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Effect of Emotional Labor Levels of Nurses on Their Attitudes of Elderly Care

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ABSTRACT

Objective: The study aims to investigate the impact of emotional labor levels on nurses' attitudes towards elderly care. **Material and Methods:** The research was planned in analytical-sectional type. The population of the research was composed of 309 nurses, 204 female (66%) and 105 male (34%) who work in a training and research hospital of Turkey. The data of the research was collected by utilizing Sociodemographic Form, Emotional Labor Behaviors Scale for Nurses (ELS) and Kogan Aged Attitudes Scale (ATE). **Results:** In this study, the mean scores of ELS and ATE are 3.77 ± 0.62 and 97.20 ± 12.48 respectively. In the correlation analysis between total scores of ELS and ATE, a statistically significant positive relation was found ($r=0.320$, $p<0.001$). It was established that attitudes towards the ATE has a positive effect on ELS. The effect of the characteristics depending on the qualitative data on the ATE was determined, and $R=0.405$ was found as $Adj.R^2=0.118$, and it was found out that ELS has a positive effect on ATE. **Conclusion:** In the study, it was determined that socio-demographic factors and emotional labor behavior levels of nurses affected their attitudes of elderly care by 11.8%. **Keywords:** Elderly Care, Emotional Labor, Nursing.

Hemşirelerin Duygusal Emek Düzeylerinin Yaşlı Bakımına İlişkin Tutumlarına Etkisi

ÖZ

Amaç: Bu çalışmada, hemşirelerin duygusal emek düzeylerinin yaşlı bakımına ilişkin tutumlarına etkisinin incelenmesi amaçlanmıştır. **Materyal:** Araştırma, analitik-kesitsel desende yapıldı. Araştırmanın evrenini Türkiye'de bir eğitim ve araştırma hastanesinde çalışan 204 kadın (%66) ve 105 erkek (%34) olmak üzere 309 hemşire oluşturdu. Araştırmanın verileri Sosyodemografik Form, Hemşireler için Duygusal Emek Davranışları Ölçeği (DEDÖ) ve Kogan Yaşlı Tutumları Ölçeği (KOPS) kullanılarak toplandı. **Bulgular:** Bu çalışmada DEDÖ ve KOPS puan ortalamaları sırasıyla 3.77 ± 0.62 ve 97.20 ± 12.48 'dir. DEDÖ toplam puanları ile KOPS arasındaki korelasyon analizinde istatistiksel olarak anlamlı pozitif bir ilişki bulundu ($r=0.320$; $p<0.001$). Nitel verilere bağlı özelliklerin KOPS üzerindeki etkisi $R=0.405$ ve $Adj.R^2=0.118$ olup, DEDÖ'nün KOPS üzerinde olumlu etkisi olduğu belirlendi. **Sonuç:** Çalışmada, hemşirelerin sosyodemografik faktörlerinin ve duygusal emek davranış düzeylerinin yaşlı bakımına yönelik tutumlarını %11.8 oranında etkilediği saptandı. **Anahtar Kelimeler:** Duygusal Emek, Hemşirelik, Yaşlı Bakımı.

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INTRODUCTION

The aging of the global population has been a significant demographic shift over the past century (Eser & Küçük, 2021). As the number of elderly individuals continues to rise, issues such as declining functional capacity, shifts in social status, and an increased prevalence of degenerative diseases arise (de Oliveira et al., 2019). The factors that impact the health of older adults, specifically their quality of life, result in extended hospital stays and consequently have a negative effect on healthcare costs (Donelan et al., 2019). Nurses play a crucial role in enhancing and sustaining the well-being of elderly individuals through their significant duties and responsibilities. They contribute to this process by ensuring effective coordination of healthcare services, not only in hospitals but also in family homes (Waterworth et al., 2015). The literature asserts that health professionals' quality of care for the elderly has been impacted from the perspective of health service providers (Golfenshtein & Drach-Zahavy, 2015; Rush et al., 2016). The elderly patients value the respect from health professionals (listening attentively, providing confidence and assisting in everyday activities etc.) (de Oliveira et al., 2019; Değirmenci Öz & Baykal, 2018). Nurses must comprehend the physical, psychological, social, and environmental changes experienced by elderly adults to provide better care. This knowledge enhances their ability to understand elderly patients. Numerous studies globally have demonstrated both positive and negative outcomes of nurses' attitudes towards elderly care (Golfenshtein & Drach-Zahavy, 2015; Donelan et al., 2019; Demir et al., 2021; Günday et al., 2021). Negative attitudes towards elderly individuals lead to a decrease in the quality of care and can result in significantly worse health outcomes among older adults. It is important to maintain a neutral perspective when addressing issues related to aging and to be mindful of the impact of such attitudes on health and wellness (Han et al., 2018; Ha et al., 2021). Effective care for older adults requires nurses to be emotionally available. Failure to address emotional availability can negatively impact the quality of care provided. Nurses should establish compassionate relationships while caring for the elderly, rather than relying solely on task-oriented relationships. Compassionate communication entails navigating complex clinical situations and managing strong emotions (Jeffrey, 2016). Therefore, it is crucial for nurses to maintain a positive, objective attitude toward patients and bolster their communication skills to enhance the standard of care provided to elderly patients with complex medical conditions (Rosen et al., 2018). Nurses, who mostly have face-to-face communication in the care of the elderly, are expected to provide care in a professional capacity such as giving morale to patients, eliminating concerns or showing empathy (Moudatsou et al., 2020). Professional care involves displaying the expected emotions of healthcare

personnel and concealing their true emotions when appropriate. The term 'emotional labor' is used in the literature to describe the act of promoting or curtailing emotional expressions for the benefit of others (Brighton et al., 2019; Moudatsou et al., 2020; Theodosius et al., 2020). In other words, emotional labor refers to the management of one's emotions while activating and suppressing them as part of one's job. In nursing, emotional labor can be classified into three types: therapeutic, occupational, and instrumental (Moudatsou et al., 2020). The connections and exchanges made by nurses and patients are labeled as therapeutic emotional work. Professional emotional labor includes the regulation and management of emotional expressions by nurses in the course of their job duties (Theodosius et al., 2020). Nurses' ability to communicate effectively and perform clinical tasks with confidence to alleviate patients' pain, discomfort, or anxiety associated with clinical processes and procedures is known as instrumental emotional labor (Moudatsou et al., 2020; Theodosius et al., 2020).

Nurses regulate their emotions and expressions through deep and surface role-playing strategies to present behaviors that benefit individuals who are receiving care. The utilization of in-depth role-playing has been associated with positive aspects of emotional labor, including job contentment, stronger patient relationships, and patient gratification (Golfenshtein & Drach-Zahavy, 2015). Surface acting, on the other hand, is connected to emotional dissonance, which arises when there is a disparity between genuinely felt emotions and the emotions that are expected to be displayed. Surface acting may result in emotional exhaustion, stress, and burnout, as well as mental and physical health consequences (Jeung et al., 2018). Managing emotional demands in nursing care can lead to positive outcomes, though it is much more closely related to managing discomfort, vulnerability, and unfavorable health outcomes for patients. Such encounters may create high levels of emotional labor, which can impact nurses' well-being, working methods, and relationships with patients, families, and coworkers (Andela et al., 2016). To our knowledge, existing research has not specifically examined emotional labor among nurses caring for elderly patients. However, related issues such as stress, caregiving, and knowledge have been examined in this population (Waterworth et al., 2015; Wyman et al., 2017; Thi Thanh et al., 2019). Therefore, identifying levels of emotional labor among nurses can aid in the development of interventions pertaining to the care of elderly individuals. Our hypothesis in this study was: Nurses' emotional labor levels affect their attitudes towards elderly care.

MATERIALS AND METHODS

Study type

The research utilized an analytical-sectional design to investigate the impact of nurses' emotional labor levels on their attitudes towards caring for the elderly.

Study group

The research encompassed nurses affiliated with Batman Training and Research Hospital as its study population (N=828). It was established that in determining the sample size, a total of 265 nurses should be reached with $\alpha=0.05$ and 95% confidence level (Yazıcıoğlu & Erdoğan, 2004). Accordingly, the research was completed with 309 nurses who voluntarily agreed to participate (37%). The research was conducted face-to-face with nurses working in a training and research hospital between January and March 2023. Inclusion criteria for the research: Nurses who met the following criteria were included in the study: (i) they volunteered to participate, and (ii) they worked in internal medicine, infectious diseases, adult hematology, palliative care, or chest diseases services. Nurses who did not volunteer or worked in specific departments, such as intensive care units and operating rooms, were excluded.

Dependent and independent variables

The research's independent variables encompass gender, age, education status, marital status, employment status, working time, weekly working hours, number of patients seen daily, choosing profession voluntarily status, difficulty in elderly patient care, difficulties encountered during care, Emotional Labor Behavior Scale for Nurses. The dependent variable is, Attitudes towards the Aged Scale.

Procedures

Nurses' sociodemographic characteristics form, Emotional Labor Behavior Scale and Kogan Aged Attitude Scale, were used to collect data.

Emotional Labor Behavior Scale for Nurses

The scale, developed by Değirmenci-Öz, and Baykal (2018), consists of 24 items and 3 sub-dimensions (surface behavior, in-depth behavior and sincere behavior). During the assessment of scores derived from the scale, the total score within each sub-dimension is divided by the number of items within that specific sub-dimension, resulting in the calculation of the sub-dimension's average score. The mean score for each sub-dimension on the subscale ranges from "1" to "5". As the average score approaches "1" in the sub-dimensions of the scale, emotional labor behavior is rated as low, whereas as the score approaches "5", the behavior is rated as high. The Cronbach Alpha coefficient for all items of the scale is 0.90; and for its sub-dimensions it is 0.75, 0.86 and 0.75, respectively. The Cronbach's Alpha coefficient in our study was 0.94 for the whole scale, and 0.84, 0.91, 0.79 for its sub-dimensions, respectively.

Attitudes towards the Aged Scale

Developed by Kogan (1961), and conducted by Kılıç and Adıbelli (2011) for Turkish validity and reliability, the scale consists of 26 items and 1 sub-dimension. The scale allows for a total score range of 50-130. Greater total scores on the scale correspond to a heightened level of positive attitude. The scale's Cronbach Alpha coefficient is reported as 0.81, while in our study, we obtained a Cronbach Alpha coefficient of 0.77.

Statistical analysis

In the analysis of the study's data, we employed the SPSS 22.0 software package. The data evaluation included the utilization of percentage, frequency, mean, Pearson correlation, and regression tests. The significance level was set at $p<0.05$.

Ethical considerations

Ethics Committee Permission (Approval no: 2023-E.56391/55411) was obtained from Şırnak University to conduct the study, and institutional permission (Approval no: E-47960527-770-207069021) was obtained from the Provincial Health Directorate to conduct the research in a state hospital. During the research, the rules stated in the Declaration of Helsinki were followed. Verbal and written consents were obtained from the nurses who accepted to participate in the study.

RESULTS

Upon examination of Table 1 sociodemographic characteristics of nurses, it is revealed that 66.0% of the nurses are female, 63.1% hold an undergraduate or graduate degree, 70.6% are not married, and 86.1% work in the service industry. Furthermore, the data shows that 54.7% of the nurses work 40 hours and 57.9% work in shifts. Furthermore, according to Table 1, 40.8% of the surveyed nurses reported caring for 10-20 patients on a daily basis, 75.7% of them entered the nursing profession voluntarily, and 43.7% expressed partial positivity and satisfaction with their career. When examining the characteristics of nurses regarding care for elderly patients, it was found that 59.5% received training specific to elderly patient care, 66.7% have an elderly family member, and 77.0% experience occasional difficulties in providing care. Additionally, 31% of nurses reported that they had problems with elderly patients' limited mobility and their inability to participate in their own care (Table 1).

Table 2 presents the results of the correlation analysis conducted to examine the relationships between the total and subscale scores of the Emotional Labor Behavior Scale (ELS) and the Attitudes towards the Aged Scale (ATE). A statistically significant positive correlation was identified between ELS and ATE ($r=0.320$, $p<0.001$). A statistically significant negative correlation was found between ELS Surface Behavior sub-dimension and ATE ($r=-0.285$, $p<0.001$). A statistically significant positive correlation was observed among the ELS total score and its sub-dimensions: Surface Behavior, In-Depth

Behavior, and Sincere Behavior ($r=0.640$, $p<0.001$; $r=0.326$, $p<0.001$; $r=0.347$, $p<0.001$, respectively). Moreover, the ELS sub-dimensions of surface behavior, in-depth behavior, and sincere behavior

demonstrated a statistically significant and highly positive correlation ($r=0.714$, $p<0.001$; $r=0.600$, $p<0.001$, respectively).

Table 1. Sociodemographic characteristics of the nurses (n=309).

Variables		n	%
Gender	Female	204	66.0
	Male	105	34.0
Education Status	High School	43	13.9
	Associate Degree	71	23.0
	Undergraduate and Graduate	195	63.1
Marital Status	Married	91	29.4
	Single	218	70.6
Employment Status	Service Nurse	266	86.1
	Responsible Nurse	43	13.9
Weekly working hours	40 hours	169	54.7
	48-56 hours	93	30.1
	64-72 hours	23	7.4
	72 hours and over	24	7.8
Working shift	Day-time	113	36.6
	Night-time	17	5.5
	Day and Night Shift	179	57.9
Number of patients cared daily	Number of patients<10 patients	85	27.5
	10≤Number of patients≤20 patients	126	40.8
	20<Number of patients≤30 patients	42	13.6
	Number of patients>30 patients	56	18.1
Status of voluntarily choosing the profession	Yes	234	75.7
	No	75	24.3
Satisfaction with the profession	Not satisfied	56	18.1
	Somewhat satisfied	135	43.7
	Satisfied	118	38.2
Receiving education on elderly care status	Yes	184	59.5
	No	125	40.5
Presence of elderly at home	Yes	206	66.7
	No	103	33.3
Experiencing difficulty in elderly care	Frequently	38	12.3
	Occasionally	238	77.0
	Never	33	10.7
Frequently encountered difficulties in elderly care*	Communication Difficulty	60	21.7
	Rejection therapy	42	15.2
	Deficiency of self-care	50	18.1
	Movement restriction and inability to participate in care	87	31.6
	Difficulties arising from physiological changes (posture disorder, skin changes...) and mental changes (Alzheimer, dementia)	37	13.4
		Mean	SD
Age		28.07	4.9
Working years		5.8	5.5
Total		309	100.0

*Experiencing difficulties in the care process (n=276 nurses answered).

Moreover, a statistically significant and strong positive association was observed between the ELS sub-dimensions of in-depth behavior and sincere behavior ($r=0.806$, $p<0.001$). In our study, the total mean score of the ELS was 3.77 ± 0.62 , and the total

mean score on ATE was 97.20 ± 12.48 . The mean scores obtained from the ELS sub-dimensions were 3.76 ± 0.72 for Surface Behavior, 3.78 ± 0.66 for In-depth Behavior, and 3.77 ± 0.71 for Sincere Behavior, respectively (Table 2). In Table 3, the factors

affecting the Nurses' Attitudes towards the Elderly are examined. The effects of the variables we examined on ATE were found to be significant at $p<0.05$ level. The effect of characteristics based on qualitative data on ATE was determined, and $R=0.405$ was found as $\text{Adj.}R^2=0.118$. The analysis indicated that these variables accounted for a statistically significant portion of the total variance in the dependent variable ATE, explaining

approximately 11.8% of the variance ($p<0.05$). It was determined that ELS had a positive (5.662) effect on ATE. It was determined that the number of patients cared for daily and the choice of profession voluntarily had a negative (-1.921, -4.605) effect on ATE (Table 3). The study concluded that alterations in other sociodemographic factors did not influence ATE ($p>0.05$) (Table 3).

Table 2. Relationship between ELS and ATE (n=309).

	Variables	Mean±SD	1	2	3	4	5
1	ATE Total Score	97.20±12.48	-				
2	ELS Total Score	3.77±0.62	0.320**	-			
	p		p<0.001				
3	Surface Behavior	3.76±0.72	-0.285**	0.640**	-		
	p		p=0.001	p<0.001			
4	In-Depth Behavior	3.78±0.66	0.326**	0.746**	0.714**	-	
	p		p<0.001	p<0.001	p<0.001		
5	Sincere Behavior	3.77±0.71	0.347**	0.667**	0.600**	0.806**	-
	p		p<0.001	p<0.001	p<0.001	p<0.001	

**Correlation is significant at the 0.01 level (2-tailed), ATE: Attitudes towards the Aged Scale, ELS: Nurses' Emotional Labor Behavior Scale.

Table 3. Effect of ELS and some descriptive characteristics of nurses on ATE.

	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Std. Error	Beta		
(Constant)	75.111	10.068		7.460	<0.001
Gender	2.137	1.481	0.081	1.443	0.150
Age	0.216	0.156	0.085	1.386	0.167
Education status	0.563	0.952	0.033	0.591	0.555
Marital Status	0.702	1.723	0.026	0.407	0.684
Employment status	2.173	2.021	0.060	1.076	0.283
Working time	0.137	0.487	0.019	0.282	0.778
Weekly working hours	-0.104	0.736	-0.008	-0.142	0.887
Number of patients seen daily	-1.921	0.696	-0.161	-2.760	0.006
Choosing profession voluntarily status	-4.605	1.759	-0.159	-2.618	0.009
Difficulty in elderly patient care	1.395	1.504	0.054	0.928	0.354
Difficulties encountered during care	-0.570	0.492	-0.066	-1.159	0.247
ELS	5.662	1.170	0.286	4.838	<0.001
	$R=0.405^a$	$R^2=0.164$	$\text{Adj. } R^2=0.118$	$F=3.581$	p<0.001

B: unstandardized coefficients; Std Error: standard error; Beta: standardized coefficients; R^2 : determination coefficient; Adj. R^2 : Adjusted R-Squared; F: Anova; $p<0.05$

DISCUSSION

Nurses are in effective communication with their patients during care and increase patient satisfaction.

Nurses, who are aware of their own emotions and can empathize, are expected to exhibit positive attitudes and behaviors towards elderly individuals, especially in order to communicate with them effectively. In this study, it was ascertained that the emotional labor behaviors and attitudes of nurses, who are part of the interdisciplinary team in elderly care, are positive. In the present study, the mean emotional labor behavior score of the nurses was 3.77 (out of 5) and it was found that the nurses experienced moderate emotional labor. Since different tools measuring nurses' emotional labor behaviors are used in the literature, it is difficult to compare them with other studies (Lee & Ji, 2018; Ha et al., 2021). For example; In Lee et al.'s (2018) cross-sectional study with 165 nurses, the total emotional labor score was stated as 3.43 (out of 5). In the meta-analysis conducted by Ha et al. (2021), which involved 131 nurses employed in general hospital settings, it was underscored that nurses' emotional labor behaviors were characterized as mild to moderate in nature. In their descriptive study with 310 nurses, Demir et al. (2021) found the total emotional labor score to be 3.88 (out of 5). Differences among these studies might be attributed to variances in the regions where nurses work. The research was conducted among nurses employed in a region in Turkey characterized by a lower patient volume compared to secondary-level hospitals. Therefore, this may be related to the tendency of nurses in this hospital to give more emotional labor than nurses working in more intensive hospitals in other provinces. As a matter of fact, it is known that nurses cannot spare time for their patients due to their workload, that they exhibit superficial behaviors such as managing their emotions in their relationships with patients and their relatives, playing a role, and trying to act as if everything is normal (Değirmenci & Baykal, 2018).

In our study, among the three factors of emotional labor, nurses' in-depth behavior efforts received the highest average score, while surface behavior got the lowest score compared to sincere behavior. In-depth behavior is defined as the change of employees' inner feelings in a way that it is consistent with the rules of demonstration, while surface behavior is performed when employees change their appearance without shaping their inner feelings (Byrne et al., 2020). This result reveals that while giving care, nurses activate their inner feelings, act naturally and sincerely, and make an effort accordingly. This perspective, as felt by nurses, can be a helpful tool for understanding patient emotions and enhancing care quality in assessing their needs (Zamanzadeh et al., 2015). As a matter of fact, in their cross-sectional study with 378 nurses, Han et al. (2018) stated that nurses' in-depth behaviors directly and indirectly increase their level of service delivery and customer focus. However, when the service content and characteristics of the nursing profession are taken into account, it can be considered as an expected situation that nurses should

show more natural and sincere feelings towards their patients and not pretend (Hassmiller & Wakefield, 2022). Similarly, Heydari et al. (2019) found that nurses primarily viewed the care they provided to elderly patients as routine interventions with a technical focus. The study identified a need for more emphasis on the emotional and social aspects of caregiving for this demographic (2019).

Nurses' attitudes towards elderly patients will increase the quality of care and facilitate recovery by helping to prevent complications. In this study, it was found that nurses exhibited positive attitudes toward the elderly. Existing literature suggests that nurses' attitudes toward the elderly may fluctuate across different societies, yet they tend to lean towards positivity on the whole (Salia et al., 2022; Thi Thanh et al., 2019; Ali et al., 2020; Pehlivan & Vatansever, 2019; Polat et al., 2014; Uysal et al., 2020). In a study conducted by Demirtürk Selçuk and Demirbağ (2020), the average total score of nurses from the ATE Geriatric Attitude Scale was 107.21. In the research conducted by Koç et al. (2018), the finding was established at 91.10. On the other hand, in a study conducted by Abozeid (2015), it is stated that nurses' attitudes towards elderly patients are negative (Mansouri Arani et al., 2017; Attafuah et al., 2022). Although the study results are similar to the literature, it is thought that the positive attitude towards the elderly may be related to our cultural values.

Another finding in our study was that there was a positive relationship between nurses' emotional labor behaviors and their attitudes towards the elderly. When the literature is examined, it is seen that nurses' attitudes towards the elderly have not been examined in terms of emotional labor, and results have been found to be related to spirituality, compassion fatigue, emotional intelligence and empathy, which are part of the therapeutic relationship. Studies examined in this direction have stated that as the level of therapeutic relationship increases, its positive effect on attitudes towards older adults also increases (Rush et al., 2016; Waterworth et al., 2015). These results can be associated with the demographic structure of the province where the study was conducted, because of having a younger population. In addition, this may be associated with greater family support for the care of elderly due to the family structure of the society. Indeed, family product support in both acute care settings and long-term care facilities has been noted to facilitate patients' participation in parts of care (Ris et al., 2019).

It was found in this study that with an increase in the number of patients cared for each day, there was a decrease in positive attitudes towards the elderly. Furthermore, it was observed that individuals who willingly opt for this profession exhibit positive attitudes toward the elderly. It has been noted in the literature that corporate practices, including stressful work environments, increased workloads, human resources limitations, and overtime, are associated

with unfavorable results in the workforce and have an adverse impact on elderly care (Kılıç and Adibelli, 2011; Chenigi et al., 2019; Labrague et al., 2017). On the other hand, professional motivation positively affects attitudes towards elderly care; therefore, it has been reported to improve the quality of care outcomes (Wyman, et al., 2017; Thi Tahn Vu., 2019). These results may indicate the quality of care may be enhanced by associating occupational motivation and reduced work pressure with a positive mood.

This study, we had some limitations. The conclusions drawn from this research are applicable primarily to the geographic area in which the study was executed. The research is limited to the data obtained from the nurses who were actively working in the clinics at the time the data collection tools were applied.

CONCLUSION

This study showed that emotional labor levels and professional motivation among nurses increased their positive attitude towards elderly care, while work intensity resulted in negative attitudes. Our study results confirmed our hypothesis that "Nurses' emotional labor levels have an effect on their attitudes towards elderly care". Our study results highlight the importance of creating motivating and supportive work environments to improve the quality of elderly care. On the other hand, these results may be useful in developing management solutions that address the negative consequences of emotional labor on nurses' health, healthcare costs, and quality of geriatric care. Furthermore, it is advisable to replicate this investigation with more extensive sample sizes and conduct long-term measurements to validate its credibility.

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Conflict of Interest

The author declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author Contributions

Plan, design: MEŞ, MK; **Material, methods and data collection:** MEŞ, MK; **Data analysis and comments:** MK; **Writing and corrections:** MEŞ, MK.

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