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COMMITMENT AND BURNOUT: MEDIATOR ROLE OF THE "EMOTIONAL LABOR"

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Abstract

As an undeniable reality of the century, emotional labor is required spesifically in the caring services, where face to face contact is main characteristic of the provided service quality. It is a certain fact that hospitals in need of nurses with high commitment and low burnout more than ever to survive in the chaotic competition market. The main purpose of this paper is to examine the mediating role of the emotional labor on the relationship among nurses' commitment and burnout level. To get the required data, Emotional Labor Scale, The Maslach Burnout Inventory and Allen and Meyer's Organizational Commitment Scale were used. 500 nurses in Turkey in March 2015-April 2015 were reached. For the analysis of the gathered data, AMOS program, Structural Equation Modeling analysis was employed. In this study it is found that there is a partial mediating role of the emotional labor on the relationship between commitment and burnout. And it is found that there is a negative and moderate impact of commitment on the burnout level of nurses. Finally, practical implications of the gathered results have been given at the end of the paper.

Keywords: Nurses, Caring, Emotional Labor, Organizational Commitment, Burnout, Mediating Impact

1. Introduction

The rapid and increasing competition among service sector organizations, highlighted the question of which factors impact and contribute to the quality of service more (Axtell *et al.* 2007 in the Lapointe *et al.* 2012, pp.27).Especially for the nursing service, emotional labor as a requirement of the perceived service quality, under focus of many researchers. Morris and Feldman (1997) indicate that service sector is a type of business where employees display the emotion by a large portion determined by organization. Thus patients will perceive the nurses attitudes and behaviors as a hospital policy. It is indicated that emotion is a very significant factor where face to face interaction is high level with the patients and clients.

For health sector, a key segment of workers' execution is the expression to patients of the feelings that are indicated and endorsed by the hospitals' emotional rules (Morris and Feldman, 1997). Indeed, when workers can't suddenly show either the suitable feelings or their real feelings, they need to depend on compensatory techniques, called emotional labor strategies, to manage both their emotions and the way they are communicated, keeping in mind the end goal to meet organization requests (Diefendorff *et al.* 2005; Grandey, 2000 in the Lapointe *et al.* 2012, pp.68). Hochschild (1983) mentions two types of emotional labor strategies such as surface acting and deep acting. Thus different emotional labor strategies end up with

different intearctions with the patients. Sentimental labor needs to turn the patients' emotions in an aimed way where patients look for better diagnose. So nurses are composing the important party of patients' perception about service which they are received .

This study is based on the assumption that different emotional labor strategies of nurses will have different level of commitment and will face a different burnout levels. So main research problem is to examine whether there is a way to use emotional labor strategies by impacting nurses' commitment level and thus lower faced burnout level. For this purpose, the mediating role of different emotional labor strategies on the relationship between commitment and burnout level were examined among nurses in Turkey.

2. Literature

Contemporary research on emotional labor in organizations, began with the research paper written by Hochschild (1983). Also Ashforth and Humphrey (1993), Morris and Feldman (1997) and Grandey (2003) enrich the literature on this subject referring to the emotional labor concept from different perspectives. Emotional labor strategies have different forms, while surface acting involves the simulation of emotions that are not truly felt and integrated by artificial expression of positive emotions or the suppression of negative emotions (Ashforth and Humphrey, 1993; Diefendorff *et al.* 2005; Grandey, 2000). Deep acting involves the real integrated forms of emotions and actually feel the emotion that in acting (Ashforth and Humphrey, 1993; Diefendorff *et al.* 2005). Surface and deep acting are considered as compensatory emotional labor strategies are generally compared with sincere expression forms of integrated emotions, which may not always fit the organizations' emotional display rules (Diefendorff *et al.* 2005). In practice, the more employees need to hide or change their emotional expressions, the more they need to effort personal resources to suppress true emotions (Lapointe *et al.* 2012; Richard and Gross, 1999; Muraven and Baumeister, 2000). So emotional labor behavior is changing the level of burnout (Ashkanasy *et al.* 2002; Goldberg and Grandey, 2007). Organizations prefer deep acting because of more positive results whereas surface acting resulting feelings of non-authenticity or emotional dissonance most of the time (Parkinson, 1991; Sutton, 1991). Non-authenticity or emotional dissonance will accompanied by stress, burnout and such a negative feelings mostly (Cordes and Dougherty, 1993; Hobföll, 1989; Leiter and Stright, 2009; Wilk and Moynihan, 2005). According to Hochschild's (1983) emotional labor classification, nurses require more emotional labour compared with other professions. So therole of emotional labor for nursingunder high interestof researchers. According to Mann (1999), care services that are provided with emotional labor are able to to support reassurance duration.

Organizational commitment is directly related to an organizations'effectiveness and competitive advantegous in the globalized world. Employees' organizational commitment directly related with the performance so that is a crucial matter for many researchers (Dunham *et al.* 1994; Meyer *et al.* 1989; Meyer *et al.* 1993). Organizational commitment strongly related with the employee behaviour which is directly determines the quality of the service and patients' satisfaction. Mowday *et al.* (1982) defined commitment as a focus and desire of attachment of employee's for the work and willingness to continue to work for it. There are three types of commitment in the literature; affective commitment is attachment of an employee with organization and the organizational goals and integrated feelings about the organizational goals; continuance commitment is deals with attachment because of social relation at work and some interest of employee that make it too costly to leave. Finally normative continuance is the least researched and undesired of commitment type which is defined as obligation (financially or socially) feeling of employees for their job.

Burnout has been characterized as a particular sort of word of occupational stress among human service professionals, that results from the demanding and emotionally charged relationships between caregivers and recipients (Maslach and Jackson, 1986). Burnout is defined as a syndrome of emotional exhaustion, depersonalization, reduced personal accomplishment that can occur among employees who works especially with the people. Extreme and chronically demanding job conditions that contribute to emotional exhaustion and depersonalization, can erode employees' sense of accomplishment and feed the inadequacy

feelings (Maslach *et al.* 2001). There are both personal and organizational results of burnout syndrome. A feeling of fatigue and exhaustion and sleep disturbances are some of personal outcomes (Carroll and White, 1982) whereas decrease in job performance, increased absenteeism behavior, increased conflict in the workplace, the decline in job quality are organizational outcomes (Maslach and Jackson, 1986; Maslach *et al.* 2001; Singh *et al.* 1994).

2.1. Mediating Role of the Emotional Labor and Hypotheses Development

In existing literature there are researchs which aims to understand the relationship between commitment and burnout. For example, Haley (2003) and Liu (1996) indicated that there was a relationship between commitment and emotional exhastuion and reduced self achievement feelings while Haley (2003) indicated that commitment only related with self achievement feeling. Another study conducted by Chuo (2003) found out that normative commitment related with depersonizaliton and emotional exhastuion. Indeed in many paper commitment is considered to be "a psychological bond between an employee and organisation" (Schmidt, 2007, p.26).

In the basic study of emotional labor Hochschild (1983) indicates the negative relationship of emotional labor and commitment, satisfaction while Zhang and Zu (2008) revealed the same correlation positively.

In the literature papers mostly focus on the linear relationship of the emotional labor and burnout or emotional labor and commitment. Furthermore studies conducted with nurses, are mostly clustered on the realitonship of the commitment and burnout (Wong *et al.* 2005; Johnson and Spector, 2007; Bartram *et al.* 2012; Parry, 2008).

2.2. Research Model and Method

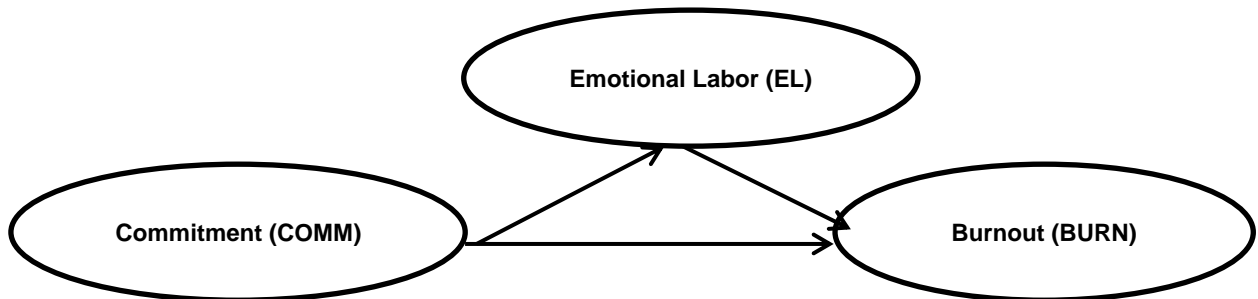As a result of literature review below research model is developed as seen in the Figure 1.

Figure 1. Research model

Figure 1 shows the hypothesized model of the present study for the below hypotheses.

H1: Commitmentlevel effect burnout level of the healthcare sector employees.
H2: Emotional labor effect burnout level of the healthcare sector employees.
H3: There is a mediating role of the emotional labor on the relation between commitment and burnout level of the nurses.

2.3. Sample and Procedure

Data for this present study was collected from nurses (3 public and 1 university hospital), in Mersin/Turkey, between March-April 2015. 500 surveys were distributed by contact person while 232 nurses accepted to participate. Six of the surveys were almost empty and not included for the analysis, twenty two univariate outliers were detected and removed from the gathered data set by consideringstandard Z-values. Finally, excluded a total of 28 surveys, the sample size of the useable responses was 204, with 46% response rate. There are 2574 nurses

are working in Mersin city of Turkey, according to information gathered from Ministry of Health Services.

Participants of this study is dominantly call them as female, 84% of the sample (172 female) is while rest male nurses (32 participants). The age of the sample is between 20 and 54 years old while avarage age of the gorup is 36 yearswith more than 8 years experience. In this study most of the nurses who accept to participate in the study are mostly married, 64 percent (130 participants married).

2.4. Scales

Using questionnaire to collect information about emotional issues has a lot of advantages (Wallbott and Scherer, 1989). All respondents participated voluntarily in the study, and assurances of anonymity were made. No significant differences were identified (F=*0.65,* p<0.687), suggesting that non-response bias is less likely. Scales of the study are seen below.

2.4.1. The Maslach Burnout Inventory

The validity and reliability tests of the Turkish version of Maslach's Burnout Scale (5-item Likert scale) were performed by Ergin (1992). This scale includes 22 questions with three dimensions, that emotional exhaustion and depersonalization categories having negative statements and the reduced personal accomplishment category having positive statements. The Cronbach Alpha score of the scale is countes as 0.8671, including all questions.

2.4.2. Allen and Meyer's Organizational Commitment Scale

The Turkish version of Allen and Meyer's (1990) Organizational Commitment Scale 18-item Likert scale is used in this study, having subfactors of affective, continuance, and normative commitment. With the reliability analysis of the Organizational Commitment Scale, the Cronbach Alpha value of the scale is counted as 0.808.

2.4.3. Emotional Labor Scale

To gather the data of emotional labor level of the participants, Turkish version of Diefendorff *et al.* (2005) emotional labor scale was used with 14 items. In this scale there are three dimensions such as surface acting, deep acting and naturally felt emotions. Surface acting is measured by 7 items, whereas deep acting by 4 and finally naturally felt emotions measured by 3 items in the scale. The original scale has α=0,91 for surface acting, α=0,82 for deep acting and α=0,75 for naturally felt emotions (Diefendorff *et al.* 2005). Cronbach alpha value of the scale is 87% which is very reliable value for the social science.

2.5. Findings

Data were analyzed through Statistical Package for Social Sciences (SPSS) version 21 and Analysis of Moment Structure (AMOS) version 21 was employed. In this study, to test the postulated hypotheses, structural equation modeling (SEM) SPSS AMOS 21 was utilized. The main objective of SEM is testing statistically theoretical created model of the obtained data and to determine how that fit the findings of research (Hair *et al.* 2009). Baron and Kenny's (1986) research method is referenced for the present study. According to proposed model by Baron and Kenny (1986), there are three prior conditions that must be met to establish mediation role. Condition 1 is commitment directly related to burnout. Condition 2 is commitment directly related to emotional labor (mediating variable). Last condition is as a mediating variable emotional labor is direcly related to burnout when included to the relationship between commitment and burnout level.

2.5.1. Confirmatory Factor Test of the Scales

Model modification is seen below Table 1.

Table 1. Sum of scales' modification

Scales	Procedure
Commitment	COMM1and COMM2is associated
Burnout	-
Emotional Labor	-

Table 2. Confirmatory factor analysis of the scales

	X^2	Df	X^2/df	GFI	CFI	RMSEA
Commitment	6.450	3	2.151	.992	.998	.054
Burnout	4.988	4	1.247	.994	.991	.035
Emotional Labor	3.081	2	1.540	.993	.990	0.08
Goodness of Fit Values[*]			≤3	≥0.90	≥0.97	≤0.05

Source: Baron and Kenny (1986, p.1180).

Above in Table 2 GFI, CFI, RMSEA values are seen. In Table 3, means, standart deviations and intercorrelation among variables are seen. Mean values shows that burnout level of the sample is slightly lower (2.5) and deep acting (3.70) and naturally felt emotion (3.52) dimensions are slightly higher than surface acting (3.24) values. In Table 3 another important value shows the intercorrelationbetween surface acting and commitment level in line with literature findings. In Table 3 it is seen that there is a negative and moderate (r=-.63) relation between surface acting and commitment level of the sample. A moderate and negative relation between surface acting and naturally felt emotions' value (r=-.46) is seen in the Table 3. According to Table 3 there is a strong and positive relation between surface acting and burnout level that is again in line with the prior literature findings.

Table 3. Means, standart deviations, intercorrelations of variables

	Mean	SD	1	2	3	4	5
1.Deepacting	3.704	1.041	**1**	**.37**	**.49**	**.51**	**.46**
2.Surface acting	3.245	1.211	**.37**	**1**	**-.46**	**-.63**	**.52**
3.Naturally felt emotions	3.525	1.126	**.49**	**-.46**	**1**	**.50**	**-.52**
4.Commitment	3.748	.877	**.51**	**-.63**	**.50**	**1**	**-.67**
5.Burnout	2.535	1.136	**.46**	**.52**	**-.52**	**-.67**	**1**

Notes: ** Correlation is significant at the 0.01 level (2-tailed).

2.5.2. Mediating Role of The Emotional Labor (SEM Analysis Results)

First condition of the mediation relationship is the relationship between commitment and burnout level of employees. Below Figure 2 it is seen that there is a relationship between commitment and burnout.
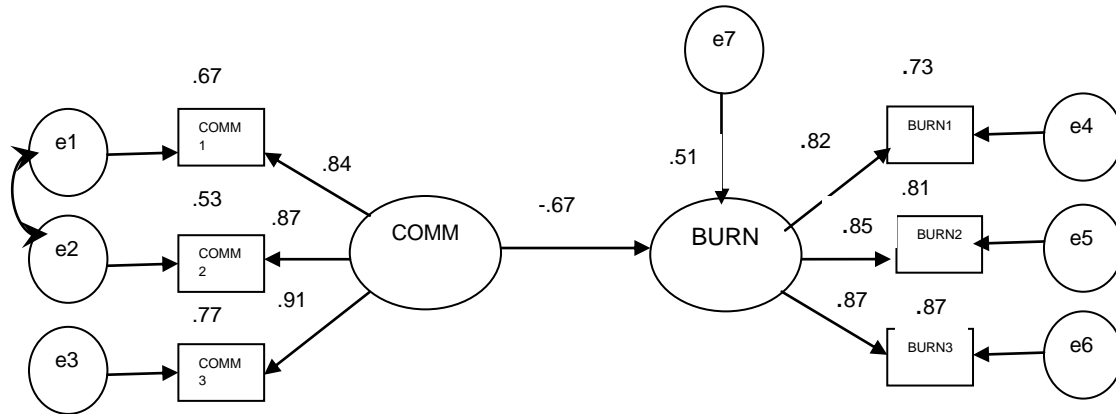

Figure 2. Structural equation model

SEM results for the first condition has a good fit to the data according to related literature. As seen in Table 4 that model does not require any modification. As a result, it is observed that model fits structurally in line with the literature and model fit values seen in the last row of Table 4.

Table 4. Model fit values

	X^2	Df	X^2/df	GFI	CFI	RMSEA
Model Fit Values	70.450	40	1.761	.90	.98	.034
Goodness Fit Values			≤3	≥0.90	≥0.97	≤0.05

According to developed model; standardized β values, standart error, p and R² values seen in Table 5.

Table 5. SEM statistical values

Variables	Standardized β	SE	P	R²
Commitment-Burnout	-.67	2.101	***	.51

Analyzed the gathered data, it is seen that commitment level effects negatively and moderately (β= -.67, p<.05) level of healthcare service workers' burnout level. Thus first condition of the mediating analysis is provided according to Baron and Kenny (1986) model. As seen that Squared Multiple Correlations value of the model (R²) is .51% which shows that 51% of the faced burnout level is explained by the commitment.

2.5.3. Testing Through The Structural Equation Modeling of Mediation Role

To test mediating role, Baron and Kenny (1986) model was referenced. According to authors to test mediating impact first, commitmenteffect the burnout level as an independent variable which is provided, Table 5 shows that commitment is a significant predictor of the burnout. Also emotional labor confirm that the mediator is a significant predictor of the dependent variable, while controlling for the independent variable (Baron and Kenny, 1986).

Table 6. Mediation role model's fit values

	X^2	Df	X^2/df	GFI	CFI	RMSEA
Model Fit Values	140. 856	**101**	**1.112**	**0.92**	**0.96**	**0.023**
Good Fit Values			≤3	≥0.90	≥0.97	≤0.05

To test the main hypothesis of the research (**H3:** There is a mediating role of the emotional labor on the relation between commitment and burnout level of nurses) mediation impcact is examined. As seen in Table 6 model fit values of the mediation impact model is in line with the data structurally. According to Table 7 second condition of the mediation role is provided that commitment effects the emotional labor positively and moderately (β= .62, p<.05) while there is a weak and positive effect on burnout level by emotional labor (β= .58, p<.05). Finally last condition of the mediation model is supported that, there is a partial mediating role of the emotional labor on the relationship between commitment and burnout. As seen in the Figure 3, by adding of the mediator impact to the model, relationship between independent and dependent variable is protected, while β value of the first relation is decreased 0.15 unit (from .67 to .52). Below in Table 7, it is seen developed mediation role model's standardized β values, standart error, p and R² values.

Table 7. SEM statistical values

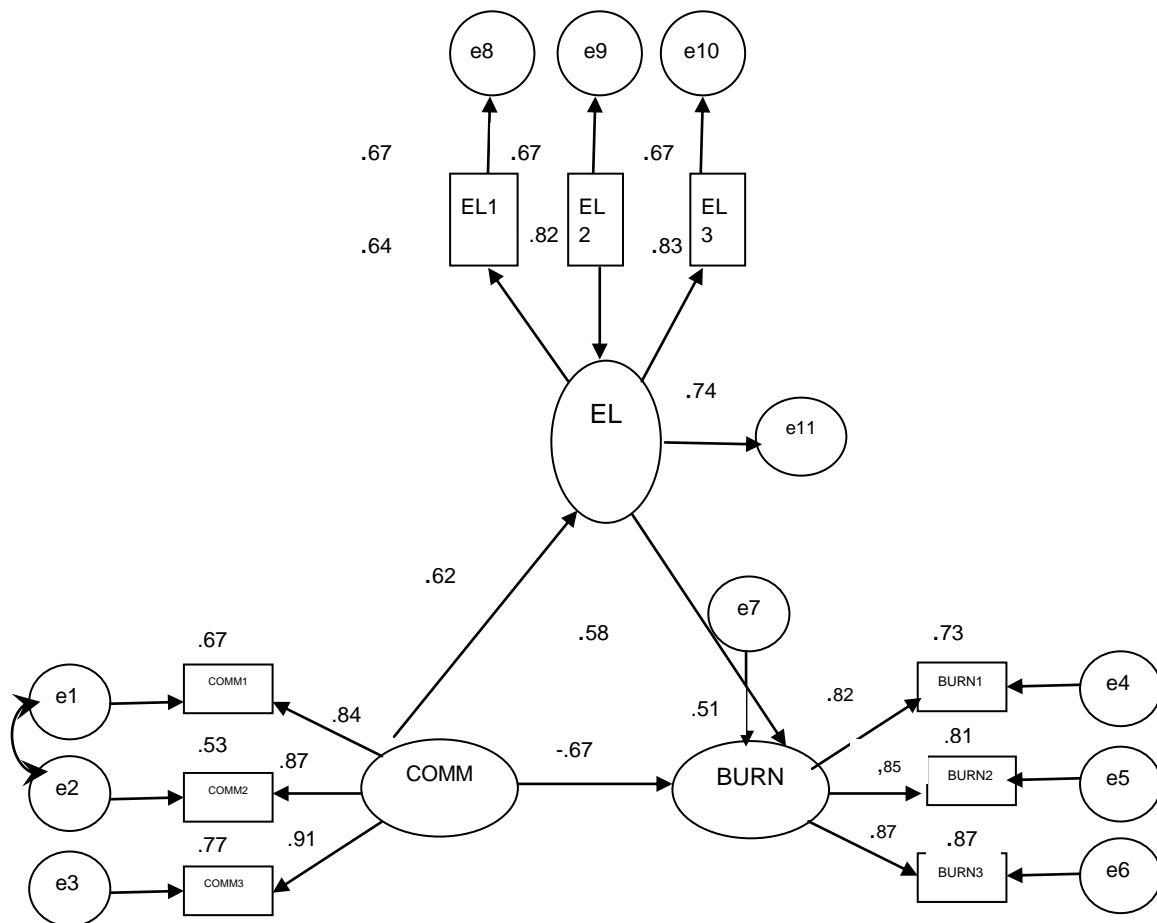| Variables	Standardized β	SE	**P**	R²
Commitment-Emotional Labor	.62	2.301	***	.74
Commitment - Burnout	.52	1.246	.04	.51
Emotional Labor -Burnout	.58	1.056	.05	

Figure 3. Mediation role of the emotional labor on the commitment and burnout relationship (SEM analysis)

3. Results and Discussion

Nursing is a science of the process of human-to-human caring (Watson and Tellegen, 1999). According to Watson and Tellegen (1999) care is an important indicator of professional nursing whichcreates the essence oftast characteristic. Care behavior directly related with the touch, sensivitiy, to be open and emotionally accesible; relax the patient etc. (Watson *et al.* 1988). In the definiton it is obviously seen that most of the nursing activities directly or indirectly related with the commitment, burnout and emotional labor of providers (Watson *et al.* 1988). Brotheridge and Grandey (2002) indicate that care services reuqires more emotional labor especially nursing. This is an undeniable fact that nursing involves a great deal of emotional work or emotional labour. And such emotional work can be displayed through 'surface acting' in which the individual simply play a role or through 'deep acting' in which they nurses try to feel the required emotion (Chan, 2006; Platsidou, 2010; Weng *et al.* 2011).

Commitment, emotional labor and burnout each is separately under the focus of the organizational behavior both scientifically and practically. But there is a remarkable need of linkage research between nursing and organizational behavior concepts. That is precisely the main purpose of this paper that considers caring activities from Watson's more human focused model and try to answer the mediator impact of emotional labor of nurses' on the relationship between commitment and burnout syndrome. The more committed and emotionally naturally felt display nurses may well have a breaking point that leads to both burnout and performance deficits. In the literature some findings (Grandey, 2003; Brotheridge and Lee, 2003; Zammuner

and Galli, 2005) support that emotional labor increases the burnout syndrome (Erickson and Ritter, 2001) whereas surface acting increases while deep acting decreases burnout level.

Employees' sense of belonging is a crucial part of emotional bond to organization. While commitment has been considered a sign of involvement, desire to remain, willingness to attach organizations' goals burnout (emotional exhaustion, depersonalisation and personal accomplishment) significantly reduce the positive job attitudes and performance of nurses. There are many studies revealed that low commitment related or mostly end up with burnout syndrome (Allen and Meyer, 1990; Meyer *et al.* 2002; Kalliath *et al.* 1998).

Findings of current study, inline with the existed related literatur that there is a negative and moderate impact of commitment on the burnout level of nurses' with, .77 affective, .67 normative and .53 continuance commitment level avarage level of commitment of the nurses was 3.748±.877 which is between "no comment" and "I agree" statements (from 1 lowest to 5 highest).

In contradiction to the great number of routine studies on the relationship between commitment and burnout of nurses (Wong *et al.* 2005; Johnson and Specter, 2007; Bartram *et al.* 2012; Parry, 2008) it is thought that to understand the mediator impact of the emotional labor will enrich the literature especially for nurses practically and theoretically. So second hypethesis of the current study is to understand the relationship of commitment and emotional labor which was also second condition of the mediator role analysis. It is provided in the present research that there is a moderate and positive relationship between nurses' commitment level and emotional labor. As the dimensions of emotional labor surface acting is being effected by the commitment level in line with the literature for example in an exploratory research of Hochschild (1983) on flight attendants, it is found that to perform emotional labour causes eventual alienation or estrangement from one's genuine feelings. Morris and Feldman (1997) find that emotional dissonance is associated with higher emotional exhaustion and lower job commitment. Reilly and Orsak (1991) show that professional commitment produces slightly stronger negative correlations with measures of burnout syndrome. Wharton's (1993) various sector sampling analysis of the emotional labour offered results that is not in line with the earlier studies that emotional labour is positively related to job satisfaction, a finding inconsistent with Hochschild's (1983). Ashforth and Humphrey (1993) support that emotional labor help higher commitment. According to Smith and Kleinman (1989) medical personnel can have a neutral mood, when they can maintain a proper distance to stay away from psychological unhappiness. However, empirical findings of this study remind that the relationship between emotional labour and commitment is varies acording to industry or profession and still uncertain. Jackson *et al.* (1986) lend support for the connection between burnout and commitment. In present study it is supported that there is a moderate and positive .58 impact of the emotional labor on the burnout level of the nurses. Finally, main hypothesis of the study is supported that there is a partial mediator role of the emotional labor (from .-67 to .-52) between commitment and burnout syndrome of the nurses. To examining the mediating role commitment and emotional labor together explains .51 of the burnout syndrome. So it is possible to use all of three emotional labor strategies as a predictor of the burnout syndrome. It is possible to assume that commitment provides higher deep acting and naturally felt emotions and so it is lined with lower burnout syndrome. This is almost in line with the findings of Mikolajczak *et al.*'s (2007) study.

The practical implication of this study is very important to regulate hospitals by remove the forgetten cost of the care services from dusty chest. As supported by Motowidlo *et al.* (1997) there are decreasing in nursing services effectiveness as a consequence of nursing burnout. This is noteworthy point which is directly give shape the all health services provided by the hospital. So it can be assume that there is a crucial role of the nurses' burnout levelon the quality of the caring service. From this point of view, there are some authors recommends periodic burnout check-ups forthe care service employees (Cherniss, 1980). Another practical implication suggested by Huston and Marquis (1989) is the stress reduction applications as part of a nurses' career management plan. Hospital administrations must be aware of the emotional side of nursing; so they can develop emotion sensitive social support (Creasia and Parker, 1991) and training programs (Dewe, 1987). In summary present study supported that nurses must be trained to recognize and cope with the syndrome of burnout before it becomestochronic

and hospital administrations should plan programs to burnout controlling which is under the impact of the emotional labor.

Despite the contributions of this empirical research paper it should be viewed in the aware of the some limitations such as, the study datacollected through a self-completion questionnaire which may still suffer from response bias. Another important limitation is the sample size of the study; despite 500 (19% of the universe, there are 2754 nurses totally employed in the city) questionnaires, it would be very contributive to perform same analyses with a larger scale and with between sector comparision.

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