Journal of Multidisciplinary Care (JMDC)
doi: 10.34172/jmdc.2021.27 2021;10(4):139-143 http://jmdc.skums.ac.ir

Original Article

The effects of emotional work on job burnout with the mediating role of work-family conflict among nursing staff

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Abstract

Background and aims: Nurses are at risk for job burnout (JB) due to the characteristics of their work. The aim of this study was to evaluate the effects of emotional work (EW) on JB with the mediating role of work-family conflict (WFC) among nursing staff.

Methods: This was an applied survey. Study population consisted of all 195 nursing staff of Imam Khomeini hospital, Bandar Turkman, Iran. Participants were 129 nursing staff selected through stratified random sampling. The Haag Emotional Work Scale, the Maslach Burnout Inventory, and the Mousavi and Alvani's WFC questionnaire were used for data collection. Data were analyzed through the structural equation modeling and confirmatory factor analysis performed via the SPSS (v. 22.0) and the AMOS (v. 22.0) software.

Results: EW had significant effects on JB (path coefficient: 0.57) and WFC (path coefficient: 0.27). WFC also had significant effects on JB (path coefficient: 0.74) and had significant mediating effects on the EW-JB relationship.

Conclusion: Strategies to boost nursing staff's morale can reduce their stress, JB, and WFC.

Keywords: Emotional work, Job burnout, Family-work conflict, Nurse

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Received: 17 April 2021
Accepted: 14 August 2021
ePublished: 30 December 2021

Introduction

Job burnout (JB) is a major problem among nurses. By definition, JB refers to exhaustion and frustration of employees (1). It is a major factor contributing to reduced efficiency, workforce loss, physical and mental complications, reduced service quality, and costumer dissatisfaction, particularly in human service professions, and can lead to negative personal and organizational consequences (2). It is associated with negative emotions such as pessimism and anger due to feelings of despair and disappointment. Negative feelings about work may stabilize the symptoms of emotional exhaustion and depersonalization and reduce personal accomplishment in relation to colleagues and clients. Moreover, JB can be transmitted to other colleagues and cause intra- and inter-personal disorders and thereby, lead to functional, mental, and social disorders (3). Employees with JB usually suffer from headache, sleep disorders, irritable mood, sense of marital failure, anxiety, depression, and hypertension (4).

JB is highly common among professionals, such as nurses, who spend a large amount of time on dealing with clients and face high levels of psychological strain (5). Staff shortage, shift work, and heavy workload in nursing are associated with different physical and mental problems for nurses. Moreover, nurses need to have continuous interaction with different individuals (such as colleagues, patients, and families) in highly stressful environments and hence are at high risk for JB (6).

Work-family conflict (WFC) is an influential factor on JB (7,8) because it pertains to two main aspects of life, namely work and family. Therefore, it is perceived as a source of stress which negatively affects individuals and causes them JB (9). WFC is a challenge among different roles in which the necessity to perform some roles reduces the ability to perform other roles (10). WFC can be associated with intention to quit job and turnover (11,12), reduced job satisfaction (13), stress, JB, emotional exhaustion (14,15), and reduced productivity (14). Interpersonal problems can increase the risk of emotional burnout and aggravate WFC among employees (16).

Nurses need to assess different situations and predict potential risks and the results of their actions in response to those risks (6). Therefore, they need adequate professional knowledge and skills as well as the ability to do purposeful mental activity, create innovative thoughts, and perform assessment in order to collect and use useful information in judgments, decision making, and problem solving (17). Besides adequate professional knowledge and skills, nurses need to successfully control their emotions, effectively calm their mind, prevent the release of emotions such as anger and anxiety, and thereby, facilitate the use of inner insight and innovative ideas in different situations (18). Moreover, as nurses are continuously under high levels of occupational stress, they need to control their stress and anger and be calm, kind, and friendly even in their contact with bad-tempered and anger clients. The great necessity to establish empathetic and compassionate relationships with patients and maintain the relationship of patients

with healthcare systems requires nurses to suppress their own negative emotions towards patients or modify their emotions. In other words, they need to perform high levels of emotional work (EW) during their daily practice (19). By definition, EW is the use of different strategies by employees to regulate their emotions, express positive emotions, and treat their clients with openness during service delivery (20). Nurses' EW not only positively affects client satisfaction, loyalty, and attitudes (20,21), but also reduces JB among nurses and helps them manage their emotions at work, prevent stressful conditions, reduce their JB, and maintain their dynamicity and productivity at work (22,23).

The multiplicity of occupational stressors in nurses' work environment, their significant negative effects on nurses' physical and psychological health, functionality, and care quality, and the need for employing effective strategies to manage stressors and JB and improve nurses' health highlight the importance of conducting studies to understand the inter-relationships of these factors. Therefore, the present study was conducted to evaluate the effects of EW on JB with the mediating role of WFC among nursing staff.

Methods

Design

This was an applied survey because it evaluated the inter-relationships of some factors and its findings can be used to determine the parameters of EW in healthcare settings. Data collection was also performed through library-based and field methods and hence, this study can be considered as a descriptive study.

Participants and setting

The statistical population of this study consisted of all 195 nursing staff of Imam Khomeini hospital, Bandar Turkman, Iran. Sample size was determined to be 129 based on Krejcie and Morgan table. Participants were selected through stratified random sampling.

Instruments

The Haag Emotional Work Scale, the Maslach Burnout Inventory, and the WFC questionnaire were used for data collection. The Haag Emotional Work Scale has fifteen items in three dimensions, namely cognitive, behavioral, and cognitive-social dimensions and was used for EW assessment. The Maslach Burnout Inventory has 22 items in the three main dimensions of emotional exhaustion, personal accomplishment, and depersonalization and was used for JB assessment. The unidimensional 9-item WFC questionnaire was developed by Mousavi and Alvani and was used for WFC assessment. Items were scored on a five-point Likert scale. The face validity of the instruments was confirmed by experts and their reliability was confirmed with Cronbach's alpha values of 0.78 for the Emotional Work Scale, 0.85 for the Maslach Burnout Inventory, and 0.72 for the WFC questionnaire.

Data analysis

Data were analyzed through the structural equation modeling and confirmatory factor analysis using the SPSS (v. 22.0) and the AMOS (v. 22.0) software.

Results

Participants were 65 male and 64 female nursing staff. Most participants had bachelor's degree (68%). Table 1 shows their characteristics.

The mean, median, mode, and range of EW scores were 2.94 ± 0.49, 3, 3, and 1.5–4.33, respectively. Moreover, the mean, median, mode, and range of JB scores were 3.58 ± 0.703, 3.75, 3.75, and 2.25–5, respectively. These values for the scores of FWC were 2.92 ± 0.977, 2.8, 2.8, and 1–5, respectively. The skewness and kurtosis indices of the EW, JB, and WFC scores were also between +2 and −2 and the Kolmogorov-Smirnov test showed that all study variables had normal distribution ($P > 0.05$).

Confirmatory factor analysis was used to assess validity because the study variables had several dimensions. The Keyser-Meyer-Olkin statistic was 0.894 and the Bartlett's test was significant ($\chi 2 = 4818.157$; $P = 0.001$), confirming significant correlations among the study variables and the appropriateness of the data for factor analysis. Figure 1 shows the structural equation model of the study variables.

Critical ratio and P value were used for hypothesis testing. Critical ratios more than 1.96 were considered significant at a level of less than 0.05. The critical ratios of all three study hypotheses were more than 1.96 and P values were less than 0.05 and hence, all hypotheses were accepted. In other words, the effects of EW on JB, EW on WFC, and WFC on JB were statistically significant ($P < 0.05$; Table 2). The indirect path of the effects of EW on JB through WFC was also assessed. In this path, path coefficient was calculated through multiplying the coefficients of the paths of the effects of EW on WFC and the effects of WFC on JB. As the paths of the effects of EW on WFC and the effects of WFC on JB were significant, the hypothesis "EW has significant effects on JB through

Table 1. Participants' characteristics

Characteristics		No.	%
Gender	Male	50	65
	Female	50	65
Educational level	Diploma	1	1
	Associate diploma	15	12
	Bachelor's	88	68
	Master's	20	15
	PhD	5	4
Work experience (y)	<5	15	11
	6–10	54	42
	11–15	28	22
	16–20	19	15
	21–25	10	8
	>26	3	2

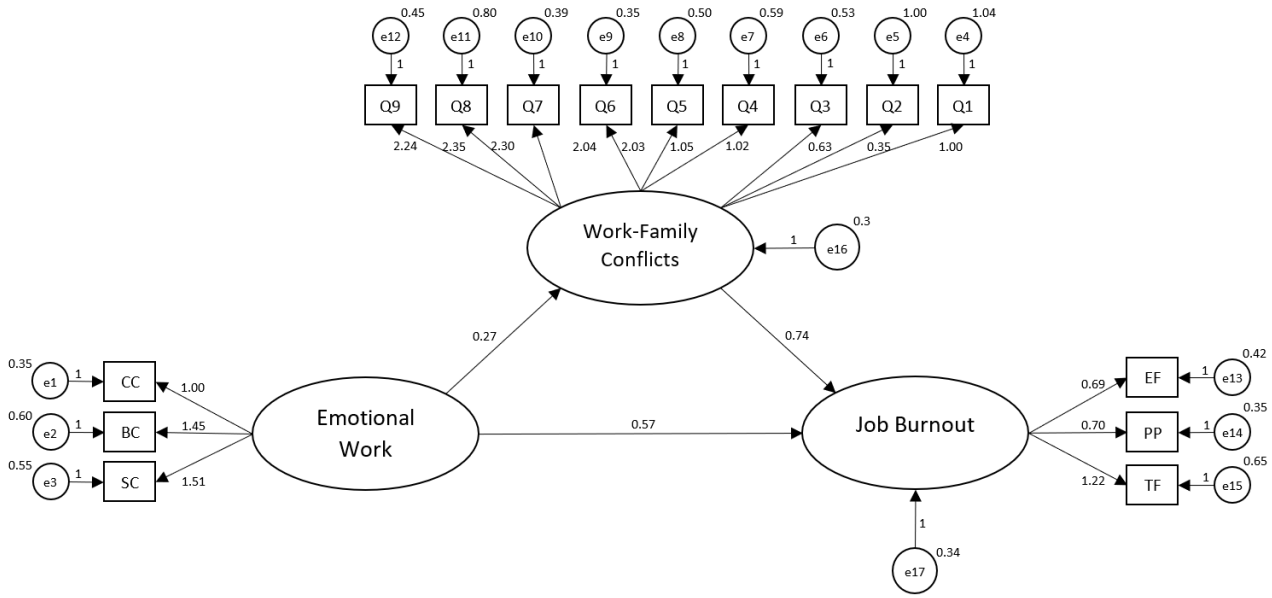

Figure 1. The conceptual model of the study (The output of the AMOS software)

WFC" was accepted (Table 3). Of course, the results revealed that WFC has a weak mediating role in the relationship of EW and JB. Model fit indices showed the goodness of fit of the confirmatory factor analysis model (Table 4).

Discussion

Study findings showed that EW had significant effects on JB. This is in agreement with the findings of a study which showed that the deep acting strategy had significant positive effects on emotional burnout and superficial acting strategy had significant negative effects on emotional burnout (22). Another study also reported the significant effects of EW on occupational performance with the mediating role of JB (23). During their daily practice, nurses use a wide range of emotions such as friendly and positive emotions, compassion, empathy, sympathy, anger, and seriousness, and should be able to use the best emotions in each situation. In other words, they need to control and manage their emotions. This highlights the importance of EW and emotion regulation in management. A study also reported that EW had significant effects on JB formation and hence, reported emotional coping and adjustment as key factors in personal accomplishment of workforce (21). Therefore, strategies such as education, effective communication with nurses, and better work hour planning are needed to improve cognitive, behavioral, and social conditions of nurses and reduce their emotional burnout.

Our findings also showed that EW had significant effects on WFC. In agreement with this finding, a study into the effects of interpersonal problems on WFC with the mediating role of emotional exhaustion and the moderating role of retaliation reported that interpersonal problems increase emotional burnout among employees

Table 2. The regression coefficients for hypothesis testing

Hypothesis	Regression coefficient	Critical ratio	*P*	Result
Emotional work has significant effects on job burnout.	0.57	8.14	<0.001	Accepted
Emotional work has significant effects on work-family conflict.	0.27	4.16	<0.001	Accepted
Work family conflict has significant effects on job burnout.	0.74	10.28	<0.001	Accepted

Table 3. The indirect path

Hypothesis	Path coefficient	Result
Emotional work has significant effects on job burnout through work-family conflict.	0.27×0.74=0.199	Accepted

Table 4. The goodness of fit indices of the conceptual model of the study

Fit indices		Model	Acceptable values
Absolute fit indices	Minimum discrepancy function divided by degrees of freedom (CMIN/DF)	4.618	1–5
	Goodness of Fit Index (GFI)	0.609	Closer to 1
	Adjusted Goodness of Fit Index (AGFI)	0.644	Closer to 1
Comparative fit indices	Tucker Lewis Index (TLI)	0.601	Closer to 1
	Normed Fit Index (NFI)	0.604	Closer to 1
	Comparative Fit Index (CFI)	0.637	Closer to 1
	Incremental Fit Index (IFI)	0.640	Closer to 1
	Root Mean Score Error of Approximation (RMSEA)	0.058	Less than 0.08

and thereby, aggravate WFC (7). Similarly, a study found a significant positive relationship between WFC and emotional exhaustion among teachers (7). WFC happens for nurses when the pressure of one role affects the ability to perform the other role. Role conflict in turn can put nurses at risk for depression, reduced interpersonal communications in family, and emotional symptoms such as failure, frustration, despair, and emotional meaninglessness (11,12). Therefore, nurses need to assess their emotions during their daily practice, decide on the best reaction and the best way to show it, and then, use the best emotions in their practice (14).

We also found the significant effects of WFC on JB which is in agreement with the findings of a previous study on the workers of an oil and gas company (8). The heavy demands of work deplete employees' resources. Subsequently, as resource restoration happens with much lower pace than resource depletion, employees have limited resources to fulfill their parental or spousal roles and hence, experience strain and JB (15). Moreover, occupational stress and WFC exacerbate JB and depression, which in turn can cause negative outcomes such as absence from work, physical and mental problems, low service quality, conflicts with colleagues, and limited career advancement for employees (24). Nurses with WFC cannot balance their roles and thereby, develop JB-related physical and mental complications over time. Moreover, they develop depersonalization and emotional exhaustion over time due to the characteristics of their work such as repetitive monotonous tasks (25). In addition, hospital work needs high precision and careful attention and hence, nurses need to maintain their personal efficacy over time. Hospital managers need to employ strategies to minimize WFC among nurses. Examples of these strategies are flexible work hours, authority delegation, proportionate responsibilities, counseling services, and educational workshops, particularly for nurses with high levels of time-based WFC.

Study findings also indicated the mediating role of WFC in the EW-JB relationship. Findings revealed that WFC can exert a weak mediating effect on this relationship and thereby, slightly improves the effects of EW on JB. WFC and heavy workload cause negative emotions, fatigue, and tension and thereby, put nurses at risk for JB. The great need for physical and mental work during daily nursing practice severely affects tired nurses and causes them injuries. Moreover, as nurses need great amount of energy and time to perform their multiple professional, parental, and spousal roles, role conflict can cause them stress, burnout, and frustration, and reduce their productivity. On the other hand, balancing occupational and familial roles and effective time and energy management can prevent problems such as JB, WFC, productivity decline, emotional exhaustion, and physical problems among employees (26).

What does this paper contribute to the wider global clinical community?

- EW has significant positive effects on JB among nursing staff.
- WFC has significant negative effects on JB among nursing staff.
- The mediating effects of WFC on the relationship of EW and JB are significant but weak.

Limitations

This study was conducted on nursing staff and its results may not be generalizable to other employees. Moreover, as a cross-sectional study, this study provides no information about the changes in the levels of JB and WFC over time.

Conclusion

This study concludes that EW and WFC have significant effects on JB, while WFC has significant weak mediating effects on the EW-JB relationship. Therefore, hospital authorities need to provide nursing applicants with realistic information about the characteristics of hospital work. Moreover, they need to employ effective job rotation strategies for nurses in order to reduce senses of monotonous and machinery work and reduce their emotional exhaustion and JB. Counseling services for nurses to help them balance their occupational and familial roles as well as effective fulfillment of their emotional and communicative needs can also reduce their JB. Educational interventions may also be useful to boost nurses' morale and thereby, reduce their stress and JB and enhance their organizational commitment and job satisfaction.

Acknowledgements

We are grateful to all individuals who helped us conduct this study.

Financial Support

This study had no financial support.

Conflict of interests

None is declared.

Ethical Approval

This study was approved by Payame Noor University (Ethical code: 82628).

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Cite this article as: Bahmani A, Aslani F. The effects of emotional work on job burnout with the mediating role of work-family conflict among nursing staff. Journal of Multidisciplinary Care. 2021;10(4):139–143. doi: 10.34172/jmdc.2021.27.