The Consequences of Customer Related Social Stressors on Frontline Staffs in Health Care Centers: An Empirical Study in North Cyprus

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ABSTRACT

The major purpose of this study is to examine the consequences of customer related

social stressors on staffs in health care centre in Turkish Republic of Northern Cyprus

(TRNC). Total of 250 questionnaires were distributed in both public and private

hospitals, which 206 of them were usuable. The questionnaire consists of questions to

measure the impacts of customer related social stressors on emotional exhaustion, the

impacts of emotional exhaustion on job satisfaction, the impacts of emotional exhaustion

on turnover intention and the impacts of job satisfaction on turnover intention.

The findings of this study demonstrate that among the customer related social stressors;

disproportionate customer expectations do not have a positive influence on emotional

exhaustion, also there is no negative relationship between job satisfaction and turnover

intention. The rest of hypotheses were supported. Apart from this, various managerial

implications were suggested to hospital managers to control customer related social

stressors.

Keywords: Customer related social stressors, Job satisfaction, Turnover intention, Front

line hospital staffs, TRNC.

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ÖZ

Bu çalışmanın amacı Kuzey Kıbrıs Türk Cumhuriyeti'nde (KKTC) sağlık kurumlarında

çalışan personelin üzerinde müşterilerden kaynaklanan sosyal stresin sonuçlarını tespit

etmektir. Bu amaçla gerek kamu gerekse özel hastahanelerde 250 anket uygulanmış ve

toplanan anketlerden 206 adeti kullanılabilir olarak kabul edilmiştir. Çalışmanın

anketinin içerisinde müşterilerden kaynaklanan sosyal stresin duygusal tükeniş

üzerindeki etkileri, duygusal tükenişin iş tatmini ve işten ayrılma niyeti üzerindeki etkisi,

ve iş tatminin işten ayrılma üzerindeki etkilerini ölçmeye yönelik sorular yer almaktadır.

Çalışmanın sonuçları doğrultusunda müşterilerden kaynaklanan sosyal stresi oluşturan

boyutlardan orantısız müşteri beklentilerinin duygusal tükeniş üzerinde pozitif etkisinin

olmadığı, ayrıca iş tatmini ve işten ayrılma niyeti arasında negatif bir ilişkinin olmadığı

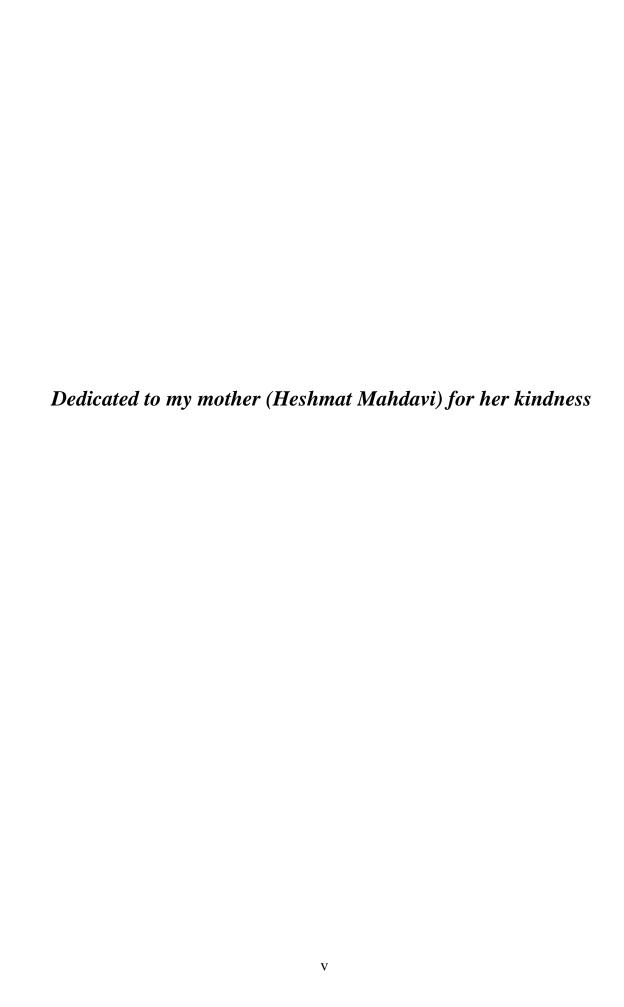
tespit edilmiştir. Çalışmada hastahane yöneticilerine müşterilerden kaynaklanan soyal

stres ile nasıl baş etmeleri konusunda önerilerde yeralmaktadır.

Anahtar Kelimeler: Müşterilerden kaynaklanan sosyal stress iş tatmini, işten ayrılma

niyeti, müşteri ile direk teması olan çalışanlar, KKTC.

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LIST OF ABBREVIATIONS

ACE	Ambiguous customer expectation
IC	
α	
AVE	
CVA	
DC	Disliked Customer
DCE	Disproportionate customer expectations
EE	Emotional Exhaustion
JS	
TI	Turnover Intention

Chapter 1

INTRODUCTION

This study emphasizes on customer social stressors in order to estimate its outcome and effect on frontline hospital staffs. It is obvious that service sectors are becoming more challenging and demanding. Vargo and Lusch (2004) indicate that service is the function of competences, knowledge as well as skills, which an individual may achieve for the wellbeing of others. Service sector has become an indispensable element of any successful organization. Some organizations pressurize their employees more than usual; as a result, these employees are usually dealing with stressful situations during service encounters.

Customer-related social stressors are an important factor in the service literature, because of essential feature of service industry. Frontline line hospital staffs frequently diminish their emotional resources while facing with rude and problematic customers (Mattila and Enz, 2002). Health care service sector is described as the most challenging sector in service environment (Kenagy et al., 1999). The reason could be the high level of stress, in which front line hospital staffs facing during their transaction with patient or their relatives, who seems to expect better quality of service with fewer mistakes. This results negative consequences, such as turn over intention, depersonalization, emotional exhaustion and finally negative work-related perspective which is due to customer

verbal abuse. (Ben-Zur and Yagil, 2005; Dormann and Zapf, 2004; Evers et al., 2001; Harris and Reynolds 2003; Grandey et al., 2007; Lim and Yuen, 1998; Van Dierendonck and Mevissen, 2002; Winstanley and Whittington, 2002).

1.1 Aim of the Study

The aim of this study is to find the consequences of customer related social stressors on employees, focusing on both private and local hospitals in TRNC. We are trying to find out how customer's aggressive behaviors could influence employee's performance and how this could result in turnover intention among front line hospital staffs in health care centers during their service encounters. Moreover our aim is to find out how customer social stressors such as customer verbal aggression, disliked customers, ambiguous customer expectations, and disproportionate customer expectations could result in emotional exhaustion and how various factors such as emotional exhaustion, and job dissatisfaction leads to turnover intention.

1.2 Scope of the Study

The scope of this study is to find a solution for reducing customer related social stressors among frontline hospital staffs in health care sector in TRNC. The perceptions of frontline hospital staffs during service encounters are analyzed, and how those factors could influence job satisfaction, and turnover intention are studied customer related social stressors is an essential issue to consider, because they introduce malfunction to the organization. As a result, service providers should be aware of all the problems,

especially those stressors that relate to frontline hospital staffs, because employee's turnover intention could be costly for the organization.

1.3 Methodology of the Study

In order to continue this study 250 questionnaires will be distributed among frontline hospital staffs in both state and private hospitals in TRNC, who have experienced customer related social stressors and therefore express their negative feeling during their performance. The items of this survey were extracted from (Dormann and Zapf, 2004), (Maslach and Jackson, 1981), (Singh et al., 1996), (Hartline and Ferrell, 1996). In this study to analyze the data, (PLS) and (SEM) have been used.

1.4 Limitations of the Study

The most important limitation of this study was data collection. Frontline hospital staffs showed less interest and were not really helpful while filling the questionnaires. Apart from this asking health minister for writing a letter and convince the public hospital managers to give permission for distributing questionnaires in their hospitals was another barrier.

Chapter 2

LITERATURE REVIEW

2.1 Service Industry

Gadrey, Gallouj and Weinstein (1995) suggested, "to produce service is to organize solution to a problem (a treatment or an operation) which does not in principal involve supplying goods. It is to place a bundle of abilities and competences (human, technological, organizational) at disposal of clients and to organize solutions, which may be given to varying degrees of precision".

People receive services in different places like banks, educational institutions, health care, communication, transportation centers and so on, service can be categorized as service products or both services and products, and its production may not depend on physical product (Kotler, 2000).

Importance, economic value, and characteristics of services

The concept of service plays essential part of the strategic advantage, pursuing of service design, service innovation and development (Goldstein et al., 2002). At the same time, it

is rather hard to give a proper definition for service because it is very different from physical goods (Devebakan, 2005). In literature review various definitions have been given for service. Service is defined as any economic activity, which acquires various kinds of benefits, such as time, place and shape. Edvardsoon and Olssor (1996) further claim that service is an evocation of what should be done for the customer and how it should be achieved. A part from this, Goetsch and Davis (1998) define service as performance or action, in which production and consumption takes place simultaneously, where it is produced. Tarim (2000) defines service as a social activity that is necessary to make connection between customer and service provider. Also Goldstein et al., (2002) sees service as mixture of physical and non-physical element, with the aim of creating service package for the customer. According to Liu, Bishu, and Najar (2005) service is the result of what customers expect to receive. Significant growth in the working environment has enhanced the importance of the service sector (International Labor Office (ILO), 2007). As a result, many employees prefer to work in service sectors (Paoli, 1997; Zeithaml and Bitner, 2000). According to literature direct interaction between customers and employees can be describe as certain characteristic of service providing professions, and this interaction is visible in all members, who are somehow involving in this sector (Schneider and Bowen, 1985; Zeithaml and Bitner, 2000). Service providers regularly choose to be involved in service providing professions because of its high value and social motivation (Judge and Bretz, 1992; Ravlin and Meglino, 1987).

According to Buyukozkan, Cifci and Guleryuz (2011) service sectors have substantial role in employment rate of many countries specially developed ones and this progress is visible day by day. The increase could be a positive sign for the high quality life standard of these countries. However, service sectors are considered as major element, which plays important part in the economy. Gulcin and Gizem (2011) suggested that, without paying attention to service sectors, development of other sectors would be impossible. In the world, in the countries that competition is extensive, providing free circulation of service is important in order to meet customer expectation.

In addition, the (GDP) of many countries, especially developed countries mainly depends on service sectors, for example in countries like United States of America 79.6% of its GDP is mainly based on service sector, in United kingdom this is 77.8%, in France is 79.4%. It is easily noticeable from simply exploring the data that for instance in Republic of Congo, this number reduces to just 25.1% while in Central African Republic and Azerbaijan it is 32.4% (The worlds face book 2012). Job growth in the 21st century is expected to be more influenced by the service sector (Pilat, 2000). According to Molero and Boueri (2003) service sector made serious changes in many countries, specifically in under developed and developing ones in terms of manufactures share growth and investment as well as employment and trade. We are to devote much attention to service characteristic in order to identify the difference between the new services as well as new product development (Cowell, 1988).

2.2 Characteristics of Service

Service characteristic could be categorizing as inseparability (coincident production and consumption). Heterogeneity (the necessity for human attempt and interaction), and perishability (service cannot be stored or kept) (Locklock, 1983; Zeithaml et al., 1985).

- Intangibility

Regan (1963) defined intangibility as "activities, benefits or satisfaction which are offered for sale, or are provided in connection with the sale of goods".

Pride and Ferrell (2003, p. 324) claimed, "Intangibility means that a service is not physical and therefore cannot be touched or physically possessed". According to Kotler 2003 (p. 446) "unlike physical goods, services cannot be seen, tasted, heard, felt, or smelled before purchase" and connect this issue to the decrease in pre-purchase uncertainty.

- Heterogeneity

Heterogeneity considers the potential for alternation in the way services should be delivered (Zeithmal et al., 1981). Onkvisit and Shaw (1991) define heterogeneity, as an opportunity that gives adaptability and customization to the service. Heterogeneity defines various dimension of service, for instance production that performs over a particular time (Iacobucci, 1998; Zeithaml et al., 1985). In addition, heterogeneity defines very separate occurrences, the excessive variety of service establishments as well as its operations (Rathmell 1974, Riddle 1986, Shelp 1981).

-Perishability

There is variety of approaches regarding to the meaning of perishability. A widespread state is that, it is impossible to save, store, resell or return service (Edgett and Parkinson 1993; Zeithaml and Bitner 2003). Kotler (2003) also declared that service could not be

stored. In addition, Pride and Ferrell (2003, p. 325) concluded, "The unused service capacity of one time period cannot be stored for future use". Apart from this, Fitzsimmons (1998) suggested that, if there is low demand for a given service, unused facility is wasted. At the same time, if demand surpasses capacity, it will result in unfulfillment and finally business might be lost.

It is impossible to either store or keep service for future usage (Rathmell, 1966; Donelly, 1976; Zeithmal et al., 1985). In service marketing literature, there has been a connection between perishability and the unavailable possibility of either keeping or stockpiling services (Beaven and Scotti, 1990; Edgett and Parkinson, 1993; Kotler, 1994; Vargo and Lusch, 2004).

- Inseparability:

According to Czepiel, Solomon, and Surprenant (1985) there is a linkage between the notion of interaction between production as well as consumption in service encounter. Say (1836) who believed both production and consumption in service sectors exist simultaneously firstly introduced inseparability so as a result they were conceived inseparable phenomena. In addition, literature review shows that inseparability considers parallel delivery and consumption of service (Regan 1963; Wyckham et al., 1975; Donnely 1976; Grönroos 1978; Zeithaml 1981; Carman and Langeard 1980; Zeithaml et al 1985; Bowen, 1990 and Onkvisit and Shaw, 1991).

2.3 Health Care Service

Distinctive stressors for employees in service jobs are common and relevant, such as long working hours, less salary and less stable and proper relationship among other employees (Bothma and Thomas, 2001). Health care systems are facing with different kind of stressors, for example, they have to confront with severe disease, patient death, role ambiguity and limited opportunities for improvement (Gray-Toft and Anderson 1981; Hingley and Cooper, 1986; Schaufeli, 1990; Scheafer and Moos, 1993).

In recent years, specific attention has been given to health care system. A significant aspect of health care service can be seen in various ways, for instance averting of illness, better living habits, diagnoses the illness and find appropriate treatment for it (Kling, 1995). Kling (1995) also believes the leaders of health care services try to provide high quality service, make sure patient are in a safe environment, and also decrease medical cost for patient and hospital, in addition they try to provide proper information system for workers, job skills and medical equipment. Another, significant factor in health care sector is its remarkable feature, which is known as "world's largest service" (Kenagy et al., 1999).

The issue of health care got essential position in people's life, moreover patient safety, raising medical costs, medical errors, are the factors, which has been concerned (Olden and McCaughrin 2007; Stock, McFadden and Gowen 2007; Tucke, 2004. Health care circumstance plays essential roles in the growth of health care development (Arora, 2001).

2.4 Employees in Health Care Service

In health care sector, special attention has been given to attract personnel and reduce turnover intention (Chiu et al., 2005). The main reason for using this strategy is lack of human resources especially nurses, as a result managers trying to motivate employees and reduce hospital cost as well as turn over intention.

According to Devries- Griever (1991), health care staffs are challenging with growing job demand, the reason for this issue is competition, which is increasing day by day between institutions and introduction of refined technologies. Some researchers proposed that different stressors might end to physical, mental, behavioral problems in employees in their working environment (Payne and Firth-Cozens 1987; Cooper and Payne, 1988). According to the review of literature, health care staffs are challenging with stressful situation, such as highly challenging working environment, which is complemented by poor support, lack of resources, fast-changing circumstances, problematic patients (Chang et al., 2005).

Health care staffs are facing many difficulties (Hochschild, 1983). These situations seem to be challenging and stressful to deal with. For example, they have to smile and be patient while dealing with aggressive and insulting customers. According to Tsai and Wu (2010) health care staffs in health sector perceives as the major elements, by providing health service for patients. They also believe health care employees transmit service value to customers. Apart from this, employees' attitude and performance could directly influence patient's level of satisfaction. Schneider and Bowen (1995) also

suggest employee's attitude and flexible performance provides proper base for delivering superior service quality. Frontline hospital staffs are the major groups in health care sectors for delivering direct services and paying attention to patients, as a result the quality of service offering by them is intensely refers to their performance (Hassmiller and Maureen, 2006).

2.5 Stress in Health Care Service Staff:

Stress can be defined as" the disparity between comprehensions of the requirements on one side and our ability to cope with this demand on the other side" (Looker and Gregson 2007; p. 224). Stress exists not only in big organizations but also in small ones as well and some organizations have become so complicated due to various kinds of stressors that exist, work place stress has important influence over the personnel job performance (Anderson, 2003). On the other hand, some authors define stress as response to either stressors, which could be emotionally or physiologically (Maslachet al., 1996; Zastrow, 1984). Stress can decrease individual's performance. This problem is somehow costly and in long-term can provide a base for not only mental but also physical disorders such as heart disease, depression (Anderson, 2003). Stress has negative impact on employee performance, which is related to reduction in individual functioning in the working environment, for instance it can reduce productivity, decline ability to perform, diminish creativity and reduce attention in working, increased inflexibility of thought, less concern for the firm and colleagues and having less responsibility for the giving position (Greenberg and Baron, 1995; Matteson and Ivancevich, 1982). Another study by Cummins (1990) explains job stressors as a significant factor for causing job dissatisfaction, which can provide better tendency to leave the firm. According to Rose (2003), employees have inclination towards high level of stress concerning time, working for longer hours that decreases employee's desire for better performance.

In some professions ongoing pressures is visible, for example in social work, medicine, teaching various problems generally happens because of the nature of the work. (Battison, 1999). Conservation of resources (COR) theory could provide explanation, in which people pursue to gain, preserve, and keep resources (Hobfoll, 1989, 1998, 2002). Hobfoll (1989) also suggests when a person fails to obtain desirable resources after essential investment and when resources are endangered, at this point stress occurs. Stresses could be personal characteristics such as self-esteem, objects such as car, condition such as marriage and finally energy such as knowledge (Hobfoll, 1989, 1991). When employees face with risk of losing resources or investing resources, do not gather what they expecting in return, at this time stress occurs (Hobfoll, 2001). According to COR theory, "...people must invest resources in order to protect against resource loss, recover from losses, and gain resources" (Hobfoll, 2001, p. 349). COR theory could be consider as a managerial structure as it recommends that individuals experience stress while observing threats of losing resources, or perceiving a work situation where demands surpass resources or when anticipated return in resources is different from invested resources (Hobfoll 1989, 2001).

COR, theory is useful for explaining an explanatory organizational model for stress in health care system (Bakke et al., 2007, Luthans et al., 2008). This theory may also be

used in order to recognize the function of various resources as well as how apparent resources controls research in mentioned system (Hobfoll, 1989, 1998). Apart from this stress could be visible in the organization during the occurrence of external events such as natural disaster (Westman et al., 2004, Zamani; Gorgievski-Duijvesteijn; Zarafshani, 2006). These stresses could cause a great change in the level of resources availability. Similarly, some organizations that are continually influenced by disaster show significant resilient. Such resilience is because of handling intervention intended to protect against the effect of stress, which is mainly negative, for example evaluating resource-related capability to deal with stress, promoting awareness before resources are strained.

2.5.1 Impact of Stress on Health Service Staff

Health care staffs are mostly prone to evolving stress-related sickness, the reason for this could be the nature of their work, which they are dealing with (Payne, R, Firth-Cozens, 1987). Stress could have various impacts, such as turnover intention specially when there is different job availability, and absenteeism could be considered as" escape strategies"(Payne et al.,1987). However, those people who are dealing with great levels of stress continuously would still stay in their position but they will show less productivity and lower performance. In addition, high level of stress will decrease their performance. Factors such as psychological disorders, burnout and distress are the result of occupational stress among health care staffs. Stressful experiences could provide a base for occurrence of depression. These results are constant with the overall literature on stress (Tennant, 2001). Stress has extensive impacts on working behavior, such as adaptive and maladaptive replies (Munro et al., 1998). For example depression, sleep

disorders, substance mistreatment, anxiety could be the result of stress in health care staff (Munro et al., 1998). They also believe occupational stress can cause anxiety and change the effectiveness of individuals. Apart from this pressure due to role ambiguity, contradictory demands, changing responsibilities could cause stress in employees (Tyson et al., 2002). Addition to job related stress, healthcare staff also face with stress that cause by customers.

2.6 Customer Related Social Stressors

A particular feature of service jobs is the direct communication with patience, customers or clients, which could be consider as an essential part of the job (Schneider and Bowen, 1985; Zeithaml and Bitner, 2000). As a result, employees have to regularly challenge with complicating or disapprovingly behaving customers (Grandey et al., 2004). Interactions with these kinds of customers are an indispensable basis of social stressors. According to Dormann and Zapf (2004) customer social stressors is important in service industry because it explains customer expectations or behaviors that might cause stress for employees.

Social stressors could be define as an events that promote tenssion and are common in nature, for instans disturbing stimulus, unfair treatment and behavior by customers could provide the base of occurance of social stressors (Bruk-Lee and Spector, 2006; Dormann and Zapf, 2004; Heinisch and Jex, 1997). Social stressors in the working environment could cause reduction in the value of resources and may threaten employees, for example, being observed to be less positive in the working environment (losing conditional resources), experiencing and having negative feeling of failure (losing

personal resources), or spending more time to deal with bad personal circumstances (expending energy resources) all can drain resources (Treadwayet et al., 2005; Wright and Cropanzano, 1998). There are four kinds of dimensions to represent customer-related social stressors, such as disproportionate customer expectations, ambiguous customer expectations, customer verbal aggression, and disliked customers (Dormann and Zapf, 2004). These kinds of stressors could provide a base for occurrence of emotional exhaustion (Ben-Zur and Yagil, 2005; Dormann and Zapf, 2004; Grandey, Kern and Frone, 2007).

-Disproportionate customer expectation:

Disproportionate customer expectations defines "situations in which customers tax or challenge the service that they want to receive from the service provider" (Dormann and Zapf, 2004, p. 75). It describes the situation in which employee's feel unfairness. This negative feeling occurs in special circumstances when customers try to benefit from employee's energy and time, or when customers ask employees to do things, which they can easily do it by themselves (Dormann and Zapf, 2004).

-Ambiguous customer expectations:

Ambiguous customer expectations explain unclear customer expectations (Dormann and Zapf, 2004, p. 76). In other words, it is about when customers demand and expectations are not clear for employees. Serving customers and dealing with their problems is not pleasurable feeling for employees. Regular communications with customers can provide a base for occurrence of strain in employees especially ambiguous and unclear expectations of customers could progressively increase stress in them. These kinds of customers are dissatisfied even with employees' particular efforts. In other words, the

direct interaction with customers produces stress for frontline employees during service encounter (Dormann and Zapf, 2004).

- Disliked customers:

Disliked customers defines how employee interact with aggressive, severe, and unlikable customers and interrupt by them (Dormann and Zapf, 2004). The aspect of disliked customers' shows feeling of intense dislike, employees have while facing with some customers. It is considered as the situation where employees have to work with problematic customers with negligible or no sense of humor at all.

-Customer verbal aggression:

Customer verbal aggression describes customers' desire to hurt employees (Dormann and Zapf, 2004), Customer verbal aggressions happen in various ways, such as shouting at employees or behaving rudely towards them (Dormann and Zapf, 2004; Grandey, Kern and Frone, 2007). Customer verbal aggression occurs, when customers intent to hurt frontline employees (Dormann and Zapf, 2004). The negative organizational consequences, such as turn over intention, depersonalization, emotional exhaustion and finally negative work-related perspective are the result of customer verbal abuse (Ben-Zur and Yagil, 2005; Dormann and Zapf, 2004; Evers et al., 2001; Harris and Reynolds 2003; Grandey et al., 2007; Lim and Yuen, 1998; Van Dierendonck and Mevissen, 2002; Winstanley and Whittington, 2002). However, there are only few analyses about how employees cope with customer aggression (Bailey and McCollough, 2000; Ben-Zur and Yagil, 2005; Reynolds and Harris, 2006).

Customer verbal aggressions happen in various ways, such as shouting at employees or behave rudely towards them (Dormann and Zapf, 2004; Grandey, Kern and Frone, 2007). Customer verbal aggression occurs, when customers intent to hurt frontline employees (cf. Dormann and Zapf, 2004).

2.7 Emotional Exhaustion:

Emotional exhaustion is defined as continuing state of both emotional as well as physical weakening (Maslach, 1982). "Emotional exhaustion closely resembles traditional stress reactions that are studied in occupational stress research, such as fatigue, job-related depression, psychosomatic complaints, and anxiety" (Demerouti, Bakker, Nachreiner, and Schaufeli 2001, p. 499) .They also believe that, stressors in working environment could be one of the essential factors in causing emotional exhaustion. Apart from this, emotional exhaustion could express the feeling of fatigue and reduction of an employee's emotional resources (Moore, 2000). When service employees are in frequent contact with customers, they are more prone to deal with feeling of frustration and nervousness (Maslach and Jackson, 1981; Perlman and Hartman, 1982). The reason for such a thing is every day and often-deep contact with different customers. They believe this phenomenon is more obvious in those occupations that involve more caring and helping others. When frontline hospital staffs are psychologically uncomfortable, they may show emotional reaction, which is mainly negative, and result in less intention to be a member of that particular organization (Allen and Mellor, 2002; Burke, 2002; O'Driscoll and Beehr, 1994). It can be seen from the above analysis that, there is a linkage between job burnout and job stress, in which depersonalization and emotional exhaustion result from a variation of job demands (Cordes and Dougherty, 1993). According to review of literature, burn out lead people to feel exhausted and when a person feels emotionally exhausted, he/she feels to have distance from other people (Maslach, 1982; Pines and Maslach, 1980). A person who feels emotional exhaustion faces lack of energy (Cordes and Dougherty, 1993). Thus, research on emotional exhaustion is significant for various reasons, such as high occurrence of the event and important associated economic psychological and social costs (Shirom, 2005) such as decreased job satisfaction (Faragher et al., 2005) decreased customer satisfaction (Leiter et al., 1998) and increased employees turn over (Geurts et al., 1999; Aiken et al., 2002).

2.7.1 Factors cause emotional exhaustion

Different kinds of factors could be considered for occurrence of emotional exhaustion, such as pressure in working environment, workload, work struggle and excess responsibilities (Cordes and Dougherty, 1993; Lee and Ashforth, 1996). In addition, Maslach and Pines (1977) also suggest that when employees are suffering from lack of training and adequate skills to be able to deal with their responsibilities in a right manner, they feel emotionally exhausted (role overload). Another important factor for occurrence of emotional exhaustion could be role conflict, in which employees face with unsuited expectation while communication with customers (Schwab and Iwanicki, 1982; Jackson et al., 1986; Leiter and Maslach, 1988). Still there is not enough evidence that employees want to relieve emotional exhaustion by either removing provisionally or enduringly from the working environment (Gaines and Jermier, 1983; Moore, 2000). Whatever the reasons that lead emotional exhaustion, it makes staff to experience a

decrease in his/her performance as well as staff get depressed and make employee to feel some dissatisfaction from his/her job environment.

2.8 Job Satisfaction in Service Industry

Job satisfaction could be define as a positive or pleased emotional feeling, which relates to work experience (Shimizu, Eto, et al., 2005; Suzuki et al., 2006). Job satisfaction could be considered as a feeling, which contains not only external but also internal satisfaction (Porter and Lawler's 1968). Internal satisfaction relates to the sources which make job satisfaction, for instance factors such as development, independence, self-confidence and sense of accomplishment (Shimizu, Feng, and Nagata2005; Shimizu, Eto, et al., 2005). Similarly, external satisfaction refers to factors such as salary, suitable working atmosphere and promotion. As it is expressed job, satisfaction relates to employees emotional reaction to their jobs and related features (Takeda, Ibaraki, Yokoyama, Miyake and Ohida, 2005).

As Zeithaml and Bitner (2000) point out there is strong evidences that when employees are satisfied this also reflect to their performance and come up with as customer satisfaction. Another study by Motowidlo (1984) suggests that thinking positively could provide a base for employees to be more helpful, unselfish, and attentive. On the other hand, it is rather hard for dissatisfied employees to deliver excellent and special service that could satisfy customer's expectation (Rogers et al., 1994). It is impossible for employees to perform well in their position and deliver high quality service, when they are not well matched in their job (Zeithaml et al., 1990). Each of these theoretical positions makes an important contribution to our understanding of job satisfaction.

However, Churchill, Ford, and Walker (1974) suggest that job satisfaction could have an extensive theoretical terrain that contains different characteristics in the working environment. For the same reason, the result could depend on how individuals assess the level of satisfaction, which he or she experiencing. This assessment is based on different aspects that they face during their jobs. These elements could be structure relations and procedures, which release a judgment (Churchill et al., 1974). The employees' level of satisfaction from their job heavily influences their intention to leave their job. Businesses invest for their staff and try to improve their performance through different training programs. Especially in service sectors where staff and customer relationship is so important, leaving of a staff that has a good relations with customers and achieving well in his/her job performance not only create some direct cost problems but also have some out of pocket costs as well.

2.9 Turn over Intention in Service Industry

Tett and Meyer (1993, p. 262) describe turnover intention as "the last in a sequence of withdrawal cognitions, a set to which thinking of quitting and intent to search for alternative employment also belong". Intention to leave defines the particular assessment of employees concerning to leave the organization (Mowday et al., 1982). Stovel and Bontis (2002) suggest when employees decide to leave the firm either voluntary or involuntary organization face many difficulties for replacement process, for example replacement and training new employees is costly and could decrease the productivity in the organization. They also believe understanding new situation for employees is hard, because of psychological features they might face during service

encounter. Turnover has both indirect influence such as productivity, employee commitment, product as well as service quality, assurance, profit and direct influence such as improvement, costs of enrollment, selection and training in the organization (Griffeth et al., 2000; Kinicki et al., 2002; Price, 2001; Mobley, 1982). Cotton and Tuttle (1986) divided turn over intention into three categories

- a) Work-related aspects such as job satisfaction, organization commitment
- b) Individual aspects such as sex, age, education
- c) External factors such as unemployment rates

According to Van der Merwe and Miller (1975) turnover could be either controllable or uncontrollable. They suggest controllable turnover define as involuntary purpose for leaving the organization. For example, death or retiring could be considered as controllable turnover. On the other hand, when voluntary or controllable turnover depends on organizational strain, pressure, this state describes those individuals who voluntarily leave organization (Price, 1977). The concept of voluntary turnover seems interesting to scholars, because is mostly influenced by firm's supervisor (Price, 1975).

2.10 The Conceptual Model and The Hypotheses of The Study

The conservation of resources theory indicates that there is a strong linkage between customers' related social stressors and resource loss, which plays significant roles for frontline service employees who must preserve their inadequate emotional resources (Hobfoll, 2001). Employees require investing their inadequate resources to produce enviable outcomes. However, work stressors which they facing during their performance exhaust their essential resources. Emotional exhaustion could be the result of these procedures (Song and Liu, 2010). Apart from this customer-related social stressors

relates positively to, anticipate, increase, strengthen emotional exhaustion (Van Dierendonck and Mevissen 2002; Dormann and Zapf 2004; Choi and Lee2010; Karatepe et al. 2010).

-Impacts of customer related social stressors on emotional exhaustion

According to Miller and Madsen (2003), employees in health care center are facing with many difficulties in their jobs, because of nature of it, which seems to be offensive, and demeaning. They should challenge with countless problems, related to their work and customer aggressive behavior. Customer aggression could be divided into different categories such as execration, shouting, and threatening (Grandey, Dickter and Sin, 2004).

Winstanley and Whittington, (2002) suggest violent behaviors by customers strengthened healthcare employee's verbal aggression. Apart from this customer verbal mistreatment was considerably associated to emotional exhaustion, and it seemed to be common, than supervisor verbal mistreatment (Grandey et al., 2007). Emotional exhaustion, occurs when aggressive customer is showing emotional arousal and constant levels of this condition may result in emotional exhaustion (Grandey et al., 2004).

Hostility or verbal aggression, defines aggressive verbal communication that break social norms (Glomb, 2002, Neuman and Baron, 1998). Exciting studies had proven that when employees interact with aggressive customers, they will lose sense of happiness (Ben-Zu and Yagil 2005; Grandey et al., 2007; Evers et al. 2001; Harris and Reynolds 2003; Van Dierendonck and Mevissen, 2002; Winstanley and Whittington, 2002). In addition numerous researches suggests that regular communications with violent

customers may result in a sense of divergence between Truly felt emotions, which is result in reduction in sense of happiness (Dollard et al., 2003).

Employees have the chance to experience feelings of dissatisfaction and exhaustion while facing with complicated customers, which is comparable to the Dormann and Zapf's (2004) aspect of disliked customers. Apart from this further inequitable behavior by customers (disproportionate customer expectations) could provide a base for less job satisfaction among those employees who experiencing such a situation (Holmvall and Sidhu, 2007). Rupp and Spencer (2006) suggested that customer aggression relates to his/her purpose to hurt employees and clear verbal and physical aggressiveness. Unexpected customer behaviors harm employees (Reynolds and Harris, 2006).

The slogan 'the customer is always right' gives an unequal power to customer and transaction between customer and employees, which is a key dimension of aggression (Allan and Gilbert, 2002; Hochschild, 1983). Based on above discussion, the hypotheses are proposed:

H1 (a): Customer verbal aggression relates positively to emotional exhaustion.

H1 (b): *Disliked customer relates positively to emotional exhaustion.*

H1(c): Ambiguous customer expectation relates positively to emotional exhaustion.

H1(d):Disproportionate customer expectations relates positively to emotional exhaustion.

-Impact of emotional exhaustion on job satisfaction

Emotional exhaustion is "the feeling of being emotionally overextended and exhausted by ones' work" (Maslach and Jackson, 1981, p.101), beside depersonalization and absence of individual accomplishment (McManus, Winder and Gordon, 2002; Reynolds and Tabacchi, 1993). Cordes and Dougherty, (1993) also suggest employees in service industries are more prone to face with emotional exhaustion because of customer verbal aggression. For instance, organization frequently requires employees to express desirable emotion while interaction with customers (Arnold and Barling, 2003). Job alienation is the result of this behavior, particularly when the emotion does not express employees real feeling (Adelmann, 1996). Each of these theoretical positions makes an important contribution to our understanding of how job satisfaction could influence emotional exhaustion. Job satisfaction reflects how employees like or dislike their position (Spector, 1985). When employees are emotionally exhausted they lose selfconfidence, feel helpless, and suffer from lack of achievement (Cordes and Dougherty, 1993; Moore, 2000). This could result in anxiety, less motivation to attend to work, and feeling of frustration toward their capability in their position (Babakus et al., 1999). They also show negative feelings, toward their job, organization and customers (Cordes and Dougherty, 1993). As a result, emotional exhaustion may provide enough explanation of why employees become dissatisfied in their job. (Abraham, 1998; Lee and Ashforth, 1996). As COR theory suggests exhaustion occurs when employees face lack of sufficient resources to manage stressors threatening them. This could provide the base for dissatisfaction in employees during their performance. Therefore, the following hypothesis is suggested:

H2: Emotional exhaustion relates negatively to job satisfaction

-Impacts of emotional exhaustion on turnover intention

Emotional exhaustion happens when existing resources are not sufficient for meeting employee's job demands (Singh et al., 1994). COR, theory argues that there are essential behavioral outcomes such as job satisfaction and turnover intention because of lack of resources (Lee and Ashforth, 1996). Authors also believe that when employees realized they have less chance to gain adequate resources for coping with emotional exhaustion, feel dissatisfaction with their jobs and decide to leave the organization .Emotional exhaustion is visible in some challenging occupations such as health-care where employees frequently face extremely high emotionally-charged and stressful situation (McManus et al., 2002). Emotional exhaustion not only weakens employees' capabilities to offer beneficial customer service (Babakus and Cravens and Johnston and Moncrief, 1999; Wright and Cropanzano, 1998) but also could result in turnover intention (Boles, Johnston and Hair, 1997; Karatepe, 2006). Employees who are emotionally exhausted sense as still they lack adaptive resources to perform well in their job (Halbesleben and Buckley, 2004). Emotional exhaustion is not only harmful by making negative consequence, but also can be visible in different aspect of life (McManus et al., 2002). Emotional exhaustion can create a feeling of weakness and tiredness in employees during their work (Boles et al., 1997; Lee and Ashforth, Karatepe's, 2006). They also believe all the negative feelings which employees facing is because of lack of sufficient resources, this could result in emotional exhaustion and increase the tendency in employees to leave the firm. Therefore, the following hypothesis is suggested:

H3: *Emotional exhaustion relates positively to turn over intention*

-Impacts of job satisfaction on turn over intention

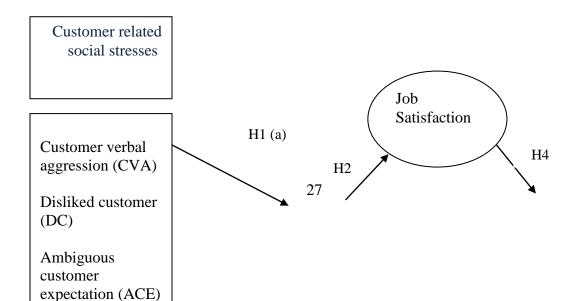
Turnover intentions could be define as a negative consequence to a firm, in which diverse job variables could have strong influence on it (Babakus et al. 1999). Employee's turnover has negative influence on level of service, employee's amount of sale (Jackson and Sirianni, 2009; Kacmar et al, 2006; Shaw et al., 2005). Despite of these reports, the issue of turnover is popularity remains high and employee's turnover is a serious concern for service industries, because it results in less productivity and obtains extensive replacement costs. These costs could be in various places such as employee training, and advertising empty jobs (Wright and Bonett, 2007). In recent years, specific attention has been given to employee's high turnover rates and finding elements, which result in this issue, is interesting for service managers (Alexandrov et al., 2007). Many factors could be result in employees turn over. However, another significant factor in employee's turnover is difficult customers, who could make employees to quit and left their jobs. For instance, Reynolds and Harris (2006) suggest that dealing with problematic customers, could convey sense of frustration and tiredness. In addition when employees managing customer complaints and when customers are not making returns, this annoying encounters may influence service workers negatively and result in emotional exhaustion, job dissatisfaction, job stress and finally intention to leave the job (Brotheridge and Lee, 2003; Lewig et al., 2007).

Job satisfaction somehow relates to turnover intention (Brown and Peterson, 1993; Griffeth et al., 2000; Tett and Meyer, 1993; Zhao et al, 2007). When employees are satisfied with their job, they show less intention to leave the firm (Alexandrov et al., 2007; Jones et al., 2007). In other words, employees will have sense of satisfaction

toward their jobs, show positive emotions, and high level of commitment to the firm. This could result in less intention for leaving the firm (Russ and McNeilly, 1995, Alexandrov et al., 2007; Babakus et al, 1999, and Meyer et al., 2002). When employees are satisfied with their job, they have fewer tendencies to skip and are more likely to stay rather than leave (Bluedorn, 1982; Fang and Baba, 1993; Michaels and Spector, 1982). As a result, if the job is evaluated as pleasing or facilitating, this could result in satisfaction and employees will show more willingness to continue. On the other hand, if employees have negative perspective toward their jobs, dissatisfaction will occur and employees may pursue to withdraw. Such a circumstance could provide a base for turnover intention (Yongqing Fang, 2001).

Some service jobs such as health care sector are emotionally demanding, because employees have to deal with difficult and problematic customers all the time, this phenomenon can increase the level of stress in employees, (Hochschild, 2003), and finally could result in turn over intention. Thus, the following hypothesis is proposed.

H4: Job satisfaction relates negatively to turn over intention



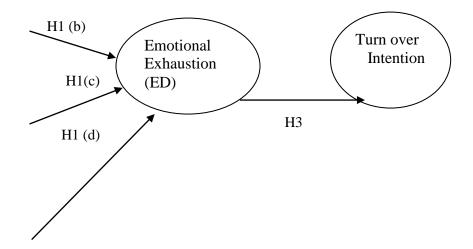


Figure 1. Conceptual Model

Chapter 3

METHODOLOGY AND DATA ANALYSIS

3.1 Health Care Sector in North Cyprus

TRNC is part of the island where it has nearly no or fewer raw materials and few numbers of manufacturing companies exist. The economy of TRNC depends mostly on services sector including tourism, trade and education. This counts above 72% of GNP (Katircioglu, 2010, p. 143). Other service sectors such as healthcare service are still suffering from various problems such as medicine and poor facility, less priority given to both patient and employees need (Arasli and Ahmadeva, 2004). The TRNC has population of almost 300000 people and the population has increased by 11.2% since 2006 (Population and Housing Unit Census, 2011). Government provides public health services to all people living in country. TRNC has both privet and public hospitals. The health system of the country is in mostly depend on governmental hospitals, which is suffering from low level of satisfaction among its service providers (health personnel's, doctors and nurses) because of poor working condition (Sarp et al., 2009; Agdelen and Ersoz, 2007; Ersoz and Agdelen, 2006). There are four public hospitals in Gazimagusa, Lefkoşa, Girne, and Güzelyurt. On the other hand, there are 9 private hospitals and 20 clinics located in main cities such as Gazimagusa, Lefkoşa and Girne being home to the majority of private clinics and hospitals (North Cyprus health minister). Many hospitals and health centers were established in the TRNC with the financial and technical assistance provided by Turkey (health minister). State hospital, which has the highest bed capacity in the TRNC and provides health care services at the highest standards is the central hospital situated in the capital city Lefkoşa with 360-bed capacity and 400 personnel, which is the highest among other hospitals. Gazimagusa public hospital has 120 bed capacity which is the second highest, it also has 38 doctors and 122 nurses. Girne public hospital has 56 bed capacity and Güzelyurt hospital with lowest bed capacity (North cyprus health minister).

3.2 Questionnaire Design

In order to understand the perceptions of the respondents on given conceptual model a questionnaire was developed base on literature review. There are 40 statements that respondents asked to respond based on a 5-point Likert scale. Answers ranges from strongly disagree to strongly agree, not at all true to absolutely true, extremely dissatisfied to extremely satisfied. In order to identify the demographic characteristics of the respondents' seven questions regarding age, level of education, salary, marital status, nationality and occupation were prepared. The questionnaire was formed in both English and Turkish versions. It was originally developed in English and translated in Turkish using the back-to-back translation technique to make respondents to understand questions. At first, it was translated from English to Turkish and then translated back from Turkish to English therefore, comparison of the translation of the translated device back into the original language could be made to decrease possible translation errors and to make sure a precise and consistent translation of the questioners is done by experts .Moreover developing similar versions of the questionnaires has been considered to reduce errors (Aulakh, and Kotabe, 1993).

3.3 Sample and Data Collection

The respondents of this study were frontline hospital staff (administrative and nursing staff) both in public and privet hospitals in Northern Cyprus, who are dealing with patient and their relatives concisely. The main concentration was the influence of customer social stressors on hospital staffs and its outcome in their attitude and behavior accordingly. While choosing the sample of the study non-probabilistic sampling method by using convenience-sampling technique was used. For pilot study, 25 questionnaires were applied. According to feedbacks obtained from pilot study, the questionnaire finalized and 250 questionnaires were distributed in 11 public and private hospitals in Gazimağusa, Girne and Lefkoşa. Among those returned questionnaires 206 of found useful to be used .

3.4 Survey Instrument

The conceptual model has been explained by review of literature and in order to measure the respondents' response for the model fourty questions had been designed. In order to measure customer related social stressors statements adopted from Dormann and Zapt (2004), which compose of customer verbal agression (five statements), disliked customers (four statements), ambigous customer expectation (four statements) and disproportionate customer expectation (eight statements) were used. Eight statements obtained from Maslach and Jackson (1981) used to measure the influence of employee's emotional exhaustion on their job performance. On the other hand, turn over intention was measured in by using 3 questions adopted from Singh et al., (1996). In order to

measure respondents the level of job satisfaction eight statements that retrieved from Hartline and Ferrell (1996) was used.

3.5 Findings

The respondent's demoghraphic analyses questions is observed below in the figures 2 to 8 with the purpose of showing demoghrapic distribution of respondents.

3.5.1 Age

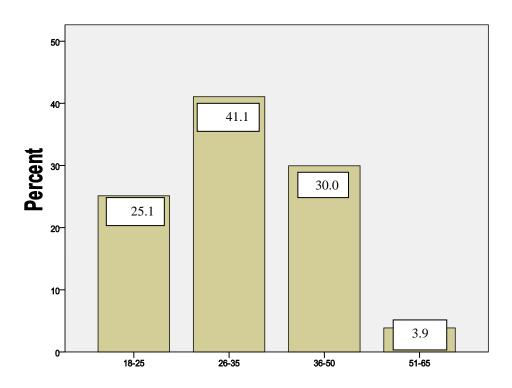


Figure 2. Age Distribution of Respondents

Figure 2 suggests that respondents between the ages of 26 to 35 have the largest percentage of distribution 41.1. On the other hand, the lowest percentage of distribution belongs to respondents in their 51 to 65 by 3.9%. It could be easily realized that young

people are the main respondents. Apart from this, ages ranging from 36 to 50 are the second largest group of respondents. Respondents with the ages between 18 to 25 are the third group with the percentages of 25.1. By looking at the percentage of second and third largest group, the small diffrence could be recognize which is 4.9. In addition, there is a huge difference between the largest and smallest group, which is 37.2 %.

3.5.2 Gender

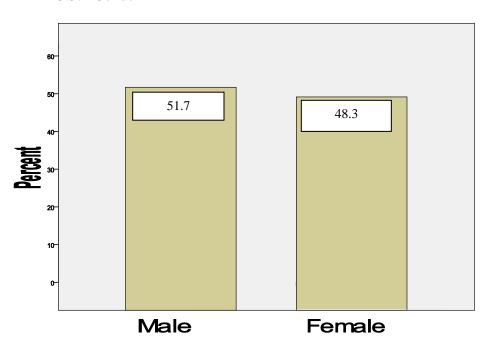


Figure 3. Gender Distribution of Respondents

Figure 3 shows distribution of respondents in both male and female by 51.7 % in men and 48.3 % in female, which shows no big differences in both genders.

3.5.3 Level of education

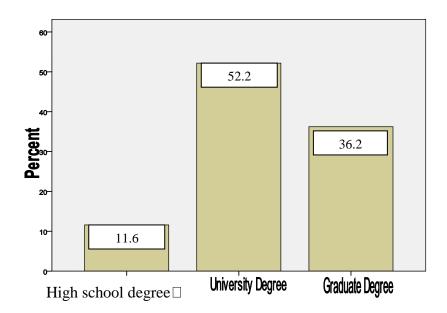


Figure 4. Level of Education of Respondents

The above graph shows that respondents with university degree (bachelor or associate degree) have the highest level of the respondents with 52.2 percentages. Apart from this, those respondents with graduate degree got the second highest percentage of the despondence with 36.2. Apart from this, 11.6 percentages of despondence had high school degree or lower. Consequently, by paying attention to the result, we could come to the idea that the large numbers of them are well knowledgeable with high level of education.

3.5.4 Monthly Income

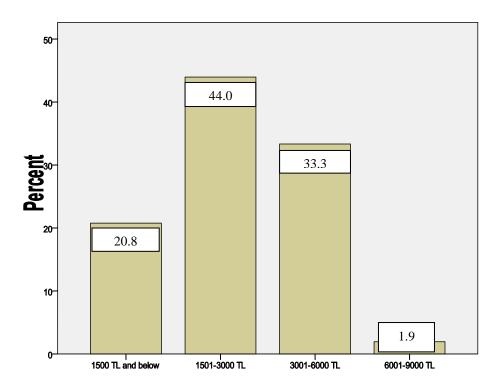


Figure 5. Monthly Income of Respondents

The above figure depict the monthly income distributed among respondents .incomes of 1501 to 3000 Tl had the highest level in the graph with 44.0%. Those people with monthly income on 3001to 6000Tl had the second highest level with 33.3%. In addition respondents with the income of 1500 and below possess the third largest level with

20.8%. The lowest income belongs to respondents with the income of 6001 to 9000Tl with is the highest in the figure.

3.5.5 Nationality

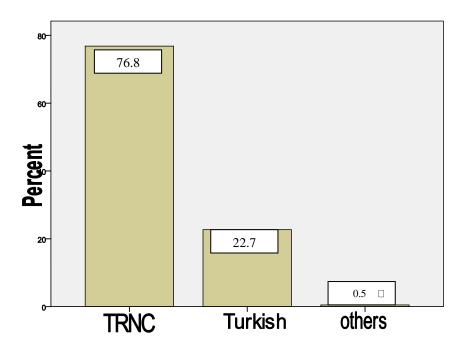


Figure 6. Nationality of Respondents

It is obvious that Cypriot people have the highest percentages with 76.8. Turkish respondents had the second stage in the figure with 22.7%. It is realized from above figure that, the respondents are either from Cyprus or Turkey and there are very few nations, who are working in TRNC hospitals.

3.5.6 Marital Statues

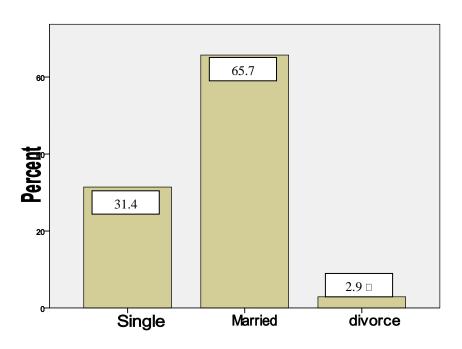


Figure 7: Marital Status of Respondents

In figure 7 marital status of respondents divided into three categories. Married population is approximately 65.7%, on the other hand single population is 31.4%, and the small percentage belongs to empty (divorced) which is 2.9%.

3.5.7 Length of Work

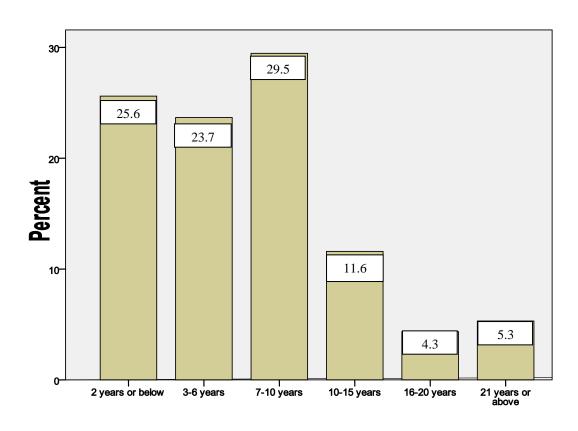


Figure 8: Length of Work in Health Sector

In figure 8 length of work in health sector. The age range between 7-10 has the highest level with 29.5%. Those people with the range of 16 to 20 have the lowest level in the graph.

3.6 Data analysis

In this study to analyze the data, (PLS) and (SEM) have been used. Surveyed data entered into SPSS 16.0 to carry out descriptive statistics, while Smart-PLS 2.0 M3 software was used to test path model. PLS which Kline (2010) develops is approved as one of the components in SEM technique. (PLS) is mainly appropriate for estimating both fundamental interaction and interaction between the variables (Fornell and Bookstein, 1982; Wold, 1982a, 1982b; Lohmoller, 1989; Fornell and Cha, 1994). Apart from this, PLS does not need the great sample size for maximizing estimation (Marcoulides, Chin, Saunders, 2009). PLS provide the chance to concurrently analyze hypotheses. In addition, it allows measurement to be easier for both single as well as multiple substances (Fornell, Bookstein, 1982). Different dimensions such as could certify the reliability of the measurement; (AVE), internal consistency (IC) and Cronbach's alpha (α). All the items are required to be able to measure the consistency of the study and internal consistency is the most common one for this purpose, in addition, Cronbach's alpha (α) has the similar functionality.

Internal consistency is useful to determine the homogeneity of each item. Apart from this is used to observe how well each items in the survey measure the construct. Nunnally (1987) signified a standard level of 0.70 for the measurement of reliability.

The reason for this is when the result is low (less than 0.70) less consistency occurs. This can cause by various types of fundamental causes, for example deprived construct explanation or multi dimensionality of construct (Hulland, 1999).

Discriminate validity plays essential roles in analyzing the data. A test has capability to determine discriminate validity when there is lack of correlation with tests which theoretically measuring various concepts. As Hulland (1999) suggest in PLS concept variance of construct should be greater than other constructs in a same model. On the other hand, convergent validity that examines the relation of each construct by making sure that they are really related. This will not be happening unless the convergent measure is more than 0.7 (Chin, 1988).

3.7 Result

In table 1 the PLS methods has been used for measuring internal consistency, convergent and discriminate validity of this model. In this model The (AVE) score should be more than 0.50, which is in satisfactory level in Table 1. Apart from this, internal consistency of the model is visible; the reason is that, all constructs have cronbach alpha above 0.7, which prove this statment.

Table 1: Convergent Validity of the Construct

Variables		
	Ambiguous customer expectation	
ic=0.92	Factor Mean Score=2.78 α = 0.88 SD=1.04 AVE=0.74	
ace.1		0.85
ace.2		0.89

ace.3	0.87
ace.4	0.86
Customer verbal aggression	
ic=0.91 Factor Mean Score=2.54 α =0.88 SD=0.97 AVE=0.69	
cva.1	0.84
cva.2	0.87
cva.3	0.78
cva.4	0.85
cva.5	0.79
Disliked customer	
ic=0.91 Factor Mean Score=2.72 α =0.88 SD=1.12 AVE=0.73	
dc.1	0.85
dc.2	0.88
dc.3	0.85
dc.4	0.84
Disproportionate customer expectations	
ic=0.89 Factor Mean Score=3.34 α =0.86 SD=1.12 AVE=0.50	
dce.1	0.74
dce.2	0.78
dce.3	0.72
dce.4	0.76
dce.5	0.69
dce.5	0.67
dce.6	0.57
Emotional exhaustion	
ic=0.92 Factor Mean Score=2.71 α =0.90 SD=1.07 AVE=0.59	
ee.1	0.62
ee.2	0.77
ee.3	0.81
ee.4	0.88
ee.5	0.88
ee.6	0.81
ee.7	0.58
ee.8	0.73
Job Satisfaction	
ic=0.87 Factor Mean Score=3.38 α =0.83 SD=0.81 AVE=0.53	
js.3	0.55
js.4	0.67
js.5	0.78
js.6	0.82
js.7	0.79
js.8	0.74
Turn over intention	
ic=0.92 Factor Mean Score=0.81 α =0.87 SD=1.22 AVE=0.80	
ti.1	0.85

ti.2	0.91
ti.3	0.92

Table 2: Discriminant Validity of Constructs

Table 2 that reflect the discriminate validity of the constructs. Moreover, square root that is the essential point in average variance gained in the diagonal was shown in the table.

The

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ACE	0.86	0	0	0	0	0	0
CVA	0.4628	0.83	0	0	0	0	0
DC	0.5411	0.6219	0.86	0	0	0	0
		0.5131					
DCE	0.6195		0.4702	0.71	0	0	0
EE							
	0.5428	0.5061	0.5477	0.4744	0.77	0	0
JS	-0.2036	-0.1782	-0.148	-0.166	-0.2218	0.73	0
					0.3294		
TI	0.2198	0.1817	0.1253	0.1756		0.1125	0.89

42

table should be more than other in the same line, for instance the value of the square root of the average variance of job satisfaction is 0.73. This trend is applicable to other construct; ambiguous customer expectation, customer verbal aggression, disliked customer, disproportionate customer expectations, emotional exhaustion, job satisfaction and turnover intention.

Table 3:Structural Model Results

Effect on EE(R-Square0.4169)	Proposed Effect	Path coefficient	Observed T- value Significance	Significance
Customer verbal	Effect	Coefficient	Significance	Significance
		0.179	1 65	0.10***
aggression	+	0.178	1.65	0.10
Disliked		0.2456	0.051	0.00**
customer	+	0.2456	2.251	0.02**
Ambiguous	+			
customer				
expectation		0.2625	2.33	0.02**
Disproportionate	+			
customer				
expectations		0.105	1.22	0.22
Effect on JS(R-				
Square0.0492)				
Emotional				
exhaustion	-	-0.2218	1.683	0.09***
Effect on TI(R-				
Square0.1447)				
Emotional				
exhaustion	+	0.3727	3.713	0.00*
Job satisfaction	-	0.1952	1.143	0.25
P value < 0.01; P<0.05; P<= 0.10				

In table 3 the analysis of both loading and path coefficient has been shown in addition for analysing this construct (PLS) has been used. The main preference of PLS is the ability to fuction the path coefficient and loading concurrently. The linkage between

various constructs called path coefficient wheras loading explaines the relationship between measures and constructs. Table 3 demonstrates the impacts of each structure while relating to other structures by defining path coefficient in terms of R² (variance). The purpose of the PLS method is incrementing the varience simultaneously to decrease error (Hulland, 1999). In PLS method two main stage is being used in order to analyse the data, one is the evaluation of reliability as well as validity of the measurement model and the other one is concurrently evaluating the structural model.In table 3 the structual model were gained by deriving R-square (R²) for every distinct construct at the same time with the significance of the t-statistics and also measuring the significant level of the path-coefficient. The given result demonstrates how every construct influence the others based on R², which is supposed as the variance of the constructs. For instance, the structural model gives 42% in the emotional exhaustion construct. This shows that customer verbal aggression, disliked customer, ambiguous customer expectation, disproportionate customer expectations (independent variables) explain 42% of emotional exhaustion (dependent variable). In addition, the influence of emotional exhaustion in terms on R² is 0.4169, disproportionate customer expectations, which was one of the deduction, shows that the emotional exaution variance is not significant. On the other hand the calculations of path coefficient for customer verbal aggression, disliked customer, ambiguous customer expectation are 0.178, 0.2456, 0.2625. This shows that verbal aggression, disliked customer, ambiguous customer expectation explain the emotional exhaustion variance approximately 42% are significant among the respondents. In table, 3 hypotheses H1 (d) and 4are not supported while all of the rest are supported.

Customer verbal aggressions (CVA), disliked customer (DC), ambiguous customer expectation (ACE) are the three other hypotheses, which are accepted. Results indicate that customer verbal aggression relates positively to emotional exhaustion. It is obvious that health care staffs are dealing with customer violent behavior that could influence their performance negatively and finally make them to be emotionally exhausted (Miller and Madsen, 2003). In TRNC, hospitals' healthcare staffs are facing shortage of welltrained staffs for the specific position or hospitals will not employ more staffs. Although staffs working in hospitals could gain experience by good training and supervision, their knowledge and ability should not be used pointlessly in work place that could be done easily by others. These factors could provide a base for TRNC health care staffs to be emotionally exhausted when facing verbally abused customers, because they are not in the right position to know how to find proper solution while facing with aggressive customers. Apart from this disliked customer is other stressor which clarifies the positive relation between disliked customer and emotional exhaustion, which is supported by the pervious study done by Dormann and Zapf (2004). Results shows that health care staffs in TRNC hospitals are facing with severe customers and it is rather hard for them to deal with these customers. As a result, they will face emotional exhaustion. In addition ambiguous customer expectation can create more tension in employees (Dormann and Zapf, 2004) particularly ambiguous and unclear expectations of customers could increasingly enhance stress in them and provide a base for occurrence of another stressor called emotional exhaustion.

Disappropriate customer expectation (DCE) is one of the stressors named H1 (d) which is not supported. Results indicate that a disproportionate customer expectation has not positive impact on emotional exhaustion. Characteristic of employees relates to the concept of how well employees could adapt themselves to occupational demands. Service jobs are demanding, as a result employees may frequently deal with disproportionate customer expectation. When employees train appropriately, this will facilitate the development of different method and strategies for them to manage tense situation. Consequently, employees may learn best possible ways to assume and behave while facing with stressful and problematic customers without being emotionally exhausted and reduce the negative influence of stressors (Schneider and Brown, 1993; Schneider, White and Paul, 1998). Factors such as proper leadership, sharing useful information, giving feedback and the quality of service could be consider as an important elements for controlling stress in employees and increase their level of tolerance to cope with inconsistent customer expectations (Schneider et al., 1993). The hypothesis result shows that TRNC, frontline hospital staffs have enough capability to deal with customer expectation, which could be disproportionate. Furthermore, this cannot be the important reason for them to be emotionally exhausted.

The second hypothesis was indicating a relation which is negative between emotional exhaustion and job satisfaction and regarding to the findings there is negative significant influence of emotional exhaustion on job satisfaction, which proves the findings of research by Karatepe et al., 2009; Karatepe and Uludag, 2007; Lee and Ashforth, 1996; Mulki et al., 2006. Although emotional exhaustion explains the job satisfaction variance

around %5 among frontline hospital staffs in TRNC and is significant, the p value of 0.09 is useful to accept this hypothesis and the result shows that this relationship has no strong significance.

Hypothesis 3 is analyzing the positive impacts of emotional exhaustion on turnover intention of employees in which it was supported and it equally explains 14% of variance on turnover intention of the employees. The front line hospital staffs in TRNC feel exhausted from customer related social stressors and these make them, sence feeling of weakness and fatigue while dealing with these customers. The result proves the finding of research done by Brotheridge and Lee, 2003; Lewig et al., 2007.

On the other hand the hypothesis 4 was not supported where it propose that job satisfaction relates negatively to turn over intention. Results from this hypothesis shows that job satisfaction does not always have negative impact on turn over intention of employees. Simon (1958) explained that negative job feelings and attitudes such as job dissatisfaction could provide a base for employees to leave the organization. When an outcome does not meet employees' expectation, they show dissatisfaction and decide to leave the organization (March and Simon, 1958). According to Harman et al (2007), job satisfaction may possibly have no impact on the decision to leave or quit. In other words, people who show dissatisfactions in their job may still decide to stay in the organization. There are important linkages between availability of position and voluntary turnover (Hulin et al., 1985). In other words, low turnover in employees may not really be a good reason for proving their satisfaction. It may signify that some employees have limited chances; as a result, they decided to stay in their current position. TRNC is a small

island with limited number of people leaving in it. They have limited job opportunities; as a result, it is rather hard for them to move from one job to another job. Although these employees might be dissatisfied from their jobs, they still receive satisfaction from other factors, such as good payment, suitable working condition, and motivation from managers or supervisors. Most of the respondents are from public hospitals who have retirement right. So if they resign they might loose their retirement right. Although they have job dissatisfaction they prefer to stay. As indicated above, since there are not too much job opportunities and limited positions avaliable, people don't want to loose their job although there are not satisfied. In table below, means and standard deviation of these statements are being shown.

Table 4: Mean and Standard Deviation Distribution of Responses

Statements	Mean	Standard Deviation	
Cva1	2.36	1.08	
Cva2	2.44	1.17	
Cva3	2.49	1.13	
Cva4	2.66	1.21	
Cva5	2.80	1.31	
Ds1	2.45	1.31	
Ds2	2.74	1.30	
Ds3	2.84	1.33	
Ds4	2.86	1.29	
Ace1	2.94	1.19	
Ace2	2.82	1.14	
Ace3	2.86	1.27	
Ace4	2.89	1.26	
Dce1	3.43	1.18	
Dec2	3.25	1.22	
Dce3	3.30	1.23	
Dce4	3.60	1.11	
Dce5	3.56	1.13	
Dce6	3.29	1.25	
Dce7	2.99	1.26	
Dce8	3.19	1.22	
Ee1	2.45	1.32	

Ee2	2.91	1.41
Ee3	2.71	1.40
Ee4	2.61	1.37
Ee5	2.60	1.40
Ee6	2.72	1.43
Ee7	3.18	1.43
Ee8	2.61	1.33
Js3	3.69	1.09
Js4	3.48	1.15
Js5	3.34	1.14
Js6	3.25	1.06
Js7	3.14	1.17
Js8	3.46	0.95
ti1	2.77	1.41
ti2	2.51	1.35
ti3	2.51	1.33

The means and standard deviation of statements that used in measuring conceptual model has been shown in table 4. The means for those questions relating to customer verbal aggression as a dimension of emotional exhaustion have tendency to lean toward mostly not true. On the other hand disliked customer as one of the stressors has mean value nearly 3 which indicates neither true nor false. The same is true for ambiguous customer expectation and emotional exhaustion. Apart from this disproportionate customer, expectation has a mean value around 4 which shows mostly true. Job satisfaction and turn over intention has a mean value around 3 which indicates neither satisfied nor dissatisfied.

Consequently, the assessed conceptual model of this research is proposed below

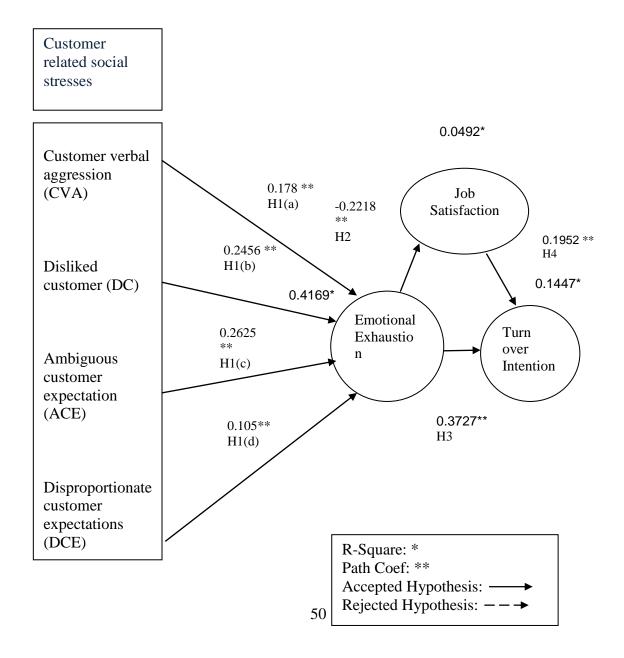


Figure 9. Evaluated conceptual model

Chapter 4

CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion and Managerial Implication

The focus of this study was on the impacts of customer related social stressors on frontline staffs in TRNC's both public and private hospitals. In addition, this study focused on how these stressors could cause emotional exhaustion, job satisfaction and turnover intention on them. For solving the negative effect of customer related social stressors on emotional exhaustion, first of all the management of hospitals both in private and public should be aware of that, frontline hospital staffs are regularly dealing with dysfunctional and rude customer behaviors and these kinds of behaviors have unfavorable impact on employees. As a result, they should establish and maintain an encouraging working environment where front line hospital staffs have enough tolerance

to deal with different kinds of stressors. Otherwise, they will feel that they are working in unfair environment.

Second frontline staffs in hospitals are facing various problems and complain which they have to deal with. As a result, it is essential for them to learn how to handle these stressors properly (Karatepe et al., 2009). In other words, proper and constant training plans help employees to understand the psychology of patients and their relatives in critical situations, push down their angriness and help them to feel more relax. It also assists employees to face different stressors easily with feeling of empathy and understanding. Apart from this, managers in health care centers should work to lessen potential social stressors by creating positive social environment and establishing standards against hostility and unfairness among customers and frontline hospital staffs. Useful programs, with the aim of improving listening skills as well as problem solving could be a good solution for handling customer negative behaviors. Many factors could eliminate stressors in frontline hospital staffs in TRNC, for example using queue machines to reduce the crowdedness and stress in patients as well as their relatives. Apart from this taking into action appointment system through telephone could be beneficial for both employees and patients, because there will be less face-to-face interaction between them and this could decrease stressful situation.

The current study shows that emotional exhaustion relates negatively to job satisfaction. Hospitals managers should pay more attention to psychological aspect of employees by providing counseling and psychotherapy opportunities for them. However, some employees are not comfortable to attend counseling sessions. For solving this problem

staffs can participate the sessions outside the hospital or even at their home to feel more secure. In addition the subject of staff shortage and the fixed shift scheme requires to be carefully considered. This system helps frontline hospital staffs to be aware of whom they are expecting within particular time and date. In addition managers should assist staffs to be aware of their practical responsibilities and prepare a proper base for them to develop new skills.

This study proves the importance and positive impact of emotional exhaustion on turnover intention. It is obvious that customer related social stressors could deplete hospital staffs energy, time and provide the base for them to be exhausted and less satisfied in their position. One important element for decreasing emotional exhaustion is to organize a plan to consider workload and to extend it equally among front line hospital staffs (Grunveld et al., 1988). Preparing weekly timetable and proper scheduling by managers and supervisors could help frontline hospital staffs to know what they supposed to do during a particular period.

Job satisfaction was not related negatively to turnover intention in this study. This could be related to specific circumstances such as good salary, less working hours and workload that could reduce the level of customer social stressors in which frontline hospital staffs are facing in small community like TRNC.COR theory suggests that individuals with high level of social stressors could influence individual's resources (e.g., time and energy) negatively. When social stressors occur, a person spends time to think how to handle and evade these situations. Thus, he/she must spend valuable resources such as time and energy. This could result in greater tension, less energy for

gaining targets and assisting others. Consequently, social stressors could provide a base for low level of job satisfaction as well as higher turnover intentions (Hobfoll and Shirom 2000). Its manager's responsibility to recruit, induce and train right employees for the specific position, to eliminate job dissatisfaction and decrease the influence of stressors on psychological and emotional state of employees. Job rotation, adequate personnel for various positions and job posting could be helpful for preventing turnover intention in employees.

4.2 Limitations and Implications for Future Study

This study has numerous limitations. First of all the questionnaires derived from only frontline hospital staffs (administrative and nursing staffs). Other personnel working in hospitals such as doctors could also be helpful for expanding the information for additional generalizations. Different countries such as Iran, Nigeria and Turkey could be considered in our study. Another important limitation is that, non-probabilistic sampling method has been used; as a result, it is impossible to use the outcome for all hospital staffs in TRNC. Apart from this the exact number of privet and public hospitals has not been considered.

REFERENCES

Allan, S., & Gilbert, P. (2002). Anger and anger expression in relation to perceptions of social rank, entrapment and depressive symptoms. *Personality and Individual Differences*, 32, 551-565.

Alexandrov, A., Babakus, E., & Yavas, U. (2007). The effects of perceived management concern for frontline employees and customers on turnover intentions moderating role of employment status. *Journal of business research*, 9, 356-71.

Abraham, R. (1998). Emotional dissonance in organization: Antecedents, consequences and moderators'. *Genetic, Social and General Psychology Monographs*, 124, 229-246.

Arora, S. (2001) .Health, human productivity, and long-term economic growth, *Journal of Economic History*, 61, 699-749.

Arasli, H., & Ahmadeva, L. (2004). No more tears, A local TQM formula for health promotion, *International Journal of Health Care Quality Assurance*, 17, 135-145.

Anderson, R. (2003). Stress at work: the current perspective. *The Journal of the Royal Society for the Promotion of Health*, 123-810.

Aulakh, P.S., & Kotabe, M., 1993. An assessment of theoretical and methodological development in international marketing, *Journal of International Marketing*, 5-28.

Babakus, E., Cravens, D. W., Johnston, M., & Moncrief, W. C. (1999). The roles of emotional exhaustion in sales force attitude and behavior relationships. *Journal of the Academy of Marketing Science*, 27, 58-70.

Bailey, J.J., & McCollough, M. (2000). Emotional labor and the difficult customer: Coping strategies of service agents and organizational consequences, *Journal of Professional Services Marketing*, 20, 51-72.

Bakar, C., Akgun, H. S., & Al Assaf, A. L. (2008). The role of expectations in patients' hospital assessments: A Turkish university hospital example. *International Journal of Health Care Quality Assurance*, 21, 503-516.

Bateson, J.E.G. (1992). *Managing Services Marketing, Text and Readings*, 2nd ed., The Drydenm Press, Chicago, IL.

Beaven, M.H., & Scotti, D.J. (1990). Service-oriented thinking and its implications for the marketing mix, *Journal of Services Marketing*, 4, 5-19.

Ben-Zur, H., & Yagil, D. (2005). The relationship between empowerment, aggressive behaviors of customers, coping, and burnout. *European Journal of Work and Organizational Psychology*, 14, 81-99.

Bluedorn, A.C. (1982). The Theories of Turnover: Causes, Effects, and Meaning, JAI Press, Greenwich, CT.

Boles, J.S., Johnston, M. & Hair, J. Jr (1997). Role stress, work-family conflict and emotional exhaustion: interrelationships and effects on some work-related consequences *Journal of Personal Selling & Sales Management*, 17, 17-28.

Bothma, L.J. & Thomas, K. (2001). The enforcement of the BECA and waiters. South African *Journal of Economic and Management Sciences*, 4, 263-73.

Boyd, C. (2002). Customer violence and employee health and safety, *Work, Employment and Society*, 15, 151-69.

Brotheridge, C.M., & Lee, R.T. (2003). Development and validation of the emotional labour scale, *Journal of Occupational and Organizational Psychology*, 76, 365-790.

Brown, S. P., & Peterson, R. A. (1993). Antecedents and consequences of salesperson job satisfaction: meta-analysis and assessment of causal effects. *Journal of Business Research*, 30, 63-77.

Bruk-Lee, V., & Spector, P. E. (2006). The social-stressors-counterproductive work behaviors link: Are conflicts with supervisors and coworkers the same? *Journal of Occupational Health Psychology*, 11, 145-156.

Chin, W.W. (1998). The partial least square approach to structural equation modeling, in Marcoulides, G.A (Ed.), *Modern Methods for Business Research*, Lawrence Erlbaum Associates, Mahwah, NJ, 295-336.

Chiu, C.K., Chie, C.S., Lin, C.P., & Hsiao, C.Y. (2005). Understanding hospital employee job stress and turnover intentions in a practical setting: the moderating role of locus of control. *Journal of Management Development*, 24,550-837.

Churchill, G.A. Ford, N.M., & Walker, O.C. (1974). Ir Measuring the job satisfaction of industrial salesmen. *Journal of Marketing Research*, 11,254.

Cordes, Cynthia, L., &Thomas, W. (1993). A Review and Integration of Research on Job Burnout, *Academy of Management Review*, 18,621-656.

Cotton, J., & Tuttle, J. (1986). Employee turnover: a meta-analysis and review with implication for research, *Academy of Management Review*, 11, 55-70.

Cowell, D.W., (1988). New service development. *Journal of Marketing Management*, 3, 296–312.

Cummins, R.C., (1990). Job stress and the buffering effort of supervisory support, Group and Organizational Studies, 15, 92-104.

Czepiel, J.A., Solomon, M.R. & Surprenant, C.F. (1985). The service encounters. Lexington Books.

Demerouti, E., Bakker, A.B., Nachreiner, F., & Schaufeli, W.B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86, 499-512.

Dollard, M.F., Dormann, C., Boyd, C.M., Winefield, H.R. & Winefield, A.H. (2003). Unique aspects of stress in human service work, *Australian Psychologist*, 38, 84-91.

Dormann, C., & Zapf, D. (2004). Customer-related social stressors and burnout, *Journal of Occupational Health Psychology*, 9, 61-82.

Edgett, S., & Stephen, P. (1993). Marketing for Service Industries—A Review, *The Service Industries Journal*, 13, 19-39.

Edvardsson, B., & Olssor, J. (1996). Key concepts for new service development. *Service Industries Journal*, 16, 140-164.

Evers, W., Tomic, W., & Brouwers, A. (2001). Effects of aggressive behavior and perceived self-efficacy on burnout among staff of homes for the elderly, *Issues in Mental Health Nursing*, 22, 439-540.

Faragher E.B., Cass M. & Cooper, C.L. (2005). The relationship between job satisfaction and health: a meta-analysis. *Occupational and Environmental Medicine*, 62, 105-112.

Fitzsimmons, James, A., & Mona, J. F. (1998). *Service Management:Operations, Strategy, and Information Technology*, 2nd ed. New York: Irwin/McGraw-Hill.

Fornell, C., & Bookstein, F. L. (1982). Two structural equation models: LISREL and PLS applied to consumer exit-voice theory. *Journal of Marketing Research*, 19, 440-452.

Gaines, J., & Jermier, J.M., (1983). Emotional exhaustion in a high stress organization. *Academy of Management Journal*, 26, 567-586.

Gadrey, J., Gallouj, F. & Weinstein, O. (1995). New modes of innovation. How services benefit industry. *International Journal of Service Industry Management*, **6**, 4-16.

Goldstein, S. M., Johnston, R., Duffy, J., & Rao, J. (2002). The service concept: The

missing link in service design research? *Journal of Operations Management*, 20, 121-134.

Glomb, T. (2002). Workplace anger and aggression: informing conceptual models with data from specific encounters. *Journal of Occupational Health Psychology*, 7, 20-36.

Grandey, A. A., Dickter, D. N., & Sin, H. P. (2004). The customer is not always right: Customer aggression and emotion regulation of service employees. *Journal of Organizational Behavior*, 25, 1-22.

Grandey, A.A, Kern J, H. & Frone M, R. (2007). Verbal abuse from outsiders versus insiders: Comparing frequency, impact on emotional exhaustion, and the role of emotional labor. *Journal of Occupational Health Psychology*, 12, 63-79.

Gray-Toft, P., & Anderson, J.G. (1981). Stress among hospital nursing staff: its causes and effects. *Social Science and Medicine*, 15, 639-322.

Greenberg, J. & Baron, R.A. (1995). Behaviour in Organizations: Understanding and Managing the Human Side of Work, 5th ed., Prentice-Hall, Englewood Cliffs, NJ.

Goetsch, D. L., & Davis, S. B. (1998). Understanding and implementing ISO 9000 and ISO Standards. USA: Prentice-Hall.

Goldstein, S.M., Johnston, R., Duffy, J. and Rao, J. (2002). The service concept: the missing link in service design research? *Journal of Operations Management*, 20, 121-34.

Griffeth, R.W., Hom, P.W. & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: update, moderator tests, and research implications for the next millennium, *Journal of Management*, 26, 463-88.

Gulcin B, a., Gizem, C. & Sezin, G. (2011). Strategic analysis of healthcare service quality using fuzzy AHP methodology, *Expert Systems with Applications*, 38, 9407-9424.

Halbesleben, R.B., & Buckley, M. R. (2004). Burnout in organizational life. *Jornal Management*, 30,859-879.

Hartline, M.D a., & Ferrell, O.C. (1996). The management of customer contact service employees: An empirical investigation. *Journal of Marketing*, 60 52-70.

Hassmiller, S.B., & Maureen, C. (2006). Addressing the nurse shortage to improve the quality of patient care. *Health Affairs*, 25, 268-274.

Hobfoll, S.E. (1989). Conservation of Resources: A New Attempt at Conceptualizing Stress, *American Psychologist*, 44, 513-24.

Hobfoll, S.E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. Applied Psychology: *An International Review*, 50, 337-421.

Hobfoll, S. E., & Shirom, A. (2000). Conservation of resources theory: Applications to stress and management in the workplace. In R. T. Golembiewski (Ed.), *Handbook of organization behavior*, 57-81.

Hobfoll, S. E., Johnson, R. J., Ennis, N., & Jackson, A. P. (2003). Resource loss, resource gain, and emotional outcomes among inner city women. *Journal of Personality and Social Psychology*, 84, 632-643.

Hochschild, A.R. (1983). The Managed Heart: Commercialization of Human Feeling, University of California Press, Berkeley, CA.

Holmvall, C. M. and Sidhu, J. (2007). Predicting customer service employee's job satisfaction and turnover intentions: The roles of customer interactional injustice and interdependent self-construal. *Social Justice Research*, 20, 479-496.

Hulland, J. (1999). Use of Partial Least Squares (PLS) in Strategic Management Research: A review of four recent studies. *Strategic Management Journal*, 20, 195-204.

Hulin, C. L., Roznowski, M., & Hachiya, D. (1985). Alternative opportunities and withdrawal decisions: empirical and theoretical discrepancies and integration.

Psychological Bulletin, 97, 233-250.

Jackson, D. W., Jr. & Sirianni, N. J. (2009). Building the bottom line by developing the frontline: Career development for service employees. *Business Horizons*, 52, 279-287.

Judge.T.A., & Bretz.R.D. (1992). Effect of work values on job choice decision, *Journal of Applied Psychology*, 77,261-271.

Olden, P., & McCaughrin, W. (2007). Designing healthcare organizations to reduce medical errors and enhance patient safety. Hospital Topic: *Research and Perspectives* on *Healthcare*, 85, 4-9.

Onkvisit & Shaw. (1991). Is Services Marketing "Really" Different? *Journal of Professional Services Marketing*, 7, 3-17.

Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlations of the three dimensions of job burnout. *Journal of Applied Psychology*, 81, 123-133.

Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, 9, 297-308.

Lewig, K. A., Xanthopoulou, D., Bakker, A. B., Dollard, M. F. & Metzer, J. C. (2007). Burnout and connectedness among Australian volunteers: A test of the job demands-resources model. *Journal of Vocational Behavior* 71, 429–445.

Liu, D., Bishu, R. R., & Najjar, L. (2005). Using the analytical hierarchy process as a tool for assessing service quality. *Industrial Engineering & Management Systems*,4, 129-135.

Karatepe, O.M., & Uludag, O. (2007). Conflict, exhaustion, and motivation: A study of frontline employees in Northern Cyprus hotels. *International Journal of Hospitality Management*, 26, 645-665.

Karatepe, O.M., & Aleshinloye, K.D. (2009). Emotional dissonance and emotional exhaustion among hotel employees in Nigeria. *International Journal of Hospitality Management*, 28, 349-358.

Katircioglu, S. (2010). "The Impact of International Trade on Sectoral Growth of North Cyprus: Evidence from Co integration and Causality Tests. *Review of Social, Economic and Business Studies*, 9, 143-207.

Kenagy, J., Berwick, D. & Shore, M. (1999). "Service quality in health care", *Journal of the American Medical Association*, 218, 661-665.

Kling, J. (1995). High performance work systems and firm performance. *Monthly Labor Review*, 118, 29-36.

Kotler, P. (2000). Marketing management: The millennium edition. New Jersey: Prentice-Hall, Inc.

Kotler, P. (2003). *Marketing Management*, 11th ed. Upper Saddle River, NJ: Prentice Hall.

Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, 9,297-308.

March, J.G., & Simon, H.A. (1958). Organizations. New York: Wiley.

Maslach, C., Jackson, S., & Leiter, M. (1996). *Maslach Burnout Inventory Manual*. Palo Alto: Consulting Psychologists Press.

Maslach, C. (1982). Burnout: the cost of caring. Englewood Cliffs, NY: Prentice-Hall.

Maslach, C., & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113.

Matteson, M. T., & Ivancevich, J. M. (1982). Managing job stress and health. New York: The Free Press, Collier Macmillan Publishers.

Mattila, A.S., & Enz, C.A. (2002). The role of emotions in service encounters. *Journal of Service*, 4,268-277.

McManus, I. C., Winder, B. C., & Gordon, D. (2002). The causal links between stress and burnout in a longitudinal study of UK doctors. *The Lancet*, *359*, 2089-2090.

Molero, J., & Boueri, M. (2003). Specialization in services of European Union countries: A proposal of taxonomy. Sussex University. SETI Project.

Moor, J. E. (2000). Why is this happening? A causal attribution approach to work exhaustion consequences. *Academy of Management Review*, 25, 335-490.

Motowidlo, S.J. (1984). Does job satisfaction lead to consideration and personal sensitivity? *Academy of Management Journal*, 27, 910-15.

Mowday, R.T., Porter, L.W., & Steers, R.M. (1982). Employee- Organization Linkages, Academic Press, New York, NY.

Munro, L., J. Rodwell & L. Harding. (1998). Assessing occupational stress in psychiatric nurses using the full job strain model: The value of social support to nurses. *International Journal of Nursing Studies*, 35, 339-450.

Nunnally, J. (1978). Psychometric Theory, 2nd ed., McGraw-Hill, New York, NY.

Payne, R. & Firth-Cozens, J. (1987). Stress in Health Professionals, Wiley, Chichester.

Pilat, D., (2000). No longer services as usual. The OECD Observer 223, 52-54.

Porter, L. W., & Lawler, E. E. (1968). What job attitudes tell about motivation. *Harvard Business Review*, 46, 118-126.

Price, J. L. (1975). A theory of turnover. In B. O. Pettman (Ed.), *Labour turnover and retention*, 51-75. Epping, Essex, England: Gower Press.

Price, J. L. (1977). The study of turnover. Ames: The Iowa State University Press.

Pride, William, M. & O. C. Ferrell. (2003). *Marketing: Concepts and Strategies*, 12th ed. Boston: Houghton Mifflin.

Rathmell, John M. (1974), *Marketing in the Service Sector*. Cambridge, MA: Winthrop.

Regan, W. (1963). The Service Revolution. *Journal of Marketing*, 47, 57-62.

Reynolds, K. L., & Harris, L. C. (2006). Deviant customer behavior: An exploration of frontline employee tactics. *Journal of Marketing Theory and Practice* 14, 95-111.

Riddle, D. I. (1974). Service-Led Growth. New York: Praeger.

Rogers, J.D., Clow, K.E., & Kash, T.J. (1994). Increasing job satisfaction of service personnel, *Journal of Services Marketing*, 81, 14-26.

Rose, M. (2003). Good Deal, Bad Deal? Job Satisfaction in Occupations. *Work Employment Society*, 17-503.

Rupp, D. E., & Spencer, S. (2006). When customers lash out: The effect of customer Interactional injustice on emotional labor and the mediating role of discrete emotions. *Journal of Applied Psychology*, *91*, 971-978.

Schneider, B., & Bowen, D. (1985). Employee and customer perceptions of service in banks: replication and extension, *Journal of Applied Psychology*, 70, 423-33.

Schwab, R. L., & Iwanicki, E. F. (1982). Perceived role conflict role ambiguity and teacher burnout. *Educational Administration Quarterly*, 18, 60.

Shelp, R. K. (1974). Beyond Industrialization: *Ascendancy of the Global Service Economy*. New York: Praeger.

Shimizu, T., Eto, R., Horiguchi, I., Obata, Y., Feng, Q. L., & Nagata, S. (2005). Relationship between turnover and periodic health check-up data among Japanese hospital nurses: A three-year follow-up study. *Journal of Occupational Health*, 47, 327-333.

Singh, J., Willem, V., & Rhoads, G. (1996). "Do Organizational Practices Matter in Role Stress Processes? Study of Direct and Moderating Effects of Marketing-Orientated Boundary Spanners," *Journal of Marketing*, 60, 69-96.

Song, G., & Liu, H. (2010). Customer-related social stressors and emotional exhaustion: the mediating role of surface and deep acting. *Social Behavior Personal*, 38, 1359-1366.

Stanowski, A.C. (2009).Influencing employees' attitudes and changing behaviors: a model to improve patient satisfaction, Population Health Management, 12, 57-90.

Stovel, M., & Bontis, N. (2002). Voluntary turnover: Knowledge management – friend or foe? *Journal of Intellectual Capital*, 3, 303-322.

Spector, P.E. (1985). Measurement of human service staff satisfaction: development of the Job Satisfaction Survey, *American Journal of Community Psychology*, 13, 693-713.

Takeda, F., Ibaraki, N., Yokoyama, E., Miyake, T., & Ohida, T. (2005). The relationship of job type to burnout in social workers at social welfare offices. *Journal of Occupational Health*, 47, 119-125.

Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*, 51, 697-704.

Tett, R.P., & Meyer, J.P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: path analysis based on meta-analytical findings, *Personnel Psychology*, 46, 93-259.

Tucker, A. (2004). The impact of operational failures on hospital nurses and their patients. *Journal of Operations Management*, 22,151-169.

Tyson, P. D., Pongruengphant, R. & Agarwal, B. (2002). Coping with organizational stress among hospital nurses in southern Ontario. *International Journal of Nursing Studies*, 39, 453-59.

Vargo, S. L., & Lusch, R. F. (2004). Evolving to a new dominant logic for marketing. *Journal of Marketing*, 68, 1-17.

Van der Merwe, R., & Miller, S. (1975). The measurement of labor turnover. In B. O. Pettman (Ed.), Labour turnover and retention, 1-30. Epping, Essex, England: Gower Press.

Van Dierendon, D., & Mevissen, N. (2002). Aggressive behavior of passengers, conflict management behavior, and burnout among trolley car drivers. *International Journal of Stress Management*, 9, 345-355.

Westman M, et al :(2004). Organizational Stress through the Lens of Conservation of Resources (COR) Theory. *Research in Occupational Stress and Well Being*, 167-220.

Williams, G. C., Deci, E. L., & Ryan, R. M. (1998). Building health-care partnerships by supporting autonomy: Promoting maintained behavior change and positive health

outcomes transforming relational process, 67-87, Rochester, NY: University Of Rochester Press.

Winstanley, S., & Whittington, R. (2002). Anxiety, burnout and coping styles in general hospital staff exposed to workplace aggression: A cyclic model of burnout, vulnerability to aggression, *Work and Stress*, 16,150-302.

Wright, T. A., & Bonett, D. G. (2007). Job satisfaction and psychological well-being as non additive predictors of workplace turnover. *Journal of Management* 33, 141-160.

Yagil, D., Luria, G., & Gal, I. (2008). Stressors and resources in customer service roles: Exploring the relationship between core self evaluations and burnout. *International Journal of Service Industry Management*, 19, 575-595.

Yavas, U., Karatepe, O. M., & Babakus, E. (2011). Efficacy of job and personal resources across psychological and behavioral outcomes. *Journal of Human Resources in Hospitality and Tourism*, 10, 304-314.

Yongqing, F. (2001). Turnover propensity and its causes among Singapore nurses: an empirical study. *Journal of Human Resource Management*, 859-871.

Zamani, G.H., Gorgievski-Duijvesteijn ,M.J., & Zarafshani K.(2006). Coping with Drought Towards a Multilevel Understanding Based on Conservation of Resources Theory. *Human Ecology*, 34,677-692.

Zeithaml, V.A., & Bitner, M.J. (2000). Services Marketing: Integrating Customer Focus across the Firm, 2nd ed., McGraw-Hill, New York, NY.

Zeithaml, V.A., Parasuraman, A. & Berry, L.L. (1990). *Delivering Quality Service:*Balancing Customer Perceptions and Expectations, the Free Press, New York, NY.

Zeithaml, V.A. (1981). How consumer evaluation processes differ between products and services. In: Donnelly, J.H., Geroge, W.R. (Eds.), Marketing Sciences. American Marketing Association, Chicago, 191-199.

APPENDIX

Appendix (A)

Değerli Katılımcı,

Bu araştırmanın amacı Kuzey Kıbrıs'taki sağlık merkezlerinde çalışan hizmet personelinin müşterilerle olan ilişkileri ve bunun sonucunda işleri ile ilgili yaşadıkları sıkıntıları etkisini tespit etmektir.

Çalışma içerisindeki yargı cümlelerini değerşendirmek üzere ilgili kısımlarda dikkate alınacak ölçek beliertilmiştir. Lütfen bu ölçekleri dikkate alarak cevap veriniz.

Araştırmanın uygulaması yaklaşık 5 dakikalık zamanınızı alacaktır. Çalışma sonuçları toplu olarak değerlendirilecek ve akademik amaçla kullanılacaktır. Katkılarınız için şimdiden teşekkür ederiz.

Alttaki ölçeği kullanarak cevap veriniz:

1= Hiç doğru değil	2= Çoğunluka doğru	3= Ne yanlış ne doğru	4=Çoğunlukla doğru	5=Kesinlikle doğru
	değil			

CVA					
Hastalar/Hasta yakınları sık sık bize bağrırlar	1	2	3	4	5
Hastalar/Hasta yakınları sözlü olarak bize kişisel olarak saldırırlar.	1	2	3	4	5
Hastalar/Hasta yakınları her zamn bizden şikayetçidirler.	1	2	3	4	5
Hastalar/Hasta yakınları çok küçük şeylerden bile bize sinirlenirler.	1	2	3	4	5
Bazı hastalar/hasta yakınları devamı olarak çekişmeye hazırdır.	1	2	3	4	5
DC					
Düşmanca tutum içerisinde olan hastalar/hasta yakınları ile birlikte çalışmak durumundayım.	1	2	3	4	5
Her hangi bir espiri anlayışı olmayan hastalar/hasta yakınları ile birlikte çalışmak durumundayım.	1	2	3	4	5
Bazı hastlar/hasta yakınları nezaketsiz kişilerdir.	1	2	3	4	5
Çalışma ritmimiz sürekli olarak bazı hastalar/hasta yakınları tarafından kesintiye uğratılır.	1	2	3	4	5
ACE					
Hastaların/Hasta yakınlarının istekleri sık sık çelişki içermektedir.	1	2	3	4	5
Hastaların/Hasta yakınlarının bizden talepleri açık değildir.	1	2	3	4	5
Hastalar/hasta yakınları ile düzenlemeler yapmak zordur.	1	2	3	4	5
Hastaların/hasta yakınlarının talimatları bizim işlerimizi zorlaştırır.	1	2	3	4	5
DCE					
Bazı hastlar/hasta yakınları her zaman özel muamele talep ederler.	1	2	3	4	5
Hastalar/hasta yakınları biz meşgul olduğumuzda anlayış göstermezler.	1	2	3	4	5
Bazı hastalar/hasta yakınları bizden kendilerinin yapabileceği şeyleri yapmamızı talep ederler.	1	2	3	4	5

Sebepsiz olarak şikayet etmek bizim hastalar/hasta yakınları arasında yaygındır.		1	2	3	4	5
Bizim hastalar/hasta yakınlarının talepleri genel olarak aşırıdır.		1	2	3	4	5
Bizim hastaların/hasta yakınlarının zaman sıkışıklığı vardır.		1	2	3	4	5
EE						
Duygusal olarak işimden uzaklaştığımı(soğuduğumu) hissediyorum.		1	2	3	4	5
Çalışma günün sonunda kendimi tükenmiş hissediyorum.		1	2	3	4	5
Sabah kalktığımda ve bir başka iş günü ile karşılaştığımda kendimi yorgun hissediyorum.		1	2	3	4	5
Tüm gün insanlarla birlikte çalışmak beni gerçekten germektedir.		1	2	3	4	5
İşimden dolayı kendimi tükenmiş hissediyorum.		1	2	3	4	5
İşimden dolayı hedeflerime ulaşamadığımı düşünüyorum.		1	2	3	4	5
İşimde çok çalıştığıma inanıyorum.		1	2	3	4	5
Artık sabrımın sonuna geldiğime inanıyorum.		1	2	3	4	5

Alttaki ölçeği kullanarak sorulara cevap veriniz:

1= Son derece can sıkıcı	2= Can sıkıcı	3= Ne can sıkıcı ne memnun edici	4=Memnun edio	edici 5=Son derece memnun edi		un edici		
JS								
Genel olarak işim					2	3	4	5
İş arkadaşlarım					2	3	4	5
Yöneticim/lerim					2	3	4	5
Bu hastahanenin politikaları				1	2	3	4	5
Bu hastahane tarafından sağlanan destek				1	2	3	4	5
Maaşım				1	2	3	4	5
Bu hastahanedeki yükselme fırsatları				1	2	3	4	5
Bu hastahanenin müşterileri/hastaları				1	2	3	4	5

Alttaki ölçeği kullanarak sorulara cevap veriniz:

1= Kesinlikle Katılmıyorum	2= Katılmıyorum	3= Ne katılıyorum ne katılmıyorum	4=Katı	4=Katılmıyorum		5=Kesinlikle katılıyoru		
TI								
Önümüzdeki yıl aktif olarak yeni bir iş aramam gerekecek gibi.				1	2	3	4	5
Sık sık işten ayrılmayı düşünüyorum.			1	2	3	4	5	
Büyük ihtimal ile önümüzdeki yıl yeni bir iş arayacağım.			1	2	3	4	5	

1. Yaşınız () 18-25 () 26-35 () 36-50 () 51-65 () 66 ve daha büyük
2. Cinsiyetiniz/Gender() Kadın() Erkek
3. Eğitim Durumunuz () Lise eğitimi () Önlisan/Lisans eğitimi () Lisansüstü eğitim
4. Ailenizin Toplam Aylık Geliri 1500 TL ve altı () 1501-3000 TL () 3001-6000 TL () 6001-9000 TL () 9001 TL ve daha üstü ()
5. Uyruğunuz
6. Medeni Haliniz: () Bekar () Evli () Dul
7. Sağlık Alanında Çalışma Süresi
() 2 yıl veya daha az () 3 – 6 yıl () 7 -10 yıl () 10 -15 yıl () 16 -20 yıl () 21 yıl ve üzer

Demografik Sorular: