Relationship Between Emotional Labor Behaviors and Professionalism Levels in Nursing Students: A Case Study from The Faculty of Health Sciences and A Vocational School of Health

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ABSTRACT

Objective: The aim of this study is to investigate the relationship between nursing students' emotional labor behaviors and their professionalism levels. **Materials and Methods:** This descriptive and cross-sectional study was conducted with 557 students. The data were analyzed by using the SPSS 21.0 statistical software package, percentage, mean, t test, ANOVA, Pearson correlation. **Results:** The findings showed that the nursing students showed in-depth behavior at most and sincere behavior at least, and they had moderate ability to implement professional behavior. There was no significant relationship between emotional labor behavior and professional behavior levels ($p > 0.05$). **Conclusion:** The findings suggest that the emotional labor behavior of the nursing students did not affect their level of implementing professional behavior. Supporting students when problems arise encourages in-depth and sincere behavior and increases their level of professional behavior.
Keywords: Nursing Student, Emotional Labor Behaviour, Professional Behavior, Professionalism.

Hemşirelik Öğrencilerinde Duygusal Emek Davranışlarının Profesyonellik Düzeyleri ile İlişkisi: Fakülte ve Sağlık Yüksekokulu Örneği

ÖZ

Amaç: Hemşirelik öğrencilerinde duygusal emek davranışı ile profesyonellik düzeyleri arasındaki ilişkinin belirlenmesidir. **Gereç ve Yöntem:** Tanımlayıcı ve kesitsel tipte olan çalışma 557 öğrencisi ile yürütüldü. Veriler SPSS 21.0 istatistiksel yazılım paketi kullanılarak, yüzde, ortalama, t testi, ANOVA, Pearson korelasyonu ile analiz edildi. **Bulgular:** Hemşirelik öğrencileri en yüksek derinlemesine davranış, en düşük ise samimi davranış göstermekte ve profesyonel davranışları uygulama becerilerinin orta düzeydedir. Duygusal emek davranışı ile profesyonel davranışları uygulama düzeyleri arasında anlamlı bir ilişki saptanmadı ($p > 0.05$). **Sonuç:** Hemşirelik öğrencilerinde duygusal emek davranışının profesyonel davranışları uygulama düzeylerini etkilemediği saptandı. Öğrencilere sorun yaşandıklarında destek olunması derinlemesine ve samimi davranış sergilenmesini desteklemekte ve profesyonel davranışları uygulama düzeylerini artırmaktadır.
Anahtar Kelimeler: Hemşirelik Öğrencisi, Duygusal Emek Davranışı, Profesyonel Davranış, Profesyonellik.

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INTRODUCTION

In recent years, especially with the rapid changes in the health sector, there has been an increase in the importance attached to communication, interaction, and emotions. It has become one of the most important issues for organizations and employees to provide employees with high motivation and performance and manage their emotions to ensure organizational commitment and job satisfaction (Eun-Jeong & Kuemsun, 2020; Ongore, 2020). Emotional labor is defined as the regulation or management of emotions when disharmony is perceived between internal emotions and the emotions expected to be shown in a work environment (Woo, 2015; Grandey & Melloy, 2017). Hochschild (1983) referred to two components of emotional labor as deep and surface acting. In addition, in some cases individuals may exhibit natural, sincere behavior without any effort and express emotions that are naturally felt, which is referred to as an effective form of emotional labor (Diefendorff et al., 2005). Emotional labor is an unrecognized phenomenon in healthcare and a fundamental and critical part of nursing care (Edward et al., 2017). In therapeutic relationships, nurses need to undertake objective observations and rational judgments by using empathy. Thus, they can control the emotions that arise in their minds, regulate those that hinder job performance, and express emotions that positively contribute to the patient's healthcare rather than directly expressing what they really feel (Badolamenti et al., 2017; Delgado et al., 2017). At this point, advanced training and support are needed to help nurses manage such emotional demands (Kinman & Leggetter, 2016). Achieving professional status and professionalism is an important goal in nursing, as in all other disciplines (Hintistan & Topcuoglu, 2017). Professionalism and professional values are defined as the standards and beliefs of nurses that guide their interaction with their patients, colleagues, and society, and form the basis for nursing practices. Professionalism is a crucial component for nursing students acquiring the knowledge, skills, and attitudes of the nursing profession during their basic education program and also throughout their working life (Mohamed et al., 2020). While clinical education offers rich opportunities for nurses to gain professional experience and develop related skills, it is also the first time that nursing students encounter the emotional component of nursing in clinical practice (Thomas et al., 2015). When faced with emotional situations, students may also have difficulty exhibiting professional behavior since they are not yet prepared to regulate their emotions in real life (McCloughen et al., 2020). However, the considerable effort they expend in trying to manage their emotions in a way that fits 'professional behavior' and professional expectations may sometimes cause them to feel unprepared and experience negative emotions. Such negative emotional reactions may lead these students to develop concerns about their learning process and professional future (Santo et al., 2020). To our knowledge, there is not any study that has investigated the relationship between nursing students' emotional labor behavior and their ability to implement professional behavior in nursing literature. Thus, the findings and outcomes of this study can develop awareness to contribute to assessing the ability to improve emotional labor skills in nursing programs. Our study also seems to be valuable, given that this study can contribute to filling the gap in this field.

Research Questions

- What are the average scores of the nursing students on the Emotional Labor Scale and Professional Behaviors Scales?
- Are there differences in the Emotional Labor Scale, and the Professional Behaviors Scales, between introductory characteristics of students?
- Is there a relationship between the Emotional Labor Scale, and the Professional Behaviors Scale?

MATERIALS AND METHODS

Study type

This study was conducted with a descriptive and relationship-seeking design.

Sample size

The population of this study consisted of students enrolled in the second, third and fourth grades of nursing education programs at two public universities between November and December 2019. First-year students were excluded from this research since they had not yet entered clinical practice. Since the number of elements in the universe is known, the sample size to be reached was determined as 293 by using the known universe sampling method (Sumbuloglu & Sumbuloglu, 2007).

$$n = \frac{Nxt2x(pxq)}{t2(N-1)+t2(pxq)}$$

N=Number of individuals in the universe (618)
n=Number of individuals to be sampled (?)
p=Frequency (probability) of the investigated event (0.5)
q=Frequency of absence of the investigated event (1-p) (0.5)
t=Theoretical value found in the t table at a certain degree of freedom and detected error level (1.96).

The sample of this study consisted of 557 students who volunteered to participate in this research (90% of the population). Fifty-six percent (n=312) of the students participating in the research were from the faculty of health sciences and 44% (n=245) from the vocational school of health. Of the students, 41.5% (n=231) were enrolled in the second grade, 34.3% (n=191) in the third grade, and 24.2% (n=135) in the fourth grade. The percentages of the female and male students were 73.1% (n=407) and 26.9% (n=150), respectively.

Data collect

An introductory form, the "Emotional Labor Behavior Scale of Nurses" and the "Nursing Students Professional Behaviors Scale" were used as the data collection tools in this study.

Introductory Information Form: Introductory information form consists of 10 questions obtain information about the students' age, gender, type of high school attended, employment status, current employment, satisfaction with the nursing profession, willingness to choose this profession (Ak, 2018; Cerit & Temelli, 2018; Kocak et al., 2014).

Emotional Labor Behavior Scale of Nurses (ELBSN): ELBSN was developed by Degirmenci Oz and Baykal

(2018) and this scale consists of 24 items based on a five-point Likert type (Strongly disagree-1 point, Strongly agree-5 points) under the three subscales of superficial (items 1-6), in-depth (items 7-19) and sincere (items 20-24) behavior. While evaluating the scores obtained from the scale, the arithmetic mean is obtained by dividing the total score obtained from each subscale by the number of items in that subscale. The mean subscale scores approaching '1' are interpreted to indicate lower emotional labor behavior while those approaching '5' indicate higher emotional labor behavior. Cronbach's alpha coefficients were 0.75, 0.86, and 0.75 for the superficial, in-depth and sincere behavior subscales, respectively (Degirmenci Oz &Baykal, 2018). In the current study, these coefficients were determined as 0.87, 0.88, and 0.74, respectively, and the overall scale had a coefficient of 0.93.

Nursing Students Professional Behaviors Scale (NSPBS): This scale developed by Goz and Geckil (2010) was used to investigate the nursing students' professional behavior. The scale consists of 27 items and is a five-point Likert-type measurement tool. The total score that can be obtained from NSPBS ranges from 27 to 135. A high score on the scale indicates that the student's level of professional behavior is high. Within the scope of the NSPBS reliability study, the internal consistency reliability coefficient (Cronbach's alpha) was reported as 0.95 (Goz & Geckil, 2010). In the current study, we determined Cronbach's alpha as 0.92.

Statistical analysis
The Statistical Package for the Social Sciences 21.0 software program was used to analyze the data in a computer environment. The significance levels of all results were taken as α=0.05, the assumption of normality of the data was evaluated with normality tests (Kolmogorov-Smirnov) and showed normal distribution with 95% confidence. When analyzing the data, descriptive statistics (number, percentage, mean and standard deviation) were used to investigate the personal characteristics of the nursing students. Parametric methods (independent-samples t-test and one-way ANOVA) were used to compare the measurements obtained from the students using the NSPBS and ELBSN subscales according to their personal characteristics. Finally, the Pearson correlation analysis was conducted to investigate the relationships between the ELBSN subscales and NSPBS.

Ethic approval
Official permission was obtained from the institutions where this study was planned to be conducted, and ethics committee approval was received from Clinical Research Ethics Committee (Protocol No: 2019/175, Date: 20.11.2019). The students who volunteered to participate in this study written consent was obtained. Via an e-mail, permission concerning the use of the two scales was obtained from the researchers.

RESULTS
The nursing students' ELBSN subscale scores were 3.80±0.78 for in-depth behavior, 3.39±1.57 for sincere behavior, and 3.70±0.87 for superficial behavior, and their mean NSPBS score was calculated as 90.73±39.89 (Table 1).

Table 1. ELBSN subscale scores and NSPBS mean score of the nursing students (n= 557).

Scale and subscales	Score ranges	Scores of nursing students
		Mean±SD
ELBSN total	1-5	3.79±0.75
Superficial Behavior	1-5	3.70±0.87
In-Depth Behavior	1-5	3.80±0.78)
Sincere Behavior	1-5	3.39±1.57
NSPBS	27-169	90.73±39.89

ELBSN: Emotional Labor Behavior Scale of Nurses; NSPBS: Nursing Students Professional Behaviors Scale

The mean scores of the ELBSN subscales and NSPBS were significantly higher among the students enrolled in the faculty of health sciences than those receiving nursing education at the vocational school of health. The mean ELBSN superficial and in-depth behavior scores and the mean NSPBS score were significantly higher among the female participants compared to the males. The mean NSPBS scores of the students that graduated from vocational high school were significantly higher than those that attended other types of high school. The mean NSPBS scores were also higher among those that were happy to study nursing and those that had willingly chosen the

nursing profession. Lastly, the students who reported receiving support from friends, nurses and lecturers when they experienced problems had significantly higher mean scores from NSPBS (Table 2).

The findings showed that there was no relationship between the total score obtained from the NSPBS scale and the ELBSN subscale scores (p>0.05). However, there were positive and moderate relationships between the ELBSN superficial, in-depth and sincere behavior subscale scores, and these relationships were statistically very significant (p<0.001) (Table 3).

Table 2. Mean ELBSN subscale and NSPBS scores according to the nursing students' personal characteristics(n=557).

		Superficial Behavior	In-Depth Behavior	Sincere Behavior	NSPBS
		Mean±SD	Mean±SD	Mean±SD	Mean±SD
Type of current school	Faculty of health sciences (n=312)	3.74±0.73	3.81±0.67	3.92±0.84	119.25±14.11
	Vocational school of health (n=245)	3.64±1.01	3.77±0.90	3.83±1.02	54.41±31.76
	t	1.294	0.607	1.167	32.236
	p	**0.000****	**0.000****	**0.000****	**0.000****
Gender	Female (n=407)	3.70±0.83	3.85±0.73	3.97±0.91	90.08±40.71
	Male (n=150)	3.68±0.95	3.65±0.90	3.66±0.93	84.36±36.98
	t	0.326	2.768	3.477	2.296
	p	**0.041***	**0.016***	0.129	**0.029***
Grade level	Second (n=231)	3.78±0.85	3.88±0.78	3.96±0.92	87.99±41.52
	Third (n=191)	3.63±0.93	3.74±0.79	3.82±1.03	90.29±40.44
	Fourth (n=135)	3.65±0.73	3.74±0.76	3.84±0.74	96.04±35.84
	F	1.773	2.187	1.340	1.756
	p	0.179	0.113	0.263	0.174
Type of high school attended	Vocational high school (n=103)	3.83±0.88	3.95±0.69	4.06±1.05	90.93±43.30
	Other (n=454)	3.67±0.86	3.77±0.79	3.84±0.89	90.69±39.13
	t	1.682	2.114	2.157	0.055
	p	0.749	0.418	0.615	**0.010***
Employment status	Employed (n=41)	3.72±1.03	3.94±0.84	4.01±0.96	94.58±44.30
	Unemployed (n=516)	3.70±0.85	3.79±0.78	3.87±0.92	90.43±39.56
	t	0.134	1.176	0.931	0.641
	p	0.120	0.301	0.713	0.096
Happy to study nursing	Yes (n=389)	3.74±0.88	3.86±0.77	3.96±0.94	94.04±36.87
	No (n=168)	3.60±0.83	3.65±0.79	3.69±0.85	89.31±41.10
	t	1.768	2.975	3.146	1.286
	p	0.436	0.458	0.931	**0.000****
Willingly chose the profession	Yes (n=358)	3.74±0.87	3.84±0.75	3.92±0.93	92.58±37.63
	No (n=199)	3.64±0.85	3.73±0.83	3.81(0.91)	89.71±41.11
	t	1.276	1.408	1.294	0.812
	p	0.988	0.075	0.367	**0.000****
Want to change the profession	Yes (n=240)	3.64±0.87	3.74±0.74	3.82±0.86	92.70±38.76
	No (n=317)	3.75±0.86	3.84±0.81	3.93±0.96	89.24±40.74
	t	-1.543	-1.372	-1.390	1.013
	p	0.749	0.729	0.910	**0.000****
Want to work as a nurse in future	Yes (n=329)	3.78±0.84	3.83±0.74	3.94±0.91	89.29±40.55
	No (n=228)	3.59±0.90	3.75±0.84	3.79±0.89	92.85±38.92
	t	2.456	1.201	1.954	-1.036
	p	0.193	0.119	0.462	**0.021***
In case of a problem, receives support from	Friends[a] (n=54)	3.53±0.84	3.89±0.72	3.91±0.94	89.66±37.56
	Lecturers[b] (n=58)	3.68±0.99	3.82±0.79	3.87±0.93	75.37±42.67
	In-service nurses[c] (n=380)	3.75±0.83	3.83±0.77	3.94±0.90	92.19±40.25
	No one[d] (n=45)	3.40±1.11	3.36±0.93	3.31±1.05	85.95±36.00
	Both nurses and lecturers[e] (n=20)	3.87±0.46	3.94±0.47	4.01±0.57	121.15±7.99
	F	2.361	4.184	5.041	5.526
	p	0.052	**0.002****	**0.001****	**0.000****
	Post-hoc	-	a>d, b>d, c>d	a>d, b>d, c>d, e>d	e>a, c>b e>b, e>d

*p<0.05, **p<0.01, **ELBSN**=Emotional Labor Behavior Scale of Nurses; **NSPBS**=Nursing Students Professional Behaviors Scale, **t**=t test on parametric independent groups, **F**=One way ANOVA, **SD**: Standard deviation.

Table 3. Results of the correlation analysis between the nursing students' emotional labor and professional behavior scores (n=557).

Variables		Superficial behavior	Deep behavior	Sincere behavior	NSPBS
NSPBS	r	0.068	0.043	0.034	-
	p	0.108	0.316	0.422	

NSPBS=Nursing Students Professional Behaviors Scale, **p**=statistical significance, **r**=pearson correlation coefficient

DISCUSSION

Emotional labor is indispensable for both nursing education and nursing practice. In the study, it was found that the mean ELBSN score of the student nurses was (3.79±0.75) and their emotional labor behaviors were above the average (Table 1). Similarly, in the studies conducted, it was determined that the emotional labor behaviors of the student nurses were above the average (Kocak et al., 2014; Korkut et al., 2019). In this study, the findings showed that they had the highest mean ELBSN scores in the in-depth behavior subscale (3.80±0.78) and the lowest in the sincere behavior subscale (3.39±1.57) (Table 1). Sincere behavior means that an individual behaves with their natural feelings as they come from within. A high level of in-depth behavior was considered as a positive result in that what the students felt was similar to what they showed they were feeling. However, the superficial behavior pattern also being observed at a high rate was important in terms of showing that the students made an effort to manage their emotions by modifying their behavior to act in a way that they actually did not feel. Researches suggests that superficial behavior may have more negative effects than in-depth behavior (McCloughen et al., 2020). Similarly, researches reported that the highest mean value was in the in-depth behavior subscale (Baksi & Surucu, 2019; Kocak et al., 2014). In a study conducted, it was determined that the students used the sincerest behavior (Dıgın & Kizilcik Ozkan, 2020). In other studies, conducted on nursing students' emotional labor behavior, the emotional labor behavior levels were also moderate (Woo, 2015; Kinman & Leggetter, 2016; Leong, 2015; Kang, 2015; Noh, 2017). Nursing students providing care to patients without supervision is one of the factors that cause them to engage in emotional labor (Msiska et al., 2014). In the current study, the mean in-depth and sincere behavior scores of the students who received support from their friends, in-service nurses, and lecturers when they experienced problems were high (Table 2). In the absence of formal support for effective emotion management, students tend to use emotional labor strategies that can negatively affect student's well-being (McCloughen et al., 2020). This result is crucial in terms of supporting the literature data and showing that having support available when experiencing problems affects nursing students' emotional labor behavior.

Professionalism refers to the values and beliefs of nurses that start during the nursing education process and continue throughout their working life. In the current study, the nursing students' ability to engage in professional behavior was determined at a moderate level (Table 1). In similar studies conducted in Turkey, the level of implementing professional behavior was

higher compared to our findings (Ak, 2018; Cerit & Temelli, 2018; Peksoy et al., 2020; Yılmaz & Polatdemir, 2020). It is thought that personal qualities and educational experiences related to theoretical education and clinical practices are effective in determining the ability to practice professional behaviors in nursing students at a medium level.

In this study, the emotional labor behavior subscales scores and professional behavior scores were higher among the students attending the faculty of health sciences compared to those studying at the vocational school of health (Table 2). Various factors, such as students' personal characteristics, academic achievements, perspectives on the nursing profession, and career planning, might have led to this difference. The findings showed that the level of the female students practicing professional behavior was higher than that of the male students. This finding is consistent with the previous studies (Ak, 2018; Cerit & Temelli, 2018; Peksoy et al., 2020; Yılmaz & Polatdemir, 2020).

In the current study, the participants who had graduated from vocational high school and those who willingly chose the nursing profession had higher levels of engaging in professional behavior, which is consistent with the studies in the literature (Ak, 2018; Yılmaz & Polatdemir, 2020). It is considered that since the students that had graduated from vocational high school had clinical experience before, they had already completed the adaptation process in contrast to those who entered clinical practice for the first time. Unlike other studies, the nursing students who wanted to change their profession and those who did not want to work as a nurse in the future had higher levels of practicing professional behavior (Ak, 2018; Yılmaz & Polatdemir, 2020). This can be attributed to the effects of the nursing education the participants were receiving. It was also found that the students who received support from in-service nurses and lecturers when they experienced problems had higher levels of implementing professional behavior. Given the effects of role models on the satisfaction levels of the students with the nursing profession and their career choices, this can be interpreted as a positive result. In the study, it was determined that there was no relationship between students' ability to practice professional behaviors and emotional labor behavior (Table 3, p>.05). This result suggests that students make an effort to exhibit professional behavior. Despite this effort, the superficial behavior subscale score is high and the sincere behavior subscale score being low suggest that nursing students need further support concerning the management of their emotions and emotional labor. Healthcare professionals are expected to be controlled, empathetic, impartial, and manage their own true feelings while

providing service (Degirmenci Oz & Baykal, 2017). It is recommended that healthcare professionals use emotional labor to deal with their own emotions while maintaining their professional image. Although no relationship has been found between emotional labor and professional behavior, it is thought that more research is needed on the effects of above-average emotional labor behavior on students.

Limitations of Study
This study had some limitations. The results of this research are valid for undergraduate students attending nursing education programs in two universities located in the Marmara region of Turkey and they cannot be generalized to all nursing students receiving education across the country. It is recommended that in-depth studies should be conducted with larger samples with different characteristics to shed light on how to provide social support for nursing students to reduce their emotional labor behavior.

CONCLUSION
In conclusion, the findings obtained in this study showed that the nursing students had moderate ability to practice professional behavior, and they exhibited in-depth behavior at most and sincere behavior at least. The results also revealed that the emotional labor behavior of the nursing students did not affect their level of practicing professional behavior. The nurse-lecturer-friend-student interactions in the clinical environment were observed to be one of the factors that affected the nursing students' ability to engage in professional behavior and led them to engage in emotional labor. These results clearly show the significance of nurse-lecturer support in increasing the professionalism level of nursing students and reducing their emotional labor behavior. In light of the results of this research, we recommend that organizing awareness training programs for the concepts of emotion management, emotional self-efficacy and emotional labor for nursing students, organizing nursing education programs and course content; reflective learning should be encouraged to provide a link between education and clinical practice; student-nurse communication should be established and nurses should be available to intervene and guide students when needed; and informal and supportive relationships between clinical staff, nurse educators, patients, and students should be encouraged.

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

Author Contributions
Plan, design: AK, SK, SD; **Material, methods and data collection:** SK, SD, AK; **Data analysis and comments:** AK, SD; **Writing and corrections:** AK, SD, SK.

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