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# STRESS IN NURSING PROFESSION AND THE EMOTIONAL LABOUR STRATEGIES

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**Abstract:**
The service sector is emerging as a major contributor to the economy and service organizations are competing with each other to provide the customers with the best services. The scenario is no different in the healthcare industry which generates a major part of revenue and employment in any country. Hence, emotions of the employees are very important in the service interactions and managing emotions in the workplace has become an indispensible part of our work life. It requires effort on the part of these service employees to display appropriate emotions as specified by the organization and so they are said to perform emotional labour. Nursing has become one among the most emotionally demanding service jobs, where the nurses are prone to stress from innumerable sources and are consistently required to empathize and care for the patients in order to develop a close holistic relationship with the patients to facilitate healing. Hence their work involves lot of emotional labour. Emotional labour as work is invisible, but the costs and importance, though less tangible, are equal to that of physical labour. Emotional labour emerged as a field of research in the last three decades and is recently gaining a lot of importance in India. This paper aims at understanding the workplace pressures of the nurses and identifying the emotional labour among the nurses and presents a short review on emotional labour.

**Key Words:** Emotions, Surface Acting, Deep Acting, Emotional Labour & Job Stress

## 1. Introduction:

The present day economy has a booming service sector that generates a major share of the total revenue. The service sector includes a broad spectrum of jobs, ranging from the teachers to doctors to salesman to truck drivers to front office receptionists. But service being intangible, heterogeneous, perishable and the inseparability of production of service from its consumption creates difficulty for the customer to isolate service quality from the quality of interaction during service delivery, i.e. the service interaction. As a result the quality of the service experience depends on the customers' evaluation of the service interaction. Hence the role played by the service employee who performs the service interaction for the organization is of great significance, since customer's perception of the service quality is influenced by the way the service employee expresses his/her emotions in the service interaction. The whole organization is rated as 'good' or 'bad' by the customer based on his/her experience with the service employee who thus can be considered as the 'face' of the organization. Most service organizations have display rules for their service employees and the employees are expected to present emotions desired by their organizations apart from high level of competency in the job. But most often the emotions genuinely 'felt' by these employees are different from the organizationally 'desired' emotions and it requires 'effort' or 'work' or 'labour' on the part of the employee to display the appropriate emotions specified by the organization. This type of labour is called emotional labour. With the shift of the manufacturing based economy to service economy and the development of service industries, emotional labourers, who are wanted by the organizations to hide their genuine emotions and display emotions that customers expects, have rapidly increased. Emotions form an inevitable part of everyday work life. According to Arvey, Renz and Watson (1998), till late nineties emotions were not studied much for two reasons, first, emotions were viewed as dysfunctional and irrational, and treated as an interference to work, Ash forth and Humphrey (1993) and second, emotions by their intangible nature are challenging to study and measure Arvey et al (1998), because emotions are subjective feeling states. Hence till the recent past, emotions were ignored in the study of organizational behavior. The workplace was looked upon as a cogent environment, and emotions as hindrances in the way of sound judgment. Thereby, emotions were never considered as justifications for any workplace phenomenon. With more and more research work being done in the field of workplace emotion, this belief is being replaced with new research insights that hold the work place emotions offering justifiable explanation to important individual and organizational outcomes.

The term emotional labour was first introduced by the American sociologist, Arlie Russell Hochschild in her 1983 book, The Managed Heart: Commercialization of human feeling. Hochschild defined emotional labour asa labour that "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others", or "the work of managing feelings to create a publicly observable facial and bodily display" and that the term emotional labour is applied to situations in which workers manage emotions in the context of paid employment. With her study among the flight attendants Hochschild (1983) found out that emotional labour has negative psychological consequences like a sense of in

authenticity, loss of feelings, diminished self-esteem and burnout. According to Hochschild (1983), jobs with emotional labour have three criteria: They require face-to-face or voice-to-voice contact with the public, they require the worker to produce an emotional state in the client or the customer and they allow their employer through training and supervision, to exercise a degree of control over the emotional actions of the employees. According to Mumby and Putnam (1992) expression of wide range of emotions at work is desirable, as it enhances the productivity and fosters the subjective wellbeing of the employees and their families. Ashforth and Humphrey (1993) defined emotional labour as the act of displaying appropriate emotions, with the goal to engage in a form of impression management for the organization. Morris and Feldman (1996) defined emotional labour as "the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions". Grandey (2000) defined emotional labour as "the process of regulating both feelings and expressions for organizational goals".

Kruml and Geddes (2000) conceptualized emotional labour to be a combination of emotional effort and emotional dissonance. They described emotional effort to be the emotional management where one controls negative emotion after being trained. Emotional dissonance is associated with emotional detachment from customers. Diefendorff and Gosserand (2003) remarked that apart from display rules the emotional labor involves constant comparison of one's emotional displays with display rules. Naring, Briet & Brouwers (2007) conducted studies to develop and validate a Dutch emotional labor scale (D-QEL) for nurses and teachers and measured emotional labor in four separate dimensions. Earlier studies distinguished three separate dimensions of emotional labor, surface acting, deep acting and emotional consonance. They found evidence for a separate fourth dimension: suppression. Their studies showed a positive relationship between surface acting, deep acting and suppression with emotional exhaustion. In a study by Dahling (2007) among nurses it was found that suppressing positive emotional displays has consequences for affective experiences, which in turn influence many important outcomes through the broaden-and-build mechanism. Judge et al (2009) identified that surface acting and deep acting had more positive effects for extraverts and supported the importance of considering the roles of mood and disposition in the impact of emotional labor.

According to Groth et al (2009) employees' emotional labor strategies of deep and surface acting differentially influenced customers service evaluations and that customers' accuracy in detecting employees' strategies intensified this impact. Aldridge (2009) emphasizes on developing a close, holistic relationship between nurse and patient. Through this not only will healing be facilitated, and patients be encouraged to take responsibility for their own health, but the nurse will be placed firmly at the centre of the network of health professionals. Individual practitioners and the profession as a whole will achieve a clearer and more satisfying mission. Hülsheger et al (2010) in their study among trainee teachers proved that surface and deep acting causally preceded individual and organizational well-being. Gang Wang (2011) in his study among the supervisors found that leader' deep acting and display of genuine emotions were positively related to followers' emotional engagement, which was positively related to job satisfaction and organizational identification. According to Humphrey (2012) leaders used emotional labor to regulate their own emotions and to manage the moods, job attitudes, and performance of their followers. Blau et al (2012) in their study among Emergency Medical Service Employees identified that surface acting had a significantly stronger positive impact than deep acting on work exhaustion and a significantly stronger negative relationship to job satisfaction than deep acting. According to Tang et al (2013) the employee emotional labor strategies had significant impact on the customer's purchase decisions which was mediated by customer's emotional experience, in their study at the retail cell phone stores in China. Syed and Ali (2013) in their study identified contextual emotional labor as an integral part of Muslim female employees' work in the formal employment sector that resulted from an ongoing tension between the display rules of the workplace and Islamic female modesty. Yoon and Kim (2013) in their study among the South Korean nurses indicated that a major population of nurses experienced depressive symptoms that were linked to the emotional demand of their job and the need to continuously surface act. Naqvi (2014) in his study with the service employees of the five star hotels found that self-monitoring and co-worker support moderated the relationship between the emotional labour and emotional exhaustion. Hoi and Kim (2014) in their study with workers at department stores and hotels confirmed a positive aspect that deep acting of emotional labor decreased emotional exhaustion. Mahato et al (2014) in their study tried to corroborate the emotional labour and its consequential impact on employee related outcomes in the Indian context as confirmed by numerous studies in the western context and revealed that there was positive and moderate relationship between emotional labour and organizational role stress irrespective of the demographic influences. Riley and Weiss (2015) in their review identified, gendered, personal, organizational, collegial and socio-cultural sources of emotional labour in healthcare settings. They also suggested that the organizations must ensure support and supervision to enable staff to cope with the varied emotional demands of their work. Humphrey, Ashforth and Diefendorff (2015) viewed person-job fit as an important moderator that influences the emotional labour and enhances or hinders the wellbeing of service employees. Emotional labour may also have positive outcomes when organisations grant more autonomy and adopt positive display rules that call for the expression of positive emotions. Luke Stark (2016) studied the emotional labour among the Uber taxi drivers

and found that the drivers struggled to figure out how to manage the company's expectations around emotional labor and suggested to make the expectations and metrics around comportment and customer service clear when workers are hired. Another interesting study among the school Principals by Aimee Maxwell and Philip Riley (2016) found that the Principals displayed significantly higher scores on emotional demands at work, burnout and job satisfaction, and significantly lower wellbeing scores than the general population. Hye-Jin Kim and Jina Choo (2016) in their study among call centre workers proved that emotional labour was linked to depression and work related musculoskeletal disorders. From the literature it is evident that typical researches have not clearly agreed upon the conceptual definition of emotional labour and there are differences due to a matter of perspective. Although these works have defined emotional labour differently which have different outcomes, the underlying theme for all remains the same, that the individuals can regulate their emotional expressions at work. Emotional labour can be thus viewed as a process of regulating the expression of emotions for achieving the organizational goals and for which the employee is being paid.

This study was conducted based on Grandey's model of emotional labor. Grandey (2000) integrated previous models of emotional labor to provide a comprehensive theoretical model. This model encompasses situational cues, the individual and organizational factors that affect the emotion regulation process and the long-term consequences of emotional labor. Grandey proposed that the emotional labor processes of surface acting and deep acting correspond to the description of emotional labor as emotional regulation, and can serve as a means to operationalize emotional labor. Grandey (2000) provided three reasons for the operationalization of emotional labor as surface and deep acting. First, surface and deep acting can have both positive and negative outcomes, therefore researchers can explain negative outcomes such as burnout, as well as positive outcomes such as customer service and increased personal accomplishment. Next, if these two processes have differential outcomes, then organizational training and stress management programs can be modified accordingly as to benefit both the organization and the employee. Lastly, conceptualizing emotional labor as surface and deep acting links this model of emotional labor to an established theoretical model of emotion regulation. Two of the long-term consequences of emotional labor identified by Grandey (2000), burnout and job satisfaction deal with individual well-being.

## 2. Methodology;

**2.1 Participants:** The study was conducted in a major corporate sector hospital in Tamil Nadu among 60 nurses representing all cadres.

**2.2 Materials:** Primary data was collected using a tested questionnaire with three sections namely: one each for emotional labor, demographic information and four open ended questions with ample space for them to give their own response.

- ✓ **Emotional Labour:** The 14-item scale described by Brotheridge and Lee (1998) was used. The scale items covered six dimensions of emotional labour namely duration, frequency, intensity, variety, deep acting and surface acting. Some rewording was done with regard to the work environment of the current sample. In particular the word "customers" in the Brotheridge and Lee items was replaced by "patients". Brotheridge and Lee (2002) report good combined coefficient alpha for the role characteristics (frequency, intensity and variety) subscales (*alpha* = 0.71), as well as for the deep acting and surface acting subscales (*alpha* = 0.89, *alpha*=0.86).
- ✓ **Demographic Data:** Five items were included to assess the designation, educational qualification, job tenure, family size and total family income of the respondents. The appropriate choices were given and respondents were asked to tick the suitable answer.
- ✓ **Open Ended Questions:** Four open ended questions were asked which required them to explain as to why they chose nursing as their profession, their experience and their future plans.

**2.3 Procedure:** The researcher contacted Human Resource Department of the hospital for permission to conduct the study. The questionnaires were handed out by the researcher to the respondents during different working shifts. Nurses from all the cadres participated in the study. It includes both male and female respondents. Taking into consideration the very busy schedule of the nurses, as requested, they were given ample time to fill in the questionnaires.

## 3. Results and Discussion:

### 3.1 Demographic Profile:

Table 1: Demographic Profiles of the nurses

| Details | Category | No. of Respondents | Percent |
|---|---|---|---|
| **Designation** | Nursing Supervisor | 2 | 3 |
| | Staff Nurse | 29 | 49 |
| | ANM | 23 | 38 |
| | OP Asst. | 6 | 10 |
| **Education** | BSc Nursing | 14 | 24 |
| | Dip in Nursing | 17 | 28 |
| | ANM | 23 | 38 |

| | | | |
|---|---|---|---|
| | Twelfth standard | 6 | 10 |
| **Tenure** | Less than a year | 19 | 32 |
| | 1-3 years | 35 | 58 |
| | 3-6 years | 5 | 8 |
| | above 6 years | 1 | 2 |
| **Family income** | < 5,000 | 32 | 53 |
| | 5,001-10,000 | 21 | 35 |
| | 10,001-15,000 | 6 | 10 |
| | 15,000 and above | 1 | 2 |
| **Family size** | 2 | 1 | 1.6 |
| | 3 | 10 | 16.4 |
| | 4 and above | 49 | 82 |

A frequency distribution (Table 1) of the demographic data revealed that the sample constituted 49% of staff nurses, 38% of ANM, 10% of OP Assistants and 3% of nursing supervisors. Approximately 28% of the sample had a Diploma in Nursing and 24% were B.Sc Nursing graduates, 38% had completed the ANM course while the rest 10% had completed their twelfth standard. Table 1 reveals that about 58% of the sample had an average tenure between one to three years, while only two percent of the respondents had tenure of above 6 years. More than fifty percent of the respondents had a family income less than rupees 5000 per month, 35% of the respondents had a family income between rupees 5000 and 10000 per month and 10% had a family income between rupees 10000 and 15000, while only 1.7% had the family income above 15000 per month. 82% of the respondents had a family size of above 4.

**3.2 Response to Open Ended Questions:** The response to the open ended questions was elaborately descriptive and exposed a vivid picture of the plight of the nurses. Majority of the nurses had chosen the profession out of their passion for 'caring'. They felt that nursing was a noble job and that in a way they served God. While some had come into nursing as their guardians felt this as the right professional choice to be placed abroad. Almost all the nurses responded that their perception of 'nursing' as a 'noble' profession had completely changed after they ventured into it. They now felt that it was an extremely stressful job with different sources of stresses. Though the organization had three shifts per day, the nurses felt that they had to work for prolonged hours without breaks. The continuous shuffling of nurses among different departments added on to their stress as they were unable to gain expertise in any particular field. Many of them reported that frequent outbursts from the superiors and lack of coworker support often demotivated them. Almost half of the population felt that they did not have a clear job description and often had to depend on their immediate superiors for instructions which made them less confident and raised doubts in their minds regarding the choice of profession. Most of the nurses were not satisfied with their pay and felt that it was barely enough to sustain their family. A major portion of the nurses were boarded in the hostel and this added to their stress levels. Finally, they had to face patients with different temperament ranging from the calm to the extremely irritating patients, at the same time maintaining an emotional display that would console and soothe their troubled minds. In extreme cases the nurses were so stressed that they could not pay attention to their duty which worsened the condition of the patients. In response to the question regarding their future plans revealed that a major portion of the nurses wanted to leave the organization as they found the stress levels very high and hindering them from performing their duty of 'caring'. Many of them were in the process of searching an opportunity abroad as they felt that workplace conditions would be better in a foreign country. This presents a very clear picture that the nurses are working in a highly stressed environment and this places greater emotional demands than ever on nurses and their ability to constantly maintain an emotionally appropriate, professional and caring demeanour, thus increasing the demand for emotional labour.

**3.3 Dimensions of Emotional Labour:** The emotional labor scale comprised of subscales that measured the six dimensions of emotional labor: Duration of interaction, frequency of interaction, intensity of emotions, variety of emotions, surface acting and deep acting. Customer interaction expectations can be subsumed under the frequency and duration of interactions, the variety of emotional expressions required, and display rules of the organization. This duration of emotional labor, whether in job tenure or hours worked, requires either emotional dissonance (surface acting) or emotional effort (deep acting) both of which may lead to emotional exhaustion.

The duration of the interaction was assessed with a single response question which asked the respondents to identify the actual duration of an average patient interaction. The subscale for the frequency dimension contained three items that addressed the frequency of the display of organizationally prescribed emotions.

Table 2: Frequency distribution (Patients attended / day) and (Duration per patient per day)

| Factor | Category | No. of Respondents | Percent |
|---|---|---|---|
| **Patients/day (Frequency)** | <5 | 5 | 9 |
| | 5-10 | 44 | 73 |
| | 11-15 | 3 | 5 |

| | | | |
|---|---|---|---|
| | 16-20 | 5 | 8 |
| | 26-30 | 3 | 5 |
| **Duration/patient (minutes)** | <10 | 10 | 17 |
| | 10-15 | 29 | 48 |
| | 16-20 | 13 | 22 |
| | 21-25 | 3 | 5 |
| | >25 | 5 | 8 |

About 73% (majority) of the respondents (Table 2) attended about five to ten patients per day, 9% of the respondents attended only less than five patients a day, 8% of them attended between 16 to 20 patients a day and out of the remaining 10%, five percent attended eleven to fifteen patients a day and another five percent attended between twenty six to thirty patients in a day. According to Table 2 about 48.3% of the respondents spent between 10 to 15 minutes with each patient every day and around 22% of the respondents spend between 16 to 20 minutes with each patient every day, while an 8% spent more than 25 minutes with each patient.

Table 3: Frequency of response to different dimensions of EL

| Emotional Labour (Dimensions) | Response (Scores) | No. of Respondents | Percent |
|---|---|---|---|
| **Frequency** | Never (0) | nil | 0 |
| | Rarely (1) | 8 | 13 |
| | Sometimes (2) | 18 | 30 |
| | Often (3) | 20 | 33 |
| | Always (4) | 14 | 24 |
| **Intensity** | Never (0) | 1 | 1 |
| | Rarely (1) | 7 | 12 |
| | Sometimes (2) | 27 | 45 |
| | Often (3) | 18 | 30 |
| | Always (4) | 7 | 12 |
| **Variety** | Never (0) | 8 | 13 |
| | Rarely (1) | 19 | 32 |
| | Sometimes (2) | 27 | 45 |
| | Often (3) | 6 | 10 |
| | Always (4) | nil | 0 |
| **Deep Acting** | Never (0) | 1 | 1 |
| | Rarely (1) | 1 | 1 |
| | Sometimes (2) | 10 | 17 |
| | Often (3) | 36 | 60 |
| | Always (4) | 12 | 20 |
| **Surface Acting** | Never (0) | 2 | 3 |
| | Rarely (1) | 19 | 32 |
| | Sometimes (2) | 31 | 52 |
| | Often (3) | 8 | 13 |
| | Always (4) | nil | 0 |

The intensity subscale consisted of 2 items that assessed how often the employee expressed strong or intense emotions. About 45% of the respondents felt that they did sometimes express strong emotions while another 30% felt that they had to often express strong or intense emotions. The intensity factor was found to be negatively correlated to designation, education, tenure, gender and patients served per day. The variety subscale measured the variety of emotional expression on the job and contained three items. More than 45% of the respondents felt that sometimes they had to express a variety of emotions on their job. Another 33% expressed that they rarely expressed a variety of emotions, while a 10% responded that they often expressed a variety of emotions on their job. The variety dimension was found to significantly positively correlated to a number of factors like designation, education, gender, patients served per day and intensity of emotional display. The deep acting subscale had three items that assessed how much an employee had to modify the felt emotions to comply with the display rules. More than 60% of the respondents expressed that they had to modify their emotions often in their job to comply with the display rules, while another 20% felt that they modified their emotions always in their job. But 2% of the respondents expressed that they never resorted to modification of emotion in their job.

Table 4: Descriptive Statistics (dimensions of Emotional Labor)

| Dimensions | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|
| Frequency EL | 2 | 5 | 3.67 | .986 |
| Intensity EL | 1 | 5 | 3.38 | .904 |

| | | | | |
|---|---|---|---|---|
| Variety EL | 1 | 4 | 2.52 | .854 |
| Deep acting EL | 1 | 5 | 3.95 | .769 |
| Surface acting EL | 1 | 4 | 2.75 | .728 |

The data collected and analyzed revealed that emotional labor is present among the respondents.

Table 5: Emotional Labor Index

| **Emotional Labor Level (%)** | **No. of Respondents** | **Percentage** |
|---|---|---|
| 0 - 20 | nil | 0 |
| 21 - 40 | 6 | 10 |
| 41 - 60 | 24 | 40 |
| 61 - 80 | 30 | 50 |
| 81 - 100 | nil | 0 |
| **Total** | 60 | 100 |

As shown in Table 5ten percent of the respondents have a low EL level, another 40% of the respondents have a moderate level of EL and the remaining 50%, the majority of the respondents, show a high EL level.

**4. Conclusion:**

The study revealed that nursing is an extremely stressful job and nurses worked under extreme pressures and all of the nurses identified emotional labour as an important part of their role and were found to employ any one of the emotional labour strategies to 'give the patient the feeling of being warm and safe'. Hence it is high time that the organizations recognize this element of emotional labour and takes efforts to reduce the stress levels and create a more peaceful work environment that in turn will reduce the conflict between the 'felt emotions' and 'appropriate emotions' thus help them deploying choice of better emotional labour strategies.

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