

RESEARCH ARTICLE

THE ROLE OF PSYCHOLOGICAL CAPITAL IN THE EFFECT OF EMOTIONAL LABOR ON BURNOUT

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ABSTRACT

In this study, it was aimed to understand the emotional labor behaviors of health professionals working in dialysis units and to determine the relationship between emotional labor and burnout. Research on burnout shows that health professionals have high levels of burnout. Working conditions have become even more difficult, especially during the pandemic period. There are few studies on healthcare professionals working in dialysis units. This is a cross-sectional survey involving 215 healthcare professionals working in dialysis units. The sample of the study consisted of physicians, nurses and dialysis technicians working in dialysis units in different provinces of Turkey. In the research findings, it was determined that health professionals working in the dialysis unit had low levels of surface acting, moderate levels of deep acting, and high levels of natural feelings, burnout levels were low in all sub-dimensions and high level of psychological capital. A statistically significant relationship was found between emotional labor, burnout and psychological capital. This research shows that health workers with strong psychological capital can perform better emotional labor regulation and experience less burnout.

Keywords: Emotional labor, Burnout, Psychological capital, Dialysis units, Healthcare professionals.

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DUYGUSAL EMEĞİN TÜKENMİŞLİK ÜZERİNDEKİ ETKİSİNDE PSİKOLOJİK SERMAYENİN ROLÜ

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ÖZ

Bu çalışmada, diyaliz ünitelerinde çalışan sağlık profesyonellerinin duygusal emek davranışlarını anlamak ve duygusal emek ile tükenmişlik arasındaki ilişkiyi belirlemek amaçlanmıştır. Tükenmişlik üzerine yapılan araştırmalar sağlık çalışanlarının yüksek düzeyde tükenmişlik yaşadığını göstermektedir. Özellikle pandemi döneminde çalışma koşulları daha da zorlaşmıştır. Diyaliz ünitelerinde çalışan sağlık çalışanları ile ilgili az sayıda çalışma bulunmaktadır. Bu çalışma, diyaliz ünitelerinde çalışan 215 sağlık çalışanını kapsayan kesitsel bir araştırmadır. Araştırmanın örneklemini Türkiye'nin farklı illerindeki diyaliz ünitelerinde çalışan hekim, hemşire ve diyaliz teknikerleri oluşturmuştur. Araştırma bulgularında, diyaliz ünitesinde çalışan sağlık profesyonellerinin yüzeysel rol yapma düzeylerinin düşük, derin rol yapma düzeylerinin orta ve doğal duygu düzeylerinin yüksek olduğu, tükenmişlik düzeylerinin tüm alt boyutlarda düşük ve psikolojik sermaye düzeylerinin yüksek olduğu tespit edilmiştir. Duygusal emek, tükenmişlik ve psikolojik sermaye arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur. Bu araştırma, güçlü psikolojik sermayeye sahip sağlık çalışanlarının daha iyi duygusal emek düzenlemesi yapabileceğini ve daha az tükenmişlik yaşayabileceğini göstermektedir.

Anahtar Kelimeler: Duygusal emek, tükenmişlik, psikolojik sermaye, diyaliz üniteleri, sağlık profesyonelleri

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I. INTRODUCTION

The health service sector has a structure where interpersonal interaction is high and dynamic. Health professionals are in constant and intense communication and interaction with patients and their relatives. During the Covid19 pandemic, home care services have come to the fore, and hospital stays are planned to be shorter. However, the treatment process in hemodialysis units must continue as before. Managing this challenging process has caused the healthcare professionals working in dialysis units to make additional efforts. One of these additional efforts may be for employees to hide their feelings from patients. This effort can cause employee burnout in the long run. Psychological capital, which focuses on the positive and improvable aspects of the employees in the working environment, strengthens the employees and improves their ability to cope with negative and stressful situations. In this direction, the main motivation of this study is to understand the emotional labor behaviors of health professionals working in dialysis units, to determine the relationship between emotional labor and professional burnout, and to determine the role of psychological capital in this relationship.

Maslach (1976), one of the pioneers of the concept of burnout, defined burnout as a long-term response to chronic emotional and interpersonal stressors at work, and a process consisting of three dimensions: emotional exhaustion, depersonalization, and a reduced personal accomplishment. Emotional exhaustion refers to a feeling of being emotionally overloaded and depleted of emotional resources. Depersonalization expresses negativity, which often includes loss of idealism and indifference towards others. And reduced personal accomplishment has been defined as a decline in feelings of competence and productivity in the workplace. The process of burnout first begins with emotional exhaustion, followed by depersonalization and reduced personal accomplishment, respectively (Maslach, 1976). In studies on burnout, emotional labor is one of the effective factors in the formation of burnout, the level of burnout increases as the use of emotional labor increases (Brotheridge and Grandey, 2002; Cheng et al., 2013), emotional labor reduces the welfare level of nurses and increases work stress levels (Karimi et al., 2014).

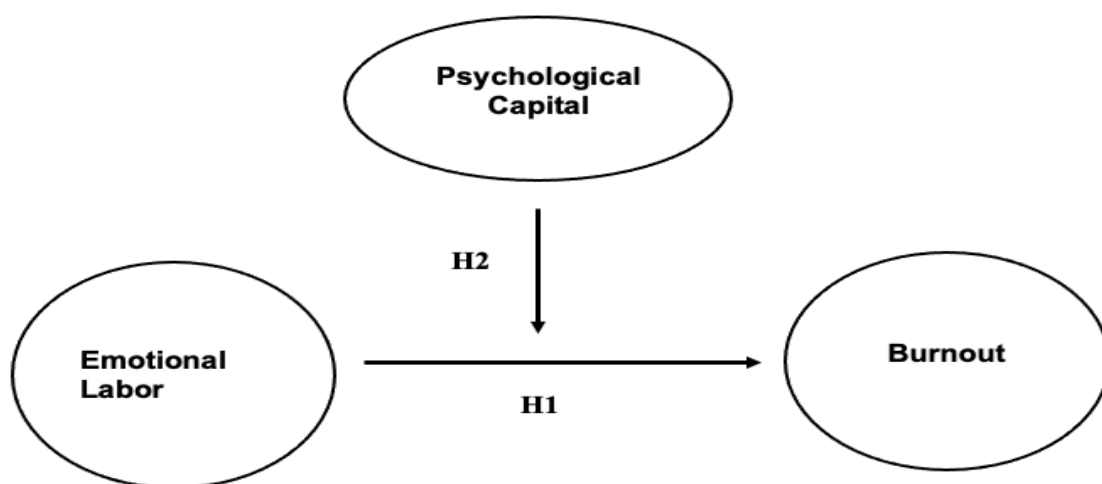
The concept of emotional labor is defined as “the regulation of emotions by the employees in a way that they can be observed by other people and making a facial and bodily display in this direction” (Hochschild, 2012). It is considered in two sub-dimensions: surface acting, which expresses externally visible emotions, and deep acting, which expresses felt emotions (Hochschild, 2012). Emotional labor is discussed in three sub-dimensions: surface acting, deep acting and natural feelings. In surface acting, the individual hides his feelings and makes different emotional displays (Grandey, 2002). In deep acting, the individual tries to convey the feelings he/she feels within the framework of his/her professional role to the other party with his/her behaviors (Cheng et al., 2013). In natural feelings, there is no additional effort and there may be emotions and behaviors that employees can feel during the process (Ashforth and Humphrey, 1993). Emotional labor process is affected by frequency of emotion display, display rules, variety of emotions and emotional disharmony (Morris and Feldman, 1996). It is stated that the long-term results of the ineffectiveness of emotional labor management are decreased job satisfaction, increased burnout, decreased performance and withdrawal behavior (Grandey, 2000). In different studies on nurses, there is a similar relationship between the surface acting and burnout (Brotheridge and Grandey, 2002; Cheng et al., 2013) and it is stated that the use of emotional labor increases the level of work stress (Karimi et al., 2014). It is expressed that employee burnout due to emotional labor is more common in clinics where patient and healthcare worker interaction is long-term (Zaghini et al., 2020). Health professionals working in dialysis units are in long-term and intense interaction with hemodialysis patients. They use each of the sub-dimensions in emotional labor. While surface acting makes the healthcare worker more tiring, the deep and natural emotion dimensions are those that require less energy. Therefore, while excessive use of face acting causes burnout, the use of deep and natural feelings can reduce burnout. In this direction, the first basic hypothesis of the research was formed.

H1: There is a statistically significant relationship between emotional labor and burnout.

Emotional labor use and burnout levels of employees who do the same job in the same workplace environment can be different from each other. In other words, some employees experience more burnout, while others experience less burnout because their interpretation of life is different. One of the factors that differentiate individuals from each other is psychological capital. The concept of psychological capital is generally defined as the psychological developmental status of individuals (Luthans et al., 2004). Psychological capital provides a framework for both the basic components making a person and social capital (Luthans et al., 2006). The concept of positive psychological capital that is unique, measurable, developable and has a dramatic impact on performance; it consists of self-efficacy, hope, optimism, and resilience components (Luthans et al., 2004). Self-efficacy; sufficient self-confidence to accomplish difficult tasks and take responsibility, optimism; a positive attitude to succeed, hope; strive for goals and find new ways to achieve goals when necessary, and the last component is resilience; refers to standing upright to achieve success in the face of difficulties (Luthans et al., 2004). From this point of view, the second basic hypothesis of the research was formed as the moderator role of psychological capital in the effect of emotional labor on burnout. The model created in line with the hypotheses is as in Figure 1.

H2: Psychological capital has a moderating role in the effect of emotional labor on burnout.

Figure 1. Research Model



II. METHODS

2.1. Design and sample

In this study, cross-sectional research design and purposive sampling method were used. Data were collected from dialysis centers/units affiliated with a foundation hospital in different provinces of Turkey (Istanbul, Ankara, Izmir, Antalya, Şanlıurfa, İskenderun, Tokat, Yalova, Zonguldak) of a private health institution. There are a total of 10 dialysis centers/units belonging to the organization and 252 health professionals work.

2.2. Procedures

Research data were collected with a Turkish questionnaire consisting of two parts. In the first part of the questionnaire, there are questions about demographic information, and in the second part, there are scales that were previously developed to test the research variables and whose validity and reliability in Turkish were made. The questionnaire was prepared electronically due to the current pandemic conditions and the data were collected between December 2021 and February 2022.

Approval was obtained from the 'Social and Human Sciences Research Board' of the relevant institution for the research. Then, a permission letter was written to the clinical managers of the dialysis centers and their approval was obtained. After obtaining the necessary permissions from the organization, an online questionnaire was sent to the unit managers. 228 people who agreed to participate in the study completed the questionnaire. Faulty and incompletely filled 13 questionnaires were excluded from the sample. The sample of the study consisted of 215 health professionals, including physicians, nurses and technicians working in dialysis units.

2.3. Instruments

The Service Jobs Burnout Scale, developed by Maslach and Jackson (1981) and adapted into Turkish by Ergin (1993), was used to measure the burnout levels of employees. The scale consists of a total of 22 items and 3 sub-dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment.

The Emotional Labor Scale, developed by Diefendorff et al. (2005) and adapted into Turkish by Basim and Beğenirbaş (2012), was used to measure the emotional labor levels of the participants. The scale consists of a total of 13 items and three sub-dimensions: surface acting, deep acting and natural feelings.

Psychological capital scale, developed by Avey et al. (2011) and adapted into Turkish by Oruç (2018), was used to measure the psychological capital levels of participants. The scale consists of a total 12 items and four sub-dimensions: self-efficacy, hope, resilience, and optimism.

2.3.1. Validity and reliability analysis of scales

SmartPLS Algorithm was used for the validity and reliability analyzes of the scales used in the study. Internal consistency reliability (factor loading), convergent validity (composite reliability- CR and average variance extracted- AVE) and discriminant validity (Fornell&Larcker- FL and Heterotrait-Monotrait Ratio- HTMT) were evaluated. Items that did not provide internal consistency reliability and convergent validity were removed from the scales. In this context, statements numbered 4, 7, 9, 12, 14, 15 and 21 in the burnout scale, and statements numbered 8 and 9 in the psychological capital scale were excluded from the measurement model. Within the analysis results, factor loadings were ≥ 0.70 ; $CR \geq 0.70$; $AVE \geq 0.50$ which indicates that internal consistency reliability and convergent validity are provided. According to the Fornell & Larcker Criterion (1981) that is used to determine discriminant validity, the square root of AVE values should be higher than the correlations between the constructs in the study. Another technique used to determine the discriminant validity is HTMT criterion that expresses the ratio of the mean of correlations of the expressions of all variables, to the geometric mean of the correlations of the expressions of the same variables (Henseler et al., 2015). Discriminant validity is provided if the HTMT value is below 0.90 for the concepts that are close to each other and below 0.85 for the concepts that are far from each other. In this study, Fornell & Larcker and HTMT criteria are met.

2.4. Data analysis

Data analysis was performed using IBM SPSS 25 statistical software and the SmartPLS-SEM 4 structural equation program. In the study, descriptive statistics for variables and structural equation model analysis were used to test the research model. In the reliability and validity analyzes of the scale, each scale was handled with its sub-dimensions. Scale items that did not meet the validity and reliability criteria were removed. In the analysis, the sub-dimensions of burnout and emotional labor, and psychological capital, were combined as a one-dimensional structure. The relationship between emotional labor and burnout was analyzed within each sub-dimension. The psychological capital moderating effect was analyzed between each sub-dimension of emotional labor and burnout.

III. RESULTS

3.1. Description of participants

In this study, which was conducted with a total of 215 health professionals, the majority of the participants (79.6%) were women. 50.5% of the participants were dialysis technicians, 41.7% were dialysis nurses and 7.9% were physicians. Dialysis technicians in Turkey have a 25-year professional background. Dialysis technicians are qualified intermediate staff who graduated from 2-year programs (associate degree) of universities and only work in dialysis units. When the marital status and having children of the participants are examined, it is seen that 50.9% are married and 44.4% have children. When the education level, average age and working status of the participants in the dialysis units were examined, it was determined that 48.6% of them were associate degree graduates, 19.9% were undergraduate graduates, the average age was 33 and the average working time in the dialysis unit was 8.94 years. When the average age and working years of the participants are evaluated, it is possible to say that they are professionally experienced employees. There is no night shift in the dialysis units included in the study. At the same time, these dialysis units provide services to a stable patient profile who come to sessions two or three days a week, and there are no patients in need of intensive care.

3.2. The relationship between emotional labor burnout and psychological capital

The means and correlation coefficients of the research variables are given in Table 1. When Table 1 is examined, it is seen that there are statistically significant relationships between the variables, and the burnout, face and deep acting levels of the participants are below the mean, and the natural emotion display and psychological capital levels are above the mean.

Table 1. Correlation Coefficients Between Variables and Means

	1	2	3	4	5	6	7	M	SD
1.Emotional Exhaustion (EE)	1	0.720**	0.264**	0.124	-0.293**	-0.122	-0.431**	2.69	0.97
2.Depersonalization (DP)	0.720**	1	0.283**	0.195**	-0.318**	-0.308**	-0.384**	2.13	0.95
3.Reduced Personal Accomplishment	0.264**	0.283**	1	0.117	-0.227**	-0.383**	-0.449**	1.97	0.74
4.Surface Acting (SFA)	0.124	0.195**	0.117	1	0.125	-0.409**	-0.078	2.22	0.98
5.Deep Acting (DA)	-0.293**	-0.318**	-0.227**	0.125	1	0.228**	0.274**	3.26	1.11
6.Natural Feelings (NF)	-0.122	-0.308**	-0.383**	-0.409**	0.228**	1	0.305**	4.23	0.73
7.Psychological Capital (PC)	-0.431**	-0.384**	-0.449**	-0.078	0.274**	0.305**	1	4.9	0.86

3.3. Structural equation model

Structural equation modeling was run in the next stage of the analyses. Data on the structural equation model are given in Table 2 and Figure 2. As seen in Table 2, surface acting explains 20% of depersonalization, deep acting explains 19% of emotional exhaustion and 28% of depersonalization. Natural feelings explain 27% of depersonalization and 37% of personal success.

Figure 2. General Structural Equation Model

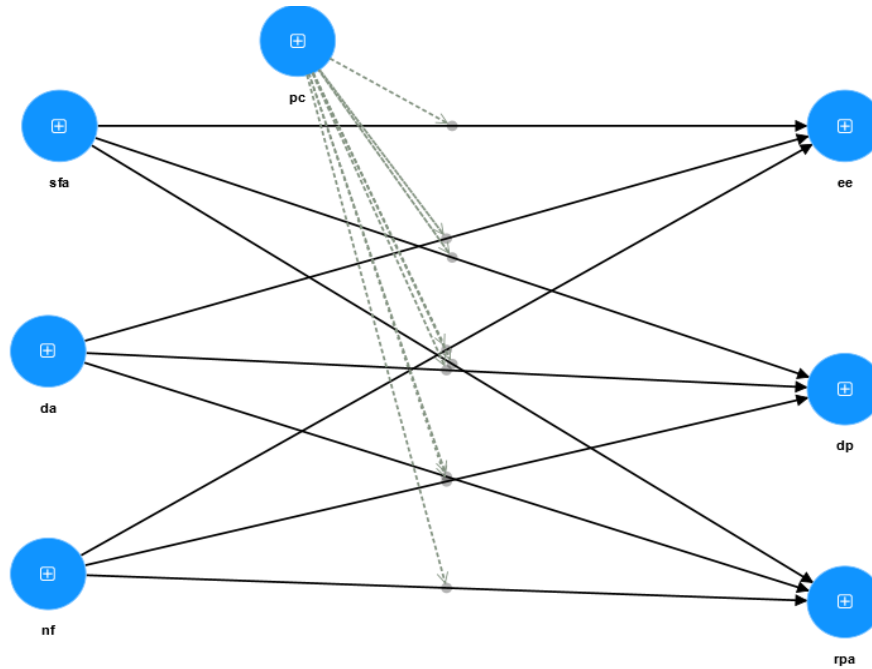
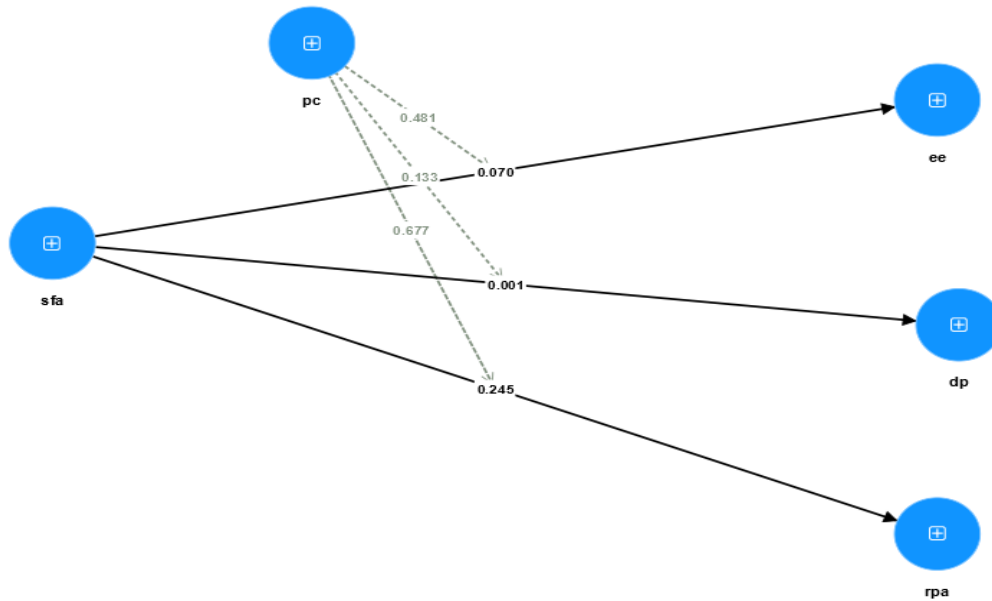


Table 2. Research Model Coefficients

		Original Sample (β)	STDEV	T Statistics	p Values
Surface acting (sfa)	Emotional exhaustion (ee)	0.121	0.067	1.813	0.070
	Depersonalization (dp)	0.206	0.063	3.243	0.001
	Personal accomplishment (rpa)	0.082	0.070	1.163	0.245
Deep acting (da)	Emotional exhaustion	-0.194	0.084	2.311	0.021
	Depersonalization	-0.276	0.098	2.833	0.005
	Personal accomplishment	-0.145	0.084	1.730	0.084
Natural feelings (nf)	Emotional exhaustion	0.021	0.070	0.295	0.768
	Depersonalization	-0.272	0.089	3.071	0.002
	Personal accomplishment	-0.372	0.108	3.446	0.001
Moderating Effect-1 (ME1)	Emotional exhaustion	0.046	0.066	0.705	0.481
Moderating Effect-2 (ME2)	Depersonalization	-0.105	0.070	1.504	0.133
Moderating Effect-3 (ME3)	Personal accomplishment	-0.030	0.071	0.417	0.677

In the structural equation model analysis, the moderating effect of psychological capital in the relationship between each sub-dimension of emotional labor and burnout was examined. The moderating effect of psychological capital on the relationship between surface acting and burnout sub-dimensions is shown in Figure 3. The moderator effect between the variables was not statistically significant ($p > 0.05$).

Figure 3. ME-1 Structural Equation Model



The moderating effect of psychological capital on the relationship between deep acting and burnout sub-dimensions is shown in Figure 4. The moderator effect between the variables was not statistically significant ($p > 0.05$). The moderating effect of psychological capital in the relationship between natural feelings and burnout sub-dimensions is given in Figure 5. The moderator effect between the variables was not statistically significant ($p > 0.05$). These results indicate that Hypothesis 2 is rejected.

Figure 4. ME-2 Structural Equation Model

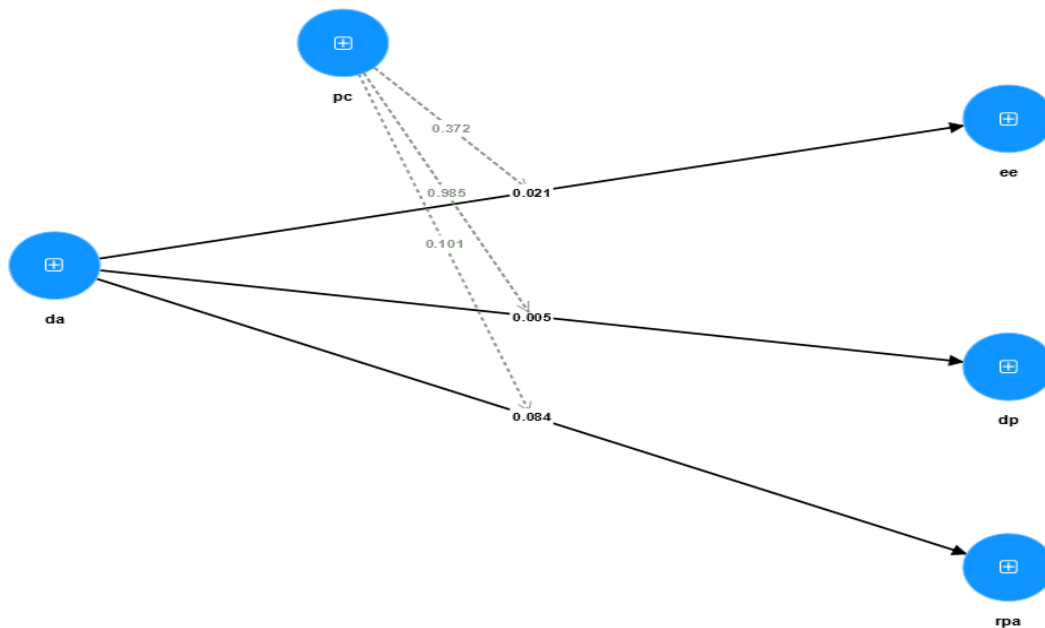
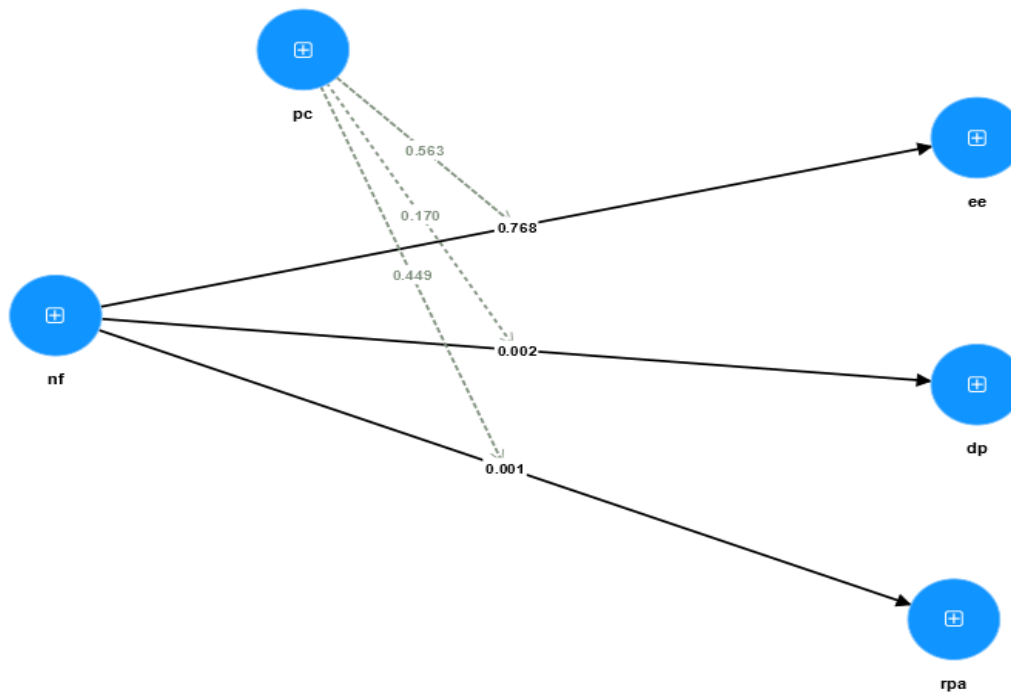


Figure 5. ME-3 Structural Equation Model



IV. DISCUSSION

In this study, it was aimed to determine the relationship between emotional labor and occupational burnout levels of health professionals working in dialysis units and the moderating role of psychological capital in this relationship. In line with the basic hypotheses of the research, emotional labor, burnout and psychological capital levels and the structural equation model created for these variables were examined.

Emotional labor use levels of dialysis unit employees differ in each sub-dimension. It was determined that the level of surface acting was low, the level of deep acting was medium, and the level of natural emotion was high. Emotional labor is considered an integral part of patient care (Schmidt and Diestel, 2014). In previous studies on health professionals, it is stated that the use of emotional labor is high (Diefendorff, 2014; Kim, 2020; Ling and Huang, 2014). In a study on nurses, it was stated that nurses are more likely to use their natural feelings instead of surface or deep acting (Özturka et al., 2015). Our research result is similar to this study. Patients receiving treatment and care in dialysis units need lifelong treatment and care and interact with the same health professionals two or three days a week. Thanks to the fact that people who are in constant communication and interaction better define and understand each other, people may not feel the need to show themselves differently or to pretend to each other. The reason for the high level of natural emotions in this sample can be explained by the long-term interactions between dialysis patients and dialysis workers.

The second main variable of the research is employee burnout. In the study, it was found that the burnout levels of health professionals in the dialysis unit were low. This finding of the study differs with the high level of burnout detected in studies on health workers (Alacacioglu et al., 2009; Diefendorff, 2014; Ling and Huang, 2014). It is stated that the level of burnout of health workers working in health service units with chronic diseases and requiring long-term treatment-care is higher (Zaghini et al., 2020). In our study, there may be various reasons for the low burnout level of healthcare workers in the dialysis unit. Health professionals working in the dialysis unit work in a working environment with more stable processes such as the same patients, routine dialysis sessions

and day shifts. This order and certainty in working conditions can make working in dialysis units attractive for healthcare professionals. On the other hand, during the Covid19 pandemic, many health professionals have been temporarily assigned to support covid intensive care and services. However, dialysis units may have stayed away from this process and therefore felt less stress from the pandemic compared to other healthcare workers.

The last variable of the research is psychological capital. It was found that the psychological capital levels of the participants were high. Dialysis nurses and dialysis technicians constitute approximately 93% of the research sample. In Turkey, dialysis nursing is in the status of a special branch/specialized branch gained through the course programs after the nursing license. Dialysis technicians are health professionals who are trained to work only in dialysis units in associate degree programs. Physicians working in dialysis units are physicians who receive internal medicine specialization over medical education and prefer nephrology as a subspecialty. In other words, health professionals working in dialysis units work in the field of their choice. On the other hand, since dialysis nurses have high job autonomy, do not have night shifts, and have higher duty compensation, they describe less job stress and more job satisfaction (Brokalaki et al., 2001; Lewis et al., 1992).

When the relations between the research variables are examined; It is seen that there are statistically significant relationships between emotional labor sub-dimensions and burnout sub-dimensions. Surface acting, one of the sub-dimensions of emotional labor, shows a different feature from the others. While surface acting is a factor that increases burnout, deep acting behavior and natural feelings appear as factors that reduce burnout. In previous studies, it has been stated that the sub-dimensions of surface acting and natural feelings are important predictors of emotional exhaustion and depersonalization (Yılmaz et al., 2015), and that between surface acting and emotional exhausting have positive relation (Carlson et al., 2012; Karimi et al., 2014). It was concluded that while deeply acting behavior is inversely related to the sense of personal accomplishment (Brotheridge and Grandey, 2002), natural feelings do not affect burnout (Diefendorff et al., 2005). In some studies, it is stated that emotional labor increases job stress and causes burnout (Kim, 2020; Ling and Huang, 2014; Zaghini et al. 2020). In this context, the reason why the correlation between emotional labor and burnout is significant but low can be explained by the stress factor. Because emotional labor is just one of many causes of stress in the workplace. It is stated that natural feelings, one of the sub-dimensions of emotional labor, provide emotional compatibility (Choi and Kim, 2015) and are inversely related to burnout. In this study, it was determined that there is an inverse relationship between psychological capital and burnout. Other studies in the field confirm the inverse relationship between psychological capital and burnout (Kim and Kweon, 2020; Liu, 2021; Wang et al., 2021).

In the structural equation model, the moderator role of psychological capital in the relationship between emotional labor and burnout was tested. As a result of the analysis, it was determined that there was no moderating effect. Reasons such as low-moderate correlations between variables, relatively low sample size, and high number of variables explaining burnout may have caused the lack of a moderator effect.

4.1 Limitations

This study was undertaken using a cross-sectional survey design, only focusing on a specific period; therefore, it cannot be generalized. On the other hand, the sample of this research consists of employees working only in centers affiliated to an organization. It is possible to obtain different results depending on the working environment in different institutions.

V. CONCLUSION

Our research results show that factors such as the stable working environment of dialysis units, the higher autonomy of employees compared to other departments, the environment of trust provided by long-term patient-employee interaction lead to the use of deep role or natural emotion in the use of

emotional labor, while the same factors reduce burnout. On the other hand, the high level of psychological capital of the participants enables them to effectively manage the processes in the work environment and to obtain positive outputs, since it increases their level of work engagement and job performance. Supporting health workers in the use of emotional labor in terms of deep role and natural feelings is both a good investment in terms of psychological capital and a good preventative for burnout and the negative effects it brings. For future research on dialysis, the divergence and similarity between the sub-dimensions of the concept of emotional labor should be considered. On the other hand, do the sub-dimensions of burnout really follow each other? In this direction, we think that supporting quantitative research with the phenomenological research method will contribute to a clearer definition of the causes and results of the concepts.

The health professionals with strong psychological capital can better manage their self-regulation, work processes and relationships with patients and their colleagues. For this reason, managers should support their employees in psychological empowerment. One of the important points in psychological empowerment is to know what the personnel need in the work environment and to make job designs for these needs. Especially in health services, the needs of each clinic differ and therefore a standard empowerment activity may not be suitable for each clinic. In the case of dialysis units, *job enrichment* practices that provide employees with different skills and *job enlargement* practices that increase the level of initiative of employees in job designs support empowerment.

Ethical Approval: Ethical permission was obtained from the Baskent University on 06.01.2021 with decision number 2021-838.

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