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Original article

Does recovery buffer against emotional labor in terms of motivational outcomes at work? Analyzing age differences among Finnish health care professionals

Saija Mauno [a,b,*], Mervi Ruokolainen [a], Jessica De Bloom [a,c], Ulla Kinnunen [a]

[a] University of Tampere, School of Social Sciences and Humanities (Psychology), Finland
[b] University of Jyväskylä, Department of Psychology, Finland
[c] University of Tampere, Institute for Advanced Social Research, Finland

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1. Introduction and aims

The aging population impacts on today's health care sector by depleting the workforce of healthcare professionals (), and by increasing the number of people needing medical care (see e.g., Cooper, Getzen, McKee, & Laud, 2002; Oulton, 2006; Parker & Thorslund, 2007). This puts health care professionals under pressure by forcing them to work faster, increasing their already high work stress and impairing their work ability. Due to a labor shortage in health care, there is an interest in retaining health care professionals in the workforce as long as possible. For these reasons, it is crucial to understand, particularly in health care work, which factors buffer against the negative effects of work stress and whether these factors show age-specific variation.

The present study focuses on *emotional labor* (EL) as a specific work stressor. EL is encountered also in caring work where the work is characterized by human interaction. EL is a well-documented work stressor contributing to negative health and well-being outcomes (Hüelsheger & Schewe, 2011), signifying that we urgently need more information on factors that might buffer against EL. In this study, we investigate perceived *recovery from work* as a potential buffering factor between EL and three specific work-related motivational outcomes, namely job satisfaction, dedication to work, and organizational citizenship behavior (OCB) (for specific definitions, see measures). The specific focus will be on age differences in these relationships as these differences have received surprisingly little attention in EL and recovery research. The study was conducted among Finnish health care professionals (n = 4,311) representing four different age groups.

1.1. Defining EL as a stressor and recovery as a stress buffer

According to Hochschild (1983), EL refers to a required expression of appropriate emotions during inter-personal face-to-face or voice-to-voice transactions. More specific definitions have subsequently been proposed (Zapf, 2002; Zapf, Vogt, Seifert, Mertini, & Isic, 1999). In line with these definitions, EL refers here to "the effort, planning, and control needed to express organizationally-desired emotions during interpersonal transactions" (Morris & Feldman, 1996, p. 987). Many occupations and organizations have certain rules regarding the display of emotions, specifying which emotions may be expressed in interpersonal transactions between employees and clients/customers/patients. For example, health care employees, the target group of the present study, are expected to express sympathy, sensitivity, and overall friendly and caring

* Corresponding author at: University of Jyväskylä, Department of Psychology, Post Box 35, 40014, Finland.
E-mail address: saija.mauno@jyu.fi (S. Mauno).

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emotional behavior while interacting with patients (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001; Zapf, Semmer, & Johnson, 2014). However, displaying these emotions may become problematic when they do not match with an employees' true emotions. Faking or expressing insincere emotions may cause feelings of emotional dissonance, and dealing with these feelings of dissonance may cause stress and result in an impairment of health and well-being as has been documented in various empirical studies (see e.g., Hüelsheger & Schewe, 2011; Zapf et al., 1999, 2014).

However, it should be pointed out that EL does not necessarily imply negative outcomes if an employee has adequate *coping resources*, protecting him/her against the negative effects of EL (see e.g., Bechtoldt, Rohrmann, De Pater, & Beersma, 2011; Pugh, Groth, & Hennig-Thurau, 2011). Coping resources include various contextual (e.g., informal and formal support available) and individual (e.g., skills and personality factors) resources. The ability to *recover from job stress*, which we focus on as an individual coping asset, can be regarded as a form of successful adaptation and coping in the job stress process. Specifically, in line with the stress buffer model (Cohen & Wills, 1985), we conceptualize recovery as a salutary *stress buffering resource* that is assumed to mitigate the negative effects of job stressors (here EL) on various outcomes.

Recovery is seen as a process that allows individuals to replenish their psychobiological resources, constituting one key factor in promoting long-term work performance and well-being at work, and in retaining employees in the work force for longer (see e.g., Fritz, Sonnentag, Spector, & McInroe, 2010; Sonnentag & Fritz, 2015). Specifically, recovery refers to how much an individual feels physically and mentally refreshed during off-job time (Binnewies, Sonnentag, & Mojza, 2009). In the present study, recovery is defined as a state of feeling recovered from work during leisure time. The stress buffering role of recovery, i.e., whether it mitigates the detrimental effects of stressors on well-being/health/performance, has been examined only in a few studies. In these studies the focus has been on recovery experiences, e.g., detaching mentally from work, and feeling relaxed during free time (see e.g., Kinnunen, Mauno, & Siltaloppi, 2010; Moreno-Jimenez et al., 2009). Overall these studies have found that recovery experiences buffer against the negative effects of job stressors (e.g., time demands, work-family conflict, and job insecurity) on employee well-being. Accordingly, successful recovery during free time seems to be beneficial to employees' well-being under stressful job conditions. Despite these valuable insights, these earlier studies have concentrated on stressors other than EL, which we focus on here. Consequently, it is important to examine whether recovery from work during off-job time is also a beneficial resource against EL.

1.2. The role of age differences in the stress buffer process

The present study set out from the assumption that stress buffering effects may not be the same for everyone, meaning that some individuals may benefit more than others from certain buffering resources due to individual differences. Indeed, earlier research findings on stress and coping suggest that one important individual difference determining coping effectiveness and overall adaptation in life adversities is chronological *age* (e.g., Aldwin, 1991; Ben-Zur, 2002; Diehl, Coyle, & Labouvie-Vief, 1996). Consequently, age very likely also *moderates* the relationship between work stressors and outcomes, implying that the effects of work stressors on outcomes tend to be stronger/weaker at a certain age (see e.g., Johnson, Holdsworth, Hoel, & Zapf, 2013; Mauno, Kinnunen, & Ruokolainen, 2013). However, we do not yet know whether this age-specific hypothesis also concerns EL as earlier studies have examined other work stressors.

Viewed theoretically, both life management and coping theories propose that human adaptation to stress and life adversities may vary with age also concerning coping with work stress. For example, socio-emotional selectivity theory (Carstensen, Fung, & Charles, 2003) argues that positive emotions, emotion control and regulation tend to improve with increasing age because older individuals are more prone to see their future as limited and are less concerned about it (see also Aldwin, 1991; Diehl et al., 1996). On the other hand, as individuals are aging they may also suffer from some losses in physiological and cognitive capacity and skills (e.g., Barnes-Farrell, Rumery, & Swody, 2002), implying poorer resilience and adaptation to stress. Thus, there seem to be mixed views on how age(ing) is related to human stress, coping and adaptation.

Empirical findings concerning age-specific relationships between stress, coping, and adaptation have also yielded mixed results: some studies suggest that older people tend to cope less successfully with stressors than younger people, whereas other studies show the opposite (see e.g., Aldwin, 1991; Mauno et al., 2013; Whitty, 2010). One recent study in a work context conducted by Johnson et al. (2013) showed that older employees were more effective in using certain adaptive coping strategies (e.g., humor, downplaying) in the presence of high level of social stress at work (caused by customers) examining emotional exhaustion as a criterion for coping effectiveness. In general, older employees also exhibited better emotion regulation coping in this study. However, the authors conclude that the relationship between age, job stress, and coping is complex and that more research is needed especially as the working population is aging rapidly. Altogether, systematic research on age differences in coping with work stress is rare. In addition, none of these studies has examined whether recovery, as a coping resource, buffers the relationship between work stressors and employee outcomes differently across different age groups.

Overall age differences in recovery have rarely been studied, yet a few of the existing studies suggest that need for recovery increases as age increases (Kiss, De Meester, & Brackman, 2008; Mohren, Jansen, & Kant, 2010). The reason for this increasing need for recovery may due to a decrease in work capacity among aging workers that will result in an increasing need for recovery if the workload remains the same. For instance, it has been shown that employees aged over 45 years scored higher on need for recovery than did younger employees (<45 years) (e.g., Kiss et al., 2008; Mohren et al., 2010). However, these earlier studies have not examined whether the effects of recovery on employee outcomes vary by age or whether recovery is more beneficial at certain age if work stress is high. These issues will be scrutinized here.

1.3. Study objectives

This study has three main objectives. First, we investigate whether the relationships between EL and work-related outcomes (job satisfaction, dedication at work, OCB) vary by age. Second, we examine whether the relationships between recovery from work and work-related outcomes show age-specific variation. The two first objectives mean that we examine whether age acts as a *moderator* between EL and the outcomes (the first objective), and between recovery and the outcomes (the second objective). Third, and most importantly, we also explore whether recovery from work is a more beneficial coping resource in the presence of a high level of EL among younger vs. older employees (i.e., an examination of EL x recovery interaction effect across the age groups). This third objective is expected to show whether there are age differences in the buffering effects of recovery in the association between EL and the outcomes. Specifically, we will compare four age groups in this study: 18–34 years, 35–44 years, 45–54 years, and 55–65 years old.

2. Methods

2.1. Participants

The data used in this study were collected among Finnish nurses and physicians in 2014. Three health care labor unions (*FMA*: the Finnish Medical Association, *TEHY*: the Union of Health and Social Care