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ARAŞTIRMA

The Relationship Between Emotional Labor Behaviors and Burnout Levels of Nurses*

Hemşirelerin Duygusal Emek Davranışları ve Tükenmişlik Düzeyleri Arasındaki İlişki

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ABSTRACT

INTRODUCTION: Nurses exhibit a considerable amount of emotional labor while giving care to patients in addition to physical and mental labor. Physical and mental endeavors of nurses cause them to experience burnout syndrome.
AIM: The study was carried out in descriptive and relational research design in order to determine the relation between emotional labor behaviors and burnout levels of nurses.
METHODS: Study population consisted of nurses employed in four hospitals in a province located in Eastern Anatolia, and the study sample was composed of nurses who agreed to participate in the study. A questionnaire form including questions inquiring socio-demographic properties of nurses, "Emotional Labor Scale" and "Maslach Burnout Scale" was used for data collection. Ethics Committee approval and written official permission were obtained for the study. Usable data were obtained from 264 out of 420 nurses. Data were collected between June and September 2011. Data collection tool was responded by 62.8% of the patients. Data were analyzed with statistical package software.
RESULTS: Nurses included in the study were determined to have low emotional labor behavior and burnout levels in general. In addition, positive and significant relations were observed between superficial behavior and emotional burnout and desensitization; emotional labor and deep behaviors and desensitization; and feeling of personal achievement and suppressing real feelings.
CONCLUSION: As a result of the study, it was concluded that nurses' emotional labor behaviors are related to their burnout levels.

Key words: Nursing, emotional labor, burnout

ÖZET

GİRİŞ: Hemşireler hastalara bakım verirken fiziksel ve zihinsel olarak gösterdikleri emeğin yanı sıra önemli ölçüde duygusal emek sergilemektedirler. Hemşirelerin gösterdikleri fiziksel ve zihinsel çabalar, onların tükenmişlik yaşamalarına neden olmaktadır.
AMAÇ: Araştırma hemşirelerin duygusal emek davranışlarının tükenmişlik durumları ile ilişkisini belirlemek amacıyla tanımlayıcı ve ilişki arayıcı tasarımda gerçekleştirilmiştir.
YÖNTEM: Araştırmanın evrenini, Türkiye'nin doğusunda bir ilde faaliyet gösteren 4 hastanede çalışan hemşireler, örneklemini ise araştırmaya katılmayı kabul eden hemşireler oluşturmaktadır. Verilerinin toplanmasında hemşirelerin sosyo-demografik özellikleri-ni sorgulayan sorular ile "Duygusal Emek Ölçeği" ve "Maslach Tükenmişlik Ölçeği" ni içeren bir soru formu kullanılmıştır. Araştırma için Etik Kurul onayı ile yazılı resmi izinler alınmıştır. Dört yüz yirmi hemşirenin 264'ünden kullanılabilir veri elde edilmiştir. Veriler Haziran - Eylül 2011 tarihleri arasında toplanmıştır. Veri toplama aracının yanıtlanma oranı %62,8'dir. Veriler istatistik paket programı ile analiz edilmiştir.
BULGULAR: Araştırmaya katılan hemşirelerin genel olarak duygusal emek davranışlarının ve tükenmişlik durumlarının düşük olduğu belirlenmiştir. Ayrıca yüzeysel davranış ile duygusal tükenme ve duyarsızlaşma arasında, duygusal çaba harcama ve derinlemesine davranış ile duyarsızlaşma arasında, gerçek duyguları bastırma ile kişisel başarı hissi arasında pozitif yönde anlamlı ilişkiler olduğu saptanmıştır.
SONUÇ: Sonuç olarak, hemşirelerin duygusal emek davranışlarının tükenmişlik düzeyleri ile ilişkili olduğu ortaya konmuştur.

Anahtar kelimeler: Hemşirelik, duygusal emek, tükenmişlik

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INTRODUCTION

Since 1980, increasing focus has been given on the presence of emotions in work life and its role on organizational achievement. In work life, these emotions are not handled as feelings about work or caused by work but rather as working by assuming an "emotional sign" and endeavor to leave positive impression on the third parts (client, patient etc.). Conveying an emotional message to the other side at work is regarded among the necessities of work (Seçer, 2007).

Emotional labor is the process in which workers in face to face communication with people and serving them show certain emotions through verbal and non-verbal communication tools as a part of their employment contract in order to elicit some special feelings and reaction on people (Seçer, 2007). The concept of emotional labor was first dealt with in 1983 by Arlie Russell Hochschild in his book "The Managed Heart: Commercialization of Human Feeling," and accordingly, emotional labor was defined as the management of feelings by using observable and desired facial and physical signs as a part of work role (Hochschild, 1983). In later years, Ashforth and Humphrey (1993) defined emotional labor as "the reflection of feelings desired by the organization on customers in service processes, while Grandey (1999) described it as arranging both feelings and behaviors to serve the purposes of organization.

Workers demonstrate their emotional labors through surface acting, deep acting or genuine emotion. Surface acting is the attitude of suitably exhibiting unreal feelings and controlling real feelings. Constantly concealing real feelings could cause more emotional burnout and emotional inconsistency (Ashforth and Humphrey, 1993; Grandey, 2000; Zapf, 2002; Chu and Murrmann, 2005; Güngör, 2009; Çaldağ, 2010). Deep acting is the individual attitude of really trying to feel the emotions expected from them. This requires more efforts because the individual controls his feelings and thoughts and tends towards positive feelings through evoking positive feelings with past experiences and selecting suitable choice and not only assuming physically positive expression. In this regard, deep feelings require more deep acting (Ashforth and Humphrey, 1993; Grandey, 2000; Zapf, 2002; Chu and Murrmann, 2005; Güngör, 2009; Çaldağ, 2010). In genuine emotion, the individual does not play to the other side and behaves favorably because he is really ready to help and has positive feelings. Individual has less emotional labor in this type of act (Ashforth and Humphrey, 1993; Grandey, 2000; Chu and Murrmann, 2005; Çaldağ, 2010).

An important part of efforts made by individuals in work places involves dealing with others' feelings, and these feelings are not under their own initiative and bound to certain rules, and they are paid for works they realize with these emotions, which increase the importance of emotional labor in business world (Hochschild, 1983; Seçer, 2007; Özkaplan, 2009; Çaldağ, 2010). Institutions try to recruit individuals that could demonstrate emotions required for work roles and enable workers to display suitable feelings for work through punishment/reward mechanism and thus increase the institutional performance and customer satisfaction (Güngör, 2009). Many institutions even give in-company trainings about emotional rules or have books prepared for their employees (Güngör, 2009).

Positive emotions exhibited at work favourably affect customers' attitudes towards the institution and connect customers to the institution. Thus customers prefer this institution and provide benefits to the institution through word of mouth advertising services given by institution (Seçer, 2007; Güngör, 2009). However, customers receiving services from individuals who demonstrate emotions they don't really feel, can negatively affect the relation between workers and customers (Şengül, 2009).

On the other hand, workers try to suppress their real feelings and make more efforts to demonstrate the expected feelings when their real feelings and the expected feelings do not match or they lose control over their feelings (Grandey, 2000; Mann, 2005; Güngör, 2009). Emotional reactions that should be exhibited by workers are controlled by the organization, which oppress workers and increase work-related stress (Çaldağ, 2010). This emotional inconsistency and work stress wear down individuals in time and cause some undesired situations like making them experience overload of roles and internal conflict. Also it degrades their self-respect, they don't come to work or come late, and frequently take sick leave to stay away from job. This approach also alienates the worker from his/her job, and triggers work-family conflicts. Dissatisfaction from job eventually results in burnout (Ashforth and Humphrey, 1993; Grandey, 2000; Brotheridge and Grandey, 2002; Chu, 2002; Zapf, 2002; Heuven and Bakker, 2003; Mann, 2005; Montgomery et al., 2005; Zapf and Holz, 2006; Öz, 2007; Güngör, 2009; Köksel, 2009; Çaldağ, 2010).

In health sector which involves intense face-to-face interaction between served and the serving individuals, there has been an increasing interest in the use of emotional labor with the increasing importance of competition and quality, and it has become a necessity to provide service quality and customer (patient) satisfaction (Hochschild, 1983; Seçer, 2007; Gray, 2009; Güngör, 2009; Çaldağ, 2010). Health institutions expect from their workers to make customers pleased at work to provide patient satisfaction (Grandey, 2000; Mann, 2005; Seçer, 2007; Çaldağ, 2010). Patients evaluate the services according to psychological process in service delivery and consider that workers meeting their emotional requirements offer good quality services (Aslan and Özata, 2008; Gray, 2009).

Of all health professionals, nurses are the members of the team that mostly interacts and spends time with the patients. Nurses receive education about emotional control like empathy, touching, therapeutic communications during their professional training. Consequently, they demonstrate emotional labor in addition to physical and mental labors to provide effective services and abide by social, professional and institutional norms for patient care (Bolton, 2000; Gray, 2009).

Emotional labor constituting an important part of nursing, is a science and art that cannot be defined, explained and recorded most of the time (Bolton, 2000; McClure and Murphy, 2007). However, it was reported that nurses experience difficulty in protecting their mental health and feel burnout due to intense emotional labor they exercise in their communication with terminally ill, angry, hostile or uncooperative patients (Mann, 2005; Aslan and Özata, 2008). There are studies in literature investigating the relation between emotional labor behaviors of workers and different variables like job satisfaction, burnout and professional commitment (Grandey, 1999; Brotheridge and Grandey, 2002; Grandey, 2003; Köksel, 2009; Yalçın, 2010). However, the subject is a relatively new study field and has been recently received more attention in Turkey. There is no study in Turkey examining the relation between emotional labor behaviors and burnout levels of nurses, which makes this study important and timely. The present study provided important findings about the emotional labor behaviors of nurses especially working in Eastern Anatolia and the relation between these behaviors and burnout levels. In addition, the study contributes both to national and international literature and provides guiding principles to future studies.

METHODS

Purpose and Research Design: The study used a descriptive and correlational design to determine the relation between emotional labor behaviors and burnout levels of nurses.

Research Questions:
- What is the level of emotional labor behaviors of nurses?
- Is there a relation between emotional labor behaviors of nurses and their burnout levels?

Samples: The study population consisted of nurses working in four hospitals located in Eastern Anatolia, and included nurses agreeing to participate in the study. Data collection tool was distributed to 420 voluntary nurses through visiting each hospital, and usable data were obtained from 264 nurses. 62.8% of the participants responded to the questions contained in the data collection tool.

Instruments: A questionnaire including questions about socio-demographic properties of the nurses, the "Emotional Labor Scale" and the "Maslach Burnout Scale" were used for data collection.

The Emotional Labor Scale (ELS) was developed by Grandey (1999). Its Turkish reliability and validity study were made by Köksel (2009).This 5-point Likert scale (0=never, 1=rarely, 2=sometimes, 3=mostly, 4=always) was composed of 11 questions and 4 sub-dimensions (3 items - surface acting, 4 items - emotional labor, 2 items - deep acting, 2 items - suppressing real feelings). The Cronbach's Alpha value was determined in sub-dimensions as .75, .73, 0.60, and .63 (Köksel 2009). Cronbach's Alpha coefficients for this study were .60, .70, .65, and .63. The scale was evaluated considering the mean score of sub-dimensions. The higher mean scores of sub-dimensions indicate higher emotional labor level (Köksel, 2009).

The Maslach Burnout Scale (MBS) was developed by Maslach and Jackson (1981), and it was translated in Turkish by Ergin (1992) and its reliability and validity for health professionals in Turkey were tested. The scale is a 5-point Likert scale consisting of 22 items (0=never, 1=rarely, 2=sometimes, 3=mostly, 4=always). The scale has three sub-dimensions (personal achievement, emotional burnout, and desensitization) and its Cronbach's alpha coefficients for sub-dimensions were determined as .72, .83, and .65 by Ergin (1992), while for the presents study they were .77, .86, and .73. The scale was evaluated considering the total scores of sub-dimensions. Higher scores of emotional burnout and desensitization sub-dimensions as well as low scores of personal achievement sub-dimension indicate high burnout level (Ergin, 1992).

Ethical Considerations: Ethics committee approval and written official permission of hospitals included in the study were obtained before the onset of the study. In data collection phase, nurses were informed about the aim of the study and "informed consent principle" was fulfilled. After these explanations, nurses were informed that they could stop participation in the study anytime and thus the "autonomy" principle was respected. It was pointed out that obtained information and respondent identity would be kept secret, and thus "Anonymous and Secrecy" principle was ensured (Bayık, 2002; Ulusoy and Uçar, 2002).

Data Collection and Analysis: Study data were collected between June and September 2011. The collected data were transferred to computer and analyzed with frequency and percentage distribution tests and Pearson Correlation analysis using SPSS for Windows 17.0 package software.

RESULTS

Of the nurses participating in the study, 67% of them were employed in the Ministry of Health Hospitals, worked as bedside nurse (86.7%), and worked in medical or surgical clinics (61.7%). Of these nurses, 42.4% of them were university graduates or postgraduates, while 63.2% of them were under 30 years of age, and 57.2% of them rotated between day and night shifts. In addition, 53.4% of them were assigned to care for more than 20 patients a day and 60.6% of the participant nurses worked more than 40 hours a week.

Table 1. Distributions of The Mean Scores of Nurses in Sub-Dimensions of Emotional Labor Scale and Maslach Burnout Scale (n=264)

Scale	Sub-dimension	Min.	Max.	M±SD
Sub-dimension of Emotional Labor Scale	Surface acting	0	4	1.14±.79
	Emotional Labor	0	3.5	1.58±.89
	Deep acting	0	4	1.67±.95
	Suppressing real feelings	0	4	2.35±.87
Sub-dimensions of Maslach Burnout Scale	Emotional burnout	0	36	15.14±7.48
	Desensitization	0	18	5.09±3.98
	Personal achievement	2	32	21.31±4.96

In the evaluation of mean sub-dimension scores of ELS and MBS, ELS was determined to remain under the mean value in all sub-dimensions, and the mean scores of "surface acting" (1.14±.79), "emotional labor" (1.58±.89) and "deep acting" (1.67±.95) sub-dimensions were lower than the mean score of "suppressing real feelings" (2.35±.87) sub-dimension. On the other hand, the mean scores of "emotional burnout" (15.14±7.48) and "desensitization" (5.09±3.98) sub-dimensions of MBS were low, while the mean score of "personal achievement" (21.31±4.96) sub-dimension was high (Table 1).

Table 2. Relations Between Emotional Labor Behaviors and Burnout Levels (n=264)

MBS sub-dimensions	Emotional burnout		Desensitization		Personal achievement	
ELS Sub-dimensions	**r**	**p**	**r**	**p**	**r**	**p**
Surface acting	.341	.000*	.347	.000*	.046	.455
Emotional labor	.110	.075	.190	.002**	.076	.216
Deep acting	.119	.054	.220	.000*	.112	.068
Suppressing real feelings	.067	.280	.099	.107	.150	.014**

**p<0.001, **p<0.05*

The investigation of correlations between emotional labor behaviors and burnout levels of the nurses (Table 2) demonstrated weak but positive and significant relations between "surface acting" and "emotional burnout" (r=.34, p=.000) and "desensitization" (r=.34, p=.000) ; "emotional labor" (r=.19, p=.002) and "deep acting" (r=.22, p=.000) and "desensitization"; "suppressing real feelings" and "personal achievement" (r=.15, p=.014).

DISCUSSION

Nurses work face-to-face with patients most of the time and encounter intense emotional reactions of patients as part of their job. Therefore, they sometimes experience some unfavorable situations when they try to satisfy these demands. As a result of this study which investigated the relation between emotional labor and burnout level of nurses, low emotional labor behaviors and burnout levels were detected among nurses. Nurses were found to demonstrate mostly the behavior of "suppressing real feelings" and rarely "surface acting". Considering the burnout levels of nurses, their desensitization levels were found quite low, while their achievement feelings were quite high.

It was a pleasing finding that nurses had low burnout level, while the low emotional level was an undesired result. However, it is considered that nurses did not demonstrate emotional labor because they were employed in public hospitals where any competition between these institutions is not a matter of concern. Besides, nurses employed in these hospitals had job security, and they can be hardly dismissed. Also managers of these health organizations did

not demand emotional labor from them. In addition, these findings indicate that nurses did not show emotional labor due to their intense work load because they were young and worked as service nurses both in day and night shifts for more than 40 hours a week they also provided care for more than 20 patients a day. From another aspect, nurses were novice in their profession, and under 30 years of age in general with low experience levels. In addition during professional education of nurses importance of emotional side of nurse care was not emphasized.

It can be suggested that emotional labor levels of nurses are quite low because they are women and they can show their feelings more easily than men (Özkaplan, 2009) In addition, they can easily manage the work place (Grandey, 2000), and the society expects more emotionality from nurses (Man and Öz, 2009). In a study, doctors working in public hospitals, reportedly demonstrated less deep acting and less frequently suppressed their feelings (Köksel, 2009).

The investigation of the relation between emotional labor behaviors and burnout levels of the nurses revealed that surface acting increased emotional burnout and desensitization levels of nurses, while emotional labor and deep acting increased desensitization levels, and suppressing real feelings increased personal achievement feeling. These relations indicate that emotional burnout and desensitization levels of nurses were low because they did not show surface acting much. Furthermore, their desensitization levels were low due to their inadequate emotional labor and deep acting behaviors. In addition, personal achievement feeling of nurses was high because they suppressed their real feelings, rather than showing emotional labor or deep acting behaviors.

In the literature many studies have been cited which were performed on different fields of service including university personnel (Grandey, 1999), doctors (Oral and Köse, 2011), workers from different service fields (Brotheridge and Grandey, 2002), university administrative assistants (Grandey, 2003), waiters (Yalçın, 2010), bank employees (Öz, 2007) and health staff (Çaldağ, 2010). Some studies reported different results about the relations between emotional labor and burnout. In most of these studies, positive and significant correlation was observed between surface acting and emotional burnout (Grandey, 1999; Brotheridge and Grandey, 2002; Grandey, 2003; Montgomery et al., 2006; Köksel, 2009) and desensitization levels (Grandey, 1999; Brotheridge and Grandey, 2002; Montgomery et al., 2006; Köksel, 2009), which is similar to the findings of the present study. However some studies reported negative correlations between surface acting and emotional burnout (Çaldağ, 2010), and some other studies determined no significant correlation between surface acting and emotional burnout and desensitization levels (Yalçın, 2010). In the general review of these findings, it could be suggested that despite some differences, surface acting increases emotional burnout and desensitization levels of individuals. Suppressing their real feelings and surface acting the expected behaviors, eventually expose the nurses to adverse effects of desensitization and emotional burnout.

In the present study, no significant relation was detected between surface acting and personal achievement, and similarly, the studies implemented on doctors (Oral and Köse, 2011) determined no significant relation between surface acting and personal achievement feeling. However, different from these results, it was determined that surface acting was negatively related to personal achievement feeling for university staff (Grandey, 1999) and different professionals (Brotheridge and Grandey, 2002), while another study reported a significant and positive relation between surface acting and personal achievement feelings of waiters (Yalçın, 2010).

As a result of the study, emotional labor and deep acting increased the level of desensitization, while no relation was observed between these behaviors and emotional burnout and personal achievement. Deep acting and emotional labor require a great deal of effort; therefore, these behaviors result in emotional burnout and do not increase personal achievement feelings. However, these behaviors cause desensitization which increases in severity with time. There are different study results in literature regarding these findings. Especially in studies about doctors (Köksel, 2009; Çaldağ, 2010), positive relations were detected between emotional labor and emotional burnout and desensitization, while negative relations were observed between deep acting and the level of desensitization (Köksel, 2009). Other studies reported negative and significant relations between deep acting, levels of desensitization and emotional burnout (Yalçın, 2010), as well as emotional labor and emotional burnout (Chu, 2002). In addition, some other studies determined no significant relation between deep acting and emotional burnout (Grandey, 2003; Montgomery et al., 2006; Oral and Köse, 2011), level of desensitization (Brotheridge and Grandey, 2002; Montgomery et al., 2006) and personal achievement feeling (Montgomery et al., 2006; Oral and Köse, 2011), however, another study reported positive relation between deep acting and personal achievement (Brotheridge and Grandey, 2002).

It was also stated that suppression of real feelings elevates the personal achievement feeling of nurses. The evaluation of these findings together with the results on surface acting indicates that nurses regard the suppression of real feelings as a criterion for personal achievement, while they do not perceive the exhibition of the expected feelings as a personal achievement. It is not always easy to suppress real feelings against chronic patients, and patients in their terminal period who require intense emotionality. Nurses included in the study were young and less experienced and provided care to a great number of patients. Therefore, it is considered that they did not show much emotional labor, deep or surface acting behaviors and instead suppressed their real feelings, and also they regarded this attitude as an achievement.

CONCLUSION

In the study, it was concluded that emotional labor and burnout levels of nurses were low, and emotional labor behaviors affected their burnout levels and especially increased desensitization. However, the subject is relative new to nursing and further studies should be implemented about these issues among nurses.

Limitations of Study

The results of this study are limited to the nurses working in four hospitals in a province located in the Eastern Anatolia. More generalizable results can be obtained with new researches performed in different regions and with larger sampling size. In addition, the inexistence of studies investigating the relations between emotional labor behaviors and burnout levels of the nurses causes some limitation in the discussion of the study findings.

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