

**Emotion Labour, Emotion Work and
Occupational Strain in Nurses**

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ABSTRACT

Concerns about the psychological health of South Australian hospital nurses have been raised on account of nursing shortages, retention difficulties, and the associated resource constraints on the existing pool of nursing staff. According to workers compensation statistics, the nursing profession is prominent with respect to occupational stress claims, resulting in substantial costs for both the individuals and organisations concerned. This thesis addresses the question of if, and how, emotion labour and emotion work influence job stress and strain and job satisfaction in nurses.

In a first study, 238 nurses (35 males) employed at a large public hospital completed a questionnaire comprising predictive measures addressing individual factors, workload and work environment, and outcome measures focussing on health, job strain and satisfaction, impressions of organisational commitment and intention to leave. The relationships of emotion labour and emotion work with the outcomes were assessed with regard to demographics, individual differences, workload and work environment factors.

The association of emotion labour performance with individual differences, workload and work environment factors, as well as health and organisational outcomes, differed from that of emotion work. Performance of emotion labour associated more strongly with negative health outcomes when compared with emotion work performance, and can be likened to a demand, whereas emotion work performance, particularly in the form of companionship, was associated with a reduction in negative affect, and can be likened to a resource for nurses.

To extend these findings, a second study explored similar variables, as well as autonomy, in 176 nurses (8 males) working at private hospitals. The questionnaire package used in the first study was refined and vignettes were included in order to further explore the emotion labour and work concepts via qualitative analysis. In general, the findings from this study were consistent with those from the first study. However, emotion work in the form of companionship was negatively related to patient-related burnout once emotion work performance was restricted to the

workplace. The factor structure of emotional exhaustion, measured by the Copenhagen Burnout Inventory was also confirmed.

As a final element of the research, the views and perspectives about occupational strain and its management and prevention, from eight work-based consultants (Employee Assistance Providers) were investigated using a structured interview format. This led to a greater understanding of how their knowledge of occupational stress in nursing staff might be applied in the refinement of management policies, as well as what individual, team and organisational interventions are currently used for managing occupational stress in hospital nurses.

The research demonstrates the importance of emotion variables in the prediction of job well being and satisfaction. The Conservation of Resources Theory, along with the UK Health and Safety Executive Stress Management Standards, are consistent with the empirical findings and are judged to be useful for the design of policies and interventions aimed at improving job health, satisfaction and retention.

It is recommended that emotion work and labour be factored into organisational level stress management interventions and that psychological health practitioners be involved with the evaluation of the intervention implementation and outcome.

STATEMENT

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by any other person, except where due reference has been made in the text.

I give my consent to this copy of my thesis, when deposited in the University Library, to be available for loan and photocopying.

Signed _____

Date: January 2010

Sandra Louise Pisaniello

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OVERVIEW

Contemporary demands on the nursing profession, including increased workload and less time for bedside care, are thought to have contributed to the current problems in workforce recruitment and retention, as well as to broader economic and human effects. An increasing body of evidence suggests that the emotional dimension to work may be an important predictor of job satisfaction and retention, in addition to evidence that suggests negative health and organisational outcomes are predicted by the feigning or hiding of emotions. This research examines if and how emotion labour (the feigning positive emotions or suppressing negative emotions for the benefit of the organisation) and emotion work (the expression of companionship, help and regulation behaviours for the benefit of patients) influences job stress and strain and job satisfaction in acute care hospital nurses. This thesis seeks to contribute to knowledge in organisational psychology in four areas. First, an overarching aim is to identify and evaluate the risk factors for occupational stress and strain as well as the psychological resources available to the South Australian nurses working within hospital settings. The Conservation of Resources Theory will be applied to the findings. A second aim of the research is to examine and compare the relatively novel constructs of emotion labour and emotion work, and to study their contribution to individual health and organisational outcomes among the South Australian nursing workforce in light of other individual difference and work environment factors. Third, the positive and negative influence of work and home contexts on both individual and organisational outcomes will be considered. Finally, this research seeks to investigate individual, group and organisational level interventions currently available to South Australian hospital nurses within employee assistance programs.

This research is novel in that it is the first comparison of the emotion labour and emotion work constructs among (South Australian) hospital nursing staff from both public and private sectors. Both quantitative and qualitative methodologies will be used (with triangulation) to explore the amount and type of emotional expression typically performed by hospital nursing staff, and to compare the predictive power of emotion labour and emotion work performance, respectively.

The first chapter discusses occupational strain and workforce issues associated with the work stress problem among the study population of nurses. The second chapter identifies and evaluates theoretical models relevant to the healthcare professions, including the Demand Control Support Model (DCS), Cognitive Phenemological Theory, Burnout Theory, Person-Environment Fit Theory and the Conservation of Resources Theory (COR). On the basis of the research questions, as well as the relevance of the COR theory to the nursing profession, the COR theory was identified as the most useful to guide analyses and interpretation of findings throughout this project. The first, second and third chapters evaluate the relevant organisational psychology literature regarding occupational stress and the factors that influence work stress among employees generally, as well as in nurses. The emotional dimension within COR theory has received little attention in the occupational health psychology literature. There is a need to assess empirically the relationship between emotion-related variables and health and organisational outcomes. The aims and purpose of each research project are described in chapters three, five and seven.

Chapters 3 and 4, respectively, describe the background and methodology, then results and interpretation, of the first study of 238 public hospital nurses. The survey instrument comprised 14 standardised scales, including demographics, trait anxiety, work to family and family to work conflict and positive spillover, emotion labour and emotion work, and outcome variables stress, burnout, affective commitment and job satisfaction. The impact of emotion labour and emotion work on the outcomes was tested in light of the demographic, individual difference, workload and work environment factors measured. The findings indicated that performance of emotion labour was associated more strongly with negative health outcomes than did emotion work performance. Emotion labour mediated and moderated relationships between individual difference, workload and work environment factors and negative consequences, whereas emotion work in the forms of companionship and regulation mediated and moderated relationships between individual difference, workload and work environment factors and both positive outcomes and reduction in negative outcomes. A structural equation model showed that increased inauthentic expression of positive emotion leads to increased suppression of negative emotion. Surface acting

(an emotion labour strategy), found to not be associated with emotion work, mediated the relationship between negative emotion suppression and work-related burnout. Emotional consonance (related to authentic emotional expression) on the other hand, mediated the relationship between emotion work in the form of companionship and job satisfaction, as well as the relationship between feigned positive emotion expression and job satisfaction. Lastly, nurses working in specialty areas with a high performance of companionship experienced less burnout and more job satisfaction than areas where suppression of negative emotion was more common.

To replicate and extend these findings, the second study explored similar variables in 176 nurses working at private sector hospitals, with the addition of variables autonomy and intention to leave. Chapters 5 and 6, respectively, describe the background and methods, then results and interpretation, of the second study. The questionnaire package used in the first study was refined, and vignettes were included in order to explore whether and under what circumstances emotion labour (in the form of feigned emotion expression and negative emotion suppression) and emotion work (in the form of companionship and regulation) is performed when patients and nurse managers are interaction partners. Trends in the second study confirmed the findings of the first study. However, compared with the first study, a direct, negative association between emotion work performance and patient-related burnout was found. The factor structure of emotional exhaustion in the Copenhagen Burnout Inventory (CBI) was tested and confirmed in the second study.

Qualitative findings revealed more emotion labour performance than emotion work performance among the private-sector sample. Sources of skill acquisition were life experiences or role models rather than training. Learned strategies adopted by nurses to manage their emotions on the job in light of time constraints or understaffing included emotional blocking, avoidance, and emotional suppression. Despite constant demands, nurses may persevere and ascribe high importance to the nurse-patient relationship on an emotional level. Satisfaction may accrue from providing emotional care to patients, whereas exhaustion and frustration may result from the provision of limited patient care, because routine physical or cognitive task-orientated care may be given higher priority. Nurses also reported that they were less likely to be absent or exit a department if nurse managers were willing to develop healthy communication

styles, compromise with nursing staff to reach a solution, and demonstrated competence in their leadership. Emotion work was rarely performed whilst communicating with managers in the majority of situations described. A conclusion from both of these studies is the distinctiveness of emotion labour and emotion work constructs, with the former acting like stressors and the latter as resources.

A mixed methods approach was used to gauge the relative importance of dispositional and psychosocial factors on health and organisational outcomes. As a final component, the research project sought the views about occupational strain and its management and prevention, from 8 consultants working at both internal and external Employee Assistance Programme (EAP) providers, using a structured interview format. Information with respect to currently applied individual, team and organizational level interventions to the nursing profession was also sought. Chapters 7 and 8 describe the background and methodology, followed by the results and conclusions of the final study. The goals of the research included a greater understanding of how knowledge of occupational stress among the nursing profession may be incorporated into management policies. Fourteen themes emerged, comprising three meta-themes: 'The role of the EAP', 'The wounded healer: Personal issues' and 'The pressure cooker: Work environment issues'. Current treatments and interventions provided by EAPs include individual and organisational approaches tailored to case by case concerns. However, education with regard to the long-term effectiveness of organisational level stress management interventions is required. The results of the final study may be generalised to Australian hospital nurses. Both internal and external consultants were able to highlight important themes with regard to nurse occupational health on a national level, across multiple hospitals. Similar trends between the findings of this research with international research indicate that this research may be generalised to the nursing profession on an international scale.

Chapter 9 provides an overall synthesis of the findings from both theoretical and applied viewpoints. Strengths and limitations of the conclusions are discussed, along with suggestions for future research. COR theory provides a valuable conceptual framework for both the prediction and integration of the findings regarding common

demands and resources among the nursing profession. In particular, COR theory was used to predict the roles of emotion labour and emotion work in nursing work, which either contributed to the exacerbation or the alleviation of job strain. The findings have implications for policies designed to increase nurse job satisfaction and contribute to retention in the nursing workforce. In addition, EAP providers and practising psychologists and other stakeholders need to develop strategies to address the needs of nursing staff, improve organisational performance, design and implement effective interventions, and reduce attrition rates and unnecessary costs to the healthcare sector. Recommendations based on these findings are provided, including a review of the importance of emotional management and expression in the workplace, and that psychological health services such as EAPs within hospital settings should incorporate interventions that address emotional expression at an organisational level.