INVESTIGATION OF THE RELATIONSHIP BETWEEN EMOTIONAL LABOR BEHAVIOR AND JOB SATISFACTION OF NURSES

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ABSTRACT

Personal characteristics, experiences, perceptions, working environment of nurses, and the attitudes of managers during the delivery of health services affect the relationship between emotional labor and job satisfaction. The aim of this study was to investigate the relationship between emotional labor and job satisfaction levels of nurses. The study was a descriptive cross-sectional and conducted 151 nurses who agreed to participate in the study. The data were collected between October and December 2019 using "Personal Information Form", "Job Satisfaction Scale for Nurses" and "Emotional Labor Scale". Descriptive statistics, non-parametric tests, Spearman's Rho correlation and Mann Whitney U test were used in the analysis of the data. In the study, it was determined that there was no significant relationship between the Emotional Labor Scale and Job Satisfaction Scale for Nurses total scores (r=0.071; p=0.0389). A statistically significant, weak and positive linear relationship was found between Surface Acting sub-scale of the Emotional Labor Scale and the Pleasant Work Environment sub-scale of the Job Satisfaction Scale for Nurses (r=0.175; p=0.031). Emotional labor behaviors and job satisfaction of nurses affect health care in many ways. The results of this study are stimulating for managers at all levels.

Keywords: Deep acting, Emotional labor, Job satisfaction, Nurses, Surface acting.

HEMŞİRELERİN DUYGUSAL EMEK DAVRANIŞLARI İLE İŞ DOYUMU ARASINDAKİ İLİŞKİNİN İNCELENMESİ

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ÖZ

   Hemşirelerin kişisel özellikleri, deneyimleri, algıları, çalışma ortamı, sağlık hizmeti sunumu sırasında yöneticilerin tutumları duygusal emek ile iş doyumu arasındaki ilişkiyi etkilemektedir. Bu çalışmanın amacı, hemşirelerin duygusal emek ve iş doyumu düzeyleri arasındaki ilişkiyi incelemektir. Araştırma tanımlayıcı kesitsel tipte olup araştırmaya katılmayı kabul eden 151 hemşire ile yürütülmüştür. Veriler Ekim-Aralık 2019 tarihleri arasında "Kişisel Bilgi Formu", "Hemşire İş Doyum Ölçeği" ve "Duygusal Emek Ölçeği" kullanılarak toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, non parametrik testler, Spearman's Rho korelasyon ve Mann Whitney U testi kullanılmıştır. Araştırmada Duygusal Emek Ölçeği ile Hemşireler için İş Doyumu Ölçeği toplam puanları arasında anlamlı bir ilişki olmadığı belirlenmiştir (r=0,071; p=0,0389). Duygusal Emek Ölçeği'nin Yüzeysel Davranış alt ölçeği ile Hemşire İş Doyum Ölçeği'nin Keyifli Çalışma Ortamı alt boyutu arasında istatistiksel olarak anlamlı, zayıf ve pozitif bir doğrusal ilişki tespit edilmiştir (r=0,175; p=0,031). Hemşirelerin duygusal emek davranışları ile iş doyumu sağlık hizmetlerini birçok yönden etkilemektedir. Bu çalışmanın sonuçları her seviyedeki yöneticiler için uyarıcı niteliktedir.

Anahtar Kelimeler: *Derinlemesine davranış, Duygusal emek, İş doyumu, Hemşireler, Yüzeysel davranış.*

I. INTRODUCTION

The working conditions of nurses during the delivery of health services, the role conflicts they experience with team members, deficiencies caused by the working environment all have an effect on the attitudes and behaviors of nurses (Li et al., 2019). In addition, nurses who are in close contact with the community should be able to manage their emotions in order to achieve organizational goals. Failure to optimally managing emotions may lead to negative consequences for nurses, such as excessive emotional labor behavior, turnover intention (Hong and Lee, 2016), emotional exhaustion (Liu et al., 2020), burnout (Grandey and Sayre, 2019; Lee and Ji, 2018). Assessing the emotional labor behavior of nurses is of significance as it allows managers to avoid negative consequences.

Nurses make up the health care professional group that has the most face-to-face communication with patients and their relatives in the delivery of health services (Kim et al., 2018). Nurses spend emotional effort in maintaining patients' well-being, relieving their pain, calming the relatives losing their family members, maintaining a harmonious atmosphere in the institution, and maximizing patient safety outcomes (Hogg et al., 2018; Lee and Ji, 2018).

Health care is one of the areas where the human element cannot be ignored, characterized by intense face-to-face interaction and emotional labor at every stage for those who provide and receive the service (Doğan and Sığrı, 2017). Especially in today's conditions, where it is not enough to exhibit only the right behavior in people-oriented professional groups, employees are expected to exhibit the right emotional reactions as well as the right behavior. Therefore, the concept of emotional labor becomes important in the labor-intensive health care. To look at the historical approach towards the emergence of the concept, as this emotional interaction was observed in attitudes and behaviors in working life, the level of satisfaction of those who received services became more decisive and health care professionals were expected to use their emotions as well as their physical and mental labor. The concept of emotional labor in working life has emerged based on this perspective (Hochschild, 2012).

The concept of emotional labor was first coined by Hochschild in the 1980s as the management of emotions at work and defined as a kind of labor within organizational life (Hochschild, 2012). Nurses are required to have certain emotions such as friendship, joy, warmth and enthusiasm in their interactions with patients. Even if these are not the feelings they feel, as a requirement of the job, nurses must manage their feelings to create a friendly environment. In other words, the act of managing emotions to comply with certain expressional norms in the hospital is conceptualized as emotional labor (Grandey and Sayre, 2019; Hochschild, 2012). According to Hochschild (2012), people manage their emotions with 'deep acting' and 'surface acting' strategies. While 'deep acting' refers to expressing true feelings or to experience and exert a really felt feeling, 'surface acting' refers to suppression of real feelings in order to show a professionally appropriate reaction or the simulation of implicit feelings. Based on the results of a research conducted on emotional labor behavior of nurses, it was found that nurses manage their emotions in work life, and exhibit surface acting behaviors, such as suppression of their emotions and role-playing in the face of negative events (Değirmenci Öz and Baykal, 2018; Gulsen and Ozmen, 2020; Tunç et al., 2014). The compatibility between the feelings felt by nurses and the emotions displayed will help achieve positive corporate outcomes, such as effective working and job satisfaction (Tunç et al., 2014).

Job satisfaction is defined as a sense of satisfaction that occurs with the perception of what work provides to an individual. In other words, it is defined as an emotional response of an individual emerging as a result of evaluating his/her job and work environment (Büyükbayram and Gürkan, 2014). The studies investigating the relationship between nurses' emotional labor behavior and job satisfaction appear to have different results. While some results show a negative association between emotional labor behavior and job satisfaction (Kaur and Malodia, 2017; Ryu and Ko, 2015), some tend to suggest a positive association (Park and Han, 2013). Yang and Chang (2008) concluded that there was no significant relationship between surface acting and job satisfaction, and that there was a positively significant relationship between deep acting and job satisfaction. A similar result was also found in a study by Lee and Jang (2019) investigating the relationship between emotional labor, emotions, and job satisfaction among nurses and also the intermediary role of emotions in the

relationship between emotional labor and job satisfaction. A study conducted by Han et al. (2015) found that job satisfaction had a negative relationship with surface acting, while a positive relationship with deep acting. In a study by Gülşen and Özmen (2020) conducted to investigate the emotional labor strategies and job satisfaction of nurses in Turkey, the behavior exhibited most frequently by nurses was found to be the surface acting, and a negative relationship was found between deep acting and job satisfaction.

Looking at the studies on this subject, it is seen that nurses perform a labor-intensive work from an emotional perspective, and this labor is no less than mental and physical labor. The relationship between emotional labor and job satisfaction, which is associated with many factors, has also resulted in different ways in studies conducted so far. Considering the nursing literature on the subject, studies investigating the relationship between emotional labor behavior and job satisfaction of nurses are limited (Lee and Ji, 2018; Lee et al., 2019; Yang and Chang, 2008), and there has only been one study on the subject conducted in Turkey (Gulsen and Ozmen, 2020). Emotional labor behaviors are closely related to nurses' motivation to work, the effectiveness of the nursing services they provide, and the quality of the care they provide. It is thought that this research will contribute to the literature in terms of revealing the profile of the current situation.

Purpose:

This study aimed to investigate the relationship between emotional labor behavior and job satisfaction levels of nurses.

Research questions:

- Do the demographic characteristics of nurses affect their emotional labor behaviors and job satisfaction levels?
- Is there a relationship between nurses' emotional labor behavior and job satisfaction levels?

II. MATERIAL AND METHODS

2.1. Research Design

This descriptive cross-sectional research was carried out in hospitals in the Eastern and Southeastern Anatolian regions of Turkey between October and December 2019. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist was used in this study (von Elm et al., 2014).

2.2. Sample

The universe of the research consisted of 650 nurses working in a public hospital and a training and research hospital. In the study, the sample size was calculated using the a-priori sample size for multiple regression program (Soper, 2022). When the expected effect size value is 0.15, the desired statistical power level is 0.90, eight independent variables and the probability level are taken as 0.05, the minimum sample size to be included in the research is 136. At the time of data collection, nurses working in different departments in each hospital and volunteering to participate in the study were included in the study. Nurses who were not in the hospital at the time the research data were collected and did not want to participate in the study due to annual leave, unpaid leave, maternity leave, and being on a medical report were excluded from the study. In the study, a total of 167 data collection forms were withdrawn, six forms were excluded because their descriptive information was missing, and ten forms were excluded because they filled the data collection tools incompletely, and a total of 151 nurses formed the sample of the study.

2.3. Data Collection

After obtaining the Ethics Committee approval and institutional permit, nurses were reached through the nursing services directorate of the hospitals where the study was carried out. Participants

were told about the objectives of the study by the researchers, and data collection forms were delivered to the nurses who agreed to participate in the research. Nurses were expected to fill out the form and the filled-out forms were collected by the researcher. The application of the survey took approximately 20 minutes. The data were collected using questionnaire forms below.

2.3.1. The Personal Information Form

The Personal Information Form consisted of 8 items questions related with their socio-demographic characteristics, including age, gender, education status, marital status, work unit, total working years, working time and position at the work unit.

2.3.2. Job Satisfaction Scale for Nurses

Job Satisfaction Scale for Nurses was developed by Muya et al. (2014) in Japan to assess nurses' job satisfaction levels. The total Cronbach's alpha reliability coefficient of the "Job Satisfaction Scale for Nurses", whose Turkish reliability and validity study was conducted by Türe Yılmaz and Yıldırım (2016), was found to be 0.90. The scale consists of four sub-scales and a total of 27 items as: "Positive Feelings towards the Job", "Suitable Support from Seniors", "Perceived Importance at the Job", and "Pleasant Work Environment". The 6th and 20th items of the scale are reverse-coded. The scale is a 5-point Likert-type scale, scored through the expressions of "strongly disagree", "disagree", "neutral", "agree", and "strongly agree". An increase in the score taken in the scale indicates an increase in the job satisfaction, while a decrease in score indicates a low job satisfaction (Türe Yılmaz and Yıldırım, 2016). In this study, the Cronbach's alpha value of the job satisfaction scale for was found to be 0.88.

2.3.3. Emotional Labor Scale

Emotional Labor Scale developed by Pala and Sürgevil (2016) to measure the phenomenon of "emotional labor", suitable for the working conditions of the service sector in Turkey. The scale consists of three sub-scales, called "Surface Acting", "Suppression", "Deep Acting". The scale has no cutoff point. Cronbach's alpha reliability coefficient of the scale consisting of a total of 12 items was found to be 0.824 (Pala and Sürgevil, 2016). An increase in the score taken from the scale indicates a higher emotional labor. In this research, the Cronbach's alpha value of the Emotional Labor Scale was found to be 0.82.

2.4. Ethical Considerations

In order to conduct the research, written permission was obtained from the Non-Interventional Human Research Ethics Board of a state university (14.05.2018/3-35), institutional permission from the studied institutions, and written consent was obtained from the nurses. Written permissions were obtained from the developers of the scales.

2.5. Data Management and Analysis

Analyses were performed using the IBM SPSS Statistics 23 package program. Categorical variables were presented as frequency values (number, percentage) and numerical variables were presented as descriptive statistics (mean, standard deviation, median, minimum, maximum). The normality assumptions of numerical variables were examined using the Kolmogorov Smirnov normality test and it was observed that the variables did not have a normal distribution. For this reason, nonparametric statistical methods were used in the study. The correlations between two independent numerical variables were analyzed using Spearman's Rho correlation analysis. Differences between more than two independent groups were analyzed using the Kruskal Wallis test. Differences between the two independent groups were analyzed using the Mann Whitney U test. The statistical significance level of $p < 0.05$ was used in the analyses.

III. RESULTS

Table 1. Socio-demographic and Professional Characteristics of Nurses (n=151)

Variables (n=151)	n	%
Age (Mean=33.71±8.47)		
21-30	67	44.4
>30	84	55.6
Gender		
Female	133	88.1
Male	18	11.9
Education status		
High school graduate	24	15.9
Associate degree	6	4.0
Bachelor's degree	111	73.5
Master's degree	10	6.6
Marital status		
Married	116	76.8
Single	35	23.2
Work unit		
Inpatient unit*	99	65.6
Intensive care unit**	21	13.9
Outpatient clinic***	20	13.2
Other	11	7.3
Total working years (Mean=12.68±8.954)		
1-10	78	51.7
>10	73	48.3
Working time at the unit (Mean=3.33±3.525)		
1-5 Years	128	84.8
>5 Years	23	15.2
Position		
Staff Nurse	141	93.4
Nurse manager/ Supervisor	10	6.6
* Internal medicine, general surgery, neurosurgery, neurology, pulmonology, infection diseases, pediatrics, obstetrics, orthopedics, urology ** Neonatal, general, cardiology *** Education, diabetes, nursing at home, pediatric and adult blood collection unit, policlinics		

The socio-demographic and professional characteristics of the nurses in this study are shown in Table 1.The mean age of the nurses who participated in the study was 33.71±8.47, 88.1% was female, 55.6% was over 30 years of age, 73.5% had a Bachelor's degree, 76.8% were married, 65.6% were working in the inpatient unit, 51.7% were working in the profession for 1-10 years, the total working years in the profession was 12.68±8.95 years, 84.8% were working at their present unit for 1-5 years, and their mean working time at the unit was 3.33±3.52 years, and 93.4% were working as a staff nurse.

Table 2. Emotional Labor Scale and Job Satisfaction Scale for Nurses and Sub-scales Scores

	Mean ± SD	Median	Min-Max
Emotional Labor Scale Total Scores	3.07±0.629	3.00	1.67-5.00
Surface Acting	3.20±0.948	3.00	1.80-6.00
Suppression	3.21±0.860	3.00	1.00-5.00
Deep Acting	3.98±0.640	4.00	2.00-5.00
Job Satisfaction Scale for Nurses Total Scores	3.05±0.536	3.05	1.06-4.64
Positive Feelings towards the Job	3.43±0.647	3.38	1.25-4.88
Suitable Support from Seniors	2.69±0.946	2.33	1.00-5.00
Perceived Importance at the Job	3.53±0.663	3.63	1.00-5.00
Pleasant Work Environment	2.56±0.655	2.40	1.00-4.20

It was found that the mean Surface Acting sub-scale score of the nurses participating in the study was 3.20±0.948, the mean Suppression sub-scale score was 3.21±0.860, the mean Deep Acting sub-scale score was 3.98±0.640, and the mean Emotional Labor Scale total score was 3.07±0.629. The mean Positive Feelings towards the Job sub-scale score was 3.43±0.647, the mean Suitable Support from Seniors sub-scale score was 2.69±0.946, the mean Perceived Importance at the Job sub-scale score was 3.53±0.663, the mean Pleasant Work Environment sub-scale score was 2.56±0.655, and the mean overall Job Satisfaction Scale for Nurses score was 3.05±0.536 (Table 2).

Table 3. Emotional Labor Scale and Job Satisfaction Scale for Nurses and Sub-scales According to Socio-demographic Characteristics of Nurses (n=151)

Variables		n	Emotional Labor Scale and Sub-scales Scores				Job Satisfaction Scale for Nurses and Sub-scales Scores				
			Surface Acting X ± SS	Suppression X ± SS	Deep Acting X ± SS.	Total Scores X ± SS	Positive Feelings towards the Job X ± SS	Suitable Support from Seniors X ± SS	Perceived Importance at the Job X ± SS	Pleasant Work Environment X ± SS	Total Scores X ± SS
Age	21-30	67	3.29±0.947	3.19±0.97	4.01±0.625	3.1±0.673	3.41±0.681	2.76±0.997	3.44±0.761	2.55±0.656	3.04±0.563
	> 30	84	3.13±0.949	3.22±0.766	3.96±0.655	3.04±0.595	3.44±0.622	2.64±0.906	3.61±0.566	2.57±0.659	3.06±0.516
	Test		Z=-1.262 p=0.207	Z=-0.017 p=0.986	Z=-0.254 p=0.800	Z=-0.418 p=0.676	Z=-0.024 p=0.981	Z=-0.626 p=0.531	Z=-1.177 p=0.239	Z=-0.346 p=0.729	Z=-0.423 p=0.672
Gender	Female	133	3.21±0,947	3.18±0.872	3.98±0.655	3.06±0.629	3.41±0.664	2.75±0.973	3.55±0.688	2.59±0,676	3.08±0.554
	Male	18	3.16±0,984	3.4±0.758	3.97±0.528	3.11±0.651	3.54±0.504	2.27±0.578	3.4±0.427	2.3±0,407	2.88±0.339
	Test		Z=-0.332 p=0.740	Z=-1.153 p=0.249	Z=-0.353 p=0.724	Z=-0.112 p=0.911	Z=-0.421 p=0.674	Z=-1.727 p=0.084	Z=-1.888 p=0.059	Z=-1.843 p=0.065	Z=-1.907 p=0.057
Education status	High school graduate	24	3.31±0.817	3.16±0.975	3.96±0.624	3.09±0.615	3.35±0.672	2.63±1.064	3.39±0.841	2.67±0.712	3.01±0.702
	Associate degree	6	3.47±0.816	3.21±0.797	3.92±0.492	3.17±0.350	3.17±0.534	2.67±1.017	3.42±0.303	2.43±0.916	2.92±0.650
	Bachelor's degree	111	3.16±0.958	3.22±0.823	3.99±0.647	3.06±0.62	3.41±0.659	2.74±0.928	3.55±0.647	2.53±0.618	3.06±0.51
	Master's degree	10	3.24±1.264	3.15±1.113	3.95±0.762	3.06±0.925	3.91±0.187	2.33±0.857	3.78±0.459	2.64±0.821	3.17±0.283
	Test		X^2=2.461 p=0.482	X^2=0.488 p=0.922	X^2=0.324 p=0.955	X^2=1.686 p=0.640	X^2=8.998 p=**0.029***	X^2=0.829 p=0.842	X^2=3.640 p=0.303	X^2=2.278 p=0.517	X^2=2.480 p=0.479
Marital status	Married	116	3.22±0.964	3.14±0.857	3.97±0.647	3.05±0.631	3.39±0.688	2.86±0.976	3.54±0.727	2.61±0.691	3.1±0.575
	Single	35	3.14±0.905	3.44±0.836	4.01±0.624	3.12±0.629	3.55±0.475	2.14±0.562	3.49±0.386	2.38±0.487	2.89±0.332
	Test		Z=-0.454 p=0.650	Z=-1.933 p=0.053	Z=-0.545 p=0.586	Z=-0.621 p=0.535	Z=-0.805 p=0.421	Z=-4.316 p=**0.000***	Z=-1.608 p=0.108	Z=-1.855 p=0.064	Z=-2.701 p=**0.007***

Table 3. Emotional Labor Scale and Job Satisfaction Scale for Nurses and Sub-scales According to Socio-demographic Characteristics of Nurses (n=151) (Continue)

Variables		n	Emotional Labor Scale and Sub-scales Scores				Job Satisfaction Scale for Nurses and Sub-scales Scores				
			Surface Acting Mean ± SD	Suppression Mean ± SD	Deep Acting Mean ± SD.	Total Scores Mean ± SD.	Positive Feelings towards the Job Mean ± SD	Suitable Support from Seniors Mean ± SD	Perceived Importance at the Job Mean ± SD	Pleasant Work Environment Mean ± SD	Total Scores Mean ± SD
Work unit	Inpatient unit	99	3.22±0.847	3.12±0.857	4±0.674	3.05±0.569	3.37±0.656	2.78±1.001	3.5±0.707	2.58±0.673	3.05±0.581
	Intensive care unit	21	3.34±1.368	3.70±0.917	3.98±0.602	3.29±0.895	3.54±0.594	2.51±0.737	3.55±0.518	2.26±0.277	2.96±0.292
	Outpatient clinic	20	2.97±0.715	3.15±0.718	3.9±0.576	2.94±0.513	3.53±0.699	2.47±0.766	3.67±0.664	2.68±0.806	3.09±0.532
	Other	11	3.18±1.26	3.18±0.791	3.95±0.568	3.04±0.729	3.53±0.576	2.68±1.081	3.56±0.52	2.73±0.602	3.13±0.508
	Test		X^2=1.696 p=0.428	X^2=9.031 p=**0.011***	X^2=0.439 p=0.803	X^2=1.758 p=0.415	X^2=1.777 p=0.411	X^2=2.044 p=0.360	X^2=1.272 p=0.529	X^2=2.662 p=0.264	X^2=0.549 p=0.760
Total working years	1-10	78	3.22±0.963	3.16±0.936	3.97±0.649	3.06±0.667	3.46±0.686	2.86±1.002	3.55±0.703	2.51±0.654	3.1±0.556
	>10	73	3.18±0.938	3.26±0.773	3.99±0.634	3.07±0.591	3.39±0.605	2.51±0.853	3.51±0.622	2.61±0.658	3±0.513
	Test		Z=-0.333 p=0.739	Z=-0.567 p=0.570	Z=-0.129 p=0.897	Z=-0.380 p=0.704	Z=-0.891 p=0.373	Z=-2.044 p=**0.041***	Z=-0.596 p=0.551	Z=-0.828 p=0.408	Z=-0.829 p=0.407
Working time at the work unit	1-5 Years	128	3.18±0.935	3.22±0.86	3.96±0.617	3.06±0.624	3.43±0.604	2.64±0.908	3.50±0.626	2.48±0.612	3.01±0.478
	>5 Years	23	3.32±1.034	3.12±0.869	4.09±0.764	3.1±0.674	3.4±0.865	3±1.109	3.72±0.832	2.98±0.736	3.27±0.758
	Test		Z=-0.598 p=0.550	Z=-0.700 p=0.484	Z=-1.015 p=0.310	Z=-0.267 p=0.789	Z=-0.052 p=0.959	Z=-1.578 p=0.114	Z=-2.652 p=**0.008***	Z=-3.196 p=**0.001***	Z=-2.553 p=**0.011***
Position	Nurse	141	3.12±0.876	3.15±0.839	3.96±0.63	3.01±0.578	3.44±0.617	2.66±0.949	3.51±0.667	2.53±0.659	3.04±0.533
	Nurse manager/ Supervisor	10	4.34±1.226	3.98±0.82	4.25±0.755	3.84±0.831	3.18±0.986	3.07±0.865	3.79±0.568	2.88±0.535	3.23±0.568
	Test		Z=-3.095 p=**0.002***	Z=-2.480 p=**0.013***	Z=-1.211 p=0.226	Z=-3.215 p=**0.001***	Z=-0,799 p=0.424	Z=-1.518 p=0.129	Z=-1.625 p=0.104	Z=-1.823 p=0.068	Z=-1.306 p=0.192

Table 3 shows a comparison of emotional labor behavior and job satisfaction by sociodemographic characteristics. There was no statistically significant difference between the mean Emotional Labor Scale and the Job Satisfaction Scale for Nurses in sub-scale scores in terms of age groups and gender of nurses (p>0.05).

It was observed that there was a statistically significant difference between the educational levels of nurses and the Positive Feelings towards the mean Job sub-scale score (p<0.05). Accordingly, the mean score of people with a master's degree was significantly higher than those with an associate degree.

There was a statistically significant difference between the mean scores of marital status of nurses and Suitable Support from Seniors sub-scale and the Job Satisfaction Scale for Nurses (p<0.05). Accordingly, the mean scores of Suitable Support from Seniors sub-scale and total Job Satisfaction Scale for Nurses scores of those married was significantly higher than that of single ones.

According to the working units of the nurses, there was a statistically significant difference between the mean Suppression sub-scale score (p<0.05). Accordingly, the Suppression sub-scale scores of nurses working in intensive care unit were significantly higher than those working in an inpatient service.

There was a statistically significant difference between the total working years of nurses in the profession and the mean score of the Suitable Support from Seniors sub-scale (p<0.05). Accordingly, the mean score of people working for 1-10 years was significantly higher than those working for more than 10 years.

There was also statistically significant difference between the total mean scores if Perceived Importance at the Job sub-scale, Pleasant Work Environment sub-scale and total Job Satisfaction Scale for Nurses in terms of the working years of the nurses at their present units (p<0.05). Accordingly, the mean scores of Perceived Importance at the Job sub-scale, Pleasant Work Environment sub-scale and Job Satisfaction Scale for Nurses for those employed at their unit for more than 5 years were significantly higher than those working for 1-5 years at the unit.

There were statistically significant differences between the mean scores of Surface Acting sub-scale, the Suppression sub-scale, and the total Emotional Labor Scale according to the working positions of the nurses (p<0.05). Accordingly, the total mean scores of Surface Acting sub-scale, Suppression sub-scale, and total Emotional Labor Scale of the nurses working in the nurse managers/supervisor positions were found to be higher than other nurses.

Table 4. Correlations between Emotional Labor Scale and Job Satisfaction Scale and Sub-scales

Emotional Labor Scale		Job Satisfaction Scale for Nurses				
		Positive Feelings towards the Job	Suitable Support from Seniors	Perceived Importance at the Job	Pleasant Work Environment	Total Scores
Surface Acting	r	-0.126	0.140	0.074	**0.175**[*]	0.116
	p	0.122	0.086	0.367	**0.031**	0.154
Suppression	r	-0.067	0.013	0.142	0.054	0.035
	p	0.414	0.876	0.081	0.513	0.671
Deep Acting	r	-0.026	-0.035	0.081	0.132	0.039
	p	0.753	0.672	0.323	0.107	0.639
Total Scores	r	-0.137	0.064	0.112	0.143	0.071
	p	0.093	0.432	0.172	0.081	0.389

*: p<0.05; r: Spearman's Rho correlation analysis

As result of the correlation analysis between Emotional Labor Scale and Job Satisfaction Scale for Nurses total and sub-scale scores, a statistically significant, weak and positive linear correlation was found between Surface Acting sub-scale and Pleasant Work Environment sub-scale (r=0.175). There is no statistically significant relationship between other scale scores and the sub-scales (p>0.05) (Table 4).

IV. DISCUSSION AND CONCLUSION

In this study, it was found that emotional labor behavior was moderate and that nurses participating in the study showed a preference for deep acting. There are studies in the literature showing that deep acting has a higher mean score than surface acting (Yang and Chang, 2008; Yılmaz and Orak, 2020; Demir et al., 2021). In addition, in this study, nurses working in intensive care were found to have significantly higher scores in suppression sub-scale than nurses working in an in-patient service, which is believed to be related to the fact that they may have suppressed their feelings since they frequently faced major problems, such as work intensity, ethical problems, and moral distress. Focusing on patient care rather than expressing their own feelings can also be cited as another reason. In contrast to our study findings, Tunç et al. (2014) found that the emotional behavior patterns of intensive care and other service nurses were not different. The mean Surface Acting sub-scale, Suppression sub-scale, and Emotional Labor Scale total scores of the nurses working as nurse managers/supervisor were found to be higher than other nurses. The lack of or less interaction of nurses working in administrative units with patients may be the reason why their mean deep acting score is low. On the other hand, it is believed that the nurses working in the clinic may have reflected their feelings to work more due to their closer relationship with the patients/patient's relatives. While our study finding is consistent with the study conducted by Li et al. (2014), in another study, Doğan and Sığrı (2017) concluded that there was no difference between the emotional behaviors of clinical nurses and nurse managers.

In this study, the job satisfaction of nurses was moderate. While the results of the study by Büyükbayram and Gürkan (2014) regarding the impact of emotional intelligence on the job satisfaction of nurses are similar to our findings, the job satisfaction level is higher than moderate level in the study by Gülşen and Özmen (2020) on the relationship between emotional labor strategies and job satisfaction of nurses in Turkey. When the mean scores of nurses in all sub-scales of the Job Satisfaction Scale for Nurses were examined, it was found that the highest mean scores were in the sub-scales of the Positive Feelings towards the Job and Perceived Importance at the Job. This is believed to be due to inner satisfaction, appreciation, the nature of the work, and the importance that nurses place on them. There are studies in the literature that drew similar conclusions (Biegge et al., 2016; Ntantana et al., 2017). This result fazes that teamwork dynamics among nurses contribute to the development of positive feelings towards the job.

In this study there is no statistical significant differences between male and female nurses' job satisfaction total and subscale scores. Looking at the mean scores of Job Satisfaction Scale for Nurses total and sub-scale of the nurses, it was found that the total score and perceived Importance at the Job sub-scale score of the female nurses were higher than the mean scores of male nurses. In addition to the fact that the results of the research conducted by Penz et al. (2008) are similar to our study findings, there are also study results reporting that mean job satisfaction score of males was higher than females (Caliskan and Ergun, 2012; Kaya, 2014). According to Temel Eğinli's (2009) citation from Centers and Bugental, the fact that women's job satisfaction is higher is due to their attention to work-related social factors. Kantek and Kartal (2016) listed family structure, education, career status, personality traits, job expectations, professional attitude, and working conditions as factors leading to the differences in job satisfaction by gender.

The study found that people with a master's degree had higher mean scores for the Positive Feelings towards the Job sub-scale. A study conducted by Ning et al. (2009) found that job satisfaction increases when nurses have a high level of education. It is thought that this situation may lead the person to develop positive feelings towards the job together with an increase in his/her awareness as the level of education increases. In a study conducted by Gülşen and Özmen (2020), it was, however, found that there was no difference between educational status and job satisfaction. It is thought that this difference is due to the fact that the education level of the nurses, who constitute the sample of this study, is mostly bachelors degree.

It was found that married nurses had a significantly higher mean scores on the Job Satisfaction Scale for Nurses and their Suitable Support from Seniors sub-scale compared to single ones. A study conducted by Wu et al. (2018) investigating the effects of emotional labor and competence on job

satisfaction in nurses in China found that married people had a higher job satisfaction score, similar to our study findings. In a study by Can (2020) on the relation between communication skills and job satisfaction and job stress of psychiatric nurses, the job satisfaction of married individuals was higher than single ones, but no significant difference was found in terms of the Suitable Support from Seniors sub-scale. A similar study found no difference between job satisfaction and marital status of nurses (Gülşen and Özmen, 2020; Gürcan, 2019). Marriage provides social support to individuals and reduces the stress levels experienced by individuals at work. It is also believed that married individuals are given priority by seniors in planning annual leave, organizing work shifts on special days, and these situations have a positive effect on their job satisfaction.

The mean scores of Perceived Importance in the Job sub-scale, Pleasant Work Environment sub-scale and Job Satisfaction Scale for Nurses for those working at their present unit for more than five years were significantly higher. Similarly, in Polat's (2008) study, the level of job satisfaction perceived by nurses with six years or more professional experience was statistically significantly higher than the other groups. Although the results of Wu et al. (2018) are similar to our study findings, there is no difference between the working years and job satisfaction in that study findings (Can, 2020; Gürcan, 2019). Nurses who have more professional experience have increased self-confidence and autonomy. As the fact that nurses with certain qualifications establish expectations based on realistic foundations will increase their job satisfaction, this result of the study is considered as an expected finding.

In the study, there was a statistically significant, weak and positive linear relationship between the mean scores of Surface Acting sub-scale and the Pleasant Work Environment sub-scale for the nurses. A study conducted by Lee and Jang (2019) investigating the relationship between emotional labor, emotions and job satisfaction among nurses found that there was a positive relationship between job satisfaction and deep acting, but found no relationship with surface acting. In a study by Wu et al. (2018), it was, however, found that surface acting is negatively associated with job satisfaction, and deep acting is positively associated with job satisfaction. This result suggests that nurses try to make their working environment enjoyable by suppressing their true feelings with role-playing behaviors that qualify as surface acting. Emotional labor behaviors include a dynamic set of processes. In these processes, the perceptions and experiences of nurses within the complex health care system can vary from individual to individual depending on the individual's changing conditions in time, and in this case, the relationship of emotional labor dimensions with job satisfaction can vary.

This study has some limitations. Firstly, the ratio of males in the sample is small. Since the sample of the study is not qualified to represent the study population, it cannot be generalized. Therefore, further research is needed to confirm the impact of job satisfaction and emotional labor on nurses. Secondly, since this study employed a survey method based on nurses' own subjective perceptions, nurses may have given responses that included society's expectations to depict a positive image. Thirdly, future research should include additional sources of data collection, such as in-depth interviews, participant observations, to develop effective intervention programs.

This study showed that emotional labor and job satisfaction have a relationship with each other, albeit at a low level. Working in intensive care unit, total years of working, educational and marital status affect job satisfaction and emotional labor behavior of nurses. Factors affecting emotional labor and job satisfaction affect both nurses and the institution. Managers should anticipate the negative consequences of excessive emotional labor behavior in order to improve the quality of patient care and patient and nurse satisfaction. There should be a focus on interventions to reduce the emotional labor of nurses to increase their job satisfaction. To create new strategies to regulate emotions of the nurses and organizations with a positive emotional climate are recommended.

The implications of this paper are as follows:

- In order to manage emotional labor behaviors that cause these negative consequences, nurse managers should do more than listening the wishes and recommendations of nurses.

- Objective evaluations of nurses should be created and intervention programs and strategies should be developed and implemented as a result of this evaluation.

- Trainings or adaptation programs for communication and emotion management should be organized so that nurses can better manage their emotions.

- The reasons that lead nurses to surface acting should be evaluated with more comprehensive studies by including other variables such as intention to leave the job, burnout, job performance, job stress, work-family conflict, organizational commitment, which are related to emotional labor.

Ethical Approval: In order to conduct the research, written permission was obtained from the Non-Interventional Human Research Ethics Board of a state university (14.05.2018/3-35).

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