

THE IMPACT OF EMOTIONAL LABOUR ON EMOTIONAL EXHAUSTION OF FEMALE NURSES IN SRI LANKA

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Abstract - The present study examines the impact of emotional labour (EL) on emotional exhaustion (EE) of nurses in state hospitals in Sri Lanka. This is an explanatory study done using survey strategy. Convenience sampling technique was used for selecting the sample and data collection was done using self-administered questionnaire. Multiple regression analysis was conducted to test proposed hypotheses. The study found that there is an impact of EL; deep acting and surface acting on EE. This study has numerous implications to theory and practice.

Keywords - Emotional labour, Surface acting, Deep acting, Emotional exhaustion

INTRODUCTION

EL has emerged as a key component of interactive service work (Lewig & Dollard, 2003) where people have to interact with clients directly (Vegchel, Jonge, Soderfeldt, Dormann, & Schaufeli, 2004). According to Oginska-Bulik (2005), direct person-related jobs such as counselors, teachers, and nurses can be given as examples for human services. Accordingly, health sector has often been presumed that jobs involving “people work” are emotionally taxing (Maslach &

Jackson, 1982), seldom is the emotional component of these jobs. Nurses’ negative feelings about their jobs, including their feelings of burnout tend to be influenced by the organizational practices governing the workplace than by the challenges inherent in caring for others (Aiken et al., 2002; Aiken & Sloane, 1997). Similarly, Ericson and Grove (2007) stated that health care professionals are at especially high risk for experiencing the EE component of burnout because of the nature of the work. Further, they mentioned that exhausted, discouraged, saddened, powerless, and frightened as emotions experienced by nurses in their daily work routings. Moreover, Sawbridge and Hewison (2013) showed how continuous exposure for such pressures can result burnout manifested as EE, depersonalization, and a reduced sense of personal accomplishment. Maslach (2003) stated that nurses are highly exposed to burnout which consists of EE.

Accordingly, a pilot survey and few discussions were carried out in order to verify whether Sri Lankan female nurses get emotionally exhausted. Results of the pilot survey conducted using 30 female nurses indicated that majority (63 %) of them get exhausted. Few discussions conducted with nurses revealed that

they are vulnerable to exhaustion. Based on these pilot survey and discussions carried out and empirical evidence, the present study examines why nurses in Sri Lankan hospitals are emotionally exhausted?. In order to answer this research problem, the impact of EL; deep acting and surface acting on EL were tested. Following section focuses on literature on key concepts of the study.

EMOTIONAL LABOUR

Hochschild (1983) defined EL as the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value (p.7). According to her, there is one of three techniques to perform EL for a service worker. Those are surface acting, passive deep acting, or active deep acting. Further, Hochschild (1983) stated that surface and deep acting represent two distinct techniques to manage emotion. Morris and Feldman (1996) also explained that EL is the effort of planning and control needed to express organizationally desired emotions during interpersonal transactions. Moreover, Grandey (2000) defined this concept as the process of regulating both feelings and expressions for organizational goals. Similarly, Mulholland (2002) also defined EL as the management of human feeling during the execution of the labor process. Ashforth and Humphrey (1993) defined EL as the act of displaying appropriate emotions while emphasizing actual behaviors rather than the presumed emotions underlying the behavior. Further, they viewed EL as a double-edged sword identified both negative and positive consequences.

When looking at the consequences of EL, influence on the quality of the service (Ashforth & Humphrey, 1993; Galli & Zammuner, 2005 as cited in Ramachandran, Jordan, Troth, & Lawrence, 2012), organizational citizenship behaviors (Ramachandran et

al., 2012), self-efficacy and psychological wellbeing (Ashforth & Humphrey, 1993), security, self-esteem (Strickland, 1992; Tolich, 1993; Torland, 2013; Wharton, 1993), job dissatisfaction (Grandey, 1999; Morris & Feldman, 1996; Wharton, 1993) have been highlighted as consequences of EL. Impacts on the individual's psychological well-being such as poor self-esteem, depression, cynicism, role alienation, and self-alienation (Richman, 1988; Ashforth & Humphrey, 1993; Fineman, 1993; Tolich, 1993; Wharton, 1993 as cited in Chu, 2002) has also been highlighted. Among such consequences, researchers (e.g., Chu, 2002; Hochschild, 1983; Kahn, 1993; Morris & Feldman, 1996) have identified that EL affected burnout of employees.

Surface and deep acting identified as two types of EL (Hochschild, 1983) are discussed in following paragraphs.

Surface acting

Surface acting is identified as showing emotions which are not felt, but are required by the business, and suppressing or altering the emotions truly felt (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2003, Hochschild, 1983). In such a situation, person does not actually change their inner feelings (Grandey, 2003). Rafaeli and Sutton (1987) defined surface acting as faking-in-bad-faith (p. 32) in which the employee conforms to display rules using only external demonstrations such as tone and intonation of voice, facial expressions, and gestures to keep the job but not to help the customer or the organization. They further stated that surface acting causes less personal problems but more worker related problems. Hochschild (1983) argued that surface acting would lead to emotional dissonance. Further, Chu (2002) revealed that when employees feel more emotionally dissonant due to surface acting they feel less

International Conference on Management Business And Economics Held on 17th - 18th March 2017, in Kuala Lumpur, Malaysia

emotionally exhausted and get more satisfied with their jobs. Further, surface acting protects an individual from getting burnout instead genuine acting makes an individual more vulnerable to service encounters. It could lead to feelings of misalignment that can decrease an employee's sense of well-being (Sheldon et al., 1997 as cited in Johnson 2004).

Mentioned that nurses have to face EL as a part of their job (Abhyankar, 2014. p.240).

Deep acting

Hochschild (1983) described 'active deep acting' as when individuals try to influence what they feel in order to 'become' the role they are asked to display, not only the expressive behavior but also the inner feelings are regulated. Brotheridge and Grandey (2002) defined deep acting as the process of controlling internal thoughts and feelings to meet the mandated display rules. Similarly, Chu (2002) stated that deep acting involves in changing inner feelings by altering something more than outward appearance. Chu (2002) further mentioned that when line employees successfully perform deep acting emotional labor, they feel less fake or alien of self. Employees who engage in surface acting were more emotionally exhausted than those who practice display rules by deep acting (Kruml & Geddes, 2000 as cited in Johnson, 2004). Johnson (2004) found out a significant relationship between autonomy and deep acting. Regulation through deep acting may result in a sense of accomplishment depending on the employee's level of identification with the organization (Ashforth & Humphrey, 1993).

The next few paragraphs are devoted for EE which has been identified as the dependent variable of the present study.

Emotional exhaustion

Maslach and Jackson (1986) stated that burnout as a syndrome consisting of three aspects; EE, depersonalization, and reduced personal accomplishment occurring among individuals who do 'people work'. EE is defined as a depletion of emotional resources (Halbesleben & Buckley, 2004). Further they explained that emotionally exhausted employee may tend to feel lack of adaptive resources and less contribution towards the job. Yavas and Babakus (2011) described EE as feelings of depleted energy and sensation resulted by excessive demands.

Many researchers (e.g., Grandey, 1999; Hochschild, 1983; Jones, 1998; Kruml & Geddes, 2000 as cited in Chu, 2002; Morris & Feldman, 1996; Rafaeli & Sutton, 1987; Wharton, 1993) have identified EE as a consequence of EL. Grandey (2000) argued that both surface acting and deep acting related to burnout and EE. Similarly, Martinez-Inigo, Totterdell, Alcover, and Holman (2007) have shown a positive relationship between surface acting and EE. Morris and Feldman (1997, as cited in Zapf, 2002) identified there is a weak but significant negative correlation between the frequencies of emotion work operationalize as the frequency of interaction and exhaustion. Hur, Moon, and Jun (2013) also found that emotional labor regulations (i.e., surface and deep acting) have different pacts on EE, consistent with previous studies (e.g., Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002).

Based on these empirical evidence, the present study set following hypotheses to be tested.

H1: There is a positive impact of surface acting on EE

H2: There is a negative impact of deep acting on EE

METHODOLOGY

The present study explores the impact of EL on EE in nurses in Sri Lankan state hospitals using the survey strategy. The population of the study is female nurses

working in the hospitals in Colombo district in Sri Lanka. Accordingly, five hospitals were selected. Convenience sampling technique was used to draw the final sample of the study. The sample size of the present study was 100 female nurses. The level of analysis was individual and the study collected all data within a specific time period. Hence, this study is cross-sectional. Data collection was done using self-administered questionnaire included standard measures for all relevant constructs of the study.

Questionnaire consisted four parts as part I, II, III, and IV. Part I includes questions for demographic information (e.g., Gender, Age, Tenure). Part II, III, and IV measured surface acting, deep acting, and EE respectively. EL was measured using the measure developed by Brotheridge and Lee (2003). Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981) was used to measure the EE. Cronbach's alpha of all measures was greater than 0.7. Accordingly, Cronbach's alpha for surface acting was 0.89. Cronbach's alpha value for deep acting was 0.841. It was 0.91 for EE.

When looking at the sample composition of the study, majority (54%) of the sample were in the age category of 20-30 years demonstrating a young group for the job of a nurse. Majority (58%). of them were single. Moreover, 58 percent of nurses have 1-5 years working experience in their nursing career.

HYPOTHESES TESTING

When testing hypotheses of the study, multiple regression was run in order to test the impact of surface and deep acting on EE.

TABLE 1
DIRECT IMPACT OF SURFACE ACTING AND DEEP ACTING ON EE

Model	Un-standardized Coefficients		Standardized Coefficients	T	Sig.	R	R ²	Adjusted R ²
	B	Std. Error	Beta					
Surface Acting	.85	.096	.67	8.90	.00	0.64	0.41	0.40
Deep Acting	-.43	.13	-.24	-3.23	.002	-0.16	-0.03	-0.02

As Statistics shown in the table, the value of R² for surface acting is 0.41 depicting that EE is explained by 41% through variation in surface acting. The negative impact of deep acting on EE explained through -0.03. Accordingly, deep acting explains EE by 3% by deep acting. Hence, both H1 and H2 are supported.

DISCUSSION

According to Martinez-Inigo et al. (2007), EL is significant part of people working lives in health sector since they have to regulate their own emotions in performing their work duties with patients. This study was conducted to examine the impact of EL on EE among nurses in Sri Lankan state hospitals. It was found that there is a positive impact of surface acting on EE. This is consistent with previous research evidence (e.g., Chu, 2002; Grandey, 2003; Hur, Moon, & Jun, 2011; Johnson, 2004; Kim, Yoo & Kim, 2012; Martinez-Inigo et al., 2007). Moreover, it was found that the impact of deep acting on EE is significantly negative and it is also consistent with previous research findings (e.g., Chu, 2002; Grandey, 2003; Hur, Moon, & Jun, 2011; Johnson, 2004; Kim, Yoo & Kim, 2012) and suggested that deep acting supports the emotional worker to reduce EE. Accordingly, surface acting increases it causes to increase the EE of nurses. Moreover, deep acting has negative impact on EE. It means when increasing deep acting that will cause to decrease the EE. Hence, the management/administrative people can identify situations where nurses may have to deal with surface

acting and deep acting. Accordingly, situations where they expose more for surface acting can be identified and consulted. Moreover, trainings and consultancy programmes can be implemented in order to assist them to manage their own emotions in order to not to get exhausted. These programs should provide more focus on persuading the nurses to perform more deep acting and to reduce performance of surface acting. Further, relevant administrative parties can consider about hiring a reasonable amount of experienced and matured nurses and retaining those well experienced nurses within the hospitals for a longer period of time, because it implied that those nurses perform more deep acting and less surface acting which ultimately results a lower level of EE among them. Existence of older and experienced nurses in favorable amounts would be an advantage for the younger and low experienced nurses, who are with a performance of high surface acting and a low deep acting which led to high EE, to learn about reducing EE by decreasing the performance of surface acting and increasing the performance of deep acting from those experienced nurses.

This is highly recommended for private sector because; private sector nurses experienced more EE than public sector nurses.

Limitations of the Study

Thought the study contributed to the theory and practice, there are some limitations to be addressed in future research. This study was conducted using five hospitals in Colombo district using female nurses. It affects the generalizability of findings of the study over the population. Though there are increasing number of male nurses the study only used female nurses. Hence, the study could not inquire the difference of EL and EE based on the gender differences. Further, the study used convenience

sampling method which has been identified as non-probabilistic sampling technique. The study is cross-sectional which may affect the causality. Therefore, the present study suggests to retest the study as a longitudinal study using both male and female nurses while expanding the sample size. Moreover, the study only used the questionnaire method for data collection. It is suggested to use other data collection methods (e.g., structured interviews) in future research.

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