel, think and act. In terms of feeling, a low sense of self-efficacy is associated with depression, anxiety, and helplessness. Some nurses' also have low self-esteem and harbour pessimistic

thoughts about their accomplishments and personal development. In terms of thinking, a strong sense of competence facilitates cognitive processes and academic performance.

Self-efficacy levels can enhance or impede the motivation to act. Individuals with high self-efficacy choose to perform more challenging tasks. They set themselves higher goals and stick to them (Locke & Latham, 1990). Actions are preshaped in thought, and nurses anticipate either optimistic or pessimistic scenarios in line with their level of self-efficacy. Once an action has been taken, highly self-efficacious persons invest more effort and persist longer than those with low self-efficacy. When setbacks occur, the former recover more quickly and maintain the commitment to their goals.

Self-efficacy also allows people to select challenging settings, explore their environments, or create new situations. A sense of competence can be acquired by mastery experience, vicarious experience, verbal persuasion, or physiological feedback (Bandura, 1977; Bandura & Schunk, 1981). Self-efficacy, however, is not the same as positive illusions or unrealistic optimism, since it is based on experience and does not lead to unreasonable risk taking. Instead, it leads to venturesome behaviour that is within reach of one's capabilities.

While it is now considered acceptable for nurses to show their emotions as they empathize with patients and show their humanity (Staden, 1998), there is clearly also a need for them to manage their emotions if they are to offer help and support. In this respect, Omdahl and O'Donnell (1999) differentiate between empathetic concern and emotional contagion. They advise nurses to use strategies that promote empathetic concern and avoid emotional contagion. The work of Hocshschild (1983) is key to understanding emotional management, and her analysis demonstrates that work is involved in managing emotions. Her study was based on airline stewards, who were paid to engage in emotional management with the airline passengers. Recognizing the mental work involved, and acknowledging that the airline stewards were paid to perform in this way as part of their work, Hochschild referred to the emotional work as emotional labour.

In order to help patients feel cared for, nurses welcome patients, are polite, respectful and considerate. In the course of nursing, they engage in various activities that correspond with caring behaviour, e.g. providing helpful information and advice; physically helping patients when necessary; engaging in supportive behaviour and

administering technical care. Associated with these behaviours can be emotions such as sadness, joy and compassion (Benner, 1984; Park, 1989; Benner & Wrubel, 1989; Brechin & Walmsley, 1998; McQueen, 1997). In addition to these positively valued emotions, nurses can also experience negative emotions such as frustration, disgust, irritation and anger. If patients are to feel cared for, these latter emotions will require to be controlled to present a front appropriate for the situation (Goffman, 1959). Emotional labour, however, is more than presenting a front to patients or observers: it also involves work on the emotions to correspond with this front.

Emotional labour is guided by 'feeling rules' derived from social conventions, the reactions of others or from within the individual (Hocshschild, 1983). Hochschild therefore argues that emotional life is socially controlled. In a nursing context, when nurses do not feel as they think they ought to feel (Blackwell, 2004). The emotional work involved in achieving correspondence between the emotions experienced and behaviour demonstrated helps to give the behaviour authenticity. Caring is a complex phenomenon and many definitions have been suggested. The two that follow indicate the physical and emotional nature of this concept for both carers and recipient of care: Intentional actions that convey physical care and emotional concern and promote a sense of security in another. (Larson & Ferketich, 1993); The mental emotional and physical effort involved in looking after, responding to and supporting others (Baines et al., 1991).

Caring for someone, in its fullest sense, includes an emotional element, i.e. to care for and about the person (Fealy, 1995). Caring for someone is associated with the performance of physical tasks, whereas caring about someone implies care at a deeper level, where feelings are explicitly involved in the relationship and resulting care. If nurses are to form therapeutic relationships and engage with patients, to care for and about them, this involves their emotions. James (1992) suggests that emotional labour operates in the context of caring about, since it involves a 'personal exchange'. She does, however, recognize that the feelings of the airline stewards in Hochschild's study may not have been based on such a personal exchange, but could have appeared genuine because the stewards were trained to behave in this way. This lack of authenticity is, however, disputed by (Wouters, 1989; Brechin, 1998; Cook, 1999; Larson & Ferketich, 1993).

To engage with patients at a level at which nurses can feel for and empathize with them may in some cases be reflexive or automatic, but in others will demand

emotional work, if their behaviour is to show genuine emotional responses. Such work on the emotions requires that nurses give of themselves and this can have personal costs in terms of feeling emotionally drained or exhausted (Hocshschild, 1983). Clearly, not all patients require intense emotional engagement. However, in situations when they are emotionally upset, or when nurse– patient contact is maintained over a period of time (Morse, 1991), the relationship is likely to develop as nurse and patient get to know each other and negotiate a relationship that satisfies both parties. Nurses in the studies of Henderson, (2001), Burnard (1994), Benner & Wrubel (1989) experienced detachment or engagement on a continuum along which there was movement according to specific patient circumstances. Ability to move along such a continuum, according to individual circumstances, may confer an advantage and protect nurses from undue emotional stress.

Emotional work can involve nurses in managing instinctive emotions such as disgust, annoyance or frustration in patient interactions. By trying to view the situation from patients' perspectives and empathizing with their emotions, nurses' facial expressions and behaviour can be managed to display caring behaviour. Alternatively, when nurses reflexively identify with patients in suffering, a degree of emotional management may also be required to enable them to function in a manner that is beneficial for patients. While it is appreciated that showing emotion that reflects feelings for patients shows humanity on the part of the nurse (Staden, 1998), the aim of emotional management is to facilitate the best possible outcome for patients or clients. If one is overcome with emotion, cognition and behaviour can be adversely affected (Ramos, 1992).

Emotional labour on the part of nurses may have benefits for both patients and nurses. The advantage to patients of feeling cared for can be demonstrated in physical behaviour, attentiveness, and the time that nurses give to meeting their needs (Smith, 1992). The quality of care may be enhanced when nurses can engage with patients, detect and act on cues, anticipate needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care. Muetzel (1988) describe this level of engagement as 'being there'; nurses connecting with patients physically, psychologically and spiritually.

Nursing and Self-Efficacy

Self - encouraged nurses tend to be more persevering when facing difficulties, obstacles and crises, more persistent in giving emotional support to patients and more optimistic in the middle of a crisis, thus disseminating their competencies, strengths and positive emotions to patients (Goleman, 1998; Goleman, Boyatzis & McKee, 2002). It is also argued that such nurses would view adverse situations in a more positive light and would be willing to try new approaches and solutions without fear of failure (Rozell et al., 2006; Wright & Cropanzano, 2004). In short, provided that nursing is mostly relational in nature, more self-encouraged nurses adopt more expressive caring behaviours in dealing with patients. As the self-efficacy of an individual depends on the interpersonal relationships he or she has, the importance of relationships on self-efficacy development is vital (Backman, 1988).

Thus, once the relationship no longer becomes important to the individual, self-concept ceases to exist. Using a sample of hospital nurses, Parker (1993) tests the hypothesis that both self-efficacy and perceived control over decision making contribute to individuals' willingness to engage in reformist dissent when faced with injustice and to their intentions to exit. Because it was expected that both dissent and exit require confidence, self-efficacy was predicted to be positively related to both dissent and exit.

Dieting and weight control are health-related behaviours that can also be governed by self-efficacy beliefs. Chambliss and Murray (1979) found that overweight individuals were most responsive to behavioural treatment where they had a high sense of efficacy and an internal locus of control. Other studies on weight control have been published by Bagozzi and Warshaw (1990) and Sallis, Pinski, Grossman, Patterson and Nader (1988). It has been found that self-efficacy operates best in concert with general life style changes, including physical exercise and provision of social support. Self-confident clients of intervention programs were less likely to relapse to their previous unhealthy diet.

Nursing and Emotional Intelligence

Emotional Intelligence dimensions correlate positively with nurses' caring behaviours. However, nursing personnel requires some complex combinations of emotional intelligence aspects so that nurses can be truly positive caregivers. (Maslach, Shaufeli, Leiter, Job, 2000; Munro, Rodwell, Harding, 1998; Peeters &

Blanc, 2001). For example, a nurse with accurate understanding of her own (negative) *emotion* (after noticing the failure of the treatments applied to a "special" patient) may be very anxious about communicating openly with the patient if he or she has insufficient *self-encouragement* to persevere and demonstrate appropriate behaviours and feelings. Nurses with low self-control against criticisms can reduce their caring behaviours towards patients who question them or complain about their treatments unless they compensate for this reactive sensitivity with a stronger self-encouragement that motivates them to persevere in adopting caring behaviours.

There are four separate abilities within interpersonal intelligence. These include the ability to organize groups, negotiate solutions, make personal connections and engage in social analysis. According to Goleman (1996), these skills demonstrate 'interpersonal polish' and facilitate social success. People who possess such skills can form connecting relationships with others easily, read other people's feelings and responses accurately, lead and organize other people and handle disputes successfully. It seems appropriate, therefore, to foster interpersonal intelligence in nursing, where it is advantageous to form good rapport, and indeed form connected relationships with patients (Morse, 1991). The skills of social analysis are undoubtedly part of nursing work, whereby nurses interpret and understand how patients feel, ascertain their motives and concerns, and demonstrate empathy in their care.

Furthermore, organizational and negotiating skills are required in teamwork, both within nursing and in co-operative working with other health care professionals. Intrapersonal intelligence is also demanded in nursing when nurses enabling to empathize with patients, try to understand their perspectives and engage in counselling skills. In these circumstances, it is recommended that nurses have engaged in a self-reflective process to become aware of their own values and prejudices. Any personal prejudices that conflict with those of patients or clients can then be set aside in helping patients come to their own decision, appropriate to their circumstances (Burnard, 1994).

Nurses who are more self-controlled against criticisms are less self-encouraged and less empathetic. More emotionally efficacious nurses are also less empathetic. These are surprising findings, considering that previous empirical evidence shows that, on the whole, Emotional Intelligence dimensions tend to correlate positively (Dulewicz, Higgs & Slaski, 2003; Vakola, Tsaousis & Nikolaou, 2004). One can speculate that this is due to the nurses' personality habit, and the finding steadily

recommends that Emotional Intelligence must be seen as a multidimensional construct, and that different individuals may be characterized according to different combinations of Emotional Intelligence scores.

The age and health condition of patients also influences the application of Emotional Intelligence. For example, it is difficult to interact with an old patient whose hearing capacity would be at a reasonably low level or whose perception has diminished due to aging. Research studies pertaining to factors related to nurse interactions with elderly people have shown that the educational level of nurses influence nurse interactions with elderly patients (Wilma et.al, 1999). Non-verbal interactions play a vital role in nurse-patient perceptions. The non-verbal interactions include patient-directed eye gaze, affirmative head nod, smiling, leaning forward, touch and instrumental touch (Wilma, 1999; Stordeur, D'Hoore & Vandenberghe 2001; Staden, 1998).

Anne (2004) state that the modern day demands of nursing depend on the skills of emotional intelligence to achieve a patient centered care. There is no doubt that Emotional intelligence in nursing leads to more positive attitudes, greater adaptability, improved relationships and increased orientation towards positive values (Kristin & Elisabeth, 2007). A clear relation between emotional intelligence and adaptive success has been detected in nurses caring for people with mental retardation.

Research into the construct of emotional intelligence is in its infancy. Studies to date have shown that emotional intelligence does "explain variance in real-life criteria even after numerous other well-established measures are controlled for" (Ciarrochi, 2000). Studies have demonstrated that people who report higher levels of emotional intelligence also report higher levels of attending to health and appearance and more positive interactions with others (Brackett & Mayer, 2003).

Adeyemo and Ogunyemi (2009), found self-efficacy to be significantly correlated with Emotional Intelligence components of occupational stress. Emotional intelligence was also found to moderate the relationships between occupational stress and self-efficacy. Salami (2007), also found Emotional intelligence to be significantly correlated with active deep acting, non-active and passive deep acting components of emotional labour. Emotional intelligence was also found to moderate the relationship between emotional labour and organizational citizenship behaviour.

Nursing and Gender Factor

Studies have indicated that females are more proficient and skillful than males in encoding and decoding non-verbal language (Stewart, Stewart, 1986; Roter, Hall, 1998). The nonverbal cues of responsiveness (using a wide range of emotions) and immediacy (showing positive emotions to indicate liking) are more pronounced in females than males. (Samovar, Porter, McDaniel, 2007; Stewart, Stewart, 1986; Roter, Hall, 1998; Roter, 2004).

Patients' health beliefs and values have a significant impact on clinical care requiring sensitivity and responsiveness. Building the relationship through related forms of empathic concern involves exploring these beliefs and values and acting upon them in appropriate ways through verbal and non-verbal means. Studies have indicated that female physicians have practice styles that are sensitive to patient's psychosocial problems, and are better able to detect patient's feelings, including undisclosed agendas and conflict (Brink, Dulmen, Bensing, 2002; Uskul, Abroad, 2003). Females were also found to be more empathic and focused on emotions (Uskul, Abroad, 2003; Roter, Hall, 1998). Females are more likely to engage in the type of exchange that explores issues of personal meaning and values within a broader social and cultural context (Roter, Hall, 1998; Bertakis, Franks, 2003). Medical graduates' female physicians were found to place greater value to social factors in health and disease, psychological factors in health and disease, and cultural factors in health and disease (Hojat & Gonnella, 1995).

Many female dominant positions, including nursing, have failed to attract male recruits. This can be attributed in part to issues such as status and pay but it is also as a result of the gender role stereotyping of the profession. Thus; it has become identified as a profession deeply embedded in the gender based power relations of society (Cash 1997, Meadus 2000). Although the number of males in nursing has increased recently, feminization of nursing is still an important issue (Davies 1998, Harloyd et al., 2002). Men's position in taking care of patients and being in health care industry all around the world is not new and goes far back to medieval times and there is recorded evidence of males' skill and care (Girard, 1997).

Gender differences were apparent, however, in survival and need motivations for entering nursing. Women tend to de-emphasize survival and need considerations when choosing nursing while it appears that men put greater emphasis on aspects such as salary, job security and the social image of the profession. Two significant

exceptions to this tendency were noted. Some women tend to be more highly endorsed in their statement; others would say that one can be a good nurse (congruency statement). Both deviations seem to reflect traditional gender roles, with men seeking leadership and advancement, even in a relatively "feminine" profession, while women report getting messages from their social environments about their suitability for the nursing profession (Mayers, 2002).

Nightingale's image of nursing as a subordinate, nurturing and humble self sacrificing as well as not too educated became prevalent in society. The social construction of what it means to be a nurse has typically meant a caring, hard working woman. Roles like nurturing, caring, submission given to women are opposite from the ones that are attributed to men in society (Evans, 1997). Over all, men who enters nursing typically face questions about their masculinity or sexuality (Streubert, 1994). Sociologists describe the sex role socialization as "instrumental" for men and "expressive" for women. The characteristics of men's socialization include the ability to compete, aggressiveness and ability to lead and to handle a power to accomplish tasks. Expressive socialization includes learning to nurture, to be affiliative and to be sensitive to the needs of others (Strasen, 1992).

In patriarchical cultures the value given to women and her place in society is naturally reflected in the nursing profession.This also presents particular problems to the image of nursing as a career (Girard 2003; Muldoon & Reilly 2003; Yagmur & Ozerdogan, 2001). Both female and male nurses can work with intensive care units (ICU), operating rooms, emergency departments, while mortuary, psychiatric units and GOPD are proper places for men to work. On the other hand, maternity and pediatric clinics were not seen as fit places for males to work. It is hard for the male nurse to be in a role that was traditionally perceived as a female role which brings up a role tension. Therefore, male nurses prefer to work in places like emergency departments, intensive care units and psychiatry where they can feel more accepted by other health care workers (Yavuz & Dramalı, 1997). These findings are supported by Chung 2000; Evans 1997; Karadakovan 1993; Savaser et al. 1999; Senses et al. 2001; Squires 1995; Yavuz & Dramalı, 1997; Evans, 1997.

This study intends to fill the gaps that exist in the study of Using Transactional Analysis and Self-efficacy strategies on Emotional labour of nurses in Kwara state, Nigeria. Most of the previous studies have not used the work in empirical studies but

the researcher used the related Emotional intelligence and self-efficacy to Emotional labour.

Appraisal of Literature Review:

There is exceptionality of documented studies dealing with the effects of transactional analysis and self-efficacy strategies on improving the emotional labour of nurses. Emotional Labour is an important basis for organizational development especially in the health sector. The product of emotional labour is often a change in the state of the mind or feeling within another person, most often a client or a customer. The benefits of emotional labour are measured in terms of the relative effectiveness of its outcome with the objectives. The organizational policy in health sectors has document which contains laudable objectives of adopting emotional labour as an instrument of transformation of the organization. The statement above appears to be good but some health organizations still encounter problems. What exist in health sectors in terms of quality interactive relationship between nurses and patients are not of intimate standard when compared with private organizations or private hospitals. Low self efficacy, low morale and frustrations have been observed to characterize Nigerian nurses. Olomitutu (1999) claims that much is demanded from the nurses but too little pay and too much work have often resulted in absolute discontentment, lack of self-will on the job and high turnover among the nurses (Salami, 2002).

From the review of related literature, many nurses have been found paying for services rendered in the hospital (Salami, 2002). They are not in any way "close to their patients" or "touch their patients". This attitude could have been as a result of work load, irritation, poor condition of service, night shift duties, and assault from patients (and other sources of stress). Several researchers (Goleman, 1996; Merse, 1991; Gordon 2004; Melosh, 1986) have found that nurses in Nigeria do not have close intimacy with their patients compared to their counterparts in the developed countries. Savage (1990) find that when nurses feel irritated or unsuccessful, they experience low feeling of self-efficacy and their commitment decline. Mainwhile, nurses commitment should be crucial towards their patients satisfaction.s

However, much work has not been done on emotional labour of nurses using counselling techniques. Research works (Aremu, 2005; Penrose, Perry & Ball, 2007; Salami, 2007) demonstrate significant relationship among emotional intelligence, self-

efficacy and career commitment. Therefore, there should be a communication ease between the nurses and the patients through emotional labour training and the treatment package which would enhance their emotional labour. Both parties will determine their level of understanding in the interrelationship when they are efficacious. If there is high level of self-efficacy, there will be smooth communication and good interactions which would lead to intimacy.

The way an individual perceives interaction affects his/her emotional status. Based on the social identity theory, Ashforth and Humphrey (1993) argue that the effects of emotional labour are moderated by one's social identity. As individuals start to identify with a certain group, they begin to assume the "prototypical characteristics" they perceive for the group as their own, a "self-stereotyping" process that lead to individuals seeing themselves as "more or less exemplifying the group". When individuals identify with the organizations they work for as the groups they belong to, they view their jobs as an important component of who they are, and are likely to "feel authentic" when performing emotional labour, when following their perceived organization's implicit or explicit expectations about emotional expression. On the other hand, if individuals do not identify with their organizations, they feel authentic only when these expectations match their personal identities. The study intends to fill in the gaps that existsd in the study of Using Transactional Analysis and Self-efficacy strategies on Emotional labour of nurses in Kwara state, Nigeria. Most of the previous studies have not used the work in empirical studies but the researcher used the related Emotional intelligence and self-efficacy to Emotional labour.

Conceptual model of the study

A concept refers to an idea or a theory while models are professional goggles. Conceptual model can thus be defined as an amalgamation of ideas in concise manner in such a way that people derive their 'feel' of how things work (Esere, 2002). The model for this study is composed of independent variables, intervening variables and dependent variable. The independent variables are the two treatment packages, Transactional Analysis (TA) and Self – Efficacy strategy (SES). The intervening variables are factors which, if not well controlled may affect or render invalid the result of the experiment. To curtail their effects, adequate care will be taken through random selection of participants, pre-test measure and the control group were manipulated to see their effectiveness on the dependent variables which are emotional

labour of nurses. The moderating variables are gender and emotional intelligence. The behavioural equation S-O-R represents the complete interaction of various variables in the study (Kanfe & Philips, 1970).

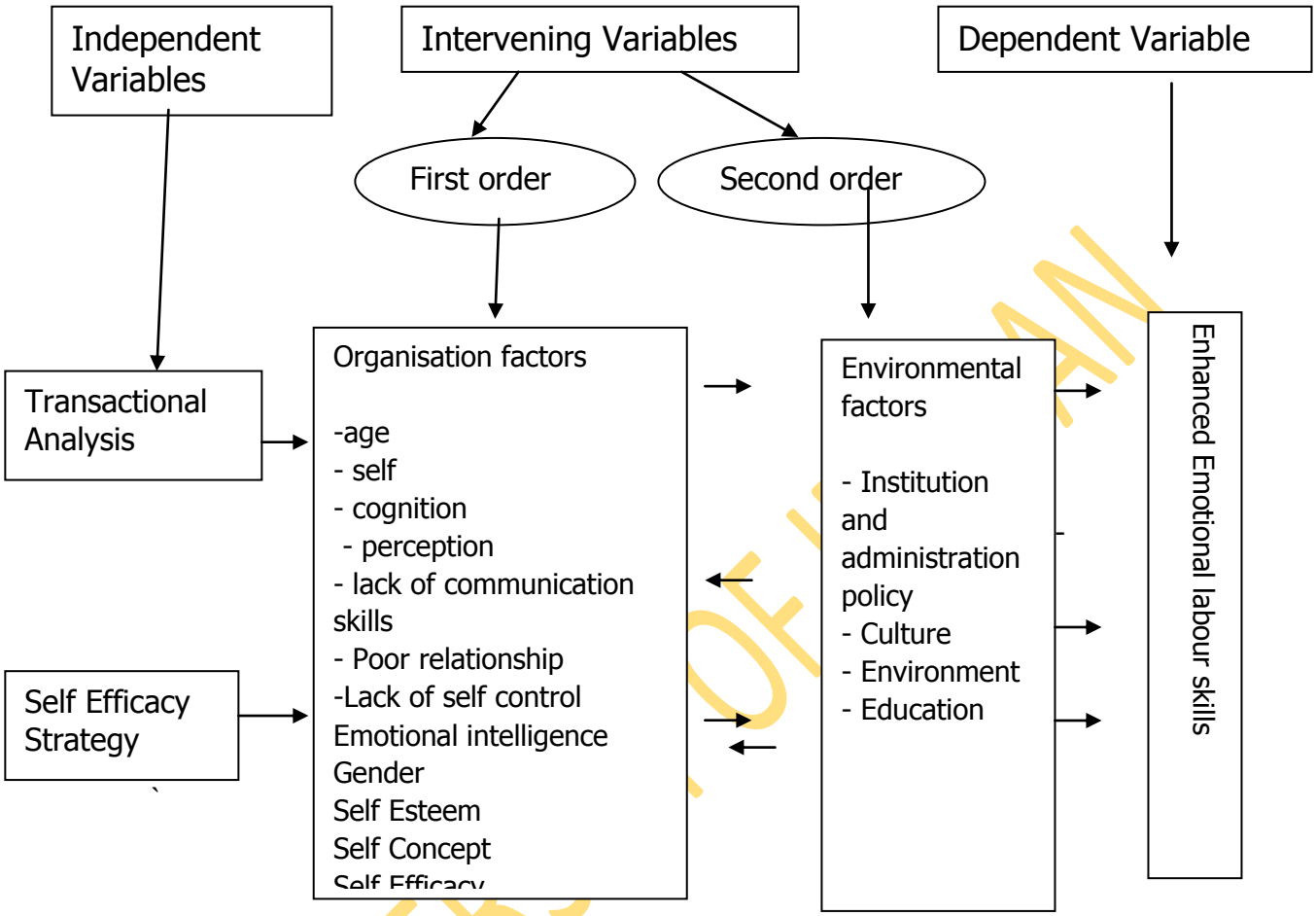
S – Stimulus (i.e independent variables)

O - Organism (i.e intervening variables inherent in the organism)

R – Response (i.e dependent variables that are the resultant effects of independent variables)

The table below shows the graphic illustration of the variables in the study.

Conceptual model of the study



S = stimulus---------- O=Organismic Factor---------- R = Responses

(Independent variable) (dependent variable)

Figure 1

Statement of Hypotheses

The following null hypotheses were tested at 0.05 level of significance.

(1) There is no significant main effect of treatment on emotional labour of the participants.

(2) There is no significant effect of gender on emotional labour of the participants.

(3) There is no significant main effect of emotional intelligence on emotional labour.

(4) There is no significant interaction effect of treatment and gender on emotional slabour of the participants.

(5) There is no significant interaction effect of treatment and emotional intelligence on emotional labour.

(6) There is no significant interaction effect of gender and emotional intelligence on emotional labour of the participants.

(7) There is no significant interaction effect of treatment, gender and emotional labour of the participants.

CHAPTER THREE
METHODOLOGY

This chapter describes and presents the methodology employed for this study. For easy presentation and comprehension, the chapter is arranged under the following headings, research design, and qualifications for participation, sampling techniques, population, participants, research instruments and procedure for research.

Research Design

This study adopted a pretest, posttest, control group quasi experimental design with a 3 x 2 x 3 factorial matrix.

The 3 x 2 x 3 factorial matrix is as follows:

- 3 stands for 3 groups consisting of 2 experimental groups (Transactional analysis and self-efficacy groups) and 1 control group.
- 2 stands for gender (male and female).
- 3 stands for level of emotional intelligence (low, moderate and high emotional intelligence).

1. The two experimental groups are Group one. This was exposed to Transactional Analysis training, while group two was exposed to Self-Efficacy training. These two groups were also exposed to pre-test and post-test sessions.
2. Control group: The control group was exposed to pretest and post-test sessions.

TABLE 3.1: 3 X 2 X 3 FACTORIAL MATRIX FOR THE STUDY.

GENDER

	Male E.I.			Female E.I.			Total
	L	M	H	L	M	H	
Treatment I	1	4	5	2	20	17	41
Treatment II	3	1	0	25	10	1	40
Control (No treatment)	1	1	0	13	19	1	35
Total	5	6	5	40	49	19	124

Key:

L = Low level

M = Moderate level

H = High level

E.I. = Emotional Intelligence

The rows show the experimental group and control group which represent the low, moderate and high levels while the treatment group would represent:

Group 1: (Transactional Analysis) A 1

Group 2: (Self-Efficacy) A 2

Group 3: (Control Group) A 3

Qualifications for participation

The following criteria were used to select the participants in the study.

1. Participants should be qualified nurses.
2 Participants should be willing and ready to participate in the study.
3. Participants should be willing to attend and actively participate in all the sessions.

Population

The population of this study consists of all nurses (male and female) in both the University of Ilorin Teaching Hospital, Ilorin and Civil Service State Hospital Ilorin. Selections were from the following units of the hospital; Maternity wing (O & G) and General Out Patients Department (GOPD) units.

Sample and sampling technique

The researcher used convenience sampling technique to choose the sample. Participants were randomly selected into the experimental and control groups. There were stratified into two zones, University of Ilorin Teaching Hospital, Ilorin and Civil Service State hospital, Ilorin in kwara state. Simple randomisation was employed to select two units each from the two zones. Six papers were labeled A1-3, B1-3 in two places and were picked one after the other by one of the participants, merged together to form a group. For example, if a label of A1(O&G) and a label of B2(Treatment 1) was picked and merged, that would be group one which the picked papers belong to. The next would be group two and the last would be the contol group. The emotional labour scale adapted was used to screen 180 nurses in order to identify and select the nurses to participate in the study.

The desired participants were 180 nurses (twenty male nurses and one hundred and sixty female nurses) from University of Ilorin Teaching Hospital, and Civil service hospital, both in Ilorin Kwara state. The research study's participants were selected using a simple random sampling technique, 60 were grouped in GOPD and exposed to Transactional Analysis training, 60 were grouped in Maternity (O&G) and exposed to the Self-Efficacy training and the remaining 60 were used as control group, but one hundred and twenty-four (124) participated to the end. This technique was adopoted by the researcher because of the heterogeneity of the participants who were stratified based on gender, age, marital status, educational background, religion ane work experience.

Research Instruments

The following instruments was validated and employed to collect data for the study. The first section consists of items on respondents' socio-demographic variables like – gender, age, marital status, socio-economic status educational qualification and years of service. The second section consists of two sub scales. They are:

1. *Emotional Intelligence Scale- (EIS) and*
2. *Emotional Labour Scale (ELS)*

1. Emotional Intelligence Scale

Emotional Intelligence Scale is a 33-item instrument adopted from Schuttle, Malouff, Hall, Haggerty, Cooper, Golden, Dornheim (1998). This scale was used to measure the degree of the respondent's emotional intelligence. The test is of 4 point likert scale. The respondent responded to the items using the four point scale (4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree). The scale was scored with no negative items reversed. Schuttle, et al's (1998) Emotional Intelligence Scale has a validity estimate of 0.80. The first Quartile score of 1-55 depicts low, second quartile score of 56-109 is moderate and third quartile score of 110-165 depicts high level of Emotional Intelligence. In the current study, the scale was validated for culture free and relevance to the population of the study. In previous studies, the validity estimate of Emotional Intelligence are 0.80 (Schuttle, et al, 1998); 0.73 (Amusan, 2007); 0.87 (Falaye, Udoruisi & Taiwo, 2008).

2.* Emotional Labour Scale (ELS*)

The emotional labour scale was a standardized and validated scale developed by Brotheridge and Lee (1998). This scale was used to explore the various emotional displays that the workers put on while performing their duties in the organization. The scale consists of one section with 50 items. The scale is of 4 point likert scale. The respondents responds to the items using the four point scale (4 = strongly agree; 3 = agree; 2 = disagree and 1 = strongly disagree). Brotheridge and Bee (1998) Emotional Labour Scale has a validity estimate of 0.81. In a previous study, the validity estimate of Emotional Labour is 0.74 (Jimoh, 2008).

Procedure for research

This study was conducted for the period of eight weeks. During this period the researcher and the participants interacted in four phases:

1. Recruitment stage
2. Pre-test stage
3. Treatment stage and
4. Post treatment stage

The researcher visited the head of each selected unit to obtain permission from the hospital ethical committee to involve their nurses in the study, and arranged for an appropriate place where the treatment sessions were administered. The researcher got approval for two days (about one hour each day) from the hospital when therapeutic sessions could hold for the period of eight weeks for each of two treatment groups. The first experimental group (A1) was treated using Transactional Analysis, while the second experimental group (A2) was subjected to self-efficacy. These groups were exposed to eight weeks training and treatment started a week after the pre-treatment measures.

Summary of the Treatment Package

Experimental group A1 - Transactional Analysis Training (TAT)

The eight sessions covered the following:

Session I: General orientation and administration of instrument to obtain pre-test scores

Session II: Introduction to the concept of Transactional Analysis

Session III: What is Transactional Analysis?

Session IV: Explanation of the three Phases of Ordinary Human Interaction:

Session V: Meaning of Contact Therapy?

Session VI: Introductory Behaviour

Session VII: Managerial characteristics of a unit head

Session VIII: Revision of all activities in the previous session and administration of Instrumentation for post-treatment measures.

Experimental group A2 – Self-efficacy Training (SET)

Session I: General orientation and administration of instrument to obtain pre-test scores.

Session II: Introduction to the concept of Self-efficacy

Session III: What is Self-efficacy?

Session IV: Processes of Self-efficacy

Session V: Influence of Self-efficacy

Session VI: Reappraisals of Self-efficacy

Session VII: Use of Self-essicacy

Session VIII: Revision of all activities in the previous session and administration of Post-treatment measures.

The control group

The control group (group 3) are the participants screened and selected for the study but not treated for the eight weeks. The researcher introduced herself and her mission to this group in Civil service hospital. The concepts of Transactional Analysis and Self-efficacy were explained to them and their co-operation to respond to the instruments brought to them was sougth. After the address, the researcher administered the pre-test instrument. After seven weeks, the researcher re-visited the control group and subjected them to a none-therapeutic talk titled "Guidance Services: A new hope in the prevention of Hypertension". Finally the administration of the post-test instrument was conducted.

Control of Extraneous Variables:

The study can not be totally devoided of some problems but the researcher tried as much as possible to reduce to the bearest minimum the influence of extraneous variables. At the begining of the programme, different venues were used for the treatment and control groups. The hospitals were in three different locations in Kwara State. The researcher and research assistant were always on ground to teach the participants in other not to hindrance topics that were not in the programmes and in order to avoid manipulations. This neckline is to control interaction effects between the researcher and the participants. ANCOVA was used because of its sensitivity and capability to control any source of variations that could influence this study.

Data Analysis

Data collected were analyzed using the Analysis of COVARIANCE, the pretest scores on emotional labour serves as COVARIATES, and the data was analyzed using computer Statistical Package for Social Sciences (SPSS), with version 3.5 (2008) software packages.

TREATMENT PACKAGES

EXPERIMENTAL GROUP (A)

TRANSACTIONAL ANALYSIS TRAINING (TAT)

SESSIONS ONE AND TWO

The researcher gave a general orientation of the programme and Pre-test Administration followed.

Objectives: The objectives were:

1. To warmly welcome the participants to the programme and request for their support and maximum cooperation.
2. To randomize the participants into three groups.
3. To inform the participants about the objectives of the programme.
4. To highlight the benefits which the participants could derive from the programme.
5. To discuss the steps the programmes would take and schedule meeting dates and time.
6. To administer pre-test assessment instruments.

Introductory Address and Activities given by the researcher:

The researcher greeted the participants and wished them a good time going through the training programmes. She explained that she was glad to be associated with them and wish to welcome them to the programme which was designed to help nurses who are not satisfied with their nursing job and to improve upon their emotional labour. Healthcare as a matter of fact is paramount to life development. The quick recoverys of a patient could depend on the quality of education the nurse has. In order to promote quality healthcare and interpersonal contact, highly self-efficacious nurses who are satisfied with the job and happy with the nursing profession are needed in healthcare hospitals.

In our society of today, nurses are important in healthcare delivery. Research works have revealed that quite a number of nurses are neither satisfied with their jobs nor happy with hospital work. These set of nurses also experience low emotional labour. These training programmes are to help nurses acquire some basic skills that would enhance their effectiveness in hospitals interactions. The training programmes

involved discussions, take home assignments and exercises. Therefore your input personally matters a lot so as to yield good results. You would benefit a lot at the end, so the reseacher encouraged them to cooperate with her throughout the sessions. Each session runs for about one hour only.

The researcher allowed participants to ask questions after which she randomly assigned the participants to treatments and control groups. Six papers were labeled A1-3, B1-3 in two places and were picked one after the other by one of the participants, merged together to form a group. For example, if a labeled A1 paper was for (O&G) and another labeled paper for B2 (Treatment 1) which was picked and the two were merged, that was group one, which the sellected papers belong to. The next selection was group two, A2 and B2 was labeled and merged together following the same partern was selected as group 2. The last selection A3 and B3 was group three which was the contol group.

The researcher explained to a participant why randomisation was used which is to avoid being biased in the selection and to promote objectivity in the programme. Participants were given the opportunity to interact with one another within the same group for familiarisation because they would work together for the following eight weeks for the training programme. Subsequent meeting dates and time were discussed and while the researcher emphasised the importance of punctuality and regular attendance at meetings so that when the training starts, there would be no room for going back thus enabling maximum benefits at the end of the programme. Questions and suggestions were allowed from the participants.

Closing Remarks: The researcher appreciated the participants for making themselves available. Participants were reminded of the group they belong to and the timetable of the training programmes was announced to the participants. The researcher told the control group when they would be called upon again. The researcher encouraged the participants to be punctual throughout the training sessions.

At the end, the control groups were pre-tested with emotional labour scale (ELS).

SESSION THREE

The researcher reminded participants on the advantage of participating to the end of these eight weeks and the Introduction to Transactional Analysis commenced.

Objectives were:

1. To examine the characteristics and nature of transactional analysis at the place of work.
2. To assist participants to examine the basic concept of transactional analysis.

Introductory Address: The researcher welcomed the participants and introduced the topic of the day to them.

What is Transactional Analysis?

Transactional Analysis (TA as it is often called) is a model of people and relationships that was developed during the 1960s by Dr. Eric Berne. It is based on two notions: Assumption is that these converse with one another in 'transactions'. Transactional Analysis is a very common model used in therapy and there is a great deal written about it.

Parent, Adult and Child: We each have internal models of parents, children and also adults, and we play these roles with one another in our relationships. We even do it with ourselves, in our internal conversations.

Transactional analysis is a tool one can use to know himself, know how to relates to others, and become more aware of one's potentials and options. More importantly, it can be use to change one's behaviour. Transactional analysis is a therapeutic approach by Berne (1969). A basic issue in transactional analysis is responsibility; transactional analysis confronts the individual with the fact that he is responsible for his actions: past, present and future. All disturbances and problems are considered to be the result of decisions the person has made himself.

It is for these reasons that transactional analysis is becoming so popular within the business community. Transactional analysis is concerned with four types of analyses: structural analysis, transactional analysis, games analysis and script analysis.

Structural Analysis: Structural Analysis of personality is one of the strategies which Berne adopts to explain the view of human nature and the difficulties people encounter in their live. Each individual's personality is divided into three separate and distinct ego states. These ego states, which are the sources of behaviour, are Parent, Adult and childhood (PAC). The ego states represent the real personalities who now exist or once existed and had their own identities. Therefore, the conflicts among them often cause inconsistencies as well as flexibility in people.

In awareness of these three ego states one can distinguish the source of his thought, feelings and actions. An individual's personality posses the three active elements of ego states: the parent, the adult and the child.

Parent ego state

This is a set of feelings, thinking and behaviour that we have copied from our parents and significant others. As we grow up we take in ideas, beliefs, feelings and behaviours from our parents and caretakers. If we live in an extended family then there are more people to learn and take in from. When we do this, it is called introjecting and it is just as if we take in the whole of the care giver. For example, we may notice that we are saying things just as our father, mother, grandmother may have done, even though, consciously, we don't want to. We do this as we have lived with this person so long that we automatically reproduce certain things that were said to us, or treat others as we might have been treated.

Adult ego state

The Adult ego state is about direct responses to the here and now. We deal with things that are going on today in ways that are not unhealthily influenced by our past. The Adult ego state is about being spontaneous and aware with the capacity for intimacy. When in our Adult we are able to see people as they are, rather than what we project onto them. We ask for information rather than stay scared and rather than make assumptions. Taking the best from the past and using it appropriately in the present is an integration of the positive aspects of both our Parent and Child ego states. So this can be called the Integrating Adult. Integrating means that we are

constantly updating ourselves through our every day experiences and using this to inform us.

Child ego state

The Child ego state is a set of behaviours, thoughts and feelings which are replayed from our own childhood. Perhaps the boss calls us into his or her office, we may immediately get a churning in our stomach and wonder what we have done wrong. If this were explored we might remember the time the head teacher called us in to tell us off. Of course, not everything in the Child ego state is negative. We might go into someone's house and smell a lovely smell and remember our grandmother's house when we were little, and all the same warm feelings we had at six year's of age may come flooding back.

Both the Parent and Child ego states are constantly being updated. For example, we may meet someone who gives us the permission we needed as a child, and did not get, to be fun and joyous. We may well use that person in our imagination when we are stressed to counteract our old ways of thinking that we must work longer and longer hours to keep up with everything. We might ask ourselves "I wonder what X would say now". Then on hearing the new permissions to relax and take some time out, do just that and then return to the work renewed and ready for the challenge. Subsequently, rather than beating up on ourselves for what we did or did not do, what tends to happen is we automatically start to give ourselves new permissions and take care of ourselves.

Transactional Analysis

Transactional analysis is the analysis of interpersonal relations, such as what people say and do to one another. Because the basic unit of interpersonal relations is the transaction; one can analyse conversations and exert conscious control of the cause and outcome of a conversation.

When two individuals get together, two sets of parents, adults and children begin to interact or transact. It is the analysis of the communication between two individuals that gives rise top the term “transactional analysis”. A transaction or a series of transaction may take place between the different states. For example, the transaction may be between the parent of Mr. A and the parent of Mr. B or between

the child of A and adult of B. Unfortunately and all too often in business the transaction is between parent and child: the parent of the manager and the child of the employee.

Games Analysis

This is the analysis of a hidden transaction and the payoff that underlie "unhealthy" communications and behaviour. By knowing about the games one play and their motives, goals and payoffs, one is in a position to further change behaviour and situations that are unhealthy and counter productive.

Games and what is game playing?

Games are sequences of transactions with a definite pattern plus a set of unspoken rules and regulations. In transactional analysis, games are used differently from its common usage, psychological games always have a hidden agenda, or motive, and a payoff. The payoff can usually be identified as a negative feeling. When this feeling is achieved the game is over. The secret agenda or purpose or goal is to put down the other player or even oneself. Below is an example of a common game:

"Why don't you … Yes, but …"

Shayo: I may not get this report done by tomorrow with all these other jobs our judgement keeps dropping on us.

Alade: Why don't you just drop other things you're doing and spend all your time getting that important report done today?

Shayo: I may not do that. I have two other repots for tomorrow also.

Alade: The reports would not take more than an hour or two a piece so why don't you just get started on the first one? You could have it done by two o' clock.

Shayo: How can I even concentrate with all the phone calls and distractions I get?

Alade: You could work right through the lunch hour and there couldn't be anyone to bother you.

Shayo: I may not do that, I've got a lunch date with the new staff in administrative department.

In this game one can identify Shayo's child speaking to Alade as a parent and Alade responding from this parental way to Shayo as a child.

P	P
A	A
C	C
Shayo	Alade

What was observed as the secret agenda and the payoff in this game?

Alade's hidden agenda or goal is to put down Shayo and all other parent or authority figures. And the payoff is the feeling that the child is superior to the parent. Not only that, Shayo has wasted 10 or 15 minutes that he could have used to work on the report.

This game in particular prevents honest, trusting and open relationship between the players. Whenever Shayo can hook another person into playing a particular game, Shayo reinforces his personality style and "proves" again that his view of himself and life is "correct".

Script Analysis

The script is a life plan, made when we are growing up. It is like having the script of a play in front of us - we read the lines and decide what will happen in each act and how the play will end. The script is developed from our early decisions based upon our life experience. We may not realise that we have set ourselves a plan but we can often find this out if we ask ourselves what our favorite childhood story was, who was our favorite character in the story and who do we identify with. Then consider the beginning, middle and end of the story. How is this story reflected in our life today?

Another way of getting to what script is may be to think about what we believe will happen when we are in old age. Do we believe we will be alive at 80 or 90 years old, be healthy, happy, and contented? What do we think will be on the headstone for our grave? What would we like to be on it?

Discussion Questions

1. What is transactional analysis?
2. Mention three active elements of the ego states as propounded by Eric Berne.
3. Why do we refer to transaction analysis proper as the basic unit of interpersonal relations?
4. What is game analysis? What are games in human interaction?
5. What can you identify on the diagrams?

Take Home Assignment were given to the participants

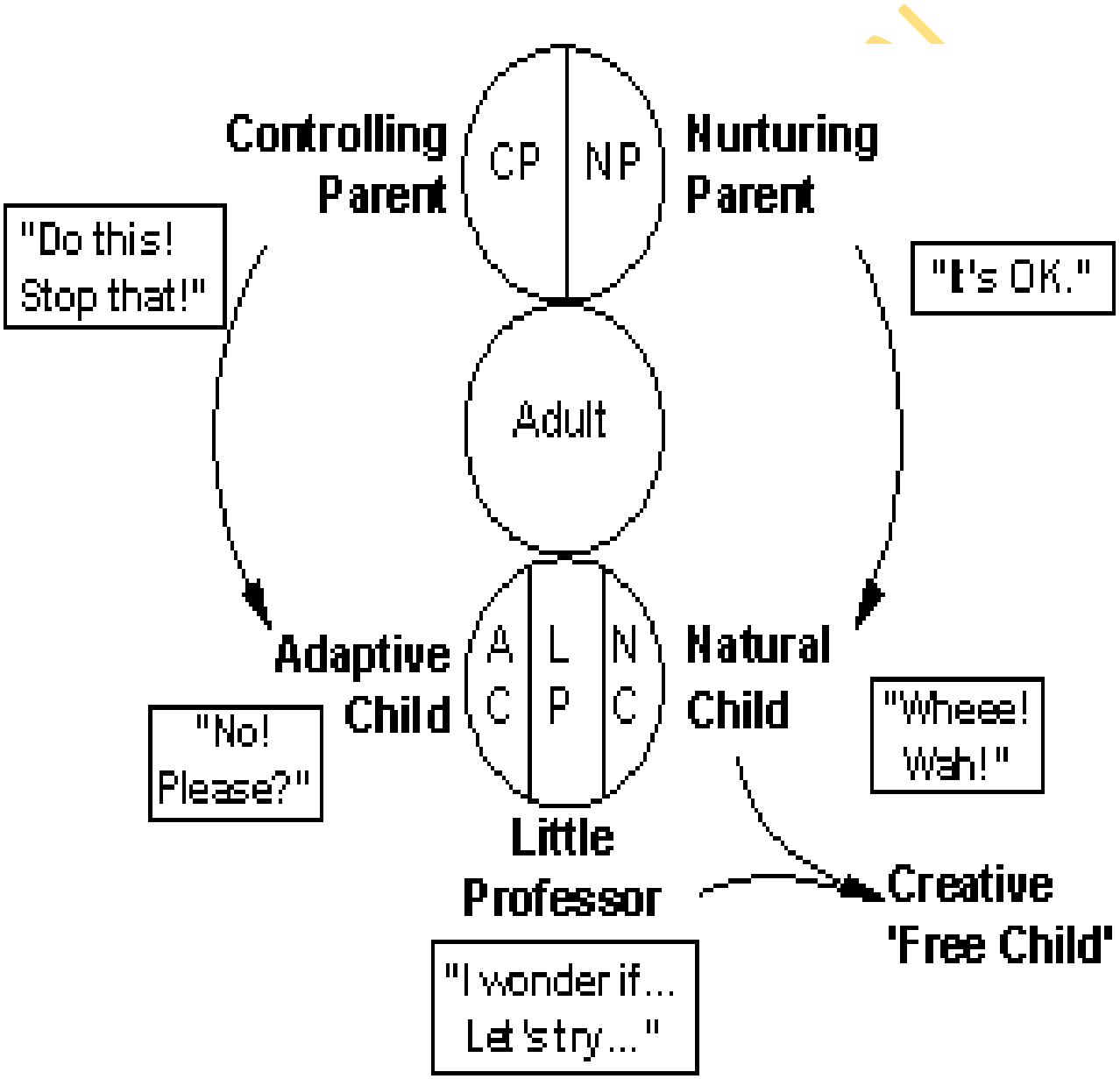
1. List some common issues which you have resolved recently.

   _____

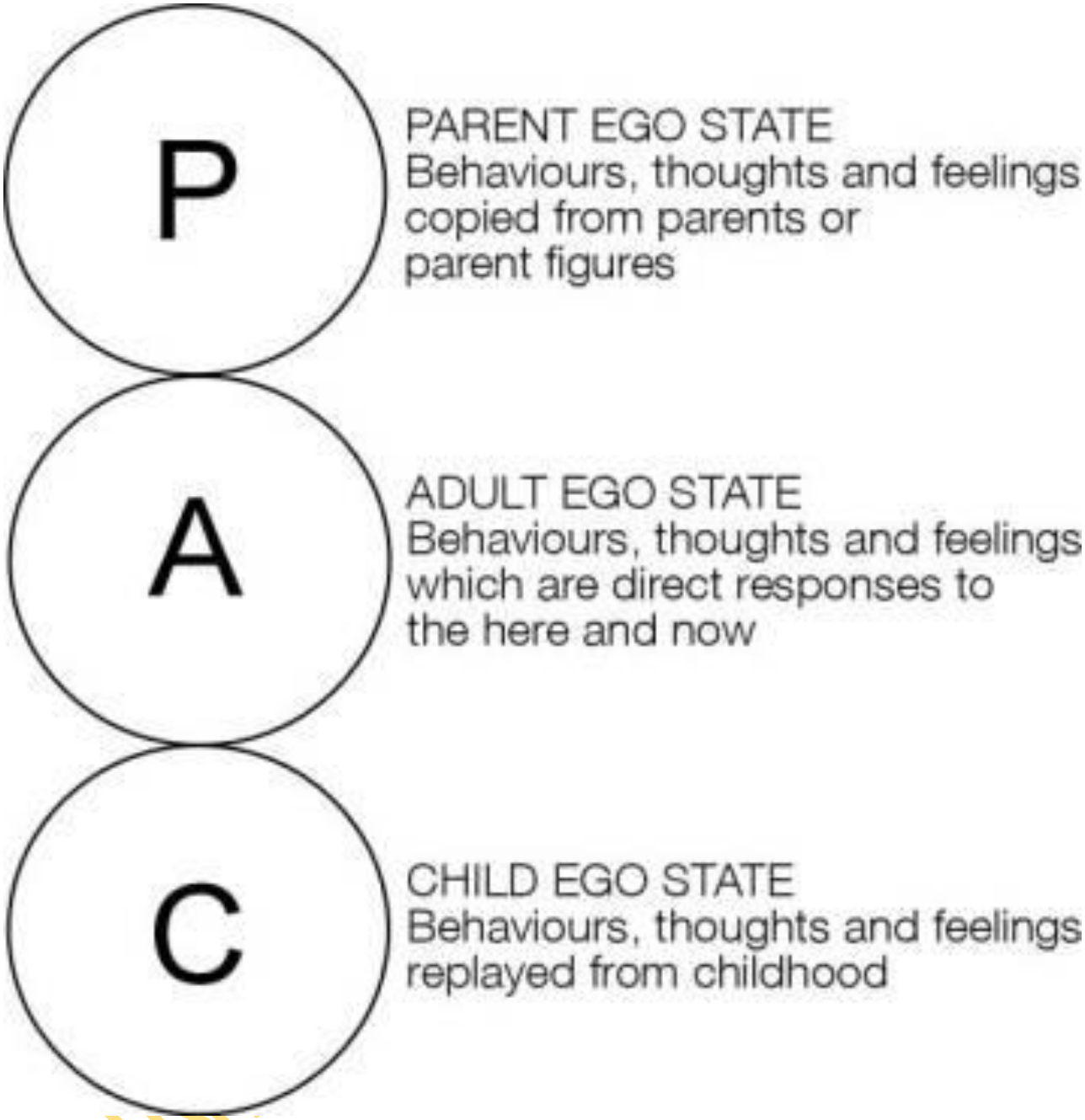
2. Mention from which ego states you have functioned? And state your reasons?

   _____

Figure3.2 Human Interaction



Source: The ok corral (Ernst 1971):



Source: Berne (1976)

SESSION FOUR

The researcher taught participants the Phases of Human Interaction

Objectives were:

1. To assist participants in identifying and to examine the phases of human interaction and the content phase in transactional analysis.
2. To help participants to appreciate the frame of reference of their frame of reference of their colleagues, boss or customers.

Introductory Remarks

- Researcher welcomed the participants
- Collection of take home assignment
- Introducing the topic for the day.

Discussions on Three Phases of Ordinary Human Interaction:

Transactional Analysis is a social psychology and a method to improve communication. James and Jongeward (1971) observed that the successful is one who maintains a balance between people and things. Thus he is most effective to himself, his employees and his company. The manager therefore should care for the potential of others, be empathetic, be genuine and communicate his true feeling, and be concrete, not vague. The theory outlines how we have developed and treat ourselves, how we relate and communicate with others, and offer suggestions and interventions which will enable us to change and grow.

Transactional analysis therefore is a technique a manager uses when he deals with people. When using T.A., every manager performs three steps. the keys, the responds and the guide. Transactional analysis thus becomes a process by which the manager aids the employee to effectively problem solve and develop using the techniques of keying, responding and guiding.

Keying

Keying this is the "reading" of people. The manager uses an appropriate frame of reference to perceive what the employee means by his verbal expressions and his non-verbal messages (intonation and body languages). The critical keying skills come from undistorted perception.

Responding

The unit head/manager communicates back to the employee, and what was learned from keying is replayed in a manner which adds to, subtracts from, or interchanges with the meaning the employee communicated.

Guiding

Means the manager's technique used to help the employee to change his behaviour. Motivation can be thought of as "drive with direction". The manager as motivator can function to increase the employee drive state or to direct this drive so that it better accomplishes the objective.

The way and manner you place your employee in the office is important. If you want open, forthright, honest communications, then you must remove the typical physical barriers. Move him to the office where there are no physical barriers – or better yet, both of you should get away from the desk. Physical placement of the manager and the employee are important aspect of physically attending. Another most important keying skills is that of knowing what people mean when they use certain expression. The manager must sit through a "side-show" performance of the employee before getting to the main attraction.

In responding, the manager who has keyed the proper meaning of his colleagues, must then communicate that he understands. This is done through proper responding. Respond began with empathy. An empathic manager is one who has an awareness of another person's situation and feelings and is able to communicate this awareness. Such manager can respond to the employee with a subtractive, an interchangeable or an additive response.

The Interchangeable Response

Here, the manager is aware of the employee's job problem, the manager perceives the way the employee feels and he communicates this to the employee by using the interchangeable response.

The Additive Response

The logical response of the manager from being the compassionate mirror to the helper who is providing some direction. The manager focuses on the employee's frame of reference, but he filters the employee's experience through his own. This can be illustrated below.

Salesgirl: Six calls a day! Don't you realise its quality, not quantity that counts? Look at my closings, they tell the story.

Subtractive Response

Boss: You can have quality and quantity together if you just try hard enough.

Interchangeable Response

Salesgirl: You feel upset because you don't think I appreciate that quality and closings are more important than quantity of calls.

Additive Response

Boss: You are saying quality and closings should be given more consideration and that 1 should stop bothering you about the number of calls you are making.

Guiding

When the boss begins to guide the employee, he introduces the employee to other names of reference. The employee is understood, and accepted, but now his thinking is subtly expanded. Just as the boss had to shift to the employee's frame of reference to establish rapport, now the employee has to expand his frame of reference to include (he practicalities of the business community.

Since guiding comes after rapport, it involves subtle directions. Losers have to become winners. The employee has to see himself realistically. He has to be goal-oriented and be able to problem-solve when the paths to the goal are temporarily blocked. He has to be sold on his worth to himself and to his organisation.

The boss has to become a helper and a giver.

Managers that see themselves as work-oriented father figures address their employees as Parent to Child. Comment such as the one listed below are often made by manager who is a critical parent.

"Do you know you are supposed to make five calls per day, now get out and ring some doorbells".

This bank is only as strong as its weakest link; you should work hard so that you don't slow everyone else. The researcher explained how these communications can both be diagrammed and shown below:

P	P	Where - P = Parent
A	A	A = Adult
C	C	C = Child
Manager	Employee	

The manager making these statements is playing the old parent tapes to their employees instead of communicating on an Adult to Adult basis.

Many managers are ineffective in their interaction because they use the wrong frame of reference when communicating with their employees. And thus, they often fail to really understand.

Mary: Can I bet with you; why you wanted to see me. The problem is I really don't know what's wrong.

Mrs. A: Am sure you're pressing too hard trying to compensate for the way you've been feeling.

Mary: That could be it. I really can't concentrate very well. I don't know if I'm cut out for this job.

Mrs. A: Ok Mary, if I didn't have confidence in you I wouldn't have hired you. Your problem may be just psychosomatic.

Mary: Psycho what?

Mrs. A: Don't mind, it's not that important … you've stated you don't thing your work is up to par. Do you care top elaborate?

Mary: Ok, I … Ok, what the hell is psychosomatic?

Mrs. A: Mary, sorry I mentioned it. I didn't want to get you all upset. May be we can take this up later. I have an appointment with an important client right now. I'll see you later.

The employee's dilemma. The employee sees the problem from his own point of view – and after al, it's his problem. For effective communications, the manager has to understand and use the employee's frame of reference.

Discussion Exercises at the session period by the researcher and participants

Case 1

Mary has worked in the Payroll Department of a medium sized manufacturing company for a little over a year. Her job calls for accuracy with figures, and lately there have been occasional small errors in some of her work. The assistant controller Mrs. Alarape has decided that she should speak to Mary about the situation before it gets worse.

The conversation was as follows

Mrs. Alarape: Mary, will you come into my office now?

Mary: I'll be right there … yes Mrs Anjorin

Mrs. Alarape: Have your seat. Care for a cup of coffee.

Mary: No I've quit addictive behaviour. It's made me a little jittery, but the long-range effect should be beneficial.

Mrs. Alarape: Feeling a little nervous lately?

Mary: Yes, I've seen two different doctors about possible ulcer.

Mrs. Alarape: Hmm, you haven't felt well and you are worried about a possible ulcer. Do you think this has been affecting your work lately?

Mary went back to her seat, but couldn't work she listlessly went through the motions, but was unable to get her talk with Mrs. Alarape, out of her mind. Mary even tried to look psychosomatic up in the dictionary but had no success. Besides not feeling well, she had Mrs. Alarape down on her own. What to do? I wish I could go home now" thought Mary. May be I should call in sick tomorrow."

The boss in the above case (Mrs. Alarape) used the skills of keying, responding and guiding. It is questionable whether the skills are judiciously used.

Below write a few sentences on how you have handled the problem present in the case.

_____

_____

Discussion Question at the session period

Identify the differences between ordinary human interaction and interaction through transactional analysis.

Take Home Assignment was given to participants

1. Give some account of the incident and suggest how you think the matter would have been handled.

State a particular incident that has happened in your workplace recently where the two phases of interaction can be inferred.

SESSION FIVE

Researcher explained the Meaning of Contact in Management Process after the usual welcome address.

Objectives were:

1. To assist participants understand the principle underlying contact in their day to day activities.

2. To help enable participants appreciate the advantages and disadvantages of contact skills in the management process.

Meaning of Contact Therapy?

This is a means of communicating with employees so as to promote their development. It focuses on what is good in a person and helps to accentuate the positive. Contact is primarily job-oriented and educative; it is usually of shorter duration. It can occur in an elevator, hallway, cafeteria, or any other place where a manager comes in contact with his employees. The sessions can last from a few minutes to an hour or more. They can be non-verbal supportive behaviour or prolonged verbal exchanges. Regardless of the form, the goal is always the same. To help the employee deal effectively with whatever is bothering him and help him do his job as effectively as possible, example shown below.

A young clerk at City Bank has committed a terrible offence and was seated in a General Manager (Administration) office being criticized for his aberrant behaviour. The young man knew that the situation had been explained to the Director, who was very irate. Just then, the Director walked into the office to speak to the General Manager (Administration) about a budgetary matter. The first thing the Director did was to greet the staff man. He walked over near the young man, placed his hand on the young man shoulder, and then proceeded to talk to the General Manager (Administration).

The Director's glance his non-verbal body language and his matter-of-the fact conduct communicated to the man who had misbehaved three important things.

Contact in Management Process

Management process would be relatively simple if employees came to work without problems, physical ailments, and the other factors which affect performance. However, the manager has to deal with the whole person. Be that person tired, frustrated, hung-over, happy energetic, or ambitions. The way to deal with the whole employee is through personal contact. This contact is made only through candid, insightful communication devoid of hypocrisy, external barriers and games.

Managers in contact can be described as being helpful, sensitive, appreciate direct and respectful. Managers who are not in contact try to achieve their objectives through manipulation and coercion. These managers are critical parents who are judgemental, dominating, calculating, and sometimes hostile.

Parent-to-Child Interaction

Some contacts are not once-and-for all state of affairs, it is something which must be developed and cultivated at each employee-manager meeting. It is achieved by the basis attitude of the manager and his habit of using adult-to-adult transactions. When contact exists, the employee can use his energy to grow in his job, develop as a person, and help to achieve his part of the corporate objectives. His energy can be internalized.

Discussion Questions at the session period

To obtain insight to yourself and the approach of interpersonal relationship in management, take the following self-test and see how you come out.

Always = 3 points, Sometimes – 2 points, not often – 1 point.

Place a X in the column that best describes what your current feeling and actions are.

Figure **3.3 Attitudes and management habits form.**

S/N	Items	Always	Sometimes	Not often
1	Do you feel your job requires development of your subordinates?			
2	Do you believe change is inevitable and healthy?			
3	Are you a careful listener?			
4	Do you respect your employees even though their ideas may not be as good as yours?			
5	Are you aware of your employee's feelings?			
6	Do you communicate your understanding of employees to them?			
7	Do you communicate your true feelings to others, or do you give them pretty much what they expect?			
8	Are you specific when dealing with your colleagues or employees?			
9	Do you believe it is your responsibility to initiate counseling situations with troubled employees?			
10	Are you a helper to your employees?			
11	Do you lead by example?			
12	Do you effectively delegate and pass authority and responsibility down as far as practicable?			
13	Do you provide candid feedback? Are you loyal to both organization and the people therein?			
14	Are you meeting your corporate or unit objectives?			

Key

- If you scored 35 to 45 (and were honest with yourself) you probably have the attitudes and work habits desirable for the "MANAGER AS ADVOCATE".
- If you score lower than 35, you may have to re-examine your attitudes and management habits. The "proper-reading" skills which shall be examined.

Discussion Questions at the session period

1. Define contact therapy?
2. What is an adult-to-adult transaction? Let us examine its advantages and disadvantages, participants contributed to this.

Take Home Assignments was given to participants

1. What are the ways in which employee energy can grow or customer's personality can be enhanced? List some of them.
2. Explain some incidents that had happened at work place where managers used parent-to-child interaction. Enumerate the reaction that followed.

SESSION SIX

The researcher taught the participants ways of Attending and Listening to the Employee

Objectives were:

1. To assist participants improve their attending the behaviour.
2. To enable them understand the importance of listening in establishing atmosphere of trust in workplace.

Introductory Behaviour

Researcher explained the meaning of 'Listening' to participants

Listening is one o f those vital elements in human processes of interpersonal relationships. It is defined as the process of hearing the other person. Listening has three aspects:

(a) Linguistic aspect;

(b) Para-linguistic aspect; and

(c) Non-verbal/communication aspect.

The most important aspect is the linguistic aspect. This aspect can be observed in the client or in the therapist. Examples are: client's use of words, phrases, metaphors, etc. The listening skills that the participants must possess are the ability to be able to understand the subjective, the objective, the literacy and the metaphorical meanings of what the counsellor is saying. This aspect of listening requires the participants to exhibit a form of social intelligence that encompasses the understanding of the emotional tones of the client. Some of these emotional tones have been collapsed into what Carl Rogers called empathy, which is defined as the psychological state of entering into the clients phenomenological world as if that world is the therapist's/participant's. The second aspect of listening is the paralinguistic.

This encompasses timing, pitch of the voice, voice tone, and voice volume. Good listening skill demands that the participants must be aware of when to ask questions.

The third aspect of listening involves non-verbal and communication cues. Examples are: body language, kinesics (body movement), gestures, eye-contact and other facial expressions such as head-nodding, or a surprise look.

On the other hand; listening is the technique of attending, it is characterised by a non-judgemental attempt on one person's part to allow the other person to explore a problem. This exploration is aided by open-ended questions which allow the expression of feeling as well as fact. The head of any unit need to adopt active listening as an informal, continuous, and conscious type of contact. After listening to an employee start our conversation, it is all too easy for the head to jump in and finish it. One needs to avoid all characteristics of a manipulative style of management such as giving direction and yielding to the impulse to talk.

Wolf et al (1983) suggest ten main points that should be borne in mind to facilitate listening.

1. don't stereotype the speaker
2. avoid distractions
3. arrange a conducive environment (adequate ventilation's, lighting, seating etc).
4. be psychologically prepared to listen.
5. keep an open, analytical mind, searching for the central thrust of the speaker's message.

6. identify supporting arguments and facts.
7. do not dwell on one or two aspects at the expense of others.
8. delay judgement or refutation, until you have heard the entire message.
9. don't formulate your next question while the speaker is relating information.
10. be objective.

Reference

Wolf, F, Marsnik, N., Tacey, W. and Nicholas, R. (1983). *Perceptive Listening.* New York: Holt Rinehart and Winston.

Nicholis G. (1962) also listed the ten bad listening habits. They are as following:

1. Calling the subject uninteresting.
2. Criticizing the delivery
3. Getting overestimated
4. Listening only for facts
5. Outlining everything
6. Faking attention
7. Tolerating or creating distractions
8. Evading the difficult
9. Submitting to emotional words
10. Wasting through power.

Reference

Nicholis, G.R. (1962) Listening is good business management of personnel. *Quarterly* 1.2:2-9.

Discussion Questions at the session period

Participants discuss the modelling exercise

Cases are suggested on

(a) The emotional boss

(b) The customer that is very difficult to persuade.

Take Home Assignmentgiven were to participants

Think of a specific person you know whom you consider to be an excellent listener. Try and equalize this person. Make a list of various specific things the person does that you feel make him or her in an excellent listener.

Characteristics of very effective listener

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Closing Remarks

- Researcher cherished participants for coming.
- They were encouraged to write their assignment for the sake of knowledge.
- Reminded them of time and place for the next session.

PRACTICAL EXERCISE SHEETS GIVEN TO PARTICIPANTS

Please be honest in your response about your listening style. When employees discuss work items with you, how well do you listen? Give yourself a three for absolutely, two for some of the time, one for once in a while and zero for never.

1. I know the value of listening for the morale of my employees.
2. I listen to all members of my staff as on professional to another.
3. I obtain the necessary details from each conversation.
4. I make no value judgements while listening
5. I create time to listen.
6. I know the value of listening to the success of my job.
7. I reply as soon as possible when a reply is required.
8. I coach others in listening skills.
9. I listen for any hidden messages.
10. I provide follow-up and an opportunity for solutions.
11. I'm a good listener.

A score of 51 to 60 show your ears and mind are open.

41 to 50 means you are doing a solid job.

31 to 40 means your people often feel left hour.

21 to 30 suggests a real problem open, your eyes, ears and mind.

SESSIONS SEVEN AND EIGHT

The researcher combined the Managerial Characteristics of a Unit Head and Post-test Administration together.

Objectives

1. To assist the participants in appreciating the characteristics of the unit head as a winner.
2. To help participants to increase their understanding of non-work activities which enhance their performance and interpersonal contact?

Introduction

Many winners have several aspects of their personalities in common. They are all autonomous, aware, spontaneous, and intimate. They relate to each other adult-to-adult, but do not repress the nurturing parent or the spontaneous child. The manner in which a unit head or another exhibits the following behaviours is a function of individual management and leadership styles but all winners possess them.

1. Accepts Changes

An important characteristic of the winner is his attitude toward change. He can't be a "status quo". He needs to believe that changes are inevitable and healthy. He had to keep moving and advancing with the times.

2. Listens

Psychologists estimate that not one person in ten thousand really listens to another. Winners are careful listeners. They hear what is meant as well as what is said. The manager as listener has to shift frames of reference when dealing with his employees, so that he doesn't impose a ready-made solution based on his own frame of reference.

3. Shows Respect

Winners are characterised by having a respectful attitude. This should include respecting an employee even it his ideals and suggested solutions to work problems are definitely inferior to the ones other employees have. It's very difficult to show

respect in such a situation, especially for the creative, bright unit head, which has a fast mind difficult or not but show respect.

4. Communicates his Understanding

The unit head who is effectively functioning as advocate is skilful in communicating to others his understating of problem situations.

5. Communicates his True Feelings

A unit head as a winner in his willingness to it as it is. Winners don't play the cute second-guessing game in which they emit the answer the boss wants. They use the principle of can dour with discretion. This implies that one means everything he says, but that he doesn't necessarily say everything he knows. There is a time and place for everything.

6. Leads by Example

Any unit head who is a winner doesn't tell others what to do, he shows them. He doesn't tell his employees what a winner is, he shows them. Instead of telling people "Do I as I say", the effective unit head says "Do as I do". Leading by example is probably the strongest and most effective managerial trait an individual can have.

7. Meets Objectives

The unit head's job entails achieving his key results. This refers to results in the areas of both people and things. The unit head as winner has the proper balance between people and things so that he is effective. He's on target, he's achieving his objective.

8. The Winners Non-work Activities

The other aspect of the unit head who is a winner which should be considered. It is important to state that the winner is a well-rounded individual who is in no way married to his job.

9. Religion

Human beings have always have a need for God. The winner must have to satisfy this need, and carefully thought through his religious beliefs. The winners religious beliefs greatly affect his value system and the manner in which he interacts with people.

10. Hobbies

Any unit head who is fully functioning is characterised as an individual who has avocations and outside interests. These are important. The maintenance of mental

health and proper perspective, hobbies provide an independent avenue for the expression of creativity.

11. Civic Activities

Nowadays unit head cannot be divorced from the community in which the lives and works. He has to support the community and help it grows. The unit head as winner is concerned enough about the community to do something about the situation.

12. Physical Conditioning

One can see the winner as someone who takes care of his physical body. These are valuable means of keeping abreast of the developments in any given field, and they provide an appropriate forum for sharing ideals and methods with others who have a different work situation.

13. Family

Finally, the winner is also a family man. The winner is a person in contact. A winner has a life style characterised by balance. The winner has a balanced life. He isn't concentrating on one or two spoke of the wheel to the exclusion of others, his wheel is round, not elliptical. He is a developer. He is developing has own body, his family religious belief, his professional contacts, and his employees and he is meeting his civic responsibilities.

Discussion Questions at the session period

1. Illustrate with vivid examples from your work place head who
   - accept change
   - show respects
   - communicates his understanding
2. List some of the qualities of a winning unit head.

Closing Remarks by the researcher:

- Brief summary of lectures and discussions done so far.
- Appreciation for those who volunteered for the programme.
- Post-tests administration
- Presentation of gifts and certificates to all participants.

EXPERIMENTAL GROUP B

SELF-EFFICACY TRAINING (SET)

SESSIONS ONE AND TWO

The researcher gave a General Orientation and Pre-test Administration to the participants.

Objectives were:

1. To warmly welcome the participants to the programme and request for their support and maximum cooperation.
2. To randomize the participants into three groups.
3. To inform the participants with the objectives of the programme.
4. To highlight the benefits which the participants could derive from the programme.
5. To discuss the steps the programmes will take and schedule meeting dates and time.
6. To administer pre-test assessment instruments.

Activities and Introductory Address given by the researcher:

The researcher greeted the participants and wished them a good time going through the training programmes. She explained that she was glad to be associated with them and wish to welcome them to the programme which was designed to help nurses who are not satisfied with their nursing job and to improve upon their efficacy. Healthcare as a matter of fact is paramount to life development. The quick recovery of a patient could depend on the quality of education the nurse has. In other to promote quality healthcare, highly self-efficacious nurses who are satisfied with and happy with nursing profession are needed care in hospitals.

In our society of today nurses are important in healthcare delivery, research works revealed that quite a number of nurses are neither satisfied with their jobs nor happy with hospital work. These set of nurses also experience low self-efficacy. These training programmes are to help nurses acquire some basic skills that would enhance their effectiveness in hospitals challenges. The training programmes involved discussions, take home assignments and exercise. Therefore your inputs personally matters a lot and will yield a good result. You would benefit a lot at the end, so would want to encourage cooperating with me throughout the sessions. Each session ran for one hour only.

The researcher allowed participants to ask questions after which the researcher randomly assigned the participants to treatment and control groups through simple randomisation, this was accomplished by writing of A1-3 and B1-3 on pieces of paper mixing then together and poured them on a table for a participant to pick one and it was merged together, that was GOPD (Treatment 1) and O&G (Treatment 2). The first to be selected was group one, the second was group two, while third was group three and total compliance were expected of the participants.

The researcher explained to participants why randomisation was used and this was to avoid being biased in the selection and to promote objectivity in the programme. Participants were given the opportunity to interact with one another with the same group for familirisation because they would be working together for the next eight weeks for the training programme.

Subsequent meeting dates and time were discussed and communicated to the participants. The researcher emphasised on the importance of punctuality and regular attendance at meetings so that when the training starts there would be no room for going back and this would enable maximum benefits at the end of the programme. Questions and suggestions were entertained from the participants.

Closing Remarks by the researcher: The researcher appreciated the participants for making themselves available; they were reminded of the group they belong to. The timetable of the training programmes was announced to the participants. The researcher will tell the control group when they were called upon again. The researcher encouraged the participants to be punctual throughout the training sessions.

At the end of address the control groups were pre-tested with emotional labour scale (ELS).

SESSION THREE

Participants were introduced to the meaning of Self-efficacy.

Objective was:

1. To assist participants in the meaning of self-efficacy and identify the sources of self-efficacy.

Introductory Address:

The researchers welcomed the participants and introduce the topic for the day.

What is Self-efficacy?

Self-efficacy is a person's belief about his or her capabilities to successfully accomplish a specific task. It has to do with one's belief about his or her ability to perform a task. It is not concerned with the skills one has but with judgments of what one can do with whatever skill one possesses (Bandua 1982). Have you noticed how those who are confident about their ability tend to succeed, while those who are pre-occupied with failing tend to fail? This is because those who are confident about their ability tend to work very hard toward the end in spite of adversity, while those who are not confident about their ability avoid engaging in a task where their efficacy is low or even give up in face of adversity. The higher the sense of efficacy, the greater the effort, persistence and resilience.

The researcher discussed the sources of self-efficacy as follows:

(i) Performance Accomplishments:

This has to do with the experiences of success in the performance of the behaviours in question. Outcomes interpreted as successful raise self-efficacy, while those interpreted as failure lower it. For example, Ade has been told to prepare and deliver a 10-minute talk to a marketing class of 50 students. As Ade begins to prepare for his presentation, the four sources of self-efficacy beliefs would come into play. But in the case of performance accomplishment, past success in public speaking would boost his self-efficacy, while bad experiences with delivering speeches would result in low self-efficacy.

(ii) Vicarious Experience or Modelling:

This is concerned with the effects produced by observing others successes and failures. Like in the case of Ade in the example given above, he would be influenced by the success or failure of his classmates in delivering similar talks.

(iii) Verbal Persuasion

It encourages and supports others like peers, colleagues, relatives etc can raise self-efficacy, while negative persuasions can work to lower self-efficacy. In the case of the above example, any supportive persuasion from his classmates that he can do a good job could enhance his self-confidence.

(iv) Physiological States

Physiological states such as anxiety, stress, fatigue, fear in connection with the behaviour. Strong emotional reactions to a task, provides cues about the anticipated success or failure of the outcome. For example, like in the case of Ade in

the example given above, a sudden case of Laryngitis or a bout of stage fright, could cause self-efficacy expectations to plunge down.

To use performance accomplishment and verbal persuasion techniques, each participant was asked to make at least five statements of what they, believe they can do judging from their capabilities in carrying out successfully some tasks in the past which they think can help them succeed in their job-search with "I can".

The researcher thanked the participants and reminded them of the time and venue for the next meeting.

Conclusion

Researchers often fail to take into account the relationship among the three components of self-referent thought and concentrate on self-efficacy alone, simplifying the possible interplays and consequent behaviours with the conclusion that high efficacy is good and low efficacy is bad, that high efficacy is related to positive behaviours or consequences and low efficacy to negative variables and processes. Outcome expectations are either not considered or the construct misunderstood. Knowledge and skills are difficult to assess (Bandua 1982).

Take Home Assignment given to participants

(i) Identify five ways in which an efficacious worker can face challenges.

(ii) How can one improve on his/her performance at work?

SESSION FOUR

Researcher taught the participants the Processes of Self-efficacy

Objective was:

To assist participants in identifying the processes of self-efficacy.

Introductory Remarks:

- Researcher welcomed the participants.
- Collection of take home assignment.
- Introducing the topic for the day.

The Processes of Self-efficacy

1. **Cognitive Processes:** The effects of self-efficacy beliefs on cognitive processes take a variety of forms. Much human behaviour, being purposive, is regulated by forethought embodying valued goals. Personal goal setting is influenced by self-appraisal of capabilities. The stronger the perceived self-

efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them.

2. **Motivational Processes:** Self-beliefs of efficacy play a key role in the self-regulation of motivation. Most human motivation is cognitively generated; people motivate themselves and guide their actions anticipatorily by the exercise of forethought. They form beliefs about what they can do they anticipate likely outcomes of prospective actions, they set goals for themselves and plan courses of action designed to realize valued futures. There are three different forms of cognitive motivators around which different theories have been built. They include causal attributions, outcome expectancies, and cognized goals. The corresponding theories are attribution theory, expectancy-value theory and goal theory, respectively. Self-efficacy beliefs operate in each of these types of cognitive motivation.

3. **Affective Processes:** People's beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as their level of motivation. Perceived self-efficacy to exercise control over stressors plays a central role in anxiety arousal. People who believe they can exercise control over threats do not conjure up disturbing thought patterns. But those who believe they cannot manage threats experience high anxiety arousal. They dwell on their coping deficiencies. They view many aspects of their environment as fraught with danger. They magnify the severity of possible threats and worry about things that rarely happen. Through such inefficacious thinking they distress themselves and impair their level of functioning. Perceived coping self-efficacy regulates avoidance behaviour as well as anxiety arousal.

4. **Selection Processes:** The discussion so far has centered on efficacy-activated processes that enable people to create beneficial environments and to exercise some control over those they encounter day in and day out. People are partly the product of their environment, therefore beliefs of personal efficacy can shape the course lives taken by influencing the types of activities and environments people choose. People avoid activities and situations they believe exceed their coping capabilities. But they readily undertake challenging activities and select situations they judge themselves capable of

handling. By the choices they make, people cultivate different competencies, interests and social networks that determine life courses.

Conclusion

Participants are reminded that career choice and development is an example of the power of self-efficacy beliefs to affect the course of life paths through choice-related processes. The higher the level of people's perceived self-efficacy the wider the range of career options they seriously consider, the greater their interest in them, and the better they prepare themselves educationally for the occupational pursuits they choose and the greater is their success. Occupations structure a good part of people's lives and provide them with a major source of personal growth.

Take Home Assignment for the participants

1. Define self-efficacy.
2. Expatiate on any type of process of self-efficacy.

SESSION FIVE

Participants were taught how Self-beliefs affect human agency

Objective was:

To help participants understand the principles and influence of self-belief on human agency.

Influence of Self-belief

Self-efficacy beliefs differ from outcome expectations, "judgments of the likely consequence that behaviour would produce". Outcome expectations are related to efficacy beliefs precisely because these beliefs in part determine the expectations. Individuals who expect success in a particular enterprise anticipate successful outcomes. Students confident in academic skills expect high marks on related exams and papers; academic researchers confident in their writing expect their articles will be well-received by publishers and by the research community. Both expect the quality of their work to reap personal and professional benefits. The opposite is also true of those who lack such confidence.

Efficacy beliefs, for example, can be beneficial in some situations but counter productive in others, depending on their relationship with outcome beliefs and knowledge and skills. Perhaps we have all met teachers with strong confidence in their teaching abilities but with depressing skills, or highly competent instructors with an unfortunate case of low self-confidence. Some low-efficacy individuals give up on

or never begin a task; others with similar efficacy beliefs persist even in the face of certain failure. One high-efficacy teacher in the most discouraging social environment will persist, survive, and succeed while her even-higher-efficacy colleague across the hall will resign mid-semester.

How self-beliefs affect human agency: Bandura wrote that self-beliefs affect behaviour in four ways.

- Self-belief influence choice of behaviour.
- Self-beliefs help to determine how much effort people will expend on an activity and how long they will persevere.
- Self-beliefs affect human agency by influencing an individual's thought patterns and emotional reactions.
- Self-beliefs affect behaviour by recognizing humans as producers rather than simply foretellers of behaviour.

They influence choice of behaviour, people are likely to engage in tasks in which they feel competent and confident and avoid those in which they do not. A reliable assessment of the relationship among self-efficacy, outcome expectations, knowledge and skills are important. Individuals with high efficacy beliefs but poor skills, for example, may behave in concert with their sense of efficacy, but the consequences may cause "serious, irreparable harm". Individuals with low sense of efficacy but high skill may suffer from a debilitating lack of confidence and fail to undertake tasks they are perfectly capable of completing.

Conclusion

Researchers are reminded that self-beliefs help to determine how much effort people will expend on an activity and how long they will persevere. The higher the sense of efficacy, the greater the effort expenditure and persistence. This function of self-beliefs helps create a type of self-fulfilling prophecy, for the perseverance associated with high efficacy is likely to lead to increased performance which in turn raises sense of efficacy, whereas the giving-in associated with low efficacy limits the potential for improving self perceptions (Collins 1982).

Discussion Question

Researcher asked the participants their various opinions of definition of self-belief.

Take Home Assignment for the participants

1. State what you belief you can achieve in the next 3 months.

2. Explain self-belief of efficacy

SESSION SIX

Teaching on Reappraisals of Self-efficacy with Advancing age as one grows.

Objective was: To help the participants understand the issue of the elderly in self-efficacy.

The self-efficacy issues of the elderly center on reappraisals and misappraisals of their capabilities. Biological conceptions of aging focus extensively on declining abilities. Many physical capacities do decrease as people grow older, thus, requiring reappraisals of self-efficacy for activities in which the biological functions have been significantly affected. However, gains in knowledge, skills, and expertise compensate some loss in physical reserve capacity. When the elderly are taught to use their intellectual capabilities, their improvement in cognitive functioning more than offsets the average decrement in performance over two decades. Because people rarely exploit their full potential, elderly persons who invest the necessary effort can function at the higher levels of younger adults. By affecting level of involvement in activities, perceived self- efficacy can contribute to the maintenance of social, physical and intellectual functioning over the adult life span.

Older people tend to judge changes in their intellectual capabilities largely in terms of their memory performance. Lapses and difficulties in memory that young adults dismiss are inclined to be interpreted by older adults as indicators of declining cognitive capabilities. Those who regard memory as a biologically shrinking capacity with aging have low faith in their memory capabilities and enlist little effort to remember things. Older adults who have a stronger sense of memory efficacy exert greater cognitive effort to aid their recall and, as a result, achieve better memory.

Much variability exists across behavioural domains and educational and socioeconomic levels, and there is no uniform decline in beliefs in personal efficacy in old age. The persons against whom the elderly compare themselves contribute much to the variability in perceived self-efficacy. Those who measure their capabilities against people their age are less likely to view themselves as declining in capabilities than if younger cohorts are used in comparative self-appraisal. Perceived cognitive inefficacy is accompanied by lowered intellectual performances. A declining sense of self-efficacy, which often may stem more from disuse and negative

cultural expectations than from biological aging, can thus set in motion self-perpetuating processes that result in declining cognitive and behavioural functioning.

Major life changes in later years are brought about by retirement, relocation, and loss of friends or spouses. Such changes place demands on interpersonal skills to cultivate new social relationships that can contribute to positive functioning and personal well-being. Perceived social inefficacy increases older person's vulnerability to stress and depression both directly and indirectly by impeding development of social supports which serve as a buffer against life stressors. The roles into which older adults are cast impose sociocultural constraints on the cultivation and maintenance of perceived self-efficacy. As people move to older-age phases most suffer losses of resources, productive roles, and access to opportunities and challenging activities.

Discussion Questions at the session period

Researcher asked participants to define aging in their own words.

Take Home Assignment for the participants

1. What assistance can participants give to a retiring person?
2. How can these retirees be taught how to use their intellectual capabilities?

SESSIONS SEVEN AND EIGHT

The participants were taught Understanding the Use of Self-efficacy

Objective was: To help the participants to understand the use of self-efficacy in relation to their ability.

Introductory Remarks:

- Researcher welcomed the participants and thanked them for prompt attendance.
- Collection of the take home assignment.
- Introduction of the day's topic.

Understanding of Self-efficacy

There is an old saying that "success breeds success". The more you succeed at something, the more confident you will feel that you can succeed at it again in the future. The more confidence you feel, the more motivated you would be and the more likely you will be to succeed. So you need to find ways to increase your motivation and give yourself the chance to feel wonderful about succeeding again and again.

In low confidence situation you often have to focus more energy on motivation yourself. It's okay to feel less confident. Everyone has low self-efficacy in certain situations. The important factor is an ability to identify these situations and then to work at increasing your motivation so you will work harder to succeed.

e.g. if you feel very confidence giving a presentation in speech class, then you have high self-efficacy for this situation. As a consequence, you have more motivation to prepare for the presentation and actually deliver it in class. Your performance is probably enhanced.

Also, if you don't feel very confidence at taking a multiple-choice test in your psychology class, then you have low self-efficacy for this situation. As a consequence, you have less motivation to study for they test and to put effort into succeeding on it. Your performance probably suffers.

Discussion Question:

State an experience where you were able to enhance your performance at work before.

Closing Remark:

- Brief summary of lectures and discussions done so far
- Appreciation for volunteers through out the programme of training.
- Post-test administration
- Refreshment
- Presentation of gifts and certificate to all the participants.
- Taking of photographs with all willing participants and management staff of the hospitals at their various venues.

THANK YOU ALL

UNIVERSITY OF IBADAN

DEPARTMENT OF GUIDANCE AND COUNSELLING

Certificate of Participation

This is to certify that

Mr., Mrs., Matron

……

Have successfully participated in the programme:

EMOTIONAL LABOUR TRAINING, organized by Department of Guidance and Counselling, University of Ibadan at University of Ilorin Teaching Hospital, Oke-Oyi, Ilorin.

From …… To ……..

Issued on ……. Day of …… 2010

_____

Famolu F.B. (Mrs.)

Seminar Coordinator.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

This chapter provides answers to the seven hypotheses set for the study. The results are presented sequentially below:

Hypothesis 1: There is no significant main effect of treatment on emotional labour of the participants. In determining the effect of treatment on emotional labour of the participants Table 4.1 is presented.

Summary of Post-test Emotional Labour of Participants by Treatment, Gender and Emotional Intelligence

Source variation	**Sum of Squares**	**df**	**Mean Square**	**F**	**P**	
Covariates	376.227	1	376.227	3,575	0.061	NS
Treatment	9362.477	2	4681.239	44.487	0.000	S
Gender	0.974	1	0.974	0.009	0.924	NS
Emotional Intelligence	3.245	1	3.245	0.031	0.861	NS
Trt * Gender	57.773	2	28.887	0.275	0.760	NS
Trt * Emotional Int	155.364	1	155.364	1.476	0.227	NS
Gender * Emot. Int.	36.910	1	36.910	0.351	0.555	NS
Treatment * EI * Gender	0.990	1	0.990	0.009		
Residual	11995.994	114	105.228			
Total	37912.992	124				

Table 4.1

R Square = 0.684 (Adjusted R Square = 0.659).

Table 4.1 shows a significant effect of treatment on the emotional labour of the participants ($F_{(2,114)}$=44.487; $p<0.05$). This means that there is significant difference in the emotional labour score of participants in the transactional analysis, self-efficacy and the control groups. Hence, hypothesis one is rejected.

To determine the degree of significance among the treatment groups, Table 4.2 is presented. It reveals that the transactional analysis group obtained the highest adjusted post-test mean score in emotional labour ($\bar{x}=170.286$). This is followed by the self-efficacy strategy group ($\bar{x}=164.77$) while the lowest score was obtained by the control group ($\bar{x}=136.571$). To this end, transaction analysis was more effective in enhancing emotional labour than self-efficacy and control groups respectively.

Table 4.2: Duncan Post Hoc Test on Transaction Analysis

	Treatment	**N**	$\bar{x}$	**Treatment**		
				1	**2**	**3**
1	Transactional Analysis	49	170.286	170.29	*	*
2	Self-efficacy	40	164.775	*	164.78	*
3	Control	35	136.571	*	*	136.5

From Table 4.2

From Table 4.2, all the 3 possible pairs are significantly different at $p<0.05$. Specifically, there is a significant difference between the pairs of:

(1) Transactional Analysis and Self-efficacy
(2) Transactional Analysis and Control
(3) Self-efficacy and Control

Therefore, all the 3 pairs contributed to the significant effect observed for treatment on participants' emotional labour.

Hypothesis 2: There is no significant main effect of gender on emotional labour of the participants. This means that the emotional labour of the participants was not affected by their gender (i.e. being male or female).

Table 4.1 shows that participants' gender has no significant main effect on their emotional labour ($F_{(1,114)}$=0.009; p>0.05). This means that there is no significant difference in the emotional labour of participants that are male and female. Hypothesis 2 is therefore not rejected.

Hypothesis 3: There is no significant main effect of emotional intelligence level on the emotional labour of the participants. This shows that the emotional level of the participant was not affected by their emotional intelligence.

Table 4.1 shows that participants' emotional intelligence has no significant effect on their emotional labour ($F_{(1,114)}$=0.031; p>0.05). This means that there is no significant difference in the emotional labour of participants with high and low emotional intelligence levels. Hypothesis 3 is therefore not rejected.

Hypothesis 4: There is no significant interaction effect of treatment and gender on emotional labour of the participants. This means that treatment has been effective in improving the emotional labour of participants regardless of their gender.

Table 4.1 shows that the two-way interaction effect of treatment and gender is not significant ($F_{2,114}$=0.275; p>0.05). On this basis, hypothesis four is not rejected.

Hypothesis 5: There is no significant interaction effect of treatment and emotional intelligence on emotional labour of the participants. This means that the treatment was effective regardless of the emotional level of the participants. This might be based on the fact that the Transactional Analysis and Self-efficacy training have been effective in changing the emotional level of the participants without regards to their emotional intelligence.

From Table 4.1, the 2-way interaction effect of treatment and emotional intelligence on participants' emotional labour is not significant ($F_{2,114}$=1.476; p>0.05). Hence, the null hypothesis five is not rejected.

Hypothesis 6: There is no significant interaction effect of gender and emotional intelligence on participants' emotional labour. This means that gender has no significant effect on the emotional labour of the participants regardless of their emotional intelligence.

Table 4.1 shows that there is no significant interaction effect of emotional intelligence level and gender on participants' emotional labour ($F_{1,114}$=0.351; p>0.05). Hence, hypothesis six is not rejected.

Hypothesis 7: There is no significant interaction effect of treatment, gender and emotional intelligence on participants' emotional labour. This means that the treatment was effective in improving the emotional labour of the participants regardless of the gender and emotional intelligence.

From Table 4.1, it shows that there is no significant 3-way interaction effect of treatment, gender and emotional intelligence on participants' emotional labour ($F_{1,114}$=0.009; p>0.05). Hypothesis 7 is therefore not rejected.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

This chapter discusses the findings, uniqueness, limitations, generalization, implication and conclusion of the study.

Discussion

The study investigated the effectiveness of Transactional Analysis and Self-efficacy strategies on emotional labour of nurses in Kwara State, Nigeria. Each of the seven hypotheses was based on the scores of participants on emotional labour. The results from the study are as follow:

Hypothesis 1

This hypothesis stated that there is no significant main effect of treatment on emotional labour of the participants. The result on Table 4.1 shows a significant effect of treatment on emotional labour of the participants. This does not only show the effectiveness of the two treatment programmes but also show differences in enhanced emotional labour. There is a significant main effect of treatment and Transactional Analysis is better compared to Emotional Intelligence. This finding is in line with Ahmed (2000), Thompson (2002) and Joan (2002) who revealed that Transactional Analysis was found to be effective in enhancing interpersonal relationship of workers and society respectively. Also, it claims that those exposed to Emotional Intelligence training had lowest mean score which confirms Cooper's (1997) that people with high emotional intelligence have greater success, foster greater personal relationship have effective leadership skill and are healthier than those with low emotional intelligence.

In contrast, Gesell and Wolosin (2004) and Rathert and May (2007) found that when disrespecting and communicating poorly with patients, it contributes to increasing the patients' stress, which can have negative effect on the cardiovascular and endocrine systems. This findings also supports the findings of Ashforth & Humphrey (1993) which revealed that the longer a person is in the job, the more likely that they will surface act as part of their job, smilling without really being happy this can ruin communication. This further indicates the effectiveness of the two techniques in fostering emotional labour among nurses in hospitals.

The finding is also in line with the study of Persaud (2004) which found that human resources can prevent emotional labour cycle, using different method for different situations of display. The findings have clearly shown that if nurses'

emotional labours are enhanced, definitely, they will be able to manage effective interpersonal relationships with patients. However, the findings are contrary to the findings of Mann (2004) which found that most feeling rules are usually unwritten as in the case of 'manner' so communication is not clear.

Hypothesis 2

This hypothesis states that there is no significant main effect of gender on emotional labour of the participants. Table 4.1 shows that participants' gender has no significant main effect on their emotional labour, that is, there is no significant main effect of gender on the emotional labour group. This finding is against the result of Uskul and Abroad (2003), and Roster and Hall (1998) who found that female were found to be more empathic and focused on emotions than their male counterpart. The findings does not only showed the soft cell of females but also indicated that females are generally emotional. Also, this is in line with Samovar, Porter, McDan iel (2007) Stewart (1986), Roter (2004) who found that, the non-verbal cues of responsiveness (using a wide range of emotions) and immediacy (showing positive emotions to indicate liking) are more pronounced in females than males. The findings also corroborate the findings of Cash (1997) which revealed that nursing continues to be seen as a fit position for females, male nurses have role tension about nursing, and their desire to occupy mostly administrative positions in health care settings after their graduation shows their intentions to distinguish themselves from female colleagues.

However, the findings are contrary to the findings of Mann (2004) which found that a female shop assistant can get by with less feeling rules than that of a counsellor or a fire-fighter. However it contradicts the findings of Evans (1997) which found that male nurses see physical power as solution for better patient care; men will also improve negative perceptions of health care teams about nursing, and men are typically seen as better leaders than women. The better performance of men in physical care might be as a result of the fact that men are stronger than females. This could be supported by Ryan& Porter (1993) and Williams (1995). Men are typically seen as better leaders than women in characteristics like dependency, nurturing always thought to be perfectly fit roles for women on the other hand characteristics like aggressiveness, dominant and ambitious look like a fit for men (Evans 1997, Evans 2002).

Hypothesis 3

This hypothesis states that there is no significant main effect of emotional intelligence. Table 4.1 shows that participants' emotional intelligence has no significant effect on their emotional labour. The result from Table 4.1 showes that participants emotional intelligence has no significant effect on their emotional labour at high and low level of emotional intelligence. This is against the result of Salami (2007) who found emotional intelligence to be significantly correlated with active deep acting, non-active and passive deep acting components of emotional labour. Emotional intelligence was also found to moderate the relationship between emotional labour and organisational behaviour. This finding is supported by Gardner (1993) who discovered that the two types of personal intelligence (interpersonal and intrapersonal), Interpersonal intelligence is concerned with the ability to understand other people and to work well in cooperation with them.

Kerfoot (1996) also found that nurses with higher Emotional Intelligence display strong self-awareness and high levels of interpersonal skills; they are empathetic and adaptable and they are more likely to 'connect' easily with patients and to meet their emotional needs immediately. The findings confirm the findings of Ashforth & Humphrey (1993) found that employee has a set of feeling rules by which they operate interlectually, whilst the customers have an expectation of good services like trustworthiness, courtesy, approachability and understanding. The effectiveness of the transactional analysis might be as a result of the ability of the technique to enhance the emotional labour of the participants.

The findings also contradict the findings of Mayer & Salovey (1997) which revealed that emotional management is the ability to connect or disconnect from an emotion depending on its usefulness in a given situation. Goleman (1998) futher found that emotional intelligence will be used more frequently in selection, assessment, training and development of employees. However this study has established the fact that emotional intelligence has no significance difference on emotional labour.

Hypothesis 4

This hypothesis states that there is no significant interaction effect of treatment and gender on emotional labour of the participants. Table 4.1 shows that the two-way interaction effect of treatment and gender is not significant. The result of this

hypothesis show no significant interaction effect in participants' post-test means scores as a result of the interaction of treatment and gender on emotional labour. This implies that the post-test scores of male and female participants does not significantly differ when treatment and gender is considered. At the time of training, the treatmente package and administration was an essential aspect of the training, this was not based on the gender issues as such but the readiness and attitude of the participants to cooperate at the training period. Haley (2004) observed that gender does not matter in achieving mathematics' results and that what really matters is the intelligence of the participants, emotional stability, attitude, attendance at the training sessions, religiosity and self-efficacy.

Onosode (2004) found an interaction effect as the non-influential effect on gender when it comes to psychological well being which is purely a cognitive matter. The essential aspect is on the gender that is ready to cooperate at the training sessions, their emotional state, attitude and intelligence level. The employee's behaviour requires 'emotional labour' (Hochschild, 1983) where the front-line employee, has to either conceal or manage actual feelings for the benefit of a successful service delivery. The implication is not necessarily of gender equality or mutual benefit but of satisfaction for the customer and profit for the management. This finding is in support of Strasen (1992) who describes sex role socialization as "instrumental" for men and "expressive" for women. The characteristics of instrumental socialization include the ability to compete, aggressiveness and ability to lead and to wield a power to accomplish tasks. Expressive socialization includes learning to nurture, to be affiliative and to be sensitive to the needs of others.

This however has established the fact that treatment and gender has no statistical significance effects on emotional labour of the participants. Gender and treatment interaction was not significant. This means that gender by treatment interaction was not significant in improving the emotional labour of the participants was due to the fact that the treatments (transactional analysis and self-efficacy training) were effective in improving the emotional labour of the nurses regardless of their gender (males and females).

Hypothesis 5

This hypothesis states that there is no significant interaction effect of treatment and emotional intelligence on the emotional labour of the participants. In Table 4.1,

the 2-way interaction effect of treatment and emotional intelligence on participant's emotional labour is not significant. The result shows that there is no significant main effect of treatment and emotional intelligence on the emotional labour of the participants. This is against the submission of Ashfort and Humphrey (1993) found organisations regulating employees emotional display in a highly scripted manner can ensure task effectiveness and service quality which increase sales because of the displayed intelligence. The findings are also contrary to that of Goleman (1998) which revealed that emotional intelligence is less fixed than intelligence quotient; emotional intelligence can develop over time and this is 'maturity'; and that training,coaching and feedback can also substantially improve emotional intelligence.

However, the findings in this study have revealed that participants' level of emotional intelligence has no significant influence on the participants' emotional labour. This means that emotional intelligence by treatment 2-way interaction has no significant effect on emotional labour could be explained from the fact that the treatment (transactional analysis and self-efficacy training) were effective in improving the emotional labour of the participants irrespective of their levels of emotional intelligence.

Hypothesis 6

This hypothesis states that there is no significant interaction effect of gender and emotional intelligence on participants' emotional labour. Table 4.1 shows that there is no significant interaction effect of emotional intelligence level and gender on participants' emotional labour. This is not in agreement with Brackett et al (2004), Wei (2007), Perry et al (2004), Van Rony, et al (2005) who affirm that emotional intelligence is gender related. Hochschild (1983) found that emotional labour in men can be linked to such problem as drug abuse, alcohol abuse and absenteeism. The findings is contrary to that of Paules (1991) which found that surface acting involves employees stimulating emotions that are not actually felt, by changing their outward appearances, that is, facial (pretence) expression, gestures or voice, tone when exhibiting required emotions by a receptionist the IQ female staff act faster than the male staff. The findings are contrary to Bolton & Muzio (2008) which revealed that women managers irrespective of the mens' emotions, in order to progress within a male-dominated profession, 'do gender' to the extent that they "exceed the cultural norms of managing like a man". Findings in this study have revealed however that

participants' level of emotional intelligence, gender and emotional labour has no significant influence on the participants' emotional labour.

This means that there was no significant interaction effect of gender and emotional intelligence on the participants' emotional labour was due to the fact that the treatments (transactional analysis and self-efficacy training) were effective equally for both males and females at all levels of emotional intelligence (low, moderate and high) in improving the emotional labour of the nurses.

Hypothesis 7

This hypothesis states that there is no significant interaction effect of treatment, gender and emotional intelligence of participants' emotional labour. Table 4.1 shows that there is no significant 3-way interaction effect of treatment, gender and emotional intelligence on participants' emotional labour. This result now showed that regardless of the participants' level of emotion, they all benefited from the treatment package. This revealed that the two treatment packages were effective in fostering emotional labour of participants. The findings confirm the finding of Segal (2002) which revealed that emotional intelligence plays an important part in forming successful human relationships and that though emotional labour is important in establishing therapeutic nurse–patient relationships; it carries the risk of 'burnout' if prolonged. The findings is in line with Thorndyke (1920) which revealed that emotional intelligence has its roots in the social intelligences and revealed that intelligence was of value in human interactions and relationships. However this study has established the fact that there is no interaction effect of treatment, gender and emotional intelligence on participants' emotional labour.

This means that there was no significant interaction effects of treatment, gender and emotional intelligence on participants' emotional labour could be explained by the fact that the treatments (i.e. transactional analysis and self-efficacy training) were quite effective in improving the participants' emotional labour irrespective of their gender and levels of emotional intelligence.

Summary

The main objective of this study was to establish the effects of transactional analysis and self-efficacy strategies on the emotional labour of nurses in Ilorin, Kwara State, Nigeria. This study adopted a pretest, posttest, control group quasi experimental

design with a 3 x 2 x 3 factorial matrix. Group one was exposed to Transactional Analysis training, while group two was exposed to Self-Efficacy training. These two groups were also exposed to pre-test and post-test sessions. Control group which was group three was exposed to pretest and post-test sessions.

The following criteria were used to select the participants in the study. Participants were qualified nurses, participants were willing and ready to participate in the study, participants were willing to attend and actively participate in all the sessions. The participants were randomly selected into the experimental and control groups. There were two zones, University of Ilorin Teaching Hospital, Ilorin and Civil Service State (Government) hospital, Ilorin in kwara state. Simple randomisation was employed to select two units each from the two zones.

The population of this study consists of all nurses (male and female) in University of Ilorin Teaching Hospital, Ilorin, and nurses of Civil Service State Hospital Ilorin (both a government hospital). Participants were 180 nurses from University of Ilorin Teaching Hospital, and Civil service hospital, both in Ilorin Kwara state. The research study's participants were selected using a simple random sampling technique.

The instruments employed to collect data for the study were *Emotional Intelligence Scale– (EIS) and Emotional Labour Scale (ELS)* adopted from Schuttle, Malouff, Hall, Haggerty, Cooper, Golden, Dornheim (1998) and Brotheridge and Lee (1998) respectively. These scales were used to explore the various emotional displays that the workers put on while performing their duties in the organization. This study was conducted for the period of eight weeks. At the session period the researcher and the participants interacted in four phases: Recruitment stage, pre-test stage, treatment stage and post treatment stage.

There is no significant main effect of treatment on emotional labour of the participants, in determining the effect of treatment on emotional labour of the participants. There is no significant main effect of gender on emotional labour of the participants. There is no significant main effect of emotional intelligence level on the emotional labour of the participants.

There is no significant interaction effect of treatment and gender on emotional labour of the participants. There is no significant interaction effect of treatment and emotional intelligence on emotional labour of the participants. There is no significant interaction effect of gender and emotional intelligence on participants' emotional

labour. There is no significant interaction effect of treatment, gender and emotional intelligence on participants' emotional labour.

The following revealed that the two techniques were effective in managing the emotional labour of nurses as evident in the results. Transactional Analysis could be used in training nurses who need to transact with their patience or colleagues while Self-Efficacy training could be used in training nurses always to be able to be efficacious and self-reliant in taking decisions on how to carry out official task at work without any fear.

This study was generalised within the hospital environment and the training was very challenging, educative and interesting among the nurses in the hospital. This study also has exposed the problems that nurses encountered with their patients and co-workers. The female nurses were mostly affected since majority of the nurses are females. In summary, it is paramount for any nurse to have a change of attitude towards their patients in terms of interactions and coming close to such patients, this will help in enhancing the emotional labour of nurses at work.

Limitation of the Study

This study is unique in its contributions to the body of knowledge in many ways. This study has revealed that no matter the level of emotion one is displaying, transactional analysis (i.e. communication skill) assist individuals to manage such emotions before it generates blame. This is because the two techniques used were effective enough to enhance the emotional labour of individuals.

The researcher encountered a number of limitations during the study. Some of these limitations are as follows:

(i) The registration and administrative procedure which made the approval of the ethical committee of the University of Ilorin Teaching Hospital Management used in the study was difficult to obtainl.

(ii) The researcher organized the sessions to suit the convenience of the participants because the two units (GOPD and O&G) were running shift duties and they all complained of non-availability of time. Participants were reinforced with snacks and drinks to sustain the interest of these nurses. The researcher had to plead sincerely to the participants to allow a photograph since this is the only evidence of actual fieldwork exercise. Video coverage was not allowed.

(iii) The researcher had to organise transportation for nurses who are no on duty but who are active participants in the training programmes. Some participants did not complete the sessions before they dropped off. One hundred and eighty participants started but only one hundred and twenty four completed the sessions to the end.

(iv) Another limitation of the study was the difficulty the researcher encountered in getting some of the participants sitted and attentive throughout each training session. There were distractions like unexpected phone caalls, invitation by the head of the unit and so on.

The findings of this study can be generalised to other medical institutions in other states in Nigeria. The techniques have a wider application in advance countries like United Kingdom and USA and South Africa. Nigeria should also use this package more in enhancing emotional labour among health workers in hospitals.

Implications of the Study

The results obtained from this study have shown that there were effects of Transactional Analysis and Self-Efficacy strategies on emotional labour of nurses in Ilorin, Kwara State, Nigeria. The findings showed that the problem of emotional labour exists and that it could be forestalled and controlled.

These findings have implications for, Nurses, Nursing Authrities, Counselling Psychologist and the Society at large.

A. **Nurses:** Majority of the nurses' fall under the category of interactions with their patients. This study has confirmed that in Kwara State nurses should adopt Transactional Analysis skill in their contacts with patients. Since the study is to resolve emotional stress. The study also provided the opportunity of enhancing the emotional labour skill of the participants. It exposed nurses to the fact that emotions are inevitable, hence there is need to develop positive emotions to face challenge where they arise and also educates the nurses on the need to always be kind are caring even in the presence of difficult patient.

B. **Authority:** The study enlightens the authorised personnel on the fact that emotional labour is inevitable but could be controlled and that

the use of Transactional Analysis and Self-Efficacy will work out issues whenever there is poor interaction between the nurses and patients or the management.

C. Counselling Psychologist

The findings from the study will enlighten the counsellor on the effectiveness of the two techniques used in this study (Transactional Analysis and Self-Efficacy). Guidance counselling alone may not be able to handle the problems of emotional labour but referral could be made. The study would prove the effectiveness of the two techniques and could be employed by the psychologist. The study would prove that there are observations of behaviours that can reduce the intense of emotions among nurses.

Recommendations

The findings of the study have a potential ability to facilitate counselling opportunities to bring about behavioural change in hospital industries. Management, policy makers and organisational behaviourist in every organisation are adviced to be familiar with TA, SE, emotional labour and demographic factors like gender, marital status, and length of service qualification in the enhancement of the emotional labour of the nurses. The awareness of these factors will enable them to retain their employees and make them perform effectively and efficiently. Hence, the organisational goals will be achieved.

The result of the findings therefore is based on the recommendations that management should motivate their employees and study their emotions, efficacy and their ways of interactions with people around them. This will boost and enhance their emotional labour.

Suggestions for further Studies

This study established the effectiveness of TA and SE strategies on emotional labour of nurses in Ilorin, Kwara State, Nigeria. However, there is a need for futher studies. In addition to research on emotional labour, the following interest area is highlighted:

i) There is need to establish the effectiveness of Transactional Analysis among the nurses.

ii) There is need to establish the effectiveness of self-efficacy as a technique to foster emotional labour among auxiliary nurses.

iii) A study can also be carried out on domestic emotions using transactional analysis as a technique.

iv) An investigation into the efficacy of emotional labour in resolving various poor interpersonal contact and communications clashes can be carried out.

v) However, it is also suggested that further studies should attempt to test the causes and management of emotional labour, transactional analysis and self-efficacy and demographic factors on emotional labour using other research designs should be encouraged.

vi) Finally, it would be suggested that similar research should be conducted and extended to other health personnel workers in private hospitals.

Contribution to Knowledge

This study has made significant contribution to knowledge in a number of ways;

- It has demonstrated the effectiveness of using transactional analysis and self-efficacy strategies on emotional labour of nurses that could enhance emotional labour stability of nurses in a study.
- It has proved to nurses, counsellors, psychologist and hospital authorities that emotional labour could be managed and incentives could be used to help enhance better emotional status.
- There is awareness by nurses that the poor interpersonal contact with patients is known by hospital authority and that with the use of appropriate measures and support they could be helped to overcome their emotions.
- The study tried to fill an identified gap in research; previous studies tend to be exploratory on the conflict resolution and to reduce s retirement anxiety. This study however has provided experimental data to establish the quality of emotional labour among nurses.
- The study employed experimental design to collect data for statistical analysis. Thus, the study has opened up new areas where other research design could be employed to generate findings for improving nurse's emotional labour in Nigeria.

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UNIVERSITY OF IBADAN

FACULTY OF EDUCATION

DEPARTMENT OF GUIDANCE AND COUNSELLING

EFFECTS OF TRANSACTIONAL ANALYSIS AND SELF-EFFICACY STATEGIES ON EMOTIONAL LABOUR OF NURSES QUESTIONNAIRE (ETASESOELNQ)

Introduction to respondents

Dear Respondents.

This question is designed basically for a research purpose. It seeks to know how you would react to statements of items below. All information provided would be treated with confidentiality.

Please be honest as much as possible in your responses.

Thank you.

Section A (Personal Data)

Please read carefully and supply the information required below Tick ( ) in the box provided in front of your choice/ response

(1) Gender: Male ☐ Female ☐

(2) Age: 20-25 yrs ☐ 25-30yrs ☐ 30-35 ☐ 40 above ☐

(3) Marital Status: Single ☐ Married ☐ Divorce/Separated ☐

(4) Educational Background: WAEC/GCE ☐ Midwife ☐
Gen. Nursing ☐ Both ☐ B .Sc Nursing ☐ Others ☐
Please Specify ……

(5) Religion: Islam ☐ Christianity ☐ Others ☐
Please specify **……**

(6) Work Experience: 5-10yrs ☐ 11-15 ☐ 16-20 ☐
21- 25 ☐ 26-30 ☐ 31 above ☐

Section B

Emotional Labour Scale (ELS)

Your response will be treated confidentially. Use the following format as a guide. S.A. = Strongly Agreed. A = Agreed. D = Disagree. S.D = Strongly Disagree. Please tick ( ) appropriately.

NO	ITEM	SA	A	D	SD
1.	I actually feel emotion that I need to show				
2.	I put on a mask in order to express the right emotions for my job				
3.	The emotions I show to subordinates match what I truly feel				
4.	I have to cover up my true feelings when dealing with my organizations				
5.	I display emotions that I am actually feeling				
6.	When getting ready for work, I tell myself that I am going to have a good day.				
7.	I fake the emotions I show when dealing with subordinates				
8.	I try actually to experience emotions that I must show when interacting with customer				
9.	I have to concentrate more on my behaviour when I display an emotion that I don't actually feel.				
10.	My smile is sincere				
11.	I show the same feelings to subordinates that I feel inside				
12.	I think of pleasant things when I am getting ready for work				
13.	My interactions with co-workers are robotics				
14.	I put on an act in order to deal with people in an appropriate way.				
15.	I behave in a way that differs from how I real feel				
16.	I fake a good mood when interacting with people				
17.	I try to change my actual feelings to match those that I must experience to people				

18.	When working with subordinates, I attempt to create certain emotions in myself that present the image my company desires				
19.	I often find that I can remain cool in spite of the excitement around me				
20.	I am able to lose control when I am bringing bad news to people				
21.	I tend to lose control when I am bring bad news to people				
22.	I cannot continue to feel Ok if people around me are depressed				
23.	I don't get upset just because a friend is acting upset				
24.	I become nervous if others around me seem to be				
25.	The people around me have a great influence on my moods				
26.	I often have tender, concerned feelings for people less fortunate than myself				
27.	Sometimes I don't feel very sorry for people less fortunate than myself				
28.	When I see someone being taken advantage of, I feel kind of protective towards him/her				
29.	Other people's misfortunes do not usually disturb me a great deal				
30.	When I see someone being treated unfairly, I feel kind of protective towards him/her				
31.	I am often quite touched by things that I see happen				
32.	I would describe myself as pretty soft hearted person				
33.	My supervisor goes out of his or her way to make my life easier for me				
34.	My supervisor can be relied on when things get tough at work				
35.	My co workers go out of their way to make life easier for me				

36.	My supervisor is willing to listen to my personal problems				
37.	When interacting with subordinates, I have the freedom and independence to speak and act in ways I think fit the situation				
38.	I have a lot of freedom to decide how I should deal with co-workers				
39.	My job denies me much chance to use my personal initiative or judgment when interacting with co-workers				
40.	I feel emotionally drained from my work				
41.	I feel frustrated by my work				
42.	Working with people all day is really a stain of me				
43.	I feel burned out from my work				
44.	I feel fatigued when I get up in the morning and have to face another day on the job.				
45.	I feel I'm working too hard on my job				
46.	Working with people directly puts too much stress on me				
47.	I am satisfied with kind of work I do in this organization				
48.	Most people on this job are very satisfied				
49.	I work at the feelings I need to show to subordinates				
50.	I try to talk to myself out of feeling what I really feel when helping customers				

Thank-You

Emotional intelligence scale (EIS)

Your response will be treated confidentially. Use the following format as a guide. S.A. = Strongly Agreed. A = Agreed. D = Disagree. S.D = Strongly Disagree. Please tick ( ) appropriately

NO	ITEM	SA	A	D	SD
1.	I know when to speak about my personal problems to others.				
2.	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.				
3.	I expect that I will do well on most things I try.				
4.	Other people find it easy to confide in me.				
5.	I find it hard to understand the non-verbal messages of other people.				
6.	Some of the major events of my life have led me to re-evaluate what is important and what is not.				
7.	When my mood changes, I see new possibilities.				
8.	Emotions are one of the things that make my life worth living.				
9.	I am aware of my emotions as I experience them.				
10.	I expect good things to happen.				
11.	I like to share my emotions with others.				
12.	When I experience a positive emotions I know how to make it last.				
13.	I arrange events which others enjoy				
14.	I seek out activities that make me happy.				
15.	I am aware of the non-verbal messages I end to others.				
16.	I present myself in a way that makes a good impression on others.				
17.	When I am in a positive mood solving problems is easy for me				
18.	By looking at their facial expressions, I recognize the emotions people are experiencing.				
19.	I know why my emotions change				

20	When I am in a positive mood, I am able to come up with new ideas				
22	I easily recognize my emotions as I experienced them.				
23	I motivate myself by imagining a good outcome to the tasks I take on.				
24	I compliment others when they have done something well.				
25	I am aware of non-verbal message other people send.				
26	When other person tells me about an important event in his or her life I almost feel as though I have experienced this event myself.				
27	When I feel a change in emotions, I tend to come up with new ideas.				
28	When I am faced with a challenge, I give up because I believe I will fail.				
29	I know what other people are feeling just by looking at them.				
30	I help other people feel better when they are down.				
31	I use good mood to help myself keep trying in he face of obstacles				
32	I can tell how people are feeling by listening to the tone of their voice.				
33	It is difficult for me to understand why people feel the way they do so.				

Thank you.

APPENDIX TWO

NURSES OF PEADIATRICS WARD (O&G).

OUT GOING PATIENTS NURSES AT A TRIANING SESSION.

NURSES OF CIVIL SERVICE CLINIC (CONTROL GROUP) ILORIN.

RESEARCHER AND UITH STAFF ON SHIFT DUTY.

NURSES OF CIVIL SERVICE CLINIC (CONTROLGROUP) ILORIN.

RESEARCHER AND STAFF OF WARD SEVEN UITH ILORIN.

RESEARCHER AND STAFF OF WARD SEVEN UITH ILORIN.

RESEARCHER AND MATRON OF GOPD UITH, ILORIN.

GYNAECOLOGY NURSES AT A TRANING SESSION.

MARTERNITY WING NURSES AFTER THE LAST SESSION PROGRAMME.

NURSARY UNIT NURSES OF UITH ILORIN ADMINISTERING THE QUESTIONNAIRE.

GOPD UNIT OF UITH ILORIN, STAFF WITH THE RESEARCHER.