

# Convergence Research on Emotional Labor, Professionalism, Social Support, and Performance of Nurses in Clinical Field

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## 임상간호사의 감정노동, 전문직업성, 사회적 지지가 업무성과에 미치는 영향에 관한 융합연구

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**Abstract** The purpose of this study was to identify the effects of clinical nurses' emotional labor and professionalism, and verify the moderating effects of social support on nursing performance. A survey was conducted with 230 nurses working in general hospitals using self-reporting questionnaires in Seoul. It was found that the number of years in current department, professionalism, social support, and deep acting of emotional labor were affecting nursing performance. Social support perceived by clinical nurses moderates the deep acting of emotional labor and it positively influenced nursing performance. Results of this study indicate that nurse managers should focus on increasing nurses' professionalism and social support, and create working environments where nurses do more deep acting of emotional labor in order to increase nursing performance. This study contribute nurse managers to recognizing the impact of emotional labor, professionalism, and social support on nursing performance. Practical programs for increasing clinical nurses' professionalism, social support and decrease emotional labor is required to be developed in further research.

**Key Words** : Nursing performance, Emotional stress, Nurse, Professionalism, Social support

요 약 본 연구의 목적은 임상간호사의 감정노동, 전문직업성이 간호업무성과에 미치는 영향을 살펴보고, 이들 간의 관계에서 사회적 지지의 조절효과를 검증하고자 하였다. 서울시에 있는 500병상 이상 종합병원에 근무하는 간호사 230명을 대상으로 자기기입식 설문조사를 통하여 자료를 수집하였으며, 위계적 다중선형회귀분석을 실시하였다. 분석결과 간호업무성과에 영향을 미치는 변수는 현 부서에서의 근무경력, 전문직업성, 감정노동 빈도, 표면행위로 나타났다. 또한 사회적 지지는 감정노동의 진심행위와 간호업무성과 간에 긍정적 조절효과가 있었다. 본 연구를 통하여 간호관리자는 간호업무성과를 높이기 위하여 간호사의 전문직업성과 사회적 지지를 높이는 간호인력관리 전략을 수립하고, 감정노동의 진심행위를 더 많이 할 수 있도록 간호조직문화를 형성할 필요가 있음을 알 수 있었다.

주제어 : 간호업무성과, 감정노동, 간호사, 전문직업성, 사회적 지지

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## 1. Introduction

Today, medical institutions are increasingly faced with the demand for change both internally and externally; therefore, hospital nurses are required to present themselves more professionally or have better nursing performance than ever before[1]. Therefore, the level of emotional labor required by nurses is on the rise[2].

Emotional labor is defined as an individual's efforts to moderate their facial expressions, gestures, tone of voice, or emotional feelings in order to comply with the rules of emotional expression required by an organization[3]. According to Hochschild[3], there are two types of emotional labor, including surface acting, which does not change the inner emotional state and deep acting, which actively changes the mind or emotional state to align with the organization's rules of emotional expression. These two acts of emotional labor have in common is the fact that they exist to manage the emotions of employees.

Following the examination of precedent studies on emotional labor, there were many that were found that dealt with negative concepts, such as stress[4], depression[3], alienation[5], emotional disharmony[6], emotional exhaustion[5,6], intention for turnover[4,7], and others. As a result, it was revealed that the more aggressive emotional labor is by negatively affecting the wellness of a patient, the more negative effect it has on the emotional, physical, and occupational state of nurses. Therefore, nurses are found to not be satisfied with their jobs[7], thus increasing their level of exhaustion and the intention for turnover[7,8]. However, as surface acting and deep acting, which are sub-variables of emotional labor, are components that are independent of each other, emotional labor can have both positive and negative effects. Therefore, Grandey[5] pointed out that the positive effect of emotional labor can be shown when expressing emotion by moderating inner emotion is properly learned.

As for professionalism, the ability of nurses to effectively meet the health demands of patients and provide quality care are realized through professionalism[9], under the umbrella of fulfilling one's calling and the belief of independence and public service in the nursing occupation[10]. Therefore, if one has a higher level of professionalism, he/she will likely have a higher level of satisfaction with his/her duties and thus, nursing performance will improve. Therefore, professionalism becomes a necessary factor for clinical nurses[9]. Consequently, maintaining competent nurses with a high level of professionalism and retaining them for a long period of time is another important factor in the strategy to manage nursing personnel.

Social support has to do with all the positive resources an individual can gain from personal relationships, and it is also considered a factor that moderates emotional responses in the interaction between the individual and the environment[11]. According to research, it is said to have a positive effect in moderating the ramifications of emotional disharmony from emotional labor in the sense of emotional wellness[12], releasing the feeling of tension from work, and recovering a sense of stability[11]. Moreover, it shows a positive correlation with the perception of professionalism[13], and in particular, it has been reported to serve as a factor that helps maintain professionalism at an appropriate level in situations where the stress level from work is heightened.

Against this backdrop, the purpose of this study was to identify the influence of surface acting and deep acting, which are sub-variables of the emotional labor of nurses, and professionalism on nursing performance, and to verify how its effect varies, depending on social support. The study seeks to discover if emotional labor and professionalism of nurses affect nursing performance, thereby providing the basic data necessary to improve work performance of clinical nurses.

Through reviewing precedent studies on the factors

affecting nursing performance, emotional labor, professionalism, and social support, a theoretical framework was suggested as Fig. 1.

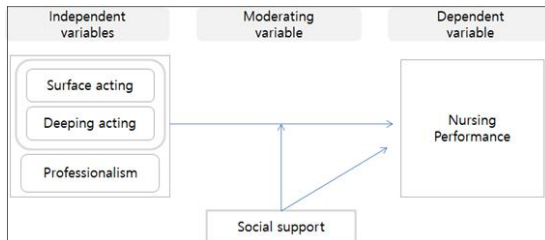


Fig. 1. Conceptual Framework

## 2. Research Method

### 2.1 Study Design and Participants

In 2016, a survey was administered to professional nurses working in three general hospitals located in Seoul, South Korea. Upon hospital Board of Directors and Ethical Committee approval (2-1040781-AB-N-01-201657HR), there were two meetings with department chiefs and nurse coordinators in which both verbal and written information about the study's purpose was provided. Confidentiality was assured, and it was clearly stated that participation was voluntary. Nurse supervisors from the various departments were responsible for distributing the questionnaire in their units. Nurses were asked to return the completed questionnaire to their supervisors in a sealed envelope. Paper questionnaires were distributed to 250 nurses employed at the hospitals (staff nurses working in medical, surgical, and clinical departments), and 230 (92.0%) completed questionnaires were returned. The total usable questionnaires were 216. A multiple-regression analysis was used to identify the effects of emotional labor and professionalism on nursing performance, and to explore the moderating effect of social support in those relationships.

### 2.2 Measure

We leveraged existing, previously validated

measures for all variables in this study. Because the original scales of emotional labor, professionalism, and social support were in English, they were translated into Korean and validated by several studies

#### *Nursing performance*

Nursing performance was measured using a 17-item scale developed by Ko et al.[1], with four sub-scales (competency, attitude, performance level, and applying nursing process), and a 5-point Likert-type response scale (1= strongly disagree; 5= strongly agree). The higher number indicated better performance. Internal consistency of the scale was supported by a Cronbach's  $\alpha$  of 0.92.

#### *Emotional labor*

To measure nurses' emotional labor, a reduced version of the emotional labor questionnaire by Brotheridge and Lee[14] was used and translated into Korean by Yom[15]. Emotional labor was measured by two widely recognized facets: surface acting and deep acting. Likert-scaled items range from '1,' indicating strongly disagree to '5,' indicating strongly agree. Internal consistency of the scale was supported by a Cronbach's alpha of 0.75 for surface acting and 0.72 for deep acting.

#### *Professionalism*

The Korean version of Hall's Professional Inventory developed by Kim and Baek[16], which was originally developed by Hall[17] and modified by Snizek[18], has been used. More specifically, a 25-item scale was used to measure beliefs in public service, autonomy, self-regulation, and a sense of having a calling to the field. Likert-scaled items ranging from '1,' indicating strongly disagree to '5,' indicating strongly agree has been used. Internal consistency of the scale was supported by a Cronbach's alpha of 0.71

#### *Social support*

To measure social support, the Korean version of

the social support questionnaire developed by the National Institute for Occupational Safety and Health, and modified by Korea Occupational Safety and Health Research Institute[19] has been used. Social support was measured by three widely recognized facets: supervisor, colleagues, and family. Likert-scaled items ranging from '1,' indicating strongly disagree to '5,' indicating strongly agree were used. The higher the total score indicated the higher the social support. Internal consistency of the scale was supported by a Cronbach's alpha of 0.91.

### 2.3 Data analysis

The data were evaluated using the SPSS 21.0 program. Inventories were assessed with the original evaluation criteria.

For the descriptive statistics, number, percentile, frequency, mean, and standard deviation were used. To determine whether the participants had similar socio-demographic properties and the socio-demographic property had a categorical structure, chi-square analysis was used. In addition, if the socio-demographic property had a numerical structure, one-way analysis of variance was used. Correlation analysis was used in the investigation of the relationships between emotional labor, professionalism, social support, and nursing performance. Multiple-regression analysis was used in order to identify the effects of emotional labor, professionalism, and social support on nursing performance.

## 3. Result

### 3.1 General Characteristics of Participant

The general characteristics of the participants are as follows: The average age was 32.3( $\pm$ 9.40) and 15% (n=33) were under 23 years old, 24.8% (n=54) were aged 24 to 26 years, 25.7% (n=56) were aged 27 to 34 years, and 33.0% (n=72) were over 35 years old. Fifty-nine per cent (n=130) was un-married and 38.5%

(n=84) was married. Half of the participants (n=108) had bachelor's degrees and the mean of total work experience was 9.08( $\pm$ 9.00) years, with 14.7% (n=32) working less than 1 year, 17.9% (n=39) working from 1 to less than 3 years, 29.8% (n=65) working 3 to less than 10 years, and 36.7% (n=80) working for more than 10 years. The average years of work experience in current department was 4.93( $\pm$ 6.27) years and 15.6% (n=34) reported working in their current department for less than 1 year. It was determined that 60% (n=131) of participants were working in medical and surgical units, 18.3% (n=40) were in Intensive Care and Emergency units, and 20% (n= 44) were in other departments, such as Out Patient and Delivery. Eighty-two per cent (n=179) were staff nurses and 16.5% (n=36) were above-charge nurses. Most of the participants, 78%(n=170)

### 3.2 Means of the variables

The level of emotional labor, professionalism, social support, and nursing performance are shown in Table 1. The mean scores for nurses obtained through the survey included surface acting of emotional labor, 3.41 $\pm$ 0.82; deep acting of emotional labor, 3.53 $\pm$ 0.64; professionalism, 3.11 $\pm$ 0.30; social support, 3.83 $\pm$ 0.45; and nursing performance; 3.69 $\pm$ 0.56.

Table 1. The Means of Variables and Reliabilities

Variables		M $\pm$ SD	Cronbach's alpha
Emotional Labor	Surface Acting	3.41 $\pm$ 0.82	.75
	Deep Acting	3.53 $\pm$ 0.64	.72
Professionalism		3.11 $\pm$ 0.30	.71
Social Support		3.83 $\pm$ 0.45	.91
Nursing Performance		3.69 $\pm$ 0.56	.92

### 3.3 Differences of Variables by General Characteristics

The state of the socio-demographic characteristics of the nurses in comparison with their professional behavior, emotional labor, professionalism, social support, and nursing performance are seen in Table 2.

When the level of emotional labor was examined, the nurses who worked shift schedules had higher scores in surface acting of emotional labor ( $t=2.36, p=.019$ ), while the nurses over age 34 ( $F=2.98, p=.033$ ), married ( $t=2.19, p=.030$ ), and working in emergency or intensive care units ( $t=3.13, p=0.46$ ) were found to be high in deep acting of emotional labor. When professionalism levels were examined, a statistical difference was detected and the group over age 34 ( $F=10.08, p<.001$ ), married ( $t=4.68, p<.001$ ), with more than 10 years of work experience ( $F=8.21, p<.001$ ), above-charge nurses ( $t=3.42, p<.001$ ), and those working a fixed schedule ( $t=2.81, p=.005$ ) were higher. When the levels of social support were compared, the score averages of the group of nurses less than 23 years old, 27 - 34 years old, and over 34 years old were higher than the group aged 24 - 26 years ( $F=3.55, p=.015$ ). The group of nurses who were married ( $t=3.22, p=.002$ ) had higher scores than those who were not.

With regard to nursing performance, it was shown that the group of nurses who were over age 34 had higher scores than the groups of less than 23 years old, 24 - 26 years old, and 27 - 34 years old ( $F=15.71, p<.001$ ). The married nurses had higher scores than those who were un-married ( $t=5.60, p<.001$ ). In terms of work experience in their current department, the groups of nurses who worked 4-10 years or more than 10 years had higher scores than the group with less than a year of work experience ( $F=15.71, p<.001$ ). The group of nurses with over 10 years of work experience had higher scores than the group with 1-3 years of work experience. The nurses ranked as above-charge nurses ( $t=4.75, p<.001$ ) and those working a fixed schedule ( $t=4.96, p<.001$ ) had higher scores in nursing performance.

### 3.4 Correlations Between Variables Related to Emotional Labor

The relationships between emotional labor, professionalism, social support, and nursing performance are shown in Table 3. The correlation

coefficients for surface acting and deep acting of emotional labor were found to be  $r=.21(p=.002)$ . Further, as the relationship between professionalism and emotional labor were examined, the correlation coefficients were found for surface acting,  $r=-.23(p<.001)$  and deep acting,  $r=.25(p<.001)$ . The correlation coefficients for social support and deep acting of emotional labor was  $r=-.30(p<.001)$ , and professionalism was  $r=.38(p<.001)$ . For nursing performance, the relationship with professionalism was  $r=.41(p<.001)$ , deep acting of emotional labor was  $r=.33(p<.001)$ , and social support was  $r=.23(p<.001)$ .

### 3.5 Factors Affecting Nursing Performance

A three-stage hierarchical regression analysis was conducted for the influence on nursing performance (Table 4). Regression analysis was conducted by setting general characteristics as the control variable at Stage 1, and by including research variables that were confirmed to have a significant correlation with nursing performance at Stage 2. At Stage 3, the moderating effect of social support in the relationship between these variables and nursing performance was verified. Before regression analysis, multicollinearity, residual, and singular value were determined in order to confirm whether the hypothesis of regression analysis was fulfilled. It was found that the Durbin-Watson statistic of the regression model was near 2 at 2.138 with no autocorrelation, and Variance Inflation Factor (VIF) was distributed at 1.101-7.434. All were indicated to be below 10; therefore, it was confirmed that there was no issue of multicollinearity. As a result of residual analysis, linearity of model, normality of error term, and homoscedasticity were all confirmed.

In Model I, the explanation power was 24.9%, and it was found that the variable that had a significant influence on nursing performance was the working period in the current department ( $\beta=.17, p=.029$ ).

In Model II, the explanation power was 36.3%, an 11.4% increase compared to Model I, and it was found that the influence variables were the working period

Table 2. Differences of Variables by General Characteristics

Categories		Emotional Labor				Professionalism		Social Support		Nursing Performance	
		Surface Acting		Deep Acting							
		Mean±SD	t/F (p)	Mean±SD	t/F (p)	Mean±SD	t/F (p)	Mean±SD	t/F (p)	Mean±SD	t/F (p)
Age (year)	< 24 <sup>a</sup>	3.42±0.77	1.53 (208)	3.36±0.52	2.98 (033)	3.09±0.20	10.08 (<.001)	3.81±0.51	3.55 (.015)	3.62±0.39	15.71 (<.001)
	24-26 <sup>b</sup>	3.60±0.71		3.44±0.73		3.06±0.23		3.48±0.56		3.67±0.41	
	27-34 <sup>c</sup>	3.29±0.84		3.50±0.51		3.00±0.27		3.74±0.58		3.78±0.43	
	> 34 <sup>d</sup>	3.34±0.88		3.70±0.67		3.25±0.35		3.76±0.54		4.09±0.39	
Marital status	Unmarried	3.46±0.78	1.21 (.226)	3.45±0.61	2.19 (.030)	3.04±0.25	4.68 (<.001)	3.59±0.57	3.22 (.002)	3.70±0.42	5.60 (<.001)
	Married	3.33±0.87		3.65±0.67		3.22±0.32		3.84±0.52		4.03±0.40	
Edu Level*	College	3.51±0.81	1.68 (.094)	3.60±0.64	1.55 (.122)	3.14±0.26	1.40 (.163)	3.71±0.55	0.58 (.562)	3.87±0.44	1.46 (.145)
	Bachelor	3.32±0.81		3.46±0.63		3.09±0.33		3.67±0.58		3.78±0.45	
Work dept**	Med/Sur Units <sup>a</sup>	3.46±0.83	1.35 (.263)	3.58±0.61	3.13 (.046) a,c>b	3.11±0.29	1.01 (.367)	3.69±0.58	2.45 (.089)	3.81±0.46	2.37 (.096)
	ER/ ICU <sup>b</sup>	3.43±0.77		3.30±0.65		3.07±0.32		3.56±0.61		3.75±0.43	
	Others <sup>c</sup>	3.23±0.82		3.58±0.67		3.16±0.29		3.83±0.41		3.95±0.38	
Career in dept*** (year)	<1 <sup>a</sup>	3.20±0.64	1.92 (.127)	3.45±0.57	1.41 (.240)	3.09±0.26	1.19 (.313)	3.74±0.55	0.21 (.891)	3.63±0.44	9.19 (<.001)
	1-3 <sup>b</sup>	3.56±0.89		3.43±0.60		3.09±0.27		3.69±0.67		3.82±0.37	
	4-10 <sup>c</sup>	3.44±0.81		3.63±0.66		3.10±0.28		3.67±0.52		3.88±0.41	
	>10 <sup>d</sup>	3.48±0.95		3.58±0.72		3.20±0.39		3.67±0.52		4.09±0.48	
Total career (year)	<1 <sup>a</sup>	3.26±0.64	1.61 (.189)	3.49±0.56	3.49 (.017)	3.12±0.23	8.21 (<.001)	3.88±0.49	2.00 (.115)	3.49±0.43	16.95 (<.001)
	1-3 <sup>b</sup>	3.63±0.82		3.27±0.58		3.05±0.21		3.57±0.57		3.72±0.40	
	4-10 <sup>c</sup>	3.44±0.81		3.53±0.63		3.01±0.25		3.65±0.60		3.78±0.36	
	>10 <sup>d</sup>	3.33±0.87		3.67±0.66		b<d		3.23±0.35		3.72±0.54	
Pos <sup>†</sup>	Staff nurse	3.41±0.82	0.21 (.831)	3.49±0.60	2.10 (.037)	3.08±0.29	3.42 (.001)	3.67±0.58	1.16 (.249)	3.77±0.42	4.75 (<.001)
	Charge nurse	3.38±0.79		3.73±0.76		3.26±0.29		3.79±0.48		4.14±0.46	
Work Sch <sup>††</sup>	Fixed schedule	3.16±0.80	2.36 (.019)	3.72±0.64	2.29 (.023)	3.22±0.36	2.81 (.005)	3.80±0.48	1.40 (.162)	4.10±0.40	4.96 (<.001)
	3 shifts	3.48±0.81		3.48±0.63		3.08±0.27		3.67±0.58		3.76±0.43	

\* Educational Level, \*\* Working Dept, \*\*\* Career in current dept † Position †† Working Schedule

Table 3. Correlations between variables

Variables		1. Emotional Labor		2 r(p)	3 r(p)	4 r(p)
		a)r(p)	b)r(p)			
1. Emotional Labor	a) Surface acting					
	b) Deep acting		-.21(.002)			
2. Professionalism			.25(<.001)			
3. Social support			.08(.242)	.38(<.001)		
4. Nursing performance			.33(<.001)	.41(<.001)	.23(.001)	

Table 4. Factors Affecting Nursing Performance

Variables	Model I			Model II			Model III			Model IV		
	B	$\beta$	<i>p</i>	B	$\beta$	<i>p</i>	B	$\beta$	<i>p</i>	B	$\beta$	<i>p</i>
Age(year)	.01	.13	.425	.00	.09	.547	.00	.10	.529	.01	.10	.527
Marital status(married)	.10	.11	.215	.07	.08	.361	.03	.04	.675	.01	.01	.887
Religion(yes)	-.04	-.04	.524	-.08	-.09	.151	-.09	-.10	.109	-.09	-.10	.122
Educational level (above bachelor)	-.05	-.06	.339	.01	-.01	.832	-.01	-.01	.901	-.01	-.02	.783
Career of current dept (year)	.00	.17	.029	.00	.18	.015	.00	.19	.009	.00	.19	.010
Career of total(year)	.00	.17	.304	.00	.13	.368	.01	.18	.235	.00	.21	.152
Position (above charge nurse)	.03	.02	.767	-.01	.00	.972	-.01	-.01	.875	-.01	-.01	.876
Emotional Labor												
Deep acting				.16	.23	<.001	.16	.23	<.001	.13	.19	.001
Professionalism				.36	.23	<.001	.28	.18	.006	.27	.18	.006
Social Support							.11	.14	.024	.07	.09	.186
EL(deep acting) x S.S										.29	.16	.015
Professionalism x S.S										.06	.02	.677
R <sup>2</sup>		.249			.363			.379			.397	
Adjusted R <sup>2</sup>		.223			.335			.349			.361	
F		9.71			12.87			12.35			10.99	
<i>p</i>		<.001			<.001			<.001			<.001	

in the current department ( $\beta=.18, p=.015$ ), deep acting of emotional labor ( $\beta=.23, p<.001$ ), and professionalism ( $\beta=.23, p<.001$ ). In Model III, the explanation power was 37.9%, a 1.6% increase compared to Model II, and the working period in the current department ( $\beta=.19, p=.009$ ), deep acting of emotional labor ( $\beta=.23, p<.001$ ), professionalism ( $\beta=.18, p=.006$ ), and social support ( $\beta=.14, p=.024$ ) were revealed as variables. In Model IV, in order to confirm the moderating effect of social support, variables that were included in Model III, and social support of nurses and deep acting of emotional labor, which is an independent variable, and interaction variable of professionalism and deep acting of emotional labor were additionally included and analyzed. As a result, it was found that social support of nurses had a positive effect on nursing performance by moderating deep acting of emotional labor ( $\beta=.29, p=.015$ ). The total explanation power of Model IV was 39.7%, which was increased by 1.8% compared to Model III.

#### 4. Discussion

This study was conducted to provide the basic data to establish a strategy to manage the nursing workforce by confirming the influence of emotional labor and professionalism of nurses on nursing performance, and whether social support is the moderating effect among these variables.

Most of research on emotional labor was focused on negative impact of emotional dissonance on stress, job satisfaction, and commitment[3,4,6,7]. However this study reviewed the positive impact of emotional labor in caring patients and moderating effects of social support on nursing performance.

First, in the average survey, surface acting of emotional labor was  $3.41\pm 0.82$  points, which is somewhat higher than  $3.12\pm 0.66$  points[15], but it was similar to  $3.43\pm 0.90$  points[20] of outpatient nurses. Deep acting showed a somewhat more significant difference compared to  $2.76\pm 0.60$  points[15] with

3.53±0.64 points, but it was lower than 3.72±0.68 points[20]. The reason for such differences between the results of sub-variables of emotional labor of nurses is believed to be attributable to the difference among the environment of nursing organizations, hospital policy, personal characteristics of study participants, and other variables. Therefore, it can be said that further research is needed under a more diverse research environment.

Professionalism was 3.11±0.30 points on average, and it was similar to 3.12±0.24 points, which was shown in a study of clinical nurses using the same measurement tools[9]. Thus, the fact that professionalism was displayed at a slightly higher level than the medium level can be seen as implying that nurses are not yet considering their work as professional enough. Considering the fact that professionalism is a very important concept for the development of nursing organizations, these organizations should actively examine various methods to enhance it.

Nursing performance was shown at 3.69±0.56 points, which is somewhat lower than the 3.84±0.52 points in Lee's study[21]. Considering that nursing performance results from individual nurses performing each of their nursing tasks, such an average value cannot be seen as satisfactory. Therefore, nursing associations, as well as nursing organizations should establish strategic plans to improve nursing performance.

When the differences between each variable according to general characteristics are examined, it was found that nurses working in three shifts do more surface acting than those working in regular shifts, and this can be understood to be the same as the results of the research of Yom et al.[15], which says that nurses working in three shifts are required to hide and control their emotions because they contact patients and the family, relatives, and friends of patients for a longer time than those working in regular shifts at a designated department. Meanwhile, the level of deep acting was higher among older, married nurses and

those with longer working experience whose position is higher than a nurse manager. Such a result is consistent with Kim's study[20], which was conducted by using the same measurement tools for outpatient nurses, and it is understood that older nurses understand the needs of patients, and their families, relatives, and friends better than their younger peers and can cordially accept the emotions of patients, their families, relatives, and friends. As a result, these nurses do more deep acting, which is consistent with their internal emotions.

Professionalism of nurses was measured at a higher level in the group of nurses of an older age and with longer clinical experience at a higher position than a nurse manager, than in the group of general nurses. This is the same result of the studies of Kwon et al.[9] and Wynd[22], in which clinical experience was confirmed as an important predictor of professionalism[9,22]. Wynd[22] also argued that as nurses get older, they begin to consider their role and duties as at a level of professionalism on par with doctors, and the experience of enhancing the completeness of clinical work performance serves as an essential factor in developing professionalism to the full extent. Moreover, it was revealed in precedent research that the position of nurses is related to professionalism[9,22], and it seems because in the case of a nurse manager or a head nurse, their authority for decision-making as an expert is relatively broader than in the case of a working-level nurse.

Nursing performance was significantly higher in the groups of nurses age 34 or older, who are married, have longer clinical experience and work experience in the current department, who are at a position higher than a charge nurse, and who work a fixed schedule. It is believed that these nurses can devote themselves to the act of caring for patients and the family, relatives, and friends of patients because they are in an emotionally and socially stable state, and their enhanced nursing knowledge and skills also contribute to improved nursing performance[7,21].



According to the results of the regression analysis, which was conducted to identify variables influencing nursing performance and the moderating effect of social support, work experience at the current department was shown to affect nursing performance. If it is examined mainly focusing on Model III, work experience at the current department, deep acting of emotional labor, professionalism, and social support of nurses worked as the factors that affect nursing performance. Such a result is similar to the results of precedent studies[6,9,14] that showed work experience, professionalism, and social support of nurses influence work performance, and it is believed that as the clinical experience of a nurse grows, they experience the enhancement of self-confidence and completeness of their duties, while they form firm attitudes and beliefs toward caring for patients, thereby improving both professionalism and work performance. Moreover, it appears that support from colleagues and supervisors work as factors that relieve a sense of tension and stress from work, positively affecting work performance. It was also confirmed that deep acting of emotional labor has a positive effect on nursing performance. This is probably because nurses align their internal emotions with the emotions required by the organization in the course of caring for patients, and feel rewarded and a sense of accomplishment (and actively express it)[4,6], thereby empathizing with patients and having positive emotional exchanges. Therefore, efforts should be made to induce deep acting rather than surface acting.

Finally, according to the results of the analysis of the moderating effect of social support in the relationship between emotional labor and professionalism on nursing performance in Model IV, it was found that social support raises nursing performance by serving the moderating function between deep acting of emotional labor and nursing performance. This result is the same as the result of Grandey's study[5], which offers that a member of an organization who is aware that he/she is receiving

social support has a positive attitude toward his/her duties and forms positive relationships with customers by naturally accepting the emotion required by the organization as his/her own emotion. According to the foregoing argument, it is thought that a nurse who believes he/she is receiving active support from colleagues, supervisors, and the organization maintains a positive attitude in the course of caring for physically and mentally vulnerable patients, and he/she makes an effort to accept the pain of the patient as it is and sympathize with such suffering.

To make a comprehensive conclusion from the results of this study, it was shown that the higher the level of professionalism, deep acting of emotional labor, and social support of nurses, the higher nursing performance becomes. In addition, both the level of professionalism and deep acting of emotional labor of nurses rise as the nurses' age increases and clinical experience gets longer[9,20,22]. Therefore, it is necessary to establish a human resource management strategy to enable experienced nurses to remain committed to their duties at the organization for an extended period of time. Programs that provide nurses regular long-term vacation or refresh time can be helpful to keep experienced nurse in organization. Since professionalism is improved in autonomous work environment, managers should give clinical nurses discretionary power in clinical filed. As the members with a positive disposition and a high level of emotional intelligence tend to do deep acting of emotional labor more often[23], programs under which nurses can develop a positive disposition and enhance their emotional intelligence should be developed and nurses should be allowed to use such programs as much as possible.

## 5. Conclusion and Recommendation

According to the results of this study, social support of nurses increases deep acting of emotional labor and

improves nursing performance. Thus, in order to improve nursing performance at general hospitals, autonomy of nursing should be expanded and a working environment should be created where nurses can have a more firmly established belief in nursing service and a sense of calling for their occupation. Moreover, it is necessary to create an organizational culture where nurses can do more deep acting of emotional labor with the perception that they receive support from colleagues, supervisors, and the organization.

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