

The Relationship Between Emotional Labor, Organizational Loyalty, and Turnover Intention in Nurses

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ABSTRACT

Objective: This study aimed to determine the relationship between nurses' perceptions of emotional labor, organizational loyalty, and their turnover intention.

Methods: This study was conducted in a private hospital in Ankara and two hundred and seven nurses participated. Correlation analysis was used to determine the relationships between variables. Multiple linear regression analysis was used to measure the effect of emotional labor and organizational loyalty on turnover intention. The data were obtained using the Emotional Labor Scale, the Organizational Loyalty Scale, the Turnover Intention Scale, and an information form developed by the researchers to inquire about the personal and professional characteristics of the nurses.

Results: Nurses' perceptions of organizational loyalty had a negative effect (-0.664) on their turnover intention. Twenty percent of the change in nurses' turnover intention is explained by organizational loyalty and the dimensions of emotional labor, namely, superficial acting, deep acting, and natural emotions.

Conclusion: It was found that the emotional labor and organizational loyalty perceptions of the nurses were at a moderate level, whereas their turnover intention was low. It was found that only organizational loyalty had a significant effect on nurses' turnover intention.

Keywords: Organizational loyalty, emotional labor, turnover intention, nurse

1. INTRODUCTION

Healthcare is part of a service sector where the highest rate of face-to-face interaction and communication occurs. Nurses, who make up the majority of healthcare workforce and are at the forefront (1), are those who play the most important role in patient care (2). The attitudes and behaviors expected from nurses, who are in charge of the complex structure of today's healthcare institutions, are that they perform their duties meticulously and successfully even when they are tired, stressed, and unhappy. Most of the nurses exhibit these behaviors during their professional life, without feeling a sense of obligation, due to the nature of the profession, which causes them to make extra effort physically, mentally, and emotionally. Humans are emotional beings; therefore, emotional labor is the most important element in this effort (3).

The concept of emotional labor, which is based on emotion, expresses the effort spent during the expression or control of emotions; and also it was defined as employees' displaying socially desired and expected emotions during

their interactions and relationships in the workplace (4). In addition, emotional labor is the employees' effort to regulate and manage real emotions, such as the feeling obliged to hide the emotions they actually feel and fake the emotions they do not actually feel (5). During the emotion regulation process, individuals control the process with or without being aware of their emotions (6). The concept of emotional labor has been examined by some researchers and various dimensions of the concept have been revealed. Hochchild (1983) discussed the concept of emotional labor in two dimensions, namely surface acting and deep acting, according to the behaviors employees assume in expressing their emotions. Ashforth ve Humphrey (1993) examined the concept of emotional labor in three dimensions: surface behavior, deep behavior, and natural emotions (7). In other studies, there is a difference in naming the dimensions and in the number of sub-dimensions (8, 9). Surface acting is defined as individuals' effort to show emotions that they do not really feel during work, in other words they act (4, 10). Deep acting, on the other hand, is

defined as the individuals' making efforts for the emotional expression they actually want to show (7). Individuals, mostly working in the service sector, act deeply in order to generate feelings and reactions appropriate for working conditions (11). The concept of natural emotions refers to employees' display of certain behaviors that they actually feel without any effort. In this respect, natural emotions are based on spontaneous and real emotions (7, 12). Patients and patient relatives are not the only people with whom nurses interact and communicate. Nurses have to communicate and interact with healthcare professionals and their colleagues. Nurses' relations with their colleagues are expected to be within the framework of the principles and rules of the institution. This is also related to the management of emotions, the perception of professional identity, and the sense of loyalty to the organization. Kang et al. (13) defined the concept of organizational loyalty as member behaviors that involve increasing the interests of the organization rather than self-interests, and showing behaviors appropriate to these interests. The feeling of loyalty, which is the last stage of the feeling of belonging to an organization/institution, is a psychological and behavioral trait. Loyalty means sincere and firm friendship, sincere devotion, control in feelings and emotions, non-betrayal, and conformity to the truth, and it also refers to being attached to an institution or organization as an ideal team member (14). The common point between commitment and loyalty is that both contain a sense of belonging to an institution or organization (15).

Nursing is a challenging profession because it involves strong emotional states. Emotionally intense jobs and intense interpersonal interactions involve emotional labor behaviors that can lead to burnout (16, 17). This also triggers the turnover intention, which is a result of an emotional exhaustion (18). Nurses' turnover intention has been the focus of many studies. Many factors, such as workload, burnout, decreased job satisfaction, and emotional labor, have been identified as potential factors and important predictors of nurses' turnover intention (19-21).

2. METHODS

2.1. Purpose and Design of The Research

The study was conducted to examine the relationship between emotional labor, organizational loyalty perceptions, and turnover intention in nurses. The study had a descriptive design for the purposes of determining the relations between variables and to make generalizations.

2.2. The Research Questions

The research questions generated in research purposes are as follows:

- Which level of nurses' emotional labor, organizational loyalty, and turnover intentions?

- Is there a relationship between nurses' emotional labor, organizational loyalty and turnover intentions?
- Have any affect nurses' perceptions of emotional labor on turnover intentions?
- Have any affect nurses' perceptions of organizational loyalty on turnover intentions?

2.3. Study Population and Sampling

This research was conducted in a private hospital in Ankara. In the study, no sample selection was made, and 376 nurses working in the hospital constituted the population of the study. Nurses who worked in the hospital for at least one year were included in the study. One hundred and twenty-four nurses with less than one year of experience were not included in the study. Data were collected between April and June 2020. The participation was on voluntary basis of the questionnaires distributed to 250 nurses, 207 were eligible for examination. Forty-three questionnaires were not filled partly or completely due to the increasing workload of nurses because of the COVID-19 pandemic.

2.4. Data Collection Tools

The data were obtained using the Emotional Labor Scale, the Organizational Loyalty Scale, the Turnover Intention Scale, and an information form developed by the researchers to inquire about the personal and professional characteristics of the nurses.

Information Form: A form consisting of 11 items was created in order to determine the socio-demographic characteristics of the nurses.

Emotional Labor Scale: The Emotional Labor Scale developed by Diefendorff, Croyle, and Grosserand (2005) was used to measure the nurses' emotional labor perception (22). It was adapted to Turkish by Basım and Beğenirbaş in 2012 (23). It consists of 13 statements in three dimensions: surface acting (6 items), deep acting (4 items), and natural emotions (3 items). The items in the scale are of five-point Likert type (1 = Never, 5 = Always): "I act in order to be able to deal with customers appropriately", "I exhibit emotions to my customers different than I really feel", and "The emotions I show to the customers arise spontaneously". Basım and Beğenirbaş (2012) reported the Cronbach Alpha coefficient of the scale as .80. They also stated that the scale was valid and reliable. In this study, the Cronbach Alpha reliability coefficient of the scale was calculated as .86.

Organizational Loyalty Scale: In order to measure the organizational loyalty perceptions of the employees, Uygur and Koç used the Organizational Loyalty Scale in their 2010 study (15). The scale consists of 14 statements. The scale includes 5-point Likert type items (1 = I don't agree at all, 5 = I totally agree). The scale was later used by Aşkın (2014). The Cronbach Alpha coefficient of the scale was reported by

Aşkın (24) as .89. In this study, the Cronbach Alpha reliability coefficient of the scale was calculated as .87.

Turnover Intention Scale: The Turnover Intention Scale developed by Mobley, Horner, and Hollingsworth (25) was used to measure the level of employee turnover intention. The scale has a total of three 5-point Likert type items (1 = Strongly disagree, 5 = Strongly agree). The scale was taken from the study conducted by Örucü and Özafşarlıoğlu in 2013 (26). They found the Cronbach Alpha coefficient of the scale as .90. They also stated that the scale was valid and reliable. In this study, the Cronbach Alpha reliability coefficient of the scale was calculated as .92.

2.5. Data Analysis

In this study, frequency, percentage, mean, and standard deviation values (as descriptive statistics) were used in order to determine the levels of emotional labor, organizational loyalty, and turnover intention. Correlation analysis was used to determine the relationships between variables. Multiple linear regression analysis was used to measure the effect of emotional labor and organizational loyalty on turnover intention.

2.6. Ethical Considerations

Approval for the study was obtained from the Lokman Hekim University Non-Interventional Clinical Research Ethics Committee (Decision No: 2020/004 and #2020001). Written permission was obtained from the hospital administrations where the study was conducted. The nurses invited to the study were informed about the study, and those who gave consent and volunteered included in the study. The identity information of the nurses was not written on the data collection forms.

3. RESULTS

It was found that 75.4 of the nurses participating in the study were female, 71% were single, 78.3% were health vocational high school graduates, 37.2% were service nurses, 58.9% were between the ages of 21 and 30 years, 70.5% of them had less income than their expenses, 37.2% were employed in the intensive care unit, 64.7% had less than 5 years of professional tenure, 79.2% had less than 5 years of institutional tenure, 60.4% of them worked on 12-h shifts, and 79.2% of the nurses had no children (Table 1).

Table 1. Nurses' socio-demographic information (n=207)

Socio-Demographic Information	Frequency	Percentage	Socio-Demographic Information	Frequency	Percentage
Sex			Marital Status		
Female	156	75.4	Married	60	29.0
Male	51	24.6	Single	147	71.0
Education Status			Responsibility		
Vocational Health High School	162	78.3	Service Nurse	77	37.2
Associate Degree	27	13.0	ICU Nurse	76	36.7
University Degree	17	8.2	Nurse-in-Charge	19	9.2
Graduate Degree	1	0.5	Other	35	16.9
Age Group			Income Level		
<20 years	58	28.0	Income less than expense	146	70.5
21-30 years	122	58.9	Income equals Expense	49	23.7
>31 years	27	13.1	Income more than expense	12	5.8
Unit Employed			Duration of Professional Tenure		
ER	8	3.9	< 5 years	134	64.7
OR	19	9.2	5-10 years	44	21.3
Surgery	41	19.8	11-15 years	18	8.7
Internal Medicine	42	20.3	>16 years	11	5.3
Polyclinics	10	4.8	Duration of Institutional Tenure		
ICU	77	37.2	< 5 years	164	79.2
Other	20	4.8	5-10 years	36	17.4
Shift Type			11-15 years	7	3.4
Always Day Shift	65	31.4	>16 years	-	-
Always Night Shift	13	6.3	The number of Children		
Rotating 12-h Shifts	125	60.4	None	163	78.7
Rotating 8-h Shifts	3	1.4	1	22	10.7
8-h Day Shift; 24-h Night Shift	1	0.5	2	19	9.2
			>3	3	1.4

In interpreting the mean scores of the employees, the studies in the literature were reviewed and an interpretation was made based on this review (Soh et al., 2010: 549; Akbolat et al., 2014: 89; Çankaya, 2017: 277). Accordingly, the values between 1.00 and 2.33 in the mean scores were considered as “low level participation”; values between 2.34 and 3.66 were considered as “medium level participation”; and values between 3.67 and 5.00 were considered as “high level of participation”. In line with this information, it was determined that the emotional labor and organizational loyalty perceptions of the nurses were at a medium level. When the dimensions of the Emotional Labor Scale were examined, it was seen that the results differed between dimensions. Nurses’ surface acting perceptions were low, deep acting perceptions were medium, and natural emotion perceptions were high. On the other hand, it was found that the nurses’ turnover intention was at a low level (Table 2).

Table 2. Min-max, mean and standard deviation and correlation values

Scales	Min-Max Values in the Study	Mean ± Standard Deviation	Scale Min-Max Values
Emotional Labor Scale	1.00-5.00	3.52±0.83	1.00-5.00
Surface Acting Domain	1.00-5.00	2.19±1.21	1.00-5.00
Deep Acting Domain	1.00-5.00	3.33±1.23	1.00-5.00
Natural Emotions Domain	1.00-5.00	4.22±0.90	1.00-5.00
Organizational Loyalty Scale	1.00-5.00	3.57±0.87	1.00-5.00
Turnover Intention Scale	1.00-5.00	1.96±1.10	1.00-5.00

The relationships of the variables with each other and the direction and degree of these relationships were examined by the Pearson correlation analysis. Pearson correlation analysis results are shown in Table 3.

Table 3. Correlation analysis regarding the variables

Scales	1	2	3	4	5
Surface Acting	1				
Deep Acting	0.380**	1			
Natural Emotions	-0.089	0.312**	1		
Organizational Loyalty Scale	0.337**	0.310**	0.201**	1	
Turnover Intention Scale	-0.039	-0.035	0.023	-0.443**	1

Organizational loyalty had a weak positive correlation with surface acting (0.337) and deep acting (0.310). On the other hand, organizational loyalty had a weak positive and significant relationship with natural emotions (0.201). There was no significant relationship between the dimensions of emotional labor and turnover intention. Finally, a weak

negative significant relationship was found between organizational loyalty and turnover intention (-0.443) (Table 3).

Multiple linear regression analysis was conducted to examine the effects of emotional labor and organizational loyalty perceptions of the nurses on their turnover intention. Analysis results are presented in Table 4.

According to the analysis results, nurses’ perceptions of organizational loyalty had a negative effect (-0.664) on their turnover intention. Finally, it can be said that 20% of the change in nurses’ turnover intention is explained by organizational loyalty and surface acting, deep acting, and natural emotions (Table 4).

Table 4. Multiple linear regression analysis

Variables	Unstandardized coefficients					95% confidence interval	
	B	Std. Error	β	t	p	Min Limit	Max Limit
Coefficient	3.286	0.400	-	8.211	0.000	2.497	4.075
Surface Acting	0.124	0.065	0.137	1.906	0.058	-0.004	0.253
Deep Acting	0.031	0.065	0.035	0.481	0.631	-0.097	0.159
Natural Emotions	0.159	0.083	0.130	1.912	0.057	-0.005	0.322
Organizational Loyalty	-0.664	0.086	-0.526	-7.702	0.00**	-0.833	-0.494

3.1. Limitations of the Study

The results obtained in the present study are limited to the views of the nurses working in the private hospital where the study was conducted in Ankara, and therefore, they are not generalizable to all nurses. Furthermore, the gap in the literature regarding the concept of organizational loyalty in nurses has constrained our ability to compare our research results with those of other studies. This study may be considered as a stepping stone in studying the relationship between organizational loyalty and emotional labor and its effect on nurses’ turnover intention.

4. DISCUSSION

The present study was conducted to examine nurses’ emotional labor, organizational loyalty, and turnover intention, and it was found that the perceptions of nurses’ emotional labor and organizational loyalty were at a moderate level. On the other hand, it was found that the nurses’ turnover intention rate was low. In a similar study, the relationships between emotional labor, burnout, and turnover intention in nurses in six different hospitals in Korea were investigated, and it was reported that emotional labor was associated with turnover intention; and, burnout played a mediating role in this outcome (18). Considering the effect of emotional labor on turnover intention, it can be predicted that the sense of organizational loyalty is also low in these individuals.

An analysis of the emotional labor scale sub-dimension scores of the nurses showed that the nurses' perception of the surface acting (2.19 ± 1.21) was low, deep acting (3.33 ± 1.23) was moderate, and that of natural emotions (4.22 ± 0.90) was high. Therefore, it may be stated that the feelings nurses experience during patient care and treatment are natural feelings, and that nurses sincerely share the pain and joy of patients during care and treatment because nurses are prone to emotional labor behavior due to the nature of the profession. The fact that nurses are more successful in exhibiting natural and sincere behaviors affects them positively in emotional terms. In this case, nurses are expected to have a higher motivation and organizational loyalty with low turnover intention.

In a similar study by Özkol Kılınc et al. (27), nurses received a mean score of 2.80 ± 0.68 from the emotional labor scale. Among the scale sub-dimensions, they received the highest score from deep acting (3.29 ± 0.88). Deep acting, which is an effort to harmonize the feelings that nurses have to show to their patients with their real emotions, may cause harmful consequences for various aspects of psychological well-being in nurses (20). It can be said that emotional disharmony experienced in this situation may cause high emotional exhaustion, low job satisfaction, and high turnover intention (20, 21).

Baksi and Edeer (28) found that the status of loving the profession ($\beta = 0.185$, $p < 0.05$) was a significant predictor of the deep acting sub-dimension of emotional labor in nurses working in an intensive care unit. In a study conducted in nurses working in an intensive care unit, it was stated that emotional labor refers to nurses' actions used to maintain order and encourage more positive interpersonal interactions (29). In this case, it can be said that the emotional labor exerted is related to the effort to carry out the duties effectively, resulting from organizational loyalty. In general, it is possible to talk about the positive effect of such an effort on reducing the nurses' turnover intention.

The ever-increasing number of confirmed and suspected cases and heavy workload in the COVID-19 process puts nursing services under intense pressure (30). Yang et al. (2021) report that there are studies showing that Covid-19 increases the intention to leave (31). For example, a cross-sectional survey conducted among front-line nurses in the Philippines revealed that fear of COVID-19 enhanced turnover intention (32). Similarly, the perceived threat of COVID-19 increased turnover intention among Pakistani nurses (33).

As the pandemic continues, an important consideration is that frontline nurses work in a specific work environment, facing a heavy workload while combating a highly contagious disease (34-36). Guixia and Hui (37) found that the incidence of nurses' burnout in COVID-19 period was high, which was correlated with anxiety and depression. The mental health problems of nurse should not be underestimated. Both managers and nurses themselves should pay attention to the burnout. Nurses with symptoms of anxiety and shorter working time are the focus of attention and intervention.

According to the results of the multiple linear regression analysis, it was found that the only significant effect on the nurses' turnover intention was organizational loyalty. Nurses' perceptions of organizational loyalty have an expected negative effect (-0.664) on their turnover intention. Çınaroğlu et al. (38) found that the most important factor determining the level of loyalty in nurses is job satisfaction. Job satisfaction in work environment increases organizational loyalty, and decreases turnover intention.

Twenty percent of the change in nurses' turnover intention was explained by organizational loyalty, surface acting, deep acting, and natural emotions. Work overloads, high performance expectations, and emotional incompatibilities in relationships with patients cause nurses to show more emotional labor (39). This situation reduces the sense of organizational loyalty and negatively affects turnover intention. However, more evidence is needed on this result. Discussing the relationship between emotional labor factor and organizational loyalty will clarify the effect of emotional labor on nurses' turnover intention.

5. CONCLUSION

In this study, which was conducted to examine the effect of nurses' perceptions of emotional labor and organizational loyalty on turnover intentions, the perceptions of nurses' emotional labor and organizational loyalty were first examined. Accordingly, it was found that the emotional labor and organizational loyalty perceptions of the nurses were at a moderate level. On the other hand, it was found that the nurses' turnover intention was low. According to the results of multiple linear regression analysis, it was determined that only organizational loyalty had a significant effect on nurses' turnover intention. According to the results of the research, organizational loyalty perceptions of the nurses had a negative effect (-0.664) on their turnover intention. Twenty percent of the change in nurses' turnover intention was explained by organizational loyalty and superficial acting, deep acting, and natural emotions.

Guidance should be offered via trainings that will enable nurses to recognize their emotional state and its effects on patient care and job performance. Strategies should be developed to increase the sense of organizational loyalty that may affect the delivery of nursing care and services. It is thought that this will affect the performance of health institutions positively.

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