

An emotional antecedent to stress at work in health care

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Abstract

Most of the people working in organizations requiring employee-customer direct interaction are facing different kinds of stress. Many of the stresses are related to their work such as target completion, pressure of providing best facilities to the customers. In addition to physical facilities customers also expect different kinds of gestures, most importantly emotions such as happiness, greeting, cheerfulness, enthusiasm. These gestures are popularly known as emotional labour. Emotional labour is one of the main kind of work to be done in industries like medical or hospital. Now a days as the facilities in medical and hospitality department are increased as well as job stress and emotional turmoil is also increased. A large numbers of researches have been conducted to evaluate the emotional labor and work stress among various departments, all these studies have either been conducted in the western context or conducted long back rendering them unsuitable in today's fiercely competitive environment. This research evaluates the emotional labor and work stress among the medical staff including both doctors and nurses in Indian working environment. The results of the study reveal that emotional labour is contributing positively towards job stress in both cases. Interestingly study also indicates that doctors and nurses do not differ significantly in emotional labour as well as work stress.

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1 Introduction

The impact of globalization can be seen at the workplace as the working environment has changed significantly. The way things are being done, methods of communication, use of information technology, kind of jobs to be done and the time bound situation, every thing has brought a significant change in the workplace stress also. Due to this, stress, particularly work-related stress has attracted many researchers in India in recent years.

In this competitive world where none can be expected to survive without giving its best, medical or hospital industry is no exception. Hospital industry is not there for providing medical treatment only but it also involves making patients feel good psychologically also. All the hospitals, clinical staff are needed to display different types of emotions (Loukidou, Ioannidi & Kalokerinou, 2010). The people working in this industry when confronted by such task have been reported to experience high levels of stress.

Emotions are the core of our expressions of any kind of feeling. There is variety of terms used interchangeably by researchers for *emotion*. For example, *emotion*, *mood*, *affect*, and *feelings* are most commonly used synonyms (Eisenberg, 2000; Izard, 1993; Lazarus, 1991; Plutchik, 1991). A definition given by Fischer, Shaver and Carnochan (1990) describe emotion as a “discrete, innate, functional, biosocial action and expression system.” It is really hard to identify one’s emotion though they are methods of showing what is going in one’s mind. Even after such difficulty role of emotions at work can not be undermined. According to Ashforth & Humphreys (1993) emotions are important for work. People are not only expected but even paid off for displaying certain kind of emotions (Fineman, 2001). This process of hiding real emotions can be understood as emotional labour.

Emotional labour according to (Chu, 2002) can be defined as, “control of a person’s behavior to display appropriate behaviour”. This implies that a person expresses certain kinds of emotions which are socially expected as well as accepted; hence these are not real feelings. The person is actually supposed to hide emotions which are not conforming to social standards. Though emotional labour may not be a significant contributor towards stress in all the industries but it is, in the industries where emotions not only constitute basic part of work-performance, but also determined by the kind of organization and the social expectations regarding few professions. For example, in hospital industry especially in case of nurse, emotions are the basic part of both educational and training process. Emotional labour has attracted number of researcher’s interest after the work done by (Hochschild, 1983) who accurately defined emotional labour as “the management of feelings to create a publicly observable facial and bodily display”

(Hochschild 1983, p. 7). This definition can be understood in a way that people in different professions show different emotions such as a retailer selling clothes to a woman show high appreciation at each purchase even if he does not like it personally. For a policeman it is mandatory to show a strict and interrogative attitude towards every person. Similarly, medical staff whether doctors or nurses display pleasant emotions even if a patient is going to die. Though this increases stress among medical staff.

Stress has majorly been considered as mental state or we can also consider it as perception Bartlett (1998). According to Mojinyinola (1984) stress is a psychological concept that can affect health, well-being and even job performance in negatively (Olaleye, 2002). Few researchers have also considered stress as non-specific physiological reaction (Selye, 1974). Where as Levy (2006) referred stress as any force that pushes a psychological or physical function beyond its range of stability producing a strain with the individual. Stress is also dependent upon an individual's characteristics, experiences and coping mechanisms (Lees & Ellis 1990).

As discussed earlier nurses experience high level of stress and there are lots of contributors from surroundings. It really becomes difficult to manage their stress because of challenging working environment. The work of medical staff becomes more challenging in India as managing emotions and pretending according to other's expectations is the socially desirable. This paper is intended to assess the work stress of medical staff and the contribution of emotional labour in increasing their stress. Though, Wharton (1999) considered the consequences of emotional labor may be "highly contingent upon other characteristics of the job and the organization" (p. 161).

Stress experienced by people at their workplace which is generated out of working conditions, working pattern, monotonous work, shifts or long working hours or may be due to doing such works which are not liked personally. This kind of stress is termed as job stress. It may also be due to the pattern of reactions that occurs when workers are presented with such work demands that are not matched to their capabilities, knowledge, skills or abilities. The demands may be quantitative demands (target oriented which create some kind of time related pressure) or emotional demand/ emotive efforts (requiring some kind of management of emotions, either hiding real emotions or displaying emotions not felt). Though, these emotive efforts increase tension (dissonance) among employees. Kruml and Geddes (2000) identified that emotional dissonance could be reduced the more the employee could empathize with the customer. Emotional dissonance, or the conflict between genuinely felt emotions and organizationally or professionally accepted emotions, make emotional expression a difficult task (Morris & Feldman, 1997).

Job stress is studied by number of researchers to find out its causes or outcomes in health care. Like, Albar Marin and Garcia-Ramirez (2005) studied the effect of social support on job stress and emotional exhaustion among hospital medical staff in Spain.

2 Preliminary Notes

2.1. Emotional Labour and Stress

Number of studies conducted in health care assessing stress or emotional exhaustion among to relate them with emotional work outs. Most of the studies were conducted in other countries and the absence of such studies in India has been felt severely. The present study is intended to do the same. Researches suggest that emotional detachment, increasing caseloads of patients, close interaction with patients, and emotional strain are prominent sources of emotional exhaustion in health care (Blau, Bolus, Carolan, Kramer, Mahoney, Jette, & Beal, 2002; Hannigan, Edwards, & Coyle, 2000; Kiovula, Paunonen, & Laippala, 2000; Waldrop, 2003). Similarly, (Morris & Feldman, 1997) also state that emotional labor can cause distress because of the dissonance that it has. (Kahn, 1993; Karabanow, 1999; Meyerson, 1998; Miller, Stiff, & Ellis, 1988) studied emotional communication and believed that such interactions can contribute to both stresses and rewards in the workplace.

Many organizations train their workforce in managing their emotions. Morris and Feldman (1997) further suggested that to utilize emotional labour effectively in organization employees must be selected on the basis of their expressive style and the display norms likely to be encountered in the job otherwise it creates stress on job. Payne (2006) revealed that emotional labor is a form of skilled work, in the sense that employees use or have to acquire and learn multiple skills to manage their emotions at their workplaces. They are also taught to be caring for the patients by remaining personally detached from the person. However, the boundaries between the caring ideology and the detached caring generally overlap each other. Remaining detached is painful especially when you have to show that you are concerned (Smith, 1992). In addition to this nurses have to present different faces determined by the setting, the particular patient and the circumstances (Bolton, 2001). Bolton's (2001) has termed nurses are "emotional jugglers" (p. 97), who experience various emotions and who have to manage them in order to present an image appropriate to their role. They feel disgusted at times but are supposed to manage this 'disgust' which has been referred as "emotional task" that nurses have to accomplish (Meerabeau, 2004). The situations become severe when they are taking care of dying patients, as taking care of a dying person is itself a hard situation leading to distress and nurses feel emotionally exhausted (Meltzer & Huckabay, 2004). Moreover the kind of work to be done by them has been regarded as "Dirty work" by (Ashforth & Kreiner, 1999). Again in order to balance this 'dirty work' and showing pleasant face enhances dissonance. The results of emotional are not limited to emotional exhaustion but studies also evident feelings are those of low involvement, dissatisfaction and stress (Cigantesco et al., 2003).

The effects of stress are further demonstrated by Grandey (2000) and Ashkanasy (2001) who stated that the stress imposed by emotional labour affects

negatively, not only the quality of the provided services and the overall performance, but the psychological and physical wellbeing of employees. Beside many authors in their studies revealed that emotional labor may result in low self-esteem, depression, alienation and cynicism because of the conflict between real and expressed feelings (Ashforth & Humphreys, 1993; Lewig & Dollard, 2003). In a study on psychiatric nurses emotional labour was found to be positively correlated with stress (Mann & Cowburn, 2005). Similarly, McVicar (2003) also revealed emotional demands as primary predictor of stress. Moreover, most of the studies were conducted on nurses (Mann & Cowburn, 2005; Mojinyinola, 2008) or other staff of service sector (Chu, 2002) but none have reported emotional trauma faced by doctors. On the basis of this review the study results in to formation of following hypotheses:

Research Hypotheses

1. There will be significant impact of emotional labour on job stress among nurses.
2. There will be significant impact of emotional labour on job stress among doctors.
3. There is significant difference in the emotional labour of doctors and nurses.
4. There is significant difference in the job stress of doctors and nurses.

2.2. Research Methodology

2.2.1 Participants and Procedures

A total of 100 medical staff (50 doctors & 50 nurses) from 10 private hospitals participated in this study. Participants were a convenience sample as the nurses usually works in different shifts and all of them were not available at the time of data collection. Moreover, the number of doctors is relatively lesser in the hospitals of Gwalior. Of the employee participants, 76% (76) were female and ranging 21 years to 58 years of age. The participants were contacted personally and the data was collected by the researches themselves after developing rapport with the respondents.

2.2.2 Measures

Emotional Labour. Emotional labour was assessed through the scale designed by Chu (2002). Few changes were made in the original scale. The term 'customer' was replaced by 'patients' in order to specify its applicability. The number of items was 22 in the original scale and for the purpose of study only 11 items were retained. The measure was then checked for its reliability. One of the most commonly used types of reliability analysis is internal consistency (Zikmund, 1997). The internal consistency was checked through item to total correlation. The

Cronbach's alpha for the measure was 0.726. According to Nunnally (1978) the alpha value more than 0.7 can be considered good.

Job Stress. Stress level was assessed through 17 item questionnaire prepared by considering online survey and a final measure was prepared by making few changes in the wordings of questionnaire. The reliability was assessed again for both the measures. Participants were instructed to indicate how often they exhibit the stress on a 7-point scale (*1= Minimum agreement; 7= Maximum agreement*). The questionnaire was also checked for internal consistency through item to total correlation and only one item stating '*I tend to have frequent arguments with superiors, coworkers or customers*' was found inconsistent so it was dropped. Alpha for this measure was found to be 0.74.

3 Main Results

The analysis was done through various tests starting from normality, outliers and reliability. No outlier was reported in the study and data was found to be normal. Relationship was tested through linear regression and comparison was done through t-test.

The first hypothesis stating the relationship between emotional labour and job stress of nurses was tested through regression. The results ($F= 19.376$, $\beta= 0.536$, $p= .000$) indicate that emotional labour has positive significant relationship with job stress. R^2 is showing 28.8 % variance in the job stress. So the first hypothesis was supported the notion which shows emotional labour as important contributor towards increasing stress among nurses.

The second hypothesis established similar relationship between emotional labour and job stress among doctors. A single regression was again applied and the results ($F=13.552$, $\beta= 0.469$, $p= .001$) indicate that emotional labour has positive significant relationship with job stress in this case also. R^2 is showing 22% variance in the job stress. Hence, the second hypothesis was also supported indicating that emotional labour enhances stress in doctors too.

The first and second hypothesis generates the research question whether doctors and nurses various in their emotional demands and stress. The third hypothesis compares emotional labour of doctors. T test was applied to measure the difference in the emotional labor of doctors and nurses. As the F value was insignificant i.e. 3.341 ($p=.07$) so hypothesis would assume equal variances. The t value (1.180) was significant at 0.241, so null hypothesis is not rejected and it can be concluded that there is no difference in the emotional labor of doctors and nurses.

Fourth hypothesis compare work stress of doctors and nurses. In this case also the F value was insignificant i.e. 0.434 ($p=0.511$) so hypotheses would again assume equal variances. The t value (-1.513) was significant at 0.133, hence the hypothesis is not rejected and it can be concluded that there is no difference in the work stress of doctors and nurses.

The hypothesis third and fourth supported the fact that emotional labour do affect both emotional as well as stress aspect of doctors. As it is reported through most of studies that the nurses experience high stress because of emotional efforts they put in and the dissonance caused due to that. This investigation reflects that it is not the nurses only who experience such problems but the doctors also confront these issues. Since the medication and treatment starts from their end and it is he/she who is responsible for wellness of patients, they remain in pressure especially in cases of critical conditions. In fact in few cases they already know that their treatment is not going to cure the patient but then also they treat patients as if nothing is serious. This dual act makes their situation more stressful. The investigation also state that the emotional labour one of the key stressor at jobs for doctors and nurses.

4 Conclusion

The study was conducted with a view of finding the stress among medical staff, which includes doctors and nurses. The study was conducted on 100 respondents. A scale was designed to collect data, and reliability test was applied in order to ensure the reliability then regression test was carried out to test the cause and effect relationship between both the variables. The result of regression analysis explains that the relationship between emotional labor and work stress in case of doctor and nurses is positive. While the result of t-test explains that there is no major significance difference between the emotional labor and work stress of medical staff.

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