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The influence of emotional labour and emotional work on the occupational health and wellbeing of South Australian hospital nurses

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ABSTRACT

Nursing is an emotionally complex occupation, requiring performance of both emotional labour (for the benefit of the organisation and professional role) and emotional work (for the benefit of the nurse-patient relationship). According to the Conservation of Resources Theory, such processes can have a significant effect on psychological wellbeing and occupational stress, although little is known about the factors that moderate their effects. This exploratory study investigated the relationship between emotional labour and emotional work on psychological wellbeing and occupational stress in 239 nurses sampled from a South Australian hospital. The multi-component questionnaire study focused on the emotional labour elements of emotion expression and suppression, as well as surface acting and deep acting, and examined the companionship, help, and regulation elements of emotional work. In a multivariate model, emotional work was found to be less strongly predictive of negative psychological outcomes than was emotional labour, but was more strongly predictive of positive outcomes. Social support may moderate or be an antecedent to the performance of emotional labour and emotional work. The findings support the Conservation of Resources Theory with emotional work, rather than emotional labour, enabling the uptake of resources and leading to positive occupational health and wellbeing.

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Introduction

An ageing nursing workforce in conjunction with an ageing population in developed countries have led to an increased nursing workload and irregular working hours (Aiken et al., 2001). 'People work' such as nursing is emotionally demanding (Diefendorff, Erickson, Grandey, & Dahling, 2011; Hülsheger & Schewe, 2011) and may be more so under these conditions.

The concepts of emotional labour and emotional work are often used interchangeably (Bolton, 2003; Zapf, 2002). There is some disagreement among researchers with respect to the definition of emotional labour, its theoretical underpinnings, and the measurement of the construct (Diefendorff et al., 2011; Mann, 1999; McClure & Murphy, 2007). The formulation of hypotheses and the interpretation of results remain a challenge (Grandey, 2000; Mann, 2005; Pugh, Groth, & Hennig-Thurau, 2011). *Emotional labour* is defined here according to Morris and Feldman's (1996, p. 987) definition: 'the effort, planning, and control needed to express organizationally-desired emotion during interpersonal transactions'. This definition encompasses the notion that service providers perform emotional labour as part of their professional role largely for the benefit of the organisation. Facets of emotional labour include the emotional job requirements of expressing and hiding emotion, and the regulation strategies of surface and deep acting (Diefendorff, Croyle, & Gosserand, 2005).

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Surface acting is an example of response-focused emotion regulation, encompassing responses that occur after emotions have been generated. In this process, emotional responses are altered to be consistent with the desired emotion display so that an external observer might not be aware of the person's true emotions. This may include masking or hiding feelings (Gross & Muñoz, 1995; Hochschild, 1983). Surface acting refers to altering one's 'emotional response by suppressing, amplifying, or faking emotions' (Grandey, 2000; Gross, 1998; Hülsheger & Schewe, 2011, p. 362). Deep acting is an example of antecedent-focused emotion regulation whereby the perception, appraisal or situation is altered before emotions are generated. The required emotion may be induced by directing one's attention to pleasurable cognitions or situations or reappraisal of a situation (Grandey, 2000; Gross, 1998; Hülsheger & Schewe, 2011). In effect, the service provider may either replace inappropriate emotions with emotions desired by the organisation (surface acting), or alter cognitions and/or reappraise a situation in order to display and experience appropriate emotions (deep acting).

The frequency, variety, and intensity of expressed emotions are also considered in relation to emotional labour performance. Emotionally demanding jobs involve a higher frequency and intensity of interpersonal interactions and, regular use of emotional labour regulation strategies which can lead to emotional exhaustion (Brotheridge & Grandey, 2002; Grandey, 2003; Mann & Cowburn, 2005). However, evidence for the association between emotional labour and burnout remains inconclusive (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001). There is strong support for the link between surface acting and stress, burnout, job dissatisfaction, and negative affect. On the other hand, deep acting has been weakly linked to personal accomplishment, job satisfaction, or job performance, or purported links are non-significant (Bakker & Heuven, 2006; Brotheridge & Grandey, 2002; Diefendorff et al., 2011; Goodwin, Groth & Frenkel, 2011; Hülsheger, Lang, & Maier, 2010; Judge, Woolf, & Hurst, 2009; Mann & Cowburn, 2005; Yang & Chang, 2008). Previous research suggests that deep acting is less detrimental to worker health and wellbeing than surface acting, given workers' ability to compensate for depleted mental resources via rewarding relationships, authentic emotional expression, and the retention of positive emotion (Grandey, Fisk, Mattila, Jansen, & Sideman, 2005; Hülsheger & Schewe, 2011). By contrast, suppression of negative emotion while interacting with a person who is expressing negative emotion is more effortful compared with simply feigning positive emotion, or authentic emotional expression. The latter may result in fewer negative outcomes (Ashforth & Humphrey, 1993).

Compliance with emotional display rules may lead to rewards, including patient satisfaction, team morale, organisational performance, and productivity (Diefendorff et al., 2011; Rafaeli & Sutton, 1987). However, willingness to comply with display rules may be contingent upon whether organisational objectives appeal to an individual (Pugh et al., 2011). Given that suppression of emotions depletes mental resources of the individual (Goodwin et al., in press; Gross & Levenson, 1997; Hülsheger & Schewe, 2011), the choice to regulate emotions could be conceptualised as short-term sacrifice undertaken in anticipation of future benefits (Hobfoll, 1989, 1998).

Emotional display rules may differ according to occupational specific requirements. Nursing is a challenging profession due to the significant emotional demands placed on workers, and the likelihood that strong emotional states will be experienced. It may therefore be more exhausting and dissatisfying for nurses to alter those feelings in order to comply with display rules (Diefendorff et al., 2011). In contrast with the considerable research attention given to emotional demands and displays, relatively few studies have been undertaken to investigate genuinely felt and expressed emotions. As a consequence, our understanding of the complexities of human interactions in professions such as nursing has been considered limited in its 'theoretical and empirical utility' (Bolton, 2003; Bone, 2002; McClure & Murphy, 2007, p 102).

Emotional work as defined according to Strazdins (2000) conceptualisation focuses on emotional response behaviours performed for the benefit of the performer's relationships with others. Strazdins (2000) proposed that employees, not only regulate their own emotions to meet emotional and professional role demands, but also regulate the emotions of others in order to improve others' wellbeing beyond their role requirements. This is achieved via response behaviours that create positive interpersonal relationships. The Emotional Work Inventory (EWI) (Strazdins, 2000) includes three sub-constructs: *Companionship*, *Help and Regulation*, each of which engenders different behaviours. *Companionship* refers to enhancing others' positive emotions (e.g., happiness, pride, love) and maintaining 'social integration and contact'. *Help* refers to assisting others to deal with negative emotions, (e.g., anger, sadness, fear) 'by listening attentively, soothing, intervening, and temporarily taking the load off others when they are stressed' (p. 41), whereas *Regulation* is described as 'regulating others' emotional control, encouraging others to improve their wellbeing and persuading them to stop risky or self-destructive behaviour' (p. 41–42). Although emotional work performance may encompass the same elements of emotional labour performance, the demands, associated resources, and rewards associated with both concepts differ. For instance, *regulation* may entail both suppression and expression of negative emotion.

The adoption of business models of health care by many hospitals has meant that nurses spend less time with patients (Duffield et al., 2009). Although this may suit nurses who prefer to perform task-orientated care, the inability to develop meaningful relationships with patients may be inimical to other nurses who value the more 'human' side of the profession (Bolton, 2000; James, 1992; Staden, 1998).

Nurses dealing with serious illness and the emotional issues of patients may prefer to overlook emotional traumas in favour of physical symptoms (Trougakos, Jackson, & Beal, 2011) as a strategy to conserve emotional resources (Hobfoll, 1989, 2002). For instance, if low availability of social support from supervisors is anticipated, nurses may apply blocking behaviours in order to avoid emotional disclosure (Bone, 2002; Booth, Maguire, Butterworth, & Hillier, 1996). Plausible explanations include: 1) Nurses may wish to complete task-orientated care as fast as possible, 2) They may not have sufficient ability or

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