

Correlation Study of Emotional Labor, Self-esteem and Perceived Health Status of Construction Supervisors

A Young Park¹, Ja-Ok Kim², Hae-Ryoung Park³

¹Professor, Dept. of Nursing, Gwangju University, Korea; ²Professor, Dept. of Nursing, Wonkwang Health Science University, Korea; ³Professor, Dept. of General Education, Kwangju women's University, Korea

ABSTRACT

Background/Objectives: We investigated the factors that negatively affect construction supervisors due to deterioration in the construction industry. The purpose of this study was to examine the correlation of emotional labor, self-esteem and perceived health status of construction supervisors.

Method/Statistical Analysis: To achieve our objectives, the cross-sectional descriptive design was used with a total subject of 102 construction supervisors. Data were analyzed with independent t-test, ANOVA, and Pearson's correlation coefficients.

Findings: Emotional labor was statistically significant in the presence of spouse ($t = -2.03$, $p = .045$), salary ($F = 4.38$, $p = .015$) and job satisfaction ($F = 7.41$, $p = .001$). Self-esteem was significantly associated with age ($F = 4.53$, $p = .013$), religion ($t = 3.77$, $p < .001$), salary ($F = 9.35$, $p < .001$) and job satisfaction ($F = 7.84$, $p = .001$), and the presence of hobbies ($t = 2.00$, $p = .049$). There was a statistically significant difference in perceived health status between the presence of religion ($t = 2.65$, $p = .010$) and job satisfaction ($F = 5.80$, $p = .004$). The mean score of emotional labor was 2.50 out of 5.00, self-esteem was 2.83 out of 5.00, and perceived health status was 3.20 out of 5.00. There were statistically positive correlations between self-esteem and perceived health status ($r = .27$, $p < .005$). The higher the self-esteem, the higher the perceived health status. However, emotional labor and self-esteem were not statistically significant. Emotional labor and perceived health status were not statistically significant.

Improvements/Applications: Further research is needed to find other possible affecting perceived health status of construction supervisors. It is necessary to develop a health promotion program and to verify its effectiveness to improve the health of construction supervisors.

Keywords: Construction Supervisor; Emotional Labor; Health promotion; Perceived Health Status; Self-esteem

Introduction

The recent construction market was in a difficult situation due to the government's SOC budget decline, new orders from public-sector large-scale construction companies are sluggish, and housing supply in the private sector has deteriorated. The number of disasters in the construction industry has been on an increasing

trend, reaching 26,570 in 2016 (an increase of 5.7% over the previous year)^[1].

This study investigated emotional labor, self-esteem and perceived health status of construction supervisors who manage construction sites. Emotional labor can include enhancing, counterfeiting, or suppressing emotions to correct emotional expressions. Many job roles have rules related to emotions that employees should disclose. Emotional labor says that other social relations can lead to emotional labor, not service activity. Emotional labor refers to the degree of effort, planning and control necessary to express the emotions required by an organization during large human interactions ^[2,3]. In addition, stress on service providers affects their health and organizational cultures^[4].

Corresponding Author:

Hae-Ryoung Park
Professor, Dept. of General Education,
Kwangju Women's University, Korea
Email: hrpark@kwu.ac.kr

Emotional labor was defined as the situation in which emotional expression varies according to changes in emotions and organizational norms while performing tasks^[2].

Self-esteem represented the cognitive and appraisal level of self. In the psychological sense, it was the sense of self-value that was formed according to feelings or values of oneself obtained from life experience^[5]. It was the basis for maintaining the quality of life that was the basis of mental and social health. Decreases in self-esteem decrease the belief in ability to control the environment. Decreases in self-esteem have a negative impact on health status^[6].

Perceived health status refers to an individual's assessment of all his or her health^[7]. Perceived health status is widely used as an index to assess individual health status^[8]. Therefore, this study aimed to investigate the relationship between emotional labor, self-esteem and perceived health status of construction supervisors. We seek to improve the perceived health status and create a health management program for health promotion of construction supervisor. Also, we propose its use as a basic data for making a health education program.

Materials and Method

Participants & Data Collection: To find out the relationship between emotional labor, self-esteem and perceived health status of construction supervisors the subjects were 102 construction supervisors to collect data.

Instrument

Emotional Labor: Based on existing research^[2], we used measurement tools developed in consideration of socio-cultural backgrounds in accordance with the characteristics of Korean adults. Reliability analysis showed that Cronbach's α coefficient was .70.

Self-Esteem: Based on existing research^[9,10], the ten questions were scored with a four points scoring. The points scoring was 4 = very good, 3 = relatively good, 2 = relatively poor, and 1 = very poor. The response to the negative problem was reversed. Self-esteem scores range were from a minimum of 10 to a maximum of 40. The higher the score represented the higher the self-esteem. Reliability analysis showed that Cronbach's α coefficient was .75.

Perceived Health Status: Based on existing research^[11,12], the three questions were scored with a five

points scoring. The points scoring was 5 = very good, 4 = relatively good, 3 = fair, 2 = relatively poor, and 1 = very poor. The score range of the perceived health status was from a minimum of 3 to a maximum of 15. The higher the score were the better the perceived health status. Reliability analysis showed Cronbach's α coefficient was .81.

Data Analysis

The data were collected using SPSS/win 18.0 program. The general characteristics of the subjects were presented as frequency, percentage, mean and standard deviation. The subjects' emotional labor, self-esteem, and perceived health status were presented as mean, standard deviation, maximum value, and minimum value. According to general characteristics, the subjects' emotional labor, self-esteem, and perceived health status were analyzed by independent t-test and one-way ANOVA. Post hoc analysis was analyzed by Scheffe' test. The subjects' emotional labor, self-esteem, and perceived health status were analyzed by Pearson's correlation coefficients.

Results and Discussion

The process of emotional labor interaction between the supervisor and the subordinates is concerned with the emotional labor of the subordinate to supervisors with high social status. In daily work, subordinates must work under the supervisor's instructions, and subordinates follow the supervisor's instructions through emotional labor, which is the duty of subordinates^[13,14,15]. Effective clinical teaching and learning requires the instructor's emotional efforts. Understanding emotional labor in all manifestations will help to create a clinical learning environment that cares for student nurses in Malawi^[16].

The general characteristics of the subjects were 3.9% for those under 40 years of age, 39.2% for those aged 40 to 49 years, and 56.9% for those over 50 years old, with an average of 50.40 ± 6.36 years. Sex was 99.0% for male and 1.0% for female, and religion was 49.0%, not for 51.0%, and 88.2% for no spouse or 11.8% for spouse. The degree of education was 4.9% for college graduates and 95.1% for college graduates. In the working form, 74.5% for resident work and 25.5% for non-resident work. The annual salary was less than 30 million won, for 9.8 percent, 33.3 percent less than 40 million won, and 56.9 percent more than 40 million won. At the construction site, the number of supervisors is moderate (45.1%) and insufficient (54.9%).

In the case of client, 55.9% was for public works construction and 44.1% for non-public construction work. There was a hobby 35.3%, 64.7% was not. In the field work experience were Yes. 96.1% and No. 3.9%. The supervisory career was 6.9% for Supervision (Elementary), 18.6% for Supervisor (Intermediate), and 74.5% for Chief Supervisor (Superior). Satisfaction with job satisfaction was 14.7%, average 78.4%, dissatisfied 6.9% as shown in Table 1.

Table 1: General Characteristics

Characteristics	Category	n	%	M ± SD
Age (yr)	<40	4	3.9	50.40 ± 6.36
	40-49	40	39.2	
	≥50	58	56.9	
Gender	M	101	99.0	
	F	1	1.0	
Religion	Yes	50	49.0	
	No	52	51.0	
Spouse	Yes	90	88.2	
	No	12	11.8	
Education	= College graduate	5	4.9	
	≥ University graduate	97	95.1	
Working form	resident work	76	74.5	
	non-resident work	26	25.5	
Income (Year, 10,000won)	<3,000	10	9.8	
	≥3,000, <4,000	34	33.3	
	≥4,000	58	56.9	
Number of Supervisors	moderate	46	45.1	
	insufficient	56	54.9	
Client	public works construction	57	55.9	
	Non-public works construction	45	44.1	
Hobbies	Yes	36	35.3	
	No	66	64.7	
Field Work Experience	Yes	98	96.1	
	No	4	3.9	
Supervisory Career	Supervision (Elementary)	7	6.9	
	Supervisor (Intermediate)	19	18.6	
	Chief Supervisor (Superior)	76	74.5	
Job Satisfaction	Satisfaction	15	14.7	
	Middle	80	78.4	
	Dissatisfaction	7	6.9	

The results of the subjects' emotional labor, self-esteem and perceived health status represented mean, standard deviation, minimum and maximum values. The mean value of emotional labor was 2.50 ± 0.26, the minimum value was 2.00 and the maximum value was 3.25. The self-esteem was 2.83 ± .28, the minimum value was 2.30 and the maximum value was 3.80. The perceived health status was 3.19 ± .50, the minimum value was 2.00, respectively as shown in Table 2.

Table 2: Degree of Emotional Labor, Self-esteem and Perceived Health Status

Variables	M ± SD	Minimum	Maximum	Range
Emotional Labor	2.50 ± .26	2.00	3.25	1-4
Self-esteem	2.83 ± .28	2.30	3.80	1-4
Perceived Health Status	3.19 ± .50	2.00	5.00	1-5

Emotional labor was statistically significant in the presence of spouse (t = -2.03, p = .045), income (F = 4.38, p = .015) and job satisfaction (F = 7.41, p = .001). As a result of the Scheffe' test for significant variables, emotional labor was lower in the group with less than 30 million won than in the group with less than 30 million won. Emotional labor was lower in the satisfied group than in the normal group.

Self-esteem was significantly associated with age (F = 4.53, p = .013), religion (t = 3.77, p < .001), income (F = 9.35, p < .001) and job satisfaction (F = 7.84, p = .001), and the hobbies (t = 2.00, p = .049).

As a result of the Scheffe' test, significant self-esteem was higher in the 30s than in the 50s and over. In the annual salary groups, the group with less than 30 million won had higher self-esteem than the group with less than 3,000 to 40 million won and the group with more than 40 million won. Satisfaction with self-esteem was higher in the satisfied group than in the normal group.

There was a statistically significant difference in perceived health status between the presence of religion (t = 2.65, p = .010) and job satisfaction (F = 5.80, p = .004). As a result of the Scheffe' test, significant differences were found in satisfaction with job satisfaction, and perceived health status was higher than that of dissatisfied group.

In the correlation between variables, self-esteem and perceived health status showed a positive correlation ($r = .27$, $p = .005$). The higher the self-esteem the higher the perceived health status as shown in Table 2. However,

emotional labor and self-esteem were not statistically significant. Emotional labor and perceived health status were not statistically significant as shown in Table 3.

Table 3: Correlation among Emotional Labor, Self-esteem and Perceived Health Status

	Emotional Labor	Self-esteem	Perceived Health Status
	r (p)		
Emotional Labor	1	.17(<.096)	-.08(<.442)
Self-esteem		1	.27(<.005)
Perceived Health Status			1

Differences in perceived health status were found between sick and healthy people, but differences in self-esteem were not significant. The average scores of the body images of the RA and HLT groups were similar, but the scores of the SLE subjects were low. Perceived health status was directly related to self-esteem but not to body image. Age and time after diagnosis were weakly correlated with perceived health status. Two similarities and differences have been identified in the problems, needs and fears of RA and SLE subjects^[17].

There is statistically significant difference between the experimental group and the control group after applying the reflection log, but there is no statistically significant difference between the learning attitude and the self-efficacy^[18]. This affects learning attitudes if you write reflections and if you have positive feedback from your teachers. Teaching method applies learning reflection logbook in the writing subject and applies the reflection journal of the teacher who is suited to the needs of the students and the writing feedback gives the learning efficiency.

Conclusion

Our study was to investigate the relationship between construction supervisors emotional labor, self-esteem and perceived health status and to use it as a basic data to find out ways to increase perceived health status. In this study, the emotional labor was 2.50 (out of 5), self-esteem was 2.83 (out of 5), and perceived health status was 2.83 (out of 5) of construction supervisors.

The self-esteem of the construction supervisor and the perceived health status showed a significant correlation. Therefore, the higher the self-esteem of the construction supervisor the higher the perceived health status. In order to improve the health status of

construction supervisors, the state needs social policy management.

Legal guarantees of regular breaks during working hours, health care in periodic public health centers was essential. In order to increase the perceived health status of construction supervisors, it is necessary to develop health promotion program and education program that can enhance self-esteem.

This study investigates the correlations between emotional labor, self-esteem, and perceived health status of construction supervisors. Clinical outcomes have been used to improve the health of workers in public health. Educational outcomes could be provided as evidence for educational program development.

Ethical Clearance: Not required

Source of Funding: Gwangju University

Conflict of Interest: Nil

REFERENCES

1. Employment and Labor Policy in Korea. Industrial Accidents. 2016. Available from: <http://www.moel.go.kr/english>
2. Morris JA, & Feldman DC. The dimension, antecedents, and consequences of emotional labor. *Academy of Management Review*. 1996Oct;21(4):986-1010.
3. Hendriksen IJ, Snoijer M, de Kok BP, van Vilsteren J, Hofstetter H. Effectiveness of a Multilevel Workplace Health Promotion Program on Vitality, Health, and Work-Related Outcomes. *J Occup Environ Med*. 2016 Jun;58(6): 575-83.

4. Kim IS. The role of self-efficacy and social support in the relationship between emotional labor and burn out, turn over intention among hospital nurse. *Journal of Korean Academy of Nursing Administration*. 2009Dec;15 (4): 515-26.
5. Shin MA, Kim TS. The relationship among body image, self-esteem and depression in urban and rural middle aged women. *Chungnam Journal of Nursing Academy*. 2003May; 6(1):33-40.
6. Kim MJ, Kim KB. Influencing of psychological wellbeing for the middle aged adults and elderly. *Journal of East-West Nursing Research*. 2013 Nov;19(2):150-8.
7. Speake DL, Cowart ME, Pellet K. Health perceptions and lifestyles of the elderly. *Research in Nursing & Health*. 1989Apr;12 (2):93-100.
8. Parker MG, Thorslund M. Health trends in the elderly population: getting better and getting worse, *The Gerontologist*. 2007 Apr;47(2):150-8.
9. Rosenberg M. *Society and the adolescent self-image*. Princeton. New Jersey: Princeton University Press; 1965.326 p.8.
10. Jon BJ. Self-esteem: A test of its measurability. *Yonsei Nonchong*. 1974;11:107-29.
11. Kim KH, Kim HS, Park KS. The effects of family function, self-esteem, and loneliness on subjective health status in middle-aged women *Journal of Korean Academic Nursing*. 2005Jun;17(2):200-7.
12. Kweon YR, Jeon HO. Effects of perceived health status, self-esteem and family function on expectations regarding aging among middle-aged women. *Journal of Korean Academic Nursing*. 2013Apr;43(2):176-84.
13. Meng Li, Linli L. Emotional Labor between Supervisors and Subordinates: Literature Review and Future Research. *Open Journal of Business and Management*, 2016 Jan; 4:130-7.
14. Wu ZY. The Intermediary Effect of Justice Perception and Emotional Labor in Emotional Exhaustion. *The Chinese Journal of Psychology*. 2008;50:201-21.
15. An JY, An K, O'Connor L, Wexler S. Life satisfaction, self-esteem, and perceived health status among elder Korean women: focus on living arrangements. *J Transcult Nurs*. 2008 Apr;19(2):151-60.
16. Msiska G, Smith P, Fawcett T. Exposing emotional labour experienced by nursing students during their clinical learning experience: A Malawian perspective. *International Journal of Africa Nursing Sciences*. 2014;1: 43-50.
17. Carol J. C, Madeline H. Schmitt. Perceived health status, self-esteem and body image in women with rheumatoid arthritis or systemic lupus erythematosus. 1990 Apr;13(2): 99-107.
18. Jorwekar GJ. Reflective practice as a method of learning in medical education: history and review of literature. *International Journal of Research in Medical Sciences*. April 2017 Arr;5(4):1188-92.