Navigating emotions and identities during the pandemic crises and their effect on organizational citizenship behaviors[1]

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Abstract

Frame of the research: *Organizational citizenship behaviors promote the effective functioning of organizations and become especially relevant during crises and emergencies. Understanding how to elicit these behaviors is essential for effective crisis response. Previous research acknowledges the role of emotions, organizational, and shared social identity in promoting positive employee behaviors. However, the link between identities and how employees manage their emotions during crisis situations, particularly through the surface and deep acting inherent in emotional labor, remains under-explored.*

Purpose of the paper: *The study aims to investigate how emotions, surface and deep acting inherent in emotional labor, organizational identity, and shared social identity influence organizational citizenship behaviors among professionals during crises and emergencies.*

Methodology: *A questionnaire survey was administered to 223 professionals in the province of Bergamo, Italy, during the COVID-19 crisis. Hypotheses were tested through regression and mediation analysis.*

Results: *Results show that positive emotions, deep acting, organizational and shared social identity encourage organizational citizenship behaviors. The effect of deep acting on organizational citizenship behaviors is positively mediated by both organizational and shared social identity.*

Research limitations: *Limitations of the study include potential biases in self-reported data and the specific context analyzed.*

Practical implications: *The study offers managerial insights to foster positive organizational behaviors during crises. Results highlight the importance of increasing the level of identification of employees with the organization and their social group.*

Originality of the paper: *This research contributes to the literature by examining the complex interplay between organizational citizenship behaviors, emotions, emotional labor, organizational and shared social identity, taking the COVID-19 pandemic as an illustrative case of extreme emergency.*

Key words: *organizational citizenship behaviors; emotions; emotional labor; organizational identity; shared social identity; crises management.*

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1. Introduction

Modern organizations operate in an environment of constant flux, grappling with unprecedented uncertainty and the need for rapid adaptation (Balzano *et al.*, 2023). From economic downturns and geopolitical crises to pandemics like COVID-19, these disruptions test an organization's resilience (Mahmoud *et al.*, 2024). Human resources play a critical role in navigating situations of crisis and uncertainty, ensuring the organization remains functional and effective (Balzano *et al.*, 2023; Mazzei *et al.*, 2019; Ashfort, 2020). However, uncertainty and crises inevitably generate additional pressures on employees, evoking a spectrum of emotions within them, ranging from anxiety and fear to greater focus and even a sense of excitement, and these emotions significantly impact how individuals behave within the organization during the emergency (Mihalache and Mihalache, 2022; Yu *et al.*, 2021; Wang *et al.*, 2021; Mahmoud *et al.*, 2024). Additionally, emotional labor and in particular deep acting, i.e., the act of managing emotions to align with job demands, becomes especially crucial during crises, significantly impacting organizational behaviors (Lam *et al.*, 2022; Wu *et al.*, 2024).

Despite the growing interest in emotions and emotional labor in shaping organizational behaviors such as organizational citizenship behaviors (OCBs), the role of these variables has often been explored separately, with findings that are frequently contradictory when analyzed in crisis situations (Wang *et al.*, 2021; Chattopadhyay, 2024). This is due to the complex relationships among these factors and the influence of mediating mechanisms such as identity (Chen *et al.*, 2013; Yang and Chen, 2021; Humphrey *et al.*, 2015). Research on crisis situations reveals that identity, defined as a set of meanings that define who a person is (Burke and Stets, 2009), can be diminished by uncertain environments (Ashforth, 2020; Bordia *et al.*, 2004), thereby influencing how employees respond to crises (Ashforth, 2020). However, crises can also create opportunities for identity to emerge stronger and more resilient (Lian *et al.*, 2022; Sun *et al.*, 2023; Kim *et al.*, 2013; Haslam *et al.*, 2021). This, in turn, is associated with positive work outcomes, such as OCBs (Lian *et al.*, 2022). In this context, both organizational identity and shared social identity play a crucial role in shaping employees' responses to crises. Organizational identity refers to the sense of belonging among members of an organization (Cornelissen *et al.*, 2007), while shared social identity is a broader concept that reflects a sense of unity among members of a community facing an emergency or a common fate (Drury, 2018). Both identities have been found to encourage cooperation and positive behaviors, even in crisis situations (Lian *et al.*, 2022; Haslam *et al.*, 2021). However, emotional labor - the process of aligning or failing to align felt emotions with those expected by an organizational role - can either strengthen or weaken one's sense of belonging to both the organization and the community (Humphrey *et al.*, 2015), thereby influencing both organizational and shared social identities.

The gap in understanding the dynamic interrelationships between emotions, emotional labor, and identity in relation to OCBs limits our knowledge of how to effectively leverage these factors to foster positive

employee behaviors, especially during challenging times. By identifying key factors that drive employee engagement and OCBs during crises, organizations can effectively navigate challenges (Rizaie *et al.*, 2023; D'Souza *et al.*, 2023) and implement targeted interventions to enhance employee emotional states, foster a collaborative and positive work environment, and ensure continued success in the face of adversity.

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This study, focusing on a crisis context, examines the relationship between emotions, emotional labor and OCBs, taking into account organizational identity and shared social identity as mediating mechanisms.

The research is conducted during the COVID-19 pandemic as an illustrative case of a crisis characterized by extreme uncertainty, focusing on healthcare professionals as an example of workers heavily impacted by the challenges created by the pandemic (Rizaie *et al.*, 2023; Leo *et al.*, 2021). Healthcare workers, in fact, had to face a context of intense and unexpected stress (Wang *et al.*, 2021; Rizaie *et al.*, 2023), without having been prepared and without adequate skills and taskforce (Leo *et al.*, 2021). Relying on both tangible and intangible resources available to them as individuals and as members of an organization, they attempted to cope as best they could with a highly unpredictable situation. Through a survey of 223 professionals working in Bergamo, Italy, identified as one of the global epicenters of the pandemic with a seroprevalence rate of 38.5% that far surpasses the figures reported in other severely impacted areas like New York (19.9%), London (17.5%), and Madrid (11.3%) (L'Eco di Bergamo, 2020), this research seeks to provide insights into the mechanisms that drive positive organizational behaviors in times of crisis.

Results show that positive emotions, deep acting, organizational and shared social identity foster employees' OCBs. Moreover, organizational and shared social identity positively mediate the relationship between deep acting and OCBs. The study contributes to the literature on OCBs, by showing that in emergencies, deep acting and a strengthened sense of organizational and social identity can foster higher OCBs by enhancing employees' alignment with both organizational and communal goals. In terms of managerial implications, these findings suggest that managers can play a significant role in promoting OCBs by creating a positive and supportive work environment, encouraging deep acting, and building a strong organizational and shared social identity. The paper is organized as follows: Section 2 provides the theoretical background, Section 3 outlines the methodology, Section 4 presents the findings, Section 5 discusses the results, and Sections 6 and 7 conclude with theoretical contributions and managerial implications, and conclusions, limitations and avenues for future research.

2. Theoretical background

Organizational Citizenship Behaviors (OCBs) are defined as discretionary behaviors that are not directly or explicitly recognized by the formal reward system, and which, in the aggregate, promote the effective functioning of the organization. This concept was initially proposed

by Organ in 1988, who described it as those behaviors that, while not mandatory, contribute to the improvement of the social and psychological context of the organization and together promote organizational effectiveness (Organ, 1988).

Studies have shown that OCBs facilitate organizational communication, promote organizational planning, improve interpersonal cooperation, and develop a better organizational climate, directly influencing employee satisfaction, quality of work life, service delivery, work commitment, and firm performance (Podsakoff *et al.*, 1997; 2000; 2009; Bolino *et al.*, 2002; Ziegler *et al.*, 2012). At the same time, studies on the healthcare sector reveal that OCBs play a crucial role in promoting patient-centered care, teamwork, patient safety, employee well-being, and organizational performance (Huang *et al.*, 2021; Qiu *et al.*, 2020; Prottas and Nummelin, 2018; Rizaie et al; 2023). Encouraging and recognizing these behaviors among healthcare professionals can contribute to a positive work environment and ultimately enhance patient care quality (Huang *et al.*, 2021; Maier *et al.*, 2018). OCBs are particularly important during crises and emergencies because cooperation, altruism, and work commitment become even more crucial (Yu *et al.*, 2021; Wang *et al.*, 2021; Mazzei *et al.*, 2019). Understanding how to elicit these behaviors during such situations is essential for organizational functioning, sustained employee performance, and ultimately, for effectively coping with the emergency (Rizaie *et al.*, 2023).

Previous research has already investigated drivers of OCBs, and many studies have focused on emotions, emotional labor, and organizational and social identity (e.g., Spector and Fox, 2002; Grandey, 2003; Ashforth and Mael, 1989). Despite this, drivers of OCBs have been explored separately, calling for a focus on their interplay, with particular attention to the role of different identities (Yang and Chen, 2021). Furthermore, studies conducted in emergency contexts have often yielded conflicting results (Wang *et al.*, 2021; Chattopadhyay, 2024). This highlights the importance of focusing on the interplay between emotions, emotional labor, organizational and social identities, and OCBs, particularly within the context of a crisis, building on previous findings in the literature.

2.1 Emotions, emotional labor, and OCBs

Emotions are complex psychological states that involve three distinct components: a subjective experience, a physiological response, and a behavioral or expressive response. According to Fineman (1993), emotions are not just uncontrollable impulses but multifaceted elements that engage various subsystems of human functioning. As Ashforth and Humphrey (1995) and Lord and Kanfer (2002) highlighted, emotions, both positive (e.g. enthusiasm, excitement, interest, inspiration) and negative (e.g. fear, nervousness, shame, stress), are integral to organizational life, shaping interactions and behaviors (see Figure 1).

Fig. 1: Positive and negative emotions
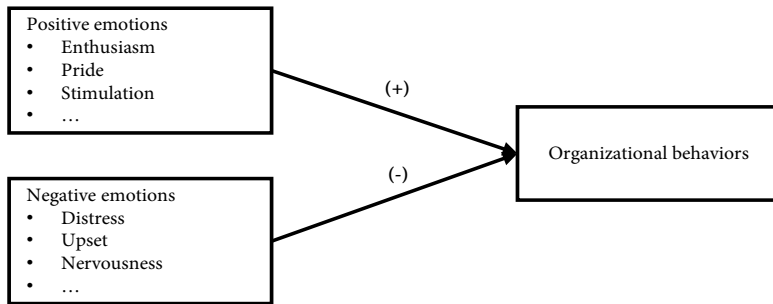
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Positive emotions
- Enthusiasm
- Pride
- Stimulation
- …

(+)

Organizational behaviors

(-)

Negative emotions
- Distress
- Upset
- Nervousness
- …

Source: our elaboration

Research suggests that positive moods and emotions lead to prosocial behaviors (Clark and Isen, 1982), including increased helpfulness towards colleagues and customers (George, 1991; George and Brief, 1992), are linked to proactive and creative behaviors (Fredrickson, 2001), increase motivation and engagement (Fredrickson, 2001), enhance problem-solving and creativity, (Isen, 2001) and foster cooperation and teamwork. Furthermore, positive emotions can increase the likelihood of engaging in OCBs, promoting supportive and collaborative behaviors among colleagues (Spector and Fox, 2002; Yu *et al.*, 2021; Ziegler *et al.*, 2012; Huang *et al.*, 2021). Conversely, negative emotions such as frustration, stress, anxiety are often correlated with counterproductive behaviors (Eissa *et al.*, 2020; AL-Abrrow *et al.*, 2020) and lead to dysfunctional behaviors and decreased performance (Fredrickson, 2001). Despite this, contrary to positive emotions, the relationship between negative emotions and OCBs is nuanced. While Spector and Fox (2002) focus on their role in inhibiting the likelihood of engaging in OCBs, George and Zhou (2002) found that in creative organizational environments, negative emotions can drive positive and collaborative behaviors, such as enhanced motivation and proactive problem-solving. In addition, Halbesleben and Bowler (2007) highlighted that negative emotions, particularly exhaustion, may drive individuals to engage in OCBs as a way to develop and maintain social support and interpersonal relationships, thereby helping them cope with exhaustion. Moreover, negative emotions, if combined with positive ones, can generate positive organizational behaviors by enhancing creativity, promoting proactive problem-solving, increasing effort and persistence, facilitating balanced decision-making, and improving team dynamics (George and Zhou, 2007).

Research on crisis situation and on COVID-19 pandemic highlights that emotions play a crucial role in organizational dynamics. Positive emotions have a positive impact on organizational behaviors (Wang *et al.*, 2021; Mihalache and Mihalache, 2022). Conversely, the effects of negative emotions on OCBs seem to be more complex. In this vein, Mahmoud *et al.* (2024) and Yu *et al.* (2021) outline that negative emotions such as anxiety, fear, and stress adversely affect OCBs, while Wang *et al.* (2021) report an insignificant relationship between the two variables.

Based on the presented literature, the following hypotheses are formulated:

- H1a: In emergency contexts, positive emotions are positively related with organizational citizenship behaviors.
- H1b: In emergency contexts, negative emotions are negatively related with organizational citizenship behaviors.

Emotional labor refers to the management of emotions to conform to organizational expectations regarding emotional expression (Hochschild, 1983). It involves the behavior exhibited by employees when interacting with internal colleagues or external consumers, involving the management of their emotions by restraining or modifying their authentic feelings to align with the expectations of their job roles (Jones, 1998; Diefendorff and Gosserand, 2003).

Scholars have identified two dimensions of emotional labor: surface and deep acting (Grandey, 2003; Chu and Murrmann, 2006; Lee and Madera, 2019). Surface acting involves simulating emotions that are not actually felt and modifying outward appearance without changing internal experience (Grandey, 2003). This practice results in emotional dissonance, which reflects the degree to which an employee's expressed emotions align with his or her true feelings. Deep acting, on the other hand, refers to the practice of attempting to change also internal emotions to align with the required external expression and the need to exert an emotional effort to achieve the right emotion for work (Grandey, 2003) (see Figure 2).

Fig. 2: The relationship between emotions and emotional labor
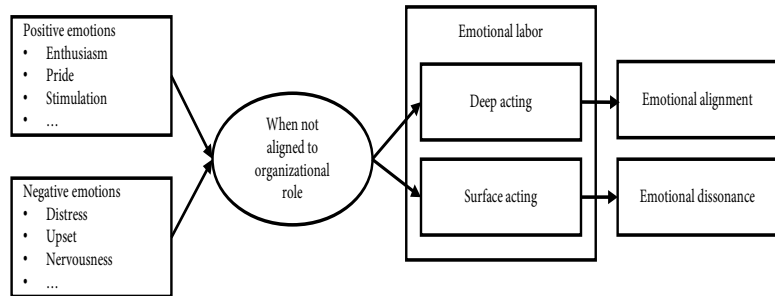
Source: our elaboration

Emotional labor is increasingly recognized as a genuine skill and competence and is therefore valued, rewarded, and sought after as a job requirement, especially in jobs that rely on interpersonal interaction (Grandey, 2003; Kumar Mishra, 2014; Wu *et al.*, 2024; Humphrey *et al.*, 2015). Several studies have investigated the positive and negative outcomes of emotional labor (Yang and Chen, 2021; Lee and Madera, 2019). Researchers generally agree on the positive effects of deep acting such as good intentions towards organizations, employees' well-being, job satisfaction, and increased productivity (Grandey, 2000; 2003; Humphrey *et al.*, 2015; Lee and Ok, 2012; Kim *et al.*, 2012; Gursoy *et al.*, 2011; Lam *et*

al., 2022) and on the negative ones associated to surface acting, such as job stress, emotional exhaustion, burnout (Grandey, 2000; 2003; Humphrey *et al.*, 2015; Lee and Ok, 2012; Kim *et al.*, 2012; Gursoy *et al.*, 2011; Lam *et al.*, 2022).

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However, the relationship between the two strategies of emotional labor and OCBs seems more nuanced and complex. While most studies agree on the positive relationship between deep acting and OCBs (Cheung and Lun, 2015; Shagirbasha and Sivakumaran, 2021), the relationship between surface acting and OCBs remains less clear. Cheung and Lun (2015) and Pohl *et al.* (2015) did not find a significant association between the two variables. On the other hand, Shagirbasha and Sivakumaran (2021) found that surface acting negatively affected OCBs. However, their results showed that employees who engage in surface acting can still exhibit high OCBs if they receive high perceived organizational support.

Research on crisis situations, including the COVID-19 pandemic, reveals that emotional labor is particularly crucial in these contexts due to additional workload pressure and work fatigue (Wen *et al.*, 2023; Lam *et al.*, 2022; Wu *et al.*, 2024). At the same time, understanding the relationship between emotional labor and OCBs is particularly complex. Chattopadhyay (2024) found that high levels of emotional labor during the COVID-19 period did not affect OCBs. Conversely, other researchers showed that deep acting is associated with positive outcomes (Wu *et al.*, 2024), and with feelings of meaningful work and enjoyment in working, potentially fostering the well-being of workers (Pace *et al.*, 2022). Relative to surface acting, Yikilmaz *et al.* (2024) found that it intensifies healthcare professionals' experiences of job stress and emotional exhaustion.

Based on the presented literature, the following hypotheses are formulated:
- H2a: In emergency contexts, deep acting is positively related with organizational citizenship behaviors.
- H2b: In emergency contexts, surface acting is negatively related with organizational citizenship behaviors.

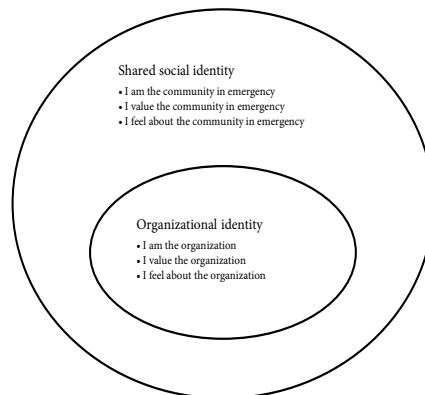### 2.2 Organizational identity, shared social identity, and OCBs

In the organizational and management fields, the last three decades have seen organizational identity increasingly move to the center of academic interest, creating a debate that is both fascinating and contested (Alvesson *et al.*, 2008; Coupland and Brown, 2012; Ybema *et al.*, 2009). In a company, organizational identity refers to how members of an organization perceive and identify with it. Albert and Whetten (1985) define organizational identity as the set of central, distinctive, and enduring attributes of an organization shaping what the organization is, how it is different from others, and how it maintains its continuity over time. This identity is crucial for the sense of belonging of organizational members and influences their behavior and commitment (Cornelissen *et al.*, 2007). Ashforth and Mael (1989) argue that a strong organizational identity promotes cooperative and supportive behaviors among members, and is a source of positive employee outcomes (Tarakci *et al.*, 2018) such

as motivation and performance (Balzano *et al.*, 2023), improves employee well-being (Nunes *et al.*, 2024), reduces turnover intentions (Chen *et al.*, 2013), and ultimately enhances OCBs (Dutton *et al.*, 1994; Ashforth and Mael, 1989; Newman *et al.*, 2016; Chen *et al.*, 2013).

Research on crisis situation and on COVID-19 pandemic reveals that organizational identity can be reduced by uncertain environment, job insecurity, fear, and anxiety (Ashforth, 2020; Bordia *et al.*, 2004) affecting how employees behave in response to the emergency (Ashforth, 2020) and impacting core values and established practices (Mihalache and Mihalache, 2022). However, crises also present opportunities for organizational identity to emerge stronger and more resilient (Lian *et al.*, 2022; Sun *et al.*, 2023; Kim *et al.* 2013; Haslam *et al.*, 2021). Especially external threats can increase the "organizational we-ness" among employees (Greenaway and Cruwys, 2019), which, in turn, is related to positive work outcomes, such as OCBs (Lian *et al.*, 2022).

Another form of "we-ness" that frequently emerges during crises and emergencies is shared social identity (Drury *et al.*, 2016). While organizational identity is confined to the boundaries of the organization, shared social identity extends beyond it, encompassing the perception of shared values, common goals, and a collective understanding of the context in which group members operate (Cornelissen *et al.*, 2007; Tajfel and Turner, 1986) (see Figure 3).

Fig. 3: Organizational identity and shared social identity

Source: our elaboration

A shared social identity reflects a sense of oneness and perceived similarity among group members who face a common fate in response to an emergency event (Drury, 2012; Drury, 2018). Common fate enhances perception of within-group similarity, regardless of the organization in which each member of the group works. In this case, the boundaries of the group tend to coincide with the entire community that is experiencing the emergency situation. The common experience of threat and danger lead to the development of new and deeper bonds between people with different roles, who, prior to the crisis, did not share values or goals. The categorization into "us" (new in-group) and "them" (new out-group)

become central and leads to the formation of an emergent shared social identity (Drury, 2018), which motivates individuals to strengthen social bonds, promote cooperation, mutual support, and shape positive behaviors (Haslam *et al.*, 2009b; Haslam *et al.*, 2021, Tajfel and Turner, 1986).

A strong shared social identity can be seen as the basis for all productive social interaction between people (Haslam *et al.*, 2009b) promoting cohesion, cooperation, helping and trust within the group, enhancing the overall group functioning (Haslam *et al.*, 2009a; Haslam *et al.*, 2001), and coordinating their behavior to achieve common goals (Turner and Haslam, 2014; Haslam *et al.*, 2009a). For these reasons, a strong shared social identity can foster OCBs (Liu and Qi, 2022; Wu *et al.*, 2023; Haslam *et al.*, 2009b).

Based on the literature, the following hypotheses are formulated:
- H3a: In emergency contexts, organizational identity is positively related with organizational citizenship behaviors.
- H4a: In emergency contexts, shared social identity is positively related with organizational citizenship behaviors.

Figure 4 summarizes the first 6 hypotheses formulated so far.

Fig. 4: The linear model
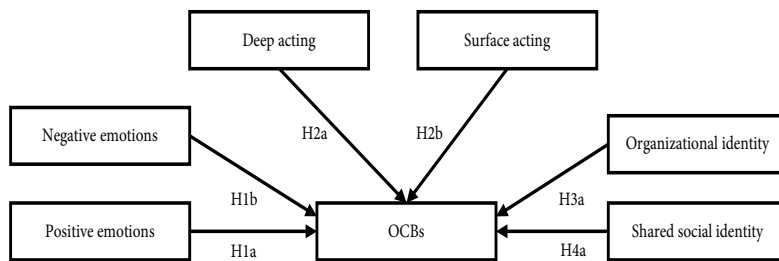
Source: our elaboration

### 2.3 The mediating role of identity

When employees engage in surface acting, they may feel less committed to the organization, and emotional dissonance can reduce their overall attachment to the organization and its goals (Kumar Mishra, 2014; Grandey, 2003), which can, in turn, affect organizational identity. In addition, surface acting can lead to feelings of alienation and disconnection from the group (Humphrey *et al.*, 2015), weakening the connection to shared social identity (Ashforth and Humphrey, 1993). Conversely, employees who engage in deep acting and emotional effort tend to exhibit positive intentions and attachment toward their organizations (Humphrey *et al.*, 2015; Grandey, 2000; 2003). They align their felt emotions with those expected by the organization, fostering a stronger connection and sense of belonging, which ultimately leads to an enhanced organizational identity (Kumar Mishra, 2014). Furthermore, deep acting can also strengthen social bonds with other group members, reinforce shared values within the group (Humphrey *et al.*, 2015) and increase shared social identity (Kumar

Mishra, 2014), especially during emergency situations (Drury, 2018).

Based on the literature, the following hypotheses are formulated (see Figures 5 and 6):

- H3b: In emergency contexts, organizational identity has a mediating role between deep acting and organizational citizenship behaviors.
- H3c: In emergency contexts, organizational identity has a mediating role between surface acting and organizational citizenship behaviors.
- H4b: In emergency contexts, shared social identity has a mediating role between deep acting and organizational citizenship behaviors.
- H4c: In emergency contexts, shared social identity has a mediating role between surface acting and organizational citizenship behaviors.

Fig. 5: Mediation effect of organizational identity
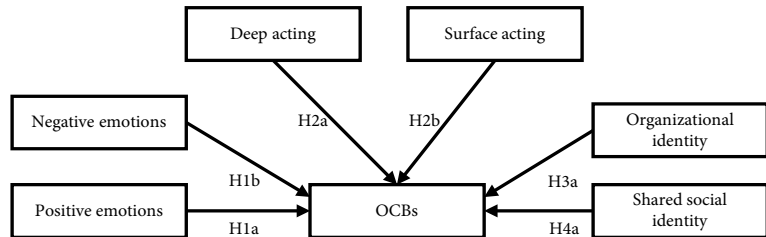
Source: our elaboration

Fig. 6: Mediation effect of shared social identity
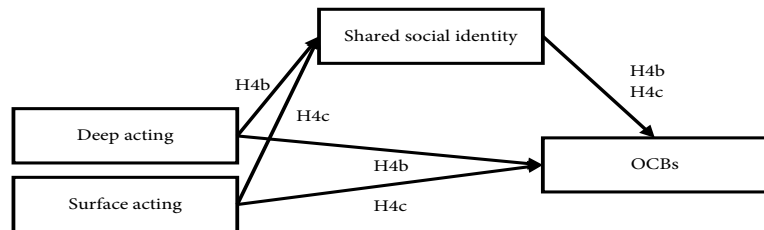
Source: our elaboration

3. Method

The study adopts a quantitative research design to examine the relationship between emotions, emotional labor, organizational and social identity, and organizational citizenship behaviors in healthcare professionals during the pandemic crisis.

Participants include healthcare workers employed in both public and private healthcare organizations in the province of Bergamo, Italy, one of the most affected areas in Europe. Bergamo's death toll in 2020 was 260% higher than in 2019, with most deaths occurring in the first half of 2020 (Nicotra, 2021). A non-probability sampling approach, specifically convenience sampling, was employed to select participants. Participants were contacted via institutional emails, social media platforms (Instagram,

LinkedIn, Facebook), and personal contacts. Inclusion criteria included individuals directly involved in patient care during the pandemic.

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Data collection was conducted using an online questionnaire. The questionnaire was divided into several sections aimed at investigating the different variables of interest.

The dependent variable, OCBs, was measured using the OCB Scale (Podsakoff *et al.*, 1990), which includes 24 items divided into the five dimensions identified by Organ (1988): Altruism, e.g., "I help colleagues who have a heavy workload"; Conscientiousness, e.g., "I work more hours than I am required to"; Sportsmanship, e.g., "At work, I tend to make simple issues into complex problems" (reverse coded); Courtesy, e.g., "I make an effort to prevent problems with my colleagues"; and Civic Virtue, e.g., "I attend meetings that are not mandatory but are important".

Emotions were measured using the PANAS - Positive and Negative Affect Schedule (Watson and Tallegen, 1985; Watson *et al.*, 1988), which includes 10 positive affective states, such as enthusiastic, proud, and stimulated; and 10 negative affective states, such as distressed, upset, nervous, and afraid.

Emotional labor was measured using the HELS - Hospitality Emotional Labor Scale (Chu and Murrmann, 2006), which includes 19 items divided into the following dimensions: Surface acting, e.g., "I fake the emotions that I show when dealing with patients", and Deep acting, e.g., "I try to change my real feelings to fit those that I need to express to patients".

Organizational identity was measured using the Mael and Ashforth (1992) scale. The scale includes 6 items that describe the degree of attachment and loyalty to the healthcare organization, such as "When someone criticizes the company I work for, it feels like a personal insult".

Shared social identity was analyzed using the scale developed by Drury *et al.* (2016). The scale includes 4 items that measure the extent to which participants identify with others in a natural disaster/emergency context, such as "I felt that the people affected by the emergency were like me".

All questions were evaluated on a 5-point Likert scale, where 1 = strongly disagree and 5 = strongly agree.

Finally, some demographic information was collected from the participants, such as age, gender, type of healthcare organization, professional role, and work experience.

The data were collected during the early phase of the pandemic emergency, between February and May 2020. Participants are assured of confidentiality and informed consent is obtained prior to data collection.

The collected data were analyzed using the statistical software Stata. The main data analysis techniques included descriptive statistics, correlation analysis, linear regression, and mediation analysis.

4. Results

The conducted survey allowed for the collection of a sample of 223 health professionals operating in the province of Bergamo, Italy. The sample composition is reported in Table 1 and the descriptive statistics in Table 1.

Tab. 1: Sample composition

		N	%
Gender			
	Male	79	35.4
	Female	144	64.6
Age			
	20 - 30	35	15.7
	30 - 40	34	15.2
	40 - 50	58	26.0
	50 - 60	70	31.4
	Over 60	26	11.7
Organization			
	ASST (Public Local Health and Social Services Agency)	161	72.2
	Private clinic	44	19.7
	CRI (Italian Red Cross)	9	4.0
	RSA (Residential Care Facility)	5	2.2
	Cooperative	4	1.8
Job role			
	Physicians	104	46.6
	Nurses	90	40.4
	Technicians	8	3.6
	OSS (Healthcare assistant)	8	3.6
	Psychologist / psychotherapist	4	1.8
	Italian Red Cross volunteer	9	4.0
Job seniority			
	0 - 5 years	73	32.7
	6 - 10 years	31	13.9
	11 - 20 years	45	20.2
	over 20 years	74	33.2

N = 223

Source: our elaboration

Tab. 2: Descriptives

		Mean	Std Dev	Minimum	Maximum	Cronbach α
Positive emotions		3.42	0.64	2	5	0.84
Negative emotions		2.96	0.75	1	5	0.88
Emotional labor						
	Deep acting	2.55	0.66	1	4.38	0.77
	Surface acting	2.77	0.77	1	4.36	0.89
Organizational identity		2.97	0.86	1	5	0.88
Shared social identity		3.54	0.81	1	5	0.86
OCBs		3.68	0.49	2.2	4.8	0.88
	Conscientiousness	3.66	0.72	1	5	0.75
	Sportsmanship	4.1	0.56	3	5	0.65
	Courtesy	3.64	0.7	2	5	0.68
	Altruism	3.88	0.69	2	5	0.91
	Civic Virtue	3.14	0.79	1	5	0.77

Source: our elaboration

Correlation analysis reveals that OCBs are positively correlated with positive emotions, deep acting, organizational identity and social identity. Correlations are outlined in Table 3.

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Tab. 3: Correlation matrix

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
OCBs	1						
Positive emotions	.519**	1					
Negative emotions	0.086	.307**	1				
Deep acting	.203**	.309**	.328**	1			
Surface acting	0.068	.243**	.473**	.503**	1		
Organizational identity	.388**	.411**	.189**	.397**	.141*	1	
Shared social identity	.445**	.626**	0.114	.158*	0.004	.475**	1

Note: * Significant at .05 level; ** Significant at .005 level
Source: our elaboration

To test the research hypothesis, linear regressions were conducted. Gender, age, and job seniority were included as control variables. Multicollinearity diagnostics were computed using the variance inflation factor (VIF) method. Apart from age and job seniority, all VIF results were under 2 and well below the critical value of 5 (Belsley *et al.*, 1980).

As reported in Table 4, positive emotions affect OCBs, while negative emotions display an insignificant relation. These results provide support for H1a but not for H1b, since negative emotions are not related to OCBs.

Tab. 4: Linear regression of emotions on OCBs

	Beta	t	Sig.	VIF
(Constant)	0	12.19	0	
Gender	0.1	1.57	0.119	1.18
Age	-0.01	-0.09	0.929	2.29
Job seniority	0.12	1.47	0.144	2.13
Positive emotions	0.53	8.75	0	1.13
Negative emotions	-0.05	-0.67	0.506	1.22

Note: R = 54, R2 = 0.3, adj. R2 = 0.28
Source: our elaboration

Deep acting has a positive and significant effect on OCBs, while surface acting has an insignificant relation. Therefore, H2a is supported but H2b is not.

Tab. 5: Linear regression of emotional labor on OCBs

	Beta	t	Sig.	VIF
(Constant)	0	17.96	0	
Gender	0.11	1.53	0.128	1.17
Age	0.09	0.89	0.377	2.30
Job seniority	0.089	0.89	0.372	2.30
Deep acting	0.23	3.02	0.003	1.36
Surface acting	-0.01	0.00	1.000	1.41

Note: R = 29, R2 = 0.08, adj. R2 = 0.06
Source: our elaboration

Last, both social and organizational identity impact OCBs. Hence, H3a and H4a are supported by the results.

Tab. 6: Linear regression of organizational identity and social identity on OCBs

	Beta	t	Sig.	VIF
(Constant)	0	17.31	0	
Gender	0.08	1.25	0.213	1.14
Age	-0.05	-0.59	0.554	2.32
Job seniority	0.12	1.37	0.172	2.14
Organizational identity	0.22	3.22	0.002	1.31
Shared social identity	0.35	4.90	0	1.35

Note: R = 50, R2 = 0.25, adj. R2 = 0.23

Source: our elaboration

To test the remaining hypotheses, a mediation analysis with the Sobel Test was conducted. Results show that organizational identity fully mediates the relation between deep acting and OCBs, as the inclusion of organizational identity as a mediator makes the relationship between deep acting and OCBs no longer significant. About 71% of deep acting is mediated by organizational identity (the value is derived from the ratio of the Indirect effect to the Direct effect). However, organizational identity does not mediate the relation between surface acting and OCBs. Hence, H3b is supported, while H3c is not.

Shared social identity partially mediates the relation between deep acting and OCBs but it does not mediate the relation between surface acting and OCBs. The mediation is partial because, even with shared social identity as a mediator, the relationship between deep acting and OCBs remains significant. About 33% of the effect of deep acting on OCB is mediated by social identity (Indirect effect / Total effect). Hence, H4b is supported, while H4c is not. Table 7 shows the results of the significant mediation analyses.

Tab. 7: Significance testing of indirect effect. Sobel Test

Path	Indirect effect	Total effect	St. Er.	z-value	p-value	Conf. Interval	Type of mediation
Deep acting → Organizational identity → OCBs	0.108	0.151	0.026	4.156	0.000	0.057 - 0.159	Full mediation
Deep acting →Shared social identity →OCBs	0.050	0.151	0.022	2.260	0.024	0.007 - 0.093	Partial mediation

Source: our elaboration

Table 8 provides a summary of hypotheses confirmation. Contrary to expectations, negative emotions and surface acting are not related to OCBs. Additionally, neither organizational nor shared social identity mediate the relationship between surface acting and OCBs.

Hypotheses	Result
H1a: In emergency contexts, positive emotions are positively related with organizational citizenship behaviors	Supported
H1b: In emergency contexts, negative emotions are negatively related with organizational citizenship behaviors.	Not supported
H2a: In emergency contexts, deep acting is positively related with organizational citizenship behaviors.	Supported
H2b: In emergency contexts, surface acting is negatively related with organizational citizenship behaviors.	Not supported
H3a: In emergency contexts, organizational identity is positively related with organizational citizenship behaviors	Supported
H3b: In emergency contexts, organizational identity has a mediating role between deep acting and organizational citizenship behaviors	Supported
H3c: In emergency contexts, organizational identity has a mediating role between surface acting and organizational citizenship behaviors.	Not supported
H4a: In emergency contexts, shared social identity is positively related with organizational citizenship behaviors	Supported
H4b: In emergency contexts, shared social identity has a mediating role between deep acting and organizational citizenship behaviors	Supported
H4c: In emergency contexts, shared social identity has a mediating role between surface acting and organizational citizenship behaviors.	Not supported

Source: our elaboration

5. Discussion

We have investigated how emotions, surface and deep acting inherent in emotional labor, organizational identity, and shared social identity influence organizational citizenship behaviors among professionals during crises and emergencies. The data reveal that positive emotions are significantly associated with higher levels of OCBs, supporting the broaden-and-build theory which posits that positive emotions foster proactive, creative and pro-social behaviors (Fredrickson, 2001; Clark and Isen, 1982), especially during crises and emergencies (Yu *et al.*, 2021; Rizaie *et al.*, 2023; Wang *et al.*, 2021). However, partially contrary to previous research (e.g., Spector and Fox, 2002; Mahmoud *et al.*, 2024), negative emotions did not affect professionals' engagement in OCBs. This phenomenon might be attributed to two different reasons. The first plausible reason is related to the complexity of emotions, and particularly of negative emotions that emerge in a crisis context and to the presence of common fate. The multiplicity of emotions (distress, fear, nervousness, exhaustion …) that manifests in a crisis can easily produce different behaviors (Dionne et al, 2018). According to this, anger may result in an engaged response to a crisis event, shame in avoidant response, and fear may result in an affiliative response (Dionne et al, 2018). Analyzing negative emotions as a whole can hence neutralize the effects of different emotions on behaviors, and effects can be different. Furthermore, the neutral effect of negative emotions on OCBs can be related to the sense of common fate that affects people in crisis contexts. As Zizzo (2010) outlines, circumstances where

the perception of common fate is strong, as an emergency situation, lead to the choice to undertake cooperative and corporative behaviors, through which people believe to achieve a mutually superior outcome. In these contexts, receiving help and giving help become the priority and the effects of negative emotion on behavior can be neutralized. The second reason can be related to the nature of healthcare professionals. As underlined before, negative emotions are often correlated with counterproductive behaviors (Eissa *et al.*, 2020; AL-Abrrow *et al.*, 2020). On the other hand, as Isen (2001) reveals, the negative effect occurs when negative emotions are not managed effectively. Managing intense emotions-both their own and those of their patients-is crucial for healthcare workers (Riley and Weiss, 2016). Effective emotional management is fundamental not only to prevent burnout and promote overall well-being in the workplace (Hunsaker *et al.*, 2015; Shuler and Sypher, 2000), but also to prevent dysfunctional behaviors. Professionals routinely encounter life-and-death situations, pain, and suffering, even outside of crisis contexts (Maslach and Jackson, 1981, 2013; Hunsaker *et al.*, 2015). Working in healthcare requires professionals to engage with patients continuously. As such, they engage with their own and patients' emotions every single moment, and often in stressful circumstances. Healthcare workers could be able to recognize that negative emotions are an inherent component of their work, and over time, learning by doing through routines, they become capable to manage their emotions during difficult healthcare situations. This can lead to neutralizing negative effects in order to privilege the delivery of health care (Luff *et al.,* 2016). Furthermore, in the healthcare sector cooperation and mutual support are considered necessary to ensure high quality of care (Xyrichis and Ream, 2008; Cheng *et al.*, 2016). This could determine a spontaneous attitude towards citizenship behaviors. Moreover, professionals cannot be considered as a common category of workers since they are linked to each other by a sense of community that has its roots in professionalism (Goode, 1957; Bergamaschi, 2017). As Løwendahl (2005) underlines, the profession is a vocation that is embodied in the application of knowledge to solve the client's problems, in which altruistic attention towards others takes on a role of primary importance compared to the pursuit of selfish objectives.

Related to emotional labor, results indicate that healthcare workers who exhibited high levels of deep acting were more likely to demonstrate increased OCBs, even during an emergency context. These findings support the notion that genuine emotional effort and deep acting can positively influence OCBs (Grandey, 2000, 2003; Wu *et al.* 2024). Conversely, surface acting, characterized by emotional dissonance, was not significantly associated with OCBs. These findings partially align with previous research (Cheung and Lun, 2015; Pohl *et al.*, 2015), which indicated no relationship between surface acting and organizational outcomes. Moreover, these findings align with the nature of healthcare professionals, who can adjust their internal emotions to match the required external expressions (Grandey, 2003), thereby reducing the effort needed to simulate emotions different from those they genuinely feel.

In any case, to further investigate the impact of surface acting on OCBs, these studies suggested incorporating additional moderators, such

as emotional intelligence (Cheung and Lun, 2015) or professionalism and organizational identity (Pohl *et al.*, 2015). Additionally, surface acting and emotional dissonance might not directly influence OCBs because individuals may still engage in positive behaviors as a way to cope with, or counterbalance, their emotional experiences (Pohl *et al.*, 2015).

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During crises, organizational identity emerged as another strong predictor of OCBs. Healthcare workers who identified strongly with their organization were more likely to engage in behaviors that go beyond their formal job requirements. These results are in line with previous research in other contexts highlighting the important role of identification with the organization in increasing OCBs (Dutton, *et al.*, 1994; Ashfort and Mael, 1989; Newman *et al.*, 2016), and corroborate results obtained by Lian *et al.* (2022) in conditions of uncertainty. In addition, findings showed that organizational identity fully mediates the relationship between deep acting and OCBs. This result is significant as it supports the idea that deep acting and emotional effort enhance organizational identity, which in turn increases the likelihood of engaging in positive behaviors even in crises and emergencies situations.

Shared social identity also played a crucial role in promoting OCBs, aligning with social identity theory (Tajfel and Turner, 1986). Healthcare workers who felt a strong sense of belonging to a group of people with different roles (patients and citizens) during COVID-19 pandemic, were more inclined to exhibit OCBs. This finding aligns with previous research suggesting that social identity can be a source of resilience and mutual support in challenging times (Haslam *et al.*, 2009a; Drury *et al.* 2016) and allows us to highlight how during emergencies the creation of a shared identity, even if temporary, stimulates behaviors of solidarity and mutual support. In addition, our results showed that shared social identity partially mediated the relation between deep acting and OCBs. Hence, this research provides evidence that a strong sense of shared social identity can explain, although partially, the positive effect of deep acting on OCBs.

6. Theoretical contributions and managerial implications

This study contributes to the literature on OCBs by supporting the role of positive emotions, deep acting, organizational identity, and shared social identity as drivers of positive organizational behaviors, during extreme emergency situations. While the presence of positive emotions during the COVID-19 pandemic may seem surprising, research indicates that extraordinary events, such as a health crisis, can evoke complex emotional responses (Wang *et al.*, 2021). In crisis situations, individuals may still experience positive emotions when they perceive their work as contributing to a meaningful cause or the greater good, or they can engage in emotional effort to act and align with job demands (Wu *et al.* 2024). External threats, in addition, can enhance the sense of "organizational we-ness" among employees (Greenaway and Cruwys, 2019) reinforcing organizational identity, and the sense of "common fate" among professional, patients, and citizens, reinforcing shared social identity (Drury, 2018), which in turn

foster OCBs. While deep acting, organizational, and social identity have been already studied as antecedents of positive organizational behaviors, this research highlights that engaging in deep acting during crisis situations increases the sense of belonging to an organization or to a social group, which in turn leads to higher OCBs. In other words, by aligning their felt emotions with organizational expectations, employees strengthen their identification with the organization, while by aligning their felt emotions with patients and citizens, a new shared identity arises and produces an increased willingness to engage in those extra-role, cooperative behaviors that benefit the organization. The findings and main contributions of the study are reported in Figure 7.

Fig. 7: The theoretical model
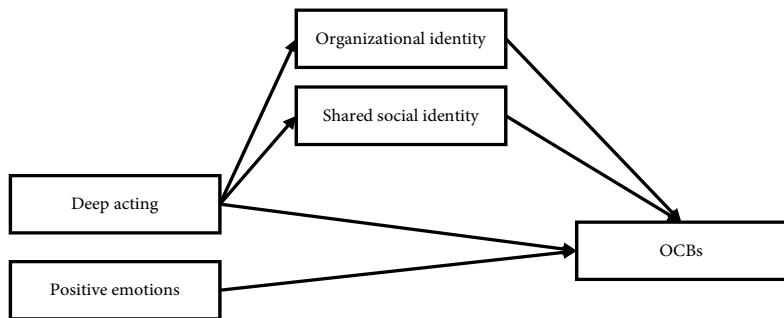
Source: our elaboration

The study's findings also have significant managerial implications, particularly in times of crisis. It is essential to foster positive emotional states in employees, given the positive relationship between emotions and OCBs. Managers can implement programs and practices that boost morale and reduce stress, such as regular mental health check-ins and support groups to address the emotional needs of their workers. Employees should also be equipped with the skills and resources to manage their emotional labor effectively. This can be achieved through workshops and seminars on balancing emotional labor or training programs focused on emotional intelligence, stress management, and resilience-building. Access to professional counseling services and peer support networks can also help workers navigate the emotional challenges of their roles, including mindfulness and cognitive-behavioral strategies. Strengthening organizational identity is another important strategy. Initiatives aimed at reinforcing organizational identity can enhance OCBs and, consequently, organizational performance. These strategies include creating and communicating a clear organizational mission and values that workers can align with and take pride in, involving workers in decision-making processes to foster a sense of ownership and belonging, and promoting inter-functional collaborations and team-building activities to strengthen the connection between employees and the organization. Finally, fostering a sense of community and shared purpose is vital for maintaining high

levels of OCBs. Managers can organize team-building events and social activities to enhance camaraderie and mutual support, develop mentorship and buddy programs to facilitate peer support and knowledge sharing, or encourage interdisciplinary collaboration to create a cohesive and united workforce. Additionally, creating alliances with customers, suppliers, and financiers, exchanging information, demonstrating openness to collaboration, and creating open teams become crucial for facilitating the development of a shared social identity that can support the company during times of crisis.

By implementing these mechanisms, organizations can support the emotional states of their workers, enhance their identification with the organization, and foster a collaborative and positive work environment and out-group relationship, even during emergencies. These measures are particularly relevant for organizations that are inherently stressful and often deal with challenging situations. However, it can also be argued that similar approaches are beneficial in other contexts where significant emotional components and worker-customer interactions are on the agenda.

7. Conclusions, limitations and further research

This study explored the complex interplay between emotions, emotional labor, organizational identity, shared social identity, and OCBs during emergency contexts. The COVID-19 pandemic was taken as an illustrative case of an extreme emergency, and the research was conducted within the healthcare sector, as it was heavily impacted by the pandemic. We show that positive emotions, deep acting, organizational and shared social identity encourage organizational citizenship behaviors. The effect of deep acting on organizational citizenship behaviors is positively mediated by both organizational and shared social identity. Our work therefore contributes to the literature on OCBs, by showing that in crisis contexts, deep acting and a strengthened sense of organizational and social identity can foster higher OCBs by enhancing employees' alignment with both organizational and communal goals. In terms of managerial implications, our findings suggest that managers can play a significant role in promoting OCBs during emergencies by investing in a positive work environment and in the development of a strong organizational and shared social identity, engaging employees in deep acting.

This research has certain limitations that offer interesting opportunities for further exploration. First, the sample, consisting solely of healthcare workers from the province of Bergamo, may not fully capture the nuances present in other sectors or geographical areas. Broadening the scope to include diverse professions or cultural contexts could enhance the understanding of the investigated dynamics. While many studies have emphasized healthcare (e.g., Nunes *et al.*, 2024) or the hospitality industry (e.g., Yu *et al.*, 2021), other service sectors where worker-customer interactions play a critical role also warrant exploration.

Even within the healthcare sector, a more detailed analysis could benefit from incorporating additional control variables, such as professional

profiles. These variables could reveal significant differences. For instance, it would be valuable to investigate how emotions and emotional labor impact nurses who work closely with patients, compared to clinicians, who are generally more professionally and emotionally detached (Chattopadhyay, 2024). Nurses often report significantly higher levels of emotional labor and burnout, along with significantly lower physical and mental health scores compared to doctors and other professionals (Wen *et al.*, 2023).

Furthermore, the reliance on self-reported data may introduce biases. Previous studies have shown that self-reported OCB ratings differ very little from other reported ones and that common method bias is unlikely to occur in this type of research (Carpenter *et al.*, 2014; Chattopadhyay, 2024). However, incorporating objective or observational measurements of OCBs could help mitigate such biases and provide a more comprehensive perspective.

Finally, as already mentioned, negative emotions were analyzed as a whole, while it could be interesting to focus on specific emotions to better understand how, in crises, they may differ in their effects on behaviors. This is particularly important because, unlike positive emotions, the impact of negative emotions on OCBs is not always straightforward (Wang *et al.*, 2021). As suggested by the literature, specific emotions such as anger, fear, or shame (Dionne et al, 2018) may have differing impacts on OCBs. Exploring these nuances could provide a clearer understanding of the role of negative emotions, particularly in emergency contexts.

Last, future research could benefit from employing longitudinal designs to provide deeper insights. Such studies could investigate the effectiveness of targeted interventions, including team-building programs or communications that highlight organizational "we-ness," in fostering collective identification and maintaining cooperative behaviors over time.

In summary, future research should aim to validate and expand upon these findings, contributing to a more comprehensive understanding of the factors that drive positive organizational behaviors during crises.

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