

# Emotional Labor, Burnout and Job Satisfaction among Korean Clinical Nurses

Joohyun Lee<sup>1</sup>

<sup>1</sup>College of Nursing, Eulji University, 553 Sanseongdaero, Sujeong-gu, Seongnam-si, 13135, Korea

## ABSTRACT

**Background/Objectives:** This was a cross-sectional descriptive correlation study to understand the effect of clinical nurses' emotional labor on burnout and job satisfaction. factors affecting nurses' emotional labor, burnout, and job satisfaction were also investigated.

**Method/Statistical Analysis:** Ninety clinical nurses from two general hospitals located in S city were participated. Emotional labor was measured by a scale which consists of 19 items with subcategories of diversification, frequency, intensity, expression, and internalization. Burnout was measured by a scale which consists of 21 items with physical burnout, emotional burnout, and psychological burnout categories. Job satisfaction was measured by a modified scale which consists of 25 items in the area of work related environment, benefits, personnel system, peer and senior relationship. All measurements had 5 point Likert scale. The higher the total score meant the higher emotional labor, burnout, or job satisfaction.

**Findings:** Most of the participants aged less than 39 years and 61 participants (67.8%) were not married. Most of them graduated at least college level. The range of duration of work was various from less than 2 years to more than 10 years. Nurses' age, marital status, religions, educational level, work unit, position, and employment status did not significantly affect nurses' emotional labor, burnout, or job satisfaction. However, nurses in their 20s ( $68.20 \pm 10.12$  vs.  $63.30 \pm 8.51$ ,  $t=2.392$ ,  $p=.019$ ), and in two to five years of current unit experience ( $70.18 \pm 8.75$  vs.  $58.60 \pm 6.39$ ,  $t=3.968$ ,  $p=.010$ ), and 11 to 20 patients in their care ( $70.56 \pm 10.09$  vs.  $63.68 \pm 8.82$ ,  $t=3.738$ ,  $p=.027$ ) showed significant high levels of burnout. Also nurses in their 20s ( $73.24 \pm 10.96$  vs.  $78.97 \pm 10.77$ ,  $t=-2.435$ ,  $p=.017$ ) and salaries less than 2.5 million won ( $70.42 \pm 7.56$  vs.  $79.86 \pm 12.10$ ,  $t=5.552$ ,  $p=.005$ ) showed significantly lower levels of job satisfaction. Nurses' emotional labor did not correlate with burnout or job satisfaction. However, burnout had negative relationship with job satisfaction with moderate intensity ( $r=-.487$ ,  $p<.001$ ).

**Improvements/Applications:** Continuous effort to improve hospital work environment including salary and nurse-to-patient ratio would be beneficial to prevent nurses' burnout and increase job satisfaction. Furthermore, special educational or continuing programs or strategies for young and less experienced nurses should be developed and implemented.

**Keywords:** Emotional labor, Burnout, Job Satisfaction, Nurse, Correlation

## Introduction

The basic purpose of the hospital is to provide quality medical cares to customers. With the activation of the

institutional quality of service assessment in South Korea, customers could select and evaluate medical institutions. Many hospital organizations are focusing on strategies for improving customer satisfaction in order to effectively cope with the changed medical environment<sup>[1]</sup>.

As an employee of a hospital, a nurse must constantly contact different levels of people with various health needs in a socially acceptable manner<sup>[2]</sup>. Nurses should not only take care of the subject's physical illness, but also care about the emotional health of the subjects.

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## Corresponding Author:

Joohyun Lee

Associate Professor,

College of Nursing, Eulji University, Korea

Email: leejoohyun@eulji.ac.kr

Caring for emotional health of the subjects is also one of the evaluation items for hospital services.

In that situation, nurses' capabilities of dealing with emotion have become very important. For customer satisfaction, nurses must be able to control their negative feelings and understand patients, their families, and other medical staff's feelings and properly deal with [3]. Emotional labor was defined as the practice of managing and trying to express the desired emotion required by an organization [4]. In hospital services, emotional labor included everything that drives consumers to have a positive attitude toward hospitals, health cares and medical staffs. Nurses were required not to express individual feelings freely, but they had to show trained responses that assists in the management of patients' emotions.

However, the level of emotional labor affected emotional exhaustion, degradation of self-efficacy [3], which was found to have a direct and indirect impact on the effectiveness and benefits of the organization [4]. Excessive emotional labor at a nurse's personal level could increase work stress and burnout [5]. Increased job stress promotes professional exhaustion and reduces job satisfaction [6]. Furthermore, burnout was associated with mental health of the nurses. Also, it compromises productivity and performance as well as the quality of patient care.

The purpose of the study was to determine the effect of nurse emotional labor on burnout and job satisfaction. The general characteristics and job related characteristics of the subjects were identified and the degree of emotional labor, burnout, and job satisfaction was compared.

## Materials and Method

**Design and Sample:** This was a cross-sectional descriptive correlation study in order to identify the relationships between emotional labor, burnout, and job satisfaction among Korean clinical nurses. The study participants were 90 nurses who worked in outpatients and wards of two general hospitals with more than 600 beds in S city and G province. Exclusion criteria were nurses with less than a year of service at the current units.

**Ethical Consideration and Procedure:** Researchers provided a full explanation of the purpose, content, and methods of the study before the distribution of survey

questionnaires. All subjects participated voluntarily and signed consent forms before answering the questionnaire. In the consent, the anonymity and academic use of the survey was guaranteed. A structured questionnaire was distributed to be filled out in person for honest answers. Data was collected from May 1<sup>st</sup> to 28<sup>th</sup> 2017. The completed questionnaires were sealed for protection and collected by the researchers.

## Measures

**Emotional Labor:** Emotional labor was measured by a scale which consists of 19 items with 5 subcategories [7]. The original scale included six aspects of emotional expression such as diversification, duration, frequency, intensity, expression, and internalization. However, in this study, 5 subcategories excluding duration of emotional expression were used. It consists of 5 point Likert scale of 19 items. The higher the total score meant the higher the level of emotional labor. The Cronbach's alpha for original scale was .78 and for this study was .79.

**Burnout:** Burnout was measured by a scale which consists of 21 items with physical burnout, emotional burnout, and psychological burnout categories [8]. Each category consists of 7 items of 5-point Likert scale. The higher the total score means the higher the level of burnout. The Cronbach's alpha for original scale was .90 and for this study was .90.

**Job Satisfaction:** Job satisfaction was measured by a modified scale by a researcher. The original scale consisted of 30 items to measure nurse's satisfaction with their work situation [9]. However, the subcategories of scale changed to 25 items of 5-point Likert measurement in the area of work related, work environment, benefits, personnel system, peer and senior relationship. The higher the total score means the higher the level of job satisfaction. The Cronbach's alpha for original scale was .83 and for this study was .88.

## Statistical Analyses

Using IBM SPSS Statistics, version 21.0, general characteristics of participants were analyzed by descriptive statistics. Independent t-tests and one-way ANOVA were applied in order to identify the differences in emotional labor, burnout, and job satisfaction according to participants' characteristics. Pearson's correlation coefficient was applied to identify the

relationships among emotional labor, burnout, and job satisfaction of Korean clinical nurses. The significance level for testing statistical significance was estimated lower than .05.

### Results and Discussion

Participants in the study were 90 clinical nurses with at least one year of service in two hospitals. As shown in Table 1, most of the participants aged less than 39 years and 61 participants (67.8%) were not married. Most of them graduated at least college level and half of them did

not have any religions. Half of them received between 2 million won to 2.5 million won as their monthly salary. Eight one participants (90%) were hired as full-time nurse.

Work units were various from medical-surgical to outpatient clinics. The range of duration of work was various from less than 2 years to more than 10 years. However, most of them have worked current units less than 10 years. Seventy seven (85.6%) were working as a shift nurse. Most of them were staff or charge nurses. More than half of them were taking care of more than 16 patients per a nurse.

**Table 1: General characteristics of clinical nurses (N = 90)**

Characteristics		n	%	Characteristics		n	%
Age (years)	20~29	54	60.0	Work experience (months)	< 24	24	26.7
	30~39	33	36.7		25~48	20	22.2
	40~49	3	3.3		49~72	14	15.6
Married	Yes	29	32.2		73~96	15	16.7
	No				97-120	7	7.7
Education	College	24	26.7		≥121	10	11.1
	University	58	64.4	Current work unit experience (months)	< 24	24	26.7
	Graduate School	8	8.8		25~48	20	22.2
Religion	None	45	50		49~72	14	15.6
	Christian	30	33.3		73~96	15	16.7
	Catholic	12	13.3		97-120	17	18.8
	Buddhist	3	3.3		≥121	0	0
Salary (million won per month)	< 2	7	7.8	Position	Staff nurse	75	83.3
	2~2.49	45	50		Charge nurse	13	14.4
	2.5~3	23	25.6		Head nurse	2	2.2
	≥3	15	16.7	Type of work	Shift work	77	85.6
Employment status	Full-time	81	90.0		Day work	13	14.4
	Part-time	9	10.0	Number of patients per a nurse	<5	2	2.2
Work Units	Medical	14	15.6		6~10	41	45.6
	Surgical	3	3.3		11~15	4	4.4
	Maternal-Pediatrics	27	30.0		16~20	21	23.3
	Intensive Care Unit	9	10		≥ 21	22	24.4
	Emergency Unit	10	11.1				
	Outpatient clinic	27	30.0				

In order to compare the level of emotional stress, burnout, and job satisfaction according to general characteristics of the participants, statistical analysis was done as shown in Table 2. Nurses' emotional labor did not differ significantly depending on age, but the

level of burnout and job satisfaction was found to be significantly different. Nurses less than 30 years old showed high levels of burnout ( $68.20 \pm 10.12$  vs.  $63.30 \pm 8.51$ ,  $t=2.392$ ,  $p=.019$ ) and low levels of job satisfaction ( $73.24 \pm 10.96$  vs.  $78.97 \pm 10.77$ ,  $t=-2.435$ ,  $p=.017$ ).

These results are similar to low job satisfaction among nurses with less than three years of work experience in other study [10]. According to the researcher's theory, the timing of adaptation which usually less than 3 years of work experience increased job stress and exhaustion and also increased the likelihood of changing jobs. However in this study, marriage, educational level, work unit, position, and employment status did not significantly affect nurses' emotional labor, burnout, or job satisfaction.

Interestingly, there was no significant difference between emotional labor and burnout depending on the level of salary. However the high salaried nurses showed a high level of job satisfaction (79.86 ± 12.10 vs. 70.42 ± 7.56, t=5.552, p=.005). This finding is consistent with the result that a professional nurse worked longer when an annual salary was high [11].

Also, the current work unit experience has a significant impact on burnout. Nurses with more than 10 years of experience have shown significantly lower levels of burnout than nurses with two to five years of experience (70.18 ± 8.75 vs. 58.60 ± 6.39, t=3.968, p=.010). This is believed to be associated with an increased ability to deal with various nursing situations as they entered a career stabilization stage after more than a decade of work experience [10].

The number of patients per nurse also had a significant impact on the nurses' burnout (70.56 ± 10.09 vs. 63.68 ± 8.82, t=3.738, p=.027). Interestingly, caring for more than 10 patients had shown that the level of burnout increased and then decreased with 20 or more patients. Although detailed factors were not investigated in this study, the severity of the patients is also likely to have affected the nurses' burnout. If the patients are less severe, nurses usually take care of more patients, but their emotional stress would not that high.

**Table 2: The levels of emotional labour, burnout, job satisfaction according to characteristics**

Characteristics		Emotional Labor M ± SD	t or F (p)	Burnout M ± SD	t or F (p)	Job Satisfaction M ± SD	t or F (p)
Age (years)	< 29	52.59 ± 1.53	-.299 (.766)	68.20 ± 10.12	<b>2.392</b> <b>(.019)</b>	73.24 ± 10.96	<b>-2.435</b> <b>(.017)</b>
	≥ 30	52.69 ± 1.65		63.30 ± 8.51		78.97 ± 10.77	
Married	Yes	52.55 ± 1.61	-.337 (.737)	64.13 ± 8.02	-1.554 (.125)	78.48 ± 10.12	1.731 (.087)
	No	52.62 ± 1.56		67.24 ± 10.40		74.15 ± 11.46	
Education	College	52.83 ± 1.52	.724 (.471)	66.60 ± 10.23	-.142 (.887)	74.04 ± 11.06	-.777 (.439)
	University	52.56 ± 1.59		66.33 ± 9.66		76.12 ± 11.26	
Salary (10,000 won)	< 200	53.00 ± 1.41	.202 (.817)	68.14 ± 9.92	.976 (.381)	<b>70.42 ± 7.56</b>	<b>5.552</b> <b>(.005)</b>
	200-250	52.60 ± 1.57		67.35 ± 10.52		72.65 ± 9.63	
	≥250	52.60 ± 1.63		64.57 ± 8.75		<b>79.86 ± 12.10</b>	
Work Units	General	52.47 ± 1.46	.223 (.800)	64.64 ± 7.18	.276 (.760)	78.82 ± 11.91	.893 (.413)
	Pediatrics	52.55 ± 1.60		66.62 ± 10.77		74.92 ± 9.16	
	Special	52.73 ± 1.62		66.60 ± 10.09		74.71 ± 11.94	
Position	Staff	52.72 ± 1.55	1.169 (.245)	67.01 ± 9.49	1.687 (.095)	74.89 ± 11.20	-1.310 (.194)
	Charge	52.20 ± 1.65		62.40 ± 10.51		79.14 ± 10.76	
Employment status	Full-time	52.64 ± 1.58	.155 (.877)	66.59 ± 9.63	.913 (.384)	75.83 ± 11.53	.967 (.352)
	Part-time	52.55 ± 1.58		63.11 ± 10.98		73.11 ± 7.52	
Current work unit experience (years)	< 2	52.50 ± 1.95	.653 (.583)	65.16 ± 10.83	<b>3.968</b> <b>(.010)</b>	76.00 ± 9.55	2.532 (.062)
	2-5	52.70 ± 1.29		<b>70.18 ± 8.75</b>		72.07 ± 10.44	
	5-10	52.86 ± 1.38		66.10 ± 9.24		75.85 ± 12.83	
	≥10	52.10 ± 1.85		<b>58.60 ± 6.39</b>		83.10 ± 8.99	
Number of patients per nurse	<10	52.69 ± 1.71	2.065 (.132)	65.04 ± 9.43	<b>3.738</b> <b>(.027)</b>	75.44 ± 11.58	.648 (.525)
	11- 20	53.00 ± 1.52		<b>70.56 ± 10.09</b>		73.87 ± 12.45	
	≥ 20	52.09 ± 1.23		<b>63.68 ± 8.82</b>		77.63 ± 8.87	

In correlation between emotional labors, burnout, job satisfaction, emotional labor of clinical nurses did not correlated with burnout or job satisfaction. These results could be considered together with the results of no differences in emotional labor depending on the general characteristics of the participants. Repeated study with different measurements or larger or different sample could be used to clarify clinical nurses' emotional labor and burnout.

However, burnout had negative relationship with job satisfaction with moderate intensity ( $r=-.487$ ,  $p<.001$ ). Other study reported that nurses' work related stress and burnout could be associated job satisfaction and even nurses' physical and mental health status [6]. One study reported that among 198 Portuguese family care nurses, 28% present emotional exhaustion and there was intention of leaving current work [12]. Since the working areas of study participants were not limited, it could be thought that clinical nurses' burnout from emotional labor decreases job satisfaction rather than emotional labor itself.

**Table 3: Relationships between emotional labour, burnout, job satisfaction**

	<b>Emotional Labor r(p)</b>	<b>Burnout r(p)</b>
Burnout	-.168(.114)	
Job Satisfaction	-.015(.890)	<b>-.487(&lt;.001)</b>

### Conclusion

In this study, 90 Korean clinical nurses' emotional labor, burnout, job satisfaction were investigated. Interestingly, the emotional labor of clinical nurses was found to be consistent with the general characteristics including age, marital status, educational level, salary, work unit, position, employment status, current work unit experience, number of patients per nurse. Nurses' emotional labor was also not related with burnout and job satisfaction. Repeated studies with different methods or participants might be useful to identify causes of these findings.

However, there were significant differences in nurses' burnout and job satisfaction according to age, current unit experience, number of patients per nurse, and salary. Nurses in their 20s and in two to five years of current unit experience and 11 to 20 patients in their care showed significant high levels of burnout. Also,

job satisfaction levels of clinical nurses significantly lowered when nurses were in their 20s and wages were below 2 million won.

Therefore, it is necessary to develop various support programs to prevent burnout of nurses with less than five years of work experience and in their 20s. In addition, to enhance job satisfaction of young nurses, continuing efforts to improve hospital working environment in terms of economic aspects and help with early professional adaptation should be provided.

**Ethical Clearance:** Not required

**Source of Funding:** Self

**Conflict of Interest:** Nil

### REFERENCES

1. Kuluski K, Nelson MLA, Tracy CS, Alloway CA, Shorrocks C, Shearkhani S, Upshur REG. Experience of Care as a Critical Component of Health System Performance Measurement: Recommendations for Moving Forward. *Healthc Pap.* 2017 Oct;17(2):8-20. DOI: 10.12927/hcpap.2017.25415.
2. Gray B. The Emotional Labour of Nursing-Defining and Managing Emotions in Nursing Work. *Nurse Educ Today.* 2009;29(2):168-75. DOI:10.1016/j.nedt.2008.08.003
3. Kinman G, Leggetter S. Emotional labour and wellbeing: what protects nurses? *Healthcare (Basel).* 2016 Dec;4(4):89. DOI:10.3390/healthcare4040089.
4. Grandey AA. Emotion regulation in the workplace: a new way to conceptualize emotional labor. *J Occup Health Psychol.* 2000 Jan;5(1):95-110. DOI:10.1037/1076-8998.5.1.95.
5. Weinberg A, Creed F. Stress and psychiatric disorder in healthcare professionals and hospital staff. *Lancet.* 2000 Feb 12;355(9203):533-7. DOI:10.1016/S0140-6736(99)07366-3.
6. Khamisa N, Oldenburg B, Peltzer K, Illic D. Work related stress, burnout, job satisfaction and general health of nurses. *Int J Environ Res Public Health.* 2015 Jan 12;12(1):652-66. DOI:10.3390/ijerph120100652.

7. Brotheridge CM, Lee RT. Development and validation of the emotional labour scale. *J Occup Organ Psychol.* 2003 Sep;76(3):365-79. DOI:10.1348/096317903769647229.
8. Maslach C, Schaufeli WB. Historical and conceptual development of burnout. In: Schaufeli WB, Maslach C, Marek T, eds. *Professional Burnout: Recent Developments in Theory and Research.* Washington, DC: Taylor & Francis; 1993. p.1-16.
9. Slavitt DB, Stamps PL, Piedmont EB, Haase AM. Nurses'satisfaction with their work situation. *Nurs Res.*1978 Mar-Apr;27(2):114-120.
10. Cosgrave C, Maple M, Hussain R. An explanation of turnover intention among early-career nursing and allied health professionals working in rural and remote Australia - findings from a grounded theory study. *Rural Remote Health.* 2018 Sep;18(3):4511. DOI:10.22605/RRH4511.
11. Hagan J, Curtis DL Sr. Predictors of nurse practitioner retention. *J Am Assoc Nurse Pract* 2018 May;30(5):280-84. DOI:10.1097/JXX.0000000000000049.
12. Lorenz VR, Sabino MO, CorrêaFilho HR. Professional exhaustion, quality and intentions among family health nurses. *Rev Bras Enferm.*2018;71(suppl 5):2295-2301. DOI:10.1590/0034-7167-2016-0510.