

## Examining The Relationship Between Emotional Labor and Care Behaviors of Nursing Students

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### Abstract

The aim of this study is to examine the relationship between emotional labor and care behaviors of nursing students. The correlational study design was used in the study. The study sample consisted of 157 nursing students. The study data was collected using Descriptive Characteristics Form, Nurses' Emotional Labor Behavior Scale and Caring Behaviors Inventory-24. Nursing students had mean scores of 4.04±0.51 from the emotional labor superficial behavior subscale, 4.15±0.50 from the in-depth behavior subscale and 4.22±0.59 from the intimate behavior subscale. Care behaviors mean score of students was 5.05±0.62. A positive, moderate, statistically significant correlation was detected between emotional labor superficial behavior (r: 0.45), in-depth behavior (r: 0.48) and intimate behavior (r: 0.34) subscales and care behaviors of students (p<0.000). It was observed that students had good level emotional labor and care behaviors mean scores. It was seen that the nursing students' emotional labor behaviors and their perceptions of care behaviors were at a good level. Emotional labor behaviors of students affected their care behaviors and thus the quality of care. In line with these results, instructors and nurses should create a suitable training and clinical environment to improve the caregiving role of students and help them manage the emotional labor process more effectively.

**Keywords:** Emotional labor, care, nursing, student

## INTRODUCTION

Emotional labor can be defined as “the impression that a person's conscious work process creates in his inner world” (Yücebalkan and Karasakal, 2016). Emotions and behaviors of employees are expected to be formed in a controlled manner by considering the organizational goals (Oğuz and Özkul, 2016). The concept of emotional labor behavior was first conceptualized by the sociologist Hochschild in her book in 1983 as follows: “The Managed Heart: Commercialization of Human Feeling”. The concept of emotional labor was examined in two dimensions: superficial and deep acting (Hochschild, 1983). In superficial behavior, individuals change their behaviors and start demonstrating behaviours different from what they normally feel. On the other hand, in deep behavior, individuals regulate their emotions and start feeling the emotion they need to reflect at that moment, and they eventually behave accordingly (Değirmenci Öz and Baykal, 2018). The concept of “spontaneous and intimate feelings” was created by Ashforth and Humphrey (1993) as the third sub-dimension of emotional labor behavior in addition to these behaviors. According to this approach, employees are thought to approach their patients with natural (intimate) emotions without the need to manage their emotions (Değirmenci, 2016). “Emotional Labor” draws attention as an indispensable concept of many service areas and professions in today's conditions (Yücebalkan and Karasakal, 2016). Occupational groups that require the employee to have a one-to-one relationship with the people they are dealing with (customers, students, patients, and so on) are expected to spend more emotional labor. Among these occupational groups are health staff, tourism workers, call center workers,

airline staff, hotel staff and educators (Duman, 2017). In the health sector, which has different components as a service sector, nurses are in constant communication with patients and healthy individuals, and they have to manage their emotions in service delivery and show emotional labor behavior in this process (Değirmenci Öz and Baykal, 2017). In the emotional labor health care model created by Mann (2005), it is stated that health workers experience emotional conflict negatively and emotional adjustment positively as a result of the emotional events or experiences they encountered. The negative results of the model created include burnout, decreased professional commitment and impaired self-esteem, while strong communication with patients, good relations and emotion management are considered to be positive results of the emotional labor behavior model (Değirmenci Öz and Baykal, 2018). It is the care function which distinguishes the profession of nursing from other health professions and which gives the nursing profession its characteristic (Erenoğlu et al., 2019). Care is the central focus and core of nursing. Caring is defined as “the mental, emotional and physical effort required to support others” (Doğan and Taşçı, 2019). There are very few studies in the literature that explain the concept of emotional labor and the connection between emotional labor and caregiving (Doğan and Taşçı, 2019). It is thought that emotional labor behaviors of nursing students will affect their care behaviors (Kinman and Leggetter, 2016). The fact that emotional labor is not reflected in nursing care can negatively affect the quality of care, professionalism in the profession, patient satisfaction and institutional functioning. It is thought that nursing students who experience emotional labor positively during their

clinical experience will exhibit good-quality care behaviors (Doğan and Taşçı, 2019). Clinical learning is an area of high emotion inherent in healthcare settings, and it includes an emotional experience (Msiska et al., 2014). In a study conducted with nursing students, it was reported that because of the patients' anxiety about their conditions, the students tried to manage this process well and did not show the difficulties they experienced (Msiska et al., 2014). Nursing education involves a stressful process (Koçak et al., 2014), and students may have difficulty regulating their emotions when they face emotional situations in a clinical setting. In addition, it is not known how students learn to manage this process (McCloughen et al., 2020). In this respect, the purpose of this study was to examine the relationship between emotional labor and care behaviors in nursing students. It is thought that the findings obtained in the study will help get important information about the preparation of students for the nursing profession and about related educational processes.

## **MATERIALS and METHODS**

### **Research Type**

In the study, the relational descriptive research design was used.

### **Place and time of the study**

The study was conducted in the Department of Nursing in Faculty of Health Sciences at a university in Turkey between April and June 2020.

### **Research Sample**

The research sample consisted of students studying in the Department of Nursing at the Faculty of Health Sciences. The sampling criteria included students' voluntary participation in the study and having experience in clinical practice for at least one semester.

### **Data Collection Tools**

The research data were collected using Descriptive Characteristics Form, Nurses' Emotional Labor Behavior Scale and Care Behaviors Scale-24.

#### **Descriptive characteristics form**

The descriptive characteristics form, which was prepared by the researchers based on the literature, was made up of questions regarding "age, gender, marital status, financial status perception, class, school atmosphere, average point of academic grade, choosing the profession willingly, wanting to become a nurse, adequacy of the nursing care provided in the service where clinical practice was performed, and reasons for lack of adequate care. reasons, previous experience of receiving nursing care and being a companion, and the nurse's duty of giving care" (Değirmenci 2016; Tunç et al., 2014; Değirmenci Öz and Baykal, 2018; Koçak et al., 2014; Durmaz et al., 2019; Birimoglu and Ayaz, 2015).

#### **Nurses' emotional labor behavior scale**

The scale was developed by Değirmenci (2016) to examine the emotional labor behaviors of nurses (Değirmenci, 2016). The scale included 24 5-point Likert-type items rated as follows: "(1) *strongly disagree*, (2) *disagree*, (3) *partially agree*, (4) *agree and* (5) *strongly agree*". The scale was made up of three sub-dimensions: "superficial behavior, in-depth behavior and intimate behavior". The internal consistency reliability coefficients of the scale were .90 for the whole scale and between .75 and .86 for the sub-dimensions. There was no reversely scored item in the scale. While evaluating the scores obtained from the scale, the total score obtained from each sub-dimension was divided by the number of items in the related sub-dimension, and the mean score was

obtained. Accordingly, the mean score for each sub-dimension was found to vary between “1” and “5”. In the sub-dimensions of the scale, it was thought that emotional labor behavior was low as the mean score was closer to “1” and that emotional labor behavior was higher as the mean score was closer to “5” (Değirmenci, 2016; Değirmenci Öz and Baykal, 2018). The scale was used in this study to examine the emotional labor behaviors of the nursing students.

#### **Caring behaviors inventory–24**

The scale, which was created by Wolf et al. in 1981, was revised by the same researchers in 1994. It was later revised by Wu et al (2006). The scale was designed for patients and nurses to evaluate the nursing care process, and it is suitable for bidirectional diagnosis. The Turkish adaptation of the scale was conducted by Kurşun and Kanan in 2012. The scale consisted of four sub-dimensions and 24 items. For the responses to the scale items, a 6-point Likert-type rating was used: “1= never, 2= almost never, 3= sometimes, 4= usually, 5= often, 6= always”. The scale is administered by the patient and by the researcher on face-to-face basis, by telephone or by the patient’s self-filling. The internal consistency coefficients of the scale for the nurses were 0.96 for the whole scale and between 0.81-0.94 for the sub-dimensions. After adding the scores of all the items and dividing by 24, the total scale score between 1-6 was obtained, and the sub-dimension scale scores between 1-6 were obtained by adding the scores of the items in the sub-dimensions and dividing that by the number of items. As the total and sub-dimension scale scores increase, the quality of care perception levels of nurses or patients increase (Kurşun and Kanan, 2012). The scale was used in this study to determine the nursing students’ perception levels of care quality.

#### **Data collection**

Due to the COVID-19 pandemic process, online questionnaires were used to fill in the data forms related to the introductory characteristics, emotional labor and care behaviors of the nursing students, who voluntarily agreed to participate in the study.

#### **Data analysis**

Analysis of the research data was carried out in computer environment using a statistical software program. In accordance with the purpose of the study, the data were evaluated by number, percentage, mean, standard deviation and correlation analysis. In correlation analysis, the power of the coefficients is defined as “values less than 0.30 are low; values between 0.30-0.69 are moderate; values of 0.70 and above are high” (Cokluk et al., 2018). The statistical significance level for the variables in the study was accepted as  $p < 0.05$ .

#### **Research ethics**

In order to conduct the study, permission was obtained from the ethics committee, from the authors who adapted the scales used and from the institution where the study was conducted. In addition, permission was obtained online from the nursing students who met the criteria for inclusion in the research sample. Permission from the nursing students was obtained via and “Informed Consent Form”, which covered the research purpose, the duration of the research process, implementation, data collection, voluntary participation in the study, participants’ right to leave the study at any time, and keeping the participants’ names confidential. The fact that the students filled out the data collection tools after reading the consent form meant that they gave their consents.

## RESULTS

The mean age of the nursing students participating in the study was 21.22 ( $\pm 1.52$ ). Of all the participants, 80.3% of them were female; 100.0% were single; and the income levels of 72.0%'s were equal to their expenses. In addition, 45.9% of the students were in their third grade; 62.4% considered the school atmosphere as “moderate”; the academic grade point average of 73.9% varied between 60-79; 48.4% chose their profession willingly; 67.5% wanted to be a nurse; 46.5% stated that the nursing care provided in the clinics was partially sufficient; 73.2% had no previous nursing care experience; 61.1% had been a companion before; and 78.3% stated that care was the main duty of a nurse. In relation to the reasons for insufficient nursing care, 63.1% stated that the number of patients given daily care was high; 56.7% stated that the number of nurses was insufficient; and 55.4% stated

that the workload in the clinic was high (Table 1). Table 1 presents the sociodemographic characteristics of the nursing students. The mean score for the sub-dimension of the nursing students' emotional labor surface behavior was  $4.04 \pm 0.51$  (2.50-5.00); in-depth behavior was  $4.15 \pm 0.50$  (1.62-5.00); and intimate behavior was  $4.22 \pm 0.59$  (1.00-5.00). The mean score of the students' care behaviors was  $5.05 \pm 0.62$  (3.29-6.00). The mean scores for the emotional labor and care behaviors of the nursing students are given in Table 2. The mean score of the students' care behaviors was  $5.05 \pm 0.62$  (3.29-6.00). The nursing students' care behaviours were found to have a moderate level of statistically significant and positive relationship with the sub-dimensions of superficial behavior ( $r: 0.45$ ), in-depth behavior ( $r: 0.48$ ) and intimate behavior ( $r: 0.34$ ) ( $p < 0.000$ ).

**Table 1.** Introductory characteristics of the nursing students (n: 157)

Variables	Number/X±SS	Percentage/ (min-max)
Age	21.22±1.52	17.00-29.00
Gender		
Female	126	80.3
Male	31	19.7
Marital status		
Single	157	100.0
Financial state perception		
Income equal to expenses	113	72.0
Income higher than expenses	20	12.7
Income lower than expenses	24	15.3
Class grade		
2 <sup>nd</sup> grade	63	40.1
3 <sup>rd</sup> grade	72	45.9
4 <sup>th</sup> grade	22	14.0
How do you evaluate the school atmosphere?		
Good	51	32.5
Average	98	62.4
Bad	8	5.1
Academic grade average		
80-100	34	21.7
60-79	116	73.9
<60	7	4.5
Did you choose the profession willingly?		
Yes	76	48.4
No	17	10.8
Partially	64	40.8
Do you want to be a nurse?		
Yes	106	67.5
No	13	8.3
Partially/Neutral	38	24.2
Do you think the nursing care provided in the clinic where you practice is sufficient?		
Yes	13	8.3
Partially	73	46.5
No	67	42.7
No comment	4	2.5
Reasons for the inadequate nursing care		
Impossibility for nurses to work in the clinic they want	68	43.3
High number of patients per day	99	63.1
Insufficient number of nurses working in the clinic	89	56.7
High workload in the clinic other than patient care	87	55.4
Insufficient time for care	60	38.2
The patient's lack of expectation for care	29	18.5
Low salary	1	0.6
Disliking the profession-reluctance	8	5.1
Previous experience of receiving nursing care		
Yes	42	26.8
No	115	73.2
Previous experience of being a companion		
Yes	96	61.1
No	61	38.9
Do you think the statement of "Caring is the most basic duty of the nurse" is correct?		
Yes	123	78.3
No	4	2.5
Partially	30	19.1

**Table 2.** The mean scores for the emotional labor and care behaviors of the nursing students (n: 157)

Variables	X±SS	Min-maks
<b>Emotional labor sub-dimensions</b>		
Superficial behavior	4.04±0.51	2.50-5.00
In-depth behavior	4.15±0.50	1.62-5.00
Intimate behavior	4.22±0.59	1.00-5.00
<b>Total care behavior score</b>	5.05±0.62	3.29-6.00
Assurance	5.13±0.64	2.50-6.00
Knowledge-skill	5.05±0.70	3.00-6.00
Being respectful	5.08±0.72	2.67-6.00
Commitment	4.87±0.76	2.60-6.00

**Table 3.** Examination of the relationship between emotional labor and care behaviors of the nursing students (n:157)

Variables	Care Behaviors	
	R	P
<b>Emotional labor sub-dimensions</b>		
Superficial behavior	.45	<b>.000</b>
In-depth behavior	.48	<b>.000**</b>
Intimate behavior	.34	<b>.000**</b>

\*\* Spearman test was applied

## DISCUSSION

In this study, which started with the idea that there might be a relationship between the emotional labor behaviors of nursing students and their care behaviors, it was revealed that the nursing students' mean scores for the sub-dimension of the emotional labor behavior scale were 4.04±0.51 for surface behavior, 4.15±0.50 for in-depth behavior and 4.22±0.59 for intimate behavior. In the study, it was seen that the students' emotional labor behaviors were high and that intimate behavior had the highest mean. In a study conducted on nursing students (n:230), it was reported that the mean scores were 3.73±0.64 for surface behavior, 3.81±0.60 for in-depth behavior and 4.03±0.03 for intimate behavior (Dığın and Kızılcık Özkan, 2020). In another study (n:167) on nursing students, it was found that the mean scores for the sub-

dimensions of the scale were 3.95±0.04 for surface behavior, 3.95±0.03 for in-depth behavior and 3.98±0.69 for intimate behavior (Baksi and Arda Sürücü, 2019). In one other study carried out by Korkut et al. (2019), the nursing students' mean scores were 4.35±0.75 for the sub-dimension of surface behavior; 3.81±0.72 for intimate behavior and 3.78±0.63 for in-depth behavior and that they showed the superficial labor behavior most. In another study, it was seen that the nursing students (n: 557) showed in-depth behavior most (3.80±0.78) and intimate behavior (3.39±1.57) least and that the mean of the surface behavior sub-dimension was 3.70±0.87 (Karadaş et al., 2021). In some studies conducted with nurses, it was reported that they demonstrated in-depth behavior most (Değirmenci Öz and Baykal, 2017; Budunoğlu, 2019), while in some

studies, the participants demonstrated superficial behavior (Malak Akgün, 2015; Yilmaz and Arslan, 2017) and some other studies revealed that the participants demonstrated intimate behavior (Baksi and Arda Sürücü, 2020; Baksi and Durmaz Edeer, 2020; Altuntaş and Altun, 2015). In the study, it was seen that the emotional labor behaviors of the nursing students were above the average and were similar to the literature. In a study conducted with nursing students, it was found that the students were in the process of emotional labor due to insufficient number of nurses, excessive workload and so on and that the patients tried to manage this process well and did not show the difficulties they experienced because of their anxiety about their condition (Msiska et al, 2014). In general, it was seen that the nursing students were in all three forms of emotional labor "by making an effort, by being intimate or by pretending" in order to fulfill the expected behaviors and that they showed intimate behavior most. Considering the service content and characteristics of the nursing profession, it could be stated that nurses are expected not to pretend against their patients and to show more natural and intimate feelings while providing services (Öz and Baykal, 2018). In line with the research findings, it could be stated that nursing students have their first professional experience by showing their feelings sincerely due to the nature of nursing. This result is positive for nursing students, who are preparing to step into the profession. In terms of good-quality nursing care, it is important that nursing students who will step into the profession in the future show emotional labor behaviors. However, the fact that the sub-dimension of superficial behavior is also above the mean indicates that the nursing student acts in the way s/he does not actually

want to do so. In the literature, it is pointed out that surface behavior may have more negative consequences than in-depth behavior (McCloughen et al., 2020). In studies conducted with different sample groups in the literature, it is seen that the job satisfaction of those who exhibit superficial behavior decreases (Pala and Tepeci, 2014). In addition, it is stated in the literature that there is a positive relationship between surface behavior and emotional burnout (Cheng et al., 2013; Altuntaş and Altun 2015). The mean score of the nursing students' care behavior scale in the study was  $5.05 \pm 0.62$ . The mean scores of the sub-dimensions of the scale were respectively  $5.13 \pm 0.64$  for the sub-dimension of assurance,  $5.08 \pm 0.72$  for the sub-dimension of being respectful,  $5.05 \pm 0.70$  for the sub-dimension of knowledge and skills, and  $4.87 \pm 0.76$  for the sub-dimension of commitment. In the study, it was revealed that the nursing students scored well in each sub-dimension of the scale and that the highest score was in the sub-dimension of assurance and the lowest score in the sub-dimension of commitment. In a study conducted by Türk et al. with 673 nursing students in 2018, it was seen that similar to the findings obtained in the present study, the students' perception levels for the quality of care behaviors was good. In the study, the total mean score of the care behaviors was found to be  $5.03 \pm 0.75$ , while the mean scores of the sub-dimensions of the scale were  $5.09 \pm 0.78$  for sub-dimension of being respectful,  $5.05 \pm 0.80$  for the dimension of assurance,  $4.98 \pm 0.82$  for the sub-dimension of knowledge and skills and  $4.98 \pm 0.80$  for the sub-dimension of commitment, respectively. In a study carried out by Labraque et al. (2015) with nursing students, it was found that the participants' perceptions of care behaviors were at a good level. In a study



conducted by Birimoğlu and Ayaz (2015) in our country, it was similarly reported that the nursing students' perceptions of care behaviors were high. The present research findings were similar to other research findings in the literature. In the study, it was a positive situation that the nursing students' perceptions of care behaviors were at a good level. In this respect, it is thought that giving importance to the concept of care in the education of students and being supported by the teaching staff to develop care behaviors in clinical practice may be effective. In this study, it was seen that the nursing students got the highest score from the sub-dimension of assurance among all the sub-dimensions of care behaviors. In the sub-dimension of assurance, it was seen that there were important topics related to care such as seeing the patient willingly, talking to the patient, encouraging the patient to call when s/he has a problem, responding to the patient's call immediately, helping the patient reduce the pain, showing interest in the patient, administering the patient's treatments and medications on time and alleviating the patient's symptoms. The high score obtained from the sub-dimension of assurance in the study shows that the perceptions of the nursing students in terms of care behaviors in this area were more positive. In a study conducted by Kızıltepe and Yılmaz in 2022 to examine the relationship between the fear of coronavirus and care behaviors of nursing students, it was found that similar to the present research findings, the participants got the highest score ( $5.23 \pm 0.65$ ) in the sub-dimension of assurance (Kızıltepe and Yılmaz, 2022). Unlike the present research findings, in another study conducted with the long version of the scale on nursing students, it was seen that the highest score in care behaviors was in the sub-dimension of

knowledge and skills (Aupia et al., 2017). It was seen that the nursing students got the lowest score from the dimension of commitment among all the sub-dimensions of care behaviors. In terms of the sub-dimension of commitment, it was seen that there were important roles and responsibilities related to care such as giving education and information to the patient, allocating time to the patient, helping/supporting the development of the patient, being patient and understanding towards the patient, and ensuring the participation of the patient in the planning of care. The nurses were an important power in the delivery of health services and are the health professionals who spend the most time with the patient (Cerit and Coşkun, 2018). In different studies on the subject in the literature, similar to the research findings, it was seen that care initiatives such as "training and informing nurses that will contribute to the development of the patient by spending more time with the patient" should be developed more (Korlou et al., 2015; Drahošová and Jarošová, 2015; Cerit and Coşkun, 2018). In the study, the care behaviors of the nursing students were found to have a moderate level of statistically significant and positive relationship with the sub-dimensions of superficial, in-depth and intimate behaviors ( $p < 0.000$ ). In the study, it was revealed that the students' fulfillment of what was expected from them increased their perception of care behaviors in all three forms of emotional labor: "making an effort, being intimate or acting". Therefore, in line with the findings obtained in the study, it was seen that there was a relationship between emotional labor and care behaviors. When we look at the literature, it is seen that there are very few studies explaining the concept of emotional labor and the connection between the concept of

emotional labor and caregiving (Doğan and Taşçı, 2019). In a review of the related literature, it was stated that emotional labor was a necessary professional competence for nurses to perform their care practices in the best/good-quality manner. In addition, it was stated that more research was needed to deeply understand the role of emotional labor and care delivery for nurses (Badolamenti et al., 2017). In a study, it was reported that emotional difficulties experienced by nurses in work life contributed to their giving inadequate care and that they needed a personnel support system to cope with these emotional situations. (Sawbridge and Hewison, 2013). In a meta-ethnographic review, it was stated that the nurses and students managed their emotional states by regulating their participation in care. It was seen that the nurses who could be emotionally involved in care and could treat patients with a humane perspective had the power and motivation to provide care beyond technique (Fernández-Basanta et al., 2022). In a study conducted on nursing students, it was reported that those who developed motivation by doing their job to relax psychologically increased their in-depth behaviors (Baksi and Sürücü, 2019). In another study conducted on nursing students, it was found that the emotional labor process they exhibited in the clinical setting affected their well-being (Kinman and Leggetter, 2016). Moreover, in a study carried out on nursing students, it was found that well-managed emotions affected clinical learning (Msiska et al., 2014). In the literature, among the positive results of the emotional labor behavior, there were factors such as job satisfaction, high performance, increase in motivation, increase in corporate citizenship behaviors, psychological and physiological health, success in

customer relations, and increase in emotional commitment to the profession (Oğuz and Özkul, 2016). In the literature, it was pointed out that the most important criterion of professionalism is to fulfill the requirements of the job in the most perfect way and that one of the qualifications of professional nurses is responsibility (Dikmen et al., 2014). However, in a study conducted by Karadaş et al., no significant relationship was found between the nursing students' emotional labor behavior and their levels of professional behavior practice ( $p>0.05$ ) (Karadaş et al., 2021). In a study conducted on nursing students, it was seen that there was a positive relationship between emotional labor and clinical practice stress. In a study conducted on nursing students, it was stated that there was a positive relationship between emotional labor and clinical practice stress (Jeong, 2015). In this respect, it is seen that nursing students fulfill the roles and responsibilities expected from them by showing in-depth, superficial and intimate behaviors and that there was a relationship between the perception of care behaviors. Accordingly, it is important to carry out the study with different sample groups in terms of clarifying the relationship between the variables. Therefore, conducting the study in different sample groups is important in terms of clarifying the relationship between the variables and the variables.

## CONCLUSION

It was seen that the nursing students' emotional labor behaviors and their perceptions of care behaviors were at a good level. In addition, a moderate positive correlation was found between emotional labor and caring behaviors. The findings obtained in the study are thought to contribute to the literature in

terms of providing scientific information about the relationship between emotional labor and care behaviors of nursing students. The findings obtained in terms of quality of care, standardization and patient satisfaction in nursing are important. Educators and nurses should be supported to better manage the emotional labor process in order to develop the caregiver role of students, and an appropriate clinical environment should be created. Emotional labor should be included in the nursing curriculum, and strategies that take into account emotional labor development should be put forward. Furthermore, it is recommended that the theoretical and practical education of students be evaluated from this perspective in order to improve their perceptions of care behaviors. In the study, the lowest score obtained from the commitment sub-dimension of the care behaviors revealed that the nursing students should be supported in order to improve their care behaviors such as informing the patient and allocating time, which are important in terms of communication with the patient.

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