

Emotional Labor and Organizational Commitment among Hospital Nurses: The Mediating Role of Job Burnout

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ABSTRACT

The increasing interaction between employees and consumers is one of the common phenomenon occurred in the development of service sector which involves certain emotional expression. Emotions at work can be related to job burnout and other work outcomes such as employees' organizational commitment. Emotions at work and its outcomes are deemed important in occupation such as hospital nurse as they can affect the quality of service given to the patients. This study aims to analyze the effect of emotional labor toward organizational commitment and the role of job burnout as mediator using Structural Equation Modeling (SEM) method. Research data were collected from 330 hospital nurses using questionnaire. The study result showed that emotional labor has a positive effect toward job burnout, job burnout has a negative effect toward organizational commitment, meanwhile emotional labor has no significant direct effect toward organizational commitment, but was found mediated by job burnout. Future directions can be utilized to improve the hospital nurses' behaviors at work in providing health services.

Type of Paper: Empirical

Keywords: emotional labor; job burnout; organizational commitment; structural equation modeling

1. Introduction

Efforts made to increase the degree of public health has become increasingly important, and the role of an institution that can support the implementation is highly needed, one of which is the hospital. Since the past few years, the healthcare sector in Indonesia has been growing improvingly fast. In order to support the developing health services, every aspect of the process needs to be taken into account, one of them is the human resources aspect of nurses who become the first people to interact directly with the patients in the effort of providing best health services, which makes this job requires the appearance of a certain emotion needed from a job and organization, or known as emotional labor (Kaur, 2014). The employee's emotional regulation strategy can be demonstrated through the concept of 'acting' which consists of surface acting, deep acting, and emotional consonance (Lee, 2012).

Emotional labor experienced in the nursing profession can potentially lead to burnout characterized by emotional exhaustion, lack of depersonalization, and diminished personal

accomplishment in work (Maslach and Jackson, 1981; Handelsman, 2012). Burnout experienced by employees can then influence other work outcomes, one of them is toward organizational commitment (Leiter and Maslach, 1988), which is an important aspect in order to achieve organizational success (Steers, 1977). Commitment in this regard is seen from the affective and continuance commitment of employees to stay in the organization. The nursing profession is chosen as the research's object based on its job characteristics which met the research objective as a job that interacts with many patients that fits with the phenomenon to be studied.

This paper will be presented in a structure that include introduction, literature review from previous researches, research methodology, results and discussions, and conclusion.

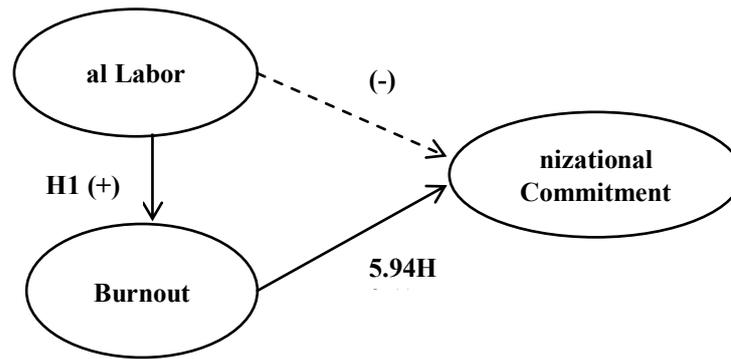
2. Literature Review

Emotional labor concept is pioneered by Arlie Hochschild in her book, *The Managed Heart* (1983), which revealed the potentially negative social and psychological consequences of emotional labor for workers and has inspired many studies ensuing the same topic to those jobs which perform emotional labor as it may have psychological costs and benefits for workers (Wharton, 1999). Wharton (1999) then explains that emotional labor refers to the effort involved in displaying organizationally sanctioned emotions by those whose jobs require interaction with clients or customers and for whom these interactions are important component of their work. Hence many occupations especially in service sectors or as called as "people work" by Brotheridge and Grandey (2002) had been studied to identify emotional labor as many workers employed in this type of job performed emotional labor.

Emotional labor in this study has 3 dimensions: *surface acting*, that is when an employee changes his/her outward appearance and behavior based on the situation or display rules and shows the required emotion (Kruml and Geddes, 2000), *deep acting* when the employee intentionally changes (internalizes) his emotions in accordance to what should be shown at work (Brotheridge and Grandey, 2002), and emotional consonance or referred as *passive deep acting* by Hochschild (1983) is employees' emotions that occur naturally at work (Kruml and Geddes, 2000).

Furthermore, Porter et al. (1974) defined *organizational commitment* as the relative strength of an individual's identification and involvement in an organization. It can be characterized by at least three factors: (1) a strong belief and acceptance of the organization's goals and values; (2) a willingness to exert considerable effort on behalf of the organization; and (3) a strong desire to maintain membership in the organization.

Many researches has focused on the increasing risk of *burnout* caused by emotional labor (Brotheridge and Grandey, 2002; Handelsman, 2011; Steinberg and Figart, 1999; Wharton, 1999). *Burnout* is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind. Job burnout in Maslach Burnout Inventory-Human Service Survey (MBI-HSS) which was designed for people working in human services and health care is indicated by three dimensions: emotional exhaustion, depersonalization, and decreased personal accomplishment, which have been the focus of numerous research studies (Maslach and Jackson, 1981; Maslach, Schaufeli, and Leiter, 2001).



Note: dotted line refer to indirect effect

Figure 1. The Hypothesized Model

The first dimension, emotional exhaustion, refers to the feelings of being emotionally overextended and drained by one’s contact with other people. Exhaustion component is more predictive of stress-related outcomes and has been studied independently in many researches. The next dimension, depersonalization, refers to an unfeeling and callous response toward people, who are usually the recipients of one’s service or care. And the last one, reduced personal accomplishment, refers to a decline in one’s feelings of competence and successful achievement in one’s work with people (Maslach and Leiter, 1988).

Burnout can be an important mediating variable between interpersonal aspects of the work environment and organizational commitment (Steers, 1997). Steers (1997) also found that commitment was significantly and inversely related to employee turnover in hospital sample. Job burnout has been associated with various forms of employees’ job withdrawal such as absenteeism, intention to leave, and actual turnover; as it also leads to employees’ decreased job satisfaction and it reduces commitment toward job or organization for those who are still staying on the job (Leiter and Maslach, 1988; Maslach, Schaufeli, and Leiter, 2001).

- Hypothesis 1: Emotional labor experienced by hospital nurses affects job burnout positively.
- Hypothesis 2: Job burnout affects hospital nurses’ organizational commitment negatively.
- Hypothesis 3: Job burnout mediates the relationship between emotional labor and organizational commitment of hospital nurses.

3. Research Methodology

The research analysis utilised 330 data which were collected from hospital nurses using offline self-administered questionnaire. The research questionnaire was divided into two sections; Section A constituted demographic details such as: name of the hospital, unit of service care, gender, age, marital status, employment status, years of experience, occupational title, and education level. Section B constituted the research’s variables being studied namely emotional labour, job burnout, and organizational commitment questionnaire. This research used single cross sectional and non-probability-purposive sampling method.

From 635 questionnaires distributed to the target of respondents (nurses from five hospitals in Depok City, West Java), 330 of them were considered as qualified for research purpose. The response rate reached 52%. All the hospitals which participated in the study fulfils the sample

requirement of this study: have adequate bed capacity, health facilities and high number of patients.

Emotional labor indicators were measured from Brotheridge & Lee (2003) and Dieffendorf et al. (2005) in Lee (2010), which consisted of nine items (three items for each dimension of emotional labor: *surface acting*, *deep acting*, and *emotional consonance*) using Likert scale range from 1 to 6 (agree scale). Job burnout indicators were taken from Maslach Burnout Inventory-Human Service Survey (MBI-HSS) formulated by Maslach and Jackson (1981) which consisted of 22 items with nine items measured *emotional exhaustion*, five items measured *depersonalization*, and 8 items measured *personal accomplishment* and ranges from 1 ('never') to 7 ('everyday') to measure the frequency of nurses in experiencing burnout, and organizational commitment indicators were obtained from Organizational Commitment Questionnaire (OCQ) by Mowday et al. (1979) in Hilton (2015) using Likert scale 1 to 6 (agree scale) with nine items measured *affective commitment* and six items were reverse-coded to measure *continuance commitment*.

Structural Equation Modeling (LISREL 8.51) using Maximum Likelihood (MLE) estimation method was applied to test the model fit and hypotheses within the structural model as shown in Figure 1. This study involves a second order confirmatory factor analysis (CFA) as the latent variables used in the study each has their own dimensions and indicators.

4. Results

Hair et al. (2010) stated that indicators of a specific latent construct should converge known as convergent validity which are indicated by significant high factor loadings with estimates ≥ 0.50 and it has been proven from the variables' dimension. However, dimension surface acting showed very little standardized loading (-0.06; -0.92) in measuring its latent variable, emotional labor; and personal achievement also showed similar result (0.02; 0.31) in measuring job burnout that both dimension can be said did not fulfill convergent validity. But based from its theoretical concept, those dimensions measured their respective variables, so the invalid dimensions are still included in the study to maintain the theoretical framework.

Reliability is another indicator of convergent reliability and it was constructed from construct reliability (CR) of 0.70 or above and an average variance extracted (AVE) of more than 0.50 to suggest good reliability (Hair et al., 2010). CR and AVE was calculated from measurement model's standardized loading factor and estimated error, and the results show that Emotional Labor had $CR > 0.734$ and $VE > 0.596$; however, CR and AVE of Job Burnout are 0.54 and 0.369 as it presumably caused by the invalidity from personal achievement dimension; and CR and AVE of Organizational Commitment are 0.686 and 0.56 respectively so the variables are deemed reliable. Fornell and Larcker (1981) explained that VE results < 0.50 are still acceptable because they are judged to have no fatal impact, and the results are acceptable if the CR is still ≥ 0.60 .

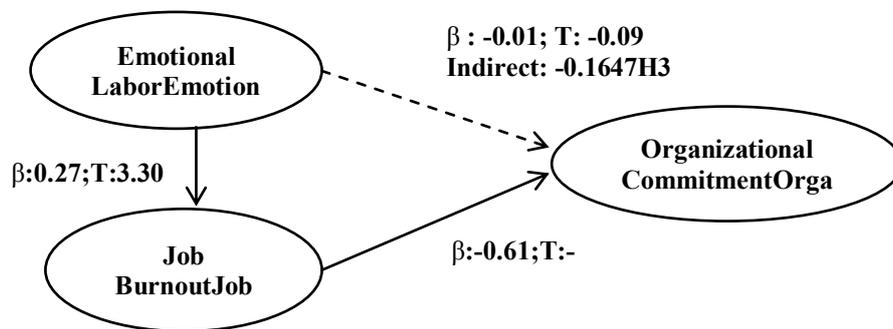
4.1 Demographic Characteristics

Table 1 shows the demographic characteristics of the 330 samples which participated in this study using frequencies.

To best describes the strength of a model's predictions, several measures of approximation were employed. With at least the χ^2 , degree of freedom, an absolute and incremental index

Table 1. Demographic Characteristics

Repondents' Characteristics	Category	n	%	Repondents' Characteristics	Category	n	%
Working Unit	Administration	2	1	Years of experience	1-3	133	40
	Emergency	31	9		4-6	59	18
	Inpatient	162	49		7-9	55	16,7
	Clinics	39	12		10-12	22	6,7
	Intensive Care	46	14		13-15	22	6,7
	Operating Room	19	6		>15	39	12
	Others	31	9		Marital Status	Single	113
Gender	Female	44	13	Married		213	65
	Male	286	87	Had Married		4	1
Age (years old)	20-25 y.o.	93	29	Occupational Title	Room Head	24	7
	26-30 y.o.	78	22		Team Leader	65	20
	31-35 y.o.	72	22		Nurses	214	8
	36-40 y.o.	63	20		Others	27	65
	41-45 y.o.	11	3	Level of Education	High School	5	1,5%
	46-50 y.o.	12	4		Nursing Vocation	289	87,5%
	>50 y.o.	1	0,3		Bachelor	35	10,6%
Employment Status	Permanent	70	21	Master	1	0,3%	
	Contract	259	78,5				
	Other status	1	0,3				



Note: The standardized regression coefficients and t-values are depicted on the paths
Dotted line represents indirect effect

Figure 2. The hypothesized structural model result

shows good fit (>0.90), it has provided sufficient information to evaluate a model (Hair et al., 2010), usually, using three to four indices provides adequate evidence of model fit (Hair, 2010). The approximation fit measures found that $\chi^2 = 1386.66$ (p-Value = 0.00); df = 685; and the Goodness-of-Fit Index (GFI) = 0.82; then incremental fit measures showed Normed Fit Index (NFI), Comparative Fit Index (CFI), and Incremental Fit Index (IFI) degree of fit was a little below 0.9 (NFI = 0.81; CFI = 0.89; IFI = 0.89) shown that the model is considered adequate (sufficient). In addition, lack-of-fit was measured by means of RMSEA (*Root Mean Square Error of Approximation*), where the value of a suitable fit should be lower than 0.80 and in the study, it was found that RMSEA = 0.056 so the model is deemed fit.

The model shown in Figure 2 indicates that *emotional labor* affects *job burnout* positively ($\beta = 0.27$), *job burnout* affects *organizational commitment* negatively ($\beta = -0.61$); and job

burnout mediated the relationship between emotional labor and organizational commitment ($\beta = -0.164$). Supported with comparison between unmediated model and mediated model, it was found that there is a significant difference in the $\Delta\chi^2 = 62.88$, $\Delta df = 1$, and standardized regression of EL to OC is significantly reduced until became insignificant after JB is entered ($\beta = -0.17$ to -0.01), so it was concluded that the relationships between emotional labor and organizational commitment was fully mediated by job burnout.

5. Discussion

In this study, the relationships between emotional labor, job burnout, and organizational commitment among hospital nurses in Depok City were investigated. From the data analysis results, all hypotheses were corroborated. Hypothesis 1 - that Emotional Labor affects Job Burnout positively - was confirmed. Then Hypothesis 2 - that Job Burnout affects Organizational Commitment negatively - was also accepted; and Hypothesis 3 is also accepted that Job Burnout mediated the relationship between Emotional Labor and Organizational Commitment. Emotional labor has been found to have a positive effect on burnout with significant results supporting Maslach and Jackson (1981) and Handelsman (2012). In their work, nurses cope with many job demands, and are needed to express certain emotions especially in front of patients which might lead to burnout. In this study, burnout was revealed to have a negative effect on the organization's nurse organization's commitment which supported Leiter and Maslach (1988). Research indicates that these measures are related to aspects of the interpersonal environment of an organization, as well as to an important organizational outcome, employee turnover.

The value of the insignificant direct influence of emotional labor on organizational commitment has negative relationship direction, then supported by significant indirect influence through job burnout ($\beta = -0.1747$) so it is indicated if there is improvement of emotional labor that is deep acting and emotional consonance in hospital nurses will be able to decrease the organization's commitment to nurses. Cheung (2006) has shown in his research that emotional labor has no effect toward organizational commitment. The role of burnout variable mediation from emotional labor toward organizational commitment formulated by researchers proved to show full-mediation. From the analysis, it can be seen that surface acting and personal accomplishment are not valid in measuring their own latent variable. In surface acting dimension, although it is a strategy with the highest average value ($M = 4.65$), it turns out that the dimension cannot measure emotional labor.

Kruml and Geddes (2000) conducted a study to explore the emotional labor's dimensions through measurement of emotive effort and emotional dissonance dimension based on a research conducted by Hochschild (1983) with the concept of 'acting' in emotional labor consisting of surface acting, active deep acting, and passive deep acting. The study shows that emotive effort (active and passive deep acting) and emotive dissonance (surface acting) often show different results depending on the antecedents and outcomes associated with the emotional labor. Furthermore, Kruml and Geddes (2000) show that the two dimensions are related dimensions but separate.

Therefore, the surface acting in this study allegedly shows an invalid result because it has a different conceptualization with deep acting and emotional consonance. Moreover, deep acting is preferable over surface acting for both employees and organizations since it does not elicit emotional exhaustion. Constructs that measure emotional labor have been shown to

be multidimensional. Hence, further research on the emotional labor dimension is needed to explore more in-depth information (Kruml and Geddes, 2000).

One of the job burnout's dimensions, personal accomplishment, also proved to be invalid in measuring job burnout in second order CFA. This dimension has been much questioned its use in measuring burnout as part of the MBI-HSS survey because of its contrary relationship with the other two dimensions in measuring burnout, where when emotional exhaustion and depersonalization increased, personal accomplishment would decrease. From all the three dimensions of job burnout, indeed emotional exhaustion has been known to be the strongest in relation to its predictive quality in measuring burnout (Vahey et al., 2004).

6. Conclusion

The study result showed that the hypotheses were supported by the research findings where emotional labor has a positive effect toward job burnout, job burnout has a negative effect toward organizational commitment, meanwhile emotional labor has no significant direct effect toward organizational commitment, but was found fully mediated by job burnout.

This study contributes to the existing literature regarding to the health providing-service industry such as hospital by developing a model of antecedent and consequences on emotional labor among hospital nurses. Furthermore, this study also provides a new light on customer (patients) service management within the health service industry by examining nurses' emotional labor, that more careful management of hospital nurses' emotions at the organizational level is necessary as it can lead to certain behavioral outcomes. In addition, this study also gives an important message to health service industry practitioners that regular training and education for health-provider employees especially hospital nurses must be offered to help them learn to modify their feelings to meet patients' requests.

This research has several limitations which can be addressed by future research. The study only focused at hospital nurses in a city that it was limited to draw a generalization, the same study can also be validated from other city or country to explore more about the topic (Moon, Hur, and Jun, 2013). This study did not try to separate each dimension from the variables to study each dimension's influence on each other that might be able to explore more detailed and gain more insights. Future research can also try to carry out a longitudinal study to analyze the variables regarding changes that might happen to employees in experiencing emotional labor, job burnout, and organizational commitment.

Future directions for practitioners in health service industry can be utilized to improve the hospital nurses' behavior at work in providing health services. More flexible programs may be needed directed at primary organizational causes of stress and burnout. Such programs could be directed at identifying factors affecting stress and burnout, such as selecting, training, and developing supervisors and managers; providing interpersonal communication training to all levels of employees; reducing work and role overloads and focusing on individuals engaged in their jobs (Parillo, 2008).

References

- Brotheridge, C. M. (2002). Emotional labor and burnout: comparing two perspectives of “people work”. *Journal of Vocational Behavior*, 17-39.
- Cheung, L. S. (2006). The role of emotional labor in generating OCB and organizational commitment. Thesis: The Chinese University of Hongkong.
- Fornell, C., & Larcker, D. F. (1981). Structural equation models with unobservable variables and measurement error: Algebra and statistics. *Journal of marketing research*, 382-388.
- Hair, J. F. (2010). *Multivariate data analysis: A global perspective*. Upper Saddle River, N.J: Pearson Education.
- Handelsman, J. B. (2012). The relationships between individual characteristics, work factors, and emotional labor strategies in the prediction of burnout among mental health service providers. Doctoral Dissertation: University of South Florida.
- Hilton, T. L. (2015). Effect of burnout and organizational commitment on the turnover intention of clinical laboratory employees in Florida. Doctoral Dissertation. Walden University.
- Kaur, S. (2014). Influence of emotional labor on burnout in selected hospitals of Punjab: a Structural Equation Modelling approach. *Journal of Strategic Human Resources Management*, 3 (2), 57-64. Punjab, India.
- Kruml, S. M., & Geddes, D. (2000). Exploring the dimensions of emotional labor; the heart of Hochschild’s work. *Management Communication Quarterly*, 14, 8-44.
- Lee, H.-E. (2010). The relationship between emotional intelligence and emotional labor and its effect on job burnout in Korean organizations. Doctoral Dissertation: The University of Minnesota.
- Lee, Y.-H. (2012). Antecedents and consequences of emotional labor in head coaches of NCAA. Doctoral Dissertation: The Ohio State University.
- Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, 9, 297-308.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 397-422.
- Mastracci, S. H., Guy, M. E., & Meredith A. (2014). *Emotional Labor and Crisis Response: Working on the Razor’s Edge*. Routledge.

- Montgomery, A. J., Panagopolou, E., Wildt, M. D., & Meenks, E. (2006). Work-Family Interference, Emotional Labor and Burnout. *Journal of Managerial Psychology*, 21, 36-51.
- Moon, T.-W, Hur, W.-M., & Jun, H.-K. (2013). The Role of Perceived Organizational Support on Emotional Labor in the Airline Industry. *International Journal of Contemporary Hospitality Management*, 105-123.
- Parrillo, V. N. (Ed.). (2008). *Encyclopedia of social problems*. Sage Publications.
- Steers, R. M. (1977, Maret). Antecedents and outcomes of organizational commitment. *Administrative Science Quarterly*, 22(1), 46-56.
- Vahey, D. C., Aiken, L. H., Sloane, D. M., Clark, S. P., & Pargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care*, 42, 1157-1166. Lippincott Williams & Wilkins.
- Wharton, A. S. (1999). The psychosocial consequences of emotional labor. *The Annals of the American Academy of Political and Social Sciences*, 158-176.