

Gendered Emotional Labor; As a Normative Conformity of Hospital Organizations to the Gender Institution

Onur ÜNLÜ¹, Senay YÜRÜR², Sevim GEZEĞEN ÜNLÜ³

ABSTRACT

This study examines the normative effects of gender context on emotional labor. Those effects had been observed, in the frame of an organization (hospital) and with three agents: manager, employee (hospital hostesses) and customer (patients/patients' relatives). This study intends to overcome the limitations of Hochschild's emotion theory in order to explain those normative effects of the context, with the help of New Institutional Theory and Norm Theory. In this regard twenty-five semi-structured interviews and one focus group meeting were conducted in Yalova. According to our findings; as a survival practice, hospitals conform to the institution of gender via formal (job description, customer satisfaction policies) and informal organization designs (norms directing the related job descriptions). The agents of this conformity play an active role in the reproduction and continuity of "normative role of the gender context on behavior" and "gender-based inequalities".

Keywords: Context, Gender, Emotional Labor, Conformity, Norm.

JEL Classification Codes: J16, E71

INTRODUCTION

Examining the context is the way to construct a link between institutions and practices. Context needs to be taken into account not just to explain emotion regulation of individuals (Grandey and Melloy, 2017; Gross, 1998) but also to track traces of gender related institutional regulations (Ridgeway and Correll, 2004). Mowday and Sutton (1993:198) characterized context as "stimuli and phenomena that surround and thus exist in the environment external to the individual, most often at a different level of analysis". Johns (2006: 386) defined context as the "situational opportunities and constraints that affect the occurrence and meaning of organizational behavior as well as functional relationships between variables." A specific source of context; gender is also directly linked to the opportunities and constraints. Those opportunities and constraints are result of actors' choices who are trying to conform to or deviate from the formal and informal rules and norms of institutions. Price (2008) also demonstrates the importance of context in facilitating particular gendered processes, stereotypes, and gendered substructures. So, the main rationale for the present study comes from two sources: first the

explanatory potential of the context at different levels of analysis and second, call for the context specific research in emotional labor and gender studies (Grandey and Melloy, 2017; Ridgeway and Correll, 2004). From this point on, we will share how we will use the theoretical background that we have followed in our study. The present study approaches emotional labor as an institutionalized behavior pattern which makes possible to track the normative effects of the gender context on behavior.

Hochschild's Emotion Theory is the most influential theory discussing the influence of the context on emotions. In her book "Managed Heart", Hochschild (1983) explains how people actively shape their feelings within the frame of social structure, framing and feeling rules. In this regard with the effect of the social structure individual define the context via framing rules and this definition of the context clarify the right feeling rules which determines appropriate emotions for that context. While acknowledging the importance of some of the widely accepted assumptions of this theory; it is also necessary to be aware of the limitations especially in explanation of how the social structures determines the framing

¹ Yalova University, Department of Business Administration, ounlu@yalova.edu.tr

² Yalova University, Department of Business Administration, senay.yurur@yalova.edu.tr

³ Independent Researcher, sevimmgezen@gmail.com

and feeling rules. That's why, we use Hochschild's (1979) emotion theory with some modifications. As our first modification, social structure takes place within our research model as the institution of gender. With reference to the New Institutional Theory, we propose that hospitals regulate how their employees' emotional labor be displayed with the influence of gender institution. So, in this study instead of using Hochschild's social structure concept, we prefer to focus on gender institution with reference to New Institutional Theory. As Wharton (2009: 149) quoted "gender also enters into Hochschild's argument about how workers perform emotional labor and the ways in which gender shapes the social interactions between worker and customer that it entails". Definition of the context plays an important role to shape social interactions. To explain how different actors define the context Hochschild uses the conceptualization of framing rules. This framed context also rationalizes formal and informal rules. Although Hochschild uses feeling rules to conceptualize those formal and informal rules, our focus is going to be on the formal rules and norms as an informal regulatory mechanism of the gender institution. Hochschild's Emotion Theory provides limited explanation for why organizations impose these rules and norms, and individuals conform with them. So as our second modification, instead of using Hochschild's conceptualization of 'feeling rules', We use Bicchieri's norm theory in order to comprehensively explain why people conform to those formal and informal mechanisms. Although some studies (Fairchild and Mikuska, 2021; Gray and Smith, 2009; Miller et al. 2008; Rodriguez, 2011; Theodosius, 2006) have investigated organizational, occupational and societal sources of emotional labor, but none of the previous studies try to unearth the normative mechanisms with its relation to the context. This study addresses this research gap, by clarifying concrete normative mechanisms directing emotional labor and associating these mechanisms with the organization's effort to conform to the gender institution. Besides, Emotional labor can be considered as an example of self regulated actions (McClelland et al., 2018) or as a type of emotion regulation (Grandey and Melloy, 2017). However, questions of how and in what ways emotions are regulated are beyond the scope of this study. Similar to this study, Grandey and Melloy (2017) considers the work context's effect on emotional labor. But their model does not include the relationship between the work context and the organization's effort to conform to institutions. In this

regard this study discusses the findings obtained from the work context in relation to the gender institution. So, this is a cross level study (Johns, 2006: 400) that aims to understand the normative effects of gender context on emotional labor. The structure of this paper is set as follows. In the next two sections, we provide an overview to point out firstly gender context and its relation with gender institution, secondly emotional labor and its relation with gender context. Afterwards, methodology, findings, and discussion sections will be shared.

GENDER AS A SOCIAL INSTITUTION, AND IT'S NORMATIVE MECHANISM

Gender institution (Martin, 2004) is a social system that is socially structured on the basis of some differences that are artificial and not based on biological differences (Ridgeway and Smith-Lovin, 1999; Risman and Davis, 2013). These differences have been reinforced by societal values, norms, and formal structures; thus, they create inequality among individuals (Ridgeway and Smith-Lovin, 1999; Acker, 2006; Martin, 2004). Under the influence of this institution, *gender-based status beliefs produce the unequal distribution of formal roles. In this case, some powerful roles are reserved for men in organizations. Afterwards, unequal formal roles reinforce the beliefs about inequality that create new experiences for mutual interactions among gender types* (Ridgeway and Smith-Lovin, 1999: 204-205). In this unequal distribution of roles, of course, women possess beliefs towards their own gender roles are as effective as gender perceptions. Status characteristics theory (Berger et al. 1998), also emphasized on the unequal assignment of societal status to the sexes, one explanation for this is the interaction process. According to the theory, the acceptance of men granted higher status than women, shapes gender belief systems. In this regard, this acceptance can be reinforced by new experiences and new interactions in the work environment. As Powell and Greenhaus (2010: 514) suggest that individuals develop gender belief systems, consisting of a multi-faceted, internally consistent set of ideas which includes gender stereotypes (Kite et al., 2008). Social interaction plays a role as a source to create and reproduce gender-based status (Ridgeway and Smith-Lovin, 1999: 209) and beliefs. At this point, as a social structural condition, interaction reproduces or transforms gender systems (Ridgeway, 1997). Then, "cultural beliefs about gender differences and inequalities" and "related gender roles" are both

product and producer of this interaction process (Ridgeway and Smith-Lovin, 1999). As Martin (2004) pointed out contexts influence workers' intellectual and emotional responses to gendering practice; thus, in order to understand gender's influence at work, context needs to be addressed (Ridgeway and Correll, 2004).

In order to see links between a social institution like gender (Martin, 2004) and behavior within an organizational context, the new institutionalism's assumptions provide a ground for possible explanations. According to new institutionalism, societal expectations of appropriate organizational action influence the structuring and behavior of organizations in given ways (Meyer and Rowan, 1977; Scott, and Meyer, 1994). Besides in order to survive and legitimize their existence, organizations conform to the rules and belief systems prevailing in the environment (DiMaggio and Powell, 1991; Scott 1995). The institutional environment includes, rules, regulations (formal rules), and norms, beliefs and legends (informal rules) are structured and rationalized over time (Özen, 2007: 241). Formal and informal rules (North, 1990: 13) provide an understanding to read the regulatory and normative effects of institutions within the contexts. As informal rules, norms are defined by Bicchieri and Muldoon (2011) as behavioral rule for a specific situation. According to them, these rules function under two criteria: (1) the rule and its potential to be applied to a specific situation needs to be known and (2) to conform to these rules is contextual. In this regard individuals prefer to conform to norms on condition that they believe that most people in their reference network conform to these norms and most people in their reference network believe they ought to conform to it (Bicchieri, 2005).

Those, norms which can be a source of prescriptions and organizations acquiesce to those prescriptions based on a variety of institutional norms, or rules, become isomorphic with their normative environments (DiMaggio and Powell, 1983). By means of these isomorphism processes, organizations find the legitimacy basis by adapting their system to the institution of gender (Lorber, 1991). And those isomorphic processes are also highly related with the normative embeddedness of an organization within its institutional context (Baum and Oliver, 1992; Palthe, 2014). So, we follow this literature to build our theoretical framework and propose that the organization under consideration here tries to

adapt its formal and informal structures to the gender institution.

EMOTIONAL LABOR

To conduct research about the effects of the context on individual behavior, focusing on a specific type of behavior -in other words a specific concept- ensures methodological integrity. Emotional labor one of the most promising concepts to provide this methodological integrity. Hochschild (1983: 7) defines emotional labor as "the management of feeling to create a publicly observable facial and bodily display." Also, Hochschild (1979) asserts that emotions can be merchandised in the labor market and thus, they become a commodity. Korkman (2015) and Kang's (2003) findings also highlight commodified and commercialized aspects of emotions within specific service fields like coffee divinations and Nail saloons.

Emotional labor is also defined as an invisible part of work performance (Steinberg and Figart, 1999), with an effort to plan, control, display and manage emotions that are expected by organizations in accordance with organizationally constructed display rules and emotions through social exchanges among individuals (Ashforth and Humphrey, 1993; Morris and Feldman, 1997). The concept of emotional labor is evaluated within the process of social exchange and focuses on how people manage felt emotions and behaviors caused by socially constructed rules (Thoits, 1989; Hochschild, 1979).

Hochschild's (1979) emotion theory has an important role for our research design, since it tries to explain individual emotion management processes with a theoretical framework. This theory focuses on static links among social structure (frames to the individuals such as how to evaluate their circumstances and the context and how to manage their emotions), framing rules (as meanings and definitions, which are attributed to the context by the individual), feeling rules (guidelines pointing out which emotions are appropriate for which kind of situations), and emotion management. Emotion management "includes the idea of a reference to how people actively shape and direct their feelings, and recognition that social structure and institutions impose constraints on these efforts" (Wharton, 2009: 148). At this point, Hochschild (1983) categorizes individual emotion management practices into two clusters: emotion work and emotional labor. "*Emotion work is essentially a private act, influenced by broad cultural and social norms about*

what is appropriate to feel and express, but not directly regulated by other people or organizations" (Wharton, 2009: 149). Emotional labor, by contrast, is regulated by employers with reference to context specific feeling rules (Hochschild, 1983). In order to follow these rules, employees engage two different emotion regulation strategies; deep acting as antecedent focused emotion regulation or surface acting as response focused emotion regulation (Grandey and Melloy, 2017:4). According to Hochschild (1983) in *surface acting*, *employees mask their own feelings and "paste on" the expected expressions, thus experiencing what she termed emotive dissonance between feelings and expressions; and deep acting, where employees work to change feelings to appear more genuine in the performance, but perhaps losing their true feelings in the process* (Grandey and Melloy, 2017:2). This soundly developed theoretical and conceptual framework of emotional labor has of course been associated with gender literature. In this regard there are important contributions from studies highlighting gendered and taken for granted aspects of emotional labour and "natural carers" labels for women (Fairchild and Mikuska, 2021; Gattuso and Bevan, 2000; Gray and Smith, 2009). So, the present study try to expand this perspective which interrogate the interaction between context and emotional labor.

METHOD

Procedure

This is an exploratory study. This research was conducted at a private hospital in Turkey. At the frame of the research model, 25 semi-structured interviews (10 hostesses and, 3 hospital managers and 12 patients and patients' relatives) and one focus group meeting (with 12 hospital hostesses) were conducted. Table 1 and 2 present demographic information about our interviewees who joined semi-structured interviews (table 1) and the focus group meeting (table 2).

The results of the research consisted of three-stage field research. In the first stage, we conducted 10 semi-structured interviews with hospital hostesses. All interviews were conducted in the hospital and recorded with the permission of the interviewees who were informed that all information they shared would be used just for academic purposes and would not be shared with the hospital management. Mean duration of interviews was 28.8 minutes. Full verbatim transcriptions of interviews conducted just after every meeting with participants. Mean number of words in

transcriptions was 700,4. The reason for choosing the semi-structured interview is the technique's potential to provide social cues and insights about our research questions. Interview questions developed by reviewing papers focused on Turkey's gender structure (Dedeoglu, 2000) and emotional labor concept (Hochschild, 1979; 1983). These questions focus on three topics; first how home and work contexts are defined (with reference to framing rules) by hospital hostesses; second formal rules and informal norms to regulate their emotional labor and emotion work within these two contexts; and third topic, questions their autonomy and gender-based inequalities they faced within these contexts. The semi-structured interview technique's weaknesses –such as the "interviewer effect (Denscombe, 2007: 184)" and "gender bias related to the researchers' sex" were taken into consideration. To overcome these weaknesses; all interviews were conducted with two researchers and at least one female researcher in respect for some women interviewees' privacy and cultural needs.

In the second phase of the study, our aim was to discuss the patterns, -obtained at the first phase- with hospital managers and patients. For this phase, a semi-structured interview was formed by adapting hospital hostess' interviews with some findings from the first phase of the research. The strategy for this second phase is solely built upon the confirmation of the findings acquired from the first phase. All procedures for the semi-structured interviews from the first phase were followed again. Interviews with patients and patient's relatives were conducted in a café close to the hospital and at some interviewees' houses. Interviews with managers were conducted in their rooms in the hospital. All interviews were recorded. Full verbatim transcriptions of interviews conducted just after every meeting with participants. Mean numbers of words in transcriptions were 1421,3 for managers, 1174,1 for patients and patient's relatives.

In the third phase of this study, we conducted a focus group meeting (62 minutes) with hospital hostesses who joined the initial semi-structured interviews. There were two reasons for this focus group meeting: (1) to test the content validity of previous findings and (2) to discuss the gendered norm examples which derived from the previous findings. In this phase, by means of previous findings we generated an item pool for emotional labor based-gendered norms. This item pool was generated within the frame of Biccheri's (2006) norm theory and Thogersen's (2008)

Table 1. Demographic Information of Semi-Structured Interviews

		Age	Sex	Marital Status	Education	Children
Hospital Hostesses	Participant 1	26	Female	Married	High School	1
	Participant 2	24	Female	Single	High School	-
	Participant 3	24	Female	Married	High School	-
	Participant 4	30	Female	Married	Vocational School	1
	Participant 5	25	Female	Single	Vocational School	-
	Participant 6	28	Female	Married	Vocational School	1
	Participant 7	24	Female	Single	Vocational School	-
	Participant 8	32	Female	Single	Vocational School	2
	Participant 9	25	Female	Married	Vocational School	1
	Participant 10	26	Female	Married	Vocational School	-
Patient / Patient's Relatives	Participant 1	33	Female	Married	Undergraduate	1
	Participant 2	24	Male	Single	Undergraduate	-
	Participant 3	25	Female	Single	Undergraduate	-
	Participant 4	37	Male	Married	High Scholl	1
	Participant 5	40	Male	Married	Undergraduate	1
	Participant 6	37	Female	Married	Undergraduate	1
	Participant 7	60	Female	Married	Primary School	2
	Participant 8	35	Female	Married	Primary School	2
	Participant 9	40	Female	Married	High School	2
	Participant 10	63	Female	Married	Primary School	3
	Participant 11	56	Female	Married	High School	4
	Participant 12	63	Female	Married	Primary School	2
Managers	Participant 1	43	Male	Married	Undergraduate	2
	Participant 2	45	Male	Married	Undergraduate	1
	Participant 3	42	Male	Married	Undergraduate	1

distinction about normative beliefs (descriptive and injunctive norms). The content of the gendered norm items focused on the gender's regulatory effects on emotional labor. In order to use the appropriate adjectives for gendered norm items, which can aptly

capture an individuals' mood state, Er's (2006) study was taken into consideration. This consideration also helped us provide content validity (Hinkin, 1995) for the item pool.

Table 2. Demographic Information of Focus Group Meeting

		Age	Sex	Marital	Education	Children
Hospital Hostesses	Participant 1	26	Female	Married	High School	1
	Participant 2	24	Female	Single	High School	-
	Participant 3	24	Female	Married	High School	-
	Participant 4	30	Female	Married	Vocational School	1
	Participant 5	25	Female	Single	Vocational School	-
	Participant 6	28	Female	Married	Vocational School	1
	Participant 7	24	Female	Single	Vocational School	-
	Participant 8	32	Female	Single	Vocational School	2
	Participant 9	25	Female	Married	Vocational School	1
	Participant 10	26	Female	Married	Vocational School	-
A manager and her assistant joint for focus group	Participant 11	37	Female	Married	Undergraduate	1
	Participant 12	25	Female	Single	Undergraduate	-

For the methodological soundness of this research, the triangulation method (Denzin, 1978) was followed; we adhered to three types of the triangulation (Jick, 1979: 602) method. At first, data was gathered from different sources such as primary data sources; hospital hostesses, hospital managers and patients / patient relatives (totally 25 interviews, 703 minutes). Our aim behind this sampling decision was to try to capture all agents to understand gender's role on emotional labor. For the second triangulation strategy, different data collection strategies (semi-structured interviews and a focus groups meeting) were used. For the third triangulation strategy, at every phase of this research, three researchers separately analyzed data. To ensure the inter-rater reliability (Armstrong et al., 1997) data was coded independently by researchers. Coding differences among researchers were eliminated by reconciliation.

FINDINGS

The findings will be shared in two stages. In the first stage, as the first step of content analysis, descriptive

analysis findings will be shared from perspectives of hospital hostesses, patient/patient's relative and manager. In the second stage categorical analysis findings will be shared under two themes: first "meaning and definition of the work context" and second "gendered rules and norms regulating emotional labor". These themes determined in accordance with our theoretical framework. In the light of the new institutional theory's assumptions, first theme created in accordance with Hochschild's Emotion Theory and its Framing Rules Concept; and second theme created in accordance with Bicchieri's Norm Theory. Finally in the title of discussion, the findings will be associated with our theoretical framework.

Descriptive Findings

Hospital Hostesses

Six participants live with their partners and with their children if they have the rest however (40%) live with their parents or their parents-in-laws. Only two individuals out of four, live with their parents,

are responsible for taking care of them. In this sense, among the participants there is no woman living alone. While three of the participants say that they are not responsible for the chores, the remaining seven individuals state they get help from their mothers or mothers-in-laws. Five of the participants have children. Also, 6 participants believe their brothers are held in the foreground. Besides, one participant thinks that their brothers were provided with more investment by their parents when it comes their education.

In addition to their economic needs and their desire to attain economic independence, women want to take part in working life to gain necessities such as: personal development, personal satisfaction, and status acquisition. However, in addition to this, eight of the participants remarked that they must get permission from their parents to work. Also, all the participants believe that appearance is effective when getting hired. Although it has to be specified that appearance does not only include beauty, but also factors such as diction, communication skills, cleaning and being well-kept. While only one of the participants leave the control of their wage to their mother, the others keep their wages in a budget with their partners or their spending are shared.

Patients and Patient Relatives / Managers

In descriptive analysis, we have taken the information of hospital hostesses at the center of our analysis. Moreover, the opinions of the patients' relatives and managers on some subjects were very valuable to understand the context. From this point on, information about the patient, patient relatives and managers will be shared.

The following questions were asked in the interviews with patients, patient relatives and managers. For the following question "In your opinion, do you think single women are required to obtain permission from her family/husband (if she is married) to work?" While three participants (2 females, 1 male) stated "there is no permission needed". 7 females and 2 males of participants stated that "the individual must obtain permission", four of these affirmed the situation by saying it should be more of a consultancy rather than getting permission. This situation was also confirmed by M3.

M3: *"Even if they are married or single, they get permission from their husbands or fathers. Apart from getting permission to work, even when we change their positions (referring to the hospital*

hostesses) within the hospital, we get reactions such as "first let me ask my husband/father" from the female workers. This is generally a problem I come across in Yalova."

For a question such as "What type of job do you see suitable for women?" patients and patient relatives highlighted the features below. These features focus on place and characteristics of the job. So, Ideal place for working women where there are not many males around (P/PR3: *"I can say from my husband's perspective, if there were no males, he would love it. In fact, he had an idea to open a women's tea house. If it was possible, he would say "Let me start up and you can take the reins.";* A place which has a *"safe environment"*; and A *"place where they can receive what they deserve"*. Ideal job for women is a job where they will not get too tired; with specific start and finish times (with no night shifts); which is suitable for desk work rather than a job where they must travel.

Along with this, only P/PR1 responded by saying that a woman can work wherever she wants. Manager1 reveals that it is an organization which satisfies this expectation. Furthermore, P/PR1 and M1 gave answers covering many of the above features.

M1: *"This hospital in fact seems safer in Yalova. When I was indifferent cities before I never saw prominent differences but there are in Yalova. Because there are no alternative occupations, for example they (hospital hostesses) may have worked with a real estate agent but had problems, they may have worked in a factory but had problems; they may have worked in a florist and also had problems. Maybe this is due to the limited job opportunities in Yalova. Is it a safety problem? Of course. This hospital is traditional, where you can get your wages, get your full insurance, and get your payment on the first of each month. They work with cleaner, more decent people here at this hospital. They are in a safe environment."*

P/PR1: *"Of course jobs which there are not many males but more females, and which they will not get tired to much are more suitable. It is not about the wage; it is enough for the woman to support her own needs or contribute a little to the family budget. But her work must not affect the family order, if it does, the husband would definitely not accept. Just because the woman works the man definitely does not undertake household responsibilities."*

For the question **“Can hostesses reflect their problems in their personal life to their workplace?”** all the participants answered no. Also, an interesting detail is that we obtained signs that there is a hierarchy of power between hostesses and patients. Especially a manager’s emphasis on “a customer saying, ‘Is this a public hospital?’ is the worst thing for us”; he emphasized that people working at public hospitals may be able to be hard on people, but such a situation is not permitted in private hospitals. Due to this, we can take this as a sign that the need for power asymmetry between patients/patient relatives and hostesses is defended.

For the question **“Why is this occupation such women-dominated?”** managers said that they prefer women hostesses specially to provide patient privacy and to provide a ground that women patients can feel better in the interaction with a male doctor. Further, both female and male patients point out that they feel more comfortable with women hostesses. However, for male patients in the urology department male hosts are made to work, not women hostesses. In addition to this, patients and patient relatives explained why they prefer women in these positions:

P/PR6: *“Females are probably preferred as they are more presentable. Also, a male would not prefer this career with a low wage, they would expect higher pay. This is due to (males) having to get their family by, which is why females prefer this job. Women are more naive and are able to do this job better. Seeing pretty girls is better. Women are emotional and understanding whereas males are not.”*

P/PR7: *“Males do not like to talk much, maybe females can express themselves better. Females are good-humoured but males will not show this. I feel more comfortable next to female hostesses. The same is valid for male patients; they are also more comfortable with female hostesses.”*

P/PR3: *“The hostesses role was given, by society, to women. This is like pre-school teaching, but why? I think it is due to appearance. The fact that women are more nurturing, more concerned, and more compassionate is why female hostesses are preferred. Males are more like machines; they have less emotional aspects.”*

Categorical Findings

Under the Influence of Gender Institution, Meaning and Definition of the Work Context

From this point on categorical analysis findings were shared. Some findings were obtained at the frame of “framing rules”. For example, hospital hostesses describe their working environment and positions as **more appropriate for women**. Hospital hostesses describe their working environment as an **“acceptable place for the family and social environment”**. This finding is clear in comments HH8 and HH10. HH8: *“As my husband feels distrust towards the society, he chooses where I work, and I try to convince him.”* HH10: *“Since he (her husband) knows the outside he wanted a proper place, he wanted the people I work with to be decent, he allowed me to work here because here is reliable”*. Hostesses and the patients and the PRs explained this characteristic within the frame of “security”. Hospital hostesses, managers, patients, and patients’ relatives mostly agree upon the fact that **“young” women need to rely on the experiences of their social environment to find an appropriate job**. Moreover, hospital hostesses describe their working environment and their position by means of features such as *“not too mobile”, “desk work”, and “crowded”*. These are important qualities especially for women employees with the same demographic features of hospital hostesses. One of the important findings gathered from the semi-structured interviews (with hospital hostesses, managers, and patients) was capturing this characteristic of the city’s social structure. Because within the same demographic features (where women are between the ages of 19-28, graduated from high school or vocational school of higher education) it is important to “get a job” in the labor market which is appropriate for women. These characteristics draw a picture in which there are socially appropriate working conditions for women. Managers confirm this characteristic, which they face especially during the hiring process and when offering some assignments. In this direction, M3 emphasized that *“we couldn’t even find hostesses to work at our booth, because they don’t want to work outside the hospital. Even when we want to change their position within the hospital, they need to ask their husbands or parents.”*

Hospital hostesses also describe their working environment as a place where there are specific working hours and no overtime. So, definite working hours is a very important quality for our interviewees. This kind of well-ordered working hours give them

a chance to manage their day and take care of their family-based responsibilities. A hospital hostesses' working environment is also described as a place where they need to be careful in their manner towards doctors. Sixty percent of interviewees mentioned that they also need to display emotional labor in front of doctors. Especially three hospital hostesses emphasized the power distance (Hofstede 1980) between them and doctors.

They also believe that the hospital host/hostess as an occupation is more suitable for women since male workers get angry easily. As evidence of this statement, 95 percent of employees for the related position are occupied by women in the hospital. Hence, they describe their job as a position where **"women are more successful than men"** (Hospital Hostess 1: HH1.)¹ This finding is consistent with the related literature, for example it is indicated in Guy and Newman's (2004) research, after social construction processes, tasks and jobs which require emotional labor "naturally" are considered appropriate for women. According to our findings, 90 percent of our interviewees point out that, despite equally expected emotional labor between men and women, men are not as successful as women, and they are even prone to "lash out" (HH5's statement) on the basis of anger. Hospital hostesses generally describe this situation like HH5's statement "Females can not get angry they have to assume a humble attitude, while males are able to get heated." HH5 points out that patient/patient relatives are in general not rude to men in same position, but they can be rude to female hospital hostesses. But they and hospital management (P/PRs) might still expect more tolerance-based behavior from female hospital hostesses, but not from male ones. This finding is also consistent with the related literature (Grandey, 2000: 106). Hospital hostesses expand this unequal position from emotional labor to emotion work and from the hospital to different social contexts. HH4 points out that: "In this society women do everything. Even my partner does this; women do everything and if the man is bothered by something, they will show this directly, if he doesn't like the food, he will show this outright. For example, my mother-in-law makes rice, and my husband will say it is soggy, but I will say no mother it tastes amazing, thank you. In fact, the rice was truly bad, but that woman is looking after her grandchild while going

through menopause. It is winter and she does not go out anywhere. It is expected of women to do these things, which is why my partner knows I will always save the situation." Like this answer, which HH5 gave, Hochschild (1983: 182) also argued that women are expected to do more emotion management than men both at work and at home.

As Hochschild (1979) and Wharton and Erickson (1993) point out, for an in-depth analysis on emotional labor, researchers need to add emotion work expectations from the contexts like home, neighborhood and family to emotional labor expectations from the labor market. Without taking into consideration the togetherness of emotion work and emotional labor for women it is not possible to see the real pressures of emotion management expectations on their shoulders from different facets of society. In this regard we have supportive findings. HH10 points out this issue with this statement: "Let me give an example from my child. They expect a lot from me, they want love and care. You want to spend time with your partner and family, but no one gives up on their requests even if you are tired."

Likewise, HH5 adds her thoughts on this issue: "I try to do it more at the hospital. At home it is more like you are snapping at them. But again, I do try to be soft towards my family also. Because we talk to people here all day, we do not want to talk to anyone else. I just sit with them for a while and then go to my bedroom. My brother understands me, because he had worked at a call center, so they (her family) do not come onto me." In this respect, hospital hostesses reflect the togetherness of emotion work and emotional labor with their statements.

Hospital hostesses are also aware of the fact that working in a private hospital is different than working in a state-owned hospital and this puts an extra burden on their shoulders. This characteristic, -working in a private hospital- totally changes the perspectives of managers, service providers, patients, and patient relatives.

One important contribution from Hochschild (1983) for the emotional labor concept is the discussion of a weaker status shield of women. This discussion on a weaker status shield which can be a cause of inequality, was realized within our findings too. As hospital hostesses and managers point out through the following factors; "high elasticity of demand for labor"; "social acceptance of the hospital' working environment for young women within the related demographic characteristics"; "a need for differentiation of services

¹ Some abbreviations -such as: "HH1"-Hospital Hostess1; "PR1"- Patient Relative1; "P1"-Patient1; "M1"-Manager1- were used to represent our interviewees. After every abbreviation, numbers were used to show specific persons.

in a private hospital from a public hospital service perspective"; "customer-oriented service perspective and its coercive interpretation by managers"; we can explain this weaker status shields of young women in the related hospital organization. HH's statement reveals an explanation for "high elasticity of demand for labor". She emphasized, "*Whenever I go to the human resources department, I see new application files on the desk*". M3 also confirms this issue and according to him, to find a new hospital hostess for an open position takes just one or two days.

Gendered Rules and Norms Regulating Emotional Labor

After talking about patient/patient's relatives' misbehaviors, which led hospital hostesses to apply emotional labor, a question like the following was addressed to hospital hostesses: "Did you ever say that; if a man were in my shoes, they (P/PRs) would not behave like this?" The reason for asking this question is to see whether there are any perceived gender-based inequalities within the frame of emotional labor. Ninety percent of HHs answered this question as "yes". HH10 also shared her experiences about hospital management's tactics to solve customer-based disputes. She mentioned "*They put men at the front desk because there's so much controversy and the women cannot cope ... but they (patients and patient's relatives) are unable to do it to a man.*" This finding highlights, organizations assign their employees based on gender-based inequalities for organization-specific purposes. At the same time this finding might be the sign of the men's status shield which protect them from having to perform emotional labor as frequently as women (Cottingham et. al., 2015). HH4 also shares her comments on this issue "*Yes, absolutely, especially when men walk up to you, just because you're a woman, they (patient and patient's relatives) think they can knock you down with one blow*". For a question like "*Under these circumstances, how does the hospital management expect you to behave?*" every hospital hostess answer with the same patterns such as HH6: "*Whatever the customer says, you need to smile all the time*" and at the Focus Group: "*The customer is always right, yes, okay, but as hostesses we also need to see positive things from them. Here, we earn a small amount of money, but we still work. The biggest problem is the wage; the hospital gives us the minimum wage but expects us to work with maximum energy and good humor.*" Besides within the frame of feeling rules, hospital management expects to see a display of positive, neutral, or negative

emotions (Wharton and Erickson, 1993). Displaying the right emotion, as HH6 pointed out, depends on the "patient's status".

In the analogy with findings by Sutton (1991), which is shared in this paper, compliance to the hospital organization's feeling rules was obtained by internalizing of these rules among hospital hostesses and monitoring the worker's behavior on the job. Another finding shows that ninety percent of interviewees among hospital hostesses pointed out that P/PRs are expecting more care from hospital hostesses than doctors. For example, HH5 describes this issue as a sharp difference. Because according to her, P/PRs can behave as they wish but in front of doctors they are "*as innocent as a cat that's just swallowed the family parrot*"². This difference in behavior can be read as different evaluations of power distances for different roles and statuses in the hospital.

Furthermore, hospital hostesses answered the question; "Which characteristics make women more successful than men?" and their answers include some characteristics, which come into prominence for women within the frame of the social identity theory (Tajfel and Turner, 2004) and Hochschild's (1983) feeling rules conceptualization. These characteristics can be sorted as so: "using soft language towards a rude customer", being "altruistic", acting like "the mother hen", being "moderate", "smiling" and being "friendly".

To discuss the regulatory role of the gender context on emotional labor, we created an item pool, which reflects norms to direct emotional labor. In order to generate this item pool, we used our findings from the semi-structured interviews which were conducted in the first and second phase of our study. As mentioned before, Bicchieri's norm theory and Thøgersen's (2008: 460) descriptive and injunctive norm distinction were followed to constitute this item pool. To follow the continuity of gender structure and emotional labor, it is important to note that; all gendered norm items which were used in the focus group meeting, corresponded with - more or less-, one or two feminine items in the BEM sex role inventory (BSRI). This correspondency was discovered and constructed by researchers by comparing findings from the first two phases of the study with the related literature. As known the BEM sex role inventory (Bem, 1974) is a widely used instrument

² We decided to use this idiom in English; because its meaning is close to the idiom HH5 used.

in measuring gender role perceptions. The reason behind this correspondence of our norm items with the BEM sex role inventory is an effort to try to reflect the gendered notion of our findings and, the gendered notion of norm items which we are going to test in the focus group meeting. In this regard 18 different norm items are created under two clusters: injunctive and descriptive norms. These norm items are shown below:

Descriptive norm items: I believe that most of my fellow workers behave (1) frankly, (2) cheerfully, (3) by using compassionate language, (4) in a self-sacrificing way, (5) moderately, (6) soothingly, (7) appealingly, (8) connectedly, (9) in a self-effacement way towards patients and patient relatives under all circumstances.

Injunctive norm items: I believe that most of my fellow workers expect that I behave (1) frankly, (2) cheerfully, (3) by using compassionate language, (4) in a self-sacrificing way, (5) moderately, (6) soothingly, (7) appealingly, (8) connectedly, (9) in a self-effacement way towards patients and patient's relatives under all circumstances.

All norm items were discussed during the focus group meeting. Hospital hostesses agreed upon every norm item towards emotional labor. Furthermore, they pointed out a difference between descriptive and injunctive norms. According to them, injunctive norms are more relevant or followed than descriptive norms. At an organizational level, as known, norms are formed and enforced only with respect to behaviors that have some significance for the group (Shaw, 1981). Groups, like individuals, try to operate in such a way that they maximize their chances for task success and minimize their chances of task failure (Feldman, 1984: 48). In this regard, those gendered norms are enforced within this private hospital to maximize their chances for task success. According to our findings, women are aware of the expectation to conform to those gendered norms but, do not believe that most of their fellow workers behave in this way. At the same time, they emphasized how important those norms are to satisfy customers. These findings are consistent with the related literature. As Feldman (1984: 48) pointed out first a group will enforce norms that facilitate its very survival; second, the group will want to increase the predictability of group members' behaviors. In this regard, by highlighting the importance to conform those norms and being aware of those norm-based expectations they reflect the role of those norms for their survival. On this ground, women were expected to predict the behaviors of their fellow group members.

and at this point, they criticize their co-workers as they do not believe that "some" of their fellow workers conform to those norms.

DISCUSSION

In this conclusion, by means of findings of descriptive and categorical analysis we will try to answer the following question: How does the gender context affect emotional labor behaviors? As highlighted before, according to new institutionalism, normative embeddedness of an organization within its institutional context (Baum and Oliver, 1992) and societal expectations of appropriate organizational action influence the structuring and behavior of organizations in given ways (Meyer and Rowan, 1977; Scott et al., 1994). As Dacin pointed out (1997: 48) *institutional norms affect two primary dimensions; first cognitive interpretations of founders (Aldrich 1990) who incorporate institutionally favored characteristics in the hope of their organizations being judged as appropriate or legitimate (Meyer and Rowan, 1977); and institutional forces have important resource consequences for organizations because they shape people's tastes and preferences and the nature of economic activity (DiMaggio and Powell, 1991; Zukin and DiMaggio, 1990).*

In the frame of interaction between context and emotional labor, contrary to the Hochschild's explanation between "social structure" and "framing rules", our research findings support assumptions of new institutional theory and suggest that in order for hospital organizations to survive, they conform to the institution of gender. As shared before, all managers agreed upon what Manager 1 stated: *"You can not have a host (male hostess) with a general surgeon; " if a female patient is taken in (to surgery) a female hostess is needed; the prior reason is patient privacy, the second is so that there are no other dilemmas. But for example, a male secretary works in urology. In addition, women definitely have an advantage over men in appearance and dialect when addressing someone."* In this regard, a job description such as a "Hospital Hostess" is also designed to meet the necessities of gender institution on the doctor-patient interaction. At the same time, as the second sentence of the M1's statement points out, managers are trying to meet the expectations of customers' *tastes and preferences* (DiMaggio and Powell, 1991; Zukin and DiMaggio, 1990) who want to see a woman in that position as shared in the remaining lines.

Those efforts to conform to the gender institution can be clustered under two titles: formal and informal organizational design. As Sutton's (1991) study in a bill collection agency highlights, norms are one factor that influences emotions expressed by role occupants (Rafaeli and Sutton, 1989: 5). Also, our findings pointed out the norms as an informal regulator have an important role in directing and controlling the job description of hospital hostesses. Based on the fact that another factor taken into consideration when designing both formal and informal organization activities is the expectations of the customers. Because customer expectations are tangible normative instruments of institution of gender. So, in the frame of hospital organizations, we suggest that, as formal organizational design, the job description and customer satisfaction policies and as informal organizational design, the organizational norms directing the related job descriptions are designed in accordance with the gender institution.

Managers, P/PR and hostesses, who are the main agents of the organizational context, they play an active role in the reproduction and continuity of gender patterns. In this regard *patients/patient relatives play an active role in the reproduction and continuity of gender patterns in the context of the organization by reflecting their expectations and reminding hostesses how women should act in their work life.*

For Managers, trying to meet expectations of customers is an important factor that ensures the continuity of gender patterns. In addition to this, even though private hospital organization is seen to be supporting women's participation in the working life via their 'a good place to work for women' discourse, in reality, they use this as an instrument of control by reminding women the fact that the turnover rate is insignificant for the management (if necessary, management is able to find someone else almost instantly). This instrument of control when combined with the fact that women have limited job options in the labor market becomes more efficient. In this sense, job insecurity status is used in determining both wage rates and conducting formal and informal surveillance activities.

But what about female emotional labor workers? What role do they play in the reproduction and continuity of these gender patterns? First, of course in an organization that accepts gender-based expectations as they are, which are reflected under the umbrella of customer expectations, their choices

in order to preserve their current positions take on the leading role in the continuity of these patterns. As a matter of fact, this is a bounded rational choice for a woman (who wants to have economic freedom). In this context, as we shared in our findings, while factors such as "working with the consent and approval of the family", and as indicated by the agreement of both families and customers, "working in a suitable organization" leads to the positions, where women are able to work, to become limited; the presence of many females who have an education at the related level and lower in the labor force market and the unemployment rate in this area cause a bulge in the supply of labor for the hospital hostess position. This situation generates some of the requirements needed to create elasticity of labor of demand and job insecurity. Another important point to note is the potential of job insecurity to increase the power asymmetry between positions. In this sense, both the women trying to maintain their current position and the women aspiring to the same position play an important role in the continuity of gender patterns.

In the findings of the study, it was seen that hospital hostesses tried to conform to normative structures of gender. In this sense, this conformity constructs the discourse of why women are more successful on this ground. The issue to be discussed at this point is that; the "women are more successful" felicitation covers a reality; the gender, society wants to see in that position is women, and the possibility that this success may rise on the ground created by what they expect from that gendered job description. This finding is also related to the gendered and taken for granted aspects of emotional labour and critique of women as 'natural carers' (Fairchild and Mikuska, 2021; Gattuso and Bevan, 2000; Gray and Smith, 2009). To have or to gain the characteristics which society attributes to (or wants to see in) the relevant position, and to defend these characteristics, supply coal to generate steams for the trains of, the gender institution continuing on its path. In short, we are trying to point out the possibility that the characteristics which make a person successful are in conformity with the expectations formed by gender patterns. Moreover, in the frame of task maintenance and social maintenance duties (Feldman, 1984: 47), this conformity to normative structures of gender, help hospital hostesses to survive and keep their position in these organizations. This finding points out the main contribution we make in this study which is norms originating from gender institution regulate the emotional labor of a job description, hospital hostess.

According to our findings, there are gender-based inequalities which display emotional labor in the hospital. In this respect, women have unequal positions in terms of fulfilling gender based emotional labor demands. Although hospital hostesses are aware of these inequalities, they evaluate them as “normal”. This evaluation by hospital hostesses may be explained by “a weaker status shield”, “job insecurity” and “patients’ and patient relatives’ gender-based beliefs”. As we shared before, gender-based status beliefs produce the unequal distribution of formal roles. Unequal formal roles reinforce inequality beliefs that create new experiences for mutual interactions among gender types (Ridgeway and Smith-Lovin, 1999: 204-205).

Consequently, organizations which try to conform to the institution of gender are places where make the normative effects of gender context on the emotional labor visible. Within these places, women frame, interpret context; then give direction to their emotional labor under the influence of norms. These norms which regulates both the job description and its emotional labor are gendered. With reference to the customer satisfaction argument, Private hospitals imposing these norms on this job description are in search of conformity with gender institution.

Limitations

The main limitation for this study is not to test the item pool by means of a survey. However, to obtain important patterns to point out the normative role of gender context on emotional labor-based behaviors, we must conduct a survey study to test our item pool. Although our findings provide a ground to discuss existing theories, they cannot be generalized.

REFERENCES

- Acker, Joan. 2006. "Inequality Regimes: Gender, Class, and Race in Organizations." *Gender & Society* 20(4):441–64. doi: 10.1177/0891243206289499.
- Aldrich, Howard E. 1990. "Using an Ecological Perspective to Study Organizational Founding Rates." *Entrepreneurship Theory and Practice* 14(3):7–24. doi: 10.1177/104225879001400303.
- Armstrong, David, Ann Gosling, John Weinman, and Theresa Marteau. 1997. "The Place of Inter-Rater Reliability in Qualitative Research: An Empirical Study." *Sociology* 31(3):597–606. doi: 10.1177/0038038597031003015.
- Ashforth, Blake E., and Ronald H. Humphrey. 1993. "Emotional Labor in Service Roles: The Influence of Identity." *Academy of Management Review* 18(1):88–115. doi: 10.5465/amr.1993.3997508.
- Baum, Joel A. C., and Christine Oliver. 1992. "Institutional Embeddedness and the Dynamics of Organizational Populations." *American Sociological Review* 57(4):540–59. doi: 10.2307/2096100.
- Berger, Joseph, M. Hamit Fisek, Robert Z. Norman, and David G. Wagner. 1998. "Formation of Reward Expectations in Status Situations." *Status, Power, and Legitimacy* 121–53.
- Bicchieri, Christina, and Ryan Mylroon. 2011. "Social Norms." *Stanford Encyclopedia of Philosophy*.
- Bicchieri, Cristina. 2005. *The Grammar of Society: The Nature and Dynamics of Social Norms*. Cambridge: Cambridge University Press.
- Cottingham, Marci D., Rebecca J. Erickson, and James M. Diefendorff. 2015. "Examining Men's Status Shield and Status Bonus: How Gender Frames the Emotional Labor and Job Satisfaction of Nurses." *Sex Roles* 72(7):377–89. doi: 10.1007/s11199-014-0419-z.
- Dacin, M. Tina. 1997. "Isomorphism In Context: The Power And Prescription Of Institutional Norms." *Academy of Management Journal* 40(1):46–81. doi: 10.5465/257020.
- Dedeoğlu, S. (2000). Toplumsal cinsiyet rolleri açısından Türkiye'de aile ve kadın emeği. *Toplum ve Bilim*, 86(3), 139-170.
- Denscombe, Martyn. 2007. "The Good Research Guide : For Small-Scale Social Research Projects."
- Denzin, Norman K. 1978. *The Research Act : A Theoretical Introduction to Sociological Methods*. New York: McGraw-Hill.
- DiMaggio, Paul J., and Walter W. Powell. 1983. "The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields." *American Sociological Review* 48(2):147–60. doi: 10.2307/2095101.
- DiMaggio, Paul J., and Walter W. Powell. 1991. "Introduction." in *The new institutionalism in organizational analysis*. University of Chicago press.
- Er, Nurhan. 2006. "DUYGU DURUM SIFAT ÇİFTLERİ LİSTESİ." *Psikoloji Çalışmaları* 26:21–44.
- Fairchild, Nikki, and Eva Mikuska. 2021. "Emotional Labor, Ordinary Affects, and the Early Childhood Education and Care Worker." *Gender, Work & Organization* 28(3):1177–90. doi: <https://doi.org/10.1111/gwao.12663>.
- Feldman, Daniel C. 1984. "The Development and Enforcement of Group Norms." *Academy of Management Review* 9(1):47–53. doi: 10.5465/amr.1984.4277934.
- Gattuso, Suzy, and Celia Bevan. 2000. "Mother, Daughter, Patient, Nurse: Women's Emotion Work in Aged Care." *Journal of Advanced Nursing* 31(4):892–99. doi: <https://doi.org/10.1046/j.1365-2648.2000.01360.x>.
- Grandey, Alicia A. 2000. "Emotional Regulation in the Workplace: A New Way to Conceptualize Emotional Labor." *Journal of Occupational Health Psychology* 5(1):95.
- Grandey, Alicia A., and Robert C. Melloy. 2017. "The State of the Heart: Emotional Labor as Emotion Regulation Reviewed and Revised." *Journal of Occupational Health Psychology* 22(3):407–22.
- Gray, Benjamin, and Pam Smith. 2009. "Emotional Labour and the Clinical Settings of Nursing Care: The Perspectives of Nurses in East London." *Nurse Education in Practice* 9(4):253–61. doi: <https://doi.org/10.1016/j.nepr.2008.08.009>.
- Gross, James J. 1998. "The Emerging Field of Emotion Regulation: An Integrative Review." *Review of General Psychology* 2(3):271–99. doi: 10.1037/1089-2680.2.3.271.

- Guy, Mary Ellen, and Meredith A. Newman. 2004. "Women's Jobs, Men's Jobs: Sex Segregation and Emotional Labor." *Public Administration Review* 64(3):289–98. doi: 10.1111/j.1540-6210.2004.00373.x.
- Hinkin, Timothy R. 1995. "A Review of Scale Development Practices in the Study of Organizations." *Journal of Management* 21(5):967–88. doi: 10.1177/014920639502100509.
- Hochschild, Arlie Russell. 1979a. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology* 85(3):551–75.
- Hochschild, Arlie Russell. 1979b. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology* 85(3):551–75. doi: 10.1086/227049.
- Hochschild, Arlie Russell. 1983. *The Managed Heart: Commercialization of Human Feeling*. Berkeley, CA: University of California Press.
- Hofstede, Geert. 1980. "Motivation, Leadership, and Organization: Do American Theories Apply Abroad?" *Organizational Dynamics* 9(1):42–63. doi: [https://doi.org/10.1016/0090-2616\(80\)90013-3](https://doi.org/10.1016/0090-2616(80)90013-3).
- Jick, Todd D. 1979. "Mixing Qualitative and Quantitative Methods: Triangulation in Action." *Administrative Science Quarterly* 24(4):602–11. doi: 10.2307/2392366.
- Johns, Gary. 2006. "The Essential Impact of Context on Organizational Behavior." *The Academy of Management Review* 31(2):386–408. doi: 10.2307/20159208.
- Kang, Miliann. 2003. "The Managed Hand: The Commercialization of Bodies and Emotions in Korean Immigrant-Owned Nail Salons." *Gender & Society* 17(6):820–39. doi: 10.1177/0891243203257632.
- Kite, Mary E., Kay Deaux, and Elizabeth L. Haines. 2008. "Gender Stereotypes." Pp. 205–36 in *Psychology of women: A handbook of issues and theories, 2nd ed., Women's psychology*. Westport, CT, US: Praeger Publishers/Greenwood Publishing Group.
- Korkman, Zeynep Kurtulus. 2015. "Feeling Labor: Commercial Divination and Commodified Intimacy in Turkey." *Gender & Society* 29(2):195–218. doi: 10.1177/0891243214566269.
- Lorber, Judith. 1991. "The Social Construction of Gender." in *The social construction of gender.*, edited by J. Lorber and S. A. Farrell. Thousand Oaks, CA, US: Sage Publications, Inc.
- Martin, Patricia Yancey. 2004. "Gender as Social Institution." *Social Forces* 82(4):1249–73.
- McClelland, Megan, John Geldhof, Fred Morrison, Steinunn Gestsdóttir, Claire Cameron, Ed Bowers, Angela Duckworth, Todd Little, and Jennie Grammer. 2018. "Self-Regulation BT - Handbook of Life Course Health Development." Pp. 275–98 in, edited by N. Halfon, C. B. Forrest, R. M. Lerner, and E. M. Faustman. Cham: Springer International Publishing.
- McGee, Gail W., and Robert C. Ford. 1987. "Two (or More?) Dimensions of Organizational Commitment: Reexamination of the Affective and Continuance Commitment Scales." *Journal of Applied Psychology* 72(4):638–41. doi: 10.1037/0021-9010.72.4.638.
- Meyer, John W., and Brian Rowan. 1977. "Institutionalized Organizations: Formal Structure as Myth and Ceremony." *American Journal of Sociology* 83(2):340–63.
- Miller, Karen-Lee, Scott Reeves, Merrick Zwarenstein, Jennifer D. Beales, Chris Kenaszchuk, and Lesley Gotlib Conn. 2008. "Nursing Emotion Work and Interprofessional Collaboration in General Internal Medicine Wards: A Qualitative Study." *Journal of Advanced Nursing* 64(4):332–43. doi: <https://doi.org/10.1111/j.1365-2648.2008.04768.x>.
- Morris, J. Andrew, and Daniel C. Feldman. 1997. "Managing Emotions In The Workplace." *Journal of Managerial Issues* 9(3):257–74.
- Mowday, Richard T., and Robert I. Sutton. 1993. "Organizational Behavior: Linking Individuals and Groups to Organizational Contexts." *Annual Review of Psychology* 44(1):195–229. doi: 10.1146/annurev.ps.44.020193.001211.
- North, Douglass C. 1990. *Institutions, Institutional Change and Economic Performance*. Cambridge: Cambridge University Press.
- Özen, Şükrü. 2007. "Yeni Kurumsal Kuram: Örgütleri Çözümlemede Yeni Ufuklar ve Yeni Sorunlar." Pp. 237–331 in *Örgüt Kuramları*, edited by A. S. Ö. Ş. Sargut. Ankara: İmge.
- Palthe, Jennifer. 2014. "Regulative, Normative, and Cognitive Elements of Organizations: Implications for Managing Change." *Management and Organizational Studies* 1(2):59–66.

- Price, Kim. 2008. "Keeping The Dancers In Check: The Gendered Organization of Stripping Work in The Lion's Den." *Gender & Society* 22(3):367–89. doi: 10.1177/0891243208316518.
- Rafaeli, Anat, and Robert I. Sutton. 1989. "The Expression of Emotion in Organizational Life." *Research in Organizational Behavior* 11(1):1–42.
- Ridgeway, Cecilia L. 1997. "Interaction and the Conservation of Gender Inequality: Considering Employment." *American Sociological Review* 62(2):218–35. doi: 10.2307/2657301.
- Ridgeway, Cecilia L., and Shelley J. Correll. 2004. "Unpacking the Gender System: A Theoretical Perspective on Gender Beliefs and Social Relations." *Gender & Society* 18(4):510–31. doi: 10.1177/0891243204265269.
- Ridgeway, Cecilia L., and Lynn Smith-Lovin. 1999. "THE GENDER SYSTEM AND INTERACTION." *Annual Review of Sociology* 25(1):191–216. doi: 10.1146/annurev.soc.25.1.191.
- Risman, Barbara J., and Georgiann Davis. 2013. "From Sex Roles to Gender Structure." *Current Sociology* 61(5–6):733–55. doi: 10.1177/0011392113479315.
- Rodriguez, Jason. 2011. "It's a Dignity Thing: Nursing Home Care Workers' Use of Emotions." *Sociological Forum* 26(2):265–86. doi: <https://doi.org/10.1111/j.1573-7861.2011.01240.x>.
- Scott, Richard W., W. Richard Scott, and John W. Meyer. 1994. *Institutional Environments and Organizations: Structural Complexity and Individualism*. Sage.
- Scott, W. Richard. 1995. *Institutions and Organizations*. Thousand Oaks, CA: Sage.
- Steinberg, Ronnie J., and Deborah M. Figart. 1999. "Emotional Labor Since: The Managed Heart." *The ANNALS of the American Academy of Political and Social Science* 561(1):8–26. doi: 10.1177/000271629956100101.
- Sutton, Robert I. 1991. "Maintaining Norms about Expressed Emotions: The Case of Bill Collectors." *Administrative Science Quarterly* 36(2):245–68. doi: 10.2307/2393355.
- Tajfel, Henri, and John C. Turner. 2004. *The Social Identity Theory of Intergroup Behavior*. New York, NY, US: Psychology Press.
- Theodosius, Catherine. 2006. "Recovering Emotion from Emotion Management." *Sociology* 40(5):893–910. doi: 10.1177/0038038506067512.
- Thøgersen, John. 2008. "Social Norms and Cooperation in Real-Life Social Dilemmas." *Journal of Economic Psychology* 29(4):458–72. doi: <https://doi.org/10.1016/j.joep.2007.12.004>.
- Thoits, Peggy A. 1989. "The Sociology of Emotions." *Annual Review of Sociology* 15(1):317–42. doi: 10.1146/annurev.so.15.080189.001533.
- Wharton, Amy S. 2009. "The Sociology of Emotional Labor." *Annual Review of Sociology* 35(1):147–65. doi: 10.1146/annurev-soc-070308-115944.
- Wharton, Amy S., and Rebecca I. Erickson. 1993. "MANAGING EMOTIONS ON THE JOB AND AT HOME: UNDERSTANDING THE CONSEQUENCES OF MULTIPLE EMOTIONAL ROLES." *Academy of Management Review* 18(3):457–86. doi: 10.5465/amr.1993.9309035147.
- Zukin, Sharon, and Paul DiMaggio. 1990. *Structures of Capital: The Social Organization of the Economy*. Cambridge: Cambridge University Press.