The Eye Inward and the Eye Outward

Introducing a Framework for Mood-Sensitive Service Encounters

Uslu, Pelin Esnaf; Desmet, Pieter M.A.; Schifferstein, Hendrik N.J.

Important note
To cite this publication, please use the final published version (if applicable).
Please check the document version above.

The Eye Inward and the Eye Outward: Introducing a Framework for Mood-Sensitive Service Encounters

Pelin Esnaf Uslu
Pieter M. A. Desmet
Hendrik N. J. Schifferstein

PELIN ESNAF USLU
Department of Human-Centered Design,
Delft University of Technology,
the Netherlands
(corresponding author)
p.esnaf-uslu@tudelft.nl

PIETER M. A. DESMET
Department of Human-Centered Design,
Delft University of Technology,
the Netherlands
p.m.a.desmet@tudelft.nl

HENDRIK N. J. SCHIFFERSTEIN
Department of Human-Centered Design,
Delft University of Technology,
the Netherlands
h.n.j.schifferstein@tudelft.nl

Abstract

This article introduces the concept of mood sensitivity: a service agent's ability to detect mood during service encounters and customize their interaction style accordingly, with the purpose of improving service encounters as a whole. We report on an experience sampling study that explored the role that mood plays in service provision. Eleven service providers from various fields (education, healthcare, government) participated. The study yielded four general components of service encounter mood sensitivity. The first two represent "the eye outward": (1) being perceptive of the client's mood and (2) being able to manage the client's mood by strategically adjusting one's interaction style. The other two represent "the eye inward": (3) being perceptive of one's own mood and (4) being able to regulate one's mood to protect personal well-being and avoid negatively impacting an encounter. Our framework of mood sensitivity during service encounters integrates these four components. For each component, opportunities are proposed for the development of tools, training methods, and design interventions that can support service providers seeking to develop their mood sensitivity.

1   Leonieke G. Zomerdijk and Christopher A. Voss, "Service Design for Experience-Centric Services," *Journal of Service Research* 13, no. 1 (2010): 67, 75, https://doi.org/10.1177/1094670509351960;

2   Veronica Liljander and Jan Mattsson, "Impact of Customer Preconsumption Mood on the Evaluation of Employee Behavior in Service Encounters," *Psychology & Marketing* 19, no. 10 (2002): 842–45, https://doi.org/10.1002/mar.10040.

3   Ove C. Hansemark and Marie Albinsson, "Customer Satisfaction and Retention: The Experiences of Individual Employees," *Managing Service Quality: An International Journal* 14, no. 1 (2004): 40, https://doi.org/10.1108/09604520410513668.

4   Pieter M. A. Desmet, "Design for Mood: Twenty Activity-Based Opportunities to Design for Mood Regulation," *International Journal of Design* 9, no. 2 (2015): 8, http://www.ijdesign.org/index.php/IJDesign/article/view/2167.

5   Brian Parkinson et al., *Changing Moods: The Psychology of Mood and Mood Regulation* (London: Longman, 1996), 10, 216.

6   Joseph P. Forgas, "Feeling and Doing: Affective Influences on Interpersonal Behavior," *Psychological Inquiry* 13, no. 1 (2002): 1, https://doi.org/10.1207/S15327965PLI1301_01.

7   Elaine Sherman, Anil Mathur, and Ruth Belk Smith, "Store Environment and Consumer Purchase Behavior: Mediating Role of Consumer Emotions," *Psychology & Marketing* 14, no. 4 (1997): 373, https://doi.org/10.1002/(SICI)1520-6793(199707)14:4<361::AID-MAR4>3.0.CO;2-7.

8   Patricia A. Knowles, Stephen J. Grove, and Gregory M. Pickett, "Mood and the Service Customer: Review and Propositions," *Journal of Services Marketing* 7, no. 4 (1993): 41-52, https://doi.org/10.1108/08876049310047724.

9   Anna S. Mattila and Cathy A. Enz, "The Role of Emotions in Service Encounters," *Journal of Service Research* 4, no. 4 (2002): 268–77, https://doi.org/10.1177/1094670502004004004.

10 Alexandra Luong, "Affective Service Display and Customer Mood," *Journal of Service Research* 8, no. 2 (2005): 124, https://doi.org/10.1177/1094670505279341.

11 William R. Swinyard, "The Effects of Salesperson Mood, Shopper Behavior, and Store Type on Customer Service," *Journal of Retailing and Consumer Services* 10, no. 6 (2003): 330–31, https://doi.org/10.1016/S0969-6989(02)00037-1.

12 Karen Pugliesi, "The Consequences of Emotional Labor: Effects on Work Stress,

Introduction

One of the most important determinants of customer experience and loyalty are the interactions customers have with frontline service providers.[1] The customer's mood plays a central role in these interactions, because it has a direct influence on their assessment of the service provider's behavior and performance.[2] Service providers who are sensitive to customers' moods, and are able to adapt their behavior accordingly, can optimize interactions with customers and, thereby, improve customers' overall attitude towards the persons providing the services[3]—an experience otherwise known as customer satisfaction. More effective service encounters may also help build the provider's self-esteem and contribute to their well-being—engendering a long-term accumulated effect on their general health, happiness, and prosperity. Hence, increasing the employees' mood sensitivity and enabling them to use that capacity to optimize their client interactions can contribute to the organization by enhancing not only customer satisfaction and loyalty, but also employees' well-being.

Moods are global and diffuse feeling states exhibiting considerable duration, gradual onset, and weak intensity—often without a single cause. Like emotion, mood is an affective phenomenon, but it differs in the sense that emotions are targeted and specific, have a shorter duration, come on rapidly, are of strong intensity, and usually have a single identifiable cause.[4] Due to its diffuse character, a person's mood can be more difficult to sense than their emotions. Nonetheless, in our view, the ability to perceive short term emotional responses and more long lasting mood swings are related—and both contribute to people's emotional intelligence (EI).

Moods may influence a person's evaluations, interpretations, and concerns,[5] along with how and what they communicate during a social interaction.[6] Moods are thus a moderating factor during service experiences: while a particular service interaction might leave a person in a bad mood dissatisfied, a person in a good mood may be left with a feeling of satisfaction. Customer mood also influences purchase behavior[7] and customer perception of a business' overall performance.[8] Even a customer's post-encounter mood has an impact on their overall customer service evaluation.[9] These influences can be observed in all kinds of service encounters, ranging from high contact services (including medical or other professional services) to brief, more mundane service encounters (such as checking in at a hotel or buying a ticket at a train station).

The mood of frontline personnel[10] and the way service providers deliver a service[11] also has an impact on the customer's mood—a positive interaction inspires a positive mood in the customer. This positive interaction is important for the service provider's well-being too, given that service providers may experience stress due to the nature of their job and the emotional labor it entails.[12]

Many factors influence service providers' moods in the workplace—there are job-related situational factors (events, work activities, job demands, and physical and social environment), personal characteristics (trait affectivity, body clock, emotional regulation), and evaluative judgments (social comparison, injustice, goal progress) that all may play a part.[13] Think of

Job Satisfaction, and Well-Being," *Motivation and Emotion* 23 (June 1999): 150, https://doi.org/10.1023/A:1021329112679.

13 Peter Totterdell and Karen Niven, *Workplace Moods and Emotions: A Review of Research* (Charleston, SC: Createspace Independent Publishing, 2014), 9–19.
–

14 Arthur P. Brief and Howard M. Weiss, "Organizational Behavior: Affect in the Workplace," *Annual Review of Psychology* 53, no. 1 (2002): 292–96, https://doi.org/10.1146/annurev.psych.53.100901.135156.

15 Carol D. Ryff and Corey Lee M. Keyes, "The Structure of Psychological Well-Being Revisited," *Journal of Personality and Social Psychology* 69, no. 4 (1995): 719–27, https://doi.org/10.1037/0022-3514.69.4.719.

16 John D. Mayer, David R. Caruso, and Peter Salovey, "Emotional Intelligence Meets Traditional Standards for an Intelligence," *Intelligence* 27, no. 4 (1999): 269, 273, https://doi.org/10.1016/S0160-2896(99)00016-1.

17 Carl R. Rogers, "Empathic: An Unappreciated Way of Being," *The Counseling Psychologist* 5, no. 2 (1975): 3–5, https://doi.org/10.1177/001100007500500202.

18 Peter Salovey and John D. Mayer, "Emotional Intelligence," *Imagination, Cognition, and Personality* 9, no. 3 (1990): 194, https://doi.org/10.2190/DUGG-P24E-52WK-6CDG.

19 Jennifer S. Mueller and Jared R. Curhan, "Emotional Intelligence and Counterpart Mood Induction in a Negotiation," *International Journal of Conflict Management* 17, no. 2 (2006): 122–23, https://doi.org/10.1108/10444060610736602.

20 Joseph A. DeVito, *The Interpersonal Communication Book*, 14th ed. (Essex, UK: Pearson Education Limited, 2016), 26.

21 Luong, "Affective Service Display," 127.

22 Ryff and Keyes, "The Structure of Psychological Well-Being Revisited."

23 Meryl Paula Gardner, "Mood States and Consumer Behavior: A Critical Review," *Journal of Consumer Research* 12, no. 3 (1985): 291–92, https://doi.org/10.1086/208516.

24 JungHoon (Jay) Lee and Chihyung Ok, "Reducing Burnout and Enhancing Job Satisfaction: Critical Role of Hotel Employees' Emotional Intelligence and Emotional Labor," *International Journal of Hospitality Management* 31, no. 4 (2012): 1108, https://doi.org/10.1016/j.ijhm.2012.01.007.

employees who need to deal with numerous customers—and those customers' moods—in one day, but have no time to regulate their own transient moods, nor do they enjoy a social and physical environment that supports them. An employee's negative mood might influence their motivation levels, decrease their job performance and willingness to help, and even cause absenteeism[14]—all of which might negatively impact their well-being. As a result, their workplace communications with colleagues and clients would likely suffer. Since having positive relationships contributes to the psychological well-being of a person,[15] the employee's mood must also be considered.

An important opportunity to increase customer satisfaction and employee well-being is to improve the communication between the service provider and the client by developing the provider's Emotional Intelligence (EI). EI is strengthened via four core skills: understanding emotions, perceiving emotions, managing emotions, and using emotions.[16] We authors assume that similar, corresponding abilities apply to moods. Empathy—the ability to see the world through another's eyes without losing the distinction of self and other, to understand the other, and to communicate this understanding,[17] is also considered as an important characteristic of emotionally intelligent behavior.[18] Service providers' personal contact with each customer is an opportunity to dynamically customize their service style to the mood of that customer. An employee with high EI is not only more liable to read a customer's mood accurately, they are more effective at communicating. Adapting their communication style improves the quality and effectiveness of their interpersonal communications.[19] "Interpersonal" in the service context means the entire process of exchanging information between customer and service provider, verbally and nonverbally,[20] during the service encounter. Research has shown that when customization is performed effectively, it can significantly enhance customer satisfaction.[21] This may then lead to improved service agent well-being over time, since positive relationships with others contribute to one's own well-being.[22] To illustrate: if a health professional is having a treatment-related conversation with a patient, the tone of the conversation might be modulated according to whether the patient is in a gloomy mood, or a cheerful mood, or a stressed mood. Service delivery can be customized in terms of content (what information is provided, and what options are offered, for example) and style (tone of voice, pace of response, and so on). Consumer researchers have suggested that service providers might improve their communication with their clients if, among other things, they understand better how to (1) interpret a client's mood, (2) handle their own feelings and the interactions between their moods and those of the customer, and (3) develop a repertoire of interaction strategies and tactics appropriate to customers with different moods.[23]

Having the ability to detect and interpret the state of a customer's mood can provide frontline personnel with helpful cues for customized service delivery. Being more emotionally intelligent might also help them identify their own moods and effectively regulate them, which would then positively contribute to interpersonal communications. Eventually, increased EI may help them maintain their personal affective well-being and alleviate the negative effects of emotional labor,[24] which, over time, would also likely contribute
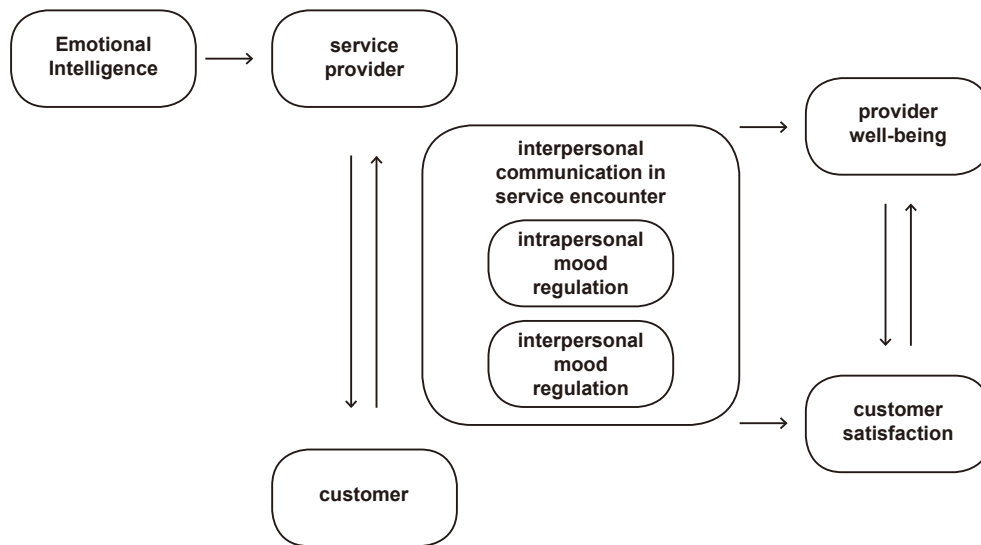
Figure 1
The relationships between EI, interpersonal communication, provider well-being, and customer satisfaction. © 2022 Pelin Esnaf Uslu, Pieter M. A. Desmet, and Hendrik N. J. Schifferstein.

25 Parkinson et al., *Changing Moods*, 149.
26 Karen Niven, Peter Totterdell, and David Holman, "A Classification of Controlled Interpersonal Affect Regulation Strategies," *Emotion* 9, no. 4 (2009): 507, https://doi.org/10.1037/a0015962.
27 Michele Williams and Kyle J. Emich, "The Experience of Failed Humor: Implications for Interpersonal Affect Regulation," *Journal of Business and Psychology* 29, no. 4 (2014): 651–68, https://doi.org/10.1007/s10869-014-9370-9; David Holman and Karen Niven, "Does Interpersonal Affect Regulation Influence Others' Task Performance? The Mediating Role of Positive Mood," *European Journal of Work and Organizational Psychology* 28, no. 6 (2019): 820–30, https://doi.org/10.1080/1359432X.2019.1666105.
28 David Martínez-Íñigo, Giulia Lara Poerio, and Peter Totterdell, "The Association between Controlled Interpersonal

to customer satisfaction. Figure 1 shows the relationships between these concepts.

There is ample literature on the causes, consequences, and impacts of mood. What is interesting here is the regulation of mood *within the individual*, and this *during the course of interpersonal communication*. People have a wide diversity of mood regulation strategies and these are intertwined with their daily activities.[25] For example, a person may go for a walk to get a breath of fresh air, read a book to unwind, or simply purchase an indulgent cake as a personal reward. Such mood regulation is also seen in the context of social interactions when a person deliberately attempts to influence how the other person feels. Karen Niven and her colleagues[26] found eleven commonly used strategies that can either improve or worsen another's affect. They also suggest that some strategies may be more favorable in specific contexts than others. Indeed, not all of the above strategies would be suitable in the context of a service encounter. For example, in most cases, a service provider is unlikely to reject the client's feelings by being confrontational, for example by insulting, being rude, or belittling them. Although a handful of articles explore interpersonal affect regulation in the workplace[27] and in service encounters[28] interpersonal *mood* regulation strategies that are used by *service providers* to deal with the clients' *moods* are yet to be explored. This investigation can increase the knowledge to inform practitioners and consultants in the areas of service design, experience design and emotional design. Although design research and explorations focusing on consumer moods have recently been increasing,[29] the interpersonal aspect of mood has not yet been explored in the field of design. Therefore, the current article aims to increase our understanding of how mood is experienced and regulated in service encounters.

In this article, we introduce a concept of mood sensitivity that brings multiple key concepts together[30] to represent service agents' ability to detect and

Affect Regulation and Resource Depletion," *Applied Psychology: Health and Well-Being* 5, no. 2 (2013): 248–69, https://doi.org/10.1111/aphw.12009; David Martínez-Íñigo, Francisco Mercado, and Peter Totterdell, "Using Interpersonal Affect Regulation in Simulated Healthcare Consultations: An Experimental Investigation of Self-Control Resource Depletion," *Frontiers in Psychology* 6 (September 2015): 1–14, article no. 1485, https://doi.org/10.3389/fpsyg.2015.01485; David Martínez-Iñigo, Consuelo Bermejo-Pablos, and Peter Totterdell, "The Boomerang Effect: How Nurses' Regulation of Patients' Affect Associates with Their Own Emotional Exhaustion and Affective Experiences," *International Journal of Stress Management* 25, no. 1 (2018): 1–13, https://doi.org/10.1037/str0000039; Karen Niven, David Holman, and Peter Totterdell, "How to Win Friendship and Trust by Influencing People's Feelings: An Investigation of Interpersonal Affect Regulation and the Quality of Relationships," *Human Relations* 65, no. 6 (2012): 777–805, https://doi.org/10.1177/0018726712439909.

29 Desmet, "Design for Mood"; Pieter M. A. Desmet, Haian Xue, and Steven F. Fokkinga, "The Same Person Is Never the Same: Introducing Mood-Stimulated Thought/Action Tendencies for User-Centered Design," *She Ji: The Journal of Design, Economics, and Innovation* 5, no. 3 (2019): 179, 181, https://doi.org/10.1016/j.sheji.2019.07.001; Haian Xue, Pieter M. A. Desmet, and Steven F. Fokkinga, "Mood Granularity for Design: Introducing a Holistic Typology of 20 Mood States," *International Journal of Design* 14, no. 1 (2020): 2, 12, http://www.ijdesign.org/index.php/IJDesign/article/view/3578/891.

30 Xue et al., "Mood Granularity for Design," 2; William N. Morris and Nora P. Reilly, "Toward the Self-Regulation of Mood: Theory and Research," *Motivation and Emotion* 11, no. 3 (1987): 223–25, https://doi.org/10.1007/BF01001412; Niven et al., "A Classification of Controlled Interpersonal Affect Regulation Strategies," 498. –

31 Keri A. Pekaar et al., "Self-and Other-Focused Emotional Intelligence: Development and Validation of the Rotterdam Emotional Intelligence Scale (Reis)," *Personality and Individual Differences* 120 (January 2018): 223, https://doi.org/10.1016/j.paid.2017.08.045; Salovey and Mayer, "Emotional Intelligence," 185.

32 Mihaly Csikszentmihalyi and Reed Larson, "Validity and Reliability of the Experience-Sampling Method," in *Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi*

manage both their own and the clients' moods during service encounters. Analogous to EI, which entails both self and other,[31] we define mood sensitivity as the ability of a person to be aware of their own mood and to regulate it, and also the ability to recognize the other person's mood and the ability to influence it. We expect that applying the notion of mood sensitivity to design interventions in the context of service encounters would support communication between customers and service providers, consequentially contributing to customer satisfaction, and in the long term to the well-being of the service agent.

We report on a study that was designed (a) to explore how mood is experienced and managed by service providers in service encounters, and this so as to (b) to identify and define opportunities and directions for supporting service designers, service researchers, companies and service providers in facilitating mood sensitivity with an overall goal of improving the communication in service encounters. We used the experience sampling method[32] to explore; (1) whether service providers are perceptive to their own mood states and if so, what moods they experience; (2) how service providers regulate their own moods, and which strategies they use; (3) whether service providers recognize their clients' mood states, if so through which cues, (4) what strategies service providers use to accommodate for their clients' moods and respond accordingly; and finally, (5) whether there are any particular products that play a role in this process.

Our study results yielded several insights on how mood is experienced and managed by service providers; each insight has been classified under one of four components of mood sensitivity. We discuss directions for the development of specialized tools or design interventions relative to each component that might be used by frontline personnel to develop their mood sensitivity. This framework could be useful to researchers comparing and integrating research findings, developing a design intervention, or positioning future research in service design, affect-driven design and experience design.

Method

Participants

We interviewed eleven service agents ranging in experience from 1 to 30 years (Table 1). Participants were recruited in the Netherlands by convenience sampling from the authors' professional networks. Convenience sampling was used because the study required the participation of professionals (like medical staff) willing to invest three hours of their time. They represented three main fields of occupation to ensure variety in the data: healthcare ($N = 3$), education ($N = 4$), and government ($N = 4$). The study focused on healthcare providers with patients, teachers with students, and government employees with citizens. When choosing the domains, we considered the duration, proximity, and frequency of their encounters and the sensitivity of the information involved. Our primary goal was to recruit participants who were having medium to long (from ten minutes to an hour), face-to-face interactions with their clients. Since we wanted to maintain variety, we looked into different sectors that involved multiple types of interactions, such as intimate and superficial, one time only or frequent visits. All participants had at least one

Table 1   Overview of the Participants Field and Years of Experience.

Fields	Participant Number	Field of Expertise	Years of Experience
Educators	E00	Mentor	2
	E01	Assistant Professor	27
	E02	Assistant Professor	11
	E03	Lecturer	5
Government Employees	GE01	Officer at Municipality	2.5
	GE02	Social Worker at Municipality	20
	GE03	Officer at Municipality	1.5
	GE04	Social Worker at Municipality	4
Healthcare Professionals	HP01	Intern Family Doctor	5
	HP02	Dentist	4
	HP03	Family Doctor	30

(Dordrecht, NL: Springer, 2014), 35–54, https://doi.org/10.1007/978-94-017-9088-8_3.

–

33 Ibid.

34 Pieter M. A. Desmet, Haian Xue, and Steven F. Fokkinga, *20 Moods: A Holistic Typology of Human Mood States* (Delft: Delft University of Technology, 2020), last modified December 13, 2021, available at https://research.tudelft.nl/en/publications/twenty-moods-holistic-typology-of-human-mood-states.

35 Xue et al., "Mood Granularity for Design."

36 Desmet et al., "The Same Person is Never the Same," 173.

37 Desmet, "Design for Mood," 9.

year of work experience and spoke English well. Participants volunteered to participate and received a gift voucher they could either use directly or donate to a selected charity.

Materials

Experience sampling, or ecological momentary assessment, is a research methodology specifically suitable for obtaining in-depth insights on everyday experiences.[33] To collect experiences on how the service providers managed their moods and their clients' moods, we gave five identical diaries to participants to use to report anecdotal experiences. These reports took the form of event-contingent experience sampling, which requires participants to report on their experiences whenever a pre-specified event occurs. We opted to use diaries in physical form for practical reasons; they could be carried to the office easily and could serve as a physical reminder to note down anecdotes. Our aim to create a typology of interpersonal affect regulation strategies depended on capturing anecdotal evidence in the moment rather than retrospectively.

To provide participants with a lexicon of possible mood language, we provided them with Haian Xue and colleagues' typology[34] of 20 moods[35] (Table 2) and the mood-related tendencies.[36] The typology includes detailed descriptions, images, and examples of each mood. To help participants report on the activities they engaged in to regulate their own moods, we provided them with a broad overview of fifteen common mood regulation strategies,[37] including two or three examples of each one (see Table A1 in Appendix A).

Procedure

The study consisted of three steps: (1) a sensitization meeting, (2) diary reporting, and (3) an in-depth interview. Participants completed the steps

Table 2   **The typology of 20 moods used in this study.**

	Moods
Negative	• Miserable • Anxious • Lethargic • Gloomy • Grumpy • Stressed • Agitated
Positive	• Relaxed • Peaceful • Cheerful • Productive • Vigorous • Amiable • Dreamy • Giggly • Jubilant
Ambiguous	• Sentimental • Boisterous • Rebellious • Serious

Source: Xue et al., "Mood Granularity for Design," 11.

of the study by spending three to four hours individually, spread over two to three weeks. The whole period of data collection took 2.5 months.

Step 1 — sensitization meeting: During a 30-minute sensitization meeting participants were first briefed about the study, informed about the mood phenomenon (and how it differs from emotion), and introduced to the tools used in the study. They were asked how they felt at that particular moment and selected one mood from the 20-moods booklet. Subsequently, they recalled and shared a past experience when they noticed their client's mood and adjusted their communication to the client's mood. We used these recollections to feed a discussion about how the different parts of the diary should be filled in, and clarified possible misunderstandings regarding the mood phenomenon. Participants were explained how to report in the diary. They would be recording instances where they changed the way they communicated in response to their client's moods. They would record the details of the encounter following the diary guidelines, preferably immediately after the encounter has taken place. We asked that they report at least two encounters per day and encouraged them to report a third if they wished. We then gave them a package containing the five mood diaries — one for each day, each including the template overview with fifteen mood regulation strategies — a copy of the 20-moods booklet, and an informed consent form.

Step 2 — data collection through diary reporting: The participants reported one to three anecdotes per day for five days. For each anecdote, they described their own mood, the client's mood (as interpreted by them), the context, and the verbal and nonverbal cues they had observed to interpret the client's mood. They were then encouraged to provide details about how they changed the way they communicate in response to the client's mood. Finally, they described whether they did something to change their own mood before or after the client encounter. To describe their activities, they were to select one or more out of fifteen mood regulation strategies. The diary and an example report is given in Appendix A.

Step 3 — data collection through in-depth interviews: Once the participants completed reporting in their diaries, we arranged in-depth interview meetings with each participant. During the post-diary interviews, we discussed the anecdotes reported in the diaries and the communication strategies participants used to customize their services, to explore their mood-related experiences in depth. We asked each participant to reflect on the experience of noticing their moods and interpreting the client's moods. We talked about whether they used a specific strategy to respond to the client's mood and regulate their own, and asked whether their surroundings or the products they may have been using played a role in any way. In the final portion of the meeting, we introduced the notion of mood sensitivity. We asked them each to reflect on what it was to be mood-sensitive during a service encounter, whether they had faced any difficulty, and what they would expect to learn if they were to receive training on moods. These in-depth interviews each lasted about 1.5 hours; they were audio recorded and transcribed afterwards.

38 Virginia Braun and Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3, no. 2 (2006): 86–94, https://doi.org/10.1191/1478088706QP063OA.

39 Virginia Braun and Victoria Clarke, "Can I Use TA? Should I Use TA? Should I *Not* Use TA? Comparing Reflexive Thematic Analysis and Other Pattern-Based Qualitative Analytic Approaches," *Counselling and Psychotherapy Research* 21, no. 1 (2021): 43, https://doi.org/10.1002/capr.12360.

Data Analysis

The interview transcriptions and anecdotes were digitized after diary collection. The diary data and the transcribed interviews were analyzed using thematic analysis.[38] The goal was to identify patterns across the dataset, describe and interpret them, and provide a theoretically informed interpretation of them.[39] When coding, we used the reflexive approach by following the six phases of reflexive thematic analysis: (1) familiarization; (2) coding; (3) generating initial themes; (4) reviewing and developing themes; (5) refining, defining, and naming the themes; and (6) doing a write-up. Data processing was both deductive and inductive, because we already had clear interview questions, yet we aimed to identify the patterns and themes within each topic.

We began by familiarizing ourselves with the transcriptions. We read and then color-coded them based on the questions in the diaries and the interviews. This process resulted in eight different answer groups: (1) noticing own moods and mood changes, (2) mood regulation strategies, (3) noticing client mood, (4) communication adjustment, (5) the role of products, (6) problems and difficulties, (7) thoughts on being mood-sensitive, and (8) general insights. For example, all the text concerning the topic of "noticing client mood" was highlighted in yellow in the transcripts and digitized diary files. Then, codes were created to tease out patterns and themes in the data. For instance, we coded the following sentence as "eye contact": "I think again, I remember the eyes … that gave me the impression of the mood…." We then grouped the initial codes into subthemes. For example, we gathered the codes "facial expression," "eye contact," "gaze," and "skin tone" into a subtheme which we named "face." After that, we gathered the subthemes into themes. For instance, we grouped the subtheme "face" along with five other subthemes under the "observable mood signs" theme (see Appendix B). We continued the process by reviewing the themes and refining them. We initially created 92 codes distributed across 12 themes and 8 main categories. We finally used the ingredients of six categories when reporting the results by relating them to the research questions and literature. Appendix B gives an overview of these six categories, the final 57 codes, and 10 themes related to our findings.

Results

The experience sampling procedure resulted in 116 anecdotes. During data analysis, four main domains of knowledge emerged within the overall topic of mood sensitivity in professional interactions. Together, these domains combine into a basic framework of mood-sensitive interactions (see Figure 2). The framework includes a portion that is self-focused, which we refer to as the "eye inward," consisting of (A) noticing one's mood and (B) regulating one's mood. In addition, there is a client-focused part, which we refer to as the "eye outward," consisting of (C) interpreting the client's mood and (D) adjusting one's regulation strategy. Both the inward (self-focused) and the outward (other-focused) eye come with noticing and with regulating mood in an ongoing cyclic process, restarting with each new client. The bi-directional arrows in Figure 1 show that the process is reciprocal and iterative—the

service providers attempt to regulate their moods once they notice it and feel the need to adapt it. The same applies when they notice a client's mood. Either during or after the encounter, they repeat the same process. Below, we use the four components of the framework to structure the results section.

The Framework of Mood-Sensitive Interaction

A. Noticing Own Moods at Work

Insight A1: Multiple Moods

The participants mentioned that they can have *more than one mood at the same time*. When they were at work, they tended to distinguish between private moods and work-related ones. Their work moods differed from the moods they experienced outside of their work environments. The service providers gave three reasons for distinguishing parallel moods: (1) to protect themselves from the clients' moods or from unpleasant interactions, (2) to protect the clients from their own mood, and (3) to maintain a

Figure 2
Framework of Mood-Sensitive Interaction.
© 2022 Pelin Esnaf Uslu.

A1. multiple moods
work moods vs. personal moods

A2. subset of moods
contextual moods e.g., serious mood in healthcare

A3. variety in mood awareness
level of nuance, expressed mood, mood awareness in the moment

A4. desirability of mood sensitivity

products
e.g., mobile application to track moods

B1. pre-post encounter mood regulation
e.g., taking coffee before the meeting or listening to music afterwards

B2. concurrent mood regulation
e.g., downgrading overly positive moods

B3. work as a mood regulator
e.g., being peaceful after a successful encounter

B4. challenges
e.g., dealing with unwanted moods

products
e.g., headphones and mobile phone

A noticing own mood

B regulating own mood

Self-Focused

C interpreting client's mood

D adjusting communication

Client-Focused

C1. six categories of mood cues
face, body, voice, communication content, behavior, interaction with products

C2. challenges
e.g., difficulty interpreting unless stated

products
e.g., fidgety behavior through pen

D1. changes of strategies

D2. nine interpersonal mood regulation strategies
understanding, calming, encouraging, efficient, sociable, apologetic, tolerant, blunt, distant

D3. preferred strategies
context specific strategies e.g., being encouraging in healthcare

D4. dynamics of the strategies
changes in intensity and strategies

D5. challenges
finding appropriate and efficient strategies

products
e.g., digital patient file system to show next patients' mood, complaint, or situation

professional attitude appropriate to the work environment. This insight suggests that service providers tend to adapt themselves to a work-related mood during professional encounters.

> "GE04: It is kind of funny because it is not the same as when I am working….
> Yes, this is my working mood, and when I leave, I can leave it behind and just
> go to my regular mood."

Insight A2: Subset of Moods at Work
The service providers experienced some moods more frequently than others: their profession appears to come with a *subset of moods*. Moreover, they mentioned that some moods are not suitable for their work environment. One participant mentioned generally being in a serious mood, but also experiencing some other moods from time to time. Frequently reported work moods were serious, productive, amiable, cheerful, peaceful, and relaxed. Moods that were reported only occasionally were anxious, miserable, gloomy, lethargic, stressed, agitated, grumpy, and sentimental. Boisterous was reported only once and giggly was not reported at all. Three reasons why some moods are experienced more often at work than others were mentioned: (1) the job requires a certain mood, (2) the mood of the client and the purpose of their visit requires a certain mood, and (3) the context (space) sets or induces a certain mood.

> "HP03: I always try to go back to serious mood which is our basic mood that we
> try to be in at work."

Insight A3: Variety in Mood Sensitivity
Although all participants reported at least some moods, the results showed a *variety in their individual ability to notice their mood*. This variety manifested itself in three ways. First, it manifested in the level of nuance in how participants reported their moods. Some were able to provide detailed reports, while others only used a handful of words. In addition, some participants mentioned that they found it difficult to grasp and report their mood due to the ephemeral nature of mood states and that they are not always consciously aware of their own moods. Second, we observed that participants varied in their awareness of what mood they conveyed to their clients through verbal and nonverbal cues and how their own mood influenced their own behavior. Third, several participants reported that they were not aware of their mood in the moment of interaction, but that they became aware afterwards, when reflecting on it.

Insight A4: Desirability of Mood Sensitivity
One participant mentioned that they did *not always want to know their mood*, especially when it was inappropriate for the specific context. Although only one participant mentioned this, we find it insightful that being conscious of one's own mood might not always be appreciated.

B. Regulating Own Mood
Insight B1: Pre- and Post-Interaction Mood Regulation
The majority of participants reported that they *applied strategies to regulate*

their moods. Some participants specifically applied mood regulation strategies to prepare for certain encounters if they had prior knowledge about the encounter or client. They stated that knowing what the meeting would be about helped them to prepare themselves. Most participants reported that they also tried to regulate their moods after a given client encounter. Two participants mentioned doing this after work, for example, by having dinner with family or going out for a picnic with colleagues and enjoying the nice weather.

> "GE04: I know these conversations ask a lot from me — energy-wise. They are very chaotic. I walked there so I could have a moment of peace and calmness. When I came back to the office, I took 30 minutes to do nothing and just talked to my colleagues a bit."

Insight B2: Concurrent Mood Regulation

Some participants indicated that they *regulated their mood during an interaction*. One participant adapted to the client's relaxed mood by downgrading her own jubilant mood. Another uplifted her lethargic mood to adapt to an amiable patient. Some participants reported that they tried to shield themselves from the moods of their clients, for example by withdrawing from the conversation by decreasing the number of words they used or explicitly stating that they could not help the client anymore.

Insight B3: Using Work Itself as a Mood Regulating Strategy

Going to work and *seeing clients* were mentioned as influencing factors on participants' moods, either in a positive or negative manner. One of the participants mentioned that work helped them forget about their personal mood for a while. Other participants mentioned that client encounters could affect their mood momentarily in a positive way. In contrast, we observed that work activities might also influence the service providers' moods negatively, such as feeling agitated after a very tiring patient treatment.

Insight B4: Challenges to Mood Regulation

Participants reported experiencing two main *difficulties related to mood regulation*. First, they expressed having difficulty dealing with unwanted moods. Some participants mentioned that it could sometimes be difficult to switch from an unwanted mood to an "ideal" (work-appropriate) mood that would suit the encounter. Second, due to the limited amount of time they spent at the workplace, they sometimes found it difficult to find the time and opportunity to regulate their moods.

> "E02: If I am annoyed, I might not be receptive to changing anything, which is a pity.... Because I wish I could turn [the annoyed feeling] off, but I'm blocked … it's in the way we are communicating."

C. Noticing Client Mood

Insight C1: Six Categories of Mood Cues

When noticing their clients' moods, some participants mentioned that they usually did not pay specific attention to the outward signs of their clients' moods — they interpreted the moods intuitively. However, when asked to

report the verbal and nonverbal cues they used to interpret their clients' moods, they mentioned several, with each participant paying attention to a different set of cues. We identified six categories of cues: The client's (1) *face*, including facial expression, eyes, gaze and skin color; (2) *body*, including bodily movements, body posture, hand gestures, and breathing; (3) *voice*, including tone of voice, pitch, and tempo; (4) *communication content*, including the feelings and situations the clients verbally mentioned; (5) *behavior*, including their reactions, action tendencies, and interactions with other people, especially people accompanying the clients; and (6) *interaction with products* in terms of which products are being used, and how. These combined indications helped the participants form a general impression about their clients' moods.

Insight C2: Challenges to Interpreting Client Mood
The participants mentioned that they were often *uncertain when interpreting their clients' moods* and that they usually did it intuitively. To them, it was difficult to interpret their clients' moods because the clients did not openly display their moods or otherwise express their feelings. Some participants had difficulty linking specific cues to their clients' moods. In fact, participants were more confident about their interpretations of their clients' moods when the clients explicitly stated their feelings and their situation. It also helped when the participants were acquainted with a client, knew their background story and their general attitude. One participant found it difficult and tiresome to be constantly attentive to other people's cues.

> "HP02: There might still be something underneath that they aren't showing/ telling. Sometimes it's clear, but sometimes it's difficult to see what the patient's mood is."

D. Adjusting Communication
Insight D1: Change of Interpersonal Mood Regulation Strategies
Participants usually *changed the way they communicated* in response to the moods of their clients. In most cases, this change was an intuitive act, whereas in other cases it was done consciously. One participant found it difficult to pinpoint exactly how their nonverbal behavior changed.

Insight D2: Nine Interpersonal Mood-Regulation Strategies
We found nine *interpersonal mood-regulation strategies* used in different situations. We named these (1) understanding, (2) calming, (3) encouraging, (4) sociable, (5) apologetic, (6) efficient, (7) tolerant, (8) blunt, and (9) distant. Short descriptions are given for each interpersonal mood-regulation strategy in Appendix C. We found that most participants were listening attentively to their clients at the beginning of an encounter. Then, if they believed it to be necessary or appropriate, they adjusted their strategies.

Insight D3: Preferred Set of Strategies
Participants used certain strategies *more frequently* than others. They often used a strategy that they found suitable for their job generally that they

would adapt depending on the encounter. One participant mentioned imagining the strategies as personas and employing different personas with each encounter. This suggests that each participant preferred specific strategies, and that some interpersonal mood-regulation strategies were found more convenient than others in specific environments.

> "HP01: I always try to be friendly and reassuring, which, most of the time, helps the patients."

Insight D4: Dynamics of Interpersonal Mood-Regulation Strategies
Although participants may have begun using one strategy, they tended to *adapt it during the interaction episode* multiple times, depending on how the encounter developed. Some participants used multiple strategies per encounter. One participant explained a situation in which she changed the intensity of her strategy, including how she switched from being apologetic to friendly. Apparently, adjusting strategies is a dynamic process that can involve changes in strategy and intensity level. One participant added that their service is a long-term process that includes different phases. For that reason, their strategies evolve depending on the different phases. For example, when getting to know their client, they might start out by being calming and encouraging, whereas towards the end, they become efficient. This indicates that strategy election and use may also depend on the progression of a service as a whole.

Insight D5: Difficulty Identifying Appropriate Strategies
Some participants mentioned having *difficulty finding and choosing the appropriate strategy* in some cases. For example, while one participant preferred using a friendly strategy, they also believed that this strategy was not always in the best interest of their students. They added that sometimes they needed to give direct feedback in order to help the student switch from a low energy mood to a high energy mood, and that finding the best strategy was not always easy.

> "E00: It's sometimes difficult for me. I think I tend to be overly positive and I realize that it is not necessarily in the students' best interest.… Sometimes you need to make people feel anxious otherwise supervision would be incredibly easy."

Use of Products During Mood-Sensitive Interactions

Products Can Support Each Component
When the participants were asked to reflect on the products or other objects they had around to assist them during client encounters, they mentioned products and factors related to each component of our framework. These products varied from a provider's smartphone (self regulating mood through social media), to a student's pen (fidgeting with it revealed their mood to an educator), to a digitized set of nurses' notes (signaling patient mood state to attending doctors), to the encouraging and sensitive way a surgery tool was utilized during a dental procedure. More examples can be found in Appendices D and E.

40   Morris and Reilly, "Toward the Self-Regulation of Mood," 219–22; Parkinson et al., *Changing Moods*, 1–2.

41   Achim Stephan, "Moods in Layers," *Philosophia* 45, no. 4 (2017): 1490–92, https://doi.org/10.1007/s11406-017-9841-0.

Three Different Product Functions

We saw that these products were used for three different mood-related purposes: (1) to indicate or help detect mood, as in the case of the mood tracker application; (2) to regulate, induce, or influence mood, as in the case of a rewarding coffee and dessert; and (3) to support communication, such as the computer screen that supported the doctor's explanation to the patient. (See Appendix D for an overview of products).

Products Deliberately Designed for Mood-Sensitive Encounters

Although a variety of products played a role across the different components of our model and fulfilled different functions, none of the products mentioned were deliberately designed for these specific functions except for the mood tracker application. For instance, the student fidgeting with a pen helped the educator to catch a glimpse of the student's anxiety, even though the pen was not designed for that purpose. This and other examples show that products or environmental factors can coincidentally support mood sensitivity during service encounters.

Discussion

Mood Sensitivity in Service Encounters

Improving mood sensitivity may be an interesting practice for service professionals to cultivate, because observing and respecting one another's moods can improve communication and, thereby, contribute to the quality of relationships among their clients and colleagues. In our study, we found that mood sensitivity in the context of service encounters involves the mood of the service provider as much as the mood of the client. Mood sensitivity is something of a double-edged sword, in the sense that heightened sensitivity may involve a certain degree of risk—especially if one does not develop the eye inward in parallel to developing the eye outward. This suggests that enhancing mood sensitivity should focus on developing the eye inward and the eye outward. This article introduces a framework consisting of four components of mood sensitivity in service encounters. Beyond this theory, it has pragmatic value—after unpacking what appears to be a holistic phenomenon of mood sensitivity, we offer four avenues to approach designing for each component in our tentative framework. In this section, we will first unpack our findings relative to the framework, then follow with a discussion of its limitations and practical implications.

Noticing Own Mood

Our results showed that participants often experienced difficulty detecting their moods and how their moods influenced their behavior during client encounters. This finding aligns with research that indicates that since moods are pervasive, global, and diffuse feelings, they are not always at the forefront of our experience.[40]

Participants tended to have "parallel moods" during professional encounters at work: a private versus a (usually different) professional mood.[41] Apparently, jobs can require specific moods, such as being in a serious and

42 Arlie Russell Hochschild, "Emotion Work, Feeling Rules, and Social Structure," *American Journal of Sociology* 85, no. 3 (1979): 569–70, https://doi.org/10.1086/227049.

43 Totterdell and Niven, *Workplace Moods and Emotions*, 12–13.

44 Randy J. Larsen, "Toward a Science of Mood Regulation," *Psychological Inquiry* 11, no. 3 (2000): 131, https://doi.org/10.1207/S15327965PLI1103_01.

45 Ralph Erber, Daniel M. Wegner, and Nicole Therriault, "On Being Cool and Collected: Mood Regulation in Anticipation of Social Interaction," *Journal of Personality and Social Psychology* 70, no. 4 (1996): 764–65, https://doi.org/10.1037/0022-3514.70.4.757; Jeffrey R. Huntsinger et al., "Contagion without Contact: Anticipatory Mood Matching in Response to Affiliative Motivation," *Personality and Social Psychology Bulletin* 35, no. 7 (2009): 919–21, https://doi.org/10.1177/0146167209335299.

46 Nale Lehmann-Willenbrock et al., "Verbal Interaction Sequences and Group Mood: Exploring the Role of Team Planning Communication," *Small Group Research* 42, no. 6 (2011): 661, https://doi.org/10.1177/1046496411398397.

47 Larsen, "Toward a Science of Mood Regulation," 130.

48 Howard Giles, "Communication Accommodation Theory," in *The International Encyclopedia of Communication Theory and Philosophy*, ed. Klaus Bruhn Jensen et al. (Hoboken, NJ: Wiley, 2016), https://doi.org/10.1002/9781118766804.wbiect056.

49 Niven et al., "A Classification of Controlled Interpersonal Affect Regulation Strategies."

50 Ibid., 507.

peaceful mood as a doctor. Indeed, research indicates that service workers adapt their affective state to the organization's goals.[42] In addition, we observed that service agents' moods were often influenced by specific client encounters. This is in line with findings showing that along with the characteristics of an employee and their evaluative judgments, the characteristics of the work environment such as the events happening at work and the social interactions it involves—client encounters, in this case—influence the momentary mood of the employee.[43] Apparently, moods shift dynamically at work; employees experience different kinds of moods such as personal moods, typical work moods, and momentary moods.

Mood Regulation in Service Contexts

We found that participants often applied mood regulation strategies without being aware that they were doing so. As these adaptations are intertwined with daily routines, they are often hard to distinguish.[44] The interviews showed that participants not only engaged in different mood regulating activities *before and after* specific encounters, they also did so *during* the encounters and *at the start or the end of their workdays* as a means of transition. Indeed, people tend to regulate mood prior to and during social interactions.[45]

Interpreting Client Mood

We found six categories of cues that helped participants interpret their clients' moods: (1) face, (2) body, (3) voice, (4) communication content, (5) behavior/interaction with others, and (6) via interactions with products. Previously, Nale Lehmann-Willenbrock and her colleagues[46] have used face, body, and posture as mood cues in their group mood observation tool. Similar to what we found, Randy Larsen[47] has indicated elsewhere that mood is usually reflected by a person's body, postural changes, gait, gesture, tone of voice, and speech tempo. Our sixth cue, the ways in which people interacted with products, add to these. Examples include fidgeting with a pen or the way a person interacts with a door knob when entering the room. We suggest that all six categories might be used to sensitize frontline personnel to the cues relevant to and indicating a client's mood. The categories might also be used as a basis for developing tangible interventions designed to help the service providers interpret client mood by taking their facial expression, tone of voice, movement, body posture, and content of speech into consideration.

Adjusting Interpersonal Mood Regulation Strategies

Our results show that participants dynamically change their interpersonal mood-regulation strategies and the intensity of the applied strategy throughout a given encounter. Existing research indicates that people indeed tend to accommodate their communication during interactions[48] and try to influence the other persons' mood while communicating.[49] In line with previous research, we have identified nine interpersonal mood-regulation strategies. These strategies showed similarity with the eleven strategies given by Niven and colleagues.[50] However, we only observed a subset of these, due to the professional contexts of our participants' interactions, which limited the

51 "Grammarly Tone Detector," Grammarly,
    last modified December 13, 2021, https://
    www.grammarly.com/tone.

range of strategies they exhibited. Five of our strategies—understanding, encouraging, efficient, tolerant, and distant—match the strategies given in these authors' existing classification. One of our strategies, blunt, showed similarity to these authors' "negative affective engagement" and "negative behavioral engagement" strategies. The other three strategies we describe showed some minor differences to Niven et al.'s set due to the specific context and roles we observed. For example, our sociable and their "humor" strategy both entail making jokes, but our sociable strategy has a more general description. Similarly, our calming strategy has a more general description than their "distraction" strategy. As for the apologetic strategy, we observed a resemblance to their strategy "valuing" as it includes acts such as showing care to the client. However, our apologetic strategy is specifically used for moments of recovery.

The strategies we have identified in this study may be useful when developing materials to help service providers improve their services. This can be done, for example, for raising awareness about the dynamics of service providers' personal strategies, broadening their repertoire, including how and when to use them. Some product service platforms help authors detect and adjust the tone of their writing, for instance.[51] Personal strategies may also be used to improve service provision more generally, especially when designing interventions that support these strategies, or enable users to express them or adapt to them. For example, in dental practice, virtual skylights above the chair are being used to alleviate patient stress. A whole room can be designed in a way that initially detects the service provider's calming strategy and then adapts to it by, for instance, offering calming and distracting images or different lighting.

Our insights were based on data collected from eleven participants including five ($N = 5$) novice service providers whose experience was between one and five years ($M = 2.8$), and six ($N = 6$) experienced service providers with between five and thirty years under their belts ($M = 16.3$). We found that both groups were encountering similar issues. Therefore, we believe that involving both novice and experienced participants helped us explore the current situation from both perspectives and showed us that both groups were experiencing similar issues. For that reason, including both groups enriched our analyses and provided us with a broader view on the issues at hand than investigating a single group would have given us.

Limitations

Since our aim was to understand the phenomenon from the service provider's point of view, the current study did not include the client's perspective. Some participants mentioned that their interpretations needed validation from the client. In future research, a dyadic study design may help increase our understanding of both perspectives and to what extent the perceptions of the clients and the providers match up.

The present study focused mostly on high contact services in government offices, universities, private practices, and hospitals. The results are likely to apply to other high-contact service encounter professions such as hairdressing, restaurant service, and the hotel industry. However, it

52 Ryff and Keyes, "The Structure of Psychological Well-Being Revisited."

53 Salovey and Mayer, "Emotional Intelligence"; Marc A. Brackett, Susan E. Rivers, and Peter Salovey, "Emotional Intelligence: Implications for Personal, Social, Academic, and Workplace Success," *Social and Personality Psychology Compass* 5, no. 1 (2011): 97–99, https://doi.org/10.1111/j.1751-9004.2010.00334.x.

54 Matthias Berking, Caroline Meier, and Peggilee Wupperman, "Enhancing Emotion-Regulation Skills in Police Officers: Results of a Pilot Controlled Study," *Behavior Therapy* 41, no. 3 (2010): 329–39, https://doi.org/10.1016/j.beth.2009.08.001; Matthias Berking and Jeanine Schwarz, "Affect Regulation Training," *Handbook of Emotion Regulation*, ed. James J. Gross (New York: Guilford Press, 2014), 67–202; Lindsay Schaefer, "Emotional Labor Training: The Effect of Deep Level Acting Training on Nursing Anesthetist Students" (master's thesis, Southern Illinois University at Edwardsville, 2019), https://www.proquest.com/docview/2303891065.

55 Ivan Bank et al., "Fifteen Simulated Patient Working Formats to Use in Communication Skills Training: Report of a Survey," *Medical Teacher* 43, no. 12 (2021): 1391–97, https://doi.org/10.1080/0142159X.2021.1948522; "Disney's Approach to Quality Service," *Disney Institute*, accessed January 20, 2022, https://www.disneyinstitute.com/disneys-approach-quality-service/; MCL Education, "Customer Service Training Modules," *Mayo Clinic Laboratories*, last modified September 14, 2020, https://news.mayocliniclabs.com/2020/09/14/customer-service-training-modules/#training-modules.

56 Sally Kernbach and Nicola S. Schutte, "The Impact of Service Provider Emotional Intelligence on Customer Satisfaction," *Journal of Services Marketing* 19, no. 7 (2005): 438–44, https://doi.org/10.1108/08876040510625945.

would be interesting to see to what extent the framework provided applies to low contact services — where contact only occurs occasionally — or even automated services, such as ATM machines, digital applications, or websites. Technology-based service encounters are increasing faster than ever, especially after the outbreak of the Covid-19 pandemic, and future research might explore the usefulness and implications of the framework for these services.

The current study focused on the interaction between service agents and their clients, because these are considered core interactions that influence client satisfaction and employee well-being. However, we found that social interactions with others played an important role for the service agents when regulating mood at work. Therefore, there is potential to explore mood and mood regulation in other types of social interactions as well, such as interactions with fellow colleagues or managers. Future studies can explore the interactions between different roles using the current framework.

Although the framework aims to improve service provider well-being, implementing it in the service sector may also lead to unintended consequences. Firstly, as mentioned by one of the participants, being constantly aware of one's own and others' moods, and actively trying to regulate them, can be exhausting. Secondly, the framework may even be applied in ways that increase work pressure, for example by integrating it in employee review meetings. For this reason, the framework is neither intended nor created to be used as an evaluative instrument, but instead as a means for competence development. Development-focused interventions need therefore to be carefully developed to minimize the chances of undesirable countereffects.

Implications of the Framework for Improving Services

Improving Employee Well-Being and Customer Satisfaction

Having a positive relationship with others contributes to a person's well-being.[52] We foresee that the framework we present could be used to increase employee awareness of mood as a part of EI training.[53] Training materials exist to develop the capability to (1) effectively manage affect for an improved affective well-being,[54] and (2) improve communication skills in the interest of improving service encounters on the whole.[55] The current framework might be implemented in employee training — for instance by providing employees with the structure of the mood regulation process, and providing practice selecting and deploying different interpersonal mood regulation strategies through methods such as role playing, group discussions, reflective writing, and interactive games. Furthermore, the framework can be used to design interventions and materials that can further support these processes. With this type of support, employees would likely become better at noticing and managing own moods, could learn to display more empathy, and would be able to make sense of why a client might be behaving in the way they are. Also, employees would not only improve their communication with their clients and their colleagues, they might also extend this knowledge to their personal relationships. Furthermore, training could lead to improved client satisfaction, since improved workplace well-being leads to heightened work performance and increased customer satisfaction.[56]

57   Steve Williams and Yvonne Wong
     Wee Voon, "The Effects of Mood on
     Managerial Risk Perceptions: Exploring
     Affect and the Dimensions of Risk,"
     The Journal of Social Psychology 139,
     no. 3 (1999): 281–85, https://doi.
     org/10.1080/00224549909598384.
58   Desmet, "Design for Mood," 3–5.
59   PARO, "PARO Therapeutic Robot,"
     accessed February 5, 2022, http://www.
     parorobots.com.
60   Marc Beardsley et al., "Classmood App:
     A Classroom Orchestration Tool for
     Identifying and Influencing Student
     Moods," in *Transforming Learning with
     Meaningful Technologies. EC-TEL2009.
     Lecture Notes in Computer Science*, vol.
     11722, ed. Maren Scheffel et al. (Cham:
     Springer, 2019), 724–25, https://doi.
     org/10.1007/978-3-030-29736-7_75.
61   Desmet et al., *20 Moods*.
62   Desmet et al., "The Same Person Is Never
     the Same," 173–76.

Improving Service Organizations

Since a person's mood can affect managerial decisions,[57] we foresee that our framework can serve a purpose in helping managers become aware of the effects of mood and better shape their company culture. Also, for managers to become more mood-sensitive in terms of staff interaction. In addition, human resource managers can use their mood sensitivity when scheduling meetings; arranging yearly and weekly planning sessions and company events; or when organizing shifts.

Avenues for Future Research and Design

Our framework opens up avenues towards new ways of designing for mood-sensitive services. The framework shows that beyond the eye inward and the eye outward, there is another perspective to the story. The upper part of the framework, consisting of (A) noticing own mood and (C) interpreting client mood, represents the intention of "being mood-aware." The bottom part, including (B) regulating own mood and (D) adjusting interpersonal mood-regulation strategies, illustrates the intention of "responding to mood in a meaningful way." In the market, a wide range of initiatives are available that seek to create awareness by measuring mood with wearable sensors, natural-contact sensors, or non-contact sensors. Applications such as Mood-Meter, MoodPrism, Daylio, Celpax, and Company Mood give users a chance to track and log their moods. Products including wearable devices, garments, and furniture help users become aware of their own moods by adapting to and expressing the user's mood.[58]

However, looking at the bottom part of our framework, which addresses actively responding to personal mood and another's mood in a meaningful way, the examples are yet to be developed. Some applications, such as MoodKit, allow the user to log mood and additionally suggest mood regulation activities. Wearables such as the MUSE Headband aim to help users regulate mood with different exercises (e.g., mindfulness exercises). Therapeutic robots such as Paro[59] nurture a positive mood in patients. To adjust service style to a client's mood, an inspiring example is ClassMood,[60] a tool that helps teachers create a mood map of the students in class and provides teachers with mood regulating activities that might be facilitated in the classroom. Another example can be found in recording and monitoring tools such as MoodMonitor, which enables patients to share their moods with their therapists so that the therapist can make adjustments to their treatment plans.

Although these examples are helpful in demonstrating how mood can be addressed, we propose that designing for mood-sensitive services can benefit from a more systematic approach. We suggest that the mood-sensitive interactions framework provides an entry point for this kind of systematic approach. To illustrate, let us imagine a mood sensitivity application that can help service providers to become aware of their own mood and interpret the client's mood better. For example, interactive demonstration videos can be created together with artists and actors demonstrating the mood typology[61] along with relevant action tendencies,[62] so that service providers can learn and practice moods by role playing. Also, the six mood cues found in this study might be introduced

along with a set of probing questions that could be included in the encounter script to help service providers understand client moods. To help service providers tackle their unwanted moods, a virtual recreation area could be designed that enables them to engage in mood regulation strategies. Due to their busy schedules, it is often difficult for service providers to engage in these activities and also hard to get a glimpse of one's own mood regulation routines. A virtual recreation area can encourage them to take some time for themselves. The mood sensitivity application could also offer suggestions for strategies that have been applied or otherwise successfully deployed by other service providers from around the world. The application could offer potential interpersonal mood-regulation strategies that apply to the specific encounter at hand, once the service providers log their own mood and their clients' mood data. This example illustrates how the present framework can pave the way toward mood-sensitive encounters.

This article has explored the role of mood and how it is experienced in service encounters with the overall goal of improving communication between service providers and clients. Its main contribution is an overview of strategies to respond to the client's mood in a way that brings the encounter to a healthy conclusion, and a group of insights under the framework that suggest opportunities to develop tools, methods, and design interventions that can support service providers seeking to develop mood sensitivity. Future case studies will explore whether and how our framework can contribute to designing for mood-sensitive interactions.

Acknowledgments

Declaration of Interests

There are no conflicts of interest involved in this article.

References

Bank, Ivan, Ellemieke M. C. Rasenberg, Sara H. Makkenze-Mangold, Sandy Nelissen, Jacqueline van Wijngaarden, Annelies G Lovink, and Jan-Joost Rethans. "Fifteen Simulated Patient Working Formats to Use in Communication Skills Training: Report of a Survey." *Medical Teacher* 43, no. 12 (2021): 1391–97. https://doi.org/10.1080/0142159X.2021.1948522.

Beardsley, Marc, Milica Vujovic, Marta Portero-Tresserra, and Davinia Hernández-Leo. "Classmood App: A Classroom Orchestration Tool for Identifying and Influencing Student Moods." In *Transforming Learning with Meaningful Technologies. EC-TEL2009. Lecture Notes in Computer Science*, vol. 11722, edited by Maren Scheffel,

Viktoria Pammer-Schindler, Andri Ioannou, and Jan Schneider, 723–26. Cham: Springer, 2019. https://doi.org/10.1007/978-3-030-29736-7_75.

Berking, Matthias, Caroline Meier, and Peggilee Wupperman. "Enhancing Emotion-Regulation Skills in Police Officers: Results of a Pilot Controlled Study." *Behavior Therapy* 41, no. 3 (2010): 329–39. https://doi.org/10.1016/j.beth.2009.08.001.

Berking, Matthias, and Jeanine Schwarz. "Affect Regulation Training." *Handbook of Emotion Regulation*, edited by James J. Gross, 529–47. New York: Guilford Press, 2014.

Brackett, Marc A., Susan E. Rivers, and Peter Salovey. "Emotional Intelligence: Implications for Personal, Social, Academic, and Workplace Success." *Social and Personality Psychology Compass* 5, no. 1 (2011): 88–103. https://doi.org/10.1111/j.1751-9004.2010.00334.x.

Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3, no. 2 (2006): 86–94. https://doi.org/10.1191/1478088706QP063OA.

Braun, Virginia, and Victoria Clarke. "Can I Use TA? Should I Use TA? Should I *Not* Use TA? Comparing Reflexive Thematic Analysis and Other Pattern-Based Qualitative Analytic Approaches." *Counselling and Psychotherapy Research* 21, no. 1 (2021): 37–47. https://doi.org/10.1002/capr.12360.

Brief, Arthur P., and Howard M. Weiss. "Organizational Behavior: Affect in the Workplace." *Annual Review of Psychology* 53, no. 1 (2002): 279–307. https://doi.org/10.1146/annurev.psych.53.100901.135156.

Csikszentmihalyi, Mihaly, and Reed Larson. "Validity and Reliability of the Experience-Sampling Method." In *Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi*, 35–54. Dordrecht, NL: Springer, 2014. https://doi.org/10.1007/978-94-017-9088-8_3.

Desmet, Pieter M. A. "Design for Mood: Twenty Activity-Based Opportunities to Design for Mood Regulation." *International Journal of Design* 9, no. 2 (2015): 1–19. http://www.ijdesign.org/index.php/IJDesign/article/view/2167.

Desmet, Pieter M. A., Haian Xue, and Steven F. Fokkinga. "The Same Person Is Never the Same: Introducing Mood-Stimulated Thought/Action Tendencies for User-Centered Design." *She Ji: The Journal of Design, Economics, and Innovation* 5, no. 3 (2019): 167–87. https://doi.org/10.1016/j.sheji.2019.07.001.

Desmet, Pieter M. A., Haian Xue, and Steven F. Fokkinga. *20 Moods: A Holistic Typology of Human Mood States.* Delft: Delft University of Technology, 2020. Last modified December 13, 2021. https://research.tudelft.nl/en/publications/twenty-moods-holistic-typology-of-human-mood-states.

DeVito, Joseph A. *The Interpersonal Communication Book*, 14th ed. Essex, UK: Pearson Education Limited, 2016. First published 1976.

Erber, Ralph, Daniel M. Wegner, and Nicole Therriault. "On Being Cool and Collected: Mood Regulation in Anticipation of Social Interaction." *Journal of Personality and Social Psychology* 70, no. 4 (1996): 757–66. https://doi.org/10.1037/0022-3514.70.4.757.

Forgas, Joseph P. "Feeling and Doing: Affective Influences on Interpersonal Behavior." *Psychological Inquiry* 13, no. 1 (2002): 1–28. https://doi.org/10.1207/S15327965PLI1301_01.

Gardner, Meryl Paula. "Mood States and Consumer Behavior: A Critical Review." *Journal of Consumer Research* 12, no. 3 (1985): 281–300. https://doi.org/10.1086/208516.

Giles, Howard. "Communication Accommodation Theory." In *The International Encyclopedia of Communication Theory and Philosophy*, edited by Klaus Bruhn Jensen, Robert T. Craig, Jefferson D. Pooley, and Eric W. Rothenbuhler, 1–7. Hoboken, NJ: Wiley, 2016. https://doi.org/10.1002/9781118766804.wbiect056.

Hansemark, Ove C., and Marie Albinsson. "Customer Satisfaction and Retention: The Experiences of Individual Employees." *Managing Service Quality: An International Journal* 14, no. 1 (2004): 40–57. https://doi.org/10.1108/09604520410513668.

Hochschild, Arlie Russell. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology* 85, no. 3 (1979): 551–75. https://doi.org/10.1086/227049.

Holman, David, and Karen Niven. "Does Interpersonal Affect Regulation Influence Others' Task Performance? The Mediating Role of Positive Mood." *European Journal of Work and Organizational Psychology* 28, no. 6 (2019): 820–30. https://doi.org/10.1080/1359432X.2019.1666105.

Huntsinger, Jeffrey R., Janette Lun, Stacey Sinclair, and Gerald L. Clore. "Contagion without Contact: Anticipatory Mood Matching in Response to Affiliative Motivation." *Personality and Social Psychology Bulletin* 35, no. 7 (2009): 909–22. https://doi.org/10.1177/0146167209335299.

Kernbach, Sally, and Nicola S. Schutte. "The Impact of Service Provider Emotional Intelligence on Customer Satisfaction." *Journal of Services Marketing* 19, no. 7 (2005): 438–44. https://doi.org/10.1108/08876040510625945.

Knowles, Patricia A., Stephen J. Grove, and Gregory M. Pickett. "Mood and the Service Customer: Review and Propositions." *Journal of Services Marketing* 7, no. 4 (1993): 41–52. https://doi.org/10.1108/08876049310047724.

Larsen, Randy J. "Toward a Science of Mood Regulation." *Psychological Inquiry* 11, no. 3 (2000): 129–41. https://doi.org/10.1207/S15327965PLI1103_01.

Lee, JungHoon (Jay), and Chihyung Ok. "Reducing Burnout and Enhancing Job Satisfaction: Critical Role of Hotel Employees' Emotional Intelligence and Emotional Labor." *International Journal of Hospitality Management* 31, no. 4 (2012): 1101–12. https://doi.org/10.1016/j.ijhm.2012.01.007.

Lehmann-Willenbrock, Nale, Renee A. Meyers, Simone Kauffeld, Alexandra Neininger, and Angela Henschel. "Verbal Interaction Sequences and Group Mood: Exploring the Role of Team Planning Communication." *Small Group Research* 42, no. 6 (2011): 639–68. https://doi.org/10.1177/1046496411398397.

Liljander, Veronica, and Jan Mattsson. "Impact of Customer Preconsumption Mood on the Evaluation of Employee Behavior in Service Encounters." *Psychology & Marketing* 19, no. 10 (2002): 837–60. https://doi.org/10.1002/mar.10040.

Luong, Alexandra. "Affective Service Display and Customer Mood." *Journal of Service Research* 8, no. 2 (2005): 117–30. https://doi.org/10.1177/1094670505279341.

Martínez-Íñigo, David, Giulia Lara Poerio, and Peter Totterdell. "The Association between Controlled Interpersonal Affect Regulation and Resource Depletion." *Applied Psychology: Health and Well-Being* 5, no. 2 (2013): 248–69. https://doi.org/10.1111/aphw.12009.

Martínez-Íñigo, David, Francisco Mercado, and Peter Totterdell. "Using Interpersonal Affect Regulation in Simulated Healthcare Consultations: An Experimental Investigation of Self-Control Resource Depletion." *Frontiers in Psychology* 6 (September 2015): article no. 1485. https://doi.org/10.3389/fpsyg.2015.01485.

Martínez-Iñigo, David, Consuelo Bermejo-Pablos, and Peter Totterdell. "The Boomerang Effect: How Nurses' Regulation of Patients' Affect Associates with Their Own Emotional Exhaustion and Affective Experiences." *International Journal of Stress Management* 25, no. 1 (2018): 1–13. https://doi.org/10.1037/str0000039.

Mattila, Anna S., and Cathy A. Enz. "The Role of Emotions in Service Encounters." *Journal of Service Research* 4, no. 4 (2002): 268–77. https://doi.org/10.1177/1094670502004004004.

Mayer, John D., David R. Caruso, and Peter Salovey. "Emotional Intelligence Meets Traditional Standards for an Intelligence." *Intelligence* 27, no. 4 (1999): 267–98. https://doi.org/10.1016/S0160-2896(99)00016-1.

MCL Education. "Customer Service Training Modules." *Mayo Clinic Laboratories*. Last modified September 14, 2020. https://news.mayocliniclabs.com/2020/09/14/customer-service-training-modules/#training-modules.

Morris, William N., and Nora P. Reilly. "Toward the Self-Regulation of Mood: Theory and Research." *Motivation and Emotion* 11, no. 3 (1987): 215–49. https://doi.org/10.1007/BF01001412.

Mueller, Jennifer S., and Jared R. Curhan. "Emotional Intelligence and Counterpart Mood Induction in a Negotiation." *International Journal of Conflict Management* 17, no. 2 (2006): 110–28. https://doi.org/10.1108/10444060610736602.

Niven, Karen, Peter Totterdell, and David Holman. "A Classification of Controlled Interpersonal Affect Regulation Strategies." *Emotion* 9, no. 4 (2009): 498–509. https://doi.org/10.1037/a0015962.

Niven, Karen, David Holman, and Peter Totterdell. "How to Win Friendship and Trust by Influencing People's Feelings: An Investigation of Interpersonal Affect Regulation and the Quality of Relationships." *Human Relations* 65, no. 6 (2012): 777–805. https://doi.org/10.1177/0018726712439909.

Parkinson, Brian, Rob Briner, Peter Totterdell, and Shirley Reynolds. *Changing Moods: The Psychology of Mood and Mood Regulation*. London: Longman, 1996.

Pekaar, Keri A., Arnold B. Bakker, Dimitri van der Linden, and Marise Ph. Born. "Self- and Other-Focused Emotional Intelligence: Development and Validation of the Rotterdam Emotional Intelligence Scale (Reis)." *Personality and Individual Differences* 120 (January 2018): 222–33. https://doi.org/10.1016/j.paid.2017.08.045.

Pugliesi, Karen. "The Consequences of Emotional Labor: Effects on Work Stress, Job Satisfaction, and Well-Being." *Motivation and Emotion* 23 (June 1999): 125–54. https://doi.org/10.1023/A:1021329112679.

Rogers, Carl R. "Empathic: An Unappreciated Way of Being." *The Counseling Psychologist* 5, no. 2 (1975): 2–10. https://doi.org/10.1177/001100007500500202.

Ryff, Carol D., and Corey Lee M. Keyes. "The Structure of Psychological Well-Being Revisited." *Journal of Personality and Social Psychology* 69, no. 4 (1995): 719–27. https://doi.org/10.1037/0022-3514.69.4.719.

Salovey, Peter, and John D. Mayer. "Emotional Intelligence." *Imagination, Cognition, and Personality* 9, no. 3 (1990): 185–211. https://doi.org/10.2190/DUGG-P24E-52WK-6CDG.

Schaefer, Lindsay. "Emotional Labor Training: The Effect of Deep Level Acting Training on Nursing Anesthetist Students." Master's thesis, Southern Illinois University at Edwardsville, 2019. https://www.proquest.com/docview/2303891065.

Sherman, Elaine, Anil Mathur, and Ruth Belk Smith. "Store Environment and Consumer Purchase Behavior: Mediating Role of Consumer Emotions." *Psychology & Marketing* 14, no. 4 (1997): 361–78. https://doi.org/10.1002/(SICI)1520-6793(199707)14:4<361::AID-MAR4>3.0.CO;2-7.

Stephan, Achim. "Moods in Layers." *Philosophia* 45, no. 4 (2017): 1481–95. https://doi.org/10.1007/s11406-017-9841-0.

Swinyard, William R. "The Effects of Salesperson Mood, Shopper Behavior, and Store Type on Customer Service." *Journal of Retailing and Consumer Services* 10, no. 6 (2003): 323–33. https://doi.org/10.1016/S0969-6989(02)00037-1.

Totterdell, Peter, and Karen Niven. *Workplace Moods and Emotions: A Review of Research*. Charleston, SC: Createspace Independent Publishing, 2014.

Williams, Michele, and Kyle J. Emich. "The Experience of Failed Humor: Implications for Interpersonal Affect Regulation." *Journal of Business and Psychology* 29, no. 4 (2014): 651–68. https://doi.org/10.1007/s10869-014-9370-9.

Williams, Steve, and Yvonne Wong Wee Voon. "The Effects of Mood on Managerial Risk Perceptions: Exploring Affect and the Dimensions of Risk." *The Journal of Social Psychology* 139, no. 3 (1999): 268–87. https://doi.org/10.1080/00224549909598384.

Xue, Haian, Pieter M. A. Desmet, and Steven F. Fokkinga. "Mood Granularity for Design: Introducing a Holistic Typology of 20 Mood States." *International Journal of Design* 14, no. 1 (2020): 1–18. http://www.ijdesign.org/index.php/IJDesign/article/view/3578/891.

Zomerdijk, Leonieke G., and Christopher A. Voss. "Service Design for Experience-Centric Services." *Journal of Service Research* 13, no. 1 (2010): 67–82. https://doi.org/10.1177/1094670509351960.

Appendix A   **Mood Aware Communications Diary**

Instructions   **When you notice a client's mood and a change in the way you communicate, please record the situation by completing the following two tasks:**

Task 1. Record the encounter
If possible, take some photos and videos to record the environment and situation after the encounter (you may either send them via e-mail or keep them for yourself).

Task 2. Record the details of the encounter
Following the guidance provided in this diary, look more closely into the encounter.
Preferably, please report on the details directly after the encounter.
If it is not possible to make a report, please write down a few keywords and fill out questions 3, 4, 5, 6, and 7 quickly; then fill in the rest before the day ends.

Please report at least 2 mood aware encounters per day. You are of course encouraged to report more.

Table A1   **Mood Aware Communications Diary.**

Sections	Questions
Facts	Day Number Date My mood aware communications at work. Please report at least 2 mood-aware communications for today.

Moods	1. My Mood: …
	2. My Client's Mood: …
	  Please mark your mood & your client's mood in the figure. (For detailed descriptions of moods, you can check the 20-Moods typology booklet.)
	3. When we were communicating, we were in …
	  (If possible, please take a photograph of the environment you were in and send it to the researcher.)
	4. The client was/had …
	  (Describe the client without revealing his/her identity; this is to help you remember the reported moment when discussing during the interview.)
	5. I interpreted his/her mood from/by …
	  (Please explain all the hints you used to guess your clients' mood: the way she/he speaks, moves, reacts; body posture, etc.)

Mood Regulation	6. When you noticed the clients' mood, did it influence or change your communication style?
	  If so: how?
	  (Please give as much detail as possible about how you adjusted your communication, such as the way you spoke, moved, reacted, or your body posture.)
	7. Before/after this communication, did you do something to change your mood? If yes, what was it?
	  (You can draw inspiration from the examples given and mark them if any of them are familiar. Feel free to take notes as well.)
	  • Looking for a distraction (e.g., staying busy, daydreaming, engaging in a hobby)
	  • Rewarding yourself (e.g., doing pleasurable activities, self-indulgence)
	  • Venting (e.g., expressing, telling, writing about the feelings)
	  • Positive thinking (e.g., acting happy, savoring what you have, seeing bright side)
	  • Seeking relaxation (e.g., stretching, controlling breathing)
	  • Seeking refreshment (splashing water on face, taking a walk, eat/drink)
	  • Reducing demands (reducing workload, cancelling activities)
	  • Withdrawing (e.g., seclusion, turning off the phone, avoiding stimulation)
	  • Eliminating energy drainers (e.g., avoiding demanding people/tasks)
	  • Re-energizing (e.g., resting the eyes, taking a nap, going to bed early)
	  • Seeking social support (e.g., asking friends' help, seeking professional help)
	  • Rationalizing mood (e.g., tracking/analyzing mood, seeking causes)
	  • Transforming creatively (e.g., finding a way to express mood, creative writing, painting)
	  • Embracing mood (e.g., allowing, accepting, appreciating mood)
	  • Detaching from mood (e.g., engaging in mindfulness, religious ritual, meditation)

Table A2   **Example Mood Aware Communications Diary filled in by a participant.**

Sections	Answers
Moods	1. My mood: productive 2. My client's mood: miserable 3. When we were communicating, we were in … my [medical] practice. 4. The client was/had … old woman with the root canal treatment 5. I interpreted his/her mood from/by … she was dreading the treatment, had shaky movements, shoulders in, hardly any eye contact and no communication.
Mood Regulation	6. When you noticed the clients' mood, did it influence or change your communication style? If so: how? Yes, I tried to make her feel comfortable, less miserable. Make eye contact, gently touch her arm, speaking softly but calm and clear. 7. Before/after this communication, did you do something to change your mood? If yes, what was it? The patient required a lot of my energy so I wanted to reenergize by getting something to eat.

Appendix B   Coding Scheme

Categories	Themes	Subthemes	Keywords/Codes
1. Noticing Moods & Mood Changes	Self-awareness		Own mood awareness Awareness of behavioral manifestations Desirability of mood-awareness
	Layers of mood		Work mood Private mood
	Subset of moods		Job/context specific moods
2. Provider Mood Regulation	Mood regulation strategies		Seek distraction Self-reward Vent Positive thinking Seek relaxation Seek refreshment Reduce demands Withdraw Eliminate energy drainers Reenergize Seek social support Rationalize Transform creatively Embrace Detach
	Mood regulation time		Preparation for the encounter Mood regulation during encounter Post-encounter mood regulation
3. Noticing the Client's Mood	Observable mood cues	Face	Facial expression, eye contact, gaze, skin tone
		Body	Breathing, bodily movements, posture, hand gestures
		Voice	Tone of voice, tempo, pitch
		Behavior	Reactions/attitude/tendencies, interactions with other people
		Communicated content	Situation/story, feelings, questions asked
		Products	Interactions with products

(Continued on next page…)

Appendix B   (Continued)

Categories	Themes	Subthemes	Keywords/Codes
3. Noticing the Client's Mood	Recognition of client mood		Ease & difficulty of client mood interpretation (intuitive or deliberate) Client information and background
4. Service Adjustment to Client's Mood	Interpersonal mood regulation strategies	Understanding	Interested, attentive, connected, open, inclusive, empathetic
		Calming	Relaxed, calming, comforting, distracting
		Encouraging	Reassuring, supportive, encouraging, motivating, complimenting
		Efficient	Serious, productive, problem-solving, giving advice, constructive
		Sociable	Cheerful, enthusiastic, friendly, humorous
		Apologetic	Remorseful, caring, giving, apologetic, reconciliatory, valuing
		Tolerant	Agitated, hasty
		Blunt	Direct, lecturing, blunt, to-the-point, critical, reprimanding
		Distant	Restrained, reticent, passive, withdrawn, ignoring, cautious
	Strategy dynamics & use		Ease & difficulty of finding appropriate strategies Motivation to change strategies Goal of the encounter & related strategies Multiple strategies in a single encounter Different intensities of strategies Contextual strategies
5. Products Playing Role in the Encounter	Product functions		Products that indicate & detect mood Products that regulate, induce, or influence mood Products that support/accommodate a mood-sensitive communication
6. Problems & Difficulties			Difficulty being mood-aware Difficulty being mood-sensitive all the time Confusion between moods and emotions Difficulty finding the opportunity to regulate mood Difficulty overcoming unwanted moods Difficulty guessing client moods accurately Difficulty selecting appropriate strategy

Appendix C   Descriptions of Nine Interpersonal Mood Regulation Strategies

Strategy	Description	Example Anecdotes
1. Understanding	You are fully focused on the client's words and nonverbal cues. You allow your client to tell his/her situation by taking your time. You aim to convey the message that the client is being understood.	Educator: Cheerful; Student: Lethargic—I approached the student after he mentioned it to the group. I was extra soft, soft voice, not doing other things, giving full attention to him. Maintained eye contact. I think I gave more pause, more silence in between.
		Healthcare Professional: Vigorous; Patient: Anxious—Showed compassion and understanding, politely took the time to explain. I couldn't find anything that was worrisome, so I said, "Oh there is nothing worrying me—but of course I understand it's a strange sensation so let's wait and see how it will develop."
		Government Employee: Amiable; Citizen: Boisterous—I just listened to her attentively and gave her room to complain while doing my best to help her with the website.
2. Calming	You are calm and relaxed. You are showing this to the client so the client can relax as well. You may try to distract the client. You aim to bring the client at ease.	Educator: Productive; Student: Stressed—I slowed down my own verbal communication. During the walk I decreased my tempo to bring him … beside me. Tried to keep eye contact. I am usually very calm and relaxed whatever happens. It puts people at ease. I was a beacon of calmness and that's what I also want to convey to those who are stressed. I really listened to him, telling him "Okay, don't be stressed; it's just a presentation, say what you want to say." I was really sitting at the edge of my seat and listening. And when I ask questions, I do that very calmly. Not posing nasty questions, just posing questions to get them at ease.
		Healthcare Professional: Productive; Patient: Anxious—This was a patient who required a minor surgical procedure. I tried to keep the conversation to small things to make the patient feel more relaxed. That was working. I performed the procedure while we were talking about non-medical matters—small things to make the patient feel more relaxed … so things that had nothing to do with the procedure itself.
3. Encouraging	You are willing to help and alleviate the negative feelings of the client. This strategy is about supporting the other person, comforting them by giving reassurance, convincing the client that everything will be alright. It is also about clarifying the client's worries/doubts and questions.	Government Employee: Relaxed; Citizen: Anxious & Serious—She is scared to experience the same things again. So I tried to give her a lot of compliments for everything that she was doing right because she was doing everything the right way with the baby. She asked what she should do, and I asked her what she felt like doing and then supported her by saying, "That's fine, you are the mom. You got this, you can do it." She needs just a little bit more assurance that things are going right …
		Healthcare Professional: Productive; Patient: Anxious—She told me that the last time the anesthesia didn't work, and I said, "Okay, let's take some time, I won't start until you feel numb." So when I give anesthesia, I also do it very calmly—especially with patients like this, I do it extra carefully, extra soft. I took the time to explain why her whole mouth was numb. I waited until she didn't feel the air I blew on her gums. Because I wasn't in a hurry, I did some administration on my computer while she was getting numb and then after a minute or two, I started the treatment. I told her "If you feel anything, just raise your hand and I will stop immediately." I asked frequently if she was still okay. Afterwards she was calm too, and the treatment went alright.
4. Sociable	You are being friendly, easy-going and open to communication. You may make jokes. You show willingness to help and have a genuine interest in engaging in a decent conversation with the client. This strategy is about having a decent encounter and helping the client.	Educator: Amiable; Student: Cheerful—Got influenced by her enthusiasm, by speaking louder, laughing, smiling. Laid back in the chair, looking up. It was a very nice meeting, nice talking about the master graduation project.
		Healthcare Professional: Cheerful; Patient: Cheerful—The patient was there for a vaccination. He was happy as he was anticipating a trip. He transferred his happy mood to me. For me, it was a nice, 'in between' consultation, because there were no serious health issues. It's nice to talk about travel destinations. So we had a cheerful conversation about the client's travel purposes. When somebody comes in here cheerful, your mood is also lifted.
5. Apologetic	You acknowledge the situation and present your apologies. You are ready to accept the mistakes and to make a real effort to fix the issue. You apologize verbally and show that you are sorry bodily and with your facial expressions. You try to clarify the reason why the mistake or inconvenience has happened.	Government Employee: Amiable; Citizen: Rebellious—They had to make an appointment at the city center as we couldn't solve the issue here, so he got really angry. I explained the situation but he didn't listen. I apologized for that but there was nothing I could do at that moment. I tried to speak to him, but he kept going. I just told him that I am here to help him. Still he didn't want to take that and he kept going. I couldn't do anything. Eventually, I told him "Sir, I am trying to help you here, it's not that I am sending you away. I just can't help you at the moment. In this office we don't do it, so there is nothing I can do right now. I would really like to help you but I am not able to. And nobody else in this building is able to."
		Government Employee: Amiable; Citizen: Cheerful—I thought she would still be a bit grumpy because of the inconvenience. If that would be the case, I could understand why she would feel that way. I was prepared for grumpiness, but she was okay so I had to switch my strategy. If she had been grumpy, I would have apologized for the situation and told her I am sorry she had to come back. When I am sorry, I show that bodily. I try to express that I am really sorry for them. So, I was prepared for that but then she came in and I had to start smiling, and be more friendly. Of course, I still apologized for the situation, because we made the mistake so we have to apologize.

Appendix C   (Continued)

Strategy	Description	Example Anecdotes
6. Efficient	You are willing and determined to solve the situation at hand. You convey your message as effectively, realistically, objectively, briefly, and productively as possible. You give advice and you focus mostly on the important facts and necessary topics; you are focused on the task at hand.	Educator: Amiable; Student: Vigorous—It was a meeting about a graduation project. I took a decisive approach to her…. talking in bold sentences, like, "Okay this is what we are going to do," "Let's do that." "Please write a proposal as soon as possible." Government Employee: Sentimental & Amiable; Citizen: Productive – I clicked on the number and he was at my desk really fast. He had everything ready so he gave it to me and I asked the questions. He answered them short and quick. I just asked him the things I needed to ask and also kept it short and brief. There were no personal things shared. Mostly, when someone comes to collect their documents, you have like a small chit chat in between, but with him there wasn't any.
7. Tolerant	You are following their lead and you try to fix the situation at hand as tolerantly and patiently as possible. Your motivation is not very high, the tension starts to build and you are feeling slightly agitated yet trying to remain polite.	Government Employee: Amiable; Citizen: Boisterous—I saw that he knew that he had the wrong number but he acted surprised. First, I told him I can't help him. He started to raise his voice. Looking at our agenda I saw that it was quiet so I decided to help him … But he was still being impolite. He also asked questions that didn't have anything to do with the process, but still about the office. But I was like, 'Well you are here for this situation so let's do this.' Still, he was trying to make a point and it wasn't really a nice conversation. I also answered all the questions he had, to outsmart him. But I just stayed polite. Healthcare Professional: Cheerful; Patient: Stressed—I felt agitated and stressed after a point because she couldn't say what she wanted from me and she was taking so much time. There were two more patients waiting. But I stayed calm and very polite. I asked her twice, "Okay I see that you are very stressed and I really want to help you but what can I do for you now in these 10 minutes? What can I do for you now?" but then the whole story again. In the end, I advised her to make another appointment for additional complaints.
8. Blunt	You are being direct and intolerant. You are intervening in the situation in a direct manner to fix the problem at hand. You starkly point out the reality to the client, in a direct, matter-of-fact way. You draw the line for the sake of the client.	Healthcare Professional: Agitated & Peaceful; Patient: Productive—I became agitated when she had no regard for our former agreement and when she told me what to do. I became more direct in my communication with more rigid movements. She wanted me to pull the tooth. I told her that it is not what I am going to do and I became also more direct in my communication, saying, "No, I am not willing to do this because it is a waste, I am not pulling a tooth for no reason. These are the options for what we can do." So, I became more direct, and then eventually she was like, "Hmm okay—okay." She understood. So, I think I dropped my shoulders a bit to stand firm and insisted with my opinion. Government Employee: Serious; Citizen: Agitated & Stressed—I expected her mood would be like this, so I arrived in a serious mood myself. I was there to ask if she had any questions and explain why the situation was the way it was. She was cold and she was opposing everything I said. So after a while, I said, "Okay, well, this is what is going to happen if you don't cooperate," and then she started crying and I was able to become a little more amiable. But at first, I was very strict and serious. I was like, 'Ok, this is the situation and nothing more, nothing less.'
9. Distant	You tend to either shut down the conversation or withdraw. You don't have the energy to deal with the situation or you want to save energy for later, therefore, you withdraw from the conversation. Alternatively, you may want to seriously listen without saying anything to save energy.	Educator: Sentimental; Student: Agitated—Actually, it made me even more calm & relaxed. A kind of rebellious reaction maybe. I was so serious, melancholic & sad this day. When I saw him in his annoyed & agitated mood, I think I unconsciously responded with, "I'm not following your vibe, because it would be toxic for me today." So, I started breathing even more calm, peaceful and felt detached from myself & focused on the content. Government Employee: Serious; Citizen: Agitated—Normally, I ask a lot of questions to people that come talk to us but because he was so aggressive, I stayed very quiet. I probably stepped back. When he started to say insulting things, I said, "No, sorry—I'm not having this conversation," and then physically turned away and started looking at other people.

Appendix D   Products found in the diary study

Example Products/ Factors/Activities Found When ...	Mood Indicators and Detectors	Mood Regulators, Inducers, and Influencers	Supporters/Accommodators of the Communication
Noticing own mood	**Mobile phone application:** Served to report and track service provider's mood		
Regulating own mood		**Food & drink:** Served to regulate mood (e.g., to reenergize, seek out social support, or self-reward) **Mobile phone & computer & headphones:** Served to provide distraction, to vent, and to withdraw from social interaction **Office furniture:** Served to regulate mood (e.g., mirror to think positively or a desk to withdraw) **Environmental factors:** Served to regulate or influence the service providers' mood and the clients' mood (e.g., going out for fresh air and stretching to feel refreshed)	
Interpreting client's mood	**Computer & patient files:** Served to indicate and keep the record of the client's mood & situation **Office door knob:** Served to help detect clients' mood (turned hesitantly and slowly by the client) **Stationary:** Served to help detect client mood (e.g., pen, markers, whiteboard) **Food & drinks:** Served to indicate the client mood		
Adjusting communication			**Stationary and office equipment:** Served as communication supports (e.g., computer screens, paper, pens, official government office forms, x-rays, syringes) **Patient files:** Served to prepare for the encounter by indicating the upcoming patient's mood, complaint or situation **Food & drink:** A coffee accompanied to the debriefing chat after a difficult meeting **Environmental factors:** Served to accommodate the client's mood and needs (e.g., lighting, room size, noise, crowding, scent, cleanness, furniture placement and comfort, comfort of a surgery room or a clinic)

Appendix E   **Service Provider Journey Map**

Figure A1
Service Provider Journey Map with example products and excerpts.
© 2022 Pelin Esnaf Uslu.

Service Provider Journey Map

Journey Steps

	Preparation for the Service Encounter		Giving the Service	
Actions — What does the service provider do?	• noticing own mood	• regulating own mood	• getting client information • meeting client • noticing client's mood	• changing strategies to influence client mood

Preparation for the Service Encounter

• noticing own mood

"I also do mood tracking myself. I don't cheat on the app but then it's easier for me to track positive negative than things with nuances."

mood tracker application

• regulating own mood

"After that, I just had lunch at my desk with headphones on. Simply to recharge & to scroll a bit."

"I spent at least half an hour just on Facebook, on my phone doing nothing to gain energy or to leave it behind... I looked at some pictures of my niece like 'Oh she's so cute yay I'm so happy.' Then, I went back to work..."

headphones   mobile phone   social media   shopping mall

"My mood was great after it. I went to have a quick coffee with a colleague!"

food & drinks   computer   environmental factors/setting   mirror

"I recently put a mirror in this practice, I looked in the mirror looking at my teeth and I was like "Okay, I am good, she will be good too, let's get her the smile too.""

Giving the Service

• getting client information
• meeting client
• noticing client's mood

"Interrupting, looking at me straight with tilted head, playing with something in hand conspicuously, jumping up to draw on the board while I was drawing on the board."

"She turned the doorknob but did not enter. I looked at her and waved her in. I was finishing up with other clients. She waited off to the side. She spoke quietly and calmly."

stationary/equipment (paper, markers, whiteboard)   computer   door

"His way of looking, open, interested. Offering coffee. Taking the lead in the meeting..."

food & drinks   client/patient files (digital or physical)

"Sometimes our intake nurse writes down in few words what the problem is...I even try to sometimes describe it in our patient files if it is relevant...Often the mood state is relevant, so we describe it."

• changing strategies to influence client mood

"I made sure we had a debriefing coffee afterwards with some chit chatting."

"When I give anesthesia, I also do it very calmly. If you just gently do it, it takes longer but then they hardly feel anything. Especially with patients like this, I do it extra carefully extra soft."

headphones   food & drinks

furniture (table, desk, chairs)

stationary/equipment (pens, paper, syringe)   computer   environmental factors/setting

"Sometimes I get the lab results and I discuss them with patients on the computer... I also look up pictures of human body on the internet to explain how things work."

"I think what kind of setting you are in is also important. Is it a clean room or is it a cozy corner in a coffee shop? Are you face to or face?... It helps to or influences the mood in the conversation."

Products/ Environment — Which services or products do the service agents interact with?