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Understanding the harmful effects of sickness presenteeism and emotional labor: Implications for the hospitality industry

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Resumo

Esta tese visa examinar como o presentismo (i.e., o ato de se ir trabalhar enquanto se está doente) afeta a rentabilidade de organizações hoteleiras, o bem-estar dos colaboradores, e a gestão de exigências de trabalho emocionais. Esta tese compreende três estudos empíricos. O primeiro estudo (Capítulo 2), explora o impacto do presentismo na rentabilidade de organizações hoteleiras. Os resultados demonstram que quando colaboradores estão doentes durante a prestação de serviços, os clientes apresentam intenções de recomendação e retorno mais fracas (vs. colaboradores saudáveis). O segundo estudo (Capítulo 3), investiga o impacto de fatores contextuais e pessoais no *burnout*, através do papel mediador do *surface acting* (SA). Os resultados suportam o efeito indireto do SA nas relações propostas. Ademais, resultados de uma análise complementar demonstram que a estratégia de "*sickness surface acting*" proposta pelos investigadores medeia a relação entre o clima do presentismo e o burnout. Finalmente, o terceiro estudo (Capítulo 4) examina os efeitos entre a incivilidade dos clientes e a doença dos colaboradores, nas estratégias de regulação emocional SA e *deep acting*, com resultados positivos e significativos apenas para a utilização de SA. Os resultados evidenciaram que mesmo quando lidam com clientes educados e compreensivos, os colaboradores doentes esforçam-se por prestar um serviço alegre, demonstrando elevado SA. Especialmente nesta época pandémica em que a precariedade associada à indústria hoteleira tem aumentado, criando climas mais prevalentes de presentismo, esta tese contribui para compreender as razões pelas quais equipas de gestão hoteleira devem reunir esforços para criar locais de trabalho saudáveis.

Palavras-chave: presentismo, estratégias de regulação emocional, burnout, indústria hoteleira

Classificação JEL: D23 Comportamento Organizacional, O15 Recursos Humanos

Abstract

This thesis aims to examine how the phenomenon of presenteeism (i.e., the act of going to work while ill) affects hospitality organizations' profitability, employee well-being, and the management of emotional labor demands. It comprises three empirical studies. The first study (Chapter 2), explores the impact of presenteeism on hotels' profitability. The results show that when employees show sickness while providing services, customers show weaker recommendation and return intentions toward tourist accommodations (vs. employees who show no signs of sickness). The second study (Chapter 3), investigates the impact of contextual and personal factors on hotel employees' burnout levels, through the mediating role of surface acting (SA). The results support the indirect effect of SA on the proposed relationships. Also, results of a complementary analysis with a subsample of hotel employees who reported presenteeism exposed that, for them, the "surface acting sickness regulation" strategy proposed by the researchers mediated the relationship between presenteeism climate and burnout. Finally, the third study (Chapter 4) examines the effects between customer incivility and hotel staff sickness on SA and deep acting, showing only positive and significant results for the use of SA strategies. Furthermore, the results highlight that even when dealing with polite and understanding customers, sick employees strive to provide cheerful service, showing higher SA. Especially in this pandemic time when the precariousness associated with the hotel industry has increased, creating an even more prevalent climate of presenteeism, this thesis contributes to understanding why hotel management teams must join forces to create healthy workplaces.

Keywords: presenteeism, emotion regulation strategies, burnout, hospitality industry

JEL Classification: D23 Organizational Behavior, O15 Human Resources

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CHAPTER 1

Introduction

Having organizations that put the well-being of their employees at the center of their human resources management (HRM) practices and are simultaneously able to maintain high levels of performance continue to be one of today's great challenges. From an HRM perspective, it is imperative that organizations are able to apply HRM practices and procedures that lead to high levels of performance of their employees and, at the same time, do not endanger their well-being. However, it is known that in some cases, organizations' efforts to apply HRM practices to improve performance result in a spiraling work situation that jeopardizes employees' well-being due to the lack of resources available to handle this increasing demand (Guest, 2017). Truly, employees' health and well-being should be a priority for companies, especially since evidence points that low levels of well-being lead to reduced performance (e.g., Bakker et al., 2008) and high levels of well-being have positive implications for businesses performance (e.g., Daniels & Harris, 2000). Also, amongst the five sets of provisional HRM practices designed to promote employee well-being outlined by Guest (2017), one of them focuses on the creation of a positive social and physical environment. As antecedents of both well-being and a positive employment relationship, prioritizing employees' health and safety becomes central. Thereby, when considering individuals within organizations, it is imperative to consider both performance maintenance and improvement and the protection of employees' health and well-being (Sonnentag, 2002).

Although employees' health and well-being should be a priority for companies, the literature points that organizations, as a way of achieving high performances and profitability, have been silently implementing attendance cultures that create among their workforce the shared perception that absence is illegitimate (Hansen & Andersen, 2008; Ruhle & Süß, 2020; Simpson, 1998). Among these, travel and tourism companies are no exception. Studies have already pointed out that hospitality companies, and especially hotels, are more likely to have salient presence cultures and, consequently, to promote presenteeism behaviors (Deery & Jago, 2009, 2015) that are known to have considerable negative impacts on individual's health and performance (Karanika-Murray & Cooper, 2018). This tends to materialize due to hotel companies' intrinsic features, such as intense emotional and physical work demands, long shifts, and work hours, along with poor reward systems, which consequently lead to high levels of work stress (e.g., Boylu & Arslaner, 2015; Ferreira et al., 2015). This being said, research

that addresses the travel and tourism sector is imperative for acquiring knowledge and contributing to science by working on societal challenges such as health and wellbeing.

1.1. The importance of studying the tourism and travel sector

The tourism and travel sector - of which the hospitality industry is a part - is a vital economic activity for the generation of wealth and employment worldwide. Portugal is no exception in this trend, with the sector having a high contribution to the progress of the Portuguese economy (Ferreira et al., 2017). In 2018, the World Travel & Tourism Council ([WTTC], 2019) annual review showed that the travel and tourism sector contributed 38.4 billion euros to the Portuguese gross domestic product (GDP). Indeed, in 2018 the tourism sector exhibited the highest growth in the European Union (above the EU average of 3.1%) and employed approximately 1.1 million people, reinforcing the sector's role as a driver of economic growth and job creation (WTTC, 2019). In 2019, the trend continued, with the contribution of the travel and tourism sector to the Portuguese GDP being of 37.5 billion euros (WTTC, 2021a). However, in 2020, the outbreak of the COVID-19 pandemic caused by the Severe Acute Respiratory Syndrome – CoronaVirus 2 (SARS-CoV-2) has had a massive social and economic impact that lasts to this day. It is no lie that there was a sharp decay in the travel and tourism sector globally. Global destinations received around one billion fewer international arrivals in 2020 compared to 2019 due to travel restrictions and an unparalleled drop in demand. Portugal was no exception, seeing a significant share of its hotels close and a large portion of its employees laid off. Indeed, according to WTTC's (2021b) annual review, in 2020, the travel and tourism sector saw its contributions drop dramatically due to ongoing restrictions to mobility, having contributed 8.1% to the Portuguese GDP, which corresponds to 16.4 billion euros. The impacts of COVID-19 were massive, with global data revealing that in total, around 62 million workers lost their jobs, a drop of 18.5% compared with the 334 million employed in 2019 (WTTC, 2021a).

Due to this reality, the threat of job loss has become central to employees in the sector (Khan et al., 2021). Not only as a result of lockdown policies (Zhang et al., 2020) and constant restructuring and job cuts that have been reflected across the industry (Jung et al., 2021) but also because many of the jobs that have survived are currently supported by the government retention schemes and reduced working hours, which without a full industry recovery could be lost (WTTC, 2021a). Furthermore, and not overlooking the particular fragility of the tourism and travel sector in the face of pandemic crises (Jung et al., 2021), the precariousness associated

with the sector has not only been a reality since the outbreak of the COVID-19 pandemic. Even before the pandemic, the sector was known for the precariousness associated with its working conditions (Deery & Jago, 2015). Indeed, among the working conditions present in the hotel industry, the high burden of emotional labor demands is unquestionable. In parallel with other organizations belonging to the services sector, hotels' number one priority is to be recognized for their excellence in service delivery (Pizam & Ellis, 1999), with customers' perception of service quality being mainly molded through guest–host interactions (Tsui et al., 2013). Being driven by commercial goals, hospitality organizations frequently require their service employees to behave in a way that enables them to achieve those goals (Christou et al., 2019). In this sense, the way hospitality workers present themselves, physically and emotionally, is imperative. It is widely accepted that hotel employees should present polished and cheerful services to their customers as a way to increase hotels' organizational performance and success (Kim, 2008), even if it requires employees to camouflage their true-felt emotions behind a cheerful mask (Christou et al., 2019). As humans, it is not possible for us to feel happy and cheerful at all times, and therefore able to genuinely deliver service with a smile to customers (Chi & Grandey, 2019).

Furthermore, in an industry known for its precarious conditions, where interpersonal relationships are a constant and where the potential for customers' complaints and rude treatment is high – which is common in emotional-labor jobs (e.g., Grandey et al., 2007) -, the way employees deal with the demands of the emotional work imposed on them should be a target of attention for organizations (Chi & Grandey, 2019). Thus, studying the impacts of using emotion regulation strategies must continue to be one of the aims of the scientific community, especially in a competitive sector such as the hospitality industry, where their specific contextual characteristics may play a crucial role.

Subsequently, and adding the fact that the hospitality industry is an industry where its inherent dynamics tend to create high levels of instability and turnover among its workforce, feelings of job insecurity are commonly experienced by employees, who consequently strive to protect and maintain their ties to the organization. In addition, studies point to the fact that certain characteristics of the work context, among which the ease of substitution can be given as an example, are related to the fact that people go to work even if they are sick or do not feel emotional and/or physically well (e.g., Johns, 2010; Lu et al., 2013). In the hotel industry, this ease of replacement is a reality since this is an industry whose workforce tends to be characterized by requiring low levels of education and unskilled labor (e.g., Santos & Varejão, 2007), which makes the replacement of employees easier in case of need. This, coupled with

the fact that the industry tends to offer precarious work contracts (Nickson, 2007; Parret, n.d.), has the power to influence employees to continue to work regardless of how they feel physically or emotionally as a way to continue to show commitment to the organization and survive in an increasingly competitive industry.

Because of this, it is certain that hospitality organizations silently promote an organizational climate where employees feel compelled to go to work for long hours, even when their health is compromised (e.g., Ariza-Montes et al., 2017; Arjona-Fuentes et al., 2019; Hirsch et al., 2017) although they are not formally required to do so. This issue is especially relevant since European Union reports have been demonstrating that workplaces tend to be potentially unhealthy due to poor conditions and working-time quality (e.g., Eurofound, 2012). All in all, the current reality of hotel organizations points to a growing need to study the contexts and dynamics that promote work attendance behaviors with the potential to threaten the health and well-being of their employees. Thus, this work is based on the premise that the sense of obligation to attend work depends highly on the work context (Johns, 2011).

Thereby, this thesis was motivated by the need to study attendance dynamics in the hospitality industry further, giving emphasis to the phenomenon of presenteeism. In particular, how the phenomenon of presenteeism affects the hotel industry and focusing on the particularities that make up the Portuguese hotel context. Portugal is known not only for its attractiveness as a tourist destination but also as a target of previous interventions as a result of economic and financial crises (Ferreira et al., 2015), making its study of primary interest. Also, the current pandemic has established - even more than before - an atmosphere of uncertainty and job insecurity among employees around the world (Jung et al., 2021; Zhang et al., 2020), and Portuguese hotel service employees are no exception. These insecurity feelings are identified in the literature as a catalyst for attendance behaviors, among which presenteeism stands out, a tendency increasingly prevalent among employees as a way to show commitment and secure their jobs (Ferreira et al., 2015; Lu et al., 2013; Ruhle & Süß, 2020).

1.2. Sickness presenteeism: the hidden costs for individuals and organizations

Sickness presenteeism, a relatively novel subject in the field of organizational behavior, is defined as going to work while ill (Karanika-Murray et al., 2021) and being incapable of accomplishing work functions and attaining full productivity (Hemp, 2004). This increasingly prevalent organizational phenomenon quickly gained noteworthy importance in the literature

due to its links to reduced individual performance levels. In fact, presenteeism behavior results in not only significant productivity reduction (Robertson & Cooper, 2011) in terms of the quantity produced, namely, employees' production fails to meet work objectives mainly due to difficulty concentrating; but also, in terms of quality work, due to errors and omissions in work procedures (Hemp, 2004; Niven & Ciborowska, 2015). Indeed, research has been pointing presenteeism as a risk behavior for workers, since all health conditions related to presenteeism can cause reductions in employees' productivity levels (Shamansky, 2002). Because of these recognized negative impacts of health conditions on individual work performance, research on sickness presenteeism has been increasingly widespread in the literature in the last decades (e.g., Cooper & Lu, 2018; Johns, 2010, 2011; Karanika-Murray & Biron, 2020; Karanika-Murray & Cooper, 2018; Lohaus & Habermann, 2019; Miraglia & Johns, 2016; Miraglia & Kinman, 2017; Ruhle et al., 2019).

Aside from this fact, presenteeism emerges also as a risk behavior for companies. On the one hand, the presence of diseases reduces workers' performance, requiring them to make an "extra effort to achieve performance levels closer to those they would have without diseases" (Correia Leal & Ferreira, 2021, p. 2). On the other hand, collective performance may decline because other workers attempt to help ill colleagues or because sick workers may transmit infectious diseases to their colleagues and/or clients (Demerouti et al., 2009). In this sense, sickness presenteeism is being increasingly pointed out as having long-term effects on individuals' health and negatively impacts on companies' performances when not correctly managed (Ferreira & Martinez, 2012).

As a result, presenteeism has become of strong interest to researchers and organizations since it implies more economic costs and losses than other indirect sources of costs (e.g., absenteeism; Goetzel et al., 2004; Hemp, 2004; Evans-Lacko & Knapp, 2016) or direct sources of costs (e.g., medical treatments; Ferreira et al., 2010). Indeed, according to Johns (2010), a consensus has been reached in the literature that presenteeism is responsible for more productivity losses than absenteeism. Metaphorically speaking, an iceberg effect may exist in which the most visible part of labor losses (i.e., absenteeism) is exceeded by the submerged part (i.e., presenteeism). From an organizational point of view, presenteeism is thus relatively invisible compared to absenteeism and more difficult to measure and analyze. This means that research started to show that presenteeism's hidden costs surpass the visible and more easily measured costs of absenteeism, which has shifted the literature focus from employee absence to presenteeism (Halbesleben et al., 2014; Zhou et al., 2016).

When reviewing the presenteeism literature, one can identify three main lines of understanding. These diverse theoretical perspectives have emerged in the literature associated with presenteeism and are dominant amongst distinct research communities (Ruhle et al., 2019). A first line of research developed among European scholars has essentially focused on understanding the causes of sickness presenteeism, exploring the factors that lead to decisions to go to work despite being ill (Johns, 2010). This theoretical approach to presenteeism "is characterized by the conceptualization of the act of presenteeism as the outcome of a complex decision-making process by the ill person to either attend work or stay at home" (Ruhle et al., 2019, p. 2). A second line of research has emerged within the North American research community. North American researchers were mainly concerned about how disease affects work productivity, that is, the negative consequences in terms of work productivity losses due to sickness (Gosselin et al., 2013; Johns, 2010). Thus, research efforts following this line of research focus mainly on the measurement of productivity losses associated with sickness (e.g., Koopman et al., 2002; Ospina et al., 2015) and the measurement of the resulting economic costs (e.g., Schmid et al., 2017; Strömberg et al., 2017). Lastly, a more widen line of research has been established stating that the presenteeism behavior is not always ascribed to illness (e.g., Karanika-Murray & Biron, 2020). This particular line of research considers that the concept of presenteeism may not always be sickness related, and urges the need to lodge both productivity loss and potential productivity gain.

In this thesis, we applied efforts in order to: 1) continue to contribute to the understanding of the costs associated with presenteeism behavior by exploring how employee illnesses affect not only the profitability of hospitality businesses but also employees' emotional labor management; and 2) further develop the last presented line of research, specifically focusing on the consequences of presenteeism climates, that are created due to the influence of different sickness and non-sickness related factors, such as: 1) co-workers competitiveness (e.g., Addae & Johns, 2002; Nicholson & Johns, 1985); 2) supervisor distrust in the face of reported illness situations (e.g., Rentsch & Steel, 2003); and, 3) extra-time valuation (e.g., Nicholson & Johns, 1985).

Also, by studying the Portuguese hotel industry, we add to the still scarce body of literature on presenteeism in the Portuguese context. Truly, although presenteeism is currently of great interest to researchers from different fields, most of the research on this topic has been carried out in countries such as the United States, Canada, and Australia (Cooper & Dewe, 2008). In Europe, and especially in Portugal, studies on the topic are still scarce, and research increasingly reinforces that there is a rising need for studies, not only to highpoint the implication of the

hotels' support to their employees due to the menacing and costly impacts of presenteeism climates and behaviors (Ruhle et al., 2019), but also to highlight the need for policies and strategies aimed at managing the health conditions of their employees (e.g., Arslaner & Boylu, 2017). This visible lack of research enhances the pertinence of the present work.

Although presenteeism has been acknowledged as a common behavior across industries and occupations (Lohaus & Habermann, 2019), sickness presenteeism is known to rate higher amongst education and health organizations' employees (e.g., Chambers et al., 2017; Dudenhöffer et al., 2017; Ferreira & Martinez, 2012; Ferreira et al., 2019a; Martinez & Ferreira, 2012). Nonetheless, and despite this evidence, comparatively few studies on the impacts of presenteeism have been carried out in the hospitality industry (Ruhle et al., 2019). This fact, coupled with recent calls for more research in the industry regarding the prevalence and impacts of this silent, yet risky, organizational phenomenon (e.g., Arslaner & Boylu, 2017; Ruhle et al., 2019), was the main driver for this work. This work presents a collection of studies designed to reveal the hidden negative impacts that climates of presenteeism, sickness presenteeism behaviors, and emotional labor - a critical emotional demand associated with working in the hospitality industry - encompass for hotel service employees' well-being and hotels profitability.

1.3. Aim and overview of the thesis

Based on the literature mentioned above, it is clear that it is increasingly relevant to study how the presenteeism phenomenon further impacts hospitality organizations. Knowing this, this thesis is designed to develop a deeper understanding of presenteeism in the Portuguese hotel industry. The main purpose is to understand not only how presenteeism behaviors impact hotels' profitability but also how they affect the well-being of hotel employees and how they manage their emotions and sickness symptoms to display a cheerful service as required as part of their emotional labor demands. Furthermore, we aim to understand the impacts of factors that contribute to the perception of climates of presenteeism, as well as specific emotions, such as anger, impact the way people manage their work displays to deliver a cheerful service even when working sick. The impact of such factors on hotel service employees' burnout levels will also be explored. Finally, it is of great interest to analyze how sickness and specific work situations, such as customer incivility, impact the way hotel service employees manage the emotional labor demands that are part of their jobs. To achieve these goals, we designed and conducted three empirical studies, employing different methodological and analytical

approaches. The research questions, methodology, and analytical approaches applied in each study are summarized in Table 1.1.

As this work progresses, we shift from the organizational to the individual level of analysis. Thus, we can state that the level of analysis under study becomes narrower as we move from Study 1 conclusions to Study 3 conclusions, with the exploration of the impacts of the phenomenon of presenteeism playing a preponderant role.

A diagram of the three empirical studies designed and conducted is presented in Figure 1.1. Metaphorically speaking, our research outline can be seen as an iceberg where a small part of it is visible - therefore easier to identify -, and a larger part is submerged - therefore less easy to identify and consequently manage. Having this metaphor in mind, on a first instance, this work seeks to explore the negative impacts of sickness presenteeism by analyzing the visible costs associated with such behaviors (Study 1), such as decreased customer loyalty and increased negative word of mouth (WOM), which may consequently lead to reduced organizational profitability. Therefore, we start from an organizational level of analysis as a way to further contribute to the lack of systematic research regarding contextual issues in management and organizational psychology research (Johns, 2018). Specifically, the first study - presented in Chapter 2 - was designed to explore the association between sickness presenteeism and both customer loyalty and positive WOM in the hospitality sector. With a quasi-experimental scenario-based approach and a sample of 581 participants, our findings suggested that when hospitality employees showed sickness symptoms, customers tended to have weaker recommendation and return intentions toward their hotels than when employees did not appear sick. This fact is intimately related to perceived service failures in terms of valued and expected aspects of hotel services such as quality staff and service, and safety and security (e.g., Callan & Bowman, 2000; Lockyer, 2002). Additionally, it was our aim to explore the effects of perceived ethnic dissimilarity on the above-mentioned relationships. The findings obtained showed that due to perceived ethnic dissimilarity, clients do not tend to withdraw from non-similar sick hotel service employees, thus, not showing weaker recommendation and rebooking intentions toward tourist accommodations. In total, Study 1 findings reveal that when hotel employees go to work sick, the losses faced will be not only at the individual level (e.g., compromised health and performance) but also at the organizational level (i.e., increased negative perceptions of service quality and brand image, and decreased customer loyalty). All in all, our first study was designed as an attempt to add to the literature from a point of view focused on what we can refer to as the “tip of the iceberg perspective”, i.e., on the visible

economic losses associated with the prevalence of presenteeism behaviors in the hospitality industry.

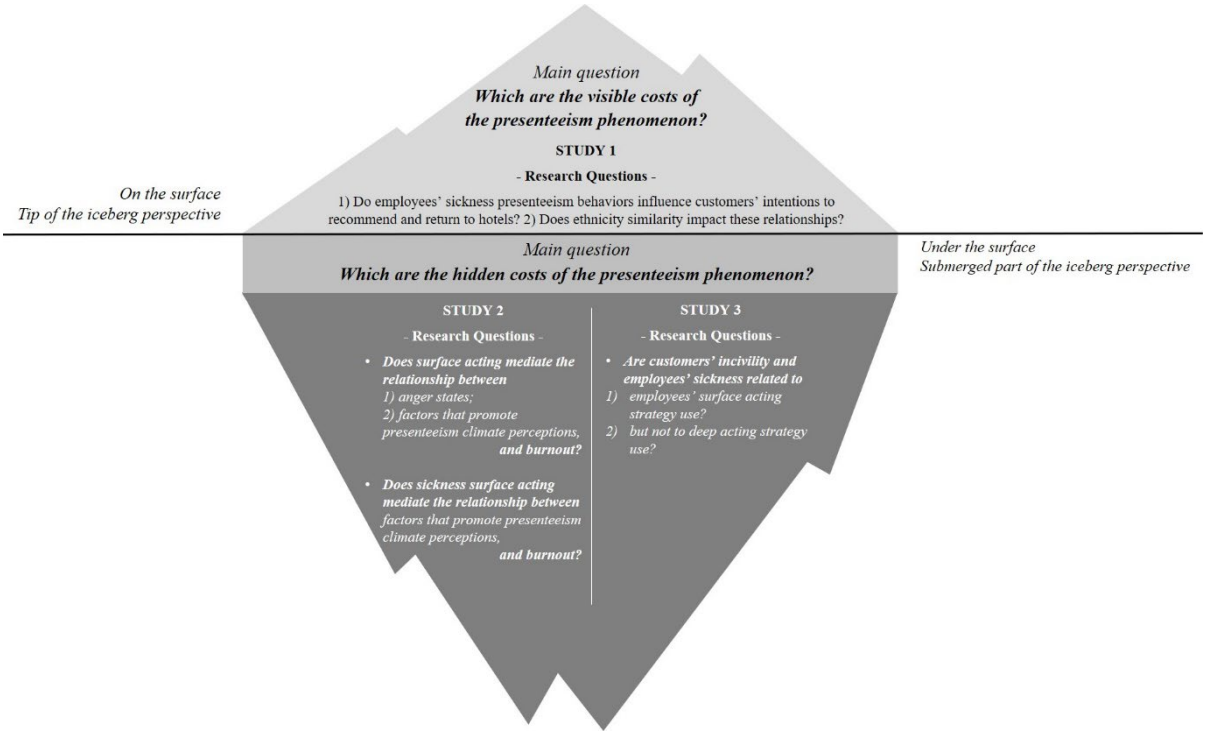

Figure 1.1 *Diagram of the three empirical studies developed in the scope of the thesis.*

In a second instance, and as depicted in Figure 1.1, we begin to taper our analysis as we move from studying the visible organizational costs associated with the phenomenon of presenteeism and begin to explore its hidden costs to hospitality companies. In this sense, taking the metaphor that guides this work, we seek to explore what we might call the "submerged part of the iceberg perspective". Departing from this main idea, we developed and conducted two studies – Study 2 and Study 3 - which are presented in Chapters 3 and 4, respectively.

Driven by the goal of analyzing the relationships between presenteeism, emotional labor, and burnout in the hospitality industry, our second study was conducted. It specifically sought to explore how potential antecedents of surface acting – "one of the core emotional labor dimensions" (Bakker et al., 2019, p. 2) -, such as 1) factors that contribute to the existence of climates of presenteeism, and 2) specific negative emotions impact hotel workers' burnout levels. In doing so, this study distinguishes itself from previous literature as one of the first to suggest that surface acting may mediate the effects of anger and a presenteeism climate on hotel service employees' work burnout. Moreover, it introduces "sickness surface acting" as a coping strategy that employees use to work while they are sick as a way to conform to stringent

organizational display rules. This, however, was revealed to have negative impacts, leading to increased work-related burnout. To explore our proposed hypotheses, a sample of 166 employees was collected from two Portuguese hotel chains using an experience sampling methodology (i.e., daily diary approach; Heggestad et al., 2021). Drawing on the emotion-goal congruence perspective (Grandey & Gabriel, 2015) and conservation of resources (COR) theory (Hobfoll et al., 2018), our second study enriches both the presenteeism and emotional labor literature by revealing these relations and by introducing the concept of sickness surface acting. Moreover, collecting data from employees over five consecutive days allowed us to disclose dynamic fluctuations associated with emotional labor that inform HRM teams that daily surface acting and sickness surface acting influence hotel service employees' burnout levels, thus jeopardizing their well-being.

Finally, our third study - presented in Chapter 4 - emerged as a need to further explore the possible unnoticed costs associated with the phenomenon of presenteeism and to provide a more integrative view of how employee presenteeism behaviors impact the hospitality industry. Since providing service with a smile can be especially difficult when we are ill or when there are contextual factors that have the power to negatively affect our emotional state (such as when dealing with difficult customers, Grandey & Sayre, 2019), our goal was to explore whether hotel employees tend to use surface acting strategies (versus deep acting strategies) to regulate their emotions. In addition, and despite the fact that our Study 2 offers evidence for the prevalence of surface acting strategies in the hospitality industry, the development of this study was also motivated by the existence of different perspectives about which emotional regulation strategy – deep acting (Liu, 2017) or surface acting (Igbojekwe, 2017; Kwon et al., 2019) - is mostly used by hospitality employees. This need for further clarification, alongside recent calls to investigate the impacts of customer incivility on hotel service employees' emotion-regulation strategies (Cheng et al., 2020) have prompted the development of this study that marks the completion of this work. Building upon a quasi-experimental scenario-based approach and COR theory assumptions (Hobfoll et al., 2018), we examined the effects of customer incivility and hotel staff sickness on surface and deep acting emotion regulation strategies. With a sample of 470 participants, this study provides evidence that pointed out only positive and significant results for the use of surface acting strategies. Additionally, the results highlighted that even when dealing with polite customer complaints, sick employees tend to demonstrate higher levels of surface acting. These findings provide evidence that reinforces the harmful effects of sickness presenteeism in the hospitality industry - especially those that may derive from the continuous efforts expended in the use of surface acting strategies (such as increased levels of

burnout, e.g., Hülsheger & Schewe; Wagner et al., 2014).

To conclude, after presenting the three conducted empirical studies briefly presented above, in Chapter 5 we discuss their implications, both theoretically and practically, and describe their limitations, and suggest directions for future research.

Table 1.1 *Research questions, methodological and analytical approaches of the three empirical studies conducted.*

Chapters	Research questions	Methodological approach	Analytical approach
Chapter 2 [Study 1]	• Do employees' sickness presenteeism behaviors influence customers' intentions to recommend (i.e., to spread positive word of mouth [WOM]) and return to (i.e., to show customer loyalty) hotels? • Does ethnicity similarity impact these relationships?	• Quasi-experimental design; • Scenario-based questionnaire.	• Repeated-measures analysis of variance (ANOVA).
Chapter 3 [Study 2]	• Does surface acting mediate the relationship between anger states and burnout of hotel service employees? • Does surface acting mediate the relationship between factors that promote presenteeism climate perceptions and burnout of hotel service employees? • Does sickness surface acting mediate the relationship between factors that promote presenteeism climate perceptions and burnout of sick hotel service employees?	• Experience sampling method; • Daily questionnaires.	• Multilevel mediation hypotheses tested by multilevel modeling (MLM).
Chapter 4 [Study 3]	• Are customers' incivility and employees' sickness related to employees' surface acting strategy use? • Are customers' incivility and employees' sickness not related to employees' deep acting strategy use?	• Quasi-experimental design; • Scenario-based questionnaire.	• 2-way factorial analysis of covariance (ANCOVA).

CHAPTER 2

Should I book another hotel? The effects of sickness and ethnicity on customer brand loyalty and positive word of mouth[1]

Abstract

Sickness presenteeism is working despite feeling sick. Although presenteeism prevails across different job sectors, few studies have focused on how it affects the hospitality sector. This study applied a quasi-experimental method to investigate how sick employees' presence affects customers' fear of contagion and, consequently, customer brand loyalty (i.e., return intentions) and positive word of mouth (i.e., recommendation intentions) due to perceived service failure. The effects of ethnicity on customers' intentions were also explored. Data were collected from 581 participants. The results reveal that, when hospitality employees appear to be sick, customers have weaker recommendation and return intentions compared to when employees do not show any sickness. In addition, our results show that due to perceived ethnic dissimilarity, customers do not tend to withdraw from non-similar sick employees, not showing weaker recommendation and rebooking intentions toward tourist accommodations. This research enriches the very well stablished literature on consumer-brand relationships, sickness presenteeism and social cognition, as well as furthering practice by showing that sickness presenteeism, when correctly managed, can generate organizational advantages.

Keywords: sickness presenteeism, customer loyalty, positive WOM, ethnicity, hospitality sector

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2.1. Introduction

The concept of sickness presenteeism has emerged in recent years as a promising topic of investigation (Johns, 2011). This concept refers to "attending work despite being ill" (Martinez & Ferreira, 2012, p. 297). Sickness presenteeism appears as a relevant psychological phenomenon where employees are physically present at work despite poor health conditions and become less productive as a result. This is now known to generate a down-stream on individuals' health and negatively impact companies' performances, creating costs for organizations and the society when it's not managed correctly (Evans-Lacko & Knapp, 2016; Miraglia & Kinman, 2017).

This type of presenteeism prevails across different job sectors, with higher rates among education and health and welfare organizations (e.g., Aronsson et al., 2000; Bergström et al., 2009; Ferreira et al., 2019a; Ferreira & Martinez, 2012; Martinez & Ferreira, 2012). However, the literature on presenteeism shows that the role of sickness presenteeism in the hospitality and tourism sector has not been sufficiently studied. Indeed, Arslaner & Boylu (2017) reinforce that there is a growing need for new research to develop policies related to hotel employees' health problems and to highlight the significance of the hotels' support to their employees due to the costly consequences associated with sickness presenteeism. In the hospitality industry, especially in hotels, sickness presenteeism behaviors tend to appear because of jobs' inherent characteristics, such are being labor-intensive and often based on human relationships. Reasons for presenteeism's prevalence include a stressful work atmosphere due to intense human interactions, long work hours related to the 24/7 nature of services, and constantly changing shifts (Boylu & Arslander, 2015). Particularly because of the constant face-to-face interactions between hotel employees and customers, employees who show up for work despite being sick or not feeling well may negatively affect customers (e.g., causing dissatisfaction).

Nonetheless, the literature on how sickness presenteeism affects customers and consequently hotels is still scarce. This lack of research calls for studies that englobe not only the individual level but also the organizational level of analysis, including pertinent queries regarding how this organizational phenomenon affects service quality expectations and consequently threatens the industry profitability. To fill this gap, the present study sought to investigate how customers' intentions to recommend (i.e., to spread positive word of mouth [WOM]) and return to (i.e., to show customer loyalty) hotels are influenced by employees' sickness presenteeism behaviors. Undeniably, this issue gains relevance due to the defraud of customers' expectations of what should be a quality service. Specially in the hospitality sector,

having an encounter with a visibly sick employee may be perceived as a service failure as it threatens the customer's expected safety and security that he or she expects to be one of the main concerns for the company (Hemmington, 2007).

Additionally, we examine the effects of ethnicity on this query since researchers have reported that the hospitality industry has a strong tradition of workforce diversity (Baum, 2012), and to the extent of our knowledge no research has explored the relationship between sickness presenteeism and customer loyalty and positive WOM in terms of ethnicity dissimilarity perceptions. Still, although it is known that the general sustainability of industries and consequently economies continue to be contingent on foreign employees – especially the hotel industry due to their inherent characteristics (Joppe, 2012) -, this reality has raised some concerns, namely, regarding prejudice toward employees belonging to ethnic minorities.

It is acknowledged that when workers from certain cultures are expected to provide services to customers from diverse cultural and ethnic backgrounds, this increases the likelihood of misinterpretations that could lead to dissatisfied customers (Zopiatis et al., 2014). This may occur due to service failure perceptions. Studies focusing on perceived threats of disease (e.g., Schaller et al., 2003) have also shown that cues to foreign origins promote behavioral responses such as avoidance, disgust, and physical distancing in individuals who seek to avoid diseases. These disease-avoidance mechanisms may play a role on customers withdrawal from customer-service encounters when employees belong to unfamiliar ethnic out-groups (Schaller et al., 2003), especially when they display sickness symptoms.

Drawing on the social identity theory (SIT) (Tajfel & Turner, 1979) this may happen due to inherent tendency that individuals have to actively evaluate in-group members more favorably and out-group members more unfavorably. This predisposition may influence customers perception of service quality. When customers encounter a noticeably sick employee, they are facing a hotel that fails to provide them with security and health safety and therefore delivers a service that is not meeting or exceeding the customers' service expectations. This customer perception of service failure may be even stronger when employees are dissimilar than when they belong to the same ethnic group.

The pertinence of studying these issues' organizational consequences in the travel and tourism sectors is linked with the fact that they have increasingly become key driving forces of socio-economic progress through the generation of jobs, export income, and infrastructure development in many countries around the world (World Tourism Organization, 2018). We opted to focus particularly on Portugal's tourism sector since it has also become an increasingly significant economic sector (Ferreira et al., 2017). In recent years, Portugal has become a quite

popular international tourist destination. In both 2017 and 2018, Portugal was named "best European tourist destination" in the World Travel Awards (2018). This sector's total contribution to the 2017 Portuguese GDP was 33.5 billion euros (€) (38.0 billion United States [US] dollars), corresponding to 17.3% of the GDP, and this figure is forecast to rise by 5.1% in 2018 (World Travel & Tourism Council [WTTC], 2018). Moreover, in 2017, the tourism sector contributed directly to the creation of 401,500 jobs (i.e., 8.5% of total employment), and this number is expected to rise by 4.9% in 2018 (WTTC, 2018). The jobs created and the associated working conditions are crucial to the sector's continued success, and thus these should be critically analyzed (Carvalho et al., 2014).

Moreover, the hospitality workforce is characterized by globally shared characteristics. Employees tend to have low levels of education (Santos & Varejão, 2007), and hospitality occupations tend to be unskilled and feminized. Salaries are also relatively low (Nickson, 2007), and jobs often require employees to work beyond scheduled hours and/or imply shift work (Costa et al., 2011; Nickson, 2007; Parrett, n.d.). In addition, employment contracts are often short-term, informal, or nonexistent (Parrett, n.d.), and tourism jobs are both demanding and tend to offer poor working conditions (Nickson, 2007).

According to Johns (2010), poor job conditions such as those in the hospitality industry comprise high job stress, inadequate reward systems, threats to job security, heavy job demands, and a presence culture (e.g., Ferreira et al., 2015). These all constitute known sickness presenteeism antecedents (Johns, 2010). Although various researchers have already sought to analyze different contexts with high levels of sickness presenteeism, few studies have specifically focused on the hospitality industry. This presenteeism generally results in significant reductions in productivity in terms of quantity since employees' production fails to meet work objectives mainly due to difficulty concentrating. In addition, the quality of work suffers due to errors and omissions in procedures (Martinez & Ferreira, 2012). According to Deery & Jago (2009), hospitality and tourism-related cultural patterns promote presenteeism behaviors. This happens mainly due to the intensive work that characterize the high season, during which hotel employees do not have enough time to rest and, consequently, are more susceptible to diseases. Due to nowadays context of economic uncertainty and to the climate of insecurity in the hospitality industry, employees also tend to continue to show up for work despite the negative consequences of sickness presenteeism as they are afraid of losing their jobs or being replaced by other employees (Boylu & Arslander, 2015). By doing so, employees are not only affecting their own productivity, wellbeing at work, and health, but also harming their companies' organizational performance and success (Ferreira & Martinez, 2012).

All along, this evidence has highlighted the need to study how hospitality employees' sickness presenteeism behaviors impact important organizational outcomes, such as service quality and consequently companies' profitability. Thus, given the existing diverse workforce in the hotel industry, understanding how both ethnicity and sickness symptoms affect customers is important because these can influence intentions to recommend and return to hotels which has impact on customers brand loyalty and service quality.

2.2. Literature Review

2.2.1. Sickness presenteeism in the hospitality industry

Owing to the tourism industry's 24/7 nature and "face-time" culture, hospitality work is widely regarded as stressful (Zhao & Ghiselli, 2016). Individuals working in this industry are constantly exposed to occupational stressors that may cause them to experience burnout (Asensio-Martínez et al., 2019). Hospitality employees are continuously exposed to high levels of stress not only due to the types of tasks they are required to perform but also because of the emotional valence associated with their work. This is due to their constant interaction with and reliance on others (e.g., managers, coworkers, and customers) (Kim, 2008; ONeill & Davis, 2010).

Poor job conditions and highly demanding work associated with aversive and complex social interactions can be both psychologically and physically detrimental to hospitality employees due to increased levels of burnout and stress. Such adverse conditions can have various negative consequences for workers' wellbeing and health. These include, among others, eating disorders (e.g., Torres & Nowson, 2007), cardiovascular diseases (e.g., Melamed et al., 2006), substance abuse (e.g., Cunradi et al., 2009), and depression and anxiety (e.g., Schonfeld & Bianchi, 2016).

Most studies about sickness presenteeism in the hospitality industry focus primarily the effects of work demands on employees' health and productivity, often neglecting the negative organizational consequences that may derive from this phenomenon. Due to this, in order to bridge this gap, in this study we searched for a broader perspective on sickness presenteeism, by focusing on the possible consequences of this recurrent behavior at the organization level (Arjona-Fuentes et al., 2019). In fact, the literature show that besides heavy workloads, sickness presenteeism is important in hospitality industry because jobs tend to be not only labor-intensive but also based on human relationships (Boylu & Arslaner, 2015). Due to this, in this

industry, employees' sickness may affect more than just individuals' performance, wellbeing, and health as co-workers (e.g., damaged team dynamics) (Luksyte et al., 2015) and customers' perceptions (e.g., more dissatisfaction) can be influenced (Boylu & Arslaner, 2015). The latter cited authors report that this happens because employees' physical and mental conditions are reflected in service quality, customer satisfaction, and, ultimately, their company's productivity and profitability.

2.2.2. Service quality and customer brand loyalty in the hospitality industry

Due to the evolution and increasingly competition of the service sector, companies are determined to retain and hold their customers (Aksoy, 2013). Because of this evolution, delivering a quality service is one of the challenges of all service companies, including hospitability. Service quality has become a key driver of businesses' performance and it has been documented in the literature as being a booster of customer satisfaction and a customer loyalty downsizer (Wilkins et al., 2007). In the hospitality industry, the value of service quality to the businesses' performance is well established (Pizam & Ellis, 1999).

According to Bitner et al. (1990), perceived service quality stems from the individual service encounter between the customer and the service employee, during which the customer assesses quality and develops satisfaction or dissatisfaction toward the service. The service experience is usually evaluated by customers based on their expectations – determined by intrinsic and extrinsic cues associated to a certain accommodation experience, by a global viewpoint built from previous accommodation experiences and other information sources (Gould-Williams, 1999) - and used to evaluate quality, to ascertain satisfaction and to form expectations about future consumption experiences (Yi & La, 2003).

There are several aspects of hotel services that can be evaluated by customers and that mirror their satisfaction toward them. Among them, the following have been ranked as vital: cleanliness (placed as the most important, e.g., clean bedroom and bathroom); quality staff and service (e.g., politeness of staff, efficacy of service, responsiveness of staff, promptness of service, friendliness of staff), and safety and security (e.g., Callan & Bowman, 2000; Lockyer, 2002).

The literature propose that service quality is antecedent to customer satisfaction and that customer satisfaction is antecedent to customer loyalty (e.g., Caruana, 2002; McDougall & Levesque, 2000). Indeed, investigation with frontline employees and customer interactions state that customer-oriented behavior of service employees is crucial for the success of service

encounters and to increase customer satisfaction and loyalty (e.g., Stock, 2016; Wieseke et al., 2012).

2.2.3. Customer brand loyalty and WOM

Over the last decades, the service sector (e.g., hotels) has experienced an extraordinary evolution which has raised consumerism by making customers more active and demanding, which turned the concept of customer brand loyalty even more central to both marketing scholarship and practice (Khamitov et al., 2019; Toufaily et al., 2013; Van Lierop & El-Geneidy, 2016). Hospitality organizations currently acknowledge that their existence and growth is contingent on their ability to create exclusive, unforgettable, and positive experiences for customers (Walls et al., 2011). Thus, hospitality companies are betting on personalized experiences that link these firms with their customers and facilitate the development of brand ambassadors and co-creators of value, thereby enhancing customer loyalty and company profitability (Kandampully et al., 2015). Also, scholars have shown that consumer-brand relationships (CBRs) are a powerful mechanism in building customer brand loyalty (Khamitov et al., 2019). Therefore, we may find in the literature five main concepts to mirror the relationships established between consumers and brands: brand attachment, brand love, self-brand connection, brand identification, and brand trust (see Table 2.1).

Table 2.1 *Consumer-brand relationships concepts' definitions.*

Concepts	Definition	Authors
Brand attachment	"Emotion-laden target-specific bond between a person and a specific brand".	Thomson et al., 2005, p. 78.
Brand love	"Degree of passionate emotional attachment a satisfied consumer has for a particular trade name".	Carroll & Ahuvia, 2006, p. 81.
Self-brand connection	"The extent to which individuals have incorporated brands into their self-concepts" with consumers using brands to express who they are or who they aspire to be.	Escalas & Bettman, 2003, p. 340. Escalas, 2004.
Brand identification	"A consumer's perceived state of oneness with a brand".	Stokburger-Sauer et al., 2012, p. 407.
Brand trust	"The willingness of the average consumer to rely on the ability of the brand to perform its stated function".	Chaudhuri & Holbrook, 2001, p. 82.

It is known that these different CBR features are positive predictors of customer brand loyalty (Homburg et al., 2009; Mazodier & Merunka, 2012). Although Khamitov et al. (2019) recent meta-analysis shows that from the five main brand relationship constructs, love-based and attachment-based brand relationships are most strongly linked to customer brand loyalty, in our study we will focus mainly on brand trust to explain the relationships established between consumers and brands and customer brand loyalty. Undeniably, literature as shown that brand trust is a reliable predictor of customer brand loyalty, since it has been shown to be effective at creating or reinforcing customer brand loyalty. Indeed, it is known that brand trust is a reliable predictor of repeat purchase (Ashworth Dacin & Thomson, 2009). Thus, due to the positive impact of brand trust on customer brand loyalty, this concept can be conceptualized as a brand loyalty driver.

According to Chaudhuri and Holbrook (2001, p. 82), brand trust can be defined as "the willingness of the average consumer to rely on the ability of the brand to perform its stated function". It's related not only to the consumers' belief that the brand is honest and safe, and to the subjective feelings of reliance on the brand (Khamitov et al., 2019). But is related also to the feeling of security held consumers that the brand will meet their consumption expectations (Delgado-Ballester & Munuera-Alemán, 2001).

Loyal customers are willing to pay more for hospitality services, express stronger buying intentions, and resist switching companies (Evanschitzky et al., 2012). Customer loyalty is thus one of firms' most enduring assets (Kandampully et al., 2015), allowing them to achieve long-term competitive advantages in competitive global markets (Aksoy, 2013) by creating mutually beneficial long-term relationships with their customers (Kandampully et al., 2015).

According to the literature, currently, customer WOM is considered a central element of customer loyalty (Garnefeld et al., 2011). When customers act as brand ambassadors, they become one of the most important assets contributing to hospitality companies' success (Solnet & Kandampully, 2008). This is mainly because hospitality companies' services cannot be tested prior to acquisition (Ng et al., 2011), which makes customer WOM a valuable information source—online and offline— to those evaluating service quality. Loyal customers are credible WOM providers who help attract friends, family, and other potential customers to businesses (Garnefeld et al., 2011) since WOM serves as peer guidance that can influence consumers' decision making, product evaluations, and purchase intentions (Kandampully et al., 2015). For instance, Gremler and Gwinner (2000) observe that rapport reflects customers' perceptions of enjoyable interactions with employees and correlates positively with trust (Macintosh, 2009). However, interactions between customers and employees may cease to be enjoyable and

positive if workers display symptoms of illness or impaired health.

Customers expect safety and security in hotel services a sign of service quality. According to Hemmington's (2007) hospitality experience framework, customers safety and security emerge as one of the five dimensions of customer experience, along with the host-guest relationship, generosity, theatre and performance and small surprises. This framework focus on how to provide customers with experiences that are personal, unforgettable and valuable to their lives, which ultimately drive their intention of consuming again. Focusing on the safety and security dimension, Hemmington (2007) state that this is an aspect that is often neglected and possibly not sufficiently recognized and that customer's security in hospitality should be the primary concern rather than on hospitality resources and procedures security. Thus, maintaining customers safety and security is one of the main services that hotels should offer. Hence, when people are worried about contracting a disease, they try to escape or distance themselves from the source of infection (Luksyte et al., 2015). Accordingly, when a hotel lets a visually sick employee serve customers directly, while threatening to contaminate them, we are facing a hotel that threatens customers safety and fails to provide the expected service quality in a consistent manner. Thus, in this study we conceptualize the encounter between a customer and a visibly sick employee as "service failure", since if a hotel allows a sick employee to serve customers, it is actively compromising the health safety of the customer.

Therefore, we propose that if employees are sick, customers will tend to avoid these staff members, which may decrease their trust in, satisfaction with, and loyalty to the hospitality company in question and generate negative WOM. Likewise, this might tend to occur because the customer perception of poor quality of service might lead to less customer loyalty even in the case of a non-recurrent service failure. To test this assumption, we have created a quasi-experimental design based on a two-time evaluation. First, we started by asking respondents (i.e., T1) to evaluate their last tourist accommodation experience (i.e., recommend and return intentions) without presenting to the respondent any sickness cue. Then, to test for the possible effect of hotel employees' sickness symptoms (i.e., sickness presenteeism) on customers' evaluations, we provided a sickness cue to the respondents (scenario manipulation). We then asked the respondents to evaluate how likely they were to recommend and return to the last tourist accommodation where they had stayed if they had an encounter with a sick employee (i.e., T2) (see Figure 2.1). A more detailed explanation about our quasi-experimental design can be seen in our method section.

Thus, the following hypothesis was proposed for the present study:

Hypothesis 1a: Employees' sickness impacts the relationship between customers' recommendation intentions (i.e., to positive WOM) toward the tourist accommodation in question at Time 1 (T1) and customers' recommendation intentions toward the same tourist accommodation at Time 2 (T2).

Thus, when employees show symptoms of an illness, customers will have weaker recommendation intentions toward the tourist accommodation in question compared to when employees do not show any symptoms. This led us to formulate the second part of this hypothesis:

Hypothesis 1b: Employees' sickness impacts the relationship between customers' return intentions toward the tourist accommodation in question at T1 and customers' return intentions toward the same tourist accommodation at T2.

In other words, when employees show symptoms of illness, customers will have weaker return intentions toward the tourist accommodation in question compared to when employees do not exhibit any symptoms.

2.2.4. Workforce diversity in the hospitality industry

As mentioned above, the hospitality industry has a strong tradition of workforce diversity particularly in terms of the role that foreign employees have played since this industry's earliest development (Baum, 2012). This ethnically diverse workforce has emerged as a way to cope with the seasonality and fluctuating demand that characterize the industry (Joppe, 2012) and its sustainability and consequently economies continue to depend in part on foreign employees. In fact, the International Labor Organization (2015) states that employing a diverse workforce and managing it effectively offer benefits to businesses.

Nevertheless, since service co-production emerges as a crucial service feature with a visible social component attached to it, perceived ethnic differences between customers and employees may have negative implications for the service quality assessment. Thus, to explain the relationship between fear of contagion and employees' ethnicity, this study's assumptions were drawn from SIT (Tajfel & Turner, 1979). In addition, based on recent studies in this field, we used the term ethnicity to denote both cultural groupings and groupings defined by culturally-

determined physical markers such as skin tone (e.g., Richeson & Sommers, 2016).

SIT defends that individuals use social comparisons to organize their social world and process information about other individuals and/or groups (Tajfel & Turner, 1979). This theoretical approach defends three main ideas. First, individuals are motivated to maintain a positive self-concept (i.e., as "I" and "me"). Second, individuals' self-concept derives mainly from group identification, and social behavior structures their sense of themselves as members of social groups (i.e., as "us and "we"). Last, individuals establish positive social identities by favorably comparing their in-group against out-groups and see themselves as having more positive attributes than others do (Haslam, 2014; Operario & Fiske, 1999).

Hence, SIT is tightly linked to self-categorization theory (Turner et al., 1987), since in the pursuit of a salient social identity, people are motivated and tend to emphasize as much as possible positive intergroup distinctiveness (Hogg & Abrams, 1988). This tendency can be characterized as a positive self-concept as a result of a favorable comparison of their in-group to an outgroup on important dimensions and attributes (Böhm et al., 2018). Also, this propensity contributes to in-group favoritism, this is the proclivity to respond more positively to individuals from our ingroups than we do to individuals from outgroups (Hewstone et al., 2002; Stangor et al., 2011). Therefore, according to SIT, individuals thus have an implicit tendency to fear outgroups and their members and to associate them through stereotypes with danger-connoting characteristics (Schaller & Neuberg, 2008).

Relying on this chain of reasoning, the present study focused on the perceived threat of disease, which has been found to predict heightened bias toward ethnic out-groups (e.g., Aarøe et al., 2016; Faulkner et al., 2004; Makhanova et al., 2015). The central question in this context is why concerns about contagious diseases might contribute to individuals' bias toward people categorized as out-groups. Individuals who perceive threats of disease are motivated to avoid sick people, especially given cues to foreignness that trigger behavioral immune system responses such as avoidance, disgust, and physical distancing. These disease-avoidance mechanisms can play a role in prejudice against members of unfamiliar ethnic out-groups (Schaller et al., 2003). Specially because since individuals usually prefer to stay healthy, they choose to avoid interactions with others who appear to be physically sick (Crandall & Moriarty, 1995).

Building on these findings, the present study proposed that individuals may tend to distance themselves from outgroup members when the latter show symptoms of sickness. In the context of employee-customer interactions, we propose that minority employees' presenteeism behaviors may lead to greater levels of customers' fear of contagion when employees are

demographically dissimilar to them. This fact may jeopardize customers perception of a quality service.

The Portuguese hospitality industry's workforce is characterized by diversity in terms of ethnicities and nationalities. The present study thus proposed that the fear of contagion associated with sickness presenteeism among demographically dissimilar individuals may also negatively influence customers' emotional and behavioral responses. These negative emotions can lead to less customer satisfaction and decreased customer loyalty, which may contribute to more unfavorable behavioral reactions such as negative WOM. As stated before, this may tend to occur due the customer perception of poor quality of service, even in the presence of one single service failure.

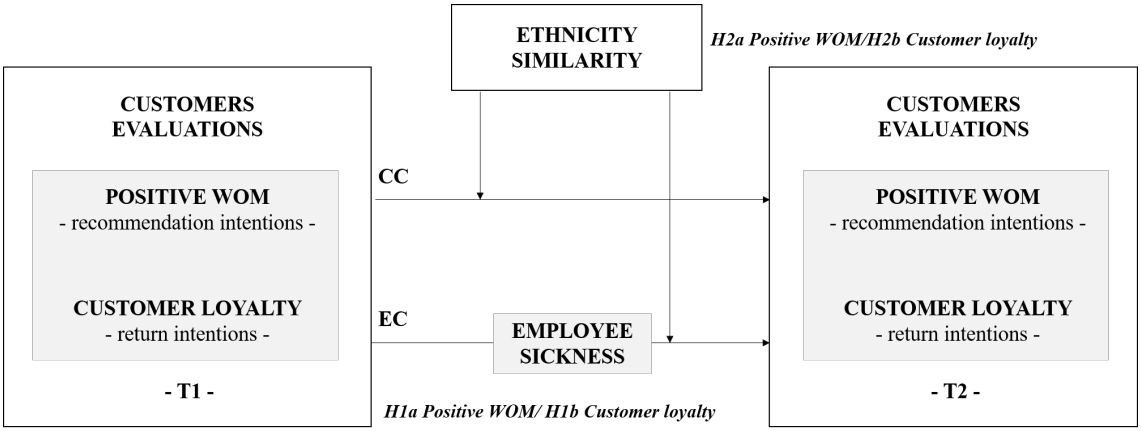
Thus, the following hypothesis was formulated for this research:

Hypothesis 2a: Employees' sickness and ethnicity impact the relationship between customers' recommendation intentions (i.e., to spread positive WOM) toward the tourist accommodation in question at T1 and customers' recommendation intentions toward the same tourist accommodation at T2.

More specifically, when employees show symptoms of sickness and when these individuals are dissimilar to customers in terms of ethnicity, customers will have weaker recommendation intentions toward the tourist accommodation in question. Thus, we further proposed the following hypothesis:

Hypothesis 2b: Employees' sickness and ethnicity impact the relationship between customers' return intentions toward the specific tourist accommodation in question at T1 and customers' return intentions toward the same tourist accommodation at T2.

Thus, when employees show symptoms of sickness and when these workers are dissimilar to customers in terms of ethnicity, the customers will have weaker return intentions toward the tourist accommodation in question. The research design and conceptual model of the above research hypotheses is presented in Figure 2.1.



Note. T1 = Time 1; T2 = Time 2; CC = control/no disease condition; EC = experimental/disease condition.

Figure 2.1 *Proposed conceptual framework and quasi-experimental design.*

2.3. Method

2.3.1. Sample and procedures

This study sought to investigate the negative consequences of employees' sickness. A quasi-experimental approach was applied to determine how the presence of sick hospitality employees—versus the no disease group —affects customers' fear of contagion and intentions to recommend and/or return to stay in hotels. An example of the materials used is presented in Figure 2.2.

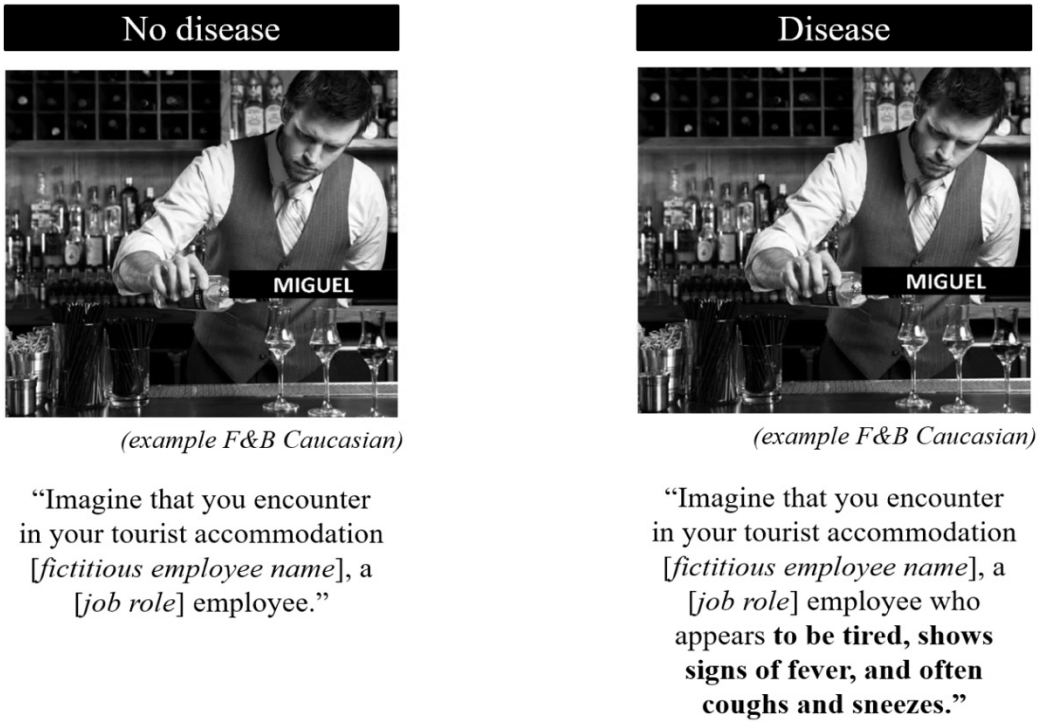


Figure 2.2 *Example of materials used in the disease and no disease conditions.*

To achieve our objectives, we collected data from 581 participants, recruited using convenience sampling with previous tourist accommodation experiences (i.e., in hotels or others similar). The participants' mean (*M*) age was 31 years old (*M* = 31.46; standard deviation [*SD*] = 13.13; minimum = 17; maximum = 79). Most participants (63.9%) have a higher education degree and Portuguese nationality (84.3%) and are Caucasian (93.1%). Regarding participants' tourist accommodation experience, most had stayed in hotels in Europe (80.2%). The type of travel reported most often was couples (32%) and families (29.4), and the average money spent on their last stay was €372.78 (*SD* = 634.78). Table 2.2 shows the frequencies regarding the participants' distribution per condition (i.e., no disease vs. disease) and the scenarios' characteristics regarding ethnicity and job role.

Table 2.2 *Number of participants per condition.*

Condition	Group	*N*
1. Front Office Caucasian*	No disease	30
2. Front Office Black**	No disease	31
3. Front Office Brazilian***	No disease	31
4. F&B Caucasian	No disease	31
5. F&B Black	No disease	32
6. F&B Brazilian	No disease	31
7. Housekeeping Caucasian	No disease	30
8. Housekeeping Black	No disease	33
9. Housekeeping Brazilian	No disease	31
10. Front Office Caucasian	Disease	36
11. Front Office Black	Disease	33
12. Front Office Brazilian	Disease	34
13. F&B Caucasian	Disease	37
14. F&B Black	Disease	30
15. F&B Brazilian	Disease	34
16. Housekeeping Caucasian	Disease	30
17. Housekeeping Black	Disease	34
18. Housekeeping Brazilian	Disease	33
Total	Disease	581

Note. *N* = number; F&B = food and beverage; * white employees; ** black employees; *** Brazilian ancestry employees.

The data were collected using a self-report questionnaire in one of two versions—digitalized or paper—depending on the respondents' preference. The questionnaire started by asking respondents (i.e., T1) about their last tourist accommodation experience. More specifically, the item sought to determine how likely the respondents would be to (1) recommend that hotel to their families, friends, or colleagues and (2) return to stay in that accommodation facility.

Next, we controlled for the effects of three different jobs (i.e., hotel maid; cafe, bar, or restaurant attendant; and receptionist) and three different ethnicities and nationalities (i.e., Brazilian ancestry, Caucasian/White, and Black). To this end, the questionnaire at Time 2

presented the employees' pictures to the respondents along with the following sentence: "Imagine that you encounter in your tourist accommodation [fictitious employee name], a [job role] employee." Since Brazilian nationality is more difficult to identify through an image, we added the employees' nationality to the picture descriptions.

In addition, we manipulated the employees' sickness-health features. In the disease group, the questionnaire informed the respondents that the employee presented symptoms of a severe cold by including the following description. "Imagine that you encounter in your tourist accommodation [fictitious employee name], a [job role] employee who appears to be tired, shows signs of fever, and often coughs and sneezes."

We sought to test for the possible effect of hotel employees' sickness symptoms (i.e., sickness presenteeism) on customers' intentions to recommend and return to the tourist accommodation in which they stayed. Thus, the respondents were asked a second time (i.e., T2) how likely they would be to recommend and return to that specific hotel. In total, the study involved nine different groups—each one with a no disease condition and a disease condition measured at T1 and T2.

To guarantee ethical research practices, this study complied with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (2010) and the Ordem dos Psicólogos Portugueses (Ordem dos Psicólogos Portugueses, 2011). Before filling out the questionnaire, respondents were provided with information about the research objectives, completion instructions, and voluntary participation and were assured of the confidentiality and anonymity of the data collected. The data were inserted in a database and analyzed using Statistical Package for the Social Sciences version 25.0.

2.3.2. Scenarios' test

To ensure that the images chosen to illustrate the different job roles and ethnicities and/or nationalities were neutral, this is, did not show any type of disease, we pre-tested all images with a small sample of respondents with similar characteristics to the overall sample. We collected data from 34 participants using an online self-report questionnaire. The respondents selected were presented, for each scenario, with the following sentence: "In terms of the employee's state of health, this image suggests that this person is. . ." The item was answered on a 7- point Likert-type scale (1 = "not sick at all"; 10 = "very sick"). The M value for all conditions is 1.97, which shows that the scenario pictures chosen to illustrate the different job roles and ethnicities and/nationalities are neutral, that is, do not depict any type of disease (Table 2.3).

Table 2.3 *N of respondents per condition and M and SD for evaluation of scenarios' neutrality.*

Scenarios	*N*	*M*	*SD*
1. Front Office Caucasian	34	1.94	1.278
2. Front Office Black	34	2.21	1.591
3. Front Office Brazilian	34	1.91	1.401
4. F&B Caucasian	34	2.03	1.243
5. F&B Black	33	2.06	1.273
6. F&B Brazilian	33	2.06	1.171
7. Housekeeping Caucasian	33	1.70	1.075
8. Housekeeping Black	33	1.64	1.168
9. Housekeeping Brazilian	33	2.15	1.253

2.3.3. Instruments

The questionnaire was based on self-report instruments developed to measure customer loyalty, positive WOM, and fear of contagion. These are described below in greater detail.

Customer loyalty. Customer loyalty was measured with one item adapted from the Net Promoter Score instrument developed by Reichheld (2003). The questionnaire asked respondents the following question: "How likely is it that you would return to stay in the tourist accommodation in which you stayed?" This item was answered on a 10-point Likert-type scale (1 = Not likely; 10 = Very likely).

Positive WOM. To measure positive WOM, one item was adapted from Reichheld's (2003) Net Promoter Score instrument. The questionnaire asked participants the following question: "How likely is it that you would recommend the tourist accommodation in which you stayed to your families, friends, or colleagues?" This item was answered on a 10-point Likert-type scale (1 = Not likely; 10 = Very likely).

Ethnicity similarity. We created the variable of ethnicity similarity from the responses to the items on respondents' ethnicity and from the information about the scenarios' ethnicity. We then dummy coded ethnicity similarity as "0" to indicate a match in ethnicity between the respondent and the scenario ($N = 167$) and as "1" to denote a mismatch ($N = 183$).

Demographic information was also collected, such as customers' ethnicity, which was used to analyze employee-customer similarity and/or dissimilarity.

2.4. Results

Ms, *SDs*, and correlations are presented in Table 2.4. The results show that positive WOM at T1 is positively related to customer loyalty at T1 (r = .783; p < .01) and positive WOM (r = .556; p < .01) and customer loyalty (r = .547; p < .01) at T2. Ethnicity similarity is only positively related to customer loyalty at T2 (r = .115; p < .05).

Table 2.4 *Descriptive statistics and correlations among studied variables.*

Variables	*N*	*M*	*SD*	Correlations			
				1	2	3	4
1. Positive WOM T1	581	7.83	2.17				
2. Customer Loyalty T1	581	7.27	2.73	.783**			
3. Positive WOM T2	581	6.71	2.43	.556**	.520**		
4. Customer Loyalty T2	581	6.60	2.59	.547**	.663**	.857**	
5. Ethnicity Similarity	350	–	–	.079	.045	.115*	.087

Note. ** p < .01; * p < .05.

2.4.1. The impact of employee sickness on customers return and recommendation intentions

The main goal of this research was to examine the impact of employees' sickness on customers return (i.e., customer loyalty) and recommendation (i.e., positive WOM) intentions. For this purpose, both dependent variables (customers return and recommendation intentions), measured on T1 and T2, were analyzed separately. Accordingly, we have conducted an analysis considering the design 2 (disease/no disease) × 2 (T1 vs. T2) repeated-measures ANOVA for each dependent variable.

Firstly, to test Hypothesis 1a, we sought to understand the relationship between the employees' sickness and customers' recommendation intentions (i.e., positive WOM) at T1 versus T2. Results showed a main effect of employee sickness on customers' recommendation intentions (i.e., positive WOM) toward specific tourist accommodations (F(1, 579) = 98.278; p < .001; η_p^2 = .145). Figure 2.3 shows that, in both conditions (i.e., no disease vs. disease),

participants tended to recommend their tourist accommodation more at T1 versus T2 (MT1$_{CC}$ = 7.77 vs. MT2$_{CC}$ = 7.51; MT1$_{EC}$ = 7.89 vs. MT2$_{EC}$ = 5.97). The difference between T1 and T2, however, is greater in the disease condition, namely, when the employees show symptoms of sickness (see Figure 2.3). This means that, when employees appear to be sick, customers tend to have weaker recommendation intentions toward the specific tourist accommodation in question. This result supports Hypothesis 1a, that is, that employees' sickness impacts the relationship between customers' recommendation intentions toward a tourist accommodation at T1 and customers' recommendation intentions toward the same company in T2.

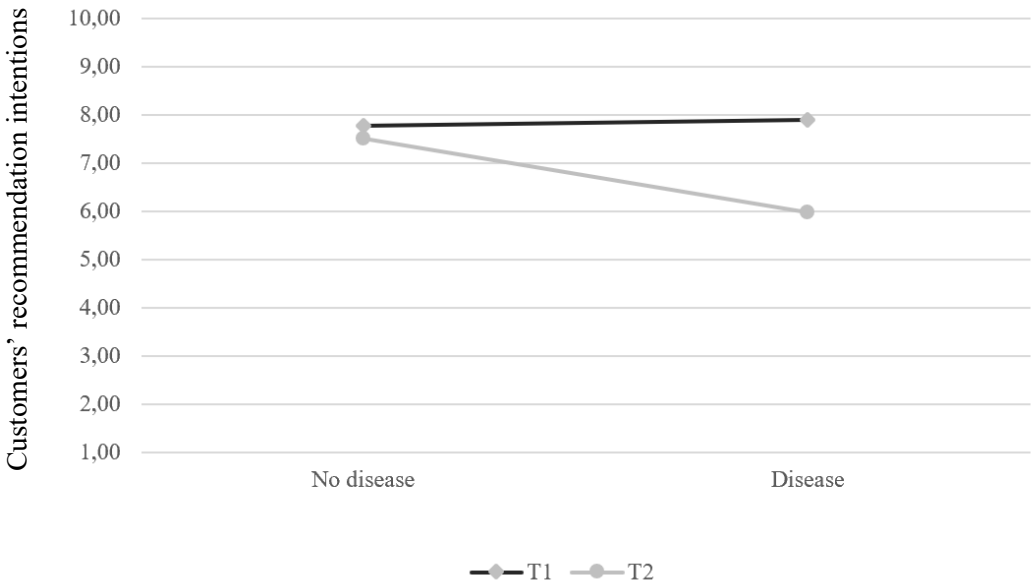


Figure 2.3 *Main effect of employees' sickness (i.e., no disease vs. disease) on customers' recommendation intentions (i.e., positive WOM) at T1 versus T2.*

Secondly, to test Hypothesis 1b, we examined the relationship between employees' sickness and customers' return intentions (i.e., customer loyalty) at T1 vs. T2. Results showed a main effect of employee sickness on customers' return intentions (i.e., customer loyalty) toward specific tourist accommodations (F(1, 579) = 61.421; p < .001; η_p^2 = .096). Figure 2.4 shows that, in both conditions (i.e., no disease vs. disease), participants tended to plan to return more definitely to the tourist accommodation at T1 vs. T2 (MT1$_{CC}$ = 7.25 vs. MT2$_{CC}$ = 7.28; MT1$_{EC}$ = 7.29 vs. MT2$_{EC}$ = 5.97). However, the difference between T1 and T2 is greater in the disease condition, namely, when the employees' show symptoms of sickness (see Figure 2.4). This means that, when employees are sick, customers tend to have weaker return intentions toward the tourist accommodation in question. The results thus support Hypothesis 1b, that is,

that employees' sickness impacts the relationship between customers' return intentions toward a specific tourist accommodation at T1 and customers' return intentions toward the same tourist accommodation at T2.

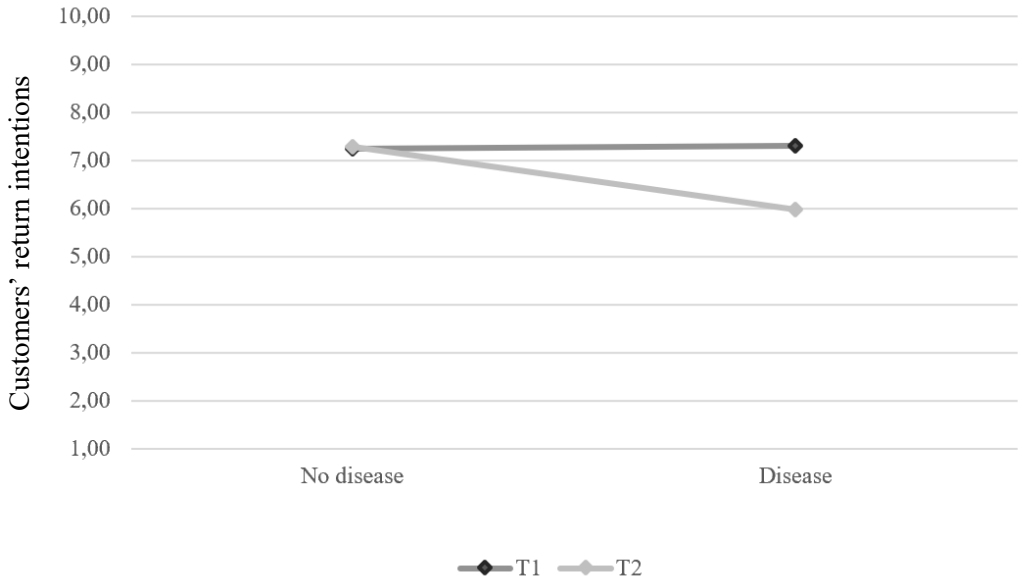


Figure 2.4 *Main effect of employees' sickness (i.e., no disease vs. disease) on customers' return intentions (i.e., customer loyalty) at T1 versus T2.*

2.4.2. The impact of employee sickness and ethnicity similarity on customers return and recommendation intentions

Our second goal was to examine the impact of employees' sickness (disease vs. no disease) and ethnicity similarity (similar vs. non similar) on customers return and recommendation intentions (T1 vs. T2). For this purpose, both dependent variables (customers return and recommendation intentions), measured on T1 and T2, were analyzed separately. Accordingly, we have conducted an analysis considering the design 2 (disease/no disease) × 2 (similar/non-similar) × 2 (T1 vs. T2) repeated-measures ANOVA for each dependent variable.

Thus, to test Hypothesis 2a, we sought to understand the relationship between employees' sickness, customers' recommendation intentions (i.e., positive WOM) at T1 vs. T2, and ethnicity similarity (i.e., similar vs. non-similar). The results reveal a main effect of employee sickness (no disease vs. disease) on customers' recommendation based on a repeated measures ANOVA ($F(1, 346) = 50.602$; $p < .001$; $\eta_p^2 = .128$). In addition, the results show a main effect of ethnicity similarity based on a repeated measures ANOVA ($F(1, 346) = 7.483$; $p = .007$; $\eta_p^2 = .021$).

Figure 2.5 reveals that, while under no disease conditions (i.e., when employees do not show any symptoms of sickness), participants present almost no difference between their intentions to recommend their accommodations at T1 vs. T2 for both similar (*M*T1 = 7.50 vs. *M*T2 = 6.92) and non-similar ethnicity conditions (*M*T1 = 7.92 vs. *M*T2 = 8.10). Otherwise, while in disease conditions (i.e., when employees appear to be sick), participants tend to have weaker recommendation intentions at T1 vs. T2 for both similar (*M*T1 = 7.56 vs. *M*T2 = 6.10) and non-similar ethnicity (*M*T1 = 7.83 vs. *M*T2 = 6.03) conditions.

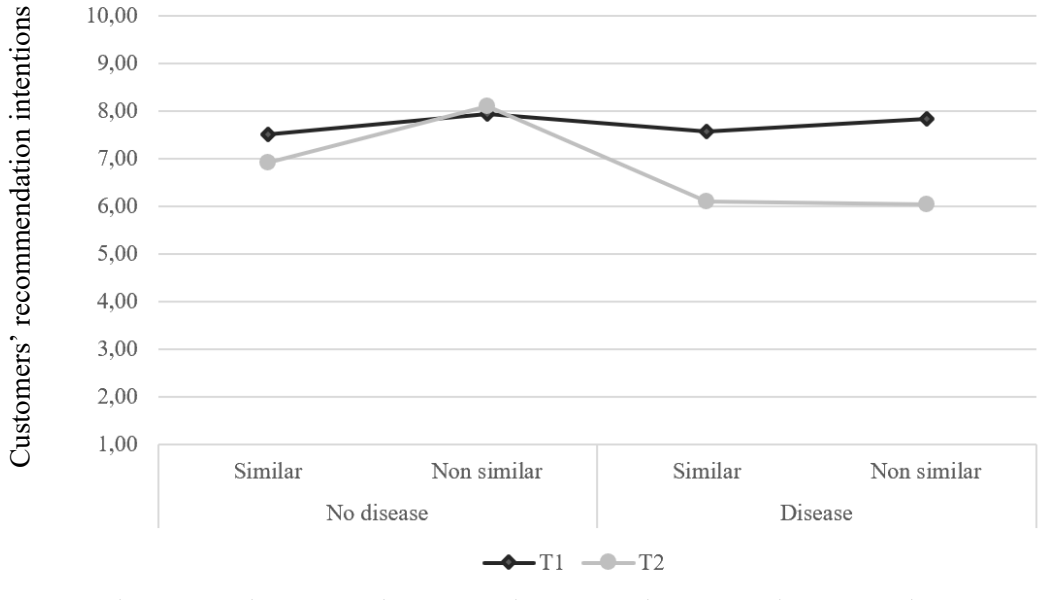


Figure 2.5 *Interaction effects of employees' sickness (no disease vs. disease), recommendation intentions (i.e., customer loyalty) at T1 vs. T2, and ethnicity similarity.*

A further analysis was carried out of these results using a repeated measures ANOVA ($F(1, 171) = .920$; $p = .339$; $\eta_p^2 = .005$) to test if there were significant differences between similar and non-similar ethnicity conditions when employees' were sick (i.e., for the disease condition). The results showed that the *M* differences between the similar and non-similar ethnicity disease conditions between T1 and T2 were not significant.

To test Hypothesis 2b, we examined the relationship between employees' sickness and customers' return intentions at T1 vs. T2 and for ethnicity similarity (i.e., similar vs. non-similar). The results reveal a main effect of employee sickness (no disease vs. disease) on customers' return intentions (i.e., customer loyalty) toward specific tourist accommodations based on a repeated measures ANOVA ($F(1, 346) = 31.108$; $p < .001$; $\eta_p^2 = .082$). However,

the results did not show a main effect of ethnicity similarity ($F(1, 346) = .914$; $p = .340$; $\eta p^2 = .003$). In addition, the interaction effect between employees' sickness, customers' return intentions at T1 vs. T2, and ethnicity similarity is not significant ($F(1, 346) = .919$; $p = .339$; $\eta_p^2 = .003$).

As can be seen in Figure 2.6, in no disease conditions (i.e., when employees do not display any symptoms of sickness), participants show almost no difference between their intentions to return to an accommodation at T1 vs. T2 for both similar (MT1 = 6.88 vs. MT2 = 6.79) and non-similar ethnicity conditions (MT1 = 7.50 vs. MT2 = 7.81). In contrast, in disease conditions (i.e., when employees appear to be sick), participants tend to report weaker return intentions at T1 vs. T2 for both similar (MT1 = 7.16 vs. MT2 = 6.07) and non-similar ethnicity (MT1 = 7.04 vs. MT2 = 5.96) conditions. Table 2.5 summarizes all presented results.

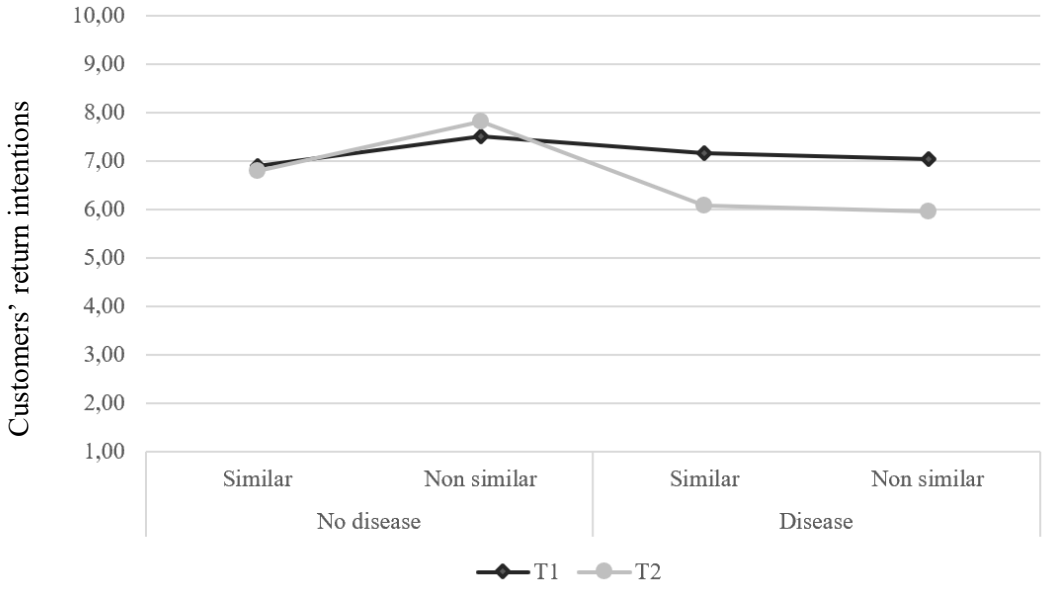


Figure 2.6 *Interaction effects of employees' sickness (no disease vs. disease), return intentions (i.e., customer loyalty) at T1 vs. T2, and ethnicity similarity.*

Table 2.5 *Means and SDs for employee sickness (N=581) and ethnicity similarity (N=350) effects.*

		Recommend intentions				Return intentions			
		T1		T2		T1		T2	
		M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Employee Sickness (*N* = 581)									
No Disease		7.77	2.16	7.51	2.21	7.25	2.71	7.28	2.47
Disease		7.89	2.17	5.97	2.39	7.29	2.76	5.97	2.54
Total		7.83	2.17	6.71	2.43	7.27	2.73	6.60	2.59
Ethnicity Similarity (*N* = 350)									
Non-Similar	No disease	7.92	2.20	8.10	1.90	7.50	2.65	7.81	2.27
	Disease	7.83	2.26	6.03	2.27	7.04	2.90	5.96	2.38
	Total	7.87	2.23	7.06	2.33	7.27	2.78	6.88	2.50
Similar	No disease	7,50	2.27	6.92	2.35	6.88	2.78	6.79	2.51
	Disease	7.56	2.10	6.10	2.28	7.16	2.73	6.07	2.42
	Total	7.53	2.18	6.52	2.35	7.02	2.75	6.44	2.48
Total	No disease	7.72	2.24	7.53	2.20	7.20	2.72	7.32	2.44
	Disease	7.70	2.18	6.06	2.27	7.10	2.82	6.01	2.39
	Total	7.71	2.21	6.80	2.35	7.15	2.76	6.67	2.50

2.5. Discussion

This research was designed to answer the question: Do hotel employees' sickness and ethnicity affect customers' loyalty and positive WOM? We focused essentially on the Portuguese tourism sector, due to its current worldwide economic importance and visibility (Ferreira et al., 2017) and because it is a sector with high demands in terms of human resource practices and evident presenteeism cultures/climates (Deery & Jago, 2009).

As expected, the results confirm that employees' sickness impacts the relationship between customers' recommendation intentions (i.e., to spread positive WOM) toward specific tourist accommodations at T1 and their recommendation intentions toward the same tourist accommodations at T2. This means that, when employees appear to be sick, customers tend to have weaker recommendation intentions (i.e., to spread positive WOM) toward specific tourist accommodations compared to when employees appear healthy.

Similarly, the results reveal that employees' sickness also impacts the relationship between customers' return intentions toward certain tourist accommodations at T1 and customers' return intentions toward the same tourist accommodations at T2. Thus, when employees show symptoms of sickness, customers tend to have weaker return intentions (i.e., less customer loyalty) toward particular tourist accommodations compared to when employees do not appear to be sick. These results support both Hypothesis 1a and Hypothesis 1b.

Our findings show that individuals are alert to cues in the environment that signal the possible presence of disease. During service co-production, customers are aware of employees' sickness symptoms which not only threatens their health (Luksyte et al., 2015) but also defrauds their expectation of a quality service. According to the present study's results, customers not only tend to avoid hotels that endanger their health and fail to provide a quality service, but also, they tend to prevent others from encountering the same situation by developing weaker recommendation intentions. Thus, our findings suggest that employees' presenteeism behaviors have a potentially negative effect for hotels' success, since they decrease customers' loyalty and intentions to spread positive WOM. Undeniably, this indicates that when hotels fail to provide key features of quality service such as safety and security (Hemmington, 2007), they are threatening their own success by allowing their employees to work while feeling sick. Hence, we state that presenteeism behaviors in the hospitality industry may have a potentially negative effect on hotels profitability.

Our results also revealed significant effects that support that employees' sickness and ethnicity impact the relationship between customers' recommendation intentions (i.e., to spread

positive WOM) toward specific tourist accommodations at T1 and customers' recommendation intentions toward the same tourist accommodations at T2. Nonetheless, it's important to notice that the present study shows an effect size near zero when we include ethnicity similarity variable, which may mean that even though our hypothesized relationship (H2a) is statistically significant, it may not have readily observable impacts in real life. This conclusion is crucial since Cohen (1992) highlights the importance of reporting and analyzing effect sizes to assess the practical significance of results, this is what are the practical consequences of the findings for daily life. Indeed, according to Lakens (2013), effect sizes are a very useful outcome of empirical studies since researchers aim to understand whether an intervention or experimental manipulation has an effect greater than zero and how big the effect is. This being said, our supplementary analysis' results revealed that when employees show sickness symptoms, participants present no significant differences between their intentions to recommend touristic accommodations at T1 vs. T2 regardless of employees' ethnicity. Due to this fact we rejected Hypothesis 2a.

Also, hypothesis 2b was not supported. The results did not show that employees' sickness and ethnicity impact the relationship between customers' return intentions toward specific tourist accommodations at T1 and these individuals' return intentions toward the same tourist accommodations at T2. Therefore, when employees both engage in sickness presenteeism and come from dissimilar ethnic groups, customers do not show weaker return intentions toward the tourist accommodations compared to when these customers are similar to employee in terms of ethnicity.

Henceforth, our results refute previous studies that defend that perceived threats of disease foresee heightened bias toward ethnic outgroups (e.g., Makhanova et al., 2015) and in-group favoritism (Navarrete & Fessler, 2006). Overall this evidence suggests that ethnicity-related dissimilarities between customers and hotel employees may not enhance customers' tendency to recommend and rebook a hotel less often when employees present sickness presenteeism behaviors. In other words, results show that sickness symptoms per se may have such a strong negative effect on the customer that they render the effect of ethnic dissimilarities negligible or even inexistent.

2.5.1. Theoretical and practical contributions

Firstly, our research adds to the marketing field by showing that customer loyalty and positive WOM have an important role for hospitality companies. This happens mainly because brand or company loyalty, defined as having a positive attitude toward the company brand (Yi & Jeon,

2003), it's dependent on customers' emotional states, since it incorporates the underlying psychological state that reflects the affective nature of the relationship between the individual customer and the provider, leading to favorable attitudes (Gundlach et al., 1995). Accordingly, our results show that the perceived quality of the relationship between a customer and a company can be harmed when company employees are sick, leading to weaker return and recommendation intentions toward tourist accommodations. This may happen not only because customers try to escape or distance themselves from a source of infection (Luksyte et al., 2015), but mainly because they are compensating themselves for the hotel service failure. In fact our findings showed us that customers' expectations of a quality service are endangered when they have to deal with noticeably sick employees, especially because they feel defrauded by the company not providing them valued and expected aspects of hotel services such as quality staff and service, and safety and security (e.g., Callan & Bowman, 2000; Hemmington, 2007; Lockyer, 2002).

This evidence is crucial to hospitality companies since gaining customer loyalty is an important goal of marketing strategies in order to retain and hold their customers (Aksoy, 2013). Nonetheless, it is a prime concern that companies make conscious efforts to optimize their investments in customers' loyalty. And to do so they need to be aware of the potential vulnerabilities in loyalty formation and the importance of sustaining service quality throughout the customers stay in order to maintain their loyalty.

Secondly, the present study enriches the literature on sickness presenteeism in various ways. First, our research produced significant findings that add to the scarce literature on presenteeism in the hospitality sector. According to Martinez and Ferreira (2012), presenteeism is particularly prevalent in the education and welfare and health sectors. Researchers also acknowledge that hospitality and tourism organizational cultures promote presenteeism behaviors (Deery & Jago, 2009) due to inherent job characteristics and demands. Also, it extends the existing literature (e.g., Arslaner & Boylu, 2017) providing a broad perspective on sickness presenteeism, by focusing on the consequences of this organizational phenomena at the organization level, rather only on the individual level. Plus, it demarks itself from the extant research, by using a quasi-experimental design to explore our proposed hypotheses.

Thirdly, to our knowledge, this study is the first to explore the relationship between sickness presenteeism and customer loyalty and positive WOM in terms of ethnicity (i.e., similar and non-similar) scenarios. Accordingly, this study included patterns that are congruent with SIT (Tajfel & Turner, 1979). Still, as mentioned before, in our study the effect size of the main effect of ethnicity similarity is rather small. Indeed, although customers' withdrawal from out-

groups showed to be more apparent when employees presented sickness presenteeism behaviors, our supplementary analysis showed that there were no significant differences between ethnicity conditions in both T1 vs. T2. Overall, our results lead us to assume that our hypothesized relationship (H2a) although its statistical significance, may not have readily observable impacts in real life (Lakens, 2013).

Fourthly, this research also has important implications for hotel managers and human resources directors (HRD). More specifically, comprehensive scenarios were examined of how customers react to hospitality employees' sickness. Therefore, the findings provide information for managers and HRD regarding the potentially negative effects of sickness presenteeism and its threat to the perceived quality of hotel services. Our study highlights the importance of sustaining service quality throughout customers stays for maintaining their loyalty, showing that guests might not be willing to return and recommend a touristic accommodation after having encountered one single service failure, associated to employees' ill health. For this reason, to avoid the negative organizational consequences of sickness presenteeism, hotel board teams need to be prepared to anticipate, diagnose, and manage patterns of sickness presenteeism to generate more positive organizational outcomes.

2.5.2. Limitations and future studies

These findings should be interpreted with the following limitations in mind. The first limitation is related to the sample size as data on a larger group of participants would have provided more conclusive results. Future studies could benefit from replicating this research with a more representative sample, as well as a greater range of individuals from other populations with diverse cultural backgrounds, to increase this study's external validity and to improve understandings of presenteeism in the hospitality literature (Chia & Chu, 2017).

Replicating this research with scenarios from other ethnicities and nationalities could also produce interesting results. Moreover, future studies may consider other types of hotels and how different related variables (e.g., luxury, budget, location) influence the studied hypotheses.

We also point as a limitation the absence of manipulation checks in this study. Future studies could add manipulation checks and qualitative methodologies to verify the participants' interpretation of the customer's ill health. This manipulation check may enable researchers to understand if customers have interpreted the sick employee presence as a sign of poor service quality due to deficient occupational health and safety policies and inefficient or absence of sustainable Human Resource Management (HRM) practices.

Despite these limitations, the present study's findings provide novel insights into sickness

presenteeism by gaining a deeper understanding of how it affects the hospitality industry. The findings shed further light on presenteeism's negative outcomes for the tourism and travel sectors. These results thus enhance the existing literature on this subject, which, until now, has mostly focused on other sectors such as education, health, and welfare.

2.6. Conclusion

This study is among the first to investigate the association between sickness presenteeism and both customer loyalty and positive WOM in the hospitality sector. Our findings answer recent calls (e.g., Arslaner & Boylu, 2017) for research about the cost of presenteeism to organizations, suggesting that, when hospitality employees show symptoms of sickness, customers tend to have weaker recommendation and return intentions toward their hotels compared to when employees do not appear to be sick. This fact is intimately related to perceived service failures in terms of valued and expected aspects of hotel services such as quality staff and service, safety and security. In addition, our results show that due to perceived ethnic dissimilarity, customers do not tend to withdraw from non-similar sick employees, not showing weaker recommendation and rebooking intentions toward tourist accommodations.

Overall, our findings indicate that when hotel employees go to work despite being sick the losses faced will be not only at the individual level (e.g., compromised health and performance) but also at the organizational level since sick employees are unable to maintain an adequate level of service which lead to negative perceptions of service quality and brand image, as well as decreased customer loyalty.

This research adds to the very well-established literature on consumer-brand relationships and marketing, sickness presenteeism and social cognition, highlighting the need to diagnose and manage these behaviors in order to achieve organizational advantages.

CHAPTER 3

"Hide your sickness and put on a happy face": The role of anger and sickness surface acting in the context of a presenteeism climate[2]

Abstract

The study of emotional labor and presenteeism climates in the hotel industry is crucial due to the current context of economic uncertainty and to a climate of insecurity that forces employees to continue to show up for work even despite being sick. This research aimed to explore the effects of two antecedents of surface acting on hotel service employees' burnout levels. Sickness surface acting – the voluntary effort to suppress illness symptoms or to fake a healthy health status – was introduced as a new construct to explain the relation between a climate of presenteeism and burnout. A total of 166 employees from Portuguese hotels completed a 5-day diary survey. From these, 58 reported working while ill. The results showed that surface acting mediated the relationship between both anger and presenteeism climates, and burnout. Further analysis with a subsample of 58 employees who reported frequency of presenteeism revealed that for sick employees, sickness surface acting mediated the relationship between a presenteeism climate and burnout. These findings bring to presenteeism literature the construct sickness surface acting, highlight the importance of creating policies to reduce and manage the negative consequences of anger and presenteeism climates, and of informing human resources managers of the negative impacts of "service with a smile" and presenteeism in the hotel industry.

Keywords: presenteeism climate, sickness surface acting, emotional labor, burnout

[2] This chapter has been submitted for publication in an international indexed journal – we are currently preparing response to third round of reviews.

An early version of this article was presented at the 2020 Academy of Management meeting in Vancouver and was selected for inclusion in the 2020-proceedings as one of that year's best papers (top 10%) as:

Correia Leal, C., Ferreira, A. I., & Carvalho, H. (2020). "Smile and please hide your sickness": The role of emotions and sickness surface acting in a presenteeism climate context. *Academy of Management Proceedings*, *2020*(1), 14917. https://doi.org/10.5465/AMBPP.2020.240

3.1. Introduction

As revealed by the World Tourism Organization ([UNWTO]; 2020), the COVID-19 pandemic has brought about a historic collapse in the tourism sector. This reality reflects the insecurity and precariousness that has always been associated with the sector (O'Neil & Davis, 2010) and which has been exacerbated in this post-pandemic environment. It has put increased physical and emotional demands on workers forced to commit to more excessive work behaviors (i.e., working long hours, working despite illness) to protect their jobs (Chen et al., 2021); behaviors that will potentially have a negative effect on them by increasing their burnout levels (Asensio-Martínez et al., 2019).

In the hotel industry, with regard to achieving organizational performance goals, it is imperative that workers respond appropriately to emotional labor demands (Chi & Grandey, 2019). Due to this, emotional labor – i.e., the management of emotional displays as part of one's work role – has become a growing area of study within organizational behavior and customer service research (Grandey et al., 2015). Amongst tourism organizations, hotels are known to require employees to display cheerful and friendly emotions when interacting with customers (Kim, 2008). These emotional requirements are designated as display rules and require self-regulatory behavior from employees – surface acting and deep acting - to deliver "service with a smile" (Diefendorff & Gosserand, 2003). While deep acting involves changing one's felt emotions and aligning them with organizationally required emotions (e.g., cheerfulness, friendliness, compassion, or warmth); surface acting involves "faking" those emotions and suppressing and "hiding" one's own emotions (e.g., anxiety, sadness, exhaustion, anger; Grandey, 2015). Although in the short run, working with a smile may have positive consequences, especially for companies, by enhancing customer satisfaction (Golberg & Grandey, 2007), the effort required to maintain expressions consistent with emotional display rules over time and across interactions may be very costly for employees.

In view of that, this daily diary investigation revisits the question "how could there be a dark side to putting on a smile?" (Grandey et al., 2015, p. 771), by further analyzing surface acting antecedents and harmful impacts for hotel service employees. These negative impacts can be understood in light of the Conservation of Resources theory (COR; Hobfoll et al., 2018), since surface acting when sustained involves high levels of emotional dissonance between feelings and expressions (Kammeyer-Mueller et al., 2013) that lead to self-regulatory energy depletion. This self-regulatory energy depletion is unhealthy in the long term and may result in both increased burnout (Grandey, 2015) and a greater prevalence of sickness presenteeism

(Krannitz et al., 2015). Henceforth, this evidence reinforces the need for research that will continue to reveal which variables may contribute to the negative effects of surface acting in the hotel industry (Kwon et al., 2019).

In response to this need for such research, this study uses a daily diary approach with the goal of further analyzing the impact of understudied emotional labor antecedents (individual and contextual), as well as their impact on work-related burnout. First, we explored the effects that anger and other factors that contribute to the prevalence of a presenteeism climate have on hotel employees' surface acting and resulting burnout. By drawing on the emotion-goal congruence perspective (Grandey & Gabriel, 2015) and investigating the effect of anger states as the trigger of surface acting behavior, we distinguish ourselves from previous studies that have explored the impact of general negative affect, while disregarding the role of anger as a discrete emotion (Gibson & Callister, 2010). Indeed, when facing difficult interactions at work that have the power to induce inappropriate service emotions (e.g., customer incivility) (Grandey & Sayre, 2019), surface acting may be the first strategy individuals' resort to as being less demanding in the short-run (Beal & Trougakos, 2013) than other regulation strategies (e.g., deep acting). Also, by employing our experience sampling methodology (Heggestad et al., 2021), we enrich the existing literature by showing how surface acting, over successive and cumulative anger episodes, impacts individuals' burnout levels.

Second, we add to the literature by exploring the effects of factors that contribute to the existence of a presenteeism climate - known to create a pressure to attend work at any cost and despite being sick (Ferreira et al., 2019b). Thus, conceptually, we propose that this context characteristic, as an emotional labor antecedent, may lead to enhanced burnout levels. To explain this specific relation, we rely on the assumptions of the COR framework and propose that climates of presenteeism may have the power to initiate certain behaviors at work due to existing feelings of job insecurity. In fact, in the hospitality industry which is notorious for the high levels of job insecurity among its workers due to the precarious working conditions offered (Deery & Jago, 2015), the outbreak of the COVID-19 pandemic has exacerbated the situation (Khan et al., 2021). According to the COR theory, when individuals face the threat of resource loss, they tend to protect their existing resources to avoid falling into resource loss spirals (Hobfoll et al., 2018). For this reason, individuals may be more willing to use surface acting strategies during work since, in the short run, this strategy requires fewer resources (e.g., attentional and cognitive) to regulate felt emotions (Goldberg & Grandey, 2007) and, therefore, consumes less energy (Beal & Trougakos, 2013). At the same time, if sustained over a lengthy period, this is expected to have a negative impact on employee health through burnout due to

increased emotional dissonance and energy depletion (Hobfoll et al., 2018), which are mechanisms strongly linked to surface strategy.

Also, this study aims to further explore the effects of factors that contribute to there being a climate of presenteeism in the hotel industry. To that end, by selecting a subsample of individuals who reported going to work sick, we proposed to answer the question: "How do hotel employees deal with emotional labor demands while working sick?". This issue is of much interest given that hospitality companies tend to encourage sickness presenteeism (Deery & Jago, 2009), which has considerable negative impacts on individuals' health and performance (Karanika-Murray & Cooper, 2018). Therefore, hotel service employees who work while sick may have to make additional efforts to maintain a cheerful service that complies with organizational display rules. Thus, we conceptualize the mechanism by which employees manage to suppress sickness symptoms or to fake a healthy status as "sickness surface acting". Although this regulation mechanism remains unstudied, it may - according to the COR theory (Hobfoll et al., 2018) - require extra energy and resources from hotel service employees striving to maintain cheerful and healthy expressions. Thus, we argue that the perception that there are climates of presenteeism in the hospitality industry may lead to effortful sickness regulation behavior (i.e., sickness surface acting) and, subsequently, to more work burnout because of its resource-depleting effects.

Overall, due to the noticeably negative consequences of both surface acting and sickness presenteeism and their prevalence in the hotel sector, research must continue to unveil its antecedents. Hence, this research tries to add to the existing emotional labor literature by investigating understudied emotional labor antecedents (individual and contextual), and to the sickness presenteeism literature, by exploring the role of sickness surface acting and addressing recent calls arguing that the effects of climates of presenteeism on employee behavior need to be further explained (Ferreira et al., 2019a; Ruhle et al., 2019).

3.2. Literature Review

3.2.1. Emotional labor and burnout in the hotel industry

Due to the critical role that the tourism sector plays in the worldwide economy, it is vital to ensure that hotel employees' working conditions allow them to boost the benefits associated with high-quality service delivery, i.e., customers' willingness to return and recommend (Correia Leal & Ferreira, 2020). This is particularly relevant since the hotel industry is

recognized for offering poor working conditions (e.g., excessive job stress due to long hours and shift work, job insecurity, intense physical/emotional job demands; e.g., Boylu & Arslaner, 2015) that unquestionably impact employees' well-being and performance (O'Neil & Davis, 2010). Due to these characteristics inherent to the industry, hotel service employees are very susceptible to high levels of strain and burnout (Asensio-Martínez et al., 2019). Kristensen et al. (2005) define burnout as the "degree of physical and psychological fatigue and exhaustion that the person perceives as related to his/her work" (p. 197), and amongst hotel related occupational stressors, emotional labor has been constantly linked to it (e.g., Jeung et al., 2018). This link can be explained by the fact that on a daily basis, hotel service employees are challenged by frequent direct face-to-face contact with customers (Kim, 2008). Indeed, during these interactions, and independent of the situation (e.g., facing an aggressive vs. polite customer), hotels expect their employees to provide "service with a smile". These organizational display requirements are prevalent in the hospitality sector as customers' perceived service quality is largely shaped by the relationships established during service encounters (Tsui et al., 2013). However, organizational required emotions are not always in accordance with employees' true feelings given the demands on them for effortful emotional control while interacting with customers (Grandey, 2015), which explains individuals' propensity to work-related burnout.

In this study, therefore, our focus will be on exploring understudied emotional labor antecedents and how they impact individuals' burnout. Emotional labor antecedents have been meticulously studied, and the literature defends the well-founded notion that personal characteristics, such as personality traits, work motives, and emotional abilities (Chi & Grandey, 2019; Grandey & Gabriel, 2015) affect how individuals deal with emotional labor demands and, consequently, their performance (Dahling & Johnson, 2013). For example, studies have shown that personality traits moderate the effects of emotional labor strategies (i.e., surface acting and deep acting) on employees' well-being and behavioral outcomes (e.g., Chi & Grandey, 2019; Judge et al., 2009). Likewise, research also indicates that work conditions and events (e.g., moods and emotions, customer incivility) play important roles in shaping emotional labor processes (Grandey et al., 2013b; Kammeyer-Mueller et al., 2013).

These two emotional labor predictor groups, i.e., person-related characteristics and event-related characteristics have been linked to two theoretical perspectives (Grandey & Gabriel, 2015). First, the person–job congruence perspective, where congruence is a result of an alignment between individual characteristics (i.e., personality traits) and emotional requirements. Second, the emotion–goal congruence perspective, where emotions and/or events

meet emotional requirements. In this diary study, we intended to explore the emotion-goal congruence perspective. The process of congruence between work emotional events and work emotional requirements is dynamic and can be understood in the light of control theory (Diefendorff & Gosserand, 2003). According to this theory, our behaviors are shaped by our efforts to reduce incongruities between our current states (e.g., negative emotions) and the situational goals we face (e.g., working under organizational display rules that require a constant cheerful expression). For instance, when faced with a stressful work event (e.g., a difficult interaction with a client) that event may create incongruities between felt emotions and display rules, which generates emotion-goal incongruence. To deal with this incongruence, individuals can resort to emotion regulation strategies – surface acting or deep acting – to deliver the required organizational emotional display. For example, a study conducted by Sliter et al. (2010) revealed that employees who perceive customers' incivility tend to fake positive emotions (thus resorting more to surface acting than deep acting strategies) as a way of diminishing the incongruence between felt negative emotions and organizationally required positive emotions. Shifting to our study context - the hotel industry - recent studies have revealed that hotel service employees tend to use surface acting strategies more often than deep acting strategies (e.g., Igbojekwe, 2017), and this may be related to different factors such as lack of emotional intelligence skills (e.g., Lee & Ok, 2012) and customer mistreatment (Grandey & Sayre, 2019; Sliter et al., 2010). In light of the above, in this study, we will approach this specific emotional regulation strategy.

Overall, many scholars have already stressed the effects of emotional labor – in particular surface acting - on individuals' work-related well-being and burnout (e.g., Choi et al., 2019; Hülsheger & Schewe, 2011; Jeung et al., 2018). Most studies have supported this link with the COR theory (Hobfoll et al., 2018), which suggests that when resources are scarce, individuals may experience high levels of stress and strain. Focusing on the hotel industry, this framework suggests that hotel service employees' physical, mental, and emotional well-being are resources that are in danger of loss or depletion when responding to emotional labor demands. Therefore, as in recent studies (e.g., Bakker et al., 2019), we conceptualize "energy" and "health" as key resources essential to dealing with daily emotional work.

To your knowledge, the COR theory has not yet explained the intermediate path between certain under-explored surface acting antecedents and burnout in the hotel industry. In particular, the impacts of specific work conditions and events (i.e., employees' anger-states, for example, as a result of customer mistreatment) and contextual characteristics (i.e., attendance cultures, especially perceived climates of presenteeism that are composed by different factors,

such as extra-time valuation, co-workers competitiveness and supervisor distrust, and trigger attendance at any cost) on surface acting and subsequent burnout have been under-explored, creating a significant gap that requires further investigation. Thus, the present research focuses on hotel service employees' daily regulation experiences and their possible triggers.

3.2.2. Anger as a surface acting antecedent

For organizational behavior literature, recognizing the consequences of emotions in the workplace is crucial (Fitness, 2000), especially for emotionally demanding jobs like those in the hotel industry. Indeed, in this kind of job where human relations are constantly in play, negative emotions such as anger are likely to emerge (Lee & Ok, 2012). Anger can be described as a social emotion since it tends to be a reaction to an event and targets others (Averill, 1982). It can be categorized as a state or a trait. An anger state is depicted as a temporary emotional state involving feelings that may range from irritation to severe rage (Glomb, 2002). In other words, it means feeling angry in a specific moment and differs from an anger trait, which is linked to personality attributes (Bettencourt et al., 2006).

In the hotel industry, employees may feel anger when dealing with a hostile customer who is dissatisfied with the service provided. Events like that can be very challenging for hotel service employees since they feel constantly pressured by organizational display rules to deliver "service with a smile" to all customers (Grandey et al., 2015), which may lead them to experience burnout. Indeed, the literature shows that in a context of anger, burnout tends to emerge (Freudenberger, 1981). This stance can be grasped in light of both the emotion-goal congruence perspective (Grandey & Gabriel, 2015) and the COR theory (Hobfoll et al., 2018). The emotion-goal congruence perspective states that when faced with emotional display rules, individuals actively strive to reduce discrepancies between felt and required emotions, and act according to what is demanded of them in order to eliminate emotional-goal incongruences (Grandey & Gabriel, 2015). Burnout levels are then expected to increase since hotel service employees experiencing anger strive to maintain the friendly and cheerful expression expected as part of their jobs (i.e., as a way of maximizing valuable resources such as customer satisfaction and positive word of mouth recommendations, or high evaluations from supervisors). Thus, in this research, we propose that work-related burnout is expounded by anger and that this relation may be explained by the tendency observed in hotel employees to opt for surface acting to regulate their emotions during service encounters (Igbojekwe, 2017).

This stance provides a contribution to the literature and therefore is worthy of study. First,

although the relationship between anger and surface acting is well-defined (Rupp et al., 2008), to our knowledge, no studies have explored this specific link in a hotel context, making this relation a relevant research target. Nonetheless, a multiple-wave longitudinal study presented enlightening results regarding the positive impacts of general negative affect on hotel service employees' surface acting (Lam & Chen, 2012). Still, their findings did not allow analysis of the impacts of anger states. Accordingly, to fill the literature gap addressed above, we opted to study this discrete emotion as a distinct organizational phenomenon as suggested by Gibson and Callister (2010) and its cumulative effect on hotel employees' burnout levels. This decision was based on the already identified negative implications that negative emotions have for individuals, such as impaired health (e.g., elevated blood pressure, heart disease, Begley, 1994), emotional exhaustion, and burnout (Grandey, 2015), in all of which anger alone may play a distinctive role.

Second, the literature points out that surface acting figures as the first strategy that individuals turn to when dealing with stressful work circumstances - such as those that tend to induce feelings of anger - because it is less demanding than other regulation strategies (Beal & Trougakos, 2013). This may be because surface acting, in the short run, is less costly to individuals, since it requires fewer cognitive and attentional resources than other regulation strategies such as deep acting (Beal & Trougakos, 2013; Goldberg & Grandey, 2007) and, therefore, requires less effort to deal with emotional labor demands. Nonetheless, previous research has also depicted the long-term negative effects of surface acting on service employees' performance because of the strain it puts them under (Goldberg & Grandey, 2007) by consistently relating this strategy to job stress (e.g., Beal et al., 2006). Indeed, the relation between surface acting and burnout tends to emerge because surface acting requires employees to display emotions that diverge substantially from their genuine feelings. Accordingly, this strategy involves high levels of emotional dissonance and energy depletion, resulting, in the long run, in more work anxiety and emotional exhaustion (Krannitz et al., 2015; Lam & Chen, 2012). Hence, COR theory's underlying mechanisms of emotional dissonance and energy depletion are crucial to understanding the negative effects of surface acting in the hotel industry.

Based on the above-mentioned literature, we propose that employees' burnout levels may increase when they experience anger states (e.g., as a result of customer mistreatment, poor reward systems, long working hours and shifts; e.g., Boylu & Arslaner, 2015; Grandey & Sayre, 2019), and this relationship may be explained by the continuous effort they expend on regulating their emotions through surface acting (Grandey et al., 2015). Therefore, we posit the following hypothesis:

Hypothesis 1: Surface acting mediates the positive relationship between anger states and burnout, which implies that the more individuals experience anger, the more they will surface act at work, which will consequently lead to higher burnout levels.

3.2.3. Factors that promote climates of presenteeism as surface acting antecedents

Attendance behavior is increasingly a subject of study among organizational behavior theorists. Ruhle and Süß (2020) define it as the behavior of attending or not attending work, which can be influenced by multiple factors. Individual factors may include, for example, health status or financial need, and contextual factors may involve working conditions and work demands, such as ease of replacement, absence policies, teamwork environment, working long hours, time pressure, and emotional or physical demands (e.g., Boylu & Arslaner, 2015). All these factors may play a role in individuals' attendance decisions (e.g., working long hours, showing up for work sick due to perceived sickness absence illegitimacy; Hansen & Andersen, 2008; Ruhle & Süß, 2020; Simpson, 1998).

Undeniably, the idea of the existence of presenteeism cultures that force work attendance at any cost and despite an individual's ill-health has been depicted in the literature (e.g., Dew et al., 2005; Ruhle & Süß, 2020; Simpson, 1998). As an example, the novel attendance culture model of Ruhle and Süß (2020) introduced the concept of "presentistic culture". In a presentistic culture, absenteeism is not seen as legitimate. In terms of espoused beliefs and values, this kind of culture can have voluntary or involuntary connotations. Involuntary presentistic cultures presuppose that attendance is a result of management pressure to be present and show organizational commitment, regardless of the health circumstances. In this case, being absent may lead to an individual not progressing in their career or being fired. Voluntary presentistic cultures imply that attendance, although not forced, is expected by the organization. In this case, it reflects the idea of employee responsibility and support, not only with regard to organizational goals but also regarding their teams and peers.

In this study, we will focus on the prevalence of climates of presenteeism in the hotel industry, rather than focus on "presentistic" cultures. Our choice was made having in mind the distinction between the concepts of organizational culture and climate (Schneider et al., 2013). The concept of climate is linked to an individual's perception of what the organization is like and how it operates. This means that organizational practices, procedures, and routines play a distinct role in shaping employees' perceptions of climate and have the power to influence their

attitudes and behaviors, which consequently has organizational impacts. The concept of culture, on the other hand, is related to the underlying motives that explain the reasons behind those organizational practices, procedures, and routines based on fundamental values and beliefs (Schneider et al., 2013). This means that organizational climate can be viewed as a bottom-up process that arises from employee perceptions, and figures as an indicator of the core values and beliefs that form organizational culture.

Hence, we have focused on climate of presenteeism as an individual perception in the hotel industry. Undeniably, by stimulating competitiveness from within, businesses have been creating climates of presenteeism that have adverse consequences not only for employees' well-being but also for the company's profitability (Ferreira, et al., 2019b). However, despite the negative consequences of a climate of presenteeism, this topic has only recently begun to be studied (e.g., Ferreira et al., 2019b; Ferreira et al., 2015; Gosselin et al., 2013). This type of climate, similar to competitive climates (e.g, Keller et al., 2016), creates pressure to attend at any cost. Ferreira et al. (2019b) posit that different factors (i.e., sickness related and non-sickness related) may contribute towards the perception that there is a climate of presenteeism. Jointly, these factors contribute to an employee's presence at work, even though they endanger individual and collective health (see Table 3.1).

Table 3.1 *Factors that contribute to the existence of climates of presenteeism.*

Factors	Definition	Authors
Co-workers competitiveness	Related to internal competitiveness. Encompasses the rivalry between co-workers in order to see who works more hours and adulates the chief.	Addae & Johns, 2002; Nicholson & Johns, 1985; Simpson, 1998.
Supervisor distrust	Related to the supervisors' suspicion that the reasons for employees' sickness absences from work are not real/true.	Rentsch & Steel, 2003.
Extra-time valuation	Related to the perception that careers depend on the number of hours employees stay at work per day.	Nicholson & Johns, 1985.

Factors that contribute to the existence of climates of presenteeism (or presenteeism climates, hereafter used interchangeably) gain importance since they play a crucial role in encouraging both non-sickness (e.g., working long hours; Simpson, 1998) and sickness presenteeism behaviors (i.e., working despite being sick; Ferreira et al., 2019b), already known to be prevalent in the hospitality industry (e.g., Deery & Jago, 2009, 2015). As a result, understanding how the prevalence of this type of climate affects employees is one of the important issues in the hotel industry.

So far, no studies have emphasized the role that presenteeism climate variables - as context variables - play with regard to affecting the tradeoff between the gain and loss of resources in a competitive and demanding context such as the hospitality and tourism sector, and thus how they contribute to the COR theory (Hobfoll et al., 2018). Hence, the contribution made by this study is that it extends COR theory to the presenteeism literature by supporting the idea that value at work is measured by the time we spend in our workplaces (e.g., Simpson, 1998). As a result, hotel service employees may find themselves trapped in a work environment that constantly puts their resources at risk due to increased strain and burnout levels (e.g., Asensio-Martínez et al., 2019). Thus, we believe that when facing resource threats due to organizational pressure for attendance, hotel service employees may find themselves caught between making an effort to respond to organizational display rules, and protecting their remaining resources.

Thus, as previously stated, it is expected that when dealing with the constant emotional labor demands imposed by the sector, hotel service employees' resort to surface acting strategies to deliver "service with a smile" as a first option, over other regulation strategies (Beal & Trougakos, 2013). In the long run, however, and also as previously mentioned, surface acting strategies are known to have a negative impact on an individual and to contribute to burnout (e.g., Krannitz et al., 2015) due to the high levels of emotional dissonance and energy depletion they involve (Hobfoll et al., 2018). For this reason, what may at first seem to be a way to protect one's scarce resource pool can become a spiral of resource loss if maintained over the long term, trapped in a work environment where factors that contribute to a climate of presenteeism are perceived, and where time to recover is scarce. Thus, based on the above analysis, we formulate:

Hypothesis 2: Surface acting mediates the positive relationship between factors that promote presenteeism climate perceptions and burnout, which implies that the more individuals perceive presenteeism climates, the more they will surface act at work, which will consequently lead to higher burnout levels.

3.2.4. The role of sickness surface acting

Due to the stressful environment and consistently implemented presence climates in the hotel industry (Hirsch et al., 2017), attending work while sick has become a commonly adopted behavior (Deery & Jago, 2009). However, hotel service employees who go to work sick may find they need to make an even greater effort to maintain "service with a smile". This may happen because sick employees need to constantly focus on hiding sickness symptoms from customers and display a cheerful expression in order to deliver a high-quality service and secure their jobs.

That being so, in this research, we aimed to explore how hotel service employees may be able to successfully respond to organizational display rules, especially when they engage in sickness presenteeism. To this end, we have designated employees' voluntary efforts to suppress sickness symptoms or to "fake" a healthy health status as "sickness surface acting". This type of "surface acting", that intends to mask sickness symptoms instead of emotions (as conceptualized in the original construct) has not been investigated, yet it figures as a promising area of study due to its potential to negatively impact individuals' well-being and lead to high levels of work-related burnout.

As mentioned before, sickness presenteeism behaviors are a result of the perceived illegitimacy of sickness absence (Johns, 2010; Ruhle & Süß, 2020) created by presenteeism climates, and may play an important role in increasing work-related burnout. Hence, for employees who work while sick, we posit that this relationship between presenteeism climate perceptions and burnout may be explained by sickness surface acting. In other words, we believe that when individuals consistently continue to work while sick due to this perceived organizational pressure to attend, they may resort to sickness surface acting to try to maintain high-performance levels when dealing with their emotional labor demands. By engaging in sickness surface acting, they will be incessantly draining their remaining energy and health resources, and an inability to recover them will lead to increased burnout. This stance can be understood considering COR theory assumptions (Hobfoll et al., 2018). When continuing to show up for work while sick, individuals may need to make an extra effort to hide their sickness – by engaging in sickness surface acting –as a way of fulfilling their emotional labor demands. This behavior has the potential to create increased levels of energy depletion due to scarce coping resources (i.e., health), which they are unable to recover from due to the constant effort required. In this kind of situation as described above, employees continuously experience an imbalance of low resources (i.e., impaired health) and high demands (i.e., emotional labor). Likewise, due to the absence illegitimacy prevalent in presenteeism climates, employees are less capable of resource gain due to continued exposure to emotional labor demands, which undeniably leads to sustained resources loss. Relying on this chain of reasoning, the following hypothesis was proposed for the present study:

Hypothesis 3: Sickness surface acting mediates the positive relationship between factors that promote presenteeism climate perceptions and burnout, which implies that the more sick-individuals perceive presenteeism climates, the more they will sickness surface act at work, which will consequently lead to higher burnout levels.

3.3. Method

The first goal of our investigation was to examine the following relationships: the relationship between anger and burnout and the mediating role of surface acting (H1), and the relation between presenteeism climate and burnout with the mediating role of surface acting (H2). These hypotheses' conceptual model is presented in Figure 3.1.

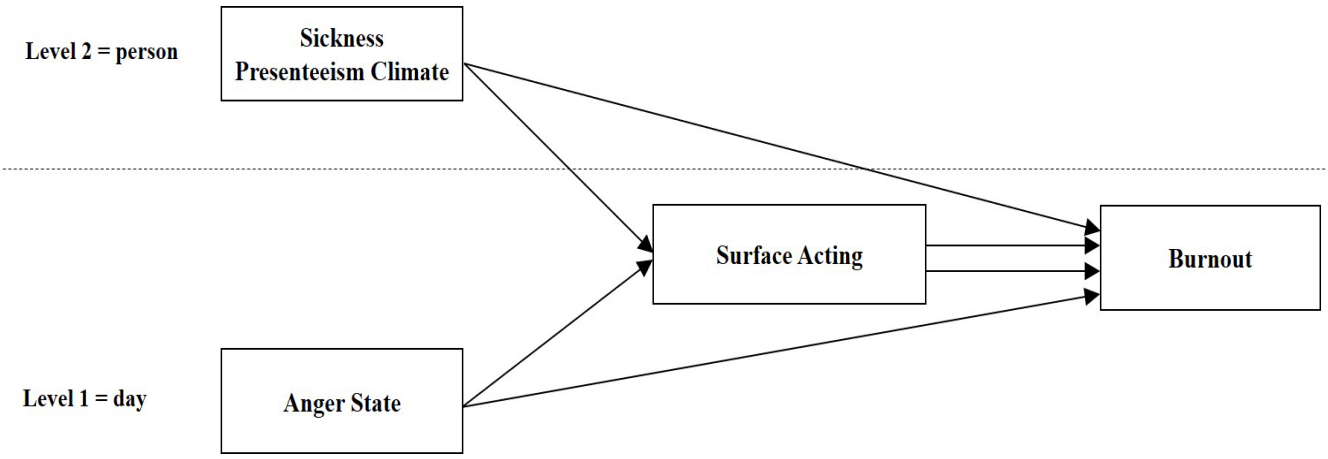


Figure 3.1 *Proposed conceptual model (H1 & H2).*

3.3.1. Participants

An experience sampling methodology - daily diary approach - was used to collect the data. We chose this methodology because it offers advantages such as allowing researchers to "directly examine how changes in contextual factors affect the moods, thoughts, perceptions, and behaviors of organizational members" (Heggestad et al., 2021, p. 2).

In total, we collected data from 166 hotel service employees. Due to missing data (e.g., participants that failed to answer on one or more days), our final sample was composed of 132 participants. The participants' mean age was 35 years old (M = 34.97, SD = 12.44, minimum = 18, maximum = 64). Most participants were women (54.7%), had completed high school (64.2%), had a permanent contract (53.5%), and did not have a leadership role (71.8%). Regarding work experience, 39.8% had worked for their company for more than four years, and 30.0% for less than one year.

3.3.2. Procedures and design

We collected diary data from two Portuguese hotel chains over five consecutive workdays. Both hotel chains included four and five-star hotels and employees with different job roles (e.g., Housekeeping, Front-office, Food and Beverage (F&B), Maintenance, and Management).

Hotel managers were contacted via email to set up initial meetings. In the initial meetings, instructions on how the daily surveys should be filled in and when to be delivered (i.e., at the end of the work shift over five consecutive days) were provided. All data were collected in Portuguese with paper and pencil booklets (containing all five questionnaires, that should be

filled out one a day.) The goal was to measure how anger state, surface acting, and burnout fluctuated daily. Because of this, all items were worded to refer to "today" (e.g., "Today, I …"). Also, we aimed to assess hotel service employees' perceptions of the presenteeism climate, a more perennial organizational aspect that is not expected to fluctuate daily. To this end, this variable measure was included in the day-one survey. Demographic questions were also asked.

To guarantee ethical research practices, this study complied with the Ethical Principles of Psychologists, Code of Conduct of the American Psychological Association (2010), and the Ordem dos Psicólogos Portugueses (Ordem dos Psicólogos Portugueses, 2011). Before filling out the questionnaire, respondents were provided with information about the research objectives, completion instructions, voluntary participation, and were assured of the confidentiality and anonymity of the data collected.

3.3.3. Measures

The data were collected using five self-report scales. All data were collected in Portuguese. Therefore, in this study, we used Portuguese versions of all scales. When Portuguese versions were not available, we used Portuguese translations following the back-translation procedure (Brislin, 1970).

Anger state. To measure anger state, we used nine items of the State-Trait Anger Expression Inventory – 2 (STAXI-2; Spielberger, 1999). We asked the participants to: "Please indicate how you felt about the work you did today". Two sample items are: "today, I felt angry" and "today, I felt like yelling at someone". The items measure not only the intensity of the feelings of anger but also the desire to express (verbally or physically) the anger that the person feels at a certain moment. Participants answered on a five-point scale ranging from 1 (nothing) to 5 (a lot). This scale revealed excellent internal consistency (α = .95, Kline, 2011).

Climate of presenteeism. To measure the presenteeism climate, we used nine items from the Portuguese version of the Presenteeism Climate Questionnaire (PCQ; Ferreira et al., 2015). The questionnaire includes items to measure three distinct work-related factors that jointly allow us to measure individuals' presenteeism climate perceptions (Addae & Johns, 2002; Nicholson & Johns, 1985; Rentsch & Steel, 2003; Simpson, 1998): extra-time valuation (e.g., "I feel that I am judged by the number of hours I stay at work"), supervision distrust (e.g., "When I call my supervisor to say I am sick, I feel misunderstood"), and co-workers competitiveness (e.g., "I benefit from staying longer hours at work"). Responses were rated on a seven-point scale ranging from 1 (totally disagree) to 7 (totally agree). For the purpose of the current study, a unidimensional measure of presenteeism climate was considered with sustained

internal reliability (α = .89). The proposed unidimensional structure showed a satisfactory fit with the data: $\chi 2$ = 43.92, *df* = 22, *p* = .004 with the Normed Chi-square $\chi 2/df$ = 2.00, supported by the cutoff value of ≤ 3 (Hair et al., 2019); the Comparative Fit Index (CFI) and the Tucker-Lewis Index (TLI) were near the cut off of ≥ .95 (Hu & Bentler, 1999), with CFI = .96 and TLI = .94; the Root Mean Square Error of Approximation (RMSEA = .09) and Standardized Root Mean Square Residual (SRMR = .05) were near the cutoff value of ≤ .08 (Hair et al., 2014). All factor loadings were significant ($p < .001$) and above 0.50 as suggested by Hair et al. (2019)

Surface acting. To measure surface acting we used seven items from Diefendorff et al. (2005) with a 5-point scale ranging from 1 (totally disagree) to 5 (totally agree). Two sample items are: "Today, I faked the emotions I showed when dealing with customers" and "Today, I faked a good mood when interacting with customers". This scale was also reliable ($\alpha = .96$).

Burnout. To measure work-related burnout a 5-point scale (1 – Never/almost never to 5 – always) was used to measure the six items of a sub-scale from the Copenhagen Burnout Inventory (Kristensen et al., 2005). Specifically, we used an adaptation of the Brazilian Portuguese version developed by Rocha et al. (2020). Two sample items include: "Do you feel worn out at the end of the working day?" and "Is your work emotionally exhausting?". This scale presented a Cronbach alpha of .94.

Controls. We also obtained background information from respondents, where we highlight sex and age. As suggested by Becker (2005), we used these as person-level control variables. This decision was made based on previous research that has found that both sex and age have influences on work-related burnout (Wright & Bonnet, 1997).

3.3.4. Measurement model

To test the measurement model with all latent variables, a multilevel confirmatory factor analysis (MCFA) was first conducted. The proposed four-factor measurement model (anger state, presenteeism climate, surface acting, and burnout) showed a satisfactory fit with the data: $\chi 2$ = 1184.42, *df* = 388, $p < .001$ with the Normed Chi-square $\chi 2/df$ = 3.053, supported by the cutoff value of ≤ 3 (Hair et al., 2019); the CFI and the TLI were ≥ .95 (Hu & Bentler, 1999), with CFI = .96 and TLI = .95; the RMSEA and SRMR were ≤ .08 (Hair et al., 2019), with RMSEA = .06 and SRMR = .05. All factor loadings were significant ($p < .001$) and above 0.50 as suggested by Hair et al. (2019). The standardized loadings ranged between .50 and .95. The four-factor measurement model was compared to alternative models in which two of the four factors were combined. The results demonstrated that the proposed measurement model (four-factor model) displayed a better fit than alternative models (see Table 3.2). In addition, the best

fit of the four-factor model was also supported by the Akaike Information Criterion (AIC), because the smaller the AIC value, the better the comparative model (Chung et al., 2012).

Table 3.2 *Fit indices for measurement model comparisons (H1 & H2).*

Models	Four-Factor-Model 1 (Full measurement model)	Model 2[a]	Model 3[b]	Model 4[c]
χ^2 (df)	1557.64 (408)***	3591.43 (411)***	2612.12 (411)***	2461.25 (411)***
χ^2 / df	3.82	8.74	6.34	5.99
CFI	.94	.84	.89	.90
TLI	.93	.82	.87	.88
RMSEA	.06	.11	.09	.09
SRMR	.05	.12	.11	.10
AIC	1400.42	3761.43	2782.12	2631.25
χ^2_{dif} (df)	-	2407.79 (23)***	1054.48 (23)***	903.61 (23)***

Note. $N = 660$; χ^2 = chi-square, df = degrees of freedom, χ^2/df = normed chi-square, CFI = comparative fit index, TLI = Tucker-Lewis index, RMSEA = Root Mean Square Error of Approximation, SRMR = Standardized Root Mean Square Residual, AIC = Akaike Information Criterion, χ^2_{dif} = chi-squared difference.

[a] Anger state and Burnout combined into a single factor. [b] Presenteeism climate and Burnout combined into a single factor. [c] Presenteeism climate and Surface acting combined into a single factor.

*** $p < .001$.

3.3.5. Analytical strategy

The data was collected over five consecutive working days, thus nesting within the participants. Since there was a time-varying model, the data was stacked as suggested by Bauer et al. (2006). Accordingly, a vertical data structure was managed, and each participant (level-2) was left with five lines (level-1 time-varying variables). In addition, burnout is known to have daily fluctuations (Ferreira et al., 2019a), which suggests the need to study this construct with daily methods. The mediating hypotheses were tested by multilevel modeling (MLM). The multilevel mediation models were lower level mediation, as the mediator was a level-1 variable (i.e., surface acting, see Figure 3.1). Hypothesis 1 was tested using a lower level mediation of lower level effect (1–1–1 mediation model), as all the variables were repeatedly measured within individual levels (level-1). Hypotheses 2 and 3 were supported by models that include a 2-1-1

mediation, as the predictor was a level-2 variable (i.e., presenteeism climate), thus did not vary at the lower level.

As the presenteeism climate varied only between level-2 units, it cannot influence within-cluster individual differences. Thus, in a model where X (the predictor) is assessed at a level-2, the indirect effect is a between-group effect, and the within-group b effect is not important for the mediation model in a 2-1-1 design (Preacher, 2015). Otherwise, the b effect estimate that combines between and within effects leads to an indirect effect, the component paths of which may conflate effects. To deal with the problem of conflation in 2-1-1 models, the solution proposed by Zhang et al. (2009) was followed. They suggested that the within- and between group effects may arise in a single mediation effect estimate. To accommodate that, the group-mean centering (or person-mean centering for daily measures) surface acting (Mij – M.j) was included at level-1, and its group mean (M.j) was included at level-2.

In the 1-1-1 model, all the variables were measured at level-1, it being recommended that the between-group mediation effect and the within-group mediation effect are analyzed separately (Zhang et. al, 2009). Using the multilevel approach, two indirect effects were calculated, with one for each level. The procedures recommended by Zhang et. al (2009) to test a multilevel mediation for 1-1-1 model, considers the group-mean centering variables at level-1, and their respective group means entered at level-2.

First, a Linear Mixed Models procedure was implemented to obtain path coefficient estimations a and b for both between-effects and for within-effects. To assess the indirect effects, the Monte Carlo method was used to estimate the confidence interval (Preacher & Selig, 2012). The indirect effect is significant when the confidence intervals do not contain zero.

To determine whether multilevel analysis was appropriate, the intra-class correlation (ICC) was calculated for our daily measured variables. This analysis allowed to assess the amount of variability in the level-1 that can be explained by week-level characteristics. Specifically, for anger state, 34.2% of the total variability was within-person (ICC = .66); for surface acting, 45.5% of the total variability was within-person (ICC =.55); and for burnout, 31.5% of the total variability was within-person (ICC = .68). Thus, the results were suitable for the use of multilevel modelling.

3.4. Results

Descriptive statistics (mean and standard deviation) and bivariate correlations of all studied variables are presented in Table 3.3.

Table 3.3 *Descriptive statistics and bivariate correlations (H1 & H2).*

		N	*M*	*SD*	1	2	3	4	5	6
Level 2 = person	1. Age	119	34.97	11.80						
	2. Sex[a]	128	.55	.50	.11					
	3. Presenteeism Climate	132	2.72	1.26	.02	-.05	(.89)			
Level 1 = day	4. Anger	660	1.23	.51	-.06	-.01	.28**	(.95)		
	5. Surface acting	660	2.00	.96	-.09	-.02	.53**	.44**	(.96)	
	6. Burnout	660	2.50	1.06	.01	.08	.46**	.46**	.54**	(.94)

Note. Cronbach's alpha is in parentheses.

[a] 0 = male; 1 = female.

**$p < .01$.

Following recommendations by Becker (2005) we have tested the effects of control variables, i.e., age and sex. The results indicated that the models tested including these control variables and the models tested without them showed no difference, thus not changing the conclusions reached. Due to this, and by virtue of simplicity we do not included these control variables in tables.

Hypothesis 1 predicts that surface acting mediates the relationship between anger states and burnout. The results can be seen in Table 3.4. In Model 1, the total effect between anger state and burnout was positive and significant (β = .81, t = 11.69, p < .001). In Model 2, the relationship between the predictor variable (i.e., anger state) and the mediator (i.e., surface acting) was tested. Results showed that anger state was positively and significantly related to surface acting (β = .49, t = 7.13, p < .001). Finally, in Model 3, the effects of both anger state and the mediator surface acting on burnout were tested. The results showed that surface acting was positively related to burnout (β = .23, t = 4.84, p < .001). It was also concluded that the direct effect of the anger state on burnout remained significant (β = .61, t = 7.83, p < .001). A 95% confidence interval for the indirect effect of anger state on burnout via surface acting was found at level-1 (day) (β = .11), and did not include zero (95% CI = 0.06, 0.17), suggesting a significant indirect effect. Thus, Hypothesis 1 was confirmed. Additionally, considering anger state at the person- level, a significant indirect effect of anger state on burnout via surface acting was also found (β = .52, 95% CI = 0.31, 0.75).

Table 3.4 *Multilevel mediation results (H1).*

	Model 1 X → Y			Model 2 X → M			Model 3 X → M→ Y		
	Estimate	*SE*	*t*	*Estimate*	*SE*	*t*	*Estimate*	*SE*	*t*
Level 1 = day									
Intercept	1.52***	.11	13.72	.85***	.19	4.38	.78***	.20	3.92
Anger state	.81***	.07	11.69	.49***	.07	7.13	.61***	.08	7.83
Surface acting							.23***	.05	4.84
Level 2 = person									
Anger state				.94***	.15	6.29	.52**	.16	3.19
Surface acting							.55***	.08	6.53
Level 1 variance	.32***	.03	12.65	.23***	.01	16.23	.27***	.02	16.22
Level 2 variance	.58***	.09	7.15	.52***	.07	7.41	.46	.07	7.17
Pseudo R^2 level-1							.36		
Pseudo R^2 level-2							.43		
Log-likelihood & LR test							1308.07		167.37***

Note. Analyses were repeated controlling for age and sex, but the results were essentially similar. Wald Z test was calculated for variances. *LR test* = Likelihood Ration test, with χ^2 distribution.

** $p < .01$; *** $p < .001$.

Hypothesis 2 predicted that a presenteeism climate influences burnout through surface acting (Table 3.5). First, the effect of a presenteeism climate on burnout (i.e., total effect, Model 1) was tested. The results showed that a presenteeism climate was positively and significantly related to burnout (β = .34, t = 5.79, p < .001). Then, in Model 2, the relationship between a presenteeism climate (i.e., predictor variable) and surface acting (i.e., mediator) was tested. Results proved that the effect of a presenteeism climate on surface acting was positive and significant (β = .38, t = 7.74, p < .001). Model 3 was tested, and the results showed that surface acting was positively and significantly related to burnout (β = .58, t = 6.38, p < .001). The direct effect of a presenteeism climate on burnout was marginally significant (β = .12, t = 1.88, p =.062). As the confidence interval for the indirect effect of a presenteeism climate on burnout via surface acting (β = .22) did not include zero (95% CI = 0.14, 0.31), hypothesis 2 was supported.

Table 3.5 *Multilevel mediation results (H2).*

	Model 1 X → Y			Model 2 X → M			Model 3 X → M→ Y		
	Estimate	*SE*	*t*	*Estimate*	*SE*	*t*	*Estimate*	*SE*	*t*
Level 1 = day									
Intercept	1.59***	.17	9.13	.96***	.15	6.53	1.03***	.18	5.87
Surface acting							.34***	.05	7.10
Level 2 = person									
Presenteeism climate	.34***	.06	5.79	.38***	.05	7.74	.12	.06	1.88
Surface acting							.58***	.09	6.38
Level 1 variance	.36***	.03	12.65	.25***	.02	16.25	.30***	.02	16.23
Level 2 variance	.61***	.09	6.86	.46***	.06	7.26	.48***	.07	7.12
Pseudo R^2 level-1							.32		
Pseudo R^2 level-2							.39		
Log-likelihood & LR test							1375.97		99.47***

Note. Analyses were repeated controlling for age and sex, but the results were essentially similar. Wald Z test was calculated for variances. *LR test* = Likelihood Ratio test, with $\chi 2$ distribution.

*** $p < .001$.

3.4.1. Complementary analysis

In order to further explore how presenteeism climates may influence burnout in the hotel industry, we examined the relationship between a presenteeism climate and burnout via sickness surface acting (H3). For this purpose, we isolated participants from our sample who reported going to work sick during the data collection period, and tested the conceptual model proposed in Figure 3.2.

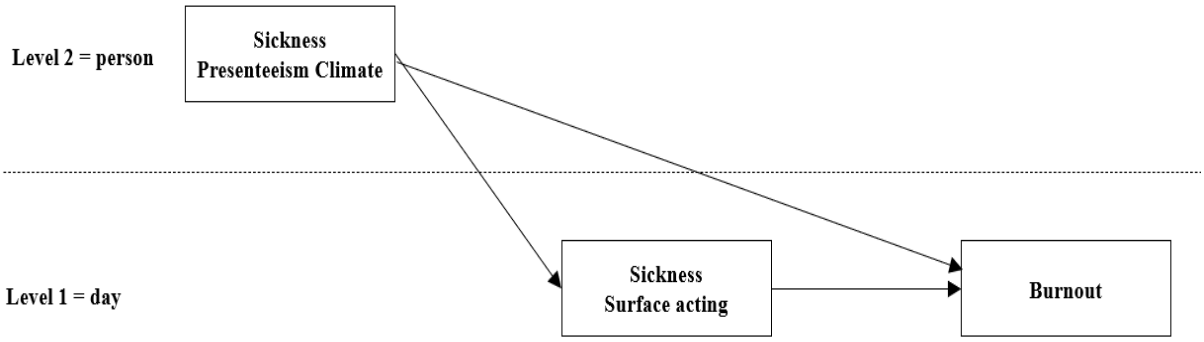


Figure 3.2 *Proposed conceptual model (H3).*

3.4.1.1. Complementary analysis participants and procedure

From our initial sample of 132 hotel service employees' data, we selected 58 who reported having gone to work sick for at least one day during the 5-days of the data collection period. The 58 selected participants were asked to respond to the sickness surface acting measure. To measure this variable, we adapted eight items from the original version of the Diefendorff et al. (2005) scale for health symptoms. Two sample items include: "Today, I pretended to feel well and adopted the healthy posture that I need to show at my work" and "Today, I faked a healthy health status when interacting with customers". The items were adapted to the interactions with customers, coworkers, and supervisors. Participants answered on a five-point scale ranging from 1 (totally disagree) to 5 (totally agree). This scale revealed excellent internal consistency ($\alpha = .99$).

The 58 participants' ages ranged between 20 and 61, and the average was 34 ($SD = 11.17$). Most participants were women (58.9%), had completed high school, (59.6%), had a permanent contract (50%), and did not have a leadership role (70.8%). Regarding work experience, 35.4% had worked for the company for more than four years, and 35.5% for less than one year. Most participants reported going to work sick at least once during the previous year (89.7%), and the average perception of productivity loss due to impaired health was 4.77 ($SD = 2.75$, scale ranged

from 1 to 10). We also asked employees to report their daily health problems and those over the last 12 months (see Table 3.6).

Table 3.6 *Employees' daily reported health problems and from the previous 12 months.*

Health problems	Over the last 12 months	Daily
Back pain	59.5%	14.9%
Cold or flu	59.5%	5.9%
Migraine	51.4%	6.9%
Anxiety and stress	50.0%	9.0%
Neck pain	43.2%	13.8%
Joint pain	32.4%	6.9%
Allergies	27.0%	4.5%
Gastrointestinal problems	24.3%	0.3%
Toothache	18.9%	1.7%
Menstrual pain	16.2%	0.0%
Depression	13.5%	2.4%
Heart problems	13.5%	1.7%
Stomach heartburn	10.8%	1.7%
Asthma	10.8%	0.7%
Arthritis	5.4%	2.1%
Dermatitis	2.7%	0.0%

3.4.1.2. Complementary analysis measurement model

To test the measurement model with all latent variables, a multilevel confirmatory factor analysis (MCFA) was performed. The proposed three-factor measurement model (presenteeism climate, sickness surface acting and burnout) revealed a good fit with the data: $\chi 2 = 517.89$, $df = 203$, $p < .001$ and the relative chi-square fit index for this model reached the cutoff value of ≤ 3 ($\chi 2/df = 2.55$); the CFI and TLI were $\geq .95$ (Hu & Bentler, 1999), with CFI = .96 and TLI = .95; the RMSEA and SRMR were $\leq .08$ (Hair et al., 2019), with RMSEA = .07 and SRMR = .06. All factor loadings were significant ($p < .001$) and above .50, as suggested by Hair et al. (2019). The standardized loadings ranged from .52 to .98. The three-factor measurement model was compared to alternative models in which two of the three factors were combined. The

results demonstrated that the proposed measurement model (three-factor model) displayed a better fit than alternative models (see Table 3.7). Furthermore, the best fit of the three-factor model was also supported by the AIC, since it holds the lowest value among the models tested (Chung et al., 2012).

Table 3.7 *Fit indices for measurement model comparison (H3).*

	Three-Factor-Model 1 (Full measurement model)	Model 2[a]	Model 3[b]
χ^2 (df)	517.89 (203)***	958.67 (214)***	937.48 (214)***
χ^2 / df	2.55	4.48	4.38
CFI	.96	.91	.92
TLI	.95	.90	.90
RMSEA	.07	.11	.11
SRMR	.06	.14	.11
AIC	663.89	1082.67	1061.48
χ^2_{dif} (df)	-	440.78 (11)***	419.59 (11)***

Note. $N = 290$; χ^2 = chi-square, df = degrees of freedom, χ^2/df = normed chi-square, CFI = comparative fit index, TLI = Tucker-Lewis index, RMSEA = Root Mean Square Error of Approximation, SRMR = Standardized Root Mean Square Residual, AIC = Akaike Information Criterion, χ^2_{dif} = chi-squared difference.

[a] Burnout and Presenteeism climate combined into a single factor. [b] Presenteeism climate and Sickness surface acting combined into a single factor.

*** $p < .001$.

3.4.1.3. Complementary analysis analytical strategy

To assess our third hypothesis, a lower level mediation of upper level effect (2–1–1) (Bauer et. al, 2006) was tested. The predictor variable (i.e., presenteeism climate) was at level-2 and the mediator (i.e., sickness surface acting) and the outcome variable (i.e., burnout) were at level-1. To test this mediation, the statistical strategy used to test hypotheses 2 and 3 was followed. To evaluate whether multilevel analysis was adequate, the ICC for the daily measured variables

was calculated. Specifically, 28.4% of the total variability was within-person (ICC = .72) for sickness surface acting and, for burnout, 30.6% of the total variability was within-person (ICC = .69). Hence, the results were suitable for the use of multilevel modelling. To evaluate the indirect effects, the Monte Carlo method was used to estimate the confidence interval (Preacher & Selig, 2012).

3.4.1.4. Complementary analysis results

Descriptive statistics (mean and standard deviation) and bivariate correlations are presented in Table 3.8.

Table 3.8 *Descriptive statistics and bivariate correlations (H3)*

		N	*M*	*SD*	1	2	3	4	5
Level 2 = person	1. Age	52	33.52	11.12	-	-	-	-	
	2. Sex[a]	56	0.59	0.50	-.02	-	-	-	
	3. Presenteeism Climate	58	3.08	1.18	.05	-.15	(.85)	-	
Level 1 = day	4. Sickness surface acting	290	2.77	1.07	.09	.-.19	.58**	(.99)	
	5. Burnout	290	2.72	1.13	.40	-.08	.58**	.55**	(.94)

Note. Cronbach's alpha is in parentheses

[a] 0 = male; 1 = female.

** $p < .01$.

As in our initial analysis, we have accounted for the effects of age and sex as control variables. Findings revealed that the models tested including these control variables and the models tested without them showed no difference. Thus, and by virtue of simplicity we do not included these control variables in tables (Becker, 2005).

Hypothesis 3 proposed that sickness surface acting mediates the relationship between presenteeism climate perceptions and burnout. The results can be seen in Table 3.9. The total effect of a presenteeism climate on burnout (Model 1) was positive and significant ($\beta = .44$, $t = 4.60$, $p < .001$). Then, in Model 2 the effect of a presenteeism climate on sickness surface acting was tested. Results showed that a presenteeism climate was positively and significantly related

to sickness surface acting (β = .69, t = 6.59, p < .001). Finally, the effects of a presenteeism climate and sickness surface acting on burnout were examined (Model 3). The results showed that sickness surface acting was positively related to burnout (β = .36, t = 3.23, p = .002). The direct effect of a presenteeism climate on burnout was not significant (β = .19, t = 1.60, p > .05). The confidence interval to assess the indirect effect of a presenteeism climate on burnout via sickness surface acting (β = .25) did not include zero (95% CI = 0.09, 0.44), thus hypothesis 3 was confirmed.

Table 3.9 *Multilevel mediation results (H3).*

	Model 1 X → Y			Model 2 X → M			Model 3 X → M→ Y		
	Estimate	*SE*	*t*	*Estimate*	*SE*	*t*	*Estimate*	*SE*	*t*
Level 1 = day									
Intercept	1.38***	.31	4.41	-.83*	.34	-2.42	1.68***	.30	5.53
Sickness surface acting							.08*	.04	2.23
Level 2 = person									
Sickness Presenteeism climate	.44***	.10	4.60	.69***	.10	6.59	.19	.12	1.60
Sickness surface acting							.36**	.11	3.23
Level 1 variance	.39***	.04	10.77	1.19***	.11	10.77	.38***	.04	10.75
Level 2 variance	.63***	.14	4.70	.62**	.16	3.79	.53***	.12	4.57
Pseudo R^2 level-1							.28		
Pseudo R^2 level-2							.37		
Log-likelihood & LR test							674.84***		22.76

Note. Analyses were repeated controlling for age and sex, but the results were essentially similar. Wald Z test was calculated for variances. *LR test* = Likelihood Ratio test, with $\chi 2$ distribution.

*$p < .05$; **$p < .01$; ***$p < .001$.

3.5. Discussion

3.5.1. Theoretical implications

Our study findings offer contributions to the fields of emotional labor and presenteeism; introducing anger - as a discrete emotion -, and factors that contribute to climates of presenteeism - as a context characteristic -, as emotional labor antecedents and critical predictors of burnout. We present explanations for these contributions in the following paragraphs.

First, the findings of our study make a noteworthy contribution to the literature regarding the effects of anger on burnout. Although the direct positive link found between anger and burnout complements previous research that had already connected general negative affect to burnout (e.g., Grandey, 2015), by studying anger as a distinct emotion, separate from general negative affect as suggested by Gibson and Callister, (2010), we reveal its single impact on hotel service employees' burnout levels. Additionally, our results extend prior research that has indicated that negative affect is positively related to the use of surface acting (Lam & Chen, 2012) by highlighting anger emotion trigger role. This finding adds to the emotion-goal congruence perspective (Grandey & Gabriel, 2015), revealing that to diminish inconsistencies between anger states experienced and situational goals faced, hotel service employees tend to resort to surface acting strategies. Our results also make a contribution to COR theory (Hobfoll et al., 2018) by applying its underlying mechanisms to explain the self-regulatory process necessary to manage anger states during work. Indeed, by confirming our H1, our results corroborate the idea that although surface acting figures as a first option when dealing with difficult and unexpected events (Grandey & Sayre, 2019) – that are likely to trigger anger - continuously presenting organizationally desired emotions by masking felt emotions creates high levels of emotional dissonance and is related to increased resource depletion, which leads to burnout (Grandey, 2015; Krannitz et al., 2015). More importantly, by studying the cumulative effects of anger experience sets through our daily diary study methodology, our results provide evidence for the "pressure cooker" effect of anger on burnout through surface acting. In other words, our findings show that an accumulation of angry episodes masked by surface acting increases hotel employees' work-burnout level.

Second, this study makes a further contribution to the growing presenteeism literature by considering the prevalence of variables that contribute to the existence of "climates of presenteeism" - a context variable - in hotels. We believe that in so doing, our research

constitutes one of the first attempts to explore how factors that contribute to the perception of presenteeism climates affect the hotel industry. This being said, our findings add to the presenteeism field by showing that presenteeism climates are positively related to work-related burnout. Perceptions of climates of presenteeism are known to result from different factors (i.e., extra-time valuation, supervisor distrust, co-worker competitiveness; Ferreira et al., 2019b) which, together, create pressure for attendance and point to absence as illegitimate (Johns, 2010; Ruhle & Süß, 2020). By perceiving that their employment depends upon the number of hours worked, even despite being sick, individuals constantly make high environmental demands on themselves in terms of role expectations. That said, our study adds to COR theory (Hobfoll et al., 2018) by showing that the constant pressure to attend and perform work at any cost, coupled with a lower capacity in terms of energy to cope with high work demands, creates high levels of stress that lead to a sustained spiraling loss of resources which, in turn, can cause high levels of work-related burnout among hotel employees. Additionally, and as expected, our findings showed that surface acting mediated the relationship between climate of presenteeism and burnout (H2), thus explaining the energy depletion effect generated by the perception this type of climate.

Since recent studies have linked climates of presenteeism to presenteeism behavior (e.g., Ferreira et al., 2019b), our initial results offered a foundation from which to examine whether hotel service employees who perceive the existence of these type of climates and work despite being sick tend to use sickness surface acting to fake a healthy status. Therefore, the findings of our complementary analysis are also worthy of discussion and figure as a further attempt to enrich the literature of presenteeism and emotional labor. Specifically, our results provide insights into the mediating effect of "sickness surface acting" in the relationship between presenteeism climate and burnout. It is known that work environments can act as a constraint on an individual's choice to be present or absent, particularly when facing sickness (Ruhle & Süß, 2020), and that stressful work environments, like those in the hotel sector, promote presenteeism behaviors (Deery & Jago, 2009). Thus, beyond answering recent calls for studies on the effects of presenteeism climates on employees' behavior (Ferreira et al., 2019b; Ruhle et al., 2019), our results address the issue of "how hotel employees deal with emotional labor demands while working sick". In this sense, firstly our complementary analysis findings revealed a positive relationship between presenteeism climates and burnout. This result further supported the effects of hotel environment characteristics such as presenteeism climates on employees' burnout levels, especially when they engage in presenteeism behaviors (i.e., continue to show up for work despite being sick). Hence, these results figure as a novel attempt

to continue to study the effects of a presenteeism climate with a sample of sick employees (Ferreira et al., 2019a; Ruhle et al., 2019) in a key economic industry such as the hotel industry.

Then, confirming our H3, our findings showed that in a perceived presenteeism climate context, by actively "surface acting" a healthy status during their workday, sick employees experienced higher levels of work-related burnout. The mediation effect of sickness surface acting extended and integrated the COR theory (Hobfoll et al., 2018) in the study of sickness regulation strategies by considering sickness surface acting as a crucial strategy for dealing with sickness and organizational pressures that force employees' attendance regardless of their health status, which inevitably affects burnout.

Altogether, by further investigating the characteristics of the hotel environment that contribute to the prevalence of presenteeism climates, our findings enrich not only the thriving presenteeism literature but also the well-established field of emotional labor by positioning them as the precursors to surface acting behaviors known to play an important role in eliciting burnout (Choi et al., 2019). With the introduction of the new construct, sickness surface acting, we intersect two important lines of research - presenteeism and emotional labor - which, in our opinion opens interesting avenues for future studies.

3.5.2. Practical implications

Our findings have significant practical implications for hotel managers. Our research findings suggest that anger and presenteeism climates should be reduced to decrease work-related burnout since they elicit surface acting behavior. This study also provides insights for HR management teams regarding the harmful effects of surface acting in the hospitality industry. These insights highlight the importance of implementing policies that help employees avoid surface acting strategies to manage their emotions during work. For instance, prior studies have suggested that emotional intelligence is a good resource for managing the negative outcomes of surface acting (e.g., emotional exhaustion and job dissatisfaction; Nauman et al., 2019). Hence, we propose that hotels implement emotional intelligence training to improve this ability among their workforce. Moreover, since emotional intelligence is known to have a positive influence in reducing not only the negative consequences of surface acting but surface acting itself, we also suggest that recruitment and selection processes include emotional intelligence measures to hire individuals with higher levels of emotional intelligence (Wolfe & Kim, 2013).

By showing that presenteeism climates appear as an antecedent of surface acting and burnout, feeding spirals of lost resources, our investigation also draws attention to the negative effects of sickness presenteeism in hotels and to the constant need to predict, identify, and

manage its patterns to achieve positive organizational results (Correia Leal & Ferreira, 2020). Thus, managing individuals' presenteeism climate perceptions and resultant behaviors should be a primary concern of hotel management teams, with their goal being not only to guarantee employees' wellbeing but also to ensure service quality that triggers and roots customers' loyalty and, at the same time, foster good relations with other relevant stakeholders.

3.5.3. Limitations and suggestions for future studies

This research sheds light on the negative consequences of emotional labor and sickness presenteeism for a key economic sector and adds to the field by revealing important antecedents, such as anger – as a discrete emotion – and presenteeism climates - as a work environment context characteristic. Still, despite constituting an advance in the literature, this research is not without its limitations. We point out that our sample was limited to employees working in Portuguese 4- and 5-star hotels. This choice was based on the high standards placed on the service delivery imposed by high-rated hotels notorious for requiring more emotional labor and whose employees, therefore, are more susceptible to experiencing higher levels of emotional dissonance and energy depletion (Sherman, 2007). Also, we focused on Portugal's hotel industry since the country has become a reference in tourism world-wide. Indeed, in 2019, Portugal was distinguished as the "world's leading destination" in the World Travel Awards (2019).

Nevertheless, to increase research external validity, future studies would benefit from replicating our study with a more representative sample that includes lower-rated hotels and various other countries, as well as different hospitality settings where emotional labor is prevalent (e.g., restaurants).

We also emphasize the fact that we used paper booklets containing the five daily questionnaires and therefore, we could not ensure that the participants' timing of reporting was synchronous. However, as in previous studies, we followed certain procedures to maximize the participation and timely completion of the daily questionnaires (e.g., Bakker et al., 2019). Primarily, we provided all hotel managers and participants with a detailed explanation about the study goals and the value of responding accurately. Also, for each daily survey presented in the booklet, individuals were asked to indicate the day on which they were filling in the questionnaire. Lastly, we eliminated participants who failed to complete all five surveys. To further reduce the risk of incorrect data assessment, we suggest using online surveys (e.g., to avoid participants answering more than one questionnaire per day) and electronic devices (e.g.,

mobile apps that present notifications at the end of work shifts as a reminder to fill in the survey) to facilitate accurate data collection.

Additionally, following previous studies that obtained optimistic results (Ferreira et al., 2019a), we point to the fact that our study was conducted over five workdays. As we acknowledge that this time frame may not allow long-term individual fluctuations to be assessed, we suggest that future researchers investigate whether the studied relationships persist for longer periods and include different levels of analysis by exploring how the studied variables affect not only the individual but also organizations (e.g., customer brand loyalty). This might be relevant since recent studies have shown that the presenteeism behavior of hotel service employees may jeopardize their health and make it impossible for them to maintain adequate levels of service quality which, in turn, would also prejudice the hotels' success (Correia Leal & Ferreira, 2020).

Also, in this daily diary study, we focused only on the negative effects of surface acting due to its recognized prevalence in the hotel industry (Igbojekwe, 2017; Kwon et al., 2019; Liu, 2017) and on negative impacts of burnout (e.g., Choi et al., 2019). However, acknowledging the differential effects of emotional regulation strategies with regard to employees' well-being (Grandey, 2015) we suggest that future research also investigates the mediating effects of deep acting strategies. Indeed, although some studies support our findings that the strategy of deep acting requires more regulatory resources than surface acting does since it requires attention refocusing and situation reappraisal (e.g., Beal & Trougakos, 2013, Grandey, 2015), other studies have acknowledged that this strategy may not involve as many regulatory resources (e.g., Trougakos et al., 2015; Xanthopoulou et al., 2018). In light of these controversial results, looking into the mediation effects of deep acting might be a research path worth pursuing. By studying these two distinct regulation strategies it will be possible to acquire a more integrative view of the effects of anger and presenteeism climates on individuals' burnout in the hotel industry.

Lastly, we recommend that future studies consider the role of other possible mediators and moderators that may explain our proposed relationships, as well the strength of the effects of both anger states and presenteeism climates on work strain and burnout. For example, future research could examine specific context-based moderators of hotel work, such as working conditions (e.g., physical job demands, working hours and shifts, perceived emotional display requirements) since these have been shown to likely influence surface acting and resources depletion (Trougakos et al., 2015). Also, according to Johns (2010), any theory of presenteeism must take into account personality traits. The same is true for emotional labor theories,

personality traits have been linked to both emotional labor strategies (e.g., Chi & Grandey, 2019; Kammeyer-Mueller et al., 2013). Hence, future studies could explore the moderating effects of personality traits in our tested relationships.

3.6. Conclusion

Although previous studies have already examined diverse antecedents and outcomes of "service with a smile", our study is among the first to suggest that surface acting may mediate the effects of anger and a presenteeism climate on hotel service employees' work burnout. Moreover, it has presented sickness surface acting as a coping strategy that employees use in order to work while they are sick to comply with strict organizational display rules. This, however, has been shown to have negative impacts which can lead to burnout. Hence, drawing on the emotion-goal congruence perspective and COR framework, our research enriches both the presenteeism and emotional labor literature by revealing these relations and by introducing the concept of sickness surface acting. Moreover, our diary methodology allowed us to disclose dynamic fluctuations associated with emotional labor that inform HRM teams that daily surface acting and sickness surface acting increase hotel service employees' burnout levels and, therefore, highlights the need to create policies to reduce the negative effects of emotional labor and climates of presenteeism.

CHAPTER 4

Shouldn't your health come first? The impacts of hotel service employee sickness and customer incivility on the regulation of emotional labor strategies[3].

Abstract

This research aimed to examine the effects that customer incivility and hotel service employee sickness have on both surface acting and deep acting strategies, through a quasi-experimental between-subjects design. Results of two 2-way factorial ANCOVAs were tested on a sample of 470 participants who were working or had worked in the hotel industry. The results showed that both employee sickness and customer incivility positively influenced the use of surface acting strategy, by increasing it. Results also proved that employees who work while sick still strive to deliver service with a smile even when dealing with polite and understanding customers, demonstrating higher levels of surface acting. No statistically significant effects were found for deep acting strategies. The findings of this paper add to what is already known about the "dark side" of sickness presenteeism showing that working while sick potentially has key negative consequences for the success and profitability of hotels.

Keywords: sickness presenteeism emotional labor, emotion regulation, customer incivility, hotel industry

[3] This chapter has been submitted for publication in an international indexed journal - currently under review.

4.1. Introduction

The travel and tourism sector, of which the hotel industry is part, is known as one of the most competitive sectors in the world. However, it is a sector especially susceptible to health crises (Jung et al., 2021). Indeed, it is certainly true to say that the novel COVID-19 outbreak, triggered by the Severe Acute Respiratory Syndrome – CoronaVirus 2 (SARS-CoV-2), has massively impacted this sector. During this global pandemic, millions of jobs have been lost, businesses have gone bankrupt, and the relationship between people and traveling has changed in ways no one ever expected, with health and safety becoming vital factors in this new era (WTTC, 2020). This new reality has imposed critical challenges on the sector, requiring more reliable and efficient policies as a way of recovering and attaining ongoing sustainable growth. At the same time, it has aggravated feelings of job insecurity across the sector (Khan et al., 2021). Indeed, prior studies have already indicated that fear of job loss and financial insecurity are considered major consequences of governmental policies associated with pandemic crises, such as lockdowns (Zhang et al., 2020).

Due to the growing insecurity experienced in the sector as a result of organizational restructuring, and with scale-downs creating a constant threat of job loss (Jung et al., 2021), perhaps the best way for hotel service employees to secure their employment would be to present high-performance levels and greater commitment to companies. Notwithstanding the devastating role that the current pandemic is playing, it is safe to assume that feelings of job insecurity prevailed amongst hotel service employees even before the pandemic crisis, mostly as a result of the precariousness inherent in their jobs (Deery & Jago, 2015). As a result, the hotel industry has been creating presenteeism climates and cultures that promote employee work attendance at any cost and has often not considered the health status of its employees (e.g., Ariza-Montes et al., 2017; Arjona-Fuentes et al., 2019). Thus, sickness presenteeism, i.e., working whilst sick, is a common behavior amongst hotel service employees (e.g., Correia Leal & Ferreira, 2020).

Although previous studies have already investigated the impacts of emotional labor and how different emotional regulation strategies affect service employees' performance, health, job satisfaction, and customer satisfaction (Hülsheger & Schewe, 2011), to our knowledge, few have explored the impacts of sickness presenteeism in the hotel industry in particular (e.g., Correia Leal & Ferreira, 2020). Especially with regard to employee emotional labor management (e.g., Correia Leal et al., 2020), and when dealing with customer incivility. Adding to this, the literature has revealed increased mood disturbances during the period of COVID-19

restrictions (Terry et al., 2020), particularly due to increased fear of job loss (e.g., Khan et al., 2020). These potential impacts are, therefore, of special interest since in-service jobs such as those present in the hotel industry, dealing with customer incivility is a constant (Grandey et al., 2007) and may require extra effort from sick employees striving to conform with explicit organizationally display rules (Grandey & Sayre, 2019) to deliver a high-quality service (Hofmann & Stokburger-Sauer, 2017).

This being said, in this study our goal was to understand the influences of customer incivility and employee sickness on employees' emotional regulation strategies – concerning both deep acting (i.e., genuine positive emotional displays) and surface acting (i.e., faked positive emotional displays) (Grandey & Sayre, 2019). These relations are of considerable interest due to the already known consequences of emotional labor and sickness presenteeism (e.g., enhanced emotional exhaustion, impaired health; Hülsheger & Schewe, 2011). We opted to focus on these two regulation strategies due to the still prevalent inconsistencies present in the literature, about which strategy is most used by hotel employees (e.g., Igbojekwe, 2017; Kwon, et al., 2019; Liu, 2017).

To this end, we performed a 2 × 2 between-subjects scenario-based experiment with a sample of individuals who were working or had worked in the hotel industry. Taken together, our results inform hotel managers about how customer incivility and sickness presenteeism impact the use of emotional regulation strategies. Also, they reinforce the need for the implementation of policies to reduce sickness presenteeism behavior as a way of minimizing the use of surface acting strategies and to encourage the use of less harmful emotional regulation strategies as a way of enhancing hotel service employee performance while at the same time protecting their health.

4.2. Literature Review

4.2.1. Emotional labor and uncivil service exchanges in the hotel industry

In an industry where "service with a smile" is a full-time job, most hotel employees' are frequently exposed to work situations requiring that they show positive emotions they sometimes do not feel. Indeed, research shows that certain work settings, such as being exposed to customer incivility, not only shape the emotional labor process (Grandey et al., 2013b; Kammeyer-Mueller et al., 2013) but also potentially jeopardize employees' well-being (e.g., Choi et al., 2019). And yet, in order to effectively fulfill their work requirements and give the

customer a positive experience, employees must strive to adopt a cheerful and happy posture at any cost and in every service encounter (Grandey & Sayre, 2019).

Customer incivility is a social stressor that can be defined as "low-intensity deviant behavior perpetrated by someone in a customer role with ambiguous intent to harm an employee and in violation of social norms of mutual respect and courtesy" (Cheng et al., 2020, p. 2). This type of customer behavior comprises features (see Table 4.1) that should not be ignored by hotel managers due to the potential it has of generating negative impacts on service employees. Indeed, previous studies have already pointed out the negative effects of workplace incivility in general, and customer incivility in particular, on employees' emotions and behaviors (e.g., Cheng et al., 2020; Kern & Grandey, 2009), well-being (e.g., Choi et al., 2019) and work-related burnout (e.g., Han et al., 2016), as well as on their service performance (Cho et al., 2016).

Table 4.1 *Customer incivility attributes.*

Features	Definition	Authors
Low intensity and subtlety	Involves impolite/disrespectful customer behaviors such as making insulting comments and neglect, but no physical violence and power abuse.	Cheng et al., 2020; Ferris et al., 2016; Kim & Qu, 2019a.
Unclear motivation	Characterized by ambiguous motivation, it may or may not have an explicit intention to harm employees.	Kim, & Qu, 2019a.
Upward spiral potential	Can potentially spiral into increasingly intense aggressive behaviors.	Andersson & Pearson, 1999.

Despite uncivil encounters between customers and service employees being deemed extremely stressful according to Bakker and Kim (2020), few studies have examined the impacts of customer-employee incivility. This dynamic has particular special relevance in the hotel context where "service with a smile" is an ascribed requirement known to have positive effects on overall organizational performance. Truly, this idea of "selling smiles" to create positive customer experiences is grounded in research showing that customers' perceptions of high service quality are directly linked to organizational performance (Pizam & Ellis, 1999).

This is mostly because the quality of a customer's experience figures as a predictor of customer satisfaction and, consequently, customer loyalty (Alnawas & Hemsley-Brown, 2019; Nunkoo et al., 2017). This idea is especially important since the quality of customer experience derives, in part, from staff-customer interactions.

In line with a dramaturgical perspective (Grove & Fisk, 1989), providing customer service quality requires that company performance be "directed" by the company itself. This includes laying down guidelines clearly stipulating that employees should offer "service with a smile", and providing information about acceptable and/or proscribed emotional expressions (Grandey, 2003). These guidelines are commonly referred to as organizational display rules, and are intended to shape employees' emotions during service encounters with clients, particularly during difficult interactions. The goal is for employees to appear cheerful and friendly and to display a positive attitude regardless of their true feelings about the job, the situation, or the customer. This means that service employees must conform to explicit organizational display rules to interact with customers in an effective manner (Grandey & Sayre, 2019).

This being said, hotel service employees play a critical role because it is their emotional labor performance that helps their organizations promote service quality (Hofmann & Stokburger-Sauer, 2017), customer satisfaction (Zhao et al., 2014), and loyalty (Correia Leal & Ferreira, 2020). Undeniably, emotional labor, i.e., managing emotions as part of ones' work role (Hochschild, 1983), is an affect-driven behavior (Rupp et al., 2008). According to the affective events theory (AET; Weiss & Cropanzano, 1996), this means that specific events in the workplace (e.g., customer incivility, mistreatment, abuse) prompt certain emotions (e.g., negative emotions) that may not be in line with the existing display rules. These specific events lead to affect-directed behavior such as deep and surface acting (Grandey & Brauburger, 2003). In a service encounter, when employees opt to use deep acting, they actively modify their feelings and line them up with emotional display rules, usually by refocusing their attention and reappraising a situation (Grandey, 2015). This type of strategy has been linked to higher sense of accomplishment levels (e.g., Brotheridge & Grandey, 2002) and job satisfaction (Grandey et al., 2013a). However, the literature is still contradictory with respect to the impacts of deep acting on employees. For instance, according to Judge et al. (2009), deep acting is also related to several negative impacts, such as enhanced exhaustion and psychosomatic symptoms, demonstrating that the use of this strategy is also costly for employees. In contrast, some authors argue that deep acting can lead to slightly positive outcomes for employees and this may be because deep acting is related to less regulatory resource loss (e.g., Xanthopoulou et al., 2018). At the organizational level, deep acting, as opposed to surface acting, also entails positive

impacts for hotel businesses. It has been related to higher customer satisfaction and return intention (e.g., Groth et al., 2009), as well as increases in short-term economic gains (e.g., Hülsheger et al., 2015). These effects can be explained by the fact that customers tend to perceive employees who use deep acting as more genuine than those who resort to surface acting (e.g., Grandey & Sayre, 2019).

However, service employees may resort to surface acting instead of deep acting in order to deal with emotional labor demands. It could be argued that surface acting is the polar opposite of deep acting, being related to suppressing, amplifying, and/or "faking" felt emotions (Grandey, 2015). This type of strategy is often used in response to negative events, such as dealing with an uncivil customer (Grandey & Sayre, 2019), and has been consistently regarded as having negative effects for both employees (e.g., Hülsheger & Schewe, 2011) and organizations (e.g., Wang, 2020). Some studies have shown, however, that using surface acting to attempt to provide a high service quality may not be possible, revealing that the use of this emotional regulation strategy is positively correlated with low service quality and that burnout is one of the possible boundary conditions to explain this relation (e.g., Wang, 2020). Nonetheless, some research already recognizes that surface acting is more prevalent than deep acting in the hotel industry (Igbojekwe, 2017; Kwon et al., 2019). Also, when considering the use of surface and deep acting to deal with emotional labor demands, Beal and Trougakos (2013) argue that surface acting tends to occur more rapidly than deep acting, thus constituting the first reaction to unanticipated events, such as customer incivility (Grandey & Sayre, 2019). The reason for this resides in the fact that deep acting, being a cognitive strategy that involves refocusing attention and reappraising a situation may involve higher levels of self-control to change felt emotions.

Therefore, based on the above-mentioned literature, we posit the following hypotheses:

Hypothesis 1a: Customer incivility will be positively related to employee surface acting, so that employees who face customers making aggressive complaints (i.e., high incivility) will present more surface acting than employees who face customers who complain politely.

Hypothesis 1b: Customer incivility will not be significantly related to employee deep acting, so that employees who face customers making aggressive complaints will not present less deep acting than employees who face customers who complain politely.

4.2.2. The effects of sickness presenteeism in the hotel industry

The persistent job insecurity experienced by hotel service employees is a phenomenon that has not only been a subject of study for some time (e.g., Darvishmotevali et al., 2017) but has also been aggravated by the current pandemic situation (Jung et al., 2021; Khan, 2021). According to Deery and Jago (2015), even before the pandemic crisis, working conditions in the hotel industry were considered precarious. Indeed, the hotel industry is notorious for its high work intensity, seasonality, and precariousness of employment contracts (e.g., Arjona-Fuentes et al., 2019). Altogether, these factors endanger individuals' well-being, worsen work-family conflicts, as well as sustain job insecurity perceptions (Deery & Jago, 2015). By harboring this kind of work environment and such conditions, the hotel industry has been silently promoting work attendance at any cost amongst their workforce (e.g., Ariza-Montes et al., 2017; Arjona-Fuentes et al., 2019).

This type of incitement to behavioral attendance, besides promoting the idea that absenteeism is illegitimate (Ruhle & Süß, 2020), is dangerous due to its potentially negative consequences. Among the negative consequences of a culture and climate of presenteeism are the increased levels of stress, emotional exhaustion, and sickness presenteeism that result from employees' endless attempts to present high-performance levels and commitment to companies (e.g., Ruhle & Süß, 2020; Simpson, 1998).

From the negative consequences of the attendance cultures and climates mentioned above, in this study, we will focus on hotel service employees' sickness presenteeism behavior. Indeed, the kind of work environment prevalent in the hospitality industry (Ariza-Montes et al., 2017; Arjona-Fuentes et al., 2019) implicitly or explicitly forces employee attendance (Ruhle & Süß, 2020) and is known to trigger sickness presenteeism behavior (Ferreira et al., 2015). Sickness presenteeism is defined as attending work while sick (Karanika-Murray & Cooper, 2018) and is increasingly a topic of interest among tourism and hospitality researchers (e.g., Arjona-Fuentes et al., 2019; Arslaner & Boylu, 2017; Chia & Chu, 2017).

In an industry where the relationship between customers and service providers has emerged as a factor that promotes not only satisfaction and quality of service perception (Bitner et al., 1990), but also helps to build clients' trust and loyalty (e.g., Stock, 2016), preserving the physical and psychological health of hotel service employees is imperative (Pfeffer, 2010). However, and despite these insights from previous research, to our knowledge, few studies have explored how sickness presenteeism impacts hotels (e.g., Arslaner & Boylu, 2017; Correia Leal & Ferreira, 2020; Correia Leal et al., 2020; Igbojekwe, 2017; Kwon, et al., 2019). With regard to the effects of sickness presenteeism on employees' emotional regulation responses, Correia

Leal et al. (2020) have already provided empirical evidence that a climate of sickness presenteeism can be considered a predictor of employee surface acting and can lead to burnout. Despite this, the authors have only focused on the impacts of sickness presenteeism on surface acting strategies and burnout as a consequence of that. As a result, a more integrative view of how sickness presenteeism impacts emotional regulation strategies is vital to understand how sickness impacts employees' emotional labor processes.

Bearing in mind this glaring gap in the literature, and to explain the prevalence of sickness presenteeism behavior in the hotel industry and how it impacts employees' emotional labor, we will rely on the explanatory potential of the Conservation of Resources Theory (COR; Hobfoll et al., 2018). According to this theory, when individuals experience or face resource loss, they are more likely to protect their remaining resources to prevent further losses.

Based on this rationale and following Karanika-Murray and Biron's (2020) conceptualization of dysfunctional presenteeism, we argue that in the hospitality industry, hotel service employees may opt to go to work despite being sick as a way of avoiding further resource losses (such as their job). Indeed, in an economic crisis like the one we are experiencing because of COVID-19, increased fear of job loss due to increased uncertainty (Khan et al., 2020) may lead to this kind of behavior as a way of securing employment and avoiding financial losses. However, due to the nature of their work – under sustained emotional labor demands – they face constant pressure to maintain high-performance levels when dealing with customers. Because of this, hotel service employees may fear experiencing further resource losses and, as well, see their performance levels collapse. Following the assumptions of the COR theory, individuals who lack resources, such as health, are not only more susceptible to resource loss but also less capable of resource gain (Hobfoll et al., 2018). Thus, we argue that, in order to try to protect their remaining resources and avoid further loss, employees may resort to engaging in surface acting strategies to manage their emotional labor demands. This may happen because surface acting can be regarded as a response-focused strategy that requires less resource mobilization than other emotional regulation strategies, such as deep acting (Gabriel & Diefendorff, 2015). Due to this, it is expected that when experiencing health issues together with job insecurity, employees try to manage their emotional labor demands as a way of trying to preserve their performance by using emotional regulation strategies which, in the short run, do not drain their pool of scarce resources. Thus, we argue that hotel employees may rely more on surface acting strategies – that are proven to require less effort than deep acting strategies (Beal & Trougakos, 2013), - as a way of trying to protect their remaining resources.

Based on the above-mentioned rationale, we propose the following hypotheses:

Hypothesis 2a: Employee sickness is positively related to employee surface acting, so that sick employees will present more surface acting than healthy employees.

Hypothesis 2b: Employee sickness will not be significantly related to employee deep acting, so that sick employees will not present less deep acting than healthy employees.

As mentioned before, with hotels running under the mantra "the customer is always right" and demanding "service with a smile", hotel service employees are constantly striving to deliver a high-quality service. Moreover, due to the inherent characteristics of their jobs, hotel employees' work is regarded as extremely stressful and taxing, especially because of customer incivility (Grandey et al., 2013b; Kammeyer-Mueller et al., 2013) and the prevalence of a culture and climate of presenteeism (Correia Leal et al., 2020). Thus, it is expected that under circumstances such as these, hotel service employees may find themselves trapped in situations where they are working while sick and facing an uncivil customer. Regardless of their health condition or type of customer interaction they face, hotel service employees must comply with explicit organizational display rules and provide courteous service. In other words, hotels expect their employees to regulate unsuitable emotions that may arise from service encounters as a way of providing a high-quality service (Grandey et al., 2015), regardless of their health condition and any customer incivility they might encounter.

According to the COR theory (Hobfoll et al., 2018), it is expected that while experiencing resource loss (i.e., impaired health), and dealing with an uncivil customer, surface acting may be the first strategy hotel service employees employ to regulate their emotions since it uses fewer attentional resources (Goldberg & Grandey, 2007). In other words, surface acting consumes fewer cognitive resources and requires less energy than deep acting does (Beal & Trougakos, 2013). In this research, therefore, we conceptualize that illness is an important condition to explain why employees develop surface acting when confronted with customer's incivility behaviors.

This being said, and acknowledging that working while sick is a prevalent behavior in the hotel industry (Ariza-Montes et al., 2017; Arjona-Fuentes et al., 2019) and that hotel service

employees are prone to customer incivility due to the nature of their jobs (Kammeyer-Mueller et al., 2013), we posit the following hypotheses:

Hypothesis 3a: Customer incivility and employee sickness will be positively related to employee surface acting, so that employees who are sick and face customers making aggressive complaints will present more surface acting than employees who are healthy and face customers making polite complaints.

Since customers' incivility behaviors require immediate emotional reactions (Beal & Trougakos, 2013), we posit that:

Hypothesis 3b: Customer incivility and employee sickness will not be significantly related to employee deep acting, so that employees who are sick and face customers making aggressive complaints will not present less deep acting than employees who are healthy and face customers making polite complaints.

4.3. Method

4.3.1. Sample and procedures

To test the hypotheses outlined above, a 2 (customer incivility: hostile vs. polite) × 2 (employee sickness: sick vs. healthy) between-subjects quasi-experimental design was employed. To achieve our goals, we collected data from participants who were working or had worked in the hotel industry in different job roles (e.g., Housekeeping, Front-office, Food and Beverage (F&B), Management, etc.). Participants were recruited from April to December 2020 using convenience sampling. From these, due to missing data and to failure in attention checks, 95 participants were eliminated from further analysis. Out of 470 hotel service employees, the majority were women (60.2%), had a higher education degree (56.6%), a permanent contract (62.1%), and a leadership role (56.2%). Their mean (*M*) age was 37 years old (*M* = 36.78; standard deviation [*SD*] = 10.11; minimum = 18; maximum = 70). Moreover, regarding role seniority (i.e., organizational tenure), most participants had worked for their company for more than four years (57.7%).

All data were collected through a web-based online survey using the Qualtrics platform. The goal was to measure how surface acting and deep acting were influenced by both customer incivility and employee sickness. To this end, scenarios were developed based on prior experimental and quasi-experimental studies using customer incivility manipulation (e.g., Tao et al., 2016; Yagil & Medler-Liraz, 2019) and sickness manipulation (e.g., Correia Leal & Ferreira, 2020). An example of the scenarios used is presented in Table 4.2. The following instructions were given to the participants: "You will be presented with a situation that you could face during your working day. After reading the scenario, we ask you to indicate, based on the information presented, how you would feel/act if you were the employee". After reading the scenario, participants registered their reaction to the condition in the scenario on scales both for surface acting and deep acting. Demographic questions were also included. Table 4.3 shows the distribution of participants per condition tested.

Table 4.2 *Example of materials used across conditions.*

Conditions		Text presented to participants
Hostile customer complaint (high incivility)	Sick[1]	"Imagine that, during your shift, a customer comes to you and says that the cleaning of his/her room was poorly done. Although you feel tired, with signs of fever, coughing, and frequent sneezing, you apologize, explaining that you will see what can be done. The customer, angry by the time it takes to solve their problem, yells at you saying in a rude and aggressive tone of voice: "What are you doing about it? Why is it taking so long? I have been waiting here for ages. I can't believe this hotel only has incompetent people."
Polite customer complaint (low incivility)	Sick[1]	"Imagine that, during your shift, a customer comes to you and says that the cleaning of his/her room was poorly done. Although you feel tired, with signs of fever, coughing, and frequent sneezing, you apologize, explaining that you will see what can be done. The customer, despite the time it takes to resolve their problem, remains calm and understanding."

Note. [1]Healthy conditions presented no employee sickness cues.

Table 4.3 *Number of participants per condition.*

Customer incivility condition	Employee sickness condition	*N*
1. Hostile customer complaint	Sick employee	162
2. Polite customer complaint	Sick employee	137
3. Hostile customer complaint	Healthy employee	89
4. Polite customer complaint	Healthy employee	82
Total		470

Note. N = number

To ensure ethical research practices, this study complied with the Ethical Principles of Psychologists, Code of Conduct of the American Psychological Association (2010), and the and the Ordem dos Psicólogos Portugueses (Ordem dos Psicólogos Portugueses, 2011). Participants were asked to give their informed consent at the beginning of the questionnaire, were given information about the study objectives, and completion instructions. They were told that participation was entirely voluntary and were assured of the confidentiality and anonymity of the data collected.

4.3.2. Scenarios' test

We pretested the experimental conditions using a sample of 121 participants. Table 4.4 shows the frequencies regarding the participant distribution per employee sickness (i.e., healthy vs. sick) and customer incivility (i.e., hostile vs. polite) conditions.

Table 4.4 *Number of participants per condition.*

Customer incivility condition	Employee sickness condition	*N*
1. Hostile customer complaint	Sick employee	31
2. Polite customer complaint	Sick employee	30
3. Hostile customer complaint	Healthy employee	30
4. Polite customer complaint	Healthy employee	30
Total		121

Note. N = number

To examine the intensity of customer incivility across scenarios, we asked participants the following about their perception of both customers' emotional state and dissatisfaction: "How would you describe the client's emotions in the scenario presented?" and "To what extent do you consider that the customer is dissatisfied with the service provided?". These were answered on a scale ranging from 1 – not at all angry/ not at all dissatisfied, to 7 – very angry / very dissatisfied.

The pretest results confirmed significant differences between conditions for both questions respectively (customer emotions: t (119) = -12.48, p <.001; *Mhostile* = 6.25 vs. *Mpolite* = 3.70; customer dissatisfaction: t (105.41) = -3.49, p <.001; *Mhostile* = 5.44, *SD* = 1.84 vs. *Mpolite* = 4.45, *SD* = 1.24).

Likewise, to examine whether employee sickness cues were perceived across scenarios, we asked the following question: "In terms of health status, this scenario suggests that the employee is", on a scale ranging from 1- Not sick at all, to 7 – Very sick. The pretest results revealed a significant difference between conditions (t (92.54) = -10.91, p <.001; *Msick* = 5.64 vs. *Mhealthy* = 2.82).

4.3.3. Measures

Emotional regulation strategies. Surface acting and deep acting were measured using an adaptation of six items from Brotheridge and Lee's (2003) Emotional Labour Scale (ELS). Surface acting was measured with three items. A sample item is: "I would hide my true feelings about a situation". Deep acting was measured with three items. A sample item is: "I would really try to feel the emotions I have to show as part of my job". Responses were rated on a five-point scale ranging from 1 (totally disagree) to 5 (totally agree). The surface acting measure presented a Cronbach alpha of .63, and the deep acting measure presented a Cronbach alpha of .74. Translation/back-translation procedures (Brislin, 1970) were applied to create the Portuguese adaptations of these measures.

Controls. We also obtained background information from respondents, where we highlight sex, age, and role seniority. As suggested by Becker (2005) and based on previous studies that have linked sex, age, and role seniority to emotion regulation strategies (e.g., Hur et al., 2014; Kim, 2008) we used these as control variables.

4.4. Results

4.4.1. Manipulation checks

To test whether participants perceived the manipulations as intended, a series of statistical analyses were conducted. To check the effectiveness of customer incivility manipulation, we asked participants two questions. First, we asked: "How would you describe the client's emotions in the scenario presented?". This was answered on a scale ranging from 1 – not at all angry, to 7 – very angry (Tao et al., 2016). An independent sample *t*-test was conducted. The results showed significant mean differences for the manipulation (t (360.59) = -20.563, $p <$ .001) across scenarios. As expected, participants who were exposed to the condition where the customer's complaint was hostile perceived the customer as angrier (M = 6.42, SD = 1.04) compared to those in the polite customer complaint condition (M = 3.78, SD = 1.63). The we asked participants to answer the question: "To what extent do you consider that the customer is dissatisfied with the service provided?", on a scale ranging from 1 – not at all dissatisfied, to 7 – very dissatisfied. Results from an independent sample *t*-test additionally revealed significant mean differences for the customer incivility manipulation (t (439.39) = -12.07, $p <$.001). Participants who were exposed to the hostile customer complaint condition perceived the customer as more dissatisfied (M = 6.17, SD = 1.27) compared to those in the polite customer complaint condition (M = 4.62, SD = 1.50).

Likewise, we verified the effectiveness of employee sickness manipulation. To this end, participants answered the question: "In terms of health status, this scenario suggests that the employee is", on a scale ranging from 1- Not sick at all, to 7 – Very sick.

Results from an independent sample *t*-test showed that respondents were able to identify employees whose health status was compromised, revealing significant mean differences for employee sickness manipulation (t (304.39) = -19.08, $p <$ .001). Participants who were exposed to the sick employee condition perceived the employee as sicker (M = 5.53, SD = 1.36) compared to those in the healthy employee condition (M = 2.70, SD = 1.64).

Lastly, to test the realism of the scenarios presented, participants were asked the following questions: "I could imagine a real situation in a workplace like the one described in the scenario" and "I believe that the situation described could happen in a real workplace". Both questions were answered on a scale ranging from 1- Strongly disagree, to 7 – Strongly agree. The mean was 5.82 (SD = 1.71) and 6.30 (SD = 1.31) for each question respectively. These

results reveal that respondents perceived the scenario as highly realistic. Overall, these results allow us to conclude that the manipulations used were successful.

4.4.2. Hypotheses testing

We conducted two independent 2 (customer incivility: hostile vs. polite) × 2 (employee sickness: sick vs. healthy) factorial analyses of covariance (ANCOVAs), with employee surface acting and deep acting as the dependent variables. Given the impact that sex, age, and role seniority might have on both surface and deep acting, these were included as covariates in both of the univariate ANCOVAs performed. Following this reasoning, all significant effects and adjusted means were reported, reflecting the impact of the independent variables on the dependent variables after first controlling for the influence of the above-mentioned covariates.

4.4.2.1. Surface acting as a dependent variable

An ANCOVA with the independent variables: customer incivility (hostile vs. polite) and employee sickness (sick vs. healthy), and the dependent variable employee surface acting was tested (see Table 4.5).

Table 4.5 *Results of the analysis of covariance (ANCOVA) for the surface acting dependent variable.*

	Employee Surface acting	
	$F(1,469)$	η_p^2
Sex	.34	.00
Age	12.37***	.03
Role seniority	7.47**	.02
Customer incivility (CI)	20.22***	.04
Employee Sickness (ES)	4.29*	.01
CI × ES	4.41*	.01

Note. $N = 470$
*$p < .05$; **$p < .01$; ***$p < .001$.

First, the simple main effect of customer incivility on employee surface acting was significant ($F(1,469) = 20.22$, $p < .001$, $\eta_p^2 = .04$), showing that when customers presented hostile complaints, employees showed higher levels of surface acting ($M = 3.67$, $SD = .07$) compared to when customers presented polite complaints ($M = 3.25$, $SD = .06$). These results corroborate H1a. Second, the simple main effect of employee sickness on surface acting was significant ($F(1,469) = 4.29$, $p < .05$, $\eta_p^2 = .01$), revealing that employees who work while sick show higher levels of surface acting ($M = 3{,}56$, $SD = .06$) compared to non-sick employees ($M = 3.37$, $SD = .08$). Thus, we confirm H2a.

Third, in line with our prediction, the results revealed a significant, simple interaction between customer incivility and employee sickness on employee surface acting, $F(1,469) = 4.41$, $p < .05$, $\eta_p^2 = .01$. Specifically, the results revealed that: (1) when employees work while sick and face customers with hostile complaints, they show higher levels of surface acting ($M = 3.67$, $SD = .08$) compared to those who face polite customer complaints ($M = 3.45$, $SD = .08$), $F(1,463) = 3.97$, $p < .05$, $\eta_p^2 = .01$.; and (2) healthy employees who face customers with hostile complaints, show higher levels of surface acting ($M = 3.68$, $SD = .10$), $F(1,463) = 17.16$, $p < .001$, $\eta_p^2 = .04$, compared to those who face polite customer complaints ($M = 3.06$, $SD = .11$). These results provide support for Hypothesis 3a. Surprisingly, the interaction results also revealed that when customer complaints were polite (i.e., the low customer incivility scenario), the participants in the sick employee condition expressed more surface acting ($M = 3.45$, $SD = .08$) than did those in the healthy employee condition ($M = 3.06$, $SD = .11$), $F(1,463) = 8.20$, $p < .05$, $\eta_p^2 = .02$. However, when customer complaints where hostile (i.e., the high customer incivility scenario), participants in the sick employee condition expressed nearly the same level of surface acting ($M = 3.67$, $SD = .08$) as did those in the healthy employee condition ($M = 3.68$, $SD = 1.03$), $F(1,463) = .00$, $p = .994$, $\eta_p^2 = .00$. These interaction patterns are depicted in Figure 4.1.

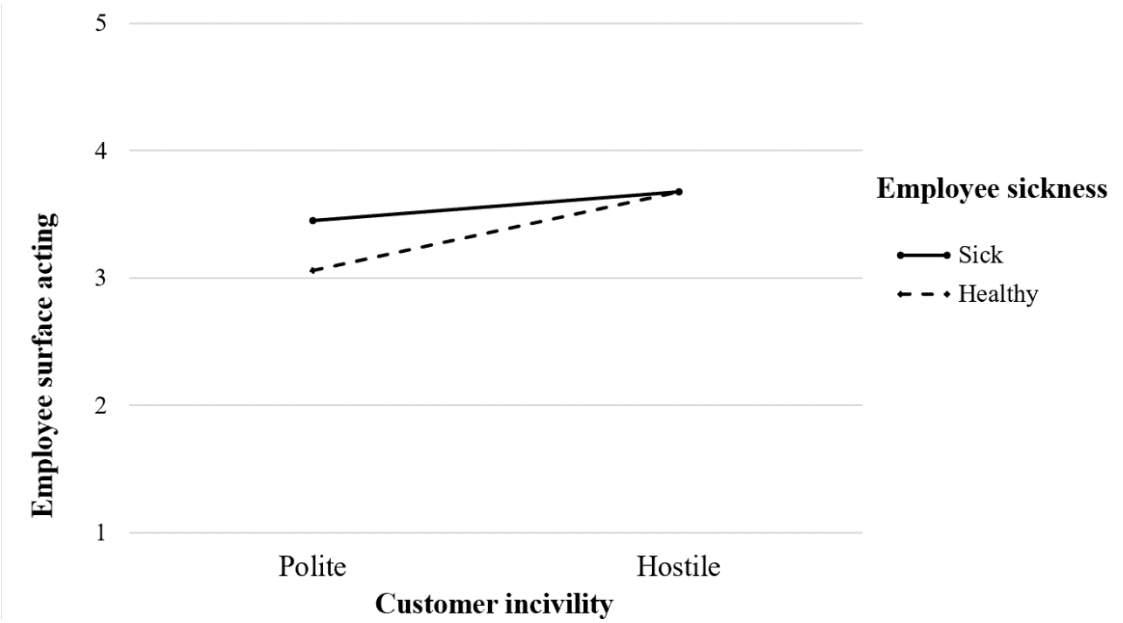


Figure 4.1 *Significant interaction of employee sickness and customer incivility on employee surface acting.*

4.4.2.2. Deep acting as a dependent variable

Table 4.6 summarizes the results of a 2 × 2 ANCOVA conducted in order to examine whether or not customer incivility (hostile vs. polite) and employee sickness (sick vs. healthy) interact to predict employee deep acting.

Table 4.6 *Results of the analysis of covariance (ANCOVA) for the deep acting dependent variable.*

	Employee deep acting	
	$F(1,469)$	η_p^2
Sex	9.41**	.02
Age	.21	.00
Role seniority	.17	.00
Customer incivility (CI)	.56	.00
Employee Sickness (ES)	.09	.00
CI × ES	.17	.00

Note. $N = 470$
** $p < .01$.

Confirming our expectations, both main effects proved to be non-significant. In particular, the main effect of customer incivility on employee deep acting was not significant ($F(1,469) = .56$, $p = .453$, $\eta_p^2 = .00$). Thus, we accept H1b. The results show that when customers presented hostile complaints, employees expressed approximately the same level of deep acting ($M = 3.69$, $SD = .06$) as when customers presented polite complaints ($M = 3.76$, $SD = .07$).

The main effect of employee sickness on deep acting was also not significant ($F(1,469) = .09$, $p = .767$, $\eta_p^2 = .00$). Therefore, hypothesis 2b was supported. The findings revealed that employees who work while sick expressed nearly the same level of deep acting ($M = 3.74$, $SD = .06$) compared to healthy employees ($M = 3.71$, $SD = .07$).

In the same fashion, the results supported our hypothesized absence of interaction between customer incivility and employee sickness on employee deep acting (H3b), $F(1,469) = .17$, $p = .684$, $\eta_p^2 = .00$. Specifically, the results revealed that: (1) when employees work while sick and face customers with hostile complaints, they demonstrate practically the same level of deep acting ($M = 3.68$, $SD = .08$) as those who face polite customer complaints ($M = 3.79$, $SD = .08$), $F(1,463) = .92$, $p = .338$, $\eta_p^2 = .00$; and (2) healthy employees who face customers with hostile complaints, show virtually the same level of deep acting ($M = 3.69$, $SD = .10$), $F(1,463) = .05$, $p = .828$, $\eta_p^2 = .00$ as those who face polite customer complaints ($M = 3.72$, $SD = .11$).

4.5. Discussion

The purpose of the current study was to explore the impacts that both customer incivility and hotel service employee sickness have on two specific emotional regulation strategies: deep acting and surface acting, using a scenario-based experiment. As expected, the results illustrated that both employee sickness and customer incivility impacted the use of surface acting strategy, by increasing it. Furthermore, our findings allow us to understand the powerful negative impacts of employee sickness, especially when individuals are dealing with low levels of incivility. The results showed that even when dealing with polite and understanding customers, employees who work while sick nevertheless strive to deliver service with a smile, demonstrating higher levels of surface acting.

As expected, we found support for the absence of effects of employee sickness and customer incivility on the use of the deep acting strategy. These results offer support to the theoretical assumption that when dealing with unexpected and taxing situations at work, such as customer incivility, deep acting is not the first strategy that employees use to regulate the

negative emotions they feel that are not aligned with the organizational display rules (Beal & Trougakos, 2013; Grandey & Sayre, 2019).

Overall, the findings of the present study represent a step forward in the study of emotional labor and sickness presenteeism in the hospitality and tourism sector. The theoretical and practical implications of this study will be presented and discussed next.

4.5.1. Theoretical and practical implications

Although research remains controversial about which kind of regulation strategy is most used among hotel service employees, our study adds to the literature by shedding light on how customer incivility and employee sickness impact emotional labor management in the hotel industry. Previous studies have already pointed to two contrasting conclusions. Some studies support an overall prevalence of surface acting, as opposed to deep acting, in the industry (Igbojekwe, 2017; Kwon et al., 2019). However, Liu (2017) presented contrasting results showing that hotel service employees tend to resort more to deep acting than surface acting. In this sense, our study adds to the body of literature that has shown that surface acting is one of the most used strategies in the hotel context by revealing that when faced with customer incivility and/or working while sick, employees resort more to surface acting strategies than to deep acting strategies.

In addition, the conclusions in our study contribute to expanding our knowledge of both the AET (Weiss & Cropanzano, 1996) and COR theories (Hobfoll et al., 2018), showing that when experiencing the threat of further resource loss, sick hotel service employees tend to resort to surface acting strategy as a first option to deal with emotional labor, particularly when they are faced with polite customer complaints (Beal & Trougakos, 2013; Grandey & Sayre, 2019).

Altogether, our results inform hotel managers about how work environment characteristics may impact the decision of hotel service employees to go to work while sick, and how they manage emotions when dealing with customer incivility and while facing illness. Also, by being aware of the negative consequences that surface acting entails, it being linked to impaired well-being (e.g., anxiety, sleep problems, emotional exhaustion, burnout; e.g., Hülsheger & Schewe, 2011; Wagner et al., 2014), our study stresses the urgent need to create policies to avoid the prevalence of sickness presenteeism in the industry, as well as to implement training programs (e.g., emotional intelligence; Nauman et al., 2019) to diminish the negative effects associated with the use of surface acting strategies.

4.5.2. Limitations and future studies

This study is not without its limitations. First, we point to the fact that, following previous quasi-experimental investigation into the impacts of sickness presenteeism in the hotel industry (e.g., Correia Leal & Ferreira, 2020), we have used scenario-based manipulations that only considered the effects of one type of illness (e.g., severe flu). However, prior research has already indicated other predominant illnesses in the sector that are caused by the job performed (e.g., posture-related musculoskeletal problems resulting from long hours standing; Chauhan & Sondhi, 2020). Thus, future studies might consider testing the proposed relations by manipulating other types of illnesses that are prevalent in the sector.

Second, in this study, we have not considered how specific hotel-related characteristics may influence the choice between different emotion regulation strategies. However, hotel-specific attributes such as star ratings (Correia Leal & Ferreira, 2020) are known to increase emotional labor demands due to the way these ratings influence customer expectations (Kwon et al., 2019). This, therefore, should also be factored into the analysis.

Third, in this research, we answered recent calls to investigate the effects of customer incivility on hotel service employees' emotion-regulation strategies (Cheng et al., 2020). However, future studies should also explore the impacts of other sources of incivility, such as that of colleagues and supervisors, which could also influence employees' service performance.

Also, although our study answers recent calls for research about individual factors such as sickness presenteeism and emotion-regulation strategies in the hotel industry (e.g., Ruhle et al., 2019; Wang, 2020), we suggest that future studies could continue contributing to the literature by exploring which moderating variables may amplify or reduce the harmful effects of both customer incivility (Cheng et al., 2020) and employee sickness. What is more, they could also assess how these impact hotel service's employee-related outcomes (e.g., well-being, performance). To reach conclusions on these matters, we also advocate for the use of different theoretical frameworks, where we emphasize the explanatory potential of the Job Demands-Resources' theory to reveal how the aforementioned variables impact both work-related burnout and engagement in the hospitality and tourism sector (e.g., Hu et al., 2018; Radic et al., 2020), as well as the importance of including emotional intelligence as a moderator in the negative spiral of incivility (Kim & Qu, 2019b).

Lastly, based on our findings and knowing the negative impacts that, in the long run, surface acting has on individuals' well-being, through increased burnout, emotional exhaustion, and stress (e.g., Choi et al., 2019; Hülsheger & Schewe, 2011; Jeung et al., 2018), we urge future studies to continue exploring what kinds of intervention encourage employees to adopt effective

emotional labor strategies, especially those that encompass emotional intelligence and self-control training, since these individual characteristics have been acknowledged as useful resources in helping employees manage the negative consequences of emotional labor (Nauman et al., 2019; Diamond, 2013).

4.6. Conclusion

This study is an attempt to provide a more integrative view of how sickness presenteeism impacts emotional regulation strategies, thus providing vital clues to understanding how sickness impacts the emotional labor processes of hotel service employees. Using a quasi-experimental scenario-based approach and the AET (Weiss & Cropanzano, 1996) and the COR (Hobfoll et al., 2018) theories, we examined the effects of customer incivility and hotel staff sickness on both surface acting and deep acting emotional regulation strategies. Our results revealed only positive and significant results for the use of surface acting strategies. Our findings also emphasized that even when faced with polite customer complaints, sick employees strive to provide cheerful service encounters, revealing higher levels of surface acting. All in all, our results offer evidence that reinforces the prevalence of the harmful effects of sickness presenteeism in the hospitality industry.

CHAPTER 5

Conclusions

The travel and tourism sector, of which the hotel industry is part, has been increasingly becoming a subject of study among researchers in the field of HRM and organizational behavior, specifically due to the critical role that the sector has in the global economy. For Portugal, a country distinguished from others essentially by its geographical location and climate and increasing popularity among travelers, this sector is immensely relevant economically (Ferreira et al., 2017). For this reason, and due to the competitiveness associated with the travel and tourism market, hotel organizations must be able to maintain high levels of organizational performance, achieved by presenting their customers with high-quality services. However, and as mentioned in the beginning of this work, it has become imperative for organizations to be able to provide their employees with HRM practices that simultaneously enable them to achieve the company's strategic goals and preserve their well-being. This necessary balance between high levels of performance and well-being is endangered by the current globally shared reality of practices that characterize the hotel industry. Poor job conditions such as precarious employment contracts that translate into low wages, working long hours and beyond schedule, shift work and intense physical and emotional job demands (e.g., Boylu & Arslaner, 2015; Costa et al., 2011; Ferreira et al., 2015; Nickson, 2007; Parrett, n.d) are known to characterize the industry. Together, these have been pointed as presenteeism antecedents (Johns, 2010), an organizational phenomenon that has been gaining ground among companies, especially in organizational environments where such characteristics are prevalent (Deery & Jago, 2009, 2015). However, and not neglecting the recent investments made in the literature to study the prevalence and effects of presenteeism (associated and unassociated with illness), it is still necessary for scholars to continue their efforts to better understand, and consequently intervene in the effects of this organizational phenomenon that is increasingly present in hotel organizations (Ruhle et al., 2019), and that holds the power to jeopardize the industry's profitability.

An important consideration to understand these phenomenon's impacts is to look at not only the individual level of analysis – where most of the currently published research has been focused (e.g., Arslaner & Boylu, 2017; Asensio-Martínez et al., 2019; Boylu & Arslaner, 2015; Chia & Chu, 2017; Ferreira et al., 2017) - but also to consider the effects on the organizational level of analysis. This work thereby contributes to the literature and distinguishes itself from most of the published literature by taking into account how the presenteeism behavior impacts

hospitality organizations' key elements, such as their brand image and perceived quality of service by measuring its effects in terms of trust and loyalty to the company; but also by considering key aspects related to contextual factors such as factors that promote climates of presenteeism. In particular, the contextual factors that may promote climates of presenteeism gain special interest since it is known that organizations increasingly point to the negative consequences of being absent by stressing absenteeism illegitimacy, which creates a greater likelihood that employees will opt for presenteeism behaviors (Miraglia & Johns, 2016; Ruhle & Süß, 2020). Truly, very few studies have yet explored why people go to work ill and if this is due to the fact that they feel pressure from the context to do so, i.e., because they perceive an organizational climate that promotes presenteeism (e.g., Ferreira et al., 2015; Ferreira et al., 2019b; Mach et al., 2018).

Furthermore, and knowing that the emotional labor demands faced by these workers have a high potential for resource attrition (Grandey & Sayre, 2019), it was also our goal to add to the literature a new layer of understanding about how the pressure to attend work and presenteeism behaviors affect how people manage not only their emotions but also how their presentation during service encounters, so as not to fail their organizations and clients and keep their jobs. The relationship between emotional labor and presenteeism had not been explored to date, making the developed studies groundbreaking in their fields of study.

All things considered, these gaps in previous research guided the development and conduction of this work. The main goal of this thesis was to examine how the phenomenon of presenteeism affects hospitality organizations' profitability, employee well-being, and the management of emotional labor demands, especially in the Portuguese context. To this end, different levels of analysis were considered and different research methodologies were applied, which allowed us to draw conclusions that we believe add to different fields of research and literature, such as hospitality marketing, presenteeism, and emotional labor. Thus, based on the three studies that compose this thesis, in this chapter, we present the main conclusions, theoretical and practical implications of our research, followed by the identified limitations and suggestions for future research.

5.1. Implications

The three studies developed and conducted within the scope of this work present several significant theoretical and practical implications that are worth mentioning and discussing.

5.1.1. Theoretical implications

Broadly, the three empirical studies that compound this thesis provide significant conclusions that enhance the still scarce body of literature on presenteeism in the hospitality sector. First, the results of this thesis provide a more comprehensive perspective on sickness presenteeism, by focusing on its negative consequences not only at the individual level of analysis (Chapter 3 and 4) but also considering the organization level (Chapter 2), a level that has been neglected in the body of literature that focuses on the hotel sector. Thus, following the iceberg metaphor introduced in Chapter 1, the investigations conducted allowed us to add to what is known about the both visible and invisible costs of workplace presenteeism. Truly, and as mentioned before, most of the sectorial research on this organizational phenomenon has focused predominantly on its effects at the individual level, thus overlooking its effects at the organizational level. In Chapter 2, this macro-level of analysis was considered and its evidence presented important contributions to the marketing body of research by revealing that customer loyalty and positive WOM can be jeopardized when employees present sickness presenteeism behaviors. Indeed, by analyzing the relationship between customers and tourist accommodations where employees work despite being ill, we provided important cues on how the sickness presenteeism behavior impacts hospitality businesses and adds to what is known about the visible costs of presenteeism. The evidence found on this subject is critical to the hospitality industry, especially when it comes to establishing and maintaining customer loyalty – an indispensable target of marketing strategies so that they can retain clients (Aksoy, 2013). Indeed, the results of Chapter 2 illustrate how fragile this state can be.

Our findings are enlightening to both marketing and presenteeism fields showing that customers' expectations of quality service are endangered by employees' sickness presenteeism and the reason for this relies upon the fact they feel defrauded by the company not providing them esteemed and expected features of accommodation facilities (e.g., Callan & Bowman, 2000; Hemmington, 2007; Lockyer, 2002). Thus, recalling the iceberg metaphor used to illustrate the conceptual strategy used in this thesis, these results add to the existing body of evidence on the visible negative effects of sickness presenteeism in organizations (e.g., Evans-Lacko & Knapp, 2016; Ferreira et al., 2010; Goetzel et al., 2004; Hemp, 2004), thus continuing to disclose that managing the negative effects of disease-related presenteeism should be a primary strategic goal for organizations, particularly hospitality organizations, whose success depends first and foremost on their ability to attract and retain customers.

The second implication of this work is its contribution to understanding the impacts of workforce diversity on customers' emotional and behavioral responses towards hospitality

organizations as a result of service encounters with sick employees. Previous research has shown that the hotel industry is globally characterized by its workforce diversity (e.g., Baum, 2012; Joppe, 2012), thus, in Chapter 2, the impacts of ethnicity similarity among customers and sick hotel service employees were considered. Specifically, it explored how fear of contagion related to sickness presenteeism among demographically different people influences customer loyalty and WOM as a result of an overall perception of poor service quality. In general, the set of analyses performed and the results achieved allowed us to conclude that the signs of illness per se have such a strong detrimental effect on clients that they make the effect of ethnic dissimilarities negligible or even nonexistent. This led us to refute previous research arguing that perceived illness threats predicted greater bias towards ethnic groups (e.g., Makhanova et al., 2015). Altogether, this evidence has reinforced our conclusions that it is important to be aware of the devastating potential of sickness presenteeism behaviors for the hospitality industry.

The third implication of this thesis is its contribution to a better understanding of how contextual factors related to presenteeism affect employees from the hotel industry. To our knowledge, few studies have explored the impacts of such factors, particularly those that contribute to the existence of climates of presenteeism (e.g., Ferreira et al., 2015; Ferreira et al., 2019b; Mach et al., 2018) making our contribution valuable to the literature. Truly, according to Ruhle and colleagues (2019, p.11), "the literature on presenteeism climate is still in its infancy". Thus, this work represents a step forward in the study of the perception of such contextual factors associated with the phenomenon of presenteeism, especially relevant due to the strong impact they present on the adoption of such behaviors (Ferreira et al., 2015). The research presented in Chapter 3 figures as one of the first to explore the impacts of climates of presenteeism in the hotel industry, by specifically exploring its effects on hotel employees' emotional labor and burnout levels. Remembering the iceberg metaphor that guides this thesis, with Chapter 3 we started moving to the submerged part of the iceberg and began to taper our level of analysis by starting to explore the invisible impacts and costs of climates of presenteeism to the individuals' burnout levels. Diverging from the existing literature which has mainly considered an individual approach (Miraglia & Johns, 2016), our findings contribute to the presenteeism literature by investigating contextual factors that have the power to shape one's regulation strategies at work, drain one's vital resources and potentially explain the prevalence of presenteeism due to high levels of burnout. Specifically, the results found suggest that it is important to understand how coworker competitiveness, supervisor mistrust, and valuing overtime together influence the use of surface acting strategies used to cope with the

high emotional demands of the job, and how these may help the high levels of work-related burnout among the hotel workforce rise. These findings highlight the role that hospitality organizations play by quietly and continuously creating the perception that attending work is cherished (Simpson, 1998), even when people attend work when sick and not feeling well. Furthermore, they draw attention to the negative influences of this type of climate on the way people cope with their emotional labor demands, which consequently affects their burnout levels. Thereby, by providing an empirical explanation for the energy depletion effect generated by the perception climates of presenteeism, this thesis contributes to extending the well-established COR theory (Hobfoll et al., 2018) to the presenteeism literature and to enrich the body of research on emotional labor by revealing that factors that promote presenteeism climates should be considered as a key context antecedent of surface acting emotion regulation strategy, and, consequently, burnout.

This thesis also advances knowledge on the link between climates of presenteeism and presenteeism behavior (Ferreira et al., 2019b), thus considering the influences and bridges that are established between contextual factors and individual factors related to the presenteeism phenomenon. The findings from Chapter 3 not only explain the influences of presenteeism climates on employees' work-related burnout, via surface acting but also introduce the behavior of actively faking a healthy status to comply with organizationally stated display rules during service encounters. This new construct – "sickness surface acting" allowed us to intersect the presenteeism and emotional labor areas of research - and with this, better explain how contextual factors can impact individual behavior and consequently well-being through increased burnout. The concept of sickness surface acting derives from the basic idea associated with using surface acting strategies to manage emotions that are not in line with the "service with a smile" motto. The basic assumption behind this new concept is that by resorting to this kind of "surface acting", sick employees who have to deal with high emotional labor demands, mask their symptoms of illness and pretend a healthy posture while dealing with customers. To our knowledge, past research had not yet explained how workers regulate their posture while on the job when they choose to go to work while sick, and as such, this thesis fills important gaps in the emotional labor and presenteeism literature in this regard. As shown in Chapter 3, the results of our investigation provide an insight into the mediating effect of sickness surface acting in the relationship between presenteeism climate and the burnout experienced by employees. This tested mediation effect protracted and integrated the COR theory (Hobfoll et al., 2018) in the study of individuals' regulation strategies by considering sickness surface acting as a critical strategy for managing sickness symptoms at work as well as organizational

pressures that compel employees' attendance notwithstanding their health status, which in the long run depletes its already scarce resource pool and inevitably creates high burnout.

The findings of this work also add to previous investigations on the emotional labor field (e.g., Grandey et al., 2015), by considering the "pressure cooker" effect of anger episodes on burnout through surface acting. Anger expressions were considered because of the critical impacts they present to the hospitality industry, where dealing with difficult customers is a commonly experienced work event (Grandey & Sayre, 2019). Owing to our daily methodology used in Study 3, it was possible to gather evidence on how hotel service employees' accumulated anger states - susceptible to being sparked by unforeseen service encounters with difficult customers - affect their burnout levels through increased use of the surface acting regulation strategy. Beyond this, we demark ourselves from previous literature that overlooked anger effects isolated from general negative affect (da Costa et al., 2020).

Finally, this work contributes to a better understanding of the negative power of presenteeism behaviors and negative affective events, particularly those that include dealing with customer incivility. By considering the dichotomy of surface acting and deep acting we provide a broader and more integrative view of how hospitality employees regulate their emotions when facing specific work events and when they are sick. Research has shown that there are controversial perspectives concerning which emotional regulation strategy is the most used by hospitality employees. While some studies point to the prevalent use of surface acting in the hotel industry (e.g., Igbojekwe, 2017; Kwon, et al., 2019), others point to a more consistent use of deep acting (e.g., Liu, 2017). Our findings are in line with the body of research that defends that surface acting is the emotion regulation strategy that hotel workers primarily resort to, in contrast to deep acting strategy. Moreover, the findings found in Chapter 4 reinforce the importance of considering the negative (hidden) effects on the individual level of presenteeism behaviors, by showing that even when hotel employees are not dealing with uncivilized customers, but choose to go to work sick, they will find it difficult to provide service with a smile, and thus fake the emotions they need to present as part of their job. Thus, the findings reported in our Chapters 3 and 4 allowed us to feed what was our initial theorization about the "submerged part of the iceberg perspective".

In sum, this thesis excels at bringing together efforts to provide an integrative and comprehensive perspective on the impacts of both workplace presenteeism and emotional labor in the hospitality industry, focusing on both individual and organizational levels of analysis and the visible and invisible costs inherent to each of them.

5.1.2. Practical implications

The findings presented in this work are of superior importance because they offer significant shreds of evidence about the negative effects of presenteeism in the hospitality industry, bringing awareness to the need for the creation and promotion of organizational policies that promote the well-being and health of hospitality employees. Therefore, jointly, the results of the three studies presented in this thesis offer practical implications for hospitality organizations and their different actors - managers, human resource directors (HRD), and teams - with particular emphasis on human resource management and practices.

First, the findings of this thesis provide significant cues on how customers react to hospitality employees' sickness presenteeism behaviors, shedding light on its negative effects and how these can threaten the perceived quality of hotel services and, consequently, jeopardize their loyalty toward the company. To avoid this break in loyalty that results in the loss of customers (Aksoy, 2013), and to avoid negative recommendations that threaten the acquisition of potential new customers, hotel managers, and their teams must be prepared not only to efficiently manage patterns of sickness presenteeism but also to anticipate and diagnose these patterns of work attendance. These efforts are imperative not only to avoid losing customers but also to protect the health and well-being of hotel employees. By doing so, hotels will be more likely to prevent their workers from falling into spirals of lost resources associated with lack of recovery and worsening health conditions (Johns, 2010), resulting from continued presenteeism behaviors. Furthermore, hospitality organizations could start harnessing the potential of technology for monitoring presenteeism behavior, for example through gamification and serious games as suggested recently by Ruhle et al. (2019). Through interventions that use this type of technological innovation, it may be possible for organizations to not only monitor presenteeism behavior among their workforce but also reduce it through the development of daily self-regulation strategies (Ruhle et al., 2019).

Correspondingly, regarding the prevalence of the presenteeism phenomenon in the hospitality industry, the results of this thesis also suggest that perceived presenteeism climates should also be one of the hotel managers' concerns. Being noted as an important antecedent of specific regulation strategies (i.e., surface acting and sickness surface acting), having the power to promote them, and consequently increase workers' burnout levels, it becomes imperious to take into consideration how different contextual factors can affect such perceptions. This being said, presenteeism climate perceptions should be a priority for hotels, which must join forces and create working conditions and organizational policies that allow their employees to perform their work in a healthy way and without fear of repercussions from sickness-related

absenteeism. According to previous studies, one possible way to achieve such results is to create a working environment that allows the reduction of presenteeism behavior, for instance by implementing health promotion programs and physical activities targeted to promote employees' health (e.g., Mach et al., 2018; Michishita et al., 2017; Walker et al, 2017). Likewise, relaxation and meditation-based interventions and cognitive and behavioral therapies (Ruhle et al., 2019) can also be implemented to decrease presenteeism behavior.

The implementation of a health-focused culture should also be central to hospitality organizations. According to Ruhle and Süb (2020), employees working in organizations under such an attendance culture view sickness presenteeism as illegitimate and sickness absenteeism as legitimate, describing their organizations as protective and concerned about one's health. Among the behaviors visible in such cultures, the fact that managers act as role models is of utmost importance (e.g., George et al., 1999). Therefore, and also to avoid perceptions of supervisor distrust, a factor closely linked to the perception of the existence of climates of presenteeism (Ferreira et al., 2015), hotels must be aware of potential contributions that role models might entail to the prevalence of sickness presenteeism behavior and the perception of sickness absence illegitimacy (Ruhle & Süb, 2020). Likewise, when considering the organizational level of analysis, interventions targeted to increase both supervisor and co-worker support, and job re-design to reduce or better distribute a high burden of work among the workforce, can also be considered to reduce the prevalence of presenteeism and consequently its inherent negative consequences (Dababneh et al., 2001).

Finally, cross-cuttingly, the results of both Study 2 and 3 demonstrate the urgency to design and implement strategies and practices that diminish the negative consequences derived from the use of emotion regulation strategies, especially those based on the feigning of positive emotions desired by hospitality organizations. Emotional intelligence training (e.g., Nauman et al. 2019) and self-control training (e.g., Diamond, 2013), for example, are two possible strategies that organizations can implement to decrease negative effects associated with the use of surface acting (e.g., Hülsheger & Schewe, 2011; Nauman et al. 2019; Wagner et al., 2014), as well as encourage employees to adopt effective emotion regulation strategies that enable them to cope with their emotional work demands effectively and at less cost to their health. Since emotional intelligence has been pointed out in the literature as a skill with the power to decrease the use and negative effect of emotion regulation strategies among which surface acting stands out, recruitment and selection processes in the hospitality industry should also contemplate specific procedures to evaluate this ability to better select and predict future

performance in human relations-based roles where emotional management is a constant (Wolfe & Kim, 2013).

5.2. Limitations and directions for future research

Despite the important contributions they present to different fields of research, among which the body of presenteeism and emotional labor literature stands out, the results derived from the three studies presented in this thesis should be interpreted taking into account certain limitations. Throughout the development of this work, we have been presenting the limitations of each study. In this final chapter, we will present them in an integrative way, focusing essentially on those that we consider deserving more attention and discussion, along with suggestions for future research.

First, the studies developed under this thesis could benefit from the use of larger and more diverse samples. For instance, the Study 2 sample was limited to employees working in four and five-star Portuguese hotels, and Study 1 and 3 samples were collected without considering factors such as rating, budget, or location that could affect the relationships tested and the results found. Thus, and despite the importance of the results attained, to surpass these limitations, future research could benefit from replicating the conducted research, including larger samples, a wide-ranging hotel (e.g., Kwon et al., 2019), and considering diverse hospitality settings where emotional labor demands prevail, to better understand the roots behind emotional labor, emotional regulation, and presenteeism in the Portuguese hospitality industry.

Another limitation of this work concerns the lack of manipulation checks in Study 1. Our Study 1 followed a quasi-experimental design where scenario-based manipulations were used. According to Festinger (1953, p. 145), when conducting experiments, "it is rarely safe to assume beforehand that the operations used to manipulate variables will be successful and will tie in directly with the concept the experimenter has in mind". Thereby, future studies may benefit from replicating this study considering the use of such procedures to ensure higher validity of the research. Nonetheless, and to overcome this, the scenarios developed to manipulate employees' sickness used in Study 1 were after used on our Study 3, and manipulation checks were taken into consideration. The results reached assured that the participants understood the scenarios. Still referring to the scenarios developed and used in this thesis to manipulate hotel service employees' sickness presenteeism behaviors, it is relevant to mention the fact that these only refer to one type of disease, excluding others that have also proven to be prevalent among workers in the sector, such as musculoskeletal problems as

pointed by Chauhan and Sondhi (2020). Also, results from Study 2 pointed to the prevalence of musculoskeletal problems (back and neck pain) and migraine, anxiety, and stress. Thus, these kinds of illnesses can also be explored in future scenario-based experiments.

The time frame used to investigate the proposed relationships outlined in Chapter 3 should also be discussed when discussing possible limitations of this work. Previous studies had found promising results by collecting daily data for five working days (e.g., Ferreira et al., 2019a). Using this time period, the results presented in Chapter 3 allowed us to gather evidence for the spiral effect of resource loss associated with the experience of cumulative anger states, surface acting, and burnout. However, we recommend that future research consider longer periods of time and the use of longitudinal designs to assess long-lasting individual fluctuations.

While the results found in our Study 2 and 3 offer valuable contributions to the literature on emotional labor, according to Pugh et al. (2011), engaging in surface actions may not always have a detrimental effect on employees. The reason for this depends, in part, on the fact that for individuals who are socially skilled at appearing authentic, acting on the surface may be less effective. This notion emphasizes the need to further investigate what boundary conditions can dampen the well-described adverse effects of surface acting (e.g., Hülsheger & Schewe, 2011). Also, concerning the study of negative emotions, and not overlooking the importance of the studying of anger states as a discrete emotion, future studies should consider the study of other specific negative emotions, such as nervousness and fear, as outcomes of working under climates of presenteeism and as antecedents of emotion regulation strategies. Indeed, due to the high turnover rates that characterize the industry (Park & Min, 2020) and because of the devastating effects that the pandemic still has on the travel and tourism industry, it is plausible to assume that feelings of job insecurity, fear, and nervousness become prevalent among the industry's workforce.

Despite its valuable contributions, the present work is limited in terms of the insights it offers on how to manage emotional labor effectively and how to intervene so that hotel workers can perform their jobs without suffering negative consequences associated with emotion regulation strategies. As Nauman et al. (2019) emphasized, the emotional labor literature remains scarce about which factors may influence individuals' emotional regulation strategies choice, with emotional intelligence being pointed as one of the understudied factors. Truly, only a limited number of studies have investigated how emotional intelligence impacts emotional labor in the hospitality and tourism industry (e.g., Lee & Ok, 2012; Jung & Yoon, 2014), denoting a clear gap in the emotional labor literature. Thus, future research can explore how emotional intelligence training impacts employees' regulation strategies to understand further

how sickness presenteeism and surface acting may impact hotel service employees. Although outlined since the beginning, during the period of this thesis development it was not possible to test this hypothesis experimentally. This was mainly due to the global COVID-19 pandemic that forced the closure of hotels in Portuguese territory during the period this project was being developed, compromising this specific experiment feasibility as it was initially designed. Nonetheless, in the future, scholars must pursue this research path exploring the role of emotional intelligence not only as an antecedent of emotional labor but also as a missing link between contextual factors (e.g., climate of presenteeism and customer incivility) and service employees' emotional regulation strategies. These propositions can be grounded upon the rationale of Mayer and Salovey's emotional intelligence model (Mayer et al., 2011) - that have effectively distinguished emotional intelligence from other constructs, such as personality traits and cognitive abilities (e.g., Brackett & Salovey, 2006) – and on the conservation of resources theory (Hobfoll et al., 2018) as recommended by Lee and Madera (2019).

Another limitation worth discussing is the fact that, although previous literature (e.g., Igbojekwe, 2017; Kwon et al., 2019) point to the sustained use of surface acting strategies in the hospitality industry, this thesis was only dedicated to exploring the effects of two emotion regulation strategies – surface acting and deep acting -, thus not considering others that may also be targeted for use. Thus, future research could also benefit from studying other emotion regulation strategies as suggested by Grandey and Sayre (2019), such as situation selection and attentional deployment (e.g., Diefendorff et al., 2008), as well as considering the interaction between different organizational events and actors (e.g., supervisor, subordinate, co-worker).

Also, given the scarcity of studies regarding the spillover effects of emotion regulation and presenteeism behaviors, a relevant question that deserves attention from the scientific community is how the nature of hospitality occupations affects employees' relationships at home (i.e., with partners and/or children). Some recent studies have already begun to explore this avenue of inquiry. For instance, researchers have already shown that employees who resort to surface acting to regulate their emotions at work see their energy resources shattered, which unavoidably harmfully affects their roles in other spheres of life (e.g., Bakker et al., 2019; Sanz-Vergel et al., 2012), and lead to the use of surface acting strategies also at home. Nonetheless and as advocated by Bakker et al. (2019, p. 1), "a better understanding of the dynamics between work and home is crucial to help employees maintain their overall well-being", especially regarding the use of emotion regulation strategies and the continued adoption of presenteeism behaviors at work. Thus, questions such as: "how parents' emotional labor and presenteeism affect the quality of relationships in the family?" and/or "how are children affected by the nature

of their parents' work?" become of paramount interest. The study of these dynamics and their effects can be investigated by using the Actor-Partner Interdependence Model (Kenny et al., 2006), as used in recently published studies used with couples to study presenteeism dynamics across life domains (e.g., Correia Leal & Ferreira, 2021). However, the side and cross effects between work and family domains of both presenteeism and emotional labor concepts have not yet been published, making it relevant to study in the future.

Future research is also necessary to understand the roots of presenteeism in the hotel industry more deeply. As suggested by Ruhle et al. (2019), the use of the IGLOO framework (Nielsen et al., 2018) as a theoretical basis for studying the different factors that can explain presenteeism may provide a deeper understanding of this phenomenon in the hotel industry. For this reason, it may be one of the most promising research avenues to invest in. Specifically, future researchers may seek to understand in an integrative way which are the factors that determine and sustain presenteeism behaviors in the hotel industry by considering different levels of analysis such are the individual (I), the Group (G), the Leader (L), the Organization (O) and the Overarching/social context (O). Thereby, research based on the development of an integrative framework that identifies these factors is imperative for hotel organizations to design policies and action plans that allow for sustained and targeted action at the source of the presenteeism phenomenon.

To finish, being physically or psychologically ill is almost inevitable and recurrent in our lives. For this reason, organizations must be prepared for such illness situations in their workforces, promote climates where health comes first, and have procedures and practices that allow people to recover and return to work, able to take advantage of their full potential. This being said, future research should continue to explore how the presenteeism phenomenon impacts the hospitality industry and how hotel managers and HRM teams can achieve high levels of performance and profitability while protecting their workforce's health.

5.3. Concluding remark

This thesis findings have shown how the phenomenon of presenteeism affects hospitality organizations in terms of their effectiveness in retaining and attracting customers, their employees' well-being, and their employees' management of sickness and emotional labor demands. By focusing on an industry that is central to countries' economies - but yet understudied in terms of the prevalence of presenteeism - this thesis has demonstrated that hospitality managers, human resource directors, and teams must be aware of the negative

impacts that both presenteeism and emotional labor entail and join forces to prevent and manage these behaviors' patterns and climates effectively.

Generally speaking, our work can be understood in the light of the iceberg metaphor. Broadly, our findings point that the presenteeism phenomenon can generate different types of costs for hospitality organizations, thus supporting the prevalence of two different perspectives.

On the one hand, this thesis revealed that some of these costs are easily visible and identified – employees' presenteeism behaviors negatively impact customers' recommendation and return intentions toward tourist accommodations - which inevitably translates into economic losses for them ("tip of the iceberg perspective"). However, it also analyzed other costs that tend to be less visible and, therefore, more challenging to identify and manage. Our findings demonstrated that these hidden costs result from 1) the prevalence of specific contextual factors, such as climates of presenteeism, and 2) individual factors such as anger states, which ultimately endanger the well-being of employees through increased burnout levels resulting from the effort spent regulating emotions and sickness symptoms through surface acting strategies. Also, this thesis provided evidence of the dominant use of surface acting in the Portuguese hotel industry, showing that this may be the first emotional regulation strategy that employees resort to when there are unexpected events at work - such as customer incivility - but also when there are no adverse conditions in the context in this regard. Our findings suggest that employees who exhibit presenteeism behavior continue to use this strategy to regulate their emotional states, which in the long term puts at risk their scarce, and already worn out, reserve of health resources. Altogether, these can be encompassed in what we theorize as to the "submerged part of the iceberg perspective".

All in all, attention must be paid to each of these costs, especially those whose origins and manifestations are more difficult to identify and, consequently, manage. Still, it is imperative that scholars continue to explore the more visible effects and costs of the presenteeism phenomenon - these efforts are essential since, to date, they have been less explored in the literature when compared to other attendance behaviors such as absenteeism.

To close this thesis, as Marcus (2001) stated, the phenomenon of presenteeism is comparable to a wave hitting a beachfront and eroding the seashore. In other words, presenteeism has been gradually and undetectably eroding the effectiveness of organizations worldwide, of which hospitality organizations are no exception. The findings of this thesis, overall, highlight the urgency of creating healthy work environments that put workers' health at the center of their human resource practices.

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Appendices

Appendix A – Scales used in the study reported in Chapter 2

Customer loyalty (adapted from Reichheld, 2003)

1. How likely is it that you would return to stay in the tourist accommodation in which you stayed?"

Positive WOM (adapted from Reichheld, 2003)

1. "How likely is it that you would recommend the tourist accommodation in which you stayed to your families, friends, or colleagues?"

Appendix B – Scales used in the study reported in Chapter 3

Anger state (adapted from Spielberger, 1999)

1. Today, I was mad
2. Today, I felt angry
3. Today, I felt irritated
4. Today, I was furious
5. Today, I felt burned up
6. Today, I felt like yelling at someone
7. Today, I felt like breaking thing
8. Today, I felt like banging on the table
9. Today, I felt like hitting someone

Climate of presenteeism scale (from Ferreira et al., 2015)

Extra-time valuation

1. I feel that I am judged by the number of hours I stay at work.
2. My career depends on the number of hours (per day) I stay at work.
3. I feel more admired if I leave work late without completing my tasks rather than if I leave early with my tasks completed.

Supervision distrust

4. When I call my supervisor to say I am sick, I feel misunderstood.
5. My supervisor suspects that the reasons for my absences from work are not real.
6. I think my supervisor distrusts me if I am absent from work due to a health problem.
7. I fear that my absence due to a health problem makes my supervisor believe I am less important at work.

Co-workers' competitiveness

8. Some of my colleagues stay for longer hours at work just for the sake of being noticed.
9. Some of my colleagues stay for longer hours at work because they are afraid of losing their jobs.

Surface acting (adapted from Diefendorff et al., 2005)

1. Today, I had to put on an act in order to deal with customers in an appropriate way.
2. Today, I faked a good mood when interacting with customers.
3. Today, I had to put on a "show" or "performance" when interacting with customers.
4. Today, I just pretended to have the emotions I need to display for my job.
5. Today, I had to put on a "mask" in order to display the emotions I need for the job.
6. Today, I showed feelings to customers that were different from what I felt inside.
7. Today, I faked the emotions I showed when dealing with customers.

Sickness surface acting scale (adapted from Diefendorff et al., 2005)

1. Today, I pretended to feel well and adopted the healthy posture that I need to show at my work.
2. Today, I had to put on a "mask" in order to display the healthy health status I need for the job.
3. Today, I had to put on a "show" so that customers wouldn't realize my current health situation.
4. Today. I had to put on a "show" so that my colleagues wouldn't realize my current health situation.
5. Today, I had to put on a "show" so that my supervisor wouldn't realize my current health situation.
6. Today, I faked a healthy health status when interacting with customers.
7. Today, I faked a healthy health status when interacting with my colleagues.
8. Today, I faked a healthy health status when interacting with my supervisor.

Burnout (from Kristensen et al., 2005)

1. Do you feel worn out at the end of the working day?
2. Are you exhausted in the morning at the thought of another day at work?
3. Do you feel that every working hour is tiring for you?
4. Is your work emotionally exhausting?
5. Does your work frustrate you?
6. Do you feel burnt out because of your work?

Appendix C – Scales used in the study reported in Chapter 4

Surface acting (adapted from Brotheridge & Lee, 2003)

1. I would resist expressing my true feelings;
2. I would pretend to have emotions that I don't really have;
3. I would hide my true feelings about a situation.

Deep acting (adapted from Brotheridge & Lee, 2003)

1. I would make an effort to actually feel the emotions that I need to display to others;
2. I would try to actually experience the emotions that I must show;
3. I would really try to feel the emotions I have to show as part of my job

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