

Emotional Labor Behaviors of Postgraduate Nursing Students Who Continue Education Along with Work and Affecting Factors: A Cross-Sectional Study

Çalışarak Eğitimine Devam Eden Hemşirelik Lisansüstü Öğrencilerinin Duygusal Emek Davranışı ve Etkileyen Faktörler: Kesitsel Bir Çalışma

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ABSTRACT Objective: The aim of this study is to determine the emotional labor behavior of nurses who continue their education while working and its affecting factors. **Material and Methods:** The sample of the cross-sectional study consists of nursing graduate students who continue their education while working (n=173). Research data have been collected by “descriptive information form” and the HDEPS. Number, mean, percentage distribution, independent sample t-test/Mann-Whitney U test and one-way ANOVA/Kruskal-Wallis tests were used in the statistical analysis of the data. **Results:** The mean age of the nurses was 29.39±5.39, and 87.3% of them were women. Mean scores of the emotional labor behavior scale in nurses has been found like these; superficial behavior 3.87±0.50; in-depth behavior 3.94±0.46; and sincere behavior 4.04±0.57. The women’s HDEPS in-depth behavior subscale average score was found to be significantly higher than that of men, while the HDEPS sincere behavior subscale score average of nurses working in private hospitals and receiving communication training was found to be significantly higher than the other groups. The HDEPS superficial behavior subscale mean score of the emergency service workers was significantly lower than the other groups; nurses working 40 hours or less per week had a significantly higher HDEPS superficial behavior subscale score than the other groups (p<0.05). **Conclusion:** It was concluded that the nurses showed the highest sincere behavior and the lowest superficial behavior, and that personal and professional factors were associated with emotional labor behavior.

ÖZET Amaç: Bu araştırmanın amacı, çalışarak eğitimine devam eden lisansüstü eğitim alan hemşirelerin duygusal emek davranışı ve etkileyen faktörlerin belirlenmesidir. **Gereç ve Yöntemler:** Kesitsel tipte olan araştırmanın örneklemini çalışarak eğitimine devam eden hemşirelik lisansüstü öğrencileri oluşturmaktadır (n=173). Araştırma verileri Mayıs 2019-Aralık 2020 yılları arasında “tanıtıcı bilgi formu” ve Hemşirelerin Duygusal Emek Davranışı Ölçeği (HDEDÖ) kullanılarak yüz yüze toplanmıştır. Verilerin istatistiksel analizinde sayı, ortalama, yüzde dağılımı, independent sample t-test/Mann-Whitney U test ve one-way ANOVA/Kruskal-Wallis testleri kullanılmıştır. **Bulgular:** Araştırmaya katılan hemşirelerin yaş ortalaması 29,39±5,39 olup, %87,3’ü kadındır. HDEDÖ’nün alt boyut puan ortalamaları incelendiğinde yüzeysel davranış 3,87±0,50; derinlemesine davranışın 3,94±0,46; samimi davranışın 4,04±0,57 olduğu saptanmıştır. Kadınların HDEDÖ derinlemesine davranış alt ölçeği puan ortalaması erkeklerden, özel hastanede çalışan ve iletişim konusunda eğitim alan hemşirelerin HDEDÖ samimi davranış alt ölçeği puan ortalaması diğer gruplardan anlamlı düzeyde daha yüksek bulunmuştur. Acil servis çalışanlarının HDEDÖ yüzeysel davranış alt ölçeği puan ortalaması diğer gruplardan anlamlı düzeyde düşük; haftada 40 saat ve altı çalışan hemşirelerin HDEDÖ yüzeysel davranış alt ölçeği puan ortalaması diğer gruplardan anlamlı düzeyde daha yüksek bulunmuştur (p<0,05). **Sonuç:** Araştırmada, hemşirelerin en yüksek samimi davranış, en düşük ise yüzeysel davranış gösterdikleri, kişisel ve mesleki faktörlerin duygusal emek davranışı ile ilişkili olduğu sonucuna ulaşılmıştır.

Keywords: Nurse; emotional labor; postgraduate education

Anahtar Kelimeler: Hemşire; duygusal emek; lisansüstü eğitim

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Emotions have been accepted as a labor element since 1970s. The concept of emotional labor, which was first used by Hochschild (1983), was defined as the “individual’s management of feelings by using facial and body indicators as a part of his/her job to support organizational goals”. According to Hochschild, all emotions felt by the members within the organization are emotional labor. It consists of 3 sub-concepts defining proximity or distance between the way how the employee expresses his/her feelings according to his service and his/her individual way of expressing emotions. It is possible to mention sincere behaviour when these 2 feelings are close to each other and surface acting if they are far from each other.^{1,2} The contradiction between the expected exhibition of emotions and the real emotions of the employees may cause stress and this situation increases burnout among them. In addition to this, variables such as performance, commitment to work, discontinuity and intention to quit job are influenced by the level of emotional labor. Emotional labor also affects work and organizational performance.³⁻⁵

Healthcare facilities are among the institutions requiring high performance from their employees in order to reach organizational goals and to gain a competitive strength in the industry. The performance of the nurses, who constitute a large portion of human power in the healthcare industry, is highly important for the organizations as well as service recipients since they are the key members within the healthcare team who are continuously in communication with the patient/healthy individuals and their families and directly affect health outputs with the nursing care they provide.⁶ Nurses manage their feelings while having a continuous communication with the individuals and they show emotional labor behaviors along with this. Also, they are expected to smile, empathetic, trustworthy, knowledgeable, helpful and authorized in professional knowledge and skills and also to maintain these characteristics in all areas of working life.⁷

Nurses experience intense emotional situations in the working environment and they put a lot of effort to manage their feelings while experiencing emotional incompatibility. Emotional labor has an

important place and meaning in the profession of nursing in order to feel and manage intense emotions of their patients and their relatives such as pain, fear, anxiety or panic.⁸ Inconsistency between the real and expressed feelings affect health of the nurses in a negative way while increasing their stress.⁹

Rapidly changing conditions of today and complex technologies, excessive workload and intense human relationships result in the expansion of nurses’ responsibilities and authority. These changes and developments require nurses to be healthcare professionals who are aware of their feelings, who can manage their feelings, who can make empathy, who can motivate themselves, who provide an effective communication and who have a well developed emotional labor behavior.¹⁰ Exhibition of emotional labor behavior by the nurses as they wish is important for the patients to feel safe and comfortable and this is also addressed as a part of nursing profession.⁷ In the recent studies evaluating emotional labor behavior among clinical nurses, it has been shown that emotional labor behavior is affected by the factors such as personality traits of the nurses, their sex, position in the institution and professional experience, individual and cultural characteristics of the patients, hospitalization time, disease characteristics and communication style with patients’ relatives.¹¹⁻¹³

The number of nurses having postgraduate education is increasing in our country each year.¹⁴ Postgraduate education aims to promote professional values and behaviors of the nurses.¹⁵ On the other hand, education process requires a highly intensive labor and time. A very hectic postgraduate education period may affect the performance of the nurses who have a profession that requires dedication.¹⁴ It is thought that emotional labor behavior, that is directly related with professional performance and indirectly related with institutional performance, may be associated with postgraduate education period. Evaluation of emotional labor behavior and affecting factors among the nurses will be an important step in the improvement of healthcare services, promotion of care quality and determination of the requirements while taking professionalization steps in the nursing profession.

Based on this need, this study aimed to determine emotional labor behavior and affecting factors among the nurses who continue postgraduate education along with work.

MATERIAL AND METHODS

DESIGN

This study was carried out as a cross-sectional study.

SAMPLE AND SAMPLING METHOD

The universe of the sample was composed of nursing students having postgraduate education in the institutes of health sciences in the province of İzmir in the Aegean Region. It was determined in line with the information taken from the universities during 2019-2020 spring term. It consisted of postgraduate students studying at health sciences institutes of 3 universities in İzmir. No sample was selected; and the study was completed with voluntary participants who were contacted during 2019-2020 academic year. The inclusion criteria of the study were “working as a nurse at least for one year” and “having a postgraduate education”. Face-to-face interview technique was used to collect data in the study. Data collection forms were given to 300 students who met the inclusion criteria and approved to participate in the study voluntarily. 207 of these students returned the forms. Among these, a total of 173 students were included since 34 forms were empty or lacking information. Thus, 67% of the planned sample size was attained.

DATA COLLECTION INSTRUMENTS

Study data were obtained by descriptive information form and Emotional Labor Behavior Scale of Nurses (ELBSN).

Descriptive information form: This form was prepared by the researchers in line with the relevant literature and consisted of a total of 21 questions including 19 closed-ended ones assessing age, sex, educational status, information regarding the institution and unit, duration of experience, working style, weekly working hours, average number of patients per day, staff status, manner of assignment to the working unit, status of choosing the profession willingly, job satisfaction, parallelism between the postgraduate education and working unit, intention to quit work, vo-

educational training for communication, opportunities provided in working life to express feelings and status of managing feelings while providing care, and 2 open-ended questions assessing the most intensive emotion felt for the working institution and the effect of postgraduate education on emotion management.

ELBSN: This 5-point Likert type scale was developed by Değirmenci and Baykal and included 24 items. The scale is composed of three subdimensions such as surface acting (items 1-6), in-depth behaviour (items 7-19) and sincere behaviour (items 20-24). The scale is scored as “1 point=totally disagree and 5 points=totally agree”.

Accordingly, the lowest score that can be obtained from the scale is 24 and the highest score is 120. There is no reverse coded item in the scale. According to its validity and reliability study, Cronbach’s alpha coefficients were determined as 0.90 for ELBSN and 0.75 for surface acting, 0.86 for in-depth behaviour and 0.75 for sincere behaviour subdimensions. While the scores obtained from the scale are evaluated, an arithmetic mean is calculated by dividing total score obtained from all subdimensions with the number of items. Higher mean scores from the scale subdimensions indicate the level of the exhibition of that behavior.⁷ In this study, Cronbach alpha coefficient of the scale was found as 0.851 for the whole scale, and coefficients were found as 0.65 for surface acting, 0.79 for in-depth behaviour and 0.74 for Sincere Behaviour.

DATA ANALYSIS

IBM SPSS Statistics for Windows, Version 25.0. (IBM Corp. Armonk, NY: USA. Released 2017) package program was used for the analysis of data. Kolmogorov-Smirnov test and histograms were used to assess normality assumption of the data. Parametric tests were used to analyze variables conforming to normal distribution and nonparametric tests were used for the variables which did not show normal distribution in the study. Descriptive statistics such as numbers, percentages, mean and standard deviation were used to assess data. Independent samples t-test was used to compare variables in 2 independent groups showing normal distribution and Mann-Whitney U test was used for the groups which were not

showing normal distribution. One-way ANOVA was used to compare more than 2 independent groups with normal distribution and Kruskal-Wallis test was used for more than 2 groups with showing no normal distribution. The results were evaluated within a confidence interval of 95% and at a significance level of $p < 0.05$. In the power analysis based on significance, the test of the difference between the 2 means was determined by the G*Power 3.1.9.2 program developed at Heinrich Heine University in Düsseldorf, Germany and the power of the study was determined as 89%.

ETHICAL ASPECT OF THE STUDY

An ethics approval was obtained from Scientific Research and Publication Ethics Committee of Ege University Faculty of Health Sciences to conduct the study (date: February 14, 2019, no: 02/06). Moreover, each participant provided a written consent to collect data and a permission was requested from the author of ELBSN to use it in the study. The participants were informed about the aim of the study to apply data collection forms and a verbal consent was taken from each after explaining that their personal data would be kept confidential and would not be used for any purpose except the study. The study was conducted in accordance with the principles set out in the Helsinki Declaration.

RESULTS

Mean age of the nurses participated in the study was 29.39 ± 5.39 years old, 61.8% were within 23-29 year old group and 87.3% were females. 77.5% master degree and 22.5% doktorate of the nurses were continuing their education at postgraduate level. 69.4% of the nurses were working in a university hospital, 31.2% were working in internal clinics and 39.3% had a duration of experience more than 6 years. 78.0% of the nurses had a work schedule in shifts, 41.6% were working for 41-49 hours per week and providing care to 21.11 ± 39.73 (minimum-maximum: 0-350) patients per day and 59.5% were contract staff. 60.1% of the nurses were assigned to the working unit on their will and 78.6% chose nursing profession willingly. 53.2% of the nurses reported that they had an intention to quit work and 71.7% reported that they were satisfied with their jobs. It was also reported that postgraduate edu-

cation was parallel with their working unit by 57.2%, they have not taken any training about the communication with patient in the working institution by 55.5%, managers created opportunities for the expression of their feelings by 54.3%, they could express their feelings while providing care by 80.9% and they could manage their feelings while providing care partly at a good level by 52.0% (Table 1).

When the scores of nurses from the subdimensions of emotional labor behavior scale were examined, mean scores were found as 3.87 ± 0.50 for surface acting, 3.94 ± 0.46 for in-depth behaviour and 4.04 ± 0.57 for sincere behaviour (Table 2).

The distribution of mean subdimension scores of ELBSN based on the general characteristics of the nurses was given in Table 1. Based on this, mean in-depth behaviour score of the females was found to be higher than the males. Moreover, mean sincere behaviour behavior scores of the nurses who were working in private hospitals and had training for communication were found to be significantly higher than the other groups (Table 1). In addition to this, mean surface acting score of the emergency service staff was found to be significantly lower than the other groups whereas mean surface acting score of the nurses who were working 40 hours and less per week was found to be significantly higher than the other groups ($p < 0.05$) (Table 1).

It was also found that mean ELBSN subdimension scores of the nurses in the study were not affected by age, academic level, working year, work schedule, the average number of patients per day, staff status, manner of assignment to the working unit, job satisfaction, parallelism between the education and working unit, opportunities provided by the manager for emotional expression, expression of feelings to patients while providing care and management of feelings while providing care ($p > 0.05$) (Table 1).

DISCUSSION

It is very important for the organizations as well as care recipients that nurses, who deal with suffering people at zero point due to their working conditions, can manage their feelings and show emotional labor behaviors.

TABLE 1: Distribution of mean subdimension scores of emotional labor behavior scale based on the general characteristics of the nurses.

Characteristics	Category	n (%)	Mean±SD		p and test		p and test		p and test	
			Superficial behaviour	value	In-depth behaviour	value	Sincere behaviour	value		
Age (years)	23-29	107 (61.8)	3.84±0.49	U=-1.578	3.93±0.46	t=0.911	4.07±0.58	U=-1.066		
U/p	30-45	66 (38.2)	3.93±0.53	p=0.115	3.96±0.48	p=0.363	3.99±0.56	t=0.286		
Sex	Female	151 (87.3)	3.90±0.49	U=-1.444	3.97±0.45	t=2.170	4.04±0.84	U=0.069		
	Male	22 (12.7)	3.69±0.59	p=0.149	3.74±0.53	p=0.031*	4.00±0.77	p=0.945		
Academic level	Master degree student	134 (77.5)	3.86±0.51	U=-1.096	3.92±0.45	t=0.986	4.06±0.58	U=-1.124		
	Candidate PhD	39 (22.5)	3.94±0.48	p=0.273	4.00±0.49	p=0.325	3.96±0.54	p=0.261		
Hospital type	University ^a	120 (69.4)	3.93±0.52	KW=5.271	3.96±0.47	t=1.707	4.07±0.57	KW=6.619		
	Public ^b	45 (26.0)	3.75±0.49	p=0.072	3.86±0.46	p=0.185	3.89±0.53	p=0.037		
	Private ^c	8 (4.6)	3.77±0.27		4.16±0.26		4.38±0.59	c>a>b		
Working unit F/p	Internal clinics ^a	54 (31.2)	3.98±0.49	KW=7.203	3.96±0.49	KW=1.968	4.17±0.57	KW=5.166		
	Surgical clinics ^b	47 (27.2)	3.94±0.42	p=0.066*	4.02±0.43	p=0.121	4.05±0.55	p=0.160		
	Emergency service ^c	32 (18.5)	3.69±0.62	c<a,b,d	3.95±0.53		3.93±0.65			
	Intensive care ^d	40 (23.1)	3.80±0.50		3.79±0.39		3.93±0.50			
Working years	1 year	39 (22.5)	3.80±0.35	KW=4.939	3.87±0.40	F=0.557	4.10±0.54	F=0.373		
	2-5 years	66 (38.2)	3.83±0.59	p=0.085	3.95±0.51	p=0.574	4.00±0.61	p=0.689		
	6 and more	68 (39.3)	3.96±0.48		3.96±0.45		4.04±0.55			
Work schedule	In shifts	135 (78.0)	3.84±0.47	KW=8.489	3.92±0.43	KW=2.208	4.04±0.53	KW=2.223		
	Day	22 (12.7)	4.03±0.72	p=0.014	4.02±0.56	p=0.332	4.14±0.76	p=0.327		
	Night	16 (9.2)	3.97±0.41		3.98±0.62		3.93±0.61			
Working hours	0-40 hours	55 (31.8)	4.01±0.44	KW=7.321	3.91±0.42	F=2.053	3.97±0.48	F=0.839		
	41-49 hours	72 (41.6)	3.82±0.52	p=0.026*	3.89±0.48	p=0.132	4.03±0.58	p=0.434		
	50 and more	46 (26.6)	3.80±0.52		4.06±0.48		4.12±0.65			
The number of patients per day	0-5 patients	61 (35.3)	3.83±0.49	KW=0.764	3.91±0.42	F=0.243	3.98±0.50	KW=3.216		
	6-20	69 (39.9)	3.92±0.44	p=0.683	3.96±0.48	p=0.785	4.14±0.58	p=0.200		
	20 and more	43 (24.9)	3.86±0.61		3.96±0.51		3.96±0.63			
Staff status	Permanent	70 (40.5)	3.90±0.52	U=-0.352	3.94±0.44	t=0.023	4.00±0.56	U=-0.941		
	Contract	103 (59.5)	3.86±0.49	p=0.725	3.94±0.48	p=0.987	4.06±0.58	p=0.347		
Manner of assignment	On his will	104 (60.1)	3.86±0.54	U=-0.510	3.99±0.49	t=0.002	4.08±0.57	U=-1.157		
	Against his will	69 (39.9)	3.90±0.45	p=0.610	3.87±0.45	p=0.116	3.98±0.57	p=0.247		
Status of choosing profession willingly	Yes	136 (78.6)	3.93±0.45	U=-0.011	3.88±0.51	U=-1.209	4.06±0.55	U=-1.006		
	No	37 (21.4)	3.98±0.50	p=0.991	3.87±0.50	p=0.227	3.95±0.63	p=0.991		
Intention to quit work	Yes	92 (53.2)	3.86±0.53	U=-0.109	3.94±0.47	t=-0.056	4.03±0.60	U=-0.084		
	No	81 (46.8)	3.89±0.47	p=0.913	3.94±0.46	p=0.956	4.04±0.53	p=0.933		
Job satisfaction	Yes	124 (71.7)	3.87±0.51	U=-0.220	3.96±0.43	U=-1.001	4.07±0.54	U=-1.268		
	No	49 (28.3)	3.90±0.48	p=0.826	3.88±0.54	p=0.317	3.96±0.64	p=0.205		
Parallelism of the working unit and education	Yes	99 (57.2)	3.84±0.51	U=-0.860	3.92±0.45	t=-0.756	4.06±0.54	U=-0.656		
	No	74 (42.8)	3.92±0.50	p=0.390	3.97±0.48	p=0.451	4.00±0.61	p=0.512		
Taking training on communication	Yes	77 (44.5)	3.87±0.61	U=-0.238	3.95±0.51	t=0.331	4.14±0.62	U=-2.337		
	No	96 (55.5)	3.88±0.40	p=0.812	3.92±0.42	p=0.741	3.96±0.52	p=0.019*		
Having opportunity to express feelings	Yes	94 (54.3)	3.91±0.48	U=-0.835	3.92±0.41	t=0.431	4.06±0.56	U=-1.035		
	No	79 (45.7)	3.82±0.53	p=0.403	3.97±0.53	p=0.667	4.02±0.59	p=0.301		
Emotional expression while providing care	Yes	140 (80.9)	3.85±0.51	U=-1.522	3.97±0.45	t=1.552	4.08±0.56	U=-1.781		
	No	33 (19.1)	3.98±0.47	p=0.128	3.83±0.51	p=0.123	3.88±0.60	p=0.075		
Emotional management while providing care	Partially sufficient	90 (52.0)	3.84±0.44	U=-1.560	3.90±0.45	t=-1.053	4.02±0.52	U=-0.757		
	Sufficient	83 (48.0)	3.91±0.57	p=0.119	3.98±0.48	p=0.295	4.06±0.62	p=0.449		

*p<0.05; U: Mann-Whitney U; KW: Kruskal-Wallis; SD: Standard deviation.

TABLE 2: Mean subdimension scores of ELBSN.

ELBSN	Number of items	Possible score range	Mean±SD	Minimum-maximum
Superficial behaviour	6	1-5	3.87±0.50	1.50-5.00
In-depth behaviour	13	1-5	3.94±0.46	2.31-5.00
Sincere behaviour	5	1-5	4.04±0.57	2.00-5.00

ELBSN: Emotional Labor Behavior Scale of Nurses; SD: Standard deviation.

The evaluation of emotional labor behavior, that is directly associated with professional performance and indirectly with institutional performance, and affecting factors among the postgraduate nurses who make a great effort towards professionalization will be a significant step for the promotion of healthcare services, improvement in quality of care and determination of the needs towards becoming more professional. In this study, emotional labor behavior and affecting factors were examined among the postgraduate nursing students who were continuing education along with work.

In this current study examining mean emotional labor behavior subdimension scores among the nurses continuing postgraduate education, it was found that mean sincere behaviour score was the highest (4.04±0.57) and surface acting score was the lowest (3.87±0.50) (Table 1). In the study by Yıldız which was carried out with nurses, mean sincere behaviour score was found to be higher than the mean surface acting score as parallel to the current study.¹⁶ Similarly, Ozkol et al. evaluated emotional labor levels of the nurses in their study; and found the lowest score in surface acting.¹⁷ Also in the study by Yılmaz and Orak, it was seen that nurses used sincere behaviour in their working life at most and used surface acting at least.¹⁸ Moreover, in the study by Ozturk et al. which was conducted with 152 academic nurses, surface acting had the lowest score.¹⁹ In another study by Badolamenti et al (2018), it was concluded that nurses used in-depth behaviour mostly. Nurses feel that patients expect certain behaviors from them and for that reason, they struggle to behave as expected.²⁰ The expectation from the nurses to be involved in the care emotionally is among the expectations of the patients and healthcare institutions as well as in traditional nursing care images.²¹ The high score found in

the sincere behaviour in the current study might be associated with the development of behaviors in line with the professional expectations.

When general characteristics of the nurses were examined, mean in-depth behaviour score of the females was found to be significantly higher than the males. In the study by Yılmaz and Orak which was carried out with the nurses, mean in-depth behaviour score was found to be significantly higher among the females as parallel to the current study.¹⁸ In the other studies, male nurses were observed to show surface acting more than the female nurses. In the study by Yıldız which was conducted with nurses, no difference was found between emotional labor subdimensions and sex unlike current studies.¹⁶ Despite different results in the literature, Hocschild supported this by hypothesizing that females were more successful in emotion management compared to the males.²² On the other hand, Zamanzadeh et al. have postulated that the role of women in caring for family members reflect to their presentation of nursing service and therefore, their natural emotions during nursing may be a significant factor in their ability to develop sincere behaviour.²³ In addition, emotional expression and emotion management skills of female nurses were reported to be higher than the males.²⁴

In this study, the relationship between the hospital type and emotional labor was investigated and it was found that nurses working in private hospitals had higher sincere behaviour than the ones working in university hospitals; and the nurses working in the university hospitals showed higher sincere behaviour compared to the ones working in public hospitals. In the studies evaluating the effect of hospital type on emotional labor behaviors, by Oral and Kose found that doctors working in public hospitals showed more

surface acting as parallel to the current study.²⁵ Hospitals continue working as enterprises following Health Transformation Program.

This requires to control and improve service quality continuously and brought the performance indicators of its employees and patient satisfaction to the forefront.^{26,27} In line with the requirements of this transformation, nurses are expected to avoid expressing negative feelings and to show compassion, empathy and genuine concern for their patients. This makes nurses to avoid sincere behaviors and to present with surface acting. Ashforth and Humphrey and Bolton indicated that employees were integrated with the the goals of the organization about who they were, what they were a part of and how they should feel and behave with the sense of belonging created by corporate culture in the private institutions and thus, exhibited suitable behaviors.^{28,29} Although it is thought that the difference found in favor of sincere behaviour might have associated with the corporate culture in the private hospitals, the numerical difference between the groups in the current study is considered to affect the result.

The relationship between the status of having a training about communication and emotional labor behaviors was investigated in the study and it was seen that nurses, who had a training on communication, showed sincere behaviour more. Emotional labor behavior of the nurses begins with revealing how they managed their feelings and what they felt while they were in communication with their patients.⁷ Nurses who are obliged to establish a face-to-face communication continuously use one of three different types of emotional labor in their relationships with patients.¹³ The strategies of the institution are highly important in making emotional responses of the nurses, who have to use all types of communication, acceptable within the organization and aligning with organizational goals. As seen in the results of this current study, positive institutional policies will also affect emotional labor behaviors of the employees in a positive way just like interpersonal communication training.¹¹

In the study, mean surface acting score of the emergency service staff was found to be significantly

lower than the other groups. Ozkol et al. found in their study that nurses who provided care to less number of patients and Dogan and Sıgır reported that nurses working in inpatient services showed more surface acting unlike the emergency services with high number of patients.^{11,17} Although no statistically significant difference was detected in this study which gave different results from the literature, it was observed that there weren't difference at sincere behaviour scores of the emergency service.

No studies were found in the literature investigating emotional labor behaviors of the nurses working in the emergency service, but, it is well known that conditions in emergency service have a significant impact on the emotions of staff. Emergency service staff, who face with difficult and emergent cases under these conditions, try to overcome the situations they meet at the expense of hiding fears and emotions. This effort is thought to be associated with the lower scores of emergency service staff from emotional labor behavior subdimensions.²⁸

In the study, mean surface acting score of the nurses, who were working for 40 hours and less, were found to be significantly higher than the other groups. In the literature, there are studies reporting that employees with no overtime exhibited less surface acting or working hours were not associated with the subdimensions of emotional labor behaviors.^{18,30} On the other hand, it was indicated that factors increasing burnout among nurses such as overtime might affect surface acting among them.³¹ However, various factors such as the adequacy of resting times during the working hours of nurses, level of meeting individual needs and the burden of non-nursing responsibilities might also have an impact on the high level of surface acting among the nurses working with less working hours.^{18,31}

LIMITATIONS OF THE STUDY

This study was limited to 173 nurses continuing their postgraduate education in the institutes of three universities in the province of İzmir in the Aegean Region and the forms were created based on subjective reports. Some of the data collection process of the study coincided with the initial stage of the pandemic process. The initial phase of the pandemic has cre-

ated a major crisis for everyone, especially nurses. In this process, the fact that some of the participants continued their classes online and some of them continued face-to-face, causing difficulties in time management. It is an expected situation that all these have an effect on the emotional labor behaviors of nurses. Therefore, the results cannot be generalized to the entire nursing population.

CONCLUSION

In this study which was carried out with 173 nurses to identify emotional labor behaviors of nurses having postgraduate education and affecting factors, it was found that nurses showed sincere behaviour at most and surface acting at least; and personal and professional factors created significant differences in the subdimensions of emotional labor behavior. It was also concluded that sex affected in-depth behaviour, working unit and hours affected surface acting and having a training about communication affected sincere behaviour in the study.

Based on the results of this study, it can be suggested to increase the number of trainings about in-house interpersonal communication that promote genuine emotional labor behaviors which have a positive impact on job satisfaction of the nurses and care satisfaction of the patients by being aware of the factors affecting emotional labor behaviors of the nurses having postgraduate education. It is also recommended to conduct new studies by using qualitative and mixed research methods in order to obtain in-depth data about emotional labor behaviors of the nurses having postgraduate education.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Mahire Olcay Çam, Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli, Ege Miray Topcu, Aysel Avcı, Yeliz Aktaş; **Design:** Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli; **Control/Supervision:** Mahire Olcay Çam; **Data Collection and/or Processing:** Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli, Ege Miray Topcu, Aysel Avcı, Yeliz Aktaş; **Analysis and/or Interpretation:** Cansu Güler, Hatice Dayılar Candan; **Literature Review:** Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli; **Writing the Article:** Mahire Olcay Çam, Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli; **Critical Review:** Mahire Olcay Çam, Cansu Güler; **Resources and Funding:** Mahire Olcay Çam, Cansu Güler, Hatice Dayılar Candan, Özgür Demir Gayretli, Ege Miray Topcu, Aysel Avcı, Yeliz Aktaş.

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