

The relationship between emotional labor, job stress and job satisfaction in midwifery

Selda Yoruk¹, Ayla Acikgoz²

¹Department of Midwifery, Balikesir University, Faculty of Health Sciences, Cagis Campus, Balikesir, ²Department of Medical Services and Techniques, Vocational School of Health Services, Dokuz Eylul University, Izmir, Turkey

ORCID:

Selda Yoruk: <https://orcid.org/0000-0003-3840-1996>

Abstract

Context: Midwives provide intensive emotional labor for women and their families during periods of emotional changes, such as pregnancy and childbirth.

Aims: The relationship between midwives' job stress, job satisfaction, and emotional labor was investigated.

Setting and Design: This cross-sectional study included 198 midwives from public hospital in Turkey in 2019

Material and Methods: In this study, 198 participants were selected through simple random sampling. The data collection tools used were a sociodemographic questionnaire, the Emotional Labor Scale, the Perceived Stress Scale, and the Minnesota Job Satisfaction Scale.

Statistical Analysis Used: Descriptive data are presented as mean, standard deviation, number, and percentage. In the statistical analysis of the data, an independent sample *t*-test, multiple regression analysis, and Pearson correlation analysis were used.

Results: In the multiple regression analysis, there was a significantly negative correlation (β : -0.144 , $P = 0.025$) between the surface acting subscale of emotional labor and job satisfaction, a positive correlation with deep acting (β : 0.148 , $P = 0.038$), a positive correlation with emotional effort (β : 0.371 , $P < 0.025$), a negative and significant relationship with a lack of staff (β : -0.227 , $P < 0.001$) and a positive correlation with the number of patients (β : 0.244 , $P < 0.001$). In addition, there was a positive and significant relationship with deep acting, a positive and significant relationship with perceived stress (β : 0.146 , $P = 0.036$), a positive and significant relationship with surface acting (β : 0.246 , $P = 0.001$) and a positive and significant relationship with emotional effort (β : 0.358 , $P < 0.001$). There was a statistically significant positive correlation between the emotional effort and deep acting (β : 0.415 , $P = 0.001$) and surface acting (β : 0.317 , $P = 0.001$) scores.

Conclusions: It was found that the emotional labor subscales affect each other, and a positive correlation between surface acting, deep acting, and emotional effort was found. A slightly positive and significant correlation between emotional effort and job satisfaction was found. A positive correlation was found between surface acting and perceived stress.

Keywords: Emotional labor, Job satisfaction, Job stress, Management, Midwifery

Address for correspondence: Dr. Selda Yoruk, Department of Midwifery, Balikesir University, Faculty of Health Sciences, Cagis Campus, Balikesir, Turkey.
E-mail: seldayoruk@gmail.com

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INTRODUCTION

Individuals prefer to react by following social norms rather than displaying their emotions and therefore try to control them in their daily lives.^[1] Emotional labor is defined as expressing emotions appropriately and in a socially acceptable way, necessitated by the working conditions and environment.^[1,2] If individuals need to use their emotional reactions as a work requirement, it can be said that they control them for a certain fee. While working in an environment which requires emotional labor, the worker exhibits either surface acting or deep acting. In surface acting, the individual only changes his/her behavior and expresses the emotion required by the circumstances even though he/she does not feel it. However, an individual has to make an effort to feel and regulate the emotion that he/she needs to reflect in deep acting.^[2-4]

Pregnancy and childbirth are processes in which intense emotions are experienced by women and their families.^[5] Midwifery is a profession that requires providing emotional support during pregnancy, childbirth and postpartum periods, and that involves intensive emotional labor.^[6] As the definition of midwifery is generally associated with pregnancy, birth and new-born health, emotional labor is a very important concept in this profession due to the close interaction with pregnant women.^[6,7] Midwives serve women and their families in periods of very different emotional intensity, such as during healthy or risky pregnancies, spontaneous births, and traumatic and difficult birth experiences^[6] Whatever mood they are in, even if they do not feel like it or are experiencing different emotions, midwives are expected to behave as expected: To assume defined roles, to smile, to empathize and to use nonverbal communication well.^[8] Midwifery requires the adoption of emotional labor; that is, managing emotions regarding “creating a public observable face and body image.”^[9] Midwives have to display certain behaviors and reflect their emotions to interlocutors because of their emotional caring roles. Emotional labor refers to a continuous phenomenon that is above and beyond this basic level. Rayment (2015) stated that emotional labor in midwives occurs in two ways: First, midwives must seem relaxed and confident to ensure that the woman feels calm and safe during the birth. The other concerns emotion management: That is, in terms of protecting themselves against difficult and distressing situations and acting by following the rules of emotion approved by the hospital management while providing services.^[9] Midwives’ working conditions affect their overall health and may cause burnout, low job satisfaction, and stress.^[6] It was stated that the unique working conditions of midwives require emotional work and affect their health

and well-being, which may result in burnout and stress.^[6,8] Although many studies have been conducted on burnout, job satisfaction.^[1,10,11] and job stress.^[12,13] in midwifery and nursing in Turkey, no study evaluating the relationship between emotional labor and job stress and satisfaction in midwifery has been found. It is thought that this study will be important for investigating the factors that cause emotional exhaustion and depersonalization in midwives displaying deep acting and emotional effort while providing health services, and for implementing initiatives to manage the institutional ones. Preventing the factors that cause tension in working life will help to improve job satisfaction and productivity, protect employee health and improve midwifery service quality with positive results.

In particular, little has been known about the effects of supporting women who experience pain, fear, and anxiety during birth, and the effects of emotional labor on midwives. This study focused on the relationship between midwives’ emotional labor, job stress, and job satisfaction. The causal relationship between emotional labor and socio-demographic characteristics was also examined.

MATERIAL AND METHODS

Research design and the participants

This cross-sectional study was conducted at a public institution which is the largest maternity hospital in a city in the west of Turkey in 2019. The research was carried out on midwives working in the maternity hospital ($n = 241$). For this cross-sectional study, the sample size was aimed to reach at least 198 people with 50% unknown prevalence, 1% absolute deviation, and 99.9% confidence level. This sample size was calculated on OpenEpi, Version 3, open-source calculator.^[14] The study participants were selected using simple random sampling technique. The inclusion criteria for the study are all midwives who volunteered to participate in the study.

Data collection tools

As data collection tools, a sociodemographic questionnaire, the Emotional Labour Scale (ELS), the Perceived Stress Scale (PSS), and the Minnesota Job Satisfaction Scale were used.

Socio-demographic questionnaire

This questionnaire includes background information about the socio-demographic of the midwives including age, education, marital status, number of children, mode of birth, economic status, and general health status, and it consists of 15 questions, including some that are related to professional experience such as work experience (year),

unit of work, weekly working hours, number of patients cared for daily and opinions about working conditions. The form was created by the researchers with the help of the related literature.^[15-17]

The Emotional Labour Scale

The ELS was developed by Grandey AA in 1999. The scale consists of 26-items that measure three dimensions: Depth acting ($\alpha = 0.79$), surface acting ($\alpha = 0.88$), and natural expression of emotions (intimate behavior).^[18,19] The scale was adapted to Turkish, and validity and reliability studies were conducted by Boothby and Tunç in a study conducted with nurses in 2015. Unlike the original factor structure, the scale has a three-factor structure conceptualized as deep acting, surface acting, and emotional effort.^[20] The scale consists of 13 items are evaluated with the help of a five-point Likert scale (0 = Never, 4 = Always). The scores that can be obtained from the scale are 0-24 points in the surface acting subscale, 0-16 points in the emotional effort dimension, and 0-12 points in the deep acting dimension. It can be said that the higher the scores the participants get, the more the dimensions are used. The Cronbach's α coefficient of the three dimensions, namely, emotional effort, surface acting, deep acting avoidance, and interference were 79, 87, and 78, respectively.^[20] In this study, the Cronbach Alpha coefficient was determined for emotional labor sub-dimensions. The emotional effort was found as .76, surface acting was .83, and deep acting was .72.

The Perceived Stress Scale

This scale was developed by Cohen *et al.* in 1983. The internal consistency coefficient of the original scale was found to be .78.^[21] The PSS is a self-assessment scale developed to measure the level of stress experienced and to what extent the respondent evaluates his/her life as being uncontrollable and overloaded. In this scale, individuals are asked to rate how often they have experienced certain feelings or thoughts in the last month. The scores obtained from the items are summed to determine the level of stress perceived by the responder. This 5-point Likert type scale consists of 10 items and each question is scored between 1 and 5. The total scores to be obtained from the scale vary between 10 and 50. A high score obtained from the scale indicates a high level of perceived stress. The scale was adapted to Turkish, and a validity and reliability study was conducted by Eskin *et al.* and the internal consistency coefficient of the scale was found to be .82.^[22] Cronbach's α coefficient of the PSS was .71 in the present study.

The Minnesota Job Satisfaction Questionnaire

In this scale, developed in 1967 by Weiss *et al.*, job conditions and job satisfaction are associated. The scale

reveals the difference between the current situation and the expectations of the individual. The median reliability coefficients range from .78 to .93.^[23] It was translated into Turkish in 1985, and validity and reliability studies were conducted and Cronbach's α coefficient was .77.^[24] The 5-point Likert type scale consists of 20 items investigating internal, external and general satisfaction levels. There are no reverse items in the scale. The scores obtained from the items are summed to determine the level of stress perceived by the responder. The highest score that can be obtained from the scale is 100, and the lowest possible score is 20. Cronbach's α coefficient of the Minnesota Job Satisfaction Questionnaire was .82 in the present study.

Research ethics

This study was conducted in accordance with the principles of the World Medical Association Helsinki Declaration. Ethics approval was obtained from Balıkesir University Medical Faculty Clinical Research Ethics Committee (2018/02). Before the study, we obtained the permission of the researchers who conducted the validity and reliability studies for the scales in Turkish. We obtained informed consent from each participant. The research participants were informed of their rights before signing the informed written consent, including the right to withdraw from the study at any time. Before the questionnaire was distributed, the purpose of the study was explained. The participants were informed that they were free to participate and that their names and data would be kept confidential. Any personal identifier was not encoded; identifiers of the midwives were replaced with identification numbers. Survey forms were answered with their own statements and collected under observation. The completion time for the questionnaire was approximately 15 min.

Statistical analysis

Statistical analysis was conducted using SPSS version 20.0 (IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY, USA: IBM Corp.) statistical package software. Descriptive statistics were expressed with means, standard deviations, numbers, and percentages. We analyzed the normality of the data with the Kolmogorov-Smirnov test. Whereas our data were normally distributed ($P > 0.05$), we used parametric tests to compare the groups. The relationship between the emotional labor subscales meant that scores and sociodemographic characteristics and working conditions were evaluated by an independent sample *t*-test. Emotional labor subdimensions, perceived stress, and job satisfaction were evaluated with Pearson correlation analysis. The variables affecting the emotional labor subdimension were

examined by multiple regression analysis. In the multiple regression analysis, the variables that were significant in the univariate analysis were included in the model. The statistical significance level was $P < 0.05$.

RESULTS

A total of 198 midwives participated in the study. All participants were female. The mean age of participants was 40.65 ± 7.86 (min: 23, max: 56). The majority of the midwives who participated in the study were married (87.1%) and had a bachelor's degree (82.2%). Approximately half of the midwives had more than 20 years of work experience (51.7%), while 29.1% had 10 years or less of professional experience. The mean working weekly hours of the midwives was 48.51 ± 9.22 , and one-third (33.8%) worked 50 h or more per week. The mean number of patients examined daily was 17.45 ± 14.35 .

The means of emotional labor dimensions, perceived stress, and job satisfaction are reported in Table 1. There was a statistically significant positive correlation between surface acting and perceived stress. A positive and significant correlation was found between deep acting and emotional effort and job satisfaction. There was a negative correlation between perceived stress and job satisfaction [Table 1].

In Table 2, the relationship between sociodemographic and job characteristics and surface acting, emotional effort, and deep acting was examined. There was no significant relationship between those variables and emotional effort and surface acting. Among the midwives with 10 years or more of work experience, deep acting scores were significantly higher [Table 2].

It was found that midwives who evaluated working conditions as 'positive' (6.55 ± 2.55) had a significant tendency to demonstrate deep acting ($P < 0.01$). In midwives responding to problems in working conditions as being "the high number of patients" (11.06 ± 4.58), 'strict management' (11.23 ± 4.64), "lack of staff" (10.41 ± 5.03),

and "working overtime" (9.36 ± 5.01), the observation of surface acting was significantly higher ($P < 0.05$).

Perceived stress, deep acting, emotional effort, lack of staff, working overtime, a high number of patients, and strict management were included in the multiple regression model as affecting the surface acting scores. The reason why job satisfaction was included in the model was that there was a relationship between job satisfaction and surface acting according to the literature. Job satisfaction, surface acting, emotional effort, work experience, and working conditions were included in the multiple regression model as affecting the deep acting scores. The multiple regression model regarded as affecting the emotional effort scores included job satisfaction, surface acting, and deep acting. In the multiple regression analysis, the variables that were significant in predicting the emotional labor surface acting subscale scores were job satisfaction, deep acting, emotional effort, lack of staff and the high number of patients. The variables that were significant in predicting deep acting scores were perceived stress, surface acting, and emotional effort. The variables that were significant in predicting the emotional effort scores were deep acting and surface acting [Table 3].

DISCUSSION

In this study, the relationship between midwives' emotional labor and job satisfaction, perceived stress, and working conditions was examined. It is difficult to compare the mean emotional labor score of our study with the mean score of the emotional labor subdimension of the studies reported in the literature. The main reason for this is thought to be due to using different measurement tools, evaluating different sub-dimensions of emotional labor, conducting studies in different occupational groups, different characteristics of health institutions and working conditions, sampling volume, and cultural differences. Another important issue is that emotional labor sub-dimensions may change according to cultural and social characteristics.^[19,20,25]

Surface acting means that the individual expresses the emotions required by the circumstances even though he/she does not actually feel that way.^[9] Many studies of different occupational groups have focused on surface emotional labor in particular.^[15,26] In those studies, it was emphasized that surface emotional labor causes job stress and reduces job satisfaction.^[27] It is stated that there is a strong relationship between the surface acting subscale of emotional labor and cortisol levels in response to stress.^[28] In their study conducted with hospital workers, Sohn *et al.*

Table 1: The correlation analysis between the emotional labour subdimensions, perceived stress and job satisfaction (n=198)

Emotional labour	Mean±SD	X1	X2	X3	X4
X1: Surface acting	9.13±2.11	1			
X2: Deep acting	6.65±2.55	0.368*			
X3: Emotional effort	9.58±3.15	0.459*	0.556*		
X4: Perceived stress	32.34±4.10	0.158**	0.022	0.109	
X5: Job satisfaction	62.96±10.34	-0.121	0.267**	0.165**	-0.207**

* $P < 0.001$, ** $P < 0.05$. SD: Standard deviation

Table 2: The relationship between emotional labour and some variables (n=198)

Variables	Surface acting		Deep acting		Emotional effort	
	Mean±SD	P	Mean±SD	P	Mean±SD	P
Work experience (years)						
<10	9.90±4.03	0.34	5.85±2.41	0.04	9.04±2.96	0.26
≥10	9.16±5.20		6.71±2.47		9.64±3.01	
Working hours						
≤48	8.49±5.45	0.13	6.49±2.53	0.45	9.28±3.19	0.29
≥49	9.62±4.69		6.77±2.52		9.76±3.13	
Number of pregnancies						
0	9.18±5.10	0.43*	6.18±2.54	0.23*	9.51±2.80	0.09*
1	8.59±4.46		6.88±2.56		9.09±3.57	
≥2	9.01±5.43		6.71±2.59		9.77±3.12	
Childbirth						
Vaginal	8.82±4.83	0.77	6.76±2.43	0.93	9.43±3.17	0.60
Caesarean	9.05±5.49		6.72±2.73		9.70±3.30	
Marital status						
Married	9.12±5.30	0.91	6.70±2.59	0.52	9.56±3.18	0.84
Single/divorced/widowed	9.20±4.12		6.41±2.38		9.67±3.04	
Education						
High school	9.20±4.13	0.91	6.41±2.38	0.52	9.67±3.04	0.84
University	9.12±5.30		6.70±2.59		9.56±3.18	
History of chronic disease						
Yes	8.42±5.63	0.31	6.85±2.52	0.54	9.53±2.93	0.91
No	9.35±4.94		6.59±2.56		9.59±3.80	
Number of patients per day						
0-10	8.87±5.15	0.42	6.72±3.08	0.80	9.55±2.81	0.77
11+	9.63±4.86		6.59±2.13		9.72±3.47	
Choosing the profession willingly						
Yes	9.00±4.99	0.63	6.60±2.60	0.63	9.36±3.05	0.51
No	9.39±5.44		6.78±2.47		9.67±3.21	

*ANOVA. $P < 0.05$; independent sample t -test. SD: Standard deviation**Table 3: Multiple regression model analysis with variables affecting emotional labor subdimensions (n=198)**

Variables	Regression coefficient (B)	β	P	95% CI
Surface acting				
Perceived stress	0.065	0.052	0.381	-0.081-0.212
Job satisfaction	-0.071	-0.144	0.025	-0.133--0.009
Deep acting	0.296	0.148	0.038	0.016-0.576
Emotional effort	0.602	0.371	<0.001	0.382-0.821
Lack of staff	-2.367	-0.227	<0.001	-3.54--0.19
Working overtime	0.922	0.089	0.140	-0.305-2.148
The high number of patients	2.513	0.244	<0.001	1.306-3.720
Strict management	1.282	0.244	0.149	-0.461-3.024
$R, R^2, \text{Durbin-Watson}, P$		0.63, 0.405, 2.103, <0.001		
Deep acting				
Perceived stress	0.035	0.146	0.036	0.002-0.069
Surface acting	0.124	0.246	0.001	0.052-0.195
Emotional effort	0.295	0.358	<0.001	0.177-0.143
Work experience	0.662	0.114	0.072	-0.06-1.383
Positive evaluation of working conditions	0.815	0.133	0.057	-0.024-1.653
$R, R^2, \text{Durbin-Watson}, P$		0.60, 0.35, 1.71, <0.001		
Emotional effort				
Job satisfaction	0.028	0.093	0.124	-0.008-0.064
Surface acting	0.196	0.317	0.001	0.120-0.271
Deep acting	0.512	0.415	0.001	0.356-0.668
$R, R^2, \text{Durbin-Watson}, P$		0.62, 0.39, 1.46, <0.001		

CI: Confidence interval

found a positive correlation between surface acting and work stress.^[27] In our study, a positive correlation was found between surface acting and perceived stress. However, the multiple regression analysis showed no significant correlation. Individual emotion management style and work environment are reported to be related to emotional

labor.^[29] In midwives who stated a lack of staff and the high number of patients among perceived working conditions and problems, a significant correlation was found between those variables and surface acting. The main reason for this situation is thought to be due to the increase in work stress and workload, less time for the patient and a lack of

adequate communication and interaction. Midwives may have to comply with social, professional and institutional norms while working, and their emotional burden may also be high.^[20] They may exhibit more surface acting due to the excessive workload in midwifery services, less time to allocate to the patient, large amounts of paperwork, devaluation of the midwifery service and institutional expectations.^[7,20] In this study, midwives stated that there was a lack of staff and that the number of patients was high. These institutional reasons lead to surface acting along with an increasing workload and, consequently, require more emotional effort. This explains the positive correlation between surface acting and emotional effort. It is stated that health staff can make some cognitive and emotional changes that require empathy by using emotional labor and psychological resources.^[20] As the duration of surface acting increases in midwives, it becomes a more intense and intrinsic emotion. As the duration of emotion display increases, its intensity also increases; this explains the positive correlation between surface emotional labor, deep acting, and emotional effort.^[30] In our study, a positive and significant relationship was found between emotional effort and deep acting. The results show that emotional effort is effective in deep acting as the effort required to show appropriate emotion increases.^[31]

In this study, the multiple regression analysis revealed a significant correlation between surface behavior scores and job satisfaction. In the studies conducted with doctors and nurses in the literature, there was a negative and significant correlation between surface acting and job satisfaction, which is similar to the results of our study.^[15,16,26,32,33] When midwives exhibit an emotion that they do not feel, their job satisfaction decreases. The meta-analysis findings on emotional labor showed that there is a negative correlation between surface acting and job satisfaction.^[34] The findings of our study are supported by the results of this meta-analysis. Although there was a significant relationship between work experience and deep acting in univariate analysis, no significant correlation was found in the multiple regression analysis. Additionally, no significant relationship was found between midwives' other working characteristics and emotional labor. As it is related to emotional inconsistency, least in deep acting, it may not be related to emotional exhaustion.

One of the important findings of this study is the relationship between positive thinking and deep acting. It was reported that having positive emotions helps to improve emotional burnout.^[26] There was a positive and significant relationship between deep acting and job satisfaction. However, different results were obtained in

the literature. In some studies, there was no relationship between deep acting and job satisfaction,^[17,32] while a relationship similar to the one in our study was found in some others.^[15,26,33] The findings of the meta-analysis conducted by Kammeyer-Mueller *et al.* support our study and show a positive relationship between deep acting and job satisfaction.^[34] A slightly positive and significant correlation between emotional effort and job satisfaction was found. It is stated that emotional labor can decrease job satisfaction and cause job stress through the increasing emotional expectations required of employees.^[27,29,32]

The study was conducted with midwives working in different units in the largest maternity hospital in a province in Turkey. The most important limitation of the study is that it was cross-sectionally conducted on midwives in the public hospital in a province in the west of Turkey and the possibility of bias from the respondents. However, the findings are considered to make a significant contribution in terms of obtaining meaningful results for the evaluation of causal relationships in future studies. Additional prospective and qualitative studies in various regions are needed to further investigate the issue.

CONCLUSIONS

It was found that emotional labor subdimensions affected each other, and surface acting, deep acting, and emotional effort were positively correlated. It was determined that as job satisfaction increases, deep acting also increases. However, surface acting significantly increases as job satisfaction decreases. In midwives who stated that the number of staff was insufficient and that the number of patients was high among the perceived working conditions and problems, there was a significant correlation between perceived stress and displays of surface acting.

Availability of data and materials

The data and materials used and analyzed during this study are available from the authors.

Conflicts of interest

There are no conflicts of interest.

Authors' contributions

SY and AA; participated in the design of the study, acquisition of data, performed the statistical analysis and drafted the manuscript. All authors read and approved the final manuscript.

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