



Predicting job satisfaction for domiciliary care assistants: the effects of emotional dissonance, emotional exhaustion, empathy, and emotional intelligence

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ABSTRACT

Consistent with a modern research orientation toward emotions in the workplace and how they impact job satisfaction, the present study sought to expand extant literature to consider four predictors' individual and unique impact on job satisfaction. It was anticipated that emotional dissonance (ED), emotional exhaustion (EE), empathy, and emotional intelligence (EI) would predict job satisfaction within a significant multiple regression model. The current study also aimed to fill a gap in the literature whereby the occupational group included in this study is currently under-researched. Participants were forty-two 'Domiciliary Care Assistants' from a medium-sized domiciliary care agency (40 females & 2 males, mean age = 36, SD = 12.99). All participants completed five questionnaires, which measured the criterion and four predictor variables. The regression model was shown to be significant with predictor variables in the model collectively and one variable individually (emotional exhaustion) able to predict job satisfaction, accounting for 23% variance. The current findings broadly draws together a small body of international research which has highlighted the significance of each of these specific predictors individually associated with job satisfaction into an innovative model. Overall, these results demonstrate pertinent cause to continue researching within this occupational group. Limitations of the current study and recommendations for future research are discussed.

KEY WORDS:	JOB SATISFAC- TION	EMOTIONS AT WORK	EMPATHY	DOMICILIARY CARE	
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Introduction

Domiciliary care refers to the care given to vulnerable people in their own homes (Doyle & Timonen, 2007). Employees who provide such care are known as domiciliary care assistants (DCA's), whom travel to unique residences of vulnerable people to perform a range of personal (care) and domestic activities (Milligan, 2009). Twigg (2000) argues that while domiciliary care is acknowledged as formal care (a paid-for service provided by an external agency), it still has ties with informal care (care provided by family and friends) because its emphasis on interpersonal interactions that rely on care, feelings, and emotions typical of familial caregiving. In the UK, home care is increasingly outsourced to private companies and is largely considered to be a private sector (Bolton & Wibberly, 2013), which is anticipated to see growth in terms of 1.1 million jobs made available by 2025 (Cangiono, Shutes, Spencer, & Leeson, 2009, cited in Gould, et al., 2009). This is arguably due to a conscious effort by policy makers (locally and nationally) to reduce the duration and level of care vulnerable adults receive in a hospital setting in preference of care at home (Wright, Tan, Iliffe, & Lee, 2014), and a trend of an aging population (Office for National Statistics, 2012) i.e., an increase in people requiring domiciliary care.

Still, it is thought that privatization will mean worse employee outcomes globally (e.g., Broadbent, 2013). DCA's face numerous challenges, including hostility from clients' family, emotional suppression, and unfair treatment (Kim, Noh, & Muntaner, 2013). Additionally, as care takes place at unique residences rather than a fixed place of work, DCA's are faced with additional challenges related to the condition of the home they visit. Considered 'dirty workplaces', care assistants may be exposed to overheated premises, poor ventilation, the presence of pets, and/or smoke inhalation (Wibberley, 2013). Despite the difficulties DCA often face, contemporary research investigating the psychological impact on DCA's is lacking and continues to be under-researched, with a pressing need for up-to-date insights.

Arguably, job satisfaction is one of the most important psychological variables among occupational psychology literature, perhaps due to its scope of

application (Schleicher, Hansen, & Fox, 2010) and ongoing relevance to modern working environments (Westover, 2012). The degree to which employees are satisfied with their job may be of interest to organizations due to its prediction of occupational outcomes (Zangaro & Soeken, 2007). For instance, Rubery, et al. (2011) considers retention of DCA's as one of the main challenges for care agencies. As JS is linked to turnover intent, whereby employees who are dissatisfied are more likely to want to leave the organization (Chen, et al. 2011), exploration of this construct is necessary.

Warr and Inceoglu (2012) suggest JS is simply whether or not employees' needs are met. Indeed, Macey and Schnedier (2008) argue that JS is often confused with job engagement, while JS does not describe how enthusiastic a person is about their job whereas job engagement does. However, a widely used definition of JS is as an affective appraisal of one's occupation (Locke, 1976), implying the inter-relationship between affective and cognitive domains as a meta-perspective of thoughts about one's job (Judge et al., 2001), manifested as an attitude. Consequently, literature commonly refers to JS as an attitude (e.g., Schlett & Ziegler, 2014).

Judge and Klinger (2001) suppose that there are multiple ways to approach JS. Understanding JS as an attitude suggests that employees' level of JS can be assessed using a global score, or alternatively as a product of discrete facets (Spector, 1997) and can therefore be investigated using self-report measures (Arnold, et al., 2010). Hofmans, De Geiter and Pepermans (2013) advocate a global approach, and suppose research may have more value if JS is calculated as an overall score. Specifically, they found significant individual variation among facets of JS that would suggest that different facets are not given equal weight (i.e., pay is favoured above anything else); it is therefore possible that responses are biased. Indeed, validity analysis of a widely used measure of JS that purports to calculate both facet (extrinsic and intrinsic rewards) and global JS failed to identify facets in favour of an calculating total JS (Hills, Joyce, & Humphreys, 2012). Specifically, the occupational context in which the measure was validated in dissented from the measure's sample of blue-collar workers it was developed with, which is indicative of biases that implied by De Hofmans, et al. (2013) whereby JS' conceptualisation is sensitive to occupational contexts. As such, some researchers suggest that JS can be meaningfully represented by single-item measures. It is suggested that such constructs are amenable to single-item measures if they are seemingly unambiguous (Wanous, Reichers, & Hudy, 1997), but at the cost of being unable to establish internal consistency. Warr and Inceoglu (2012), for example, utilised a single-item measure that simply asked whether or not employees were satisfied with their job. However, Salancik and Pfeffer (1978) suggest that JS is socially constructed, whereby the meaning of JS differs from person-to-person, and may also rely on the social context of employment. Thus, the idea that JS is unambiguous and therefore amenable to single-item measures can be logically challenged.

Furthermore, Schlett and Ziegler (2014) suppose that although JS is an attitude, there are also individual differences in cognition and affect. The researchers found that individuals' high in need for affect saw JS relying more on job emotions than cognitions. In contrast, individuals' low in need for affect were more likely to be driven by job cognitions pertaining to JS. Thus, attitudes are discussed as having both affective and cognitive elements, so JS measures ought to consider both equally. However, there is some concern as to the extent such measures convey a balanced reflection of JS as an attitude. Kaplan, Warren, Barsky, and Thoresen's (2009) meta-analysis revealed that popular JS measures were mainly cognitive and neglectful of affect, reflective of Fisher's (2000) consternation that emotions are overlooked.

Nevertheless, cognitions can inform descriptive beliefs that a person holds about his/her job (Weiss, 2002), encompassing singular characteristics of a job compared to what a person gains from their job, known as facets (Spector, 1997). This is consistent with researchers having regularly considered JS with regard to its material (intrinsic) and nonmaterial (extrinsic) rewards (Handel 2005). For instance, Hofmans, De Geiter and Pepermans' (2013) found that financial rewards were not universally correlated to JS within their sample, whereas psychological rewards were consistently positively related to JS. Nonetheless, Spector (1997) is appreciative of how a facet approach can suggest which factors can and cannot predict JS. Schleicher Hanson and Fox (2010) suggest that discussion regarding which approach to JS is better has not been resolved and is reflective in both approaches still utilised in contemporary research. As such, they suggest how JS is conceptualized (global versus facet) is arguably influenced by researcher preferences and the associated occupational contexts.

Another approach is the dispositional approach, discussed as personality traits. For instance, Judge and Iles (2003) found that personality traits accounted for a large portion of variance in JS (41%). However, the positive-affective negative-affective model (Watson & Clark, 1988) accounted for 55% of variance in JS than the five-factor model of personality (Goldberg, 1990). This suggests that individuals with negative-affectivity dispositions are more likely to evaluate negative cues from the environment more keenly than positive cues, resulting in job dissatisfaction. This is reflective of discussion in the literature as to what extent 'personality' and 'disposition' (negative/positive affect) uniquely contribute to JS (Gerhart, 2005), where usually personality is afforded more consideration in research (Judge & Larsen, 2001) due to a de-emphasis of emotion.

Contemporary research has also looked at core self-evaluations (CSE), which are thought to predict JS. CSE refers to four collective self-evaluative traits: self-esteem, emotional stability, locus of control, and self-efficacy (Judge, Erez, Bono, & Thoresen, 2003). Ferris, et al. (2012) found that CSE positively correlated to JS, but found that the relationship was mediated by avoidance and approach motivation. Motivation is also linked to specific affective experience which in turns

influences motivational strategy employed in work settings (Seo, Feldman Barrett, & Bartunek, 2002), whereby JS is better influenced when approach-motivated employees experience success (Ferris, et al., 2012). Yet, CSE may primarily capture cognitive elements of occupational outcomes. While Montasem, Brown and Harris (2013) did not look at JS, they found that CSE better predicted life satisfaction, the cognitive component of subjective well-being. This may explain Ferris et al.'s (2013) research as measures of JS are largely considered to be cognitive in nature (Kaplan, et al., 2009) and capture the cognitive components of JS.

Perceiving JS as governed by personality traits could also imply that JS may not be improved for some, as traits are purported to be considerably stable (Hampson & Goldberg, 2006). However, Wu and Griffin (2012) suggest personality traits of CSE are malleable due to context (life and work experiences) and disposition (stable personality traits), where employees engage in a dynamic process of interacting with environmental experiences that mutually shape and are shaped by the individual. This would mean that with favourable circumstances, CSE could be increased, subsequently increasing JS; suggesting that JS is partially disrupted by unique work environments.

Nevertheless, Fisher (2000) describes the need for emotions (individual responses (physiological and psychological symptoms) to environmental experiences (Fourie, et al., 2014), to be part of how JS is conceptualized, considering how emotion and cognition engage in a synergistic relationship (John, Bullock, Zikopoulos, & Barbas, 2013). Emotions may be especially pertinent to health care workers. England (2005) argues that home care goes beyond formal caregiving, transcending a simple service transaction because of the emotions exchanged between care recipient and caregiver. Rodriques (2011) also suggests that home care transcends other health occupations as it includes intimate tasks (e.g., personal care) within the confines a person's own home. Care entails both practical and emotional dimensions and hence requires the performance of what has been termed emotional labor (Horschild, 2012), potentially encouraging adverse emotional responses (e.g., emotional exhaustion), impacting JS.

The Care Quality Commission (CQC), who are responsible for ensuring the quality of care delivered by domiciliary care agencies, explicitly recommend that agencies need to promote a client's welfare by addressing their emotional needs (CQC, 2010), although this is not directly assessed. While this relates to the clients' welfare more so than workers', it is still implied that workers need to be able to understand clients' emotions (i.e., emotional intelligence), and respond affectively (i.e., empathy), both of which characterise emotional labour. Hochschild (2012) therefore considers health care occupations to be prime examples of "emotion work" where employees' actively utilize emotions in everyday occupational encounters.

Emotional Dissonance

Ashforth and Humphrey (2012) noted a trend in research has been to extend the investigation of emotional labour beyond service occupations due to the notion that emotion work is pervasive across many jobs as they are dense with social expectations, meaning specific emotional expression is expected and required in specific workplaces. Indeed, ED is considered a product of emotional labour, entailing discomfort felt by employees resulting from counterfeit emotions encouraged by organizations (Cox & Partick, 2012). For example, Crego, Martínez-Iñigo, and Tschan, (2013) found that surface acting, traditionally likened to ED, is a harmful means of coping with ED and Hülshager and Schewe's (2011) similarly demonstrated that ED mediated the relationship between surface acting and well-being, with more ED associated with poorer well-being. This suggests that ED may have a direct relationship with JS.

Pertinent to DCA's, King (2012) argues that there are contradictions between care rationales of DCA's and service providers, meaning that ED arises due to maintenance of competing relationships between clients and employer. For instance, DCA's are expected to convey a caring and understanding attitude toward clients (Kenworthy, Frame, Fay, & Petree, 2014) in light of problematic experiences. King (2012) therefore argues that DCA's are susceptible to ED, therefore at risk of job dissatisfaction.

ED has also been posited to adversely impact on employee outcomes, such as increased work strain (Cheung & Tsang, 2010), arguably provoked by a perceived lack of control over one's own emotions (Pugh, Groth, & Hennig-Thurau, 2011). However, few studies have found a direct association between ED and JS (e.g., Yozgat, Çalışkan & Oben Ürü, 2012). Indeed, research that has addressed the ED-JS relationship suggests that the relationship is more holistically explained through inclusion of other variables. For instance, Lee and Ok (2012) reported a negative association between ED and JS, and highlighted how emotional exhaustion explained a portion of variance within the model therefore illuminating how stressful emotional experiences are linked to ED. Interestingly, Kenworthy, et al. (2014) reported that ED yielded a stronger negative relationship with emotional exhaustion when more females were included in a sample. This complements Husso and Hirvonen (2012), who suggest that in care work, females are bound by normative representations (i.e., gender role theory) on how to utilize emotions, particularly when emotions are employed to benefit others. Given that care work can be gendered i.e., predominantly, workers are female (Lilly, 2008), the present study expects ED to have a negative relationship with JS.

Despite the emphasis on DCAs' expectation to perform emotion work, little research has addressed the impact of ED on JS for DCA's. For example, Delp, Wallace, Geiger-Brown, and Muntaner (2010) reported that increased emotional suppression saw more employee dissatisfaction among carers. However, the

authors' conceptualise emotional dissonance as a facet of emotional labour instead of a product. Furthermore, Delp et al. (2010) conducted their research in the USA, and because different governments have developed different ideas on home care (Genet, 2011) it is necessary to investigate whether such psychological processes are universal despite contrasting international approaches to care. On the contrary, ED may not be completely detrimental to employee feelings relating to JS. Rodrigues (2011) showed that DCAs' utilised a range of emotions to their advantage and were used as a means to build rapport with clients, despite organisational instructions to express emotion in a certain way. Thus, it can be argued that experience of ED is partially governed by individual responses to different occupational experiences and circumstances (Judge, Woolf & Hurst, 2009).

Emotional Exhaustion

Emotional exhaustion (EE) is considered the core stress component of burnout resulting in both psychological and somatic symptoms (Densten, 2001), and is typified by an experience of severely depleted emotional and physical strength making it difficult to manage ongoing demands (Maslow & Jackson, 1981). Research has demonstrated that emotional exhaustion is weakly correlated to personality (Periard & Burns, 2014), therefore, EE may be, in part, resultant from occupational experiences. For instance, contemporary research has suggested that physical workspace may increase EE. Laurence, Fried, and Slowik (2013) found that workspaces that were impersonal were positively correlated to EE. The residences of unique service users can be emotionally and physically stressful environments (Wibberley, 2013), therefore increasing the risk of EE and job dissatisfaction in this workforce. As such, Schaufeli and Enzmann (1998) suggest that occupations featuring extensive emotional labour will increase the risk of EE. This is supported by Kenworthy et al.'s (2014) meta-analysis that ED, a product of emotional labour, may be a source of stress for workers; consequently increasing EE and decreasing JS. Therefore, it can be suggested that EE may directly predict JS.

For instance, Kleinsorge, Diestel, Scheil, and Niven (2014) found that individuals experiencing high levels of emotional exhaustion also experienced deficits in cognitive processing, complementing the approach to JS as a cognitive construct (Kaplan et al., 2009). However, it is possible that there is a synergistic relationship between emotional functioning and cognition, whereby emotional functioning will impact cognitions about JS and vice versa (Fossati, 2012). Therefore, it is expected that EE will have a negative relationship with JS. Indeed, Alcaron (2011) reported a negative correlation between EE and JS where JS is considered as an attitude, although argues that the relationship is strengthened as both variables (EE and JS) are affective-orientated; this coalition is thought to be stronger than if predictor variables within a relationship were dissonant, i.e. affective-orientated and nonaffective-orientated. Nevertheless, research has also observed that the relationship is better

explained through the inclusion of other variables. Indeed, Hülshager, Alberts, Feinholdt, Lang and Jonas' (2013) study found that the EE-JS was mediated by mindfulness; therefore it is possible that additional variables will mediate to influence levels of JS.

Empathy

Empathy can be conceptualised as a capacity to be aware of (cognitive) and respond (affect) to interpretations of the feelings of others (Baron-Cohen, 2011). Indeed, current neurological literature has substantiated claims of empathy as affective responses (Cox, et al. 2012). However, in literature that looks exclusively at health care contexts, empathy is primarily construed as an understanding of clients' emotions plus being able to translate that understanding into practice (Hojat, 2007). Indeed, Dal Santo, et al. (2014) supposes empathy is a functional strategy utilised to deal with emotional experiences. Specifically for caring occupations, empathy is thought to influence quality of care delivered to clients (Mercer & Reynolds, 2002) and positively contribute to therapeutic relationships whereby empathy facilitates workers' ability to respond to clients' point of view and how they experience the world (Elliot, Bohart, Watson, & Greenberg, 2011). Kane, Snowden, and Martin (2014) also suggest that empathy is crucial when helping clients who present mental health difficulties, of which are commonplace in domiciliary care (Duranda, James, Ravishankara, Bamraha & Purandare, 2009). This is important, as research suggests that occupations working directly with mental health issues see poorer JS (Evans, et al., 2006). Yet, Moscrop (2001) argues empathy is useful in helping healthcare workers develop a greater understanding of how important and meaningful their role is, therefore positing an impact on JS.

Empathy is arguably taxing, and has been linked to adversity in different occupational contexts (e.g., teachers' emotional exhaustion, Wróbel, 2013) and may impact JS. However, Horschild (2012) suggests that empathy may have a positive impact on JS for health professionals. For example, Hall, Davis and Connelly (2000) found empathy was higher for practicing psychologists compared to academic psychologists, where practitioners demonstrated higher levels of JS. It is argued that individuals' high in empathy will be motivated to enter careers that facilitate their ability to perspective take and show compassion to clients, resulting in more JS than if they were employed in a job that did not allow empathy to flourish.

Recently, Dal Santo, Pohl, Saiani, and Battistelli (2014) utilised empathy according to its facets: 'perspective taking' and 'compassion', reminiscent of theories' conflation of 'affective-' and 'cognitive-' empathy (Decety & Ickes, 2011). The researchers found that only 'perspective taking' was positively correlated to nurses' JS, and relate the relationship to the importance of care workers being able to separate theirs and others' emotions to respond competently. These authors suggest that compassion is more effortful and may consequently

decrease satisfaction. By extension, work roles that involve long-term caring are likely to be linked to compassion fatigue or emotional exhaustion if one does not 'manage' the affective component of empathy.

Despite limited evidence supporting the relationship between empathy and JS, empathy nonetheless has a relationship with medical student well-being (Thomas, et al., 2007) and physician mindfulness (Krasner, Epstein, Beckman, Suchman, Chapman, Mooney, & Quill, 2009). Similarly, JS has been linked to well-being (Bowling, Eschleman, & Wang, 2010) and mindfulness (Hülshager, Alberts, Feinholdt, & Lang, 2013), suggesting that empathy influences feelings associated with JS. This could mean that empathy is directly linked to JS, although it remains to be seen whether empathy will yield a negative or positive association. Zenasni, Boujut, Woerner, and Sultan's (2012) posit three hypotheses regarding empathy's impact in health care occupations: empathy as a cause of burnout, burnout as reducing empathy, and empathy as a protector against burnout. Thus, empathy arguably could have shared variance with other variables, such as burnout, acting as mediators, moderators or buffers in determining a relationship with JS. This is consistent with Wróbel's (2013) finding that emotional labour mediated the relationship between teacher empathy and EE, therefore suggesting that variables such as ED, a product of emotional labour, may inter-relate with empathy in predicting JS.

Emotional Intelligence

Emotional intelligence (EI) is considered to be a core element in health care occupations (Freshman & Rubino, 2002). Unlike empathy that focuses on affective reactivity to others' actual or perceived emotional experiences (Decety & Ickes, 2014), EI can be conceived as individuals' ability to perceive emotions of others and in oneself, and be able to control them competently (Mayer, Roberts, & Barsade, 2008). However, EI is still arguably ill-defined (Joseph & Newman, 2010). Indeed, some argue that EI's conceptualisation is primarily influenced by the methodology used to explore it (Petridas, 2011); thus, 'trait' EI is amenable to self-report methods, while 'ability' EI is preferably measured through maximum-performance tests. Moreover, Joseph and Newman (2010) suggest that further consideration is warranted in the occupational context in which the measure is being used, whereby occupations high in emotional labour (e.g., healthcare occupations) are amenable to all EI instruments. This would seem to support why research investigating the relationship between EI and employee outcomes has been equivocal (Lassk & Shepherd, 2013).

Consistent with Joseph and Newman's (2010) emphasis on EI and emotional labour, Kafetsios and Zmpetakis (2006) suggest that EI may be important in jobs that encompass "people work", such as health care occupations. It is believed that people with lower EI are less adept at dealing with their emotions and therefore experience job dissatisfaction. For example, Güteryüz, Güney, Aydin, and Asan (2008) found a positive relationship between EI and JS in a sample of

Turkish nurses. However, JS was most positively linked to two dimensions of EI: 'regulation of emotion' and 'use of emotion,' which would suggest that individuals with high EI may also be better at dealing with ED and EE, where ability EI may act as a buffer against emotional demands (Farh, Seo, & Tesluk, 2012) and therefore increase JS. Weng, et al. (2011) also found a positive relationship between doctors' ability EI and JS.

Importantly, the researchers saw EI as an ability, suggesting that EI is changeable rather than trait approaches which suggest a degree of fixedness. As such, ability EI may precipitate emotion-focused coping strategies (Gooty, Gavin, Ashkanasy, & Thomas, 2014) that impact JS. Indeed, Kirk, Schutte and Hine (2011) found that employee interventions (e.g., self-efficacy training) bolstered EI, which may not be viable if EI was a stable trait. Therefore, findings that suggest EI can improve may also mean that JS can be increased, given previous research demonstrating positive relationships.

Furthermore, there are different ways of conceptualizing and measuring JS. Çekmecelioğlu, Günsel, and Ulutaş (2012) found that only intrinsic factors of JS (e.g., pleasure at work) rather than extrinsic factors of JS (e.g., pay). Moreover, the context in which EI is implicated in is important (Joseph & Newman, 2010), therefore Çekmecelioğlu, Günsel, and Ulutaş' (2012) finding would support that those in care work are mindful of emotional needs of others' (e.g., Percival, Lassetter, Purdy, & Wye, 2013), but this does not negatively impact emotional functioning, so does not negatively impact JS. Nonetheless, further research is warranted in different occupations.

To fill a gap in the literature (e.g., Fisher, 2000), the present study sought to establish a novel model utilising predictors of job satisfaction: ED, EE, empathy, EI in DCA's. Further, the present study sought to illuminate inter-relationships among the predictor variables (e.g., Kenworthy, 2014). This is consistent with a contemporary orientation toward the impact of emotions for both the employee and service user in current organizational literature (Hochschild, 2012). Similarly, research is merited within health care occupations due to the clear promotion of considering clients' emotions in delivering quality care (CQC, 2010). That is, there is need to investigate employee job satisfaction (and predictors) because this is likely to impact the care provided for clients. Importantly, a large portion of the literature considered above has included occupational samples where 'care'/caring' is a core feature of everyday occupational activities or responsibilities (e.g., nurses and physicians). The present study sought to extend this research to domiciliary care as, despite its anticipated growth, there is a lack of literature pertinent to the occupational experiences of DCA's. Specifically, extant research has focused on the emotional needs of care recipients (e.g., Byrne, Sims-Gould, Frazee, & Martin-Matthews, 2011; Cranford & Miller, 2013; Wilde & Glendinning, 2012). While such research is equally important and necessary, the complementary body of research discussing those who give care

in this context is lacking. Therefore, research within this group is urgently needed.

Hypotheses

In light of the above, the following hypotheses were made:

H1 – There will be a negative relationship between emotional dissonance and job satisfaction

H2 – There will be a negative relationship between emotional exhaustion and job satisfaction

H3 – There will be a positive relationship between empathy and job satisfaction

H4 – There will be a positive relationship between emotional intelligence and job satisfaction

H5 – Emotional dissonance, emotional intelligence, emotional exhaustion and empathy will jointly predict job satisfaction within a significant regression model.

Method

Participants

A review of existing literature failed to report effect sizes, therefore a medium effect size was assumed, as is the default effect size in psychology (Field, 2009). According to Cohen's power primer (1992) at a significance level of .05 (Pallant, 2013) utilising a multiple regression analysis with four predictor variables, 84 participants were required to achieve .8 power and medium effect size.

Participants were an opportunity sample of forty-three 'Domiciliary Care Assistants'. Of this population, 40 were female and 2 were male (mean age = 36, SD = 12.99, range = 19-61). Of the forty-three participants, one data set was incomplete and consequently excluded. Therefore forty-two participants data sets were included in the analyses. Furthermore, one participant abstained from disclosing their age.

Recruitment of this group was purposive, as research has depicted healthcare occupations to be good examples of "emotion work" (Hochschild, 2012); therefore the predictor variables in this study are arguably well suited to this population. No limitations were made regarding participants' age or sex. All participants were 'Domiciliary Care Assistants' only. 'Team Leaders' were not approached to circumvent confounding errors of employee position.

Design

This study utilised a correlational design with multiple regression; one criterion variable, 'job satisfaction', and four predictor variables, 'emotional dissonance', 'emotional exhaustion', 'empathy', and 'emotional intelligence' were analysed. Interval data was collected from all variables using self-report questionnaires.

Materials

Ethical approval form (Appendix-1), consent forms (Appendix-2) and debrief forms (Appendix-3) were utilised according to the British Psychological Society's ethical guidelines. Participant demographic forms were also utilized (Appendix-4). Standardised instructions (Appendix-5) were administered to ensure all participants received equal guidance and to reduce potential experimenter effects.

Job Satisfaction Scale (JSS) (Warr, Cook, & Wall, 1979)

Table 1

Cronbach's Alpha for the Job Satisfaction Scale (JSS) (Warr, Cook, & Wall, 1979)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.91	.91	15

The criterion variable, job satisfaction, was measured using Warr, Cook and Wall's (1979) 15-item Job Satisfaction Scale (JSS) (Appendix-6). All 15-items are preceded by the statement 'how satisfied or dissatisfied are you with...' of which participants responded on a 7-point Likert scale, anchored at 1 (extremely dissatisfied) and 7 (extremely satisfied). Job satisfaction scores range from 15 to 105, with higher scores indicating greater job satisfaction. The current study yielded a high Cronbach's reliability coefficient of .91 (Appendix-7). Warr et al.'s (1979) test-retest reliability was .63 over a six-month period, reassuring the decision to use this scale. The authors' also reported that the measure demonstrated validity, though validity still needs to be checked among healthcare occupations in the UK.

Chinese Emotional Dissonance Scale (Cheung & Tang (2005), cited in Cheung & Tang, 2012, p.58)

Table 2

Cronbach's Alpha for The Chinese Emotional Dissonance Scale (Cheung & Tang, 2005, as cited in Cheung & Tang, 2012)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.91	.91	5

The predictor variable, emotional dissonance was measured using Cheung and Tang's (2005, cited in Cheung & Tang, 2012, p.58) 5-item Chinese Emotional Dissonance Scale (Appendix-8). A sample item is 'when dealing with clients, my expressed emotions differ from my genuine feelings'. Participants responded to statements that asked how often they experienced ED on a 4-point Likert scale, anchored at 1 (never) to 4 (always), with higher scores indicating greater levels of emotional dissonance. Using this measure was purposive, as it seemed to be the only measure that did not consider ED as a facet of emotional labour. The measure came with no explicit instructions for participants; therefore instructions were developed with the same level of depth provided in the 'Job Satisfaction' and 'Emotional Exhaustion' measures. The current study yielded a high Cronbach's reliability coefficient of .91 (Appendix-9). Validity analysis by Cheung and Tan (2010) suggested the measure was valid.

Maslach Burnout Inventory–Human Services Survey (MBI–HSS) – Emotional Exhaustion Subscale (Maslach & Jackson, 1981)

Table 3

Cronbach's Alpha for the Maslach Burnout Inventory–Human Services Survey (MBI–HSS) (Maslach & Jackson, 1981)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.9	.9	9

The predictor variable, emotional exhaustion, was measured using Maslach and Jackson's (1981) 9-item Emotional Exhaustion subscale from the Maslach Burnout Inventory–Human Services Survey (MBI–HSS) (Appendix-10). Among three available versions, selecting MBI–HSS was purposive as it was developed with caring occupations in mind. This is represented by phrasing such as "client" and asks participants to hold in mind whom they are caring for when responding to the statements, intended to capture the interpersonal domain of care work (Alacron, 2011). The measure assesses how often respondents report feeling the symptoms of emotional exhaustion at work. A sample item is "I feel emotionally drained at work." Participants responded on a seven-point Likert Scale ranging

from '0' (never) to '6' (everyday). Emotional exhaustion scores range from 0 to 54, where higher scores suggest higher levels of emotional exhaustion. In this study, internal consistency tests revealed a high Cronbach's alpha of .91 (Appendix-11). According to Maslach and Jackson (1981), the measure demonstrated convergent and discriminant validity.

Baron-Cohen Empathy Scale (Wakabayashi et al., 2006)

Table 4
Cronbach's Alpha for the Baron-Cohen Empathy Scale (BCES)
(Wakabayashi et al., 2006)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.79	.82	22

The predictor variable, empathy, was measured using the 22-item self-report Baron-Cohen Empathy Scale (Wakabayashi et al., 2006) (Appendix-12). This measure includes statements that are intended to evoke general empathy levels e.g., 'I really enjoy caring for other people'. Participants responded on a seven-point Likert scale anchored at 1 (completely disagree) to 7 (completely agree). To reduce acquiescent responding some items are reversed scored (items 3, 4, 5, 7, 11 and 17). Empathy scores range from 22-154, with lower scores indicating lower empathy levels. The paper the measure was included in provided no explicit instructions for participants, only that participants were advised to "read each statement carefully and judge how strongly the disagreed by selecting the appropriate option of each item" (p931). Therefore instructions were formalised to incorporate the paper's guidance. In the present sample, internal consistency tests revealed an acceptable Cronbach's alpha of .79 (Appendix-13). According to a validity analysis by Guan, Jin, and Qian (2012) the measure demonstrated factorial and concurrent validity. However, validity still needs to be checked for the UK.

Wong and Law Emotional Intelligence Scale (WLEIS) (Wong & Law, 2002)

Table 5
Cronbach's Alpha for Wong and Law Emotional Intelligence Scale (WLEIS)
(Wong & Law, 2002)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.96	.97	16

The predictor variable, emotional intelligence, was measured using the 16-item Wong and Law Emotional Intelligence Scale (WLEIS) (Appendix-14). This measure was chosen because it was technically a measure of EI 'dimensions'

(self-emotion appraisal, others' emotion appraisal, regulation of emotion, and use of emotion), but could be calculated as an overall score due to factor analyses identifying an underlying EI latent factor (Wong & Law, 2002), which is what past studies have done (Sy, et al., 2006). A sample item is 'I really understand what I feel'. Participants responded to each item using a seven-point Likert scale, anchored at 1 (strongly disagree) to 7 (strongly agree). Cronbach's reliability coefficient (.97) indicated strong reliability (Appendix-15). According to Law, Wong, and Song (2004), the measure demonstrated validity.

Procedure

Prior to data collection, the researcher met with a prospective home care agency's manager to seek permission to approach employees, which was granted. This meeting also served as an opportunity to establish a suitable way to approach staff. The researcher and manager mutually decided that staff members could be approached at the beginning of routine 'Team Meetings'.

Following ethical approval, data collection began. Data was collected over four weeks and across three routine 'Team Meetings'. Further, on some occasions, workers who were unable to attend independently contacted the researcher to participate as a result of word-of-mouth.

All participants prior to participating gave informed consent. Each participant was supplied with a response booklet comprising of five questionnaires and a demographic form. As five questionnaires were included, questionnaires were counterbalanced (i.e., altering questionnaire order for each participant) so to reduce order effects, such as fatigue or boredom that posit opportunities to contaminate data (Coolican, 2009).

Participants were read, and supplied with, standardised instructions, which explained what participating would entail and approximately how long participating would take. Participants were ensured that they could leave at any time and that participation was not compulsory.

Participants' were reassured that their personal data would remain strictly confidential and anonymous (particularly from their employer) therefore their data could not be directly traced back to them. Participants were also advised to generate a unique participant number, comprising of their initials and date of birth. With this level of confidentiality and anonymity, it was felt could encourage participants to answer as honestly as possible so not to contaminate data and increase reliability.

At this point, participants were asked if they had any questions of any nature, and that should they have any questions while working through the questionnaires, they should not hesitate to alert the researcher to any queries or problems.

Following the completion of questionnaires, participants were given a paper debrief indicating research aims, details and expected findings of the investigation as well as contact details of external organisations should participation arouse any discomfort.

Lastly, participants were thanked for their participation.

Results

Descriptive Statistics

Table 6

A table showing the mean, standard deviation, range and minimum and maximum Scores for all Variables

	<i>Mean</i>	<i>SD</i>	Range	Minimum	Maximum
Emotional Dissonance	9.40	3.80	16	4	20
Emotional Exhaustion	13.07	12.66	54	0	54
Empathy	118.69	12.93	53	92	145
Emotional Intelligence	94.33	13.59	85	27	112
Job Satisfaction	75.38	12.54	60	33	93

Data Screening: Parametric Assumptions

In order to realistically conduct multiple regression analysis, data collected in this study must meet a set of assumptions. This ensures valid conclusions are drawn from the data and that findings can be applied to the target population. All data was at interval level. Assumptions of normality, linearity and independence of residuals were analysed first.

Normal distribution of all variables were checked using measures of skewness and kurtosis divided by their standard errors. If values were in the range +/- 2.58 for skewness, and +/- for kurtosis, normal distribution is assumed.

Table 7
Skewness and kurtosis statistics of the criterion and all predictor variables

	Skewness		Value	Assump- tion sat- isfied YN	Kurtosis		Value	Assump- tion sat- isfied YN
	Statis- tic	Std. Error			Statis- tic	Std. Error		
Job Satisfaction	-1.46	.37	-.395	N	2.62	.72	3.64	N
Emotional Dissonance	.84	.37	2.27	Y	.47	.72	.65	Y
Emotional Exhaustion	1.22	.37	3.3	N	1.16	.72	1.61	Y
Empathy	-.19	.37	-.51	Y	-.49	.72	-.68	Y
Emotional intelligence	-3.27	.37	-8.84	N	14.76	.72	20.5	N

Scores on job satisfaction, emotional exhaustion, and emotional intelligence are not normally distributed. Histograms of normal distribution similarly indicated normal distribution for empathy and emotional dissonance, but not for job satisfaction, emotional exhaustion and empathy (Figures 1 - 5). Consequently, results should be treated with caution.

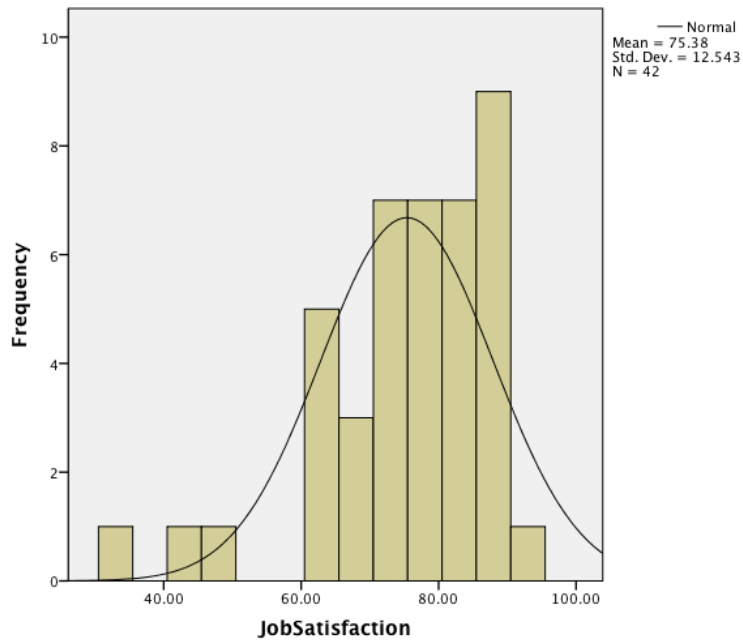


Figure 1: Histogram showing normal distribution of the criterion variable, job satisfaction

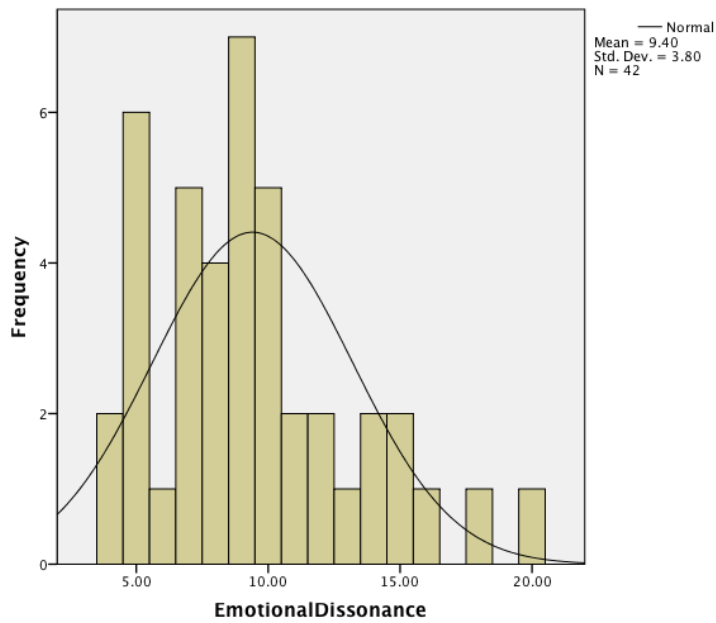


Figure 2: Histogram showing normal distribution of the predictor variable, emotional dissonance

Histogram

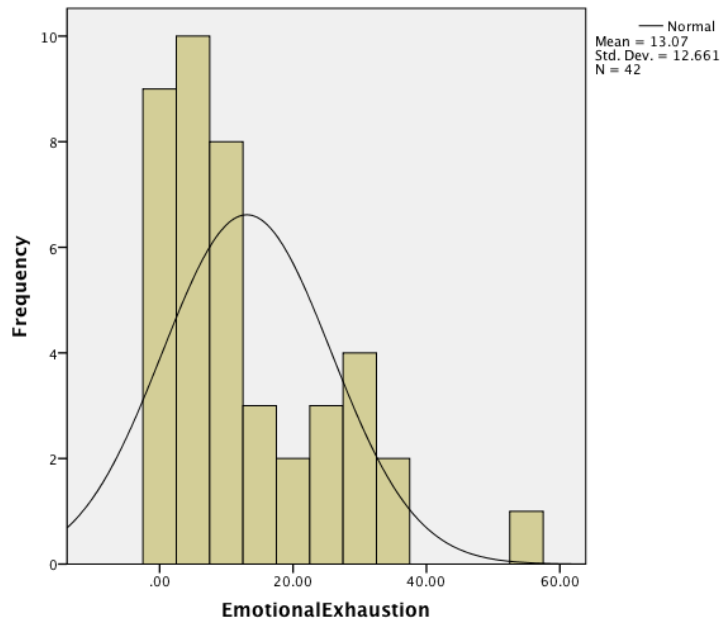


Figure 3: Histogram showing normal distribution of the predictor variable, emotional exhaustion

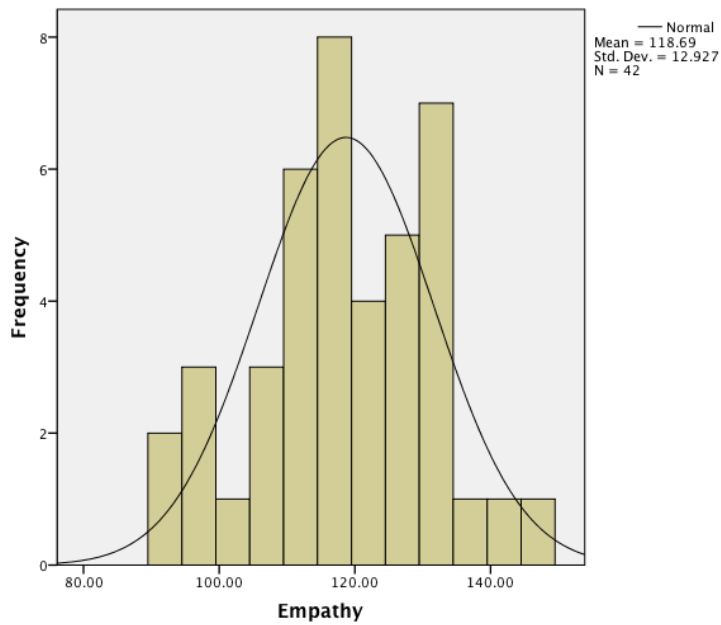


Figure 4: Histogram showing normal distribution of the predictor variable, empathy

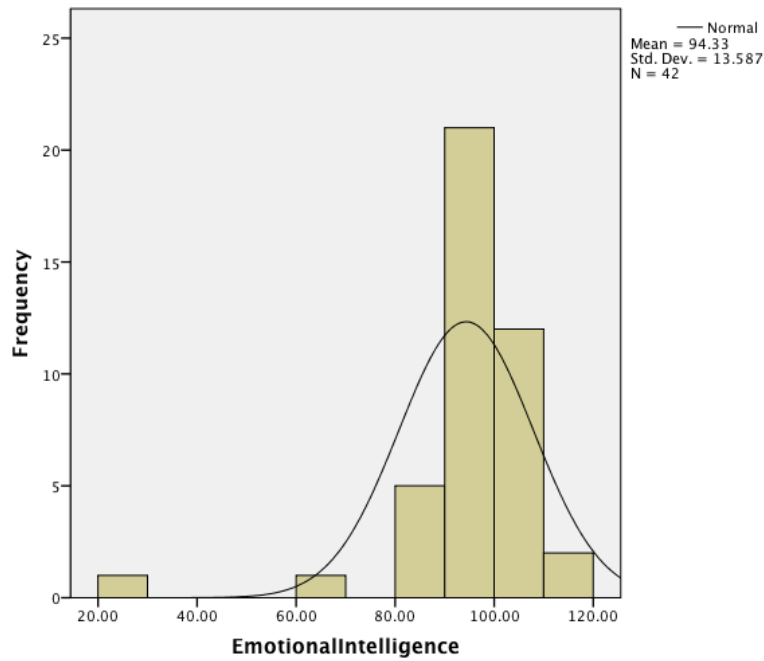


Figure 5: Histogram showing normal distribution of the predictor variable, emotional intelligence

Normal distribution of residuals was checked using a frequency histogram (Figure 6). The histogram shows some evidence of a positive skew, but is not substantial enough to violate the normality assumption.

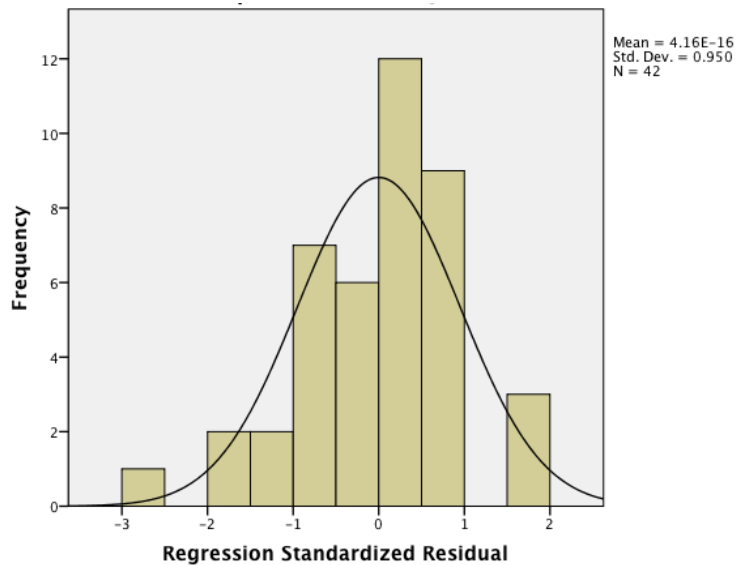


Figure 6: Frequency histogram showing the normal distribution of residuals

Also, a P-P plot of regression standardised residuals (Figure 7) shows that while not all points are tight to the line of best fit, there were no large deviations, nor any evidence of a curving pattern (Field, 2009) therefore normality was assumed.

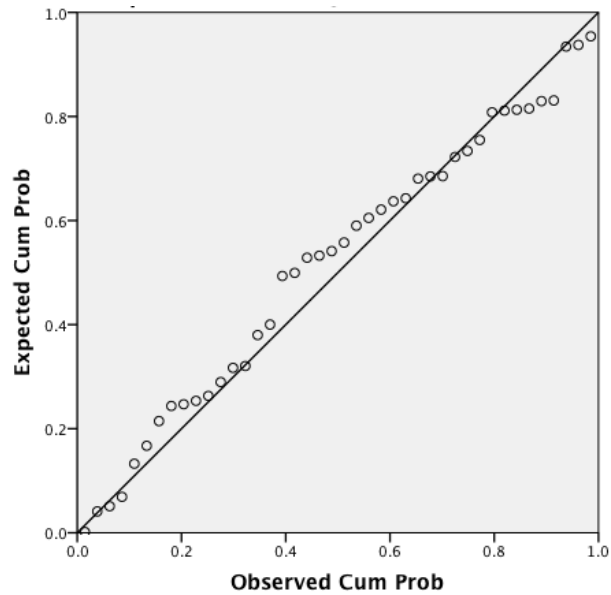


Figure 7: P-P Plot of standardised residuals to show normal distribution of residuals

Homoscedasticity assumes that the residuals and the variance of the residuals should be the same for all predicted scores (Field, 2009). The scatter plot of regression standardised predicted value and regression standardised residuals with job satisfaction as the dependent variable (Figure 7) showed that the residuals are not evenly spread. Instead, the points become more narrowly spread toward the right side of the plot depicting a slight funnel shape, signifying unequal variance indicative of heteroscedasticity. Thus, the homoscedasticity assumption appears to be violated, therefore results should be treated with caution.

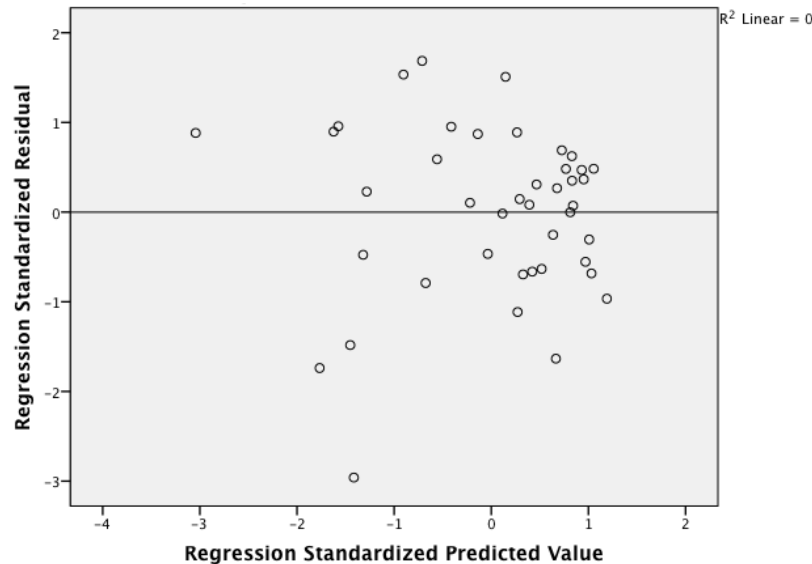


Figure 8: Scatterplot of regression standardised predicted values and regression standardised residuals with job satisfaction as the dependent variable to homoscedasticity

Linearity was tested using partial regression plots for each of the predictors (Figures 9 - 12). A linear relationship should be observed between the predictor variables and the criterion variable, whereby the plots should not demonstrate evidence of curving or display a funnel shape in the distribution of points which would signify unequal variance (Field, 2009). Linearity was not demonstrated for all predictors. The partial plot in Figure 9 shows a mild positive relationship between job satisfaction and emotional dissonance, though the points appear to evenly spread with few cases of overlap and no evidence of clustering. Figure 10 show the spread of points as narrowing toward the left side of the plot. This shows that there was less variance among lower scores of emotional exhaustion. Figures 11 shows a very mild negative relationship between empathy and job satisfaction, though points appear to be evenly spread with little evidence of clustering or overlap. Figure 12 shows a positive relationship between emotional intelligence and job satisfaction, with the distribution of points being clustered toward the top-right area of the plot indicating less variance at higher levels of EI.

Linearity cannot be assumed for all predictors therefore results should be treated with caution.

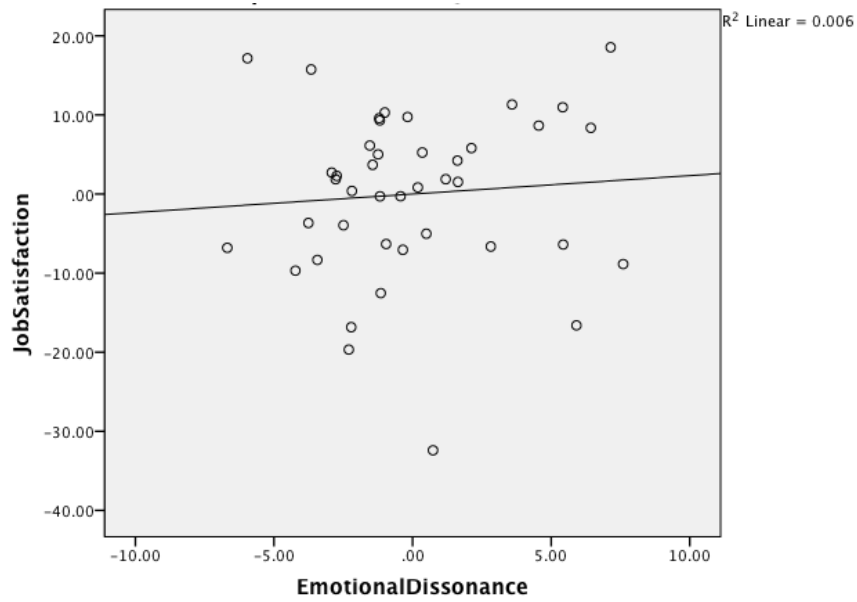


Figure 9: Partial regression plot showing linearity between emotional dissonance and job satisfaction

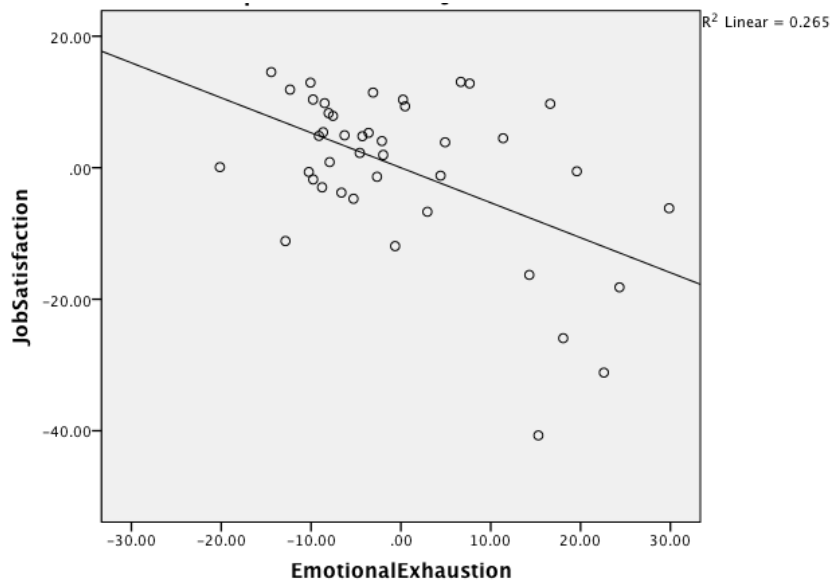


Figure 10: Partial regression plot showing linearity between emotional exhaustion and job satisfaction

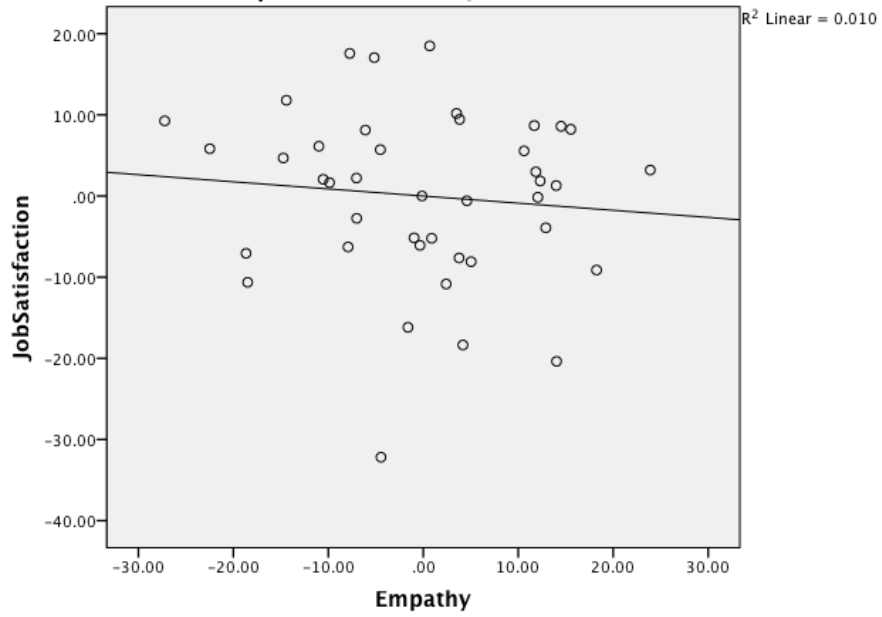


Figure 11: Partial regression plot showing linearity between empathy and job satisfaction

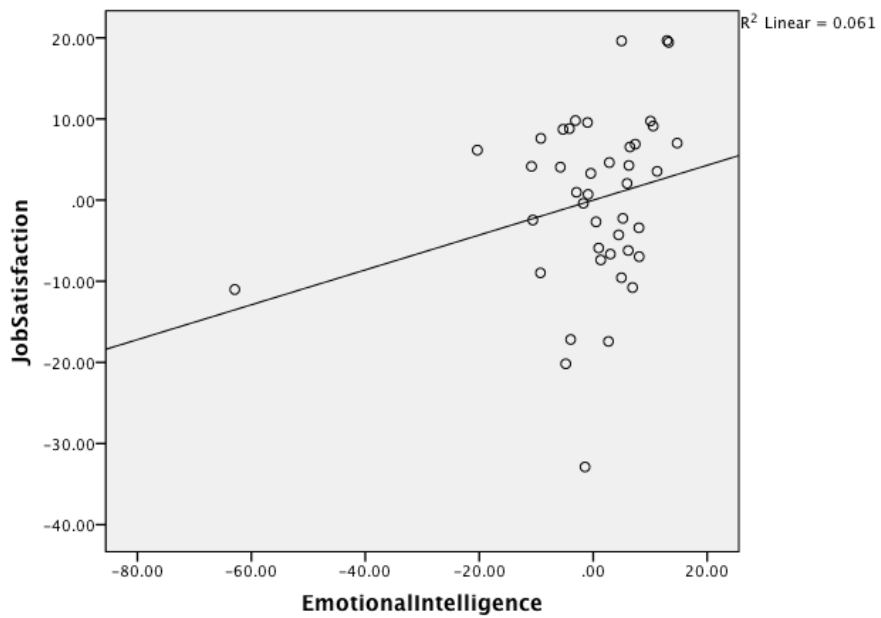


Figure 12: Partial regression plot showing linearity between emotional intelligence and job satisfaction

To meet the assumption of linearity, there should be no perfect linear relationship between any of the predictor variables (correlation of .70 or above). Avoiding colinearity ensures that each variable measures a distinct construct that justifies the inclusion of that variable in the analysis (Pallant, 2013), a violation of which would encourage at least one predictor variable to be discarded. Furthermore, violations complicate the assessment of each predictor variable's unique role within the model as well as the potential inflation of their standard error, therefore negatively influencing the statistical significance tests of coefficients (Kraha, et al. 2012).

Table 8
Pearson's correlations between all variables and their significance levels

	Job Satisfaction	Emotional Dissonance	Emotional Exhaustion	Empathy	Emotional Intelligence
Job Satisfaction	-	-.15	-.51**	.03	.20
Emotional Dissonance	-.15	-	.34*	.01	-.14
Emotional Exhaustion	-.51**	.34*	-	-.06	-.01
Empathy	.03	.01	-.06	-	-.36*
Emotional Intelligence	.12	-.14	-.01	.36*	-

Sig. *.05, **.001

Table 8 shows all correlations were below the threshold, whereby the highest correlation maintained was .51.

Table 9
Tolerance and Variation Inflation Factor (VIF) values showing colinearity

	Tolerance	VIF
Emotional Dissonance	.83	1.2
Emotional Exhaustion	.87	1.2
Empathy	.84	1.2
Emotional Intelligence	.84	1.2

Further, tolerance values should not fall below .01 as tolerance values closer to 0 indicate that a predictor variable is not contributing much to the regression model (Field, 2009). Large VIF values should also not be too correlated (usually a threshold of 10.0) as larger values inflate the standard error of co-efficients, which is problematic for replications of the present study (Garson, 2012). Both assumptions were met.

Table 10
Durbin-Watson analysis of independent errors

Model	R	R ²	Adj. R ²	Std. Error Est.	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.55	.31	.23	11.01	.31	4.07	4	37	.01	1.46

Independence of errors analysis revealed a Durbin-Watson value of 1.46 (Appendix-23). As this value was between 1 and 3, indicating that the residuals were uncorrelated (Field, 2009), therefore the assumption was satisfied.

Table 11
Residual statistics to check for outliers

	Minimum	Maximum	Mean	SD	N
Std. Residual	-2.96	1.69	.00	.95	42

The data was tested for outliers and influential cases by observing the standard residuals (Appendix-24). Outliers refer to sensitive cases that are either far above or below the majority of other cases and have an overall effect on the interpretation of results (Pallant, 2013). According to Coolican (2009) the standardised residuals below -3 or above +3 are indicative of an outlier or influential case. The minimum standard residual was -2.96 and the maximum was 1.69, therefore supporting the assumption

Multiple Regression

Table 11
Pearson correlations between predictor variables and the criterion variable

	Emotional Dissonance	Emotional Exhaustion	Empathy	Emotional Intelligence
Job Satisfaction	.15	-.51*	.03	.20

Sig. *.05, **.001

Table 12
Multiple regression model summary

Model	R	R ²	Adj. R ²	Std. Error Est.	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.55	.31	.23	11.01	.31	4.07	4	37	.01

Table 13
ANOVA output

Model		Sum of Square	df	Mean Square	F	Sig
1	Regression	1968.99	4	292.25	4.06	.008
	Residual	4480.92	37	121.11	-	-

A multiple regression was conducted. A few parametric assumptions (i.e., skewness and kurtosis, linearity, homoscedasticity) were violated therefore all results should be treated with caution. A forced entry method of regression was used whereby all predictors are entered into the model simultaneously (Field, 2009). This method was used because it finds the variance accounted for by a group of predictors and each individual predictor, facilitating replication (Field, 2009).

The multiple regression analysis shows $R = .55$, $R^2 = .30$ and adjusted $R^2 = .23$ (Appendix-25); this means that the model accounted for 23% of the variance (Field, 2009). The regression model was shown to be significant $F(4, 37) = 4.07$, $p < .05$ (Appendix-26). Effective size was also calculated, where $f^2 = .31 / 1 - .31$ (Coolican, 2009), yielding a medium effect size of .45.

Table 14
Each variable's prediction of job satisfaction when the variance from other predictor variables is removed

	T	Sig.
Emotional Dissonance	.47	.64
Emotional Exhaustion	-3.65	.00**
Empathy	-.06	.55
Emotional Intelligence	1.55	.13

Within the model, emotional exhaustion ($t = -3.65, p < .05$) was the only significant predictor of job satisfaction when the variance from the other variables were removed. The ED ($t = -.47, p > .05$), empathy ($t = -.60, p > .05$), and EI ($t = -.47, p > .05$), predictor variables were non-significant when the variance from other predictor variables was removed (Appendix-27).

Table 15
Coefficients table showing B, standard error, Beta values, t, significant values, confidence intervals, part and partial correlations

Model	Unstandardized Coefficients		Standardized Coefficients Beta	95.0% Confidence Interval for B		Correlations		
	B	Std Error		Lower Bound	Upper Bound	Zero-order	Partial	Part
Emotional Dissonance	.23	.50	.71	-.77	1.24	-.15	.08	.07
Emotional Exhaustion	-.53	.15	-.54	-.83	-2.37	-.51	-.52	.50
Empathy	-.89	.15	-.09	-.34	.21	.03	-.01	-.08
Emotional Intelligence	.22	.14	.23	-.07	.50	.20	.25	.21

Emotional exhaustion had the largest Beta weight and semi-partial correlation, indicating that when other variables are present within the model, emotional exhaustion has the most unique variance and predictive power. However, the semi-partial correlation of emotional exhaustion (-.54) is a similar value to its Beta weight (-.5), indicating that the predictive power is not due to the variance it shares with the other predictor variables but the variance it uniquely shares on its own in the model. Emotional intelligence has the second largest Beta weight of (.21) with a semi-partial correlation of (.25) which is almost the same value as the Beta weight. This indicates that there is an extremely small amount of predictive power that is due to the variance it shares with the other predictor variables but is almost unique in the variance it shares on its own in the model. Empathy and emotional dissonance have the third and fourth largest Beta weight, -.09 and .07 respectively. Again, their semi-partial correlation values are close to their Beta weights (-.08 and .07 respectively), meaning that their predictive values mostly come from their unique variance within the model (Appendix-28).

Discussion

The present study sought to expand extant research that has demonstrated relationships between emotional intelligence (EI) and job satisfaction (JS) (Weng, et al. 2011), emotional dissonance (ED) and JS (Yozgat, Çalışkan & Oben Ürü,

2012), empathy and JS (Dal Santo, et al. 2014), and emotional exhaustion (EE) and JS (Alacron, 2011), as well as novel evidence of how these predictor variables interact to predict JS. The present study focused on a gap in the literature, namely the combination of a contemporary research orientation toward emotions at work and an under-researched occupational group. Overall, the regression model was significant, yielding a medium effect size. However, within the regression model, only one predictor was found to predict JS, emotional exhaustion. This can be interpreted as evidence that care assistants who are emotionally exhausted are significantly less likely to be satisfied with their job. Consequently, three out of five hypotheses were rejected: H1 (there will be a negative relationship between emotional dissonance and job satisfaction), H3 (there will be a positive relationship between empathy and job satisfaction), and H4 (there will be a positive relationship between emotional intelligence and job satisfaction).

Emotional intelligence (EI) was not shown to be a significant predictor of JS, contrary to previous research that identified positive correlations (e.g., Weng et al. 2011). Therefore it is not possible to conclude that employees' EI influenced employees' JS. This could be explained by Güleriyüz, Güney, Aydin, and Asan's (2008) finding that only two dimensions of EI were associated with JS, 'regulation of emotion' and 'use of emotion'. Similarly, it is possible that specific EI dimensions may have only impacted specific JS facets; Çekmecelioğlu, Günsel, and Ulutaş (2012) found that EI was only positively associated to internal JS. Therefore this study could have followed such examples that would perhaps have yielded a significant finding.

Nevertheless, the present study intended to investigate global EI and global JS. As such, these findings may reflect ongoing conceptual issues as to what EI is (trait, ability, or mixed) and how it should be measured (Joseph & Newman, 2010). With this in mind, Libbrecht, Lievens, and Scholaert (2010) considered how findings could differ if an EI measure was self-reported or completed by a peer. Using the WLEIS – a measure developed with the option to be used as self-report or rated by others – found that participants who self-reported responded with narrower range than external reporters. Put simply, self-reported responses were more likely to be skewed rather than normally distributed. This is consistent with the present study as skewness and kurtosis showed a narrow range of scores i.e., violations of normal distribution. This finding can be interpreted as evidence of social desirability – the idea that participants deliberately or unconsciously tailor their responses to be perceived in a favourable way. Indeed, such concerns have been commonplace in EI research (e.g., Tett, 2012). Yet, Sy et al. (2006), utilizing the WLEIS, did find a significant positive relationship with JS, but similarly caution that their findings could have been influenced by self-report biases. Furthermore, while Wong and Law (2002) consider the WLEIS to be a measure of ability EI, some describe it as trait-like due to its self-report nature (Petrides, 2011). Therefore, Austin (2010) argues that ability EI self-report measures still require further research pertinent to EI's

empirical bases, suggesting that there are ongoing conceptual issues with EI that need clarifying in order to reliably predict occupational outcomes such as JS (Joseph & Newman, 2010). Nevertheless, Lask and Shepherd (2013) suggest inconsistencies in the EI-JS literature means that much more research is warranted.

Emotional dissonance (ED) was also a non-significant predictor of job satisfaction, inconsistent with past findings that have found a significant negative relationship (e.g., Yozgat, Çalışkan & Oben Ürü, 2012). This may be explained by King's (2012) study of one hundred Australian DCA's that found emotional resilience alleviated ED whereby workers, over time, had developed individual strategies (e.g., meditation) to prevent the negative repercussions of ED, such as job dissatisfaction. Therefore it is possible that DCA's in the current sample could maintain similar protective factors that prevent ED from directly impacting on JS. Yet, it is important to note that while ED was not significantly correlated to JS, ED was significantly positively correlated to EE, consistent with past research (e.g., Lewig & Dollard, 2003). Put simply, as emotional exhaustion increased, so did ED, thus supporting an indirect relationship between ED-JS. As a product of emotional labour (Cox & Patrick, 2012), it is expected that ED exacerbate EE due to its distressing and resource-consuming nature (e.g. Kenworthy, et al., 2014), therefore reducing JS. It is possible that in the present study, ED alone was not enough to significantly predict JS, but instead augments other variables that are more predictive of JS such as EE (e.g., Lee & Ok, 2012). Indeed, ED yielded the lowest beta weight and semi-partial correlation, suggesting it had the least predictive power and unique variance within the regression model.

Furthermore, the extent to which The Chinese Emotional Dissonance Scale accurately portrays the purported distressing nature of ED can be debated. According to Cheung and Tang (2012), their measure taps into the mismatch between authentic emotion and emotions required by an employer. This is arguably not substantial enough to fully capture the distressing nature of ED, which is considered a principle feature of the construct (Cox & Patrick, 2012). This may explain why a significant relationship between EE and ED was found, but not for ED and JS, whereby the former relationship can be interpreted as indirect evidence of the distressing nature of ED on JS inadequately measured by Cheung and Tang's (2005, cited in Cheung & Tang, 2012) ED measure.

Empathy was a non-significant predictor of JS, inconsistent with past findings. For example, Dal Santo, Pohl, Saiani, and Battistelli's (2014) found partial support for the relationship. Specifically, their study utilised the Jefferson Physician Scale of Empathy (JSPE) that conceptualizes empathy as two facets, 'perspective taking' (cognitive) and 'compassion' (affective), of which only 'perspective taking' was significantly positively correlated to JS. For instance, empathy is seen as beneficial for employees when they feel *for* a client rather than feel *with* them (Kruml & Giddes, 2000), leading to differential impacts on JS. The present study, however, utilized an alternative global measure of empathy

that was ultimately unable to disentangle affective and cognitive empathy. It is possible that if the present study were to have utilized a measure that considers facets of empathy, a similar finding may have been found.

Moreover, the few studies that have looked at the relationship between empathy and JS among health care occupations have exclusively utilized measures that were developed intentionally for healthcare professionals or medical students (e.g., Dal Santo, Pohl, Saiani, & Battistelli, 2014). It is possible that research within this group could profit from developing a domain-specific measure that is applicable to health care occupations, beyond strictly professionals, that similarly discern facets of empathy in order to find differential impacts on JS (e.g., King, 2012). Nonetheless, another point to consider is how empathy may be gendered, whereby females are argued to score higher on emotional response self-report questionnaires (Tavakol, Dennick, & Tavakol, 2011). This trend has also been found in research with samples of healthcare trainees or students (e.g., Kataoka, Koide, Norio, Ochi, Koji, & Hojat, 2009). This could be reflective of Husso and Hirvonen's (2012) argument that females are bound by normative social expectations pertinent to 'caring' that sees them 'naturally' befitted for care work. For instance, Dal Santo, et al.'s (2014) sample comprised of 78.6% female nurses and 21.5% male nurses, while this study comprised of 40 females and only 2 males. Due to an argued feminization of home care workers (Lily, 2008), gender effects were difficult to control and this sample could not conceivably benefit from an equally gendered sample.

Lastly, emotional exhaustion (EE) was the only significant predictor of JS, consistent with past findings. The present study yielded a negative correlation, where as EE increased, JS decreased. It is thought that occupations involving emotionally charged situations increases susceptibility for EE (Hülshager & Schewe, 2011) and consequently reduces JS. It is possible that individual resources not considered in the present study may have strengthened the significant finding. For example, Hülshager, Alberts, Feinholdt, and Lang (2013) suggested the EE-JS relationship was mediated by trait mindfulness, but also that mindfulness could be bidirectional; increasing job satisfaction and reducing EE, or reducing EE and increasing JS. Unfortunately it was beyond the scope of this study to consider all possible variables likely to influence the EE-JS relationship.

It may be worthwhile to consider what causes EE for care workers and what specifically impacts JS. Particularly, this study primarily discussed EE as a product of emotionally charged interactions with clients inherent in care work, which impacts JS. Jasperse, Herst, and Dungey (2014) suggest that EE could also be influenced by organizational challenges rather than client-centered challenges. It could be that future qualitative research can provide rich detail pertinent to care worker burnout or, specifically, EE, and JS, given the present and past research findings. Nevertheless, this supports Örtqvist and Wincent's

(2010) view that EE and JS are two key variables in occupational research, with clear adverse implications on employee outcomes.

A limitation that applies to all research utilizing self-report data from questionnaires is the extent to which participants provide accurate responses. Relevant to occupational research, Donaldson and Grant-Vallone (2002) argue that socially desirable responses can be motivated by fear of negative repercussions (e.g., being fired). Indeed, Warr, Cook, and Wall's (1979) JSS explicitly asks participants to report how satisfied they are with their manager. As the manager holds the power to terminate ones' career, it may be the case that participants responded more favourably to this item, which can threaten the present study's validity. Indeed, Moorman and Podsakoff (1992) found that social desirability was evident in measures of job satisfaction. By extension, Johnson and Fendrich (2005) argue that how social desirability is conceptualized encompasses an "implicit assumption that respondents are able to accurately comprehend the survey questions and retrieve from memory the information necessary to construct correct answers" (p382).

Anecdotally, the present study saw participants ask the researcher to clarify the meaning of survey questions, in particular what certain words meant, i.e., "intuitive", which was unforeseen. This can be interpreted as evidence of participants not understanding what the survey question is asking them to report. Additionally, although some participants did not request clarification, it can be hypothesised that others' may have encountered the same problem, but for reasons such as embarrassment or shyness, did not wish to seek clarification. Therefore, it can be speculated that social desirability and issues with survey comprehension could have mutually threatened the present study's validity and associated findings. As such, future research may wish to mitigate this limitation by considering revising complex vocabulary within measures to words that are more easily read.

Conclusion

The present study was able to find evidence of an original model encompassing emotional intelligence, emotional dissonance, emotional exhaustion, and empathy, broadly drawing together past findings that consider each predictor individually. However, within the regression model, only one predictor significantly predicted job satisfaction, emotional exhaustion. Furthermore, the present study also investigated inter-relationships between variables, e.g., ED and EE. The present study also addressed a gap in the literature, the combination of a contemporary research orientation toward emotions at work and an under-researched occupational group.

Bb

However, it is possible that limitations in terms of measures utilized and conceptualization of constructs could have contributed to the non-significant findings of three out of four predictor variables. Furthermore, a number of assumptions were violated that needed to be considered when interpreting the

findings. As such, future research may desire to try and overcome these limitations, both by looking at developing more accurate measures or by looking at the impact of individual facets of constructs, where applicable. Future research may wish to focus on the negative relationship between emotional exhaustion and job satisfaction, utilizing emotional exhaustion as a predictor or outcome. Specifically, emotional exhaustion is predictive of employees' leaving (e.g., Chi & Liang, 2013) whereby leaving is seen as a way of replenishing the resources lost through emotionally demanding work (Swider & Zimmerman, 2010). As DCA retention is considered to be a challenge for agencies (Rubery, et al. 2011), the finding that emotional exhaustion can link to factors such as retention, as well as this study's significant prediction of job satisfaction, future research is merited.

Nevertheless, this study was successful in demonstrating how contemporary variables can interact within a novel model to predict job satisfaction. Specifically, the current study utilized a real-world occupational sample that is currently under-researched. Given the modern relevancy of the sample and predictor variables, there is a pertinent cause to continue researching job satisfaction among this group.

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