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Research Article

Modify Expression or Emotion of Inpatient Ward Nurse: The Effect of Emotional Labor Strategy on Burnout Mediation by Job Demand

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Abstract

Background: Inpatient nurses have responsibilities with high task complexity and emotional interaction with patients. The nurse feels high task demands and tends to experience burnout. Previous research used the JD-R Model, which stated that the imbalance between job demand and job resources could lead to burnout. Emotional labor strategies (surface versus deep acting) are commonly used as job demand and job resources.

Purpose: This study examines the effect of surface acting and deep acting on burnout, mediated by job demand.

Methods: The research design was a quantitative survey with 120 inpatient ward nurses. The instrument in this study used the emotional labor, job demand, and burnout scales. This study uses the mediation model technique by Hayes Process.

Results: The results showed that deep acting and surface acting have a positive effect on job demand and have an impact on increasing burnout. Surface acting has a direct effect on burnout. Nurses who use surface acting and deep acting indirectly affect the increase in burnout through job demand mediation. The exciting thing in this study is that, unlike previous studies, deep acting is not proven to reduce job demand, so the nurses still experience burnout.

Conclusion: Deep acting and surface acting both affect increasing burnout through job demand. This study differs from previous studies that used the JD-R model with deep acting as a job resource. Because the inpatient department has a high work complexity, it is possible that nurses may not consider deep acting a job resource because changing positive emotions is not enough to reduce burnout. This research implies strengthening job resources through external support from hospitals.

Keywords: Burnout; Deep Acting; Emotional Labor Strategy; Job Demand; Surface Acting

Introduction

Nurses are frontline healthcare workers who provide treatment and care to patients directly [1], especially nurses in the inpatient department who interact with patients for 24 hours. Nurses cannot avoid interacting directly with patients. The competence of nurses to maintain intense interaction with individuals and groups requires not only physical but also high emotional requirements [2-4], which can eventually increase the occurrence of burnout in nurses [4]. The data from the American Nurse Association shows that 34% of nurses in the United States have a desire to leave their jobs and 44% note that severe stress and burnout are the main reasons for higher job demands [5]. The meta-analysis carried out by [6] in sixteen studies during the COVID-19 pandemic in 2020 showed that in nurses who experienced burnout, 34.1% experienced high emotional exhaustion, 15.2% experienced cynicism (depersonalization), and 12.6% experienced ineffectiveness (low personal accomplishment).

The World Health Organization has officially stated that burnout is a problem in the workplace, including in the 11th edition of the International Classification of Diseases (ICD-11) [7]. Burnout is a

psychological response to job stressors and prolonged fatigue, so individuals behave cynically regarding the quality of their work and doubt their ability to grow themselves [8]. Burnout is also defined as physical or emotional exhaustion that results in prolonged stress and frustration. [9] suggest that burnout occurs mostly in individuals who work with face-to-face interactions on a long-term basis with others [10]. Therefore, burnout in nurses needs to be anticipated. Burnout in nurses has an impact on decreased commitment at work, job dissatisfaction, irregular attendance [11-13], and increased risk of workplace accidents, and poor patient care [14].

Burnout consists of three aspects: emotional exhaustion, cynicism, and ineffectiveness. Emotional exhaustion is the essential aspect. It describes a situation where an individual is physically and emotionally exhausted due to reduced energy caused by intense interaction with other people [15]. Nurses in the inpatient department work 24 hours to provide health services to patients, which increases the possibility of emotional exhaustion. Emotional exhaustion is a loss of energy and fatigue. Cynicism is described as a negative attitude towards the patient, irritability, loss of idealism, and withdrawal, while ineffectiveness is defined as decreased productivity and inability to overcome problems [8].

The author conducted an initial survey of seventy-two nurses to describe the condition of inpatient nurses at the hospital. Inpatient nurses admit that about 86% experience emotional exhaustion when carrying out their roles as nurses, 93% consider their work duties and responsibilities very heavy, 80% of nurses are dissatisfied with their performance (ineffectiveness), and 65% have negative emotions when working with other people (cynicism). Feelings of emotional exhaustion and physical exhaustion are characteristic of exhaustion. Dissatisfying with their performance and being burdened with a heavy workload are characteristics of high feelings of ineffectiveness. Nurses' negative emotions due to uncomfortable working with others are part of cynicism. The results of this survey illustrate that nurses in the inpatient department experience burnout.

Several factors can trigger burnout, namely structural factors in the workplace such as job demand, insufficient resources, low leadership management, and human resource organization [16,17]. Internal factors, such as neurotic personality traits and perfectionism, can also cause burnout because they influence individuals to develop negative coping strategies due to high job demand [18]. Job demand is another factor influencing nurses' burnout levels [3]. Job demand is positively related to burnout. The higher the job demands nurses feel, the more it increases the consequences of burnout [19]. It significantly increases turnover rates in nurses [20].

In the context of a nurse's job, one of the most challenging job demands is continuous interaction with patients. The interactions between nurses and patients are not only related to care and treatment but also a process of emotional exchange between the two parties. This process then requires nurses to regulate emotions so that the quality of health services is considered satisfactory by hospital consumers, increasing profit. The ability to regulate nurses' emotions in the context of work related to human relations is called emotional labor [21-23]. Emotional labor is an individual's effort to express the desired emotion [24,25]. Emotional labor is the management of emotions in direct interactions with patients or consumers through face-to-face or voice-to-voice. The emotions displayed are under the work demands expected by the hospital or company. The nurse's efforts to regulate and manage the emotions felt to hide or modify the desired emotions. There are two types of emotional labor strategies: surface acting and deep acting [10], [26]. Surface acting is a strategy that individuals use to change their expression even though it is not following what they feel. Individuals do not try to feel their emotions [27]. For example, nurses are required to be friendly and smile when dealing with patients, even though they are not feeling happy [28]. Surface acting is associated with false expressions and emotions. Nurses who use surface acting strategies hide negative emotions by displaying emotional expressions that seem friendly and pleasant, even though they are not following the emotions they feel. Deep acting is an individual's attempt to feel and express the necessary emotions. Individuals try to change the emotions they feel to fit the demands of the role [27]. Nurses who use deep acting strategies display pleasant expressions and change the emotions they feel to be more positive when interacting with patients and their families. Nurses who can display friendly expressions and sincere emotions when providing health services are a form of deep acting strategy.

[29,30] developed the JD-R (Job Demand-Resource) model. This JD-R model has been widely used in research on burnout. According

to this theory, working conditions can be influenced by job demand and job resources. Job demand is defined as all stressors that come from external sources and have a negative impact on employees. In contrast, job resources refer to physical, social, psychological, and company aspects that impact achieving performance goals, reducing job demand and supporting self-development [24].

Related to the JD-R model, burnout, and emotional labor, [31] wrote that deep acting is identified as a job resource that reduces work tension and enables individuals to cope with work pressure. In contrast, surface acting is associated with depersonalization [32] and leads to emotional exhaustion [33], which increases job demand. Surface acting has a positive relationship with job demand and has no significant relationship with job resources, while deep acting has a significant relationship with job resources and a weak relationship with job demand [24].

Previous studies have tested the effect of the emotional labor strategy on burnout using the JD-R model perspective. However, the research context is generally still on nurses in general. This study will examine the context of inpatient nurses who show the complexity of work compared to other fields. The research question to be answered is: does the JD-R model apply to deep acting as a job resource and surface acting as job demand, in its effect on job demand and burnout, in inpatient nurses with high complexity in handling patients? To answer this question, the research hypotheses are:

- H_1: Deep acting negatively affects burnout, mediated by job demands,
- H_2: Surface acting positively affects burnout, mediated by job demands.

Materials and Methods

Research design

This study is quantitative research in the form of a survey. The research instrument uses self-reports in the emotional labor, job demand, and burnout scales.

Sample and setting

The total number of respondents who filled out the scale was 132, but 12 people were excluded because they were incomplete in filling out the scale. Thus, the total number of respondents who can be analyzed is 120 female nurses. The minimum number of samples is carried out based on the G*Power analysis. The respondents who filled out the scale were selected through a manual announcement. Respondents' consent to participate in the study was submitted through an informed consent form. The sampling technique used is purposive sampling. The research respondents were female nurses in a type B government general hospital (RSUD Type B). The characteristics of respondents are nurses who work in inpatient wards and are willing to participate in this study.

Measurement and data collection

The respondents' participation was voluntary by filling out the questionnaire manually. Data collection was carried out in 2022. The nurses who were the research respondents received a set of measurements in three types of Indonesian-language questionnaires, namely the emotional labor scale, job demand scale, and burnout scale. Each scale is an adaptation from the English version to the Indonesian version. The translation-back translation method was used to adapt the measurement instrument in this study. After the translation process, it is submitted to 2-3 experts in the field of Industrial and Organizational Psychology to assess the validity of the constructs used. This expert judgment assessment will assess the relevance and suitability of the theoretical construct with the scale items.

Emotional labor strategy scale

This study's emotional labor strategy scale uses the Gosserand and Diefendorff instrument [34]. Nine-item indicators of assessment behavior were used to measure emotional labor strategy. Of nine items, four are to measure the deep acting strategy, and five are to measure the surface acting strategy. The measurement of emotional labor ranges from 1 (strongly disagree) – 4 (strongly agree). The reliability of the English version of the scale moves from 0.89 – 0.85. An example of one of the deep acting items is "I am trying to build the feeling that the patient needs," and an example of a surface acting item is "I pretend to show emotional expressions (feelings) that are required at work." The emotional labor scale score includes a deep acting score and a surface acting score because it is possible for each nurse to carry out these two strategies in carrying out their duties. The scale reliability in the Indonesian version shows a good internal consistency of 0.84.

Job demand scale

The job demand scale was compiled and developed by researchers using the dimensions proposed by [35], which include

the dimensions of workload, physical demand, emotional demand, and patient harassment. The scale item has a correlation ranging from 0.47 to 0.78, with a loading factor of 0.50. The reliability of the job demand scale is 0.89. The job demand scale measurement ranges from 1 (strongly disagree) – 4 (strongly agree). An example of one of the job demand items is "I have too much workload".

Burnout scale

The burnout scale was compiled and developed by researchers using the dimensions proposed by Maslach and Leiter (2016), which include the dimensions of exhaustion, cynicism, and ineffectiveness. The scale items have correlations ranging from 0.37 to 0.55, with a loading factor of 0.50. The reliability of the burnout scale ranges from 1 (strongly disagree) – 4 (strongly agree). An example of one of the burnout items is "I work so much that my emotions are drained".

Data analysis

There are two hypotheses in this study: an influence of emotional labor strategy on burnout, mediated by job demands. Deep acting strategy negatively affects burnout mediated by job demands (H_1), and surface acting strategy positively affects burnout mediated by job demands (H_2). In answering the two hypotheses, the Hayes PROCESS model 4 mediation analysis is used [36]. Model 4 Hayes PROCESS is part of the regression analysis to test the research mediation model on the direct and indirect effects between variables.

Results and Discussion

Results

Respondent data overview

The research respondents are female nurses who work in the inpatient department, with a tenure of more than ten years (79%); most of them are aged 38-47 (48.3%), with varying degrees of education, and most have a nursing education background (33.3)%). Nurses in this study commonly used emotional labor strategy was deep acting (75.8%) compared to surface acting (24.2%) when interacting with patients or hospital consumers. In general, nurses rated their job demands high, around 52.5%, and 44.2% rated their job demands moderate. The burnout level of nurses is generally considered moderate, around 76.7%. The description of respondent data can be seen in table 1.

Variable	f	%
Tenure		
< 10 years	41	34.2
> 10 years	79	65.8
Age		
28 - 37	54	45.0
38 - 47	58	48.3
48 - 57	8	6.7
Education		
Master's Degree	1	0.8
Nursing Bachelor's	23	19.2
Nursing	40	33.3
Bachelor's Degree	25	20.8
D3	33	25.8
Job demand		
High	63	52.5
Moderate	53	44.2
Low	4	3.3
Burnout		
High	19	15.8
Moderate	92	75.7
Low	9	7.5

Tabel 1: Respondent Data Overview.

Antecedent	Consequence							
	M (JD)				Y (BO)			
		Coeff.	SE	p		Coeff.	SE	p
X (DA)	a	0.87	0.05	0.00	c'	0.08	0.08	0.32
M (JD)					b	0.66	0.07	0.00
Constant	i_1	0.01	0.18	0.92	i_2	0.43	0.15	0.00
	$R^2 = 0.66$ F(1,118) = 238.02, p = 0.00				$R^2 = 0.71$ F(2,117) = 133.62, p = 0.00			

Table 2: The effect of the Deep Acting Strategy on Burnout mediated by job demand.

DA = Deep Acting, BO = Burnout, JD = Job Demand, SE = Sum of Error.

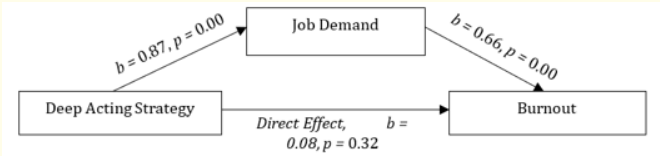

Figure 1: Results of testing the Effect of Deep Acting on Burnout mediated by Job Demand.

The effect of the Deep Acting Strategy on Burnout mediated by job demand

The Hayes PROCESS model 4 test showed that deep acting affected job demands (b = 0.87, p = 0.00) and burnout (b = 0.66, p = 0.00). The job demand variable also affects burnout (b = 0.66, p = 0.00).

Figure 1 shows that deep acting was not proven to affect burnout directly (b = 0.08, 95% CI [-0.08 – 0.24]). Deep acting proved to affect job demand, but the effect was positive (b = 0.87, 95% CI [0.76 – 0.99]). Thus H_1 is rejected.

The effect of Surface Acting Strategy on Burnout mediated by job demand

The results of the Hayes PROCESS model 4 test showed that surface acting positively affected job demands (b = 0.67, p = 0.00) and burnout (b = 0.20, p = 0.00). The job demand variable also influences burnout (b = 0.56, p = 0.00) through job demand mediation.

Anteced-ent	Consequence							
	M (JD)				Y (BO)			
		Coeff.	SE	p		Coeff.	SE	p
X (SA)	a	0.67	0.05	0.00	c'	0.20	0.05	0.00
M (JD)					b	0.56	0.06	0.00
Constant	i_1	0.84	0.17	0.00	i_2	0.37	0.13	0.00
	R^2 = 0.57 F(1,130) = 175.39, p = 0.00				R^2 = 0.73 F(2,129) = 177.87, p = 0.00			

Table 3: The effect of Surface Acting Strategy on Burnout mediated by job demand.

SA = Surface Acting, BO = Burnout, JD = Job Demand, SE = Sum of Error.

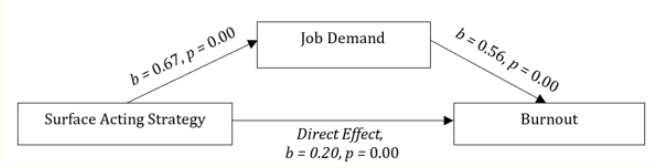

Figure 2: Results of testing the Effect of Surface Acting Strategy on Burnout mediated by job demands.

Figure 2 shows that surface acting is proven to have a direct or indirect effect on burnout. Surface acting had a direct effect on burnout (b = 0.20, 95% CI [0.09 – 0.32]). Job demand was proven to play a significant role in mediating the effect of surface acting strategy on burnout (b = 0.37, 95% CI [0.11 – 0.63]). Regression tests were also carried out to see the effect of surface acting on the dimensions of job demand, namely workload, physical demand, emotional demand, and patient harassement. Surface acting significantly affects on each dimension. The effect of surface acting on workload is R^2 = 0.54, F(1.119) = 141.35, p = 0.00, on physical demand R^2 = 0.33, F(1.119) = 59.70, p = 0.00, on emotional demand R^2 = 0.35, F(1.119) = 63.7, p = 0.00, and for patient harassement R^2 = 0.26, F(1.119) = 41.61, p = 0.00. Thus H_2 is accepted.

Discussion

This study examines the role of job demand in mediating the influence of inpatient emotional labor strategies on burnout. The results showed that deep acting was not proven to have a negative effect on burnout through job demand as a mediating variable. On the other hand, surface acting has been shown to positively affect burnout through the influence of job demand as a mediating variable. Surface acting has also been shown to have a direct effect on burnout.

The results of this study are interesting because they differ from previous studies, which showed that deep acting had a negative effect on work demands and burnout. The results of this study indicate that inpatient nurses who use deep acting judge that modifying feelings and faces in serving patients cannot reduce job demand. Nurses assess that displaying positive emotions does not reduce their job demands in front of patients. The deep acting strategy is associated with emotional effort because changing feelings to display appropriate expressions requires energy to achieve the process [37].

The results of this study indicate that deep acting is not a job resource that affects reducing job demand, so it has an impact on burnout. This result is different from several previous studies, which wrote that deep acting is a job resource that helps employees to cope with job demands [31]. Based on descriptive data, this study shows that the job demand felt by inpatient nurses is in the high category. This indicates that nurses' emotional regulation in the form of deep acting cannot reduce tension in job demand.

Burnout can indirectly be experienced by nurses, even though they use a deep acing strategy. As many as 62% of deep acting nurses admit that they are used to being an outlet for patients' anger, and 78% of deep acting nurses also get cynical stares from patients. The job demands in the form of emotional demands and patient harassment cannot reduce tension, even though nurses use positive emotions in dealing with these conditions. Deep acting on inpatient nurses does not have a negative effect on job demand, possibly due to the complexity of patients in the inpatient department, which increases work pressure and work tension. [38] prove that the complexity that patients nurses face is related to work tension. Nurses in the inpatient department face complex patient characteristics compared to patients in the outpatient department, emergency department, ICU, and other sections. Changing feelings to be more positive cannot be done alone, but there is a need for the support of other external resources.

This study proves that surface acting positively affects burnout through job demand mediation. When nurses use surface acting in interacting with patients, it can increase job demand and impact burnout. This is in accordance with several previous studies, which wrote that surface acting is a psychological tension with the potential of job demand [39]. Surface acting is a characteristic of job demand related to depersonalization [32]. Surface acting is assessed as an emotional cost that requires effort in pretending to show faces and emotions, which is related to the demands of tension at work [40]. Nurses who display surface acting in interacting with patients will be more effortful, emotional, and tiring because they are not in harmony between what the nurse feels and what is displayed. This condition is called emotional dissonance because it is not sincere. Surface acting strategy have been shown to be associated with burnout and well-being [40] and turnover and stress [41]. This study shows that surface acting affects each dimension of job demand: workload, physical demand, emotional demand, and patient harassment. The greatest influence strength occurs in the workload dimension of job demand. Linear regression test shows that about 54.5% effect of surface acting in increasing workload. On the other hand, the aspect of job demand with the lowest impact is patient harassment, which is only 26.1%.

Surface acting is proven to have a direct effect on burnout. These results are consistent with previous studies, which showed that surface acting impacts burnout [42,43]. From respondent data, 72% of inpatient nurses who use surface acting often experience physical exhaustion, which results in emotional. Similarly, regarding ineffectiveness, 65% of nurses admitted that they often made excuses to avoid their duties in dealing with patients. Modifying facial expressions that do not match feelings when providing health services to patients has been proven in this study to have an impact on emotional exhaustion, cynicism, and ineffectiveness.

The results of this study are not entirely consistent with the Job demand – Resource Theory [30] in previous emotional labor studies. Surface acting is often associated with job demand due to emotional dissonance by nurses, affecting psychological pressure, which can affect the increase of workload, physical demand, emotional demand, and patient harassment. However, this does not apply to deep acting, as it is generally rated more positively than surface acting [31,33,44], but this was not the case in this study. Deep acting is not a job resource that can help individuals in coping, so it does not have a negative effect on reducing job demand, which then still has a positive indirect effect on burnout.

Conclusion

This study provides an overview and explanation regarding the effects of deep acting and surface acting emotion regulation on inpatient nurses on job demand and burnout. The results show that surface acting affects burnout directly or indirectly by mediating job demand. However, this finding is inconsistent with previous research [31,40], which linked the expression of positive emotions in the form of deep acting to reducing job demand because individuals are considered capable of coping when interacting with patients. This result is interesting because deep acting by inpatient nurses in this study was not assessed as a meaningful job resource for respondents to reduce job demand and burnout. This study proves that surface acting and deep acting are both emotional, effortful, and burdensome costs for nurses. Thus, hospitals should empower nurses in carrying out job autonomy and strengthen the support system for a more favorable external work environment for nurses in order to reduce job demand and reduce burnout. Strengthening nurses in the form of social support, transformational leadership, and job variety can be a job resource that can reduce workload and burnout.

The limitation of this study relates to the sample size, which is only one government hospital and needs to be expanded to

samples with different types and types of hospitals. Further research should compare internal and external factors that affect job resources, such as social support, leader support, self-efficacy, or job autonomy which were not explored in this study.

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Conflict of Interest

The authors have reported no potential conflicts of interest.

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