

ORIGINAL RESEARCH: EMPIRICAL RESEARCH – QUANTITATIVE

How the ‘warped’ relationships between nurses’ emotions, attitudes, social support and perceived organizational conditions impact customer orientation

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Abstract

Aims. Much research focuses on organizational culture and its impact on customer orientation or emotional states and their impact on job satisfaction and well-being. This study aims to combine the complex roles of nurses’ emotion states and job satisfaction in a model that identifies the effects of standards for service delivery (organizational culture), supervisor and co-worker support and the development of customer orientation.

Background. A previous study examined the relationships between nurses’ personal resources, job satisfaction and customer orientation. This study examines how these variables relate to organizational standards and social support.

Design. A cross-sectional survey using a self-completion questionnaire with validated, existing scales to measure standards for service delivery, supervisor and co-worker support, job satisfaction, empathic concern, emotional exhaustion and customer orientation.

Method. Nurses (159) completed the questionnaire in 2010. The data were analysed using WarpPLS, a structural equation modelling software package.

Results. The results indicate that the final model fits the data well and explains 84% of the variance in customer orientation. The findings show the importance of standard for service delivery (organizational culture), supervisor and co-worker support on customer orientation. Nurses’ personal resources interact with these, particularly supervisor and co-worker support, to develop staff job satisfaction and empathy.

Conclusion. The need for support mechanisms in stressful times is discussed. We propose that training in compassion and empathy would help leaders to model desirable attributes that contribute towards customer orientation.

Keywords: customer orientation, emotions, job satisfaction, nurses’ burn out organizational support

Why is this research needed?

- This study examines how standards for service delivery (organizational culture), supervisor and co-worker support help to foster personal resources such as job satisfaction and empathic concern.
- The study takes a holistic view that builds on past work.

What are the key findings?

- Standards for service delivery have an important relationship with supervisor and co-worker support, job satisfaction and customer orientation. There is a negative relationship with emotional exhaustion.
- In this case, standards for service delivery have a negative association with empathic concern.
- Supervisor and co-worker support have a positive relationship with customer orientation and are particularly valuable during stressful times.
- Emotional exhaustion moderates the relationship between co-worker support and customer orientation.

How should the findings be used to influence policy/practice/research/education?

- Managers need to consider the emotional states of staff when developing organizational management strategies. Particular attention should be given to support roles of supervisors and co-workers to enhance working experience.
- Fully exploring and understanding the myriad interactions between the service providers' psychological state, organizational conditions and support roles can increase beneficial service provision outcomes.
- Empathy and compassion training would help leaders to model desirable attributes in staff.

Introduction

Many hospitals, private and public, now operate as businesses and treat patients as 'customers' which means that there is more pressure on nursing staff to be time efficient (Pisaniello *et al.* 2012, Gountas *et al.* 2014). The shift in philosophy means that customer orientation and satisfaction are increasingly important in service organizations including health care (Hudak *et al.* 2003, Susskind *et al.* 2003). Nursing is a particularly stressful and demanding service role which meets many levels of human suffering and the changes in managerial approach affect nurses' work behaviours and emotions. The results of this may be varied and difficult to predict. In some cases, a more business-like approach may mean that some nurses feel more distant from patients yet others may be happy to be more task-oriented (Pisaniello *et al.* 2012). The impacts of organizational

conditions on front line employees in customer orientation and satisfaction is shown in the Susskind *et al.* (2003) model, which indicates the effects of standards for service delivery (organizational culture), co-worker and supervisor support on customer orientation. Other studies support the importance of these conditions reporting higher job performance and customer orientation as a result of optimum organizational culture and social support (Vandenburgh *et al.* 2007). Nurses, as many other service providers, rarely work in isolation. Therefore, it is important to examine how these conditions affect job performance, job satisfaction and 'customer' outcomes (Elmadag *et al.* 2008). However, individuals differ in their ability to attend to customers' needs which means that a high level of customer orientation does not depend entirely on organizational culture and support (Brown *et al.* 2002, Swider & Zimmerman 2010). For example, stressful emotions experienced during work may have negative impacts that are exacerbated when nurses lack appropriate support, which may be characterized as emotional exhaustion or burn out having negative effects on job satisfaction and customer orientation (Demerouti *et al.* 2000, Pisaniello *et al.* 2012). In this study, we explore the relationships between organizational standards for service delivery; co-worker and supervisor support, their impacts on job satisfaction, empathic concern, job stress and customer orientation and how these interact with each other. We use a structural equation modelling technique, WarpPLS, to examine the complexities of the variables' relationships and outcomes (Kock 2010, 2011).

Background

Customer orientation is the importance that a provider places on service standards. Customer orientation is an outcome of how the service provider evaluates the quality of standards for service delivery, supervisor and co-worker support which affects their service performance (Susskind *et al.* 2003). Customer orientation has three key antecedents: management standards for service delivery (organizational culture), supervisor support and co-worker support. Standards for service delivery are an integral part of the organization's service climate which provides leadership, guidance and support for front line service workers (Susskind *et al.* 2003, Block & Manning 2007). Research indicates that a favourable perception of the organization will result in greater customer orientation (Kelley 1992, Kilic & Dursun 2010). Standards for service delivery (organizational culture) are a key influence on the service provider's affect, job satisfaction and performance behaviour (Hennig-Thurau & Thurau 2003, Belias & Koustelios 2014).

Organizational standards for service delivery influence supervisor and co-worker support and together, they influence employee's affect and performance (Susskind *et al.* 2003). Support in an organization, including supervisor and co-worker support, is also shown to have a positive impact on employees' well-being and job satisfaction (Susskind *et al.* 2007, Panaccio & Vendenburghe 2009). Service workers who receive support are more likely to display greater effort and commitment towards their customers (patients in this case) and perform better (Vandenburghe *et al.* 2007).

Co-workers' interaction and influence may result in positive and negative outcomes for individual well-being, performance and job satisfaction. Such outcomes may be complex, with both direct and indirect effects on organizational commitment and customer orientation (Duffy *et al.* 2002, Chiaburu & Harrison 2008). Similarly, perceived support from organizational mentors such as supervisors may have beneficial impacts on workers' commitment and job satisfaction (Baranik *et al.* 2010). Perceived supervisor support also affects employees' perception of organizational culture as supervisors, who feel highly regarded by the organization, are more disposed to fulfilling employees' social emotional needs. Consideration of emotional needs, such as empathy, at all levels of the organization is just as essential as clear direction for service standards. Empathy is an important issue for leadership in health care (Skinner & Spurgeon 2005). Many studies indicate that when empathy is modelled as part of organizational standards, there is a positive impact on staff performance and customer orientation (Malpas & Corbett 2012). Presumably, supervisors and co-workers empathic displays will also have a positive effect. As a result of all this, employees are more likely have confidence in their present role, interaction with the supervisor and future role in the organization (Eisenberger *et al.* 2002, Liaw *et al.* 2010). Furthermore, employees who feel supported by their supervisors are more likely to 'reward' them by being more customer oriented which has obvious benefits to the organization and possibly personal job satisfaction (Liaw *et al.* 2010). Overall, positive co-worker and supervisor support has a positive effect on job satisfaction, may reduce work related stress and improve job performance (Spence Laschinger & Grau 2011):

Hypothesis 1. Standards for service delivery (organizational culture) have (a) a positive relationship with supervisor support; (b) a positive relationship with co-worker support; (c) a positive relationship with job satisfaction; (d) a positive relationship with empathy; (e) a positive relationship with customer orientation.

Hypothesis 2. Supervisor support has: (a) a positive relationship with job satisfaction; (b) a positive relationship with

empathic concern; (c) a positive relationship with customer orientation.

Hypothesis 3. Co-worker support has: (a) a positive relationship with job satisfaction; (b) a positive relationship with empathic concern; (c) a positive relationship with customer orientation.

As previously mentioned, a service worker's coping abilities depend not only on the environment but also their personal interpretation of the situation and their reaction to it (Swider & Zimmerman 2010). Therefore, simply examining an organization's culture and support systems, does not explain fully how customer orientation is developed.

Studies indicate that job satisfaction is related to performance outcomes (Lu *et al.* 2004). Job satisfaction is affectively and cognitively derived from an individual's assessment of their job situation (Wright & Cropanzano 2000). Job satisfaction is affected by emotional conditions such as distress (Pugliesi 1999) and can be predicted by organizational culture and social support (Belias & Koustellos 2014). These findings are in keeping with research that examines dissatisfaction in nurses and suggests the most cited causes to be concerned with cohesion and collaboration in teams and the perception of staff organization (Lu *et al.* 2004). Although, the relationship between job satisfaction and performance in organizations is much researched (Aronson *et al.* 2005), evidence for the association between job satisfaction and performance is varied. While some studies find a positive relationship, others find the relationship spurious (Judge *et al.* 2001, Bowling 2007). Possibly, the inconsistency is due to differences in the specific nature of workplaces and the general situation at the time the research is conducted. Other studies posit job satisfaction as a moderating variable which modifies the relationship between two other variables. Possibly, job satisfaction may also be a mediating variable in which case, the introduction of job satisfaction will render the original relationship between two variables insignificant (Baron & Kenny 1986). Conceptualizing job satisfaction as a moderator, in some instances, may help to predict, more clearly the relationships between workplace conditions, personal resources and performance outcomes (Ivancevich 1976, Tourigny *et al.* 2010):

Hypothesis 4. Job satisfaction has: (a) a positive relationship with empathic concern; (b) a positive relationship with customer orientation; (c) a higher level of job satisfaction significantly affects the relationship between co-worker support and customer orientation; (d) a higher level of job satisfaction significantly affects the relationship between supervisor support and customer orientation; (e) a higher level of job satisfaction significantly affects the relationship between standards for service delivery and co-worker support.

As previously discussed, empathic concern is very helpful in services interaction, particularly in potentially highly stressful contexts such as nursing. Empathic concern shown by service providers improves communication skills, may prevent job stress and increases consumer satisfaction which benefits both the service provider and recipient. Empathy can be successfully modelled by supervisors and co-workers to assist its development in service providers (Omdahl & O'Donnell 1999, Bakker *et al.* 2005, Malpas & Corbett 2012):

Hypothesis 5. (a) When empathic concern highest, there is a stronger relationship between co-worker support and customer orientation; (b) When empathic concern highest, there is a stronger relationship between supervisor support and customer orientation.

Nursing involves a high level of emotion work for which individuals develop different coping strategies (Pisaniello *et al.* 2012, Gountas *et al.* 2014). Emotions are both influenced by and are influencers of service employees' interactions with colleagues and the recipients of their service. Emotional exhaustion or burn out tends to be conceptualized as a negative condition. Emotional exhaustion is a complex condition and its causes and relief vary including

general job conditions and psychosocial aspects such emotional issues, interpersonal interactions and support systems (Pugliesi 1999, Spence Laschinger & Grau 2011, Chung & Kowalski 2012). On the other hand, service providers may have sense of deep satisfaction from customers' appreciation and improved well-being which can nullify or reduce the negative impacts of exhaustion (Bakker *et al.* 2004, Seery & Corrigan 2009):

Hypothesis 6. (a) High emotional exhaustion increases the relationship between co-worker support and customer orientation; (b) High emotional exhaustion increases the relationship between supervisor support and customer orientation.

The conceptual model, depicting the hypotheses is shown in Figure 1.

The study

Aims

The aim of the study is to test the relationships previously discussed as shown in the conceptual model (Figure 1).

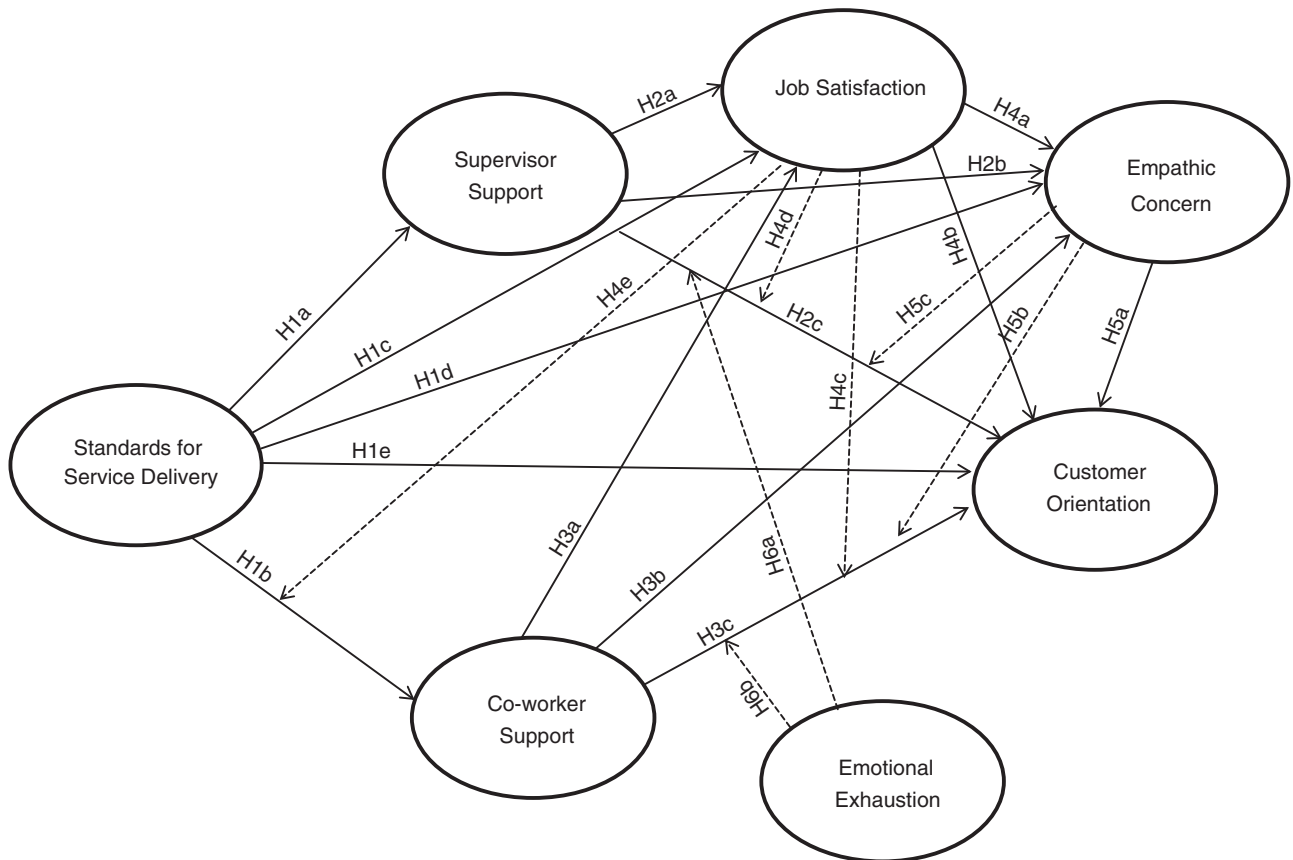


Figure 1 The conceptual model.

Design

A cross-sectional survey with a self-completion questionnaire was developed, using existing measures and capturing demographic data such as age, gender, experience and job level.

Sample

The participants were nurses from a large public teaching hospital in Australia in 2010. Hospital managers and nurse managers agreed on the project objectives and design. The researchers spent time in various clinical units speaking to nursing staff to develop awareness of the study and encourage participation. Ethics approval was sought and granted at the hospital and the researchers' university. Nurses from all areas of the hospital were invited to participate. Participation was voluntary and anonymous.

Data collection

One hundred and fifty nine nurses completed the questionnaire which represents a 32% response rate. The response rate may have been affected by difficult working conditions, at the time of survey, which the nurses verbally reported to the researchers. Most respondents were between 36 and 50 years of age (62%); many had supervisory roles (60%); and the majority had more than five years nursing experience (74%) and mostly female (78%).

As previously mentioned, the questionnaire used existing scales with slight adaptations informed by discussions with staff and management during the initial visits to the hospital. Responses were measured on a 7-point Likert-type scales that ranged from strongly disagree (1)-strongly agree (7). The scales are as follows:

Standards for service delivery (organizational culture) were measured using three items concerning organizational culture (Susskind *et al.* 2003). A sample question is 'In the organization I work for, we set very high standards for customer service'.

Supervisor support (Susskind *et al.* 2003) comprises four items such as 'I find my supervisor very helpful in performing my customer service duties' and 'When performing my service duties, I rely heavily on my supervisor'.

Co-worker support uses three items from Susskind *et al.* (2003). For example, 'When performing my service duties, I rely on my co-workers'.

Customer orientation uses five items about attitudes towards customers (Susskind *et al.* 2003). For example, 'As an employee responsible for providing service, patients are

very important to me' and 'If possible, I meet all requests made by my patients'.

Emotional exhaustion (Wharton 1993) measures burn out, frustration and a dread of going to work. Seven items measured the construct, for example, 'I feel frustrated by my job' and 'I feel burned out from my work'.

Empathic concern (Davis 1983) six items measure concern for others. For example 'Sometimes I don't feel very sorry for other people when they are having problems' (reversed) and 'I would describe myself as a pretty soft-hearted person'.

Job satisfaction (Brown & Peterson 1993) comprises eight items about satisfaction with personal opportunities, organizational issues, support and salary. Items include 'Overall, I am satisfied with this job' and 'I am satisfied with the support provided in my job'.

Ethical considerations

Ethics approval was sought and granted at both participating organizations (the hospital and researchers' university).

Data analysis

As the sample was small ($n = 159$), the structural equation model was tested using the WarpPLS 4.0 software program (Kock 2012). WarpPLS is a Partial Least Squares regression procedure that is useful for capturing non-linear and well as linear relationships simultaneously (Kock 2012). Partial Least Squares Structural Equation Modelling is well suited to testing larger, complex models which include moderating effects (Pavlou & Fygenon 2006). This means that modelling causal relationships between variables and testing outcome predictions that reflect the complexity of real life is possible. Other key benefits of Partial Least Squares analysis are that the method can be applied to small samples, does not depend on normal distribution of data and can be used to model both reflective and formative constructs (Urbach & Ahlemann 2010).

Validity and reliability

Descriptive statistics, correlations between variables and alpha coefficients are shown in Table 1. This shows that all variables have acceptable internal consistency (Cronbach's Alphas and Composite Reliabilities >0.70), the correlations show expected directions and the square root of the average variance extracted for each variable is greater than the correlations between that and other latent variables indicating discriminant validity (Fornell & Larcker, 1981). Further,

Table 1 Means, standard deviations, correlations and reliability.

Variable	M	SD	α	CR	1	2	3	4	5	6	7
1. Standards for service delivery	5.58	1.04	0.75	0.76	(0.81)						
2. Co-worker support	5.59	1.02	0.72	0.74	0.64**	(0.75)					
3. Supervisor support	4.95	1.22	0.84	0.86	0.65**	0.53**	(0.87)				
4. Emotional exhaustion	3.69	1.19	0.76	0.84	-0.28**	-0.16*	-0.34**	(0.82)			
5. Job satisfaction	5.13	0.92	0.84	0.85	0.73**	0.64**	0.71**	-0.48**	(0.84)		
6. Empathic concern	5.08	0.81	0.73	0.73	0.06	0.22**	0.03	0.03	0.16*	(0.75)	
7. Customer orientation	6.49	0.708	0.91	0.92	0.56**	0.56**	0.47**	-0.15	0.58**	0.30**	(0.91)

* $P < 0.05$; ** $P < 0.01$.

Square roots of AVEs are shown on the diagonal.

the average block variance inflation factor (AVIF) and the Average full collinearity (AFVIF) are within acceptable levels indicating low collinearity between variables.

Results

The model which tests the hypotheses is shown in Figure 1, with the relevant expected regression weights. The non-significant paths were removed leaving the final model which is shown in Figure 2. The model fits the data well: Average

path coefficient (APC) = 0.295, $P < 0.001$; Average R-squared (ARS) = 0.483, $P < 0.001$; Average block VIF (AVIF) = 1.687 (ideally < 3.3); Average full collinearity (AFVIF) = 2.242 (ideally < 3.3); Tenenhaus goodness of fit (GoF) = 0.695 (large > 0.36); Simpson’s paradox ratio (SPR) = 0.938 acceptable if > 0.7 ; R-squared contribution ratio (RSCR) = 0.979 acceptable if > 0.9 ideally = 1. Statistical suppression ratio (SSR) = 0.938 acceptable if > 0.7 ; Non-linear bivariate causality direction ratio (NLBCDR) = 0.781 acceptable if > 0.7 .

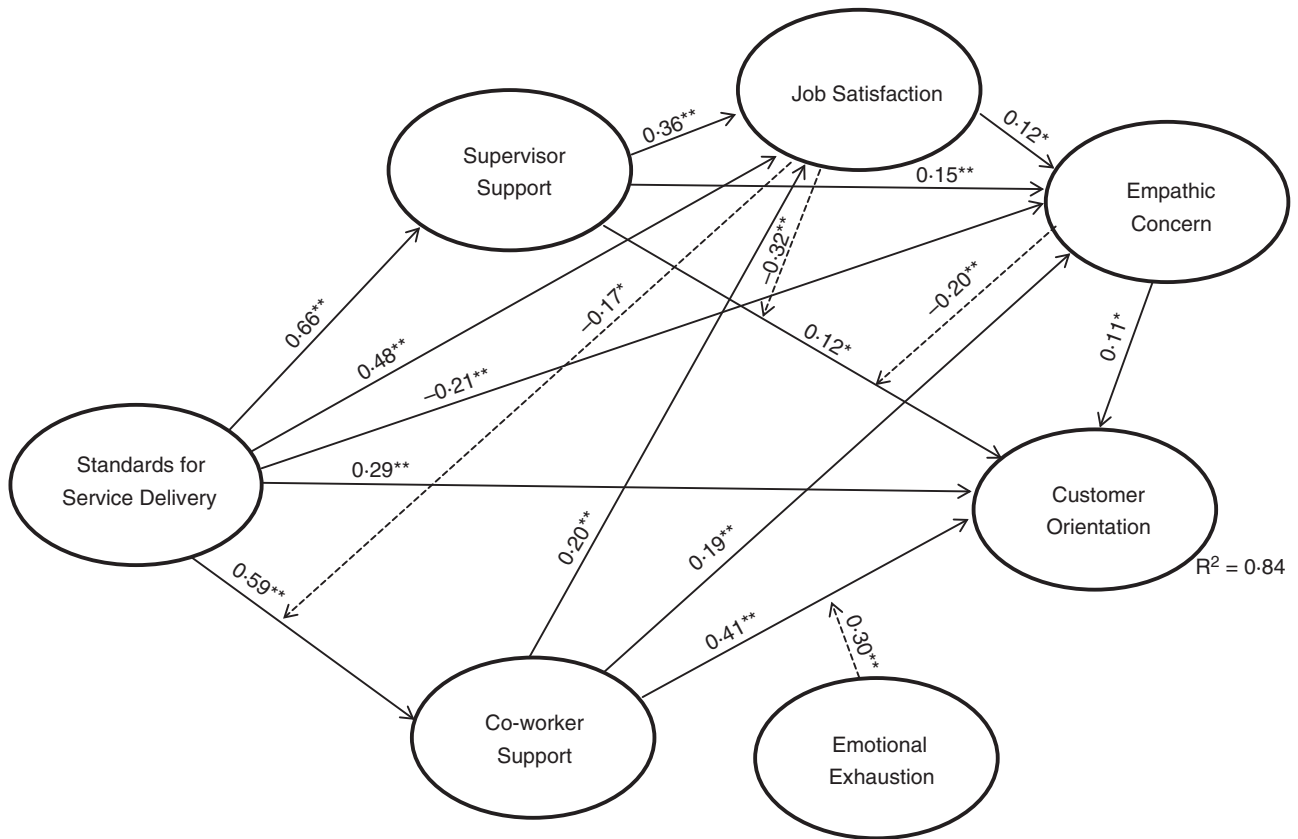


Figure 2 The final model. * $P < 0.05$; ** $P < 0.001$.

Table 2 shows the direct regression, moderation results and whether the hypotheses are supported. The findings support the expected relationships between standards for service delivery and supervisor support (0.66, $P < 0.01$) (H^{1a}); co-worker support (0.59, $P < 0.01$) (H^{1b}); job satisfaction (0.48, $P < 0.01$) (H^{1c}); customer orientation (0.29, $P < 0.01$) (H^{1e}). The relationship between standards for service delivery and empathy is significant but negative rather than positive; therefore, H^{1d} .

Supervisor support has a positive relationship with both job satisfaction (0.48, $P < 0.01$) (H^{2a}), empathic concern (0.48, $P < 0.01$) (H^{2b}) and customer orientation (0.12, $P < 0.05$) (H^{2c}). Co-worker support has a significant positive relationship with job satisfaction (0.20, $P < 0.01$)

(H^{3a}), empathic concern (0.19, $P < 0.01$) (H^{3b}) and customer orientation (0.41, $P < 0.01$) (H^{3c}).

Job satisfaction has a positive significant relationship with empathic concern (0.12, $P < 0.05$) (H^{4a}). There is no significant relationship with customer orientation (H^{4b}). Job satisfaction does not significantly moderate the relationship between co-worker support and customer orientation (H^{4c}) but significantly moderates the relationship between supervisor support and customer orientation (-0.32 , $P < 0.01$) (H^{4d}) and standards for service delivery and co-worker support as hypothesized (-0.17 , $P < 0.01$) (H^{4e}).

Empathic concern has a significant positive relationship with customer orientation as hypothesized (0.11, $P < 0.05$) (H^{5a}), it does not moderate the relationship between

Table 2 The final model (Figure 2).

Hypotheses	β	Hypothesis supported
1. Standards for service delivery (organizational culture) have		
a) a positive relationship with supervisor support	0.66**	Yes
b) a positive relationship with co-worker support	0.59**	Yes
c) a positive relationship with job satisfaction	0.48**	Yes
d) a positive relationship with empathic concern	-0.21**	No
e) a positive relationship with customer orientation	0.29**	Yes
2. Supervisor support has		
a) a positive relationship with job satisfaction	0.36**	Yes
b) a positive relationship with empathic concern	0.15**	Yes
c) a positive relationship with customer orientation	0.12*	Yes
3. Co-worker support has		
a) a positive relationship with job satisfaction	0.20**	Yes
b) a positive relationship with empathic concern	0.19*	Yes
c) a positive relationship with customer orientation	0.41**	Yes
4. Job satisfaction has		
a) a positive relationship with empathic concern	0.12*	Yes
b) a positive relationship with customer orientation	0.99	No
c) a higher level of job satisfaction significantly affects the relationship between supervisor support and customer orientation	0.05	No
d) a higher level of job satisfaction significantly affects the relationship between supervisor support and customer orientation	-0.32**	Yes
e) a higher level of job satisfaction significantly affects the relationship between standards for service delivery and co-worker support	-0.17**	Yes
5. Empathic concern		
a) a positive relationship with customer orientation	0.11*	Yes
b) When empathic concern highest, there is a stronger relationship between co-worker support and customer orientation.	0.14	No
c) When empathic concern highest, there is a stronger relationship between supervisor support and customer orientation.	-0.20**	Yes
6. Emotional exhaustion (burnout)		
a) High emotional exhaustion increases the relationship between co-worker support and customer orientation.	0.30**	Yes
b) High emotional exhaustion increases the relationship between supervisor support and customer orientation.	-0.03	No

* $P < 0.05$; ** $P < 0.01$.

co-worker support and customer orientation as expected (H^{5b}) but moderates the relationship between supervisor support and customer orientation ($-0.20, P < 0.01$) (H^{5c}). Finally, emotional exhaustion (job stress) moderates the relationship between co-worker support and customer orientation as expected ($-0.20, P < 0.01$) (H^{6a}) but not the relationship between supervisor support and customer orientation (H^{6b}).

Discussion

The study examines complex relationships between the effects of individual emotions and attitudes on standards for service delivery (organizational culture), social support (supervisor and co-worker) and patient 'customer' orientation in a healthcare context. Past studies have examined the emotional nature of services such as health care and associated job satisfaction. Other studies have shown the impacts of organizational culture and support but there are few studies that provide insights into the complexities that this work addresses. The model explains eighty four per cent of the variance in customer orientation which suggests that this approach offers greater explanatory power.

The results indicate the positive influence of standards for service delivery (organizational culture) on supervisor support, co-worker support and customer orientation as expected from past studies (Susskind *et al.* 2003). Standards for service delivery positively affect job satisfaction which is important to note as evidence suggests that this can have both positive and negative effects (Lu *et al.* 2004). An issue for concern is the negative relationship between standards for service delivery and empathic concern which is highly valued in health care (Skinner & Spurgeon 2005, Malpas & Corbett 2012). Co-worker and supervisor support also have a positive impact on customer orientation, job satisfaction and empathic concern. These findings may be explained by the prevailing staff perceptions at the time the study was conducted. When we visited the hospital prior to the questionnaire being administered, many staff expressed dissatisfaction with the management culture, so these findings may reflect the ideal that standards for service delivery should have positive effects but indicate a perceived lack of empathy shown by management to other staff. Also, when staff's emotional state suffers the need for social support appears to increase.

Emotional exhaustion moderates the relationship between co-worker support and customer orientation. This effect suggests that when emotional exhaustion is highest, the relationship between co-worker support and customer orientation is strongest. Also, where empathic concern is

lowest the relationship between supervisor support and customer orientation is strongest.

As previously mentioned job satisfaction is influenced by organizational culture and support systems and also moderates the relationship between standards for service delivery and co-worker support. When job satisfaction is lowest, the relationship between supervisor support and customer orientation is strongest. However, when job satisfaction is lowest, the relationship between standards for service delivery and co-worker support is weakest. The final model may suggest that in difficult circumstances, nurses seek more support from co-workers and supervisors and standards for service delivery have less impact on the workforce. Support in the workplace is essential to maintain job performance and reduce the deleterious effects of emotion work (Bradley & Cartwright 2002). Setting effective standards of service delivery and developing conditions that contribute towards positive outcomes for healthcare providers and their patients is essential. This may usefully include empathy training and management modelling empathic concern for staff to follow. Satisfactory working conditions are always important for optimal staff engagement and performance and stress management training may alleviate the inherent problems associated with emotion/service work (Belias & Koustelios 2014). These measures should ensure employees with better coping abilities and greater empathic concern who feel more autonomous and engaged in their work, which also results in greater job and customer satisfaction (Xanthopoulou *et al.* 2009). In summary, the model provides evidence of the need to understand the complex interactions between organizational conditions, individual states and customer (patient) outcomes simultaneously to make effective decisions for workplace organization, staff performance and well-being and customer satisfaction.

Limitations

The main limitations of the study lie in the small sample size and that it was located in one hospital. Although, some unstructured, qualitative research was conducted prior to questionnaire development, further research of a qualitative nature would increase the insights that the model offers. Also, a longitudinal study that she suggests and monitors management interventions and outcomes would be valuable.

Conclusion

The findings caution organizations against overlooking the important role of individual emotions, attitudes and

personal resources when developing their crucial strategic management role in positive outcomes for customer orientation. These conditions have subtle and complex influences on the achievement of organizational objectives and employee well-being. Many organizations go through difficult times, which may be beyond management's control, but understanding the effects on individual affect and cognition provides an opportunity to reduce negative outcomes under stressful conditions. Organizational management can improve conditions and perceptions of standards and support to employees by showing concern, recognizing achievements, fairness and responsiveness to employees' needs (Panaccio & Vendenburgh 2009). Possibly, training should start with organizational leaders to improve critical attributes such as empathy and compassion. Future research could examine the impacts of positive and negative role modelling of these qualities on both staff and patients' outcomes and satisfaction.

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Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (<http://www.icmje.org/recommendations/>)]:

- substantial contributions to conception and design, acquisition of data or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

References

- Aronson K.R., Laurenceau J.P., Sieveking N. & Bellet W. (2005) Job satisfaction as a function of job level. *Administration and Policy in Mental Health* 32, 285–290.
- Bakker A.B., Demerouti E. & Verbeke W. (2004) Using the job demands-resources model to predict burnout and performance. *Human Resource Management* 43, 83–104.
- Bakker A.B., Le Blanc P.M. & Schaufeli W.B. (2005) Burnout contagion among intensive care nurses. *Nursing Theory and Concept Development and Analysis* 51, 276–287.
- Baranik L.E., Roling E.A. & Eby L.T. (2010) Why does mentoring work? The role of perceived organizational support. *Journal of Vocational Behavior* 76, 366–373.
- Baron R.M. & Kenny D.A. (1986) The moderator-mediator variable distinction in social psychological research: conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology* 51, 1173–1182.
- Belias D. & Koustelios A. (2014) Organizational culture and job satisfaction: a review. *International Review of Management and Marketing* 4, 132–149.
- Block L.A.M. & Manning L.J. (2007) A systematic approach to developing frontline leaders in healthcare. *Leadership in Health Services* 20, 85–96.
- Bowling N.A. (2007) Is the job satisfaction-job performance relationship spurious? A meta-analytic examination. *Journal of Vocational Behavior* 71, 167–185.
- Bradley J.R. & Cartwright S. (2002) Social support, job stress, health and job satisfaction among nurses in the United Kingdom. *International Journal of Stress Management*, 9, 163–182.
- Brown S.P. & Peterson A.A. (1993) Antecedents and consequences of salesperson job satisfaction: meta-analysis and assessment of causal effects. *Journal of Marketing Research* 30, 63–77.
- Brown T.J., Mowen J., Donovan D.T. & Licata J.W. (2002) The customer orientation of service workers: personality trait effects on self and supervisor performance ratings. *Journal of Marketing Research* 39, 110–119.
- Chiaburu D.S. & Harrison D.A. (2008) Do peers make the place? Conceptual synthesis and meta-analysis of coworker effects on perceptions, attitudes, OCBS and performance. *Journal of Applied Psychology* 93, 1082–1103.
- Chung C.E. & Kowalski S. (2012) Job stress, mentoring, psychological empowerment and job satisfaction among nursing faculty. *Journal of Nursing Education* 51, 381–387.
- Davis M.H. (1983) Measuring individual differences in empathy: evidence for a multidimensional approach. *Journal of Personality and Social Psychology* 44, 113–126.
- Demerouti E., Bakker A.B., Nachreiner F. & Schaufeli W.B. (2000) A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing* 32, 454–464.
- Duffy M.K., Ganster D.C. & Pagon M. (2002) Social undermining in the workplace. *The Academy of Management Journal* 45, 331–351.
- Eisenberger R., Stinglhamber F., Vandenberg C., Sucharski I.L. & Rhoades L. (2002) Perceived supervisor support: contributions to perceived organizational support and employee retention. *Journal of Applied Psychology* 87, 565–573.
- Elmadag A., Ellinger A. & Franke G. (2008) Antecedents and consequences of frontline service employee commitment to service quality. *Journal of Marketing Theory and Practice* 16, 95–110.
- Fornell C. & Larcker D.F. (1981) Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research* 18, 39–50.
- Gountas S., Gountas J., Soutar G. & Mavondo F. (2014) Delivering good service: personal resources, job satisfaction and nurses' 'customer' (patient) orientation. *Journal of Advanced Nursing* 70, 1553–1563.

- Hennig-Thurau T. & Thurau C. (2003) Customer orientation of service employees-toward a conceptual framework of a key relationship marketing construct. *Journal of Relationship Marketing* 2, 23–41.
- Hudak P.L., McKeever P. & Wright J.G. (2003) The metaphor of patients as customer: implications for measuring satisfaction. *Journal of Clinical Epidemiology* 56, 103–108.
- Ivancevich J.M. (1976) Predicting job performance by use of ability tests and studying job satisfaction as a moderating variable. *Journal of Vocational Behavior* 9, 87–97.
- Judge T.A., Thoresen C.J., Bono J.E. & Patton G.K. (2001) The job satisfaction-job relationship: a qualitative and quantitative review. *Psychological Bulletin* 127, 376–407.
- Kelley S.W. (1992) Developing customer orientation among service employees. *Journal of Academy of Marketing Science* 20, 27–36.
- Kilic C. & Dursun T. (2010) The effect of organizational culture on customer orientation. *Journal of the American Academy of Business* 15, 1–6.
- Kock N. (2010) Using WarpPLS in e-collaboration studies: an overview of five main analysis steps. *International Journal of e-Collaboration* 6, 1–11.
- Kock N. (2011) Using WarpPLS in e-collaboration studies: mediating effects, control and second order variables and algorithm choices. *International Journal of e-Collaboration* 7, 1–13.
- Kock N. (2012) *WarpPLS 3.0 User Manual* ScriptWarp Systems, Laredo, TX.
- Liaw Y.J., Chi N.W. & Chuang A. (2010) Examining the mechanisms linking transformational leadership, employee customer orientation and service performance: the mediating roles of perceived supervisor and coworker support. *Journal of Business Psychology* 25, 477–492.
- Lu H., While A.E. & Barriball K.L. (2004) Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies* 42, 211–227.
- Malpas P.J. & Corbett A. (2012) Modelling empathy in medical and nursing education. *The New Zealand Medical Journal* 125, 94–105.
- Omdahl B.L. & O'Donnell C. (1999) Emotional contagion, empathic concern and communicative responsiveness as variables affecting nurses' stress and occupational commitment. *Journal of Advanced Nursing* 29, 1351–1359.
- Panaccio A. & Vandenburgh C. (2009) Perceived organizational support, organizational commitment and psychological well-being: a longitudinal study. *Journal of Vocational Behavior* 75, 224–326.
- Pavlou P.A. & Fygenon M. (2006) Understanding and prediction electronic commerce adoption: an extension of the theory of planned behavior. *MIS Quarterly* 30, 115–143.
- Pisaniello S.L., Winefield H.R. & Delfabbro P.H. (2012) The influence of emotional labour and emotional work on the occupational health and wellbeing of South Australian hospital nurses. *Journal of Vocational Behavior* 80, 579–591.
- Pugliesi K. (1999) The consequences of emotional labor: effects on work stress, job satisfaction and well being. *Motivation and Emotion* 23, 125–154.
- Seery B.L. & Corrigan E.A. (2009) Emotional labor: links to work attitudes and emotional exhaustion. *Journal of Managerial Psychology* 24, 797–813.
- Skinner C. & Spurgeon P. (2005) Valuing empathy and emotional intelligence in health leadership: a study of empathy, leadership behavior and outcome effectiveness. *Health Services Management Research* 18, 1–12.
- Spence Laschinger H. & Grau A.L. (2011) The influence of personal dispositional factors and organizational resources on workplace violence, burnout and health outcomes in new graduate nurses: a cross sectional study. *International Journal of Nursing Studies* 49, 282–291.
- Susskind A.M., Kacmar K.M. & Borchgrevink C.P. (2003) Customer service providers' attitudes relating to customer service and customer satisfaction in the customer-server exchange. *Journal of Applied Psychology* 88, 179–187.
- Susskind A.M., Kacmar K.M. & Borchgrevink C.P. (2007) How organizational standards and co-worker support improve restaurant service. *Cornell Hotel and Restaurant Administration Quarterly* 48, 370–379.
- Swider B.W. & Zimmerman R.D. (2010) Born to burnout: a meta-analytic path model of personality, job burnout and work outcomes. *Journal of Vocational Behavior* 76, 487–506.
- Tourigny L., Baba V.V. & Wang X. (2010) Burnout and depression among nurses in Japan and China: the moderating effects of job satisfaction and absence. *The International Journal of Human Resource Management* 21, 2741–2761.
- Urbach N. & Ahlemann F. (2010) Structural equation modeling in information systems research using partial least squares. *Journal of Information Technology Theory and Application* 11, 5–40.
- Vandenburgh C., Michon R., Tremblay M., Bentein K., Chebat J.C. & Fils J.F. (2007) An examination of the role of perceived support and employee commitment in employee-customer encounters. *Journal of Applied Psychology* 92, 1177–1187.
- Wharton A.S. (1993) The affective consequences of service work: managing emotions on the job. *Work and Occupations* 20, 205–232.
- Wright T.A. & Cropanzano R. (2000) Psychological well being and job satisfaction as predictors of job performance. *Journal of Occupational Health Psychology* 5, 84–94.
- Xanthopoulou D., Bakker A.B., Demerouti E. & Schaufeli W.B. (2009) Reciprocal relationships between job resources, personal resources and work engagement. *Journal of Vocational Behavior* 74, 235–244.

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