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THE EMOTIONAL WORK AND LOCUS OF CONTROL IN THE CASE OF ROMANIAN NURSES

Case
Study

Keywords

*Locus of control,
Emotion,
Emotional work,
Resilience,
Nurse*

Abstract

The article presents the results of a case study conducted in two hospitals from Romanian counties Sibiu and Brasov. Also, the article gives a descriptive analysis of emotional work related to locus of control in the case of 79 Romanian nurses. The data have shown significant differences in the occurrence of emotional work through deep acting of emotions and emotional work through surface acting of emotions, depending on age and seniority in medical organization. Further, the limits and implications of the research were discussed.

OVERVIEW OF STUDIES

The human being is an emotional being and emotions are important resources for everyone. Until recently, emotions at the workplace were considered something of which you have to get rid of, if you want to avoid any inconvenience. Today, many studies (Ashkanasy, 2003; Ashkanasy, Hartel & Daus, 2002; Ashkanasy, Hartel & Zerbe, 2000; Hochschild, 2003; Sayapina, 2019) claim that emotions can be educated, and the benefits of this process are enormous for personal efficiency, but also for the efficiency of the employer organization. In many organizations, you may encounter situations where management decisions hurt employees or produce occupational stress. For example, in a hospital, one may encounter the situation in which some positions are defunct and for other positions a higher performance is required. Without acknowledging emotions existing within the employees, organizations cannot effectively and humanly deal with pain caused by new decisions (Ashkanasy, 2003). So, for that reason, all organizations that are concerned with maintaining a "healthy emotional environment" (*idem*) will create less suffering and will gather more productive behavior.

Organizations are complex entities, in which employees work with their hands, associating to this type of work a various quantity of physical effort (manual work); the same employees work with their intellect (intellectual work), the intellectual effort ranging this time also according to the specific job requirements. This specific activity can be easily assessed in terms of number, frequency, intensity, tasks repetition (job description) and in terms of psycho-physical and psycho-social abilities (job specification). The work in an organization also takes a third form, i.e. emotional work (Grama & Botone, 2009). The term "emotional work" has been described for the first time in psycho-sociology by Arlie Russell Hochschild (1979) and has been synthesized in the article *The Managed Heart: Commercialization of Human Feeling* (Hochschild, 1983). According to the author, emotional work reflects the management of emotions. This happens through mental effort, sometimes consciously, sometimes not, and its purpose is the change of personal feelings or emotions, so that these are in accordance with the „emotional rules" established by the formal group's norms, having a higher or lower intensity, on a shorter or longer period, instantly or slowly. According to N. K. Semmer, the concept is defined as „behavioral response to variations in frequency, variety, intensity of human interaction, being operationalized in terms of „surface acting" and "deep acting", which brings it

closer to the concept of coping" (Semmer, 1996, p. 51).

An issue that is the subject of many current debates is that the mechanisms of evaluation involved in the emotional process can be located at very rudimentary levels of the biocognitive organization, with no real discontinuity between biological mechanisms and cognitive procedures (Frijda, 1986). A general assumption is made by Sturdy and Fleming (2001); according to them, the surface acting (expressing emotions that are not really felt by the employee) for a short period of time does not significantly influence the personality of the employee because there is no internalization of what the employee is bound by the context to feel. The expression of emotions in the organizational space is related to spontaneity and sincerity of employees. So, the face configuration varies depending on the muscle groups involved in emotional behavior, especially the abundant ones under the facial skin tissue. In the expression of emotions, the muscles around the mouth play a significant role (the zygomatic major) and muscles around the eyeballs (orbicularis oculi) as well.

Van Maanen and Kunda (1989) claimed that the approach of emotion as a state is more likely a question of context and it depends on each employee's style to emotionally adjust for a particular context; consequently, emotion can be controlled and played by each individual as one knows, can or is required by the job's specifications. In this context, emotion becomes instrumental. Currently, it is estimated that a half of the jobs impose emotional work and three quarters of the women's jobs require the management of emotions. When an employee considers that he/she conforms "willingly" to a certain emotional work imposed by the task, he/she remains faithful to the emotional rules (for example, to appear sad when it is required by the situation), the emotional work is interiorized and becomes a part of the employee's mind (Grama & Botone, 2009). In this situation, the employee understands the emotional rules, he/she identifies with it, expresses and follows it. To follow the emotional game in an "unwillingly way" is another form of emotional work, but the employee does this, being forced by specific regulation of the profession or by superior's requirements; in this situation, the employee "does not understand the purpose of his behavior, does not share the same objective and is inclined to outrun the objectives of his work, sometimes resorting to cynicism" (Grama & Botone, 2009, p. 317). From this perspective, the type of emotional work invested by an employee, including an employee from a medical organization (hospital, polyclinic), is related or should be related to another interesting concept in psychology: locus of control. Locus of control is the belief about the

ability to change a situation through action. Locus of control was first proposed by Rotter (1954) and it has been a key factor in the exploration of human behavior. Also, Rotter (1954) claims that locus of control describes an employee's ability to determine the outcome of their behavior. People with a stronger internal locus of control tend to believe that they have control over their lives and therefore attribute the outcomes of events to their own self-control behavior. In contrast, people who attribute responsibility to external factors tend to believe that their outcomes at work are determined by uncontrollable factors, such as fate or organizational factors. Also, employees with a stronger external locus of control tend to believe that life events are beyond their control. In general, higher control over a situation tends to increase the likelihood of positive behavior and reduce the likelihood of negative behavior, while lower control tends to have opposite effects (Spector & Fox, 2002). Fox and Spector (1999) found that among a sample of full-time employees, work LOC was positively associated with experienced frustration, and frustration was positively associated with counterproductive work behavior (i.e. work frustration-aggression model).

Also, according to some authors, LOC is a crucial factor in pro-environmental behavior (Chiang, Fang, Kaplan & Ng, 2019). The results of their study revealed that emotional stability can promote pro-environmental behavior through the mediation effect of internal locus of control, indicating that emotional stability is a predisposing factor for locus of control-generated pro-environmental behavior. Thus, the study results indicated that people with higher emotional stability and a stronger internal locus of control are more likely to engage in pro-environmental behavior. Pro-environmental behaviors (PEBs) are defined by Kollmuss and Agyeman (2002, p. 240) as "behavior that consciously seeks to minimize the negative impact of one's actions on the natural and built world", can be adopted in workplaces committed to effective workplace sustainability programs (WSPs). Accordingly, it may be that Romanian nurses who feel that they lack control at work, experience more frustration.

In 2000, the results of a study on a convenience sample of 361 staff nurses from nine units in five German hospitals (Schmitz, Neumann & Opperman, 2000) showed an important role of locus of control in relation to burnout; the nurses were surveyed using the Maslach Burnout Inventory, the Locus of Control Questionnaire and a Work-Related Stress Inventory; also, causal modeling was used to explore the moderating effect of locus of control on burnout; results support the hypothesized model and suggest that greater work-related stress and burnout would be associated with poorer locus of control in nurses. The results

supported the notion that perceived degree of control is instrumental in enabling nurses to cope with stress and burnout. The link between the professional behavior of nurses and concepts such as locus of control, emotional stability or burnout is not a singular case. There is a strong relationship between work stress and emotional exhaustion experienced by nurses from a different geographical area. According to some Turkish researchers, for nurses, locus of control rather has a mediating role between work stress and emotional exhaustion (Günüşen, Üstün & Erdem, 2014). In their study, they tried to examine the extent to which the relationship between work stress and emotional exhaustion is mediated by nurses' internal locus of control. The Work-Related Strain Inventory was used to evaluate the nurses' work stress level, Maslach Burnout Inventory was used to evaluate their emotional exhaustion levels (as in the previous study, the one performed on German nurses), and the Locus of Control Scale was used to evaluate the internal LOC. The variables were based on the Neuman Systems Model. Work stress was positively related to internal locus of control, which was, in turn, negatively associated with emotional exhaustion. Internal locus of control was negatively related to emotional exhaustion ($\beta = -.14, p < .001$). Work stress was directly ($\beta = .87, p < .001$) and indirectly related to emotional exhaustion (mediated by internal locus of control $\beta = .84, p < .001$). So, in the case of Turkish nurses (Günüşen, Üstün & Erdem, 2014) work stress is directly ($\beta = .87, p < .001$) and indirectly related to emotional exhaustion (mediated by internal locus of control, $\beta = .84, p < .001$).

What is the situation in the case of the Romanian nurses? The results of the study will show some news aspects.

PURPOSE

The present study is a case study and it aims to highlight the relationship between the type of emotional work (surface acting / deep acting), the locus of control (external versus internal LOC) and personal characteristics of the participants, such as their age and seniority in the employer organization.

Hypothesis

1. The author assumed that there are significant differences between the types of emotional work, considering the seniority in the employer organization.
2. The author assumed that there are significant differences between the types of emotional work, considering the locus of control (external versus internal LOC).

MATERIALS AND METHODS

The present study used a descriptive exploratory methodology that analyzes the preponderance and the type of emotional work behavior. The research sample consisted of 79 Romanian female nurses from Sibiu and Braşov counties (the central part of Romania). For choosing the participants sample, the author used the simple random sampling technique. In investigating the emotional work, the author used a self-report survey and the semi-structured in-depth interview technique.

Respondents completed the questionnaire individually in their own home or their work unit in one sitting under the supervision of an interviewer. After completing the questionnaires all the materials were passed to supervisors and further sent to the author to be analyzed. No personal information has been written in the materials.

The survey for measuring emotional work consisted of three sections: frequency of certain emotions, self-perceived emotional dissonance and emotional effort expressed at work. The Cronbach's value of 0.921 suggested high internal consistency for the emotional work survey.

The variable "emotional effort" was operationalized by the sum of specific items from the survey and questions from the semi-structured interview. The items evaluate aspects such as:

- the frequency of specific behavior (nurses are obliged to manifest towards patients negative/unpleasant emotions - item EV3); the frequency of specific behavior (nurses are asked to avoid speaking in front of patients an intensely negative or positive emotions - item EW3); the frequency of adaptation: personal emotions according to the moment's emotions of the patients (item EA4); the frequency of "transposition in the patients situation" (required-empathic behaviors, item ES3); the frequency of repressing certain emotions and expressing other emotions (ES3 and ED3); the frequency of "hiding their own feelings towards patients" (item ED2).

LOC was assessed through a self-report questionnaire and in-depth interview with each employee. The statements were adopted for the current study, in which the participants' locus of control toward the employer organization was assessed using a five-point Likert scale (i.e., 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree).

Questions of semi-structured in-depth interview included aspects of individual differences among personnel at work (whether managers divide nurses by types of personality and form "harmonized" groups in frames of work task; whether there are any conflict situations during work; handling with negative emotions and high level of stress at work; also, expectations from the side of nurses about career development and their level of satisfaction

about current working position).

The research was conducted according to the ethical and deontological rules presented in Deontological Code of the Psychologist, from Romanian Psychologists Association. Prior to conducting the research, all participants were informed about the purpose of the study and also they have agreed to participate in the study.

For testing the research' assumptions the author had used several statistical methods (MANOVA). The Statistical Package for the Social Sciences (SPSS v.23) was used for analysis in this study. The Cronbach's value of 0.810 suggested internal consistency for the internal/ external locus of control items.

RESULTS AND DISCUSSIONS

Regarding the two dimensions of emotional work, (surface acting versus deep acting) the author hypothesized that there are significant differences between them, considering the seniority of nurses in the employer organization (Hypothesis no. 1). The data have shown significant differences between nurses, considering the level of seniority, expressed in number of years ($F = 12,037$; $p < .05$; partial eta squared = 0.53). These results validated Hypothesis no. 1. Regarding the hypothesis no. 2, the results have shown a significant positive correlation between emotional work through surface acting of emotions and external locus of control ($r = 0.81$; $p < .001$). So, it is very likely that the most participants have expressed a high level of emotional work through surface acting associated with an external locus of control. These results validated Hypothesis no. 2 as well. Next, the author identified variations of the self-perceived emotional effort for Romanian nurses. Contrary to expectations, the author has identified that the self-reported emotional effort of nurses bears an inverse shape to a normal Gaussian distribution, respectively the shape of an overturned bell. The emotional effort is self-declared "High" in the case of young nurses (up to one year experience), following which it will sharply decrease in the first two years of professional experience; the tendency is decreasing until around the average age of 55-57 years, when the scores are increasing.

In the last two months, about 90% of the nurses (55 nurses) have experienced at least two negative emotional states that involve emotional work through deep acting of emotions: weakness, lack of patience, irritability, nervousness, suspicion, self-pity, lack of trust, insecurity, and often feeling fretful and worried.

LIMITATIONS AND FUTURE CONSIDERATIONS

As for the limits of this study, the author identified the following issue: the group' size of the research sample was small; in order to increase the validity of the obtained results, the author believes that more studies are needed in the future, having similar research objectives on the relationship between the two forms of emotional work, locus of control and other organizational particularities, such as the size of the employer organization or / and the organizational culture.

CONCLUSIONS

Emotional work and its forms, locus of control and its forms require a more in-depth study in the future. From the results the author has obtained, it seems that in the case of Romanian nurses, there is a close connection between the type of emotional work expressed by them, the locus of control perceived at the workplace and the emotional effort expressed in carrying out the professional tasks. An external LOC is associated with emotional work through surface acting of emotions and an increased emotional effort.

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