

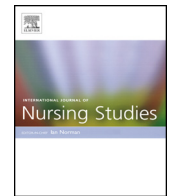


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# Are emotional labour strategies by nurses associated with psychological costs? A cross-sectional survey

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### ABSTRACT

**Background:** Emotional labour is an integral part of the role of nurses with surface and deep acting as the core emotional labour strategies. Surface acting involves the regulation of emotional expression with the aim of bringing it in line with organizational display rules, whereas deep acting aims at modifying the situation or perception of situations in order to change felt emotions, accordingly.

**Objectives:** Since surface acting is thought to consume more cognitive control resources than deep acting, the study examines whether nurses' cognitive control deficits as a stable personal vulnerability factor exert stronger adverse interactive influences with surface acting on job strain than with deep acting.

**Design:** A cross-sectional questionnaire survey was conducted in combination with absence data referring to a time period of 12 months after administration of the questionnaires.

**Setting:** A hospital and three nursing homes for the elderly located in a federal state in Germany.

**Participants:** Questionnaires were distributed to the whole nursing staff of which 195 nurses filled in the questionnaire and permitted collecting their absence data (73% participation rate).

**Methods:** In addition to descriptive statistics and bivariate correlations, confirmatory factor analyses and hierarchical moderated regression analyses were performed.

**Results:** Findings revealed significant positive relations of surface acting and cognitive control deficits with indicators of job strain, whereas deep acting was unrelated to strain. In addition, surface acting was found to interact stronger with cognitive control deficits in its relation to strain than deep acting. Compared to nurses with low levels of cognitive control deficits, the adverse influences of surface acting on burnout, depressive symptoms, and sum of days absent were much stronger when high levels of cognitive control deficits were reported.

**Conclusions:** Consequently, interventions are needed to inform nurses on the detrimental influences of surface acting and train them in the daily use of deep acting as the healthier emotional regulation strategy. In addition, interventions targeted at the enhancement of the individual capacity for self-control would be beneficial to nurses' health.

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### What is already known about the topic?

- Emotional labour is an integral part of the role of nurses.
- In performing emotional labour, two strategies are used in order to meet organizational rules of displaying certain emotions and hiding or suppressing others.

- Surface acting has been found to exert stronger adverse influences on nurses' job strain and well-being than deep acting.

#### What this paper adds

- In line with the assumption that surface acting puts higher demands on limited self-control resources than deep acting, surface acting was found to be stronger related to burnout, depressive symptoms, and absenteeism, especially when nurses' cognitive control resources are small.
- These observations suggest practical measures aiming at (a) promoting the use of deep acting instead of surface acting and (b) strengthening nurses' individual control resources.

## 1. Introduction

In the nursing literature, the concept of emotional labour has received increasing attention over the past few years (Hunter and Smith, 2007; Mann, 2005). Emotional labour refers to the regulation of feelings in order to create and express a specific facial and bodily display (Hochschild, 1983). It is widely recognized that emotional labour is an integral part of the role of nurses. In their daily interactions with patients, nurses perform emotional labour when they have to regulate their experience and expression of emotions in order to meet organizational rules of displaying certain emotions and hiding or suppressing others. For example, nurses often experience negative emotions such as disgust, anger, and frustration, the expression of which would not be beneficial in the process of delivering care. Thus, they engage in emotional labour to create or express emotions that match patient or social expectations (Mann, 2005; Smith, 1991).

In research on emotional labour, two key observations did emerge. First, emotional labour can be stressful and impair psychological well-being and health, especially when emotions have to be portrayed, which are not genuinely felt. Second, the adverse relations of emotional labour to well-being and health reveal a considerable interindividual variability. To explain this interindividual variability, research has started to analyze emotional labour from a perspective of person-related traits (Heuven et al., 2006). While skills, such as emotional competence (Giardini and Frese, 2006), and personal traits, such as extraversion (Judge et al., 2009), have received increasing attention, the role of employees' control resources in performing emotional labour has largely been neglected so far (Richards and Gross, 2000).

Cognitive control resources refer to one's limited cognitive capacity required for exerting different cognitive control or self-regulatory processes, such as suppression of emotions, inhibition of habits, or attention regulation. Because, as suggested by the strength model of self-control (Baumeister et al., 2007), people differ in their limited capacity of control resources, some people are stronger adversely affected by emotional labour than others. Accordingly, control resources of people with a small capacity will be faster depleted by emotional labour than control resources of people with a greater capacity. This is

supposed to become manifest in an moderating influence of the individual control capacity on the adverse relations of emotional labour to well-being and health, with corresponding large amounts of interindividual variability in that relations. To assess interindividual differences in the limited control capacity, daily cognitive control deficits in the form of self-reported failures in perception, action, self-regulation, and affective control have been repeatedly used as a valid measure for that stable trait (Broadbent et al., 1982).

However, not all emotional labour processes exert adverse influences on well-being and health to the same extent. On the basis of Hochschild's (1983) distinction between surface and deep acting as core emotional labour strategies, two recent meta-analyses revealed substantial positive relationships between surface acting and indicators of impaired personal and job-related well-being and a small negative relationship with performance outcomes. In contrast to this, deep acting was found to be only weakly related to indicators of impaired well-being, but positively associated with emotional performance and customer satisfaction (Hülshager and Schewe, 2011; Mesmer-Magnus et al., 2012).

Surface acting involves the regulation of emotional expression with the aim of bringing it in line with given display rules. According to Gross's (1998) process model of emotional regulation, surface acting is a response-focused form of emotional regulation that leaves genuinely felt emotions unchanged. In contrast, deep acting as an antecedent-focused form of emotional regulation (Gross, 1998) aims at modifying the situation or perception of situations in order to change felt emotions according to external display rules. As a result of engaging in deep acting, required and genuinely felt emotions harmonize (Holman et al., 2008).

Whereas most of the meta-analyzed studies focused on customer service employees, in nursing contexts quite similar differential relationships of both emotional labour strategies have been identified. Among a sample of registered nurses of two urban hospitals in the Midwestern United States, Diefendorff et al. (2011) observed surface acting to be positively linked to burnout (emotional exhaustion) and negatively linked to job satisfaction. Deep acting showed weaker relations to burnout and no associations with nurses' job satisfaction. Pisaniello et al. (2012) and Chou et al. (2012) have provided further evidence for differential links of both emotional labour strategies and indicators of job strain and well-being in nursing settings.

To further advance our understanding of the differential relationships of both emotional labour strategies and drawing on the strength model of self-control (Baumeister et al., 2007), several scholars have argued that engaging in surface acting puts higher demands on self-control resources than engaging in deep acting and thus depletes resources to a greater extent (Martínez-Iñigo et al., 2007; Totterdell and Holman, 2003). Whereas surface acting involves the continuous monitoring of genuinely felt and required emotions combined with the continuous investment of mental effort to alter ones emotional expression, deep acting calls for control resources only at the onset of

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