Burnout as a Mediator in the Relationship between Emotional Labor and Turnover Intention in Clinical Nurses

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Emotional Labor and Turnover Intention in Clinical Nurses

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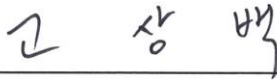
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ABSTRACT

**Burnout as a Mediator in the Relationship between
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Objectives: The purpose of this study was to identify the relationships between emotional labor, burnout, and turnover intention in clinical nurses, focusing on the mediating role of burnout in the relationship between emotional labor and turnover intention in clinical nurses was examined.

Methods: Using data collected from a sample of 606 nurses from six Korean hospitals, we conducted a multiple regression analysis to determine the relationships among clinical nurses' emotional labor, burnout, and turnover intention, looking at burnout as a mediator.

Results: The results partially support the mediating role of burnout in the relationship between the sub-factors of emotional labor and turnover intention. In particular, burnout partially mediated the relationship between emotional dissonance and damage, organizational surveillance and monitoring, and organizational support and safety system. Although the mediating effect of burnout was significantly associated with the demands and regulation of emotions, no significant effects on turnover intention (i.e., the dependent variable) were observed. Burnout did not have a significant mediating effect on overload and conflicts in customer service.

Conclusions: To reduce nurses' turnover, it is recommended to develop the strategies that target both burnout and emotional labor, given that burnout partially mediated the effects of emotional labor on turnover intention, and emotional labor was directly associated with turnover intention.

Key Words: Emotional labor, Burnout, Turnover intention, Clinical nurses,

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I. Introduction

1. Backgrounds

Care is the core of nursing practice.[1] Nurses must forge a caring relationship—as opposed to a simple task-oriented one—with patients in pain,

which can render them emotionally exhausted and may produce conflict. Despite this, nurses must demonstrate appropriate emotional management when providing services to patients face-to-face.[2] In other words, nurses must engage in emotional labor[3], which pertains to controlling one's emotions and emotional display to accomplish an organization's goals. More specifically, it refers to efforts to display the emotions that are deemed appropriate for the job, for the sake of improving job performance. An important aspect of emotional labor is emotional distortion, which has been shown to influence workers' mental wellbeing adversely by prompting them to neglect their true emotions and inducing a sense of alienation from oneself.[3]

The shortage of nursing professionals has been an ongoing crisis in many countries in the past decade.[4] In 2002, the Bureau of Labor Statistics (BLS) projected that the United States would be 800,000 registered nurses short of the national requirement by 2020.[5] Several researchers have suggested that withdrawal behaviors among nurses may be an outcome of emotional labor.[6-8] For example, Nixon, Yang[8] argued that emotional labor could increase psychological stress in the workplace, which in turn can have negative outcomes such as the intention to quit. Turnover intention refers to a worker's intention to leave his or her current workplace, or prudent and considerate thoughts about leaving the organization.[9] It is recognized as the final step in the process of turnover.[10, 11]

While personal factors have been found to influence turnover per se, organizational factors, such as organizational stress and leadership, have a considerable influence on turnover intention.[12] For instance, Flinkman, Leino-Kilpi[13] reported that the following factors influence turnover intention among hospital nurses: young age, male, high level of education, low wage, low job commitment, low emotional commitment, low job satisfaction, weak support system, low job autonomy, burnout, and job-related conflict with family members. Similar results have been found in the Korean literature as well. For instance, Kim and Kim[14] found that turnover intention was negatively correlated with job satisfaction, organizational commitment, and job marketing while it was positively correlated with job stress and burnout.

Notably, turnover intention had a stronger correlation with burnout than with job stress. Nurse turnover is especially detrimental for hospitals, not because of the turnover per se, but because it leads to considerable financial loss, undermines the quality of patient care, demoralizes fellow employees, and reduces efficiency and productivity.[15] Hence, studying nurses' turnover intention may be more cost effective for hospitals than merely studying turnover behavior of all hospital employees. Additionally, identifying the key factors related to turnover intention enables administrators to develop interventions to prevent nurses' turnover.[16] Because nurses account for a critical proportion of personnel in medical facilities,

understanding the factors related to turnover intention among them is becoming an increasingly important and reasonable aspect of hospital management strategy.[17]

Burnout is a negative psychological experience that often challenges workers whose job duties are highly interpersonal and who face prolonged exposure to stressors without adequate organizational support. According to Maslach, Schaufeli[18], burnout is a psychological syndrome encompassing the aspects of emotional exhaustion, depersonalization, and low personal achievement. In particular, organizational members are depleted of energy and become fatigued if they are continuously exposed to situations requiring emotional regulation (e.g., organizations requiring excessive display rules). As a way of coping with this emotional exhaustion, they may demonstrate negative and cynical attitudes towards others and express dehumanizing and indifferent responses, which in turn can result in poor productivity and ultimately a negative assessment of themselves.[19]

Burnout manifests differently depending on the job, although it appears to be much more common among workers involved in customer service than among those in manufacturing.[20] Taken together, these findings suggest that greater attention should be paid to burnout among nurses, given their high degree of emotional labor. Indeed, it is especially important given that the effects of burnout

go beyond individual members; namely, it is inimical to the productivity and efficiency of the organization, increases turnover, facilitates negative job attitudes, and decreases performance.[21] All of these ultimately cause adverse effects among fellow nurses and hospital coworkers, as well as patients.[22]

2. Purposes

The aim of this study was to determine whether the relationship among clinical nurses' emotional labor, burnout, and turnover intention, focusing on the mediating role of burnout in the relationship between emotional labor and turnover intention in clinical nurses was examined. Overall, emotional labor, job stress, and burnout all appear to be key determinants of turnover intention among nurses.[23, 24] In particular, the positive correlation between emotional labor and turnover intention has been established. Grandey[7] also suggested that emotional management increases physiological arousal, which may lead individuals to withdraw from their work and eventually quit. The following hypotheses were therefore proposed.

Hypothesis 1. Emotional labor is positively related to turnover intention.

It is important to note that, in the present study, we used the conceptualization of emotional labor developed by Schaubroeck and Jones[2], which includes demands to express positive emotion and to suppress negative emotion. As nurses may attempt to suppress negative and to enact positive emotions on a day-to-day basis[25], we have combined them in the analysis to ascertain the composite effect of emotional labor.

Meanwhile, many preceding studies have emphasized on burnout as an important factor influencing turnover intention.[26, 27] Bartram, Casimir[26] actually demonstrated that burnout fully mediated the relationship between emotional labor and intention to leave—in other words, emotional labor results in burnout, which in turn results in nurses wanting to leave their workplace. However, these past studies did not look at the various components of emotional labor. More precisely, to ensure that intervention strategies aimed at reducing turnover intention rate are effective, it is essential to understand which aspects of emotional labor are direct risk factors for turnover intention, and which may be mediated by burnout. While there is a growing body of evidence that emotional labor can be stressful and can lead to burnout symptoms, research has rarely considered the different factors of emotional labor as predictors of burnout and turnover intention. Through the present study, we aimed to fill this research gap.

Hypothesis 2. Burnout mediates the relationship between emotional labor and turnover intention.

The basis of our investigation of the relationships between emotional labor, burnout, and turnover intention among nurses was "the dissonance theory of emotional labor." According to this theory, emotional dissonance is considered as a cornerstone of emotional labor.[28] It is conceptualized as a conflict between felt and displayed emotions, including both actually manifested and potential emotions.[29]

According to the dissonance theory of emotional labor, which seems to be driven by the mediating influence of self-alienation (i.e., emotional dissonance) [30], burnout maybe an important mechanism for explaining the relationship between emotional labor and intention to leave. A potential mechanism of this relationship is that holding competing emotions creates a sense of emotional exhaustion, which in turn motivates withdrawal behaviors, such as the intention to leave.[31] Indeed, there is evidence that the emotional exhaustion component of burnout is positively associated with intention to leave[32] and voluntary turnover.[33] Morris and Feldman[34] argued that organizational members gradually begin to experience burnout as their available capacity for emotional dissonance is depleted by emotional labor. Zapf[30] also suggested that emotional dissonance positively

affects burnout.

II. Methods

1. Participants

Study subjects were nurses working at one of six general hospitals located in Seoul or Gangwon Province. Data were collected using a self-administered questionnaire. A total of 606 registered nurses (response rate 60.6%) were included in the final analysis, after excluding 24 questionnaires for incomplete responses. This descriptive cross-sectional study was performed to examine the relationship of emotional labor and burnout to turnover intention in clinical nurses.

2. Measures

1) Emotional labor

The Korean Emotional Labor Scale (K-ELS)[35] was used to assess emotional labor. This 24-item scale comprises five subscales, including five items for *emotional demand and regulation*, three for *overload and conflict in customer service*, six for *emotional disharmony and hurt*, three for *organizational*

surveillance and monitoring, and seven for *lack of a supportive and protective system in the organization*. Each item is measured on a 4-point Likert scale ranging from 1 ("not at all") to 4 ("very often"). The total summed score for the five sub-factors ranges from 24 to 96, which are converted to a 0–100 scale for analysis. Higher total scores indicate a greater degree of emotional labor. The following is an example item: "I intentionally try not to express negative feeling to patient." The Cronbach's α coefficients for the five factors of emotional labor ranged from 0.761 to 0.904 in the present study. To confirm the factor structure of the K-ELS in our sample, we performed a principal component factor analysis with a varimax rotation. The results revealed five factors with eigenvalues of 1.00 or greater. Together, these factors explained 61.9% of the variance. All items loaded onto at least one factor with factor loadings of .50 or above. Furthermore, the communalities for all items exceeded .50. Thus, the K-ELS was deemed to have satisfactory factorial validity in our sample.

2) Burnout

Burnout was assessed using the 5-item scale developed by Maslach and Jackson (1981). Each item was measured on a 4-point Likert scale ranging from 1 ("not at all") to 4 ("very often"). Higher total scores on this measure indicate a

higher degree of burnout. The following is an example item: "I feel exhausted because of my work." In the present study, the Cronbach's α was 0.91.

3) Turnover intention

Turnover intention was measured using a tool developed by Kim[36]. Kim[36] validated the scale using an expert panel, for use with hospital nurses. The scale comprises six items measured on a 5-point Likert scale ranging from 1 ("not at all") and 5 ("very much"). A higher total score indicates a higher degree of turnover intention. The following is an example item: "If I could choose other hospitals to work at, I would not choose this hospital." The Cronbach's α for this tool 0.79 in the present study, while that in Kim[36]'s study was 0.76.

Table 1. Cronbach's alphas for the variables

Variables		items	Cronbach's α
Emotional labor	Emotional demand and regulation	5	.76
	Overload and conflict in customer service	3	.84
	Emotional disharmony and hurt	6	.88
	Organizational surveillance and monitoring	3	.67
	Lack of a supportive and protective system in the organization	7	.76
Burnout		5	.91
Turnover intention		6	.79

3. Data analysis

The data were analyzed using SPSS Statistics 21.0 (IBM Corp., Armonk, NY). Subjects' demographic characteristics were expressed in frequencies and percentages or means and standard deviations. Pearson's correlation analysis was performed to examine the correlations between emotional labor, burnout, and turnover intention. Simple and multiple regression analyses were performed to identify the mediating role of burnout in the relationship between emotional labor and turnover intention; this finding was validated using the 3-step mediation analysis method developed by Baron and Kenny.[37] This causal-steps approach to testing mediation entails a specific sequence of tests to examine the relationships among the variables, making it suitable for analysis.[38]

According to this method, mediation effects are considered present if the following conditions are met: (1) the independent variable significantly predicts the dependent variable; (2) the independent variable significantly predicts the mediating variable; and (3) when the dependent variable is regressed simultaneously on the independent variable and the mediator, the mediator significantly predicts the dependent variable, and the independent variable has a weaker effect on the dependent variable than that obtained in Condition 1. If the independent variable still has a significant effect in Condition 3, the mediation is

considered partial; if the independent variable has a non-significant effect, the mediation is deemed as full. Notably, however, Baron and Kenny[37] mentioned that only Condition 2 and 3 are needed to demonstrate mediation effects. The statistical significance of the mediating effect was validated using the Sobel test. We adjusted for type I error using Bonferroni corrections, and differences with a $p < .01$ were considered statistically significant.

4. Ethical considerations

Data collection proceeded on obtaining approval from the institutional review board (IRB) at Yonsei University Medical School in Wonju (IRB NO: YWNR-15-2-024). Before the commencement of data collection, we explained the purpose of the study to the chief executive nurse at each hospital and sought their cooperation. Subsequently, we provided written explanations on the study purpose to participants and obtained signed informed consent forms from them. The informed consent forms included information on the purpose of the study, assurance of anonymity, confidentiality agreement, and withdrawal of participation, and we explained that the collected data would only be used for study purposes. Participants returned the completed questionnaires in an envelope addressed to the researcher. As an incentive to participate, all nurses who

completed the survey were given gift cards of an estimated worth of 15000 won

(approx. 13.22 USD). All data were collected between November 1 and

November 30, 2015.

III. Results

1. Distributions of demographic and occupational characteristics of the participants

The participants were predominantly female (95.9%) and most fell in the 20–29 years age group (48%). Of them, 59.1% of the participants were single, while 59.9% (n = 363) had a religious affiliation. Additionally, 79.5% had completed a 4-year university or higher degree. Most of the subjects worked in the general wards (40.1%), followed by intensive care unit (29.5%) and other departments (13.2%) and outpatient clinics (6.4%) and operating room (6.1%) and emergency rooms (4.6%). Participants were predominantly staff nurses (88.8%). Furthermore, most participants had 1–5 years (43.1%) of clinical experience, followed by 6–15 years (34%) and 16–34 years (21.1%). Most subjects worked in shifts (83%), and they had been transferred to different departments in the past (57.9%). Approximately 61% of the participants engaged in 5–12 hours of patient care per day, and most worked 50–60 hours per week on an average (39.9%), followed by 42–49 hours (31.5%) and 32–40 hours (28.5%) (Table 2).

Table 2. Participants' demographic characteristics

(n = 606)

Characteristics		n (%)
Sex	Male	25 (4.1)
	Female	581 (95.9)
Age	20–29	291 (48.0)
	30–39	219 (36.1)
	40–59	96 (15.8)
Marital status	Single	358 (59.1)
	Married	248 (40.9)
Religion	No	243 (40.1)
	Yes	363 (59.9)
Education	College	124 (20.5)
	University or higher	482 (79.5)
Working department	General wards	243 (40.1)
	ICU	179 (29.5)
	ER	28 (4.6)
	OR	37(6.1)
	Outpatient	39(6.4)
	Others	80(13.2)
Position	Staff nurse	538 (88.8)
	Charge nurse or higher	68 (11.2)
Clinical experience (years)	1–5	261 (43.1)
	6–15	206 (34.0)
	16–34	128 (21.1)
Shift work	Yes	503 (83.0)
	No	103 (17.0)
Experience of department transfer	Yes	351 (57.9)
	No	255 (42.1)
Patient caring hours	1–4	223 (36.8)
	5–12	369 (60.9)
Average weekly working hours	32–40	173 (28.5)
	41–49	191 (31.5)
	50–60	242 (39.9)

Abbreviations: OR, operating room; ICU, intensive care unit; ER, emergency room

2. Relationships between demographic variables and burnout

As shown in Table 3, nurses' burnout was associated with age. Mean values of burnout of young age group were significantly higher than those of elder age group (40 years or more) (F=6.39, p=.002). Other demographic variables, such as education, marital status and religion, were not associated with burnout.

Table 3. Mean values and standard deviations (SD) of burnout by demographic variables

(n = 606)

Characteristics		n	M±SD	t or F	p
	20～29[a]	291	16.55±3.19	6.39	.002
Age(years)	30～39[b]	219	16.01±3.70		(a＞c)
	40～59[c]	96	15.14±3.42		
Education	University or higher	482	16.01±3.51	1.67	.094
	College	124	16.60±3.18		
Marital status	Married	248	15.83±3.49	1.82	.069
	Single	358	16.35±3.41		
Religion	Yes	363	16.05±3.52	.73	.464
	No	243	16.25±3.35		

3. Relationships between job characteristics and burnout

Table 4 shows that mean values of burnout of the nurses who are working at the department of general wards were significantly higher than those of intensive care unit (ICU), outpatient (OP), and other department (F=12.03, p=.000). Long working hours with the patients (t=-4.43, p=.000), and shift work (t=-3.33, p=.001) were also significantly related to burnout.

Table 4. Means and standard deviations of burnout by job characteristics

(n = 606)

Characteristics	Category	n	Burnout M±SD	t or F	p
Clinical experience (years)	1～5[a]	261	16.21±3.42	1.48	.227
	6～15[b]	217	16.35±3.55		
	16～34[c]	128	15.70±3.38		
Working department	General wards[a]	243	17.12±3.03	12.03	.000
	ICU[b]	179	15.25±3.60		(a> b,e,f
	ER[c]	28	18.32±2.09		b,e,f<c)
	OR[d]	37	15.59±2.67		
	Outpatient[e]	39	14.67±3.31		
	Others[f]	80	15.31±3.95		
Position	Charge nurse or higher	68	15.66±3.19	1.19	.232
	Staff nurse	538	16.19±3.48		
Patient caring hours	1～4	237	15.34±3.71	-4.43	.000
	5～12	369	16.66±3.19		
Shift work	Yes	503	16.34±3.42	-3.33	.001
	No	103	15.11±3.44		
Experience of department transfer	Yes	351	16.26±3.56	1.02	.305
	No	255	15.96±3.29		
Average weekly working hours	32-40[a]	173	15.76±3.43	2.15	.117
	41-49[b]	191	16.05±3.33		
	50-60[c]	242	16.46±3.55		

4. Relationships between emotional labor and burnout

The relationships between emotional labor and burnout were presented in Table 5. The results show that mean values of the five sub-scales of emotional labor were more common in the high risk group than in normal group (emotional demand and regulation: t=-5.84 p=.000, overload and conflicts in customer service: t=-10.27 p=.000, emotional disharmony and hurt: t=-11.88 p=.000, organizational surveillance and monitoring: t=-5.55 p=.000, lack of a supportive and protective system in the organization: t=-4.46 p=.000).

Table 5. Relationships between the five sub-scales of emotional labor and burnout
(n = 606)

Characteristics		n	Burnout M±SD	t	p
Emotional demand and regulation	Normal	288	15.30±3.55	-5.84	.000
	High risk	318	16.89±3.17		
Overload and conflicts in customer service	Normal	305	14.81±3.65	-10.27	.000
	High risk	301	17.47±2.63		
Emotional disharmony and hurt	Normal	273	14.44±3.48	-11.88	.000
	High risk	333	17.52±2.74		
Organizational surveillance and monitoring	Normal	332	15.44±3.56	-5.55	.000
	High risk	274	16.97±3.12		
Lack of a supportive and protective system in the organization	Normal	538	15.91±3.39	-4.46	.000
	High risk	68	17.87±3.49		

5. Relationships between demographic variables and turnover intention

Turnover intention of nurses were significantly associated with age (F=33.67, p=.000), education (t=2.32, p=.020), and marital status (t=4.67, p=.000). Nurses who were young, graduated from college and never married were more likely to increase turnover intention compared to those of the counter parts (Table 6).

Table 6. Means and standard deviations of turnover intention by demographic variables

(n = 606)

Characteristics	Category	n	Turnover intention		
			M±SD	t or F	p
Age(years)	20～29[a]	291	19.83±3.89	33.67	.000
	30～39[b]	219	18.64±3.56		(a〉b>c)
	40～59[c]	96	16.18±4.03		
Education	University or higher	482	18.63±3.99	2.32	.020
	College	124	19.56±3.94		
Marital status	married	248	17.92±3.97	4.67	.000
	single	358	19.44±3.90		
Religion	Yes	363	18.75±4.06	.52	.601
	No	243	18.93±3.90		

6. Relationships between job characteristics and turnover intention

Nurses' turnover intention was associated with the period of clinical experience (F=28.18, p=.000), working department (F=7.55, p=.000), position (t=4.74, p=.000), shift work (t=-5.84, p=.000), experience of department transfer (t=-2.75, p=.006), and average weekly working hours (F=11.60, p=.000) (Table 7).

Table7. Means and standard deviations of turnover intention by job characteristics

(n = 606)

Characteristics	Category	Turnover intention			
		n	M±SD	t or F	p
Clinical experience (years)	1～5[a]	261	19.58±4.03	28.18	.000
	6～15[b]	217	19.20±3.56		(a,b＞c)
	16～34[c]	128	16.56±3.86		
Working department	General wards[a]	243	19.13±3.94	7.55	.000
	ICU[b]	179	18.97±3.90		(a,b>e,
	ER[c]	28	21.61±4.33		c>d,e,f)
	OR[d]	37	17.38±3.09		
	Outpatient[e]	39	16.33±4.23		
	Others[f]	80	18.46±3.72		
Position	Charge nurse or higher	68	16.69±3.91	4.74	.000
	Staff nurse	538	19.09±3.93		
Patient caring hours	1～4	237	18.74±4.18	-.63	.524
	5～12	369	18.96±3.89		
Shift work	Yes	503	19.24±3.85	-5.84	.000
	No	103	16.78±4.09		
Experience of department transfer	Yes	351	18.44±3.86	-2.75	.006
	No	255	19.35±4.13		
Average weekly working hours	32-40[a]	173	17.64±4.16	11.60	.000
	41-49[b]	191	19.04±3.58		(a＜b＜c)
	50-60[c]	242	19.49±4.02		

7. Relationships between emotional labor and turnover intention

The relationships between emotional labor and turnover intention were presented in Table 8. The results show that mean values of the four sub-scales of emotional labor were more common in the high risk group than in normal group with the exception of emotional demand and regulation (overload and conflicts in customer service: t=-3.74 p=.000, emotional disharmony and hurt: t=-5.37 p=.000, organizational surveillance and monitoring: t=-3.49 p=.000, lack of a supportive and protective system in the organization: t=-5.29 p=.000).

Table 8. Relationships between the five sub-scales of emotional labor and turnover intention

(n = 606)

Characteristics	Category	n	M±SD	t	p
Emotional demand and regulation	Normal	288	18.73±3.86	-.52	.602
	High risk	318	18.90±4.12		
Overload and conflicts in customer service	Normal	305	18.22±3.95	-3.74	.000
	High risk	301	19.43±3.95		
Emotional disharmony and hurt	Normal	273	17.88±4.14	-5.37	.000
	High risk	333	19.59±3.79		
Organizational surveillance and monitoring	Normal	332	18.31±4.00	-3.49	.001
	High risk	274	19.44±3.91		
Lack of a supportive and protective system in the organization	Normal	538	18.52±3.88	-5.26	.000
	High risk	68	21.18±4.13		

8. Correlations between emotional labor, burnout and turnover intention

Turnover intention was positively correlated with the following sub-scales of emotional labor: overload and conflicts in customer service (r = .16, p = .000), emotional disharmony and hurt (r = .26, p = .000), organizational surveillance and monitoring (r = .19, p = .000), and lack of a supportive and protective system in the organization (r = .19, p = .000). Thus, Hypothesis 1 was supported (Table 9). Burnout was also positively associated with the five sub-scales of emotional labor.

Table 9. Correlations between emotional labor factors and turnover intention

(n = 606)

Variables	1	2	3	4	5	6	7
1. Emotional demand and regulation	1						
2. Overload and conflicts in customer service	.37 (.000)	1					
3. Emotional disharmony and hurt	.49 (.000)	.63 (.000)	1				
4. Organizational surveillance and monitoring	.24 (.000)	.39 (.000)	.50 (.000)	1			
5. Lack of a supportive and protective system in the organization	.10 (.007)	.06 (.118)	.15 (.000)	.06 (.114)	1		
6. Burnout	.32 (.000)	.41 (.000)	.54 (.000)	.29 (.000)	.19 (.000)	1	
7. Turnover intention	.00 (.922)	.16 (.000)	.26 (.000)	.19 (.000)	.19 (.000)	.31 (.000)	1

All values are Pearson's correlation coefficient (p-value).

9. Factors influencing turnover intention

To analyze the relationship of demographic and job characteristic variables, the five sub-scales of emotional labor, and burnout to turnover intention, a hierarchical multiple linear regression analysis was performed. The findings are presented in Table 10.

Model 1 included age, shift work, and average weekly working hours into the model. In Model 2, the five sub factors of emotional labor: "emotional demand and regulation," "overload and conflict in customer service," "emotional disharmony and hurt," "organizational surveillance and monitoring," and "lack of a supportive and protective system in the organization" were entered. In Model 3, burnout was added. The fits of the three models were statistically significant. The variance inflation factor (VIF) was used to diagnose the problem of multicollinearity among all the independent variables, and it was revealed that there was no problem related to multicollinearity.

In Model 1, age, shift work and working hours were associated with turnover intention. Nurses who were young (20-29 years) (t=6.75, p=.000), shift workers (t=3.58, p=.000), and working for long hours (t=4.21, p=.000) showed higher levels of turnover intention compared to their counterparts. In Model 1, these

three variables accounted for 14.0 % of the variance in turnover intention. In Model 2, the five factors of emotional labor were added, and four factors, "emotional demand and regulation" (t=2.37, p=.018), "emotional disharmony and hurt" (t=4.29, p=.000), and "organizational surveillance and monitoring" (t=2.04, p=.041), "lack of a supportive and protective system in the organization" (t=4.26, p=.000), were positively related to burnout. In other words, if people experience emotional regulation and emotional dissonance while fulfilling customer service roles, they are more likely to feel turnover intention. In addition, long lasting monitoring from the organization and lack of a supportive and protective system in the organization toward the negative consequences of emotional labor (e.g., clients' violence) is found to be associated with turnover intention. In Model 2, the four variables explained 23% of the variance in turnover intention. Model 3 included burnout. Results showed that three factors of emotional labor, such as "emotional demand and regulation" (t=2.73, p=.006), "emotional disharmony and hurt" (t=2.96, p=.003), and "lack of a supportive and protective system in the organization" (t=3.71, p=.000), were still shown to be significant effect on turnover intention, and that nurses with high burnout had significantly higher levels of turnover intention (t=3.73, p=.000). In Model 3, burnout increased 1% of the R^2 change of the variance in turnover intention. Burnout was found to be more powerful predictor of turnover intention compared to the sub-scales of emotional

labor.

As a result, seven variables; age, shift work, working hours, "emotional demand and regulation", "emotional disharmony and hurt", "lack of a supportive and protective system in the organization", and burnout were positively associated with turnover intention. However, the two sub factors of emotional labor, "overload and conflict in customer service" and "organizational surveillance and monitoring" were not associated with turnover intention.

Table 10. Factors influencing turnover intention (n = 606)

Characteristics	Reference		Model 1			Model 2			Model 3		
			ß	t	p	ß	t	p	ß	t	p
Age	40-59	20-29	.38	6.75	.000	.36	6.84	.000	.33	6.29	.000
		30-39	.26	4.73	.000	.23	4.45	.000	.22	4.25	.000
Shift work	No	Yes	-.14	3.58	.000	-.12	3.25	.001	-.10	2.92	.004
Average weekly working hours			.16	4.21	.000	.12	3.37	.001	.12	3.42	.001
Emotional demand and regulation						.10	2.37	.018	.11	2.73	.006
Overload and conflicts in customer service						-.00	-.13	.896	-.02	-.52	.603
Emotional disharmony and hurt						.23	4.29	.000	.16	2.96	.003
Organizational surveillance and monitoring						.08	2.04	.041	.08	1.91	.051
Lack of a supportive and protective system in the organization						.15	4.26	.000	.13	3.71	.000
Burnout									.16	3.73	.000
Adj R^2					.14			.23			.24
R^2 change					.14			.09			.01
Sig F change					.000			.000			.000

10. The mediating role of burnout in the relationship between emotional labor and turnover intention

The results of the mediation analyses conducted to test Hypothesis 2 were as follows. "Emotional demand and regulation" did not predict turnover intention in the first step (corresponding to Condition 1 explained earlier; $\beta = .00$, $p = .922$). However, it did predict burnout in the second step (corresponding to Condition 2; $\beta = .32$, $p = .000$), and both of these were significantly associated with turnover intention in the third step (corresponding to Condition 3_1, $\beta = .35$, $p = .000$; Condition 3_2, $\beta = -.11$, $p = .007$). However, as these results did not meet Baron and Kenny's criteria, it could not be concluded that burnout mediated the relationship of emotional demand and regulation with turnover intention (Table 3).

For "overload and conflicts in customer service," all three steps yielded significant relationships. Specifically, it significantly predicted turnover intention (first step; $\beta = .16$, $p = .000$) and burnout (second step; $\beta = .41$, $p = .000$), and both overload and conflicts in customer service and burnout significantly predicted turnover intention (third step; 3_1, $\beta = .30$, $p = .000$; 3_2, $\beta = .04$, $p = .408$). Given the notable reduction in standardized beta coefficients between the first and third steps, a partial correlation might be suggested. However, the results of a Sobel test indicated that burnout did not have a significant mediating effect on the

relationship between overload and conflicts in customer service and turnover intention (z = .87, p = .383; Table 11).

For "emotional disharmony and hurt," it was again found significant effects for all three steps (first step: β = .27, p = .000; second step: β = .55, p = .000; third step: 3_1, β = .25, p =.000; 3_2, β = .13, p = .004). Here, the decreased standardized beta coefficients between the first and third steps indicated a partial mediating effect of burnout on the relationship of emotional disharmony and hurt with turnover intention. This mediating effect was verified by significant Sobel test results (z = 2.96, p = .003; Fig. 1).

Partial mediating effects were also found for two other factors of emotional labor: "organizational surveillance and monitoring" and "lack of a supportive and protective system in the organization." For "organizational surveillance and monitoring," all three steps showed significant beta coefficients (first step: β = .20, p = .000; second step: β = .30, p = .000; third step: 3_1, β = .28, p =.000; 3_2, β = .11, p =.007), and the decrease in coefficients between the first and third step, combined with a significant Sobel test result (z = 2.503, p = .012), indicated that burnout had a mediating effect on the relationship of organizational surveillance and monitoring with turnover intention (Fig. 2).

For "lack of a supportive and protective system in the organization," all three steps yielded significant beta coefficients (first step: β = .19, p =.000; second step:

β = .20, p = .000; third step: 3_1, β = .29, p = .000: 3_2, β = .13, p = .001), and the decrease in these coefficients between the first and third steps, coupled with the significant Sobel test (z = 2.72, p = .006), again confirmed the mediating effect of burnout (Fig. 3).

Table 11.   Mediating effects of burnout on the relationship between factors of emotional labor and turnover intention   (n = 606)

Variables	Unstandardized b	Standardized β	p	Adj R^2
Emotional demand and regulation				
Step 1	.00	.00	.922	-. 00
Step 2	.07	.32	<.001	.10
Step 3_1	.41	.35	<.001	.11
3_2	-.03	-.11	< .01	
Overload and conflicts in customer service				
Step 1	.03	.16	<.001	.02
Step 2	.07	.41	<.001	.17
Step 3 1	.35	.30	<.001	.10
Step 3 2	.01	.04	.408	
			Sobel test: z = .87, p = .383	
Emotional disharmony and hurt				
Step 1	.05	.27	<.001	.07
Step 2	.09	.55	<.001	.30
Step 3_1	.28	.25	<.001	.11
3_2	.02	.13	.004	
			Sobel test: z = 2.96, p = < .01	
Organizational surveillance and monitoring				
Step 1	.04	.20	<.001	.04
Step 2	.05	.30	<.001	.09
Step 3_1	.33	.28	<.001	.11
3_2	.02	.11	.007	
			Sobel test: z = 2.50, p = < .01	
Lack of a supportive and protective system in the organization				
Step 1	.05	.19	<.001	.03
Step 2	.04	.20	<.001	.04
Step 3_1	.34	.29	<.001	.11
3_2	.03	.13	.001	
			Sobel test: z = 2.72, p = < .01	

Step 1: Emotional labor factor predicts turnover intention

Step 2: Emotional labor factor predicts burnout

Step 3_1: Burnout predicts turnover intention

Step 3_2: Emotional labor factor predicts turnover intention
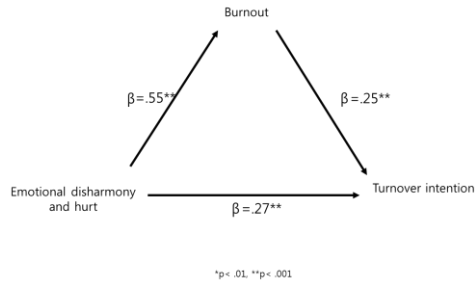
33

Burnout

β=.55**   β=.25**

Emotional disharmony
and hurt   β=.27**   Turnover intention

*p< .01, **p< .001

Fig 1. Mediating effects of burnout on the relationship of emotional disharmony and hurt with turnover intention

Burnout

β=.30**   β=.28**

Organizational
surveillance and
monitoring   β=.20**   Turnover intention

*p< .01, **p< .001

Fig 2. Mediating effects of burnout on the relationship of organizational surveillance and monitoring with turnover intention

Burnout

β=.20**   β=.29**

Lack of a supportive
and protective
system in the
organization   β=.19**   Turnover intention

*p< .01, **p< .001
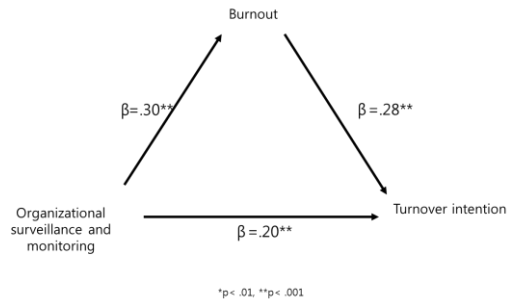
Fig 3. Mediating effects of burnout on the relationship of lack of a supportive and protective system in the organization with turnover intention

VI. Discussion

Numerous changes such as increased global competition and the development of the service sector are affecting today's world of work. As a result of this transformation of work, people are increasingly exposed to mental work demands.[39] Although more recent literature has shown that burnout can be found both within and outside human services[40], human service professionals including nurses are generally at a relatively high risk for burnout and, in turn, turnover intention.

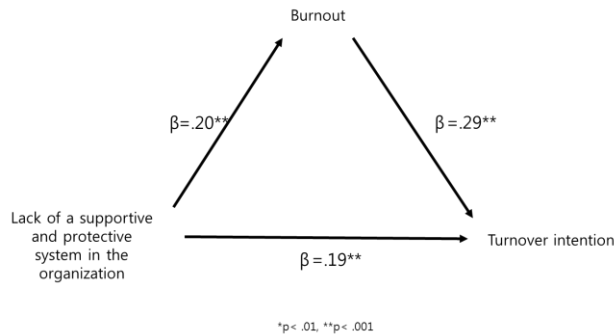In this study, it was found that turnover intention was more common in nurses who were young, performing shift work, and working long hours compared to those of counter parts. This result is consistent with the previous work by Oh and Chung[41] showing that younger nurses are more likely to have turnover intention compared to elder ones. This result suggests that it is required to develop the stress management program targeting new and shift working nurses in order to reduce the negative effects of emotional labor at organizational level. By doing so, job involvement, positive organizational attitude and behavior, and job satisfaction of them could be established, and they might contribute to providing high quality of health care.

It was found that emotional labor is positively associated with burnout and turnover intention. Of the five sub-factors of emotional labor, three factors, namely, emotional demand and regulation, emotional disharmony and hurt, and lack of a supportive and protective system in the organization, were related to turnover intention. These results indicate that people who experience higher levels of emotional demand and regulation, and emotional disharmony and hurt while performing customer service roles are more likely to feel higher levels of turnover intention. In addition, it is likely that insufficient support and protection from the organization toward the negative consequences of emotional labor (e.g., clients' violence) is associated with nurses' turnover intention.

High levels of job demands, in turn, may lead to several stress reactions, such as burnout and depression, which may eventually result in sickness absence, work disability, and turnover.[42] In addition, a growing body of research suggests that personal characteristics may contribute substantially to the emergence of psychological well-being. These insights, however, are still controversial. Now the question remains as to which personal characteristics or traits are of influence. For, example, Jeung et al[43] found that emotional labor is positively associated with burnout.

These results suggest that the turnover intention of nurses might result from suppressing emotion, and emotional hurt or damage (i.e., emotional dissonance)

while performing customers service, which may occur owing to the interactions with their clients. In addition, these results indicate that lack of supportive and protective system in the organization could play a significant role in increasing the risk of nurses' turnover intention. These arguments propose that the employees' emotions are being managed and regulated in the workplace in order to meet the display rules required by the organization. For example, Schaubroeck and Jones found that emotional labor was more likely to be associated with symptoms of ill health among employees who identified less or were less involved with their jobs.[44]

Previous studies reported that the negative impacts of emotional labor are modifiable partially by a sense of inauthenticity or the experience of dissonance between expressions and feelings.[45-47] On the other hands, emotional labor appears to have positive effects when it is experienced as self-enhancing or when workers are in control of their emotion management. Qualitative studies suggest that when emotional labor involves management of others' emotions, it can be experienced as empowering.[48-50] Emotional labor focused on others like customers or clients can also reduce status differences between the service providers and the clients.[51] Wharton found that workers in jobs that require higher levels of emotional labor reported higher levels of job satisfaction than those in other occupations.[52, 53] These results also suggested that the negative effects of

emotional labor are alleviated among those with greater job autonomy and job authority to their works.

Burnout as a trigger for nurses' turnover intention is an exhausted state of coping response, and nurses who experienced burnout were difficult to return to work.[24] Burnout originated from suppressing emotion and emotional dissonance while doing customer service, in turn, leads to turnover intention. In the present study, burnout appeared to be a significant predictor of nurses' turnover intention. In these respects, it is required to develop the nurse-specific training programs to prevent burnout and to strengthen the personality traits and personal competence such as resilience[54] and psychological flexibility.

In the present study, it was examined the mediating effect of burnout in the relationships between emotional labor and turnover intention. The findings indicated that overload and conflicts in customer service, emotional disharmony and hurt, organizational surveillance and monitoring, and lack of a supportive and protective system in the organization were significantly associated with burnout and turnover intention. This coincides with the results of prior studies that reported that emotional labor induces burnout, and that it is positively correlated with turnover intention. [32, 55, 56] However, notably, emotional demand and regulation was not associated with turnover intention. There is, unfortunately, a lack of evidence to support this result. Although emotional demand and regulation

were associated with burnout, most participants might consider this factor a natural part of their role as a nurse. Hence, this factor may not lead to turnover intention.

Of the five sub-scales of emotional labor, emotional disharmony and hurt (i.e., emotional dissonance) was the strongest predictor of burnout and turnover intention among all the factors of emotional labor. Emotional dissonance is defined as the conflict between positive emotional display—namely, the emotions required by the organization—and individuals' felt emotions.[57] Previous studies have demonstrated a clear and consistent relationship between emotional dissonance and burnout among professionals in the human service industry.[58, 59] In other words, these studies have stressed that suppressing one's internal emotions is detrimental to the health and wellbeing of organization members. In a study on hotel room staff, Heuven and Bakker[58] argued that emotional dissonance is a stronger predictor of burnout as compared to increased job demands and lack of autonomy. Similarly, in a study on correctional officers, Rutter and Fielding[60] suggested that the suppression of experienced emotions in jobs that demand neutrality of emotional expression is a source of stress.

It was found that burnout partially mediated the effects of three of the five factors of emotional labor: emotional disharmony and hurt, organizational surveillance and monitoring, and lack of a supportive and protective system in the

organization. This finding coincides with the emotional dissonance theory[26], and it is supported by other studies indicating that emotional exhaustion may be an important predictor of turnover intention. In particular, conflicts between displayed and actual emotion can exhaust workers emotionally, which in turn may motivate withdrawal behaviors such as turnover intention.[31] Furthermore, Lindquist and Whitehead [61] noted that emotional labor and turnover intention are not involved in a direct causal relationship; rather, emotional labor induces job stress, which in turn influences organizational effectiveness, including factors such as job satisfaction or turnover intention.

Overload and conflicts in customer service, as a sub-factor of emotional labor, had a direct effect on turnover intention, but this relationship was not mediated by burnout. According to the job demands-resources model, high job demands—such as overload and conflicts with patients—and few job resources are associated with poorer organizational commitment, which, in turn, relates to turnover intention.[62] However, more evidence on this result is needed. It is recommended that future research should take a closer look at this factor of emotional labor. In this study, it was confirmed that the supportive and protective system and the manual to reduce the negative effect of emotional labor and burnout at the organizational level should be provided. In addition, it is needed to promote healthy consumerism, and to establish the regulation plan or bill to

protect from the rude customers.

These results are noteworthy with reference to the implication that the different factors of emotional labor may have differential effects on mediators and outcomes. Besides the effects obtained above, it is possible that these factors have independent contributions to various other outcomes.

Selection bias is a potential limitation of this study because we selected the participating facilities without randomization and participants could choose whether to participate in the study. Furthermore, all data in this study were obtained through a self-administered questionnaire, thus presenting the possibility of common method bias. This should be taken into consideration when interpreting the present results.

V. Conclusion

This study suggests that emotional labor is related to turnover intention and burnout mediates the relationship between emotional labor and turnover intention in clinical nurses, in an attempt to devise intervention strategies to reduce nurses' turnover intention and to ultimately improve the management of nursing personnel and quality of medical services.

The increasing attention on the concept of emotional labor allowed us to utilize an emotional labor scale that was developed considering Korea's sociocultural characteristics and to verify its validity in the field of nursing. The main findings of this study are as follows:

First, nurses' emotional labor has adverse effects, being positively associated with burnout and turnover intention.

Second, the degree of burnout among nurses mediated the effects of emotional disharmony and hurt, organizational surveillance and monitoring, and lack of a supportive and protective system in the organization on turnover intention, thus calling for intervention strategies that target nurses' burnout.

It is needed to develop the strategies to reduce the intensity and exposure of nurses to emotional labor because overload and conflicts in customer service has a

direct effect on turnover intention, and to provide the supportive and protective system and the guideline manual in order to reduce the negative effect of emotional labor and burnout at the organizational level. Further, it is needed to promote healthy consumerism, and to establish the regulation plan or bill to protect from the rude customers.

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APPENDICES

1. Questionnaire

임상간호사의 감정노동과 이직의도간의 관계에서 소진의 매개효과	ID

현대의 병원들은 서비스 경쟁화로 인해 전문적인 의료 서비스 뿐 만 아니라 친절 교육을 통해 고객만족을 높이려 하며 고객만족의 강조로 인해 간호사의 감정노동 및 작업장 폭력이 심화되고 있습니다.

다음의 설문은 한국산업안전보건연구원에서 개발한 '한국형 감정노동 및 작업장 폭력 평가도구(K-ELS)'로서 종합병원 간호사의 감정노동과 고객 폭력 및 직장 내 폭력 경험의 수준, 직장 내 보호나 관리, 우울감, 소진, 일, 가족, 전반적 삶의 만족수준, 의료이용(입원), 질병결근, 질병출근, 이직의도, 주관적 건강상태, 자살생각을 확인하기 위함입니다.

귀하께서 작성하신 설문은 향후 간호사의 감정 노동과 직장 내 폭력 경험의 수준을 낮추는 중재 프로그램의 마련 및 간호 인력자원에 대한 간호교직의 효율적 관리를 할 수 있는 기초자료로 활용되어질 것이다. 이 연구는 자발적 참여의사를 밝히신 분에 한하여 수행될 것입니다. 참여 의사를 결정하기 전에 본 연구의 목적을 사전에 설명을 받으시고, 해당 설문에 솔직하게 응답하여 주시면 감사하겠습니다.

아울러 귀하께서 응답하신 내용은 통계법 제 33조(통계종사자 의무)의 규정에 따라 통계적 목적으로만 사용되어짐과 동시에 개인의 개별적인 사항은 일체 비밀에 보장됨을 알려드립니다.

2016년   월   일

연구책임자: 장세진
연락처: 010-8672-0848
연구자 : 백지운
연락처 : (010-3983-9460, er1847@yonsei.ac.kr)

연구 참여 동의서

본 임상 연구에 대하여 연구의 목적 및 방법에 대하여 충분히 이해하였습니다.

본 연구에 참여하는 것은 나의 자발적인 의사로 이루어지는 것이며 도중에 연구 참여를 원하지 않는 경우가 발생하면 언제라도 연구 참여를 중단할 권리가 있습니다. 귀하께서 응답해주신 내용과 결과는 모두 무기명으로 처리되고 , 불이익이 발생하지 않으며, 순수한 연구목적으로만 사용될 것을 약속드립니다. 진행 중 참여자에 대한 정보는 개인 정보를 코드화하여 처리함으로써 개인정보를 비밀로 유지할 것입니다.

나는 위와 같은 정보를 충분히 이해하였으므로 자유로운 의사에 따라 본 임상연구에 참여할 것을 동의합니다.

날짜 : 2016년   월   일
서명 : _____

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* 다음의 설문은 귀하의 일반적 특성에 관한 것입니다. 해당되는 곳에 V표 하여 주시길 바랍니다.

1. 성   □① 남자   □ ②여자

2. 연령 : (만_____세)

3. 최종학력
□① 간호전문대졸   □② 간호대학(학과)졸   □③ 석사학위   □④ 박사학위

4. 결혼상태
□① 미혼   □② 기혼   □③ 이혼/사별/별거   □④ 기타

5. 귀하의 종교는?
□① 없다   □② 기독교   □③ 천주교   □③ 불교   □④ 기타

6. 귀하의 지위는?
□① 일반간호사   □② 책임간호사   □③ 파트장   □④ 팀장

7. 귀하의 하루 업무시간 중 고객(환자) 응대에 소요되는 시간은 몇 시간이 되십니까?
(하루 평균 _____시간)

8. 귀하의 경력은?   (_____년 _____개월)

9. 귀하의 현재의 근무부서는?
□① 내과병동   □② 중환자실   □③ 응급실   □④ 수술실
□⑤ 외래   □⑥ 외과 병동   □⑦ 소아과 병동   □⑧ 기타(   )

10. 교대근무
□① 교대근무   □② 교대 근무 안함

11. 귀하는 부서 이동 경험이 있습니까?
□① 예   □② 아니오

* 다음의 설문은 감정 노동의 수준을 평가하기 위하여 만들어진 것입니다. 현재의 업무 수행 상황을 토대로 아래의 설문에 대한 귀하의 생각과 가장 가까운 곳에 V표 하여 주시길 바랍니다.

하부영역	설문문항	전혀 그렇지 않다	약간 그렇지 않다	약간 그렇다	매우 그렇다
감정조절의 요구 및 규제 (5)	1. 고객에게 부정적인 감정을 표현하지 않으려고 의식적으로 노력 한다.				
	2. 고객 응대 시 회사의 요구대로 감정 표현을 할 수밖에 없다.				
	3. 업무상 고객을 대하는 과정에서 나의 솔직한 감정을 숨긴다.				
	4. 일상적인 업무수행을 위해선 감정적인 노력이나 조절을 필요로 한다.				
	5. 고객을 대할 때 느끼는 나의 감정과 내가 실제 표현하는 감정은 다르다.				
고객응대의 과부하 및 갈등 (3)	6. 공격적이거나 까다로운 고객을 상대해야 한다.				
	7. 나의 능력이나 권한 밖의 일을 요구하는 고객을 상대해야 한다.				
	8. 고객의 부당하거나 막무가내의 요구로 업무 수행의 어려움이 있다.				
감정부조화및 손상 (6)	9. 고객 응대 시 자존심이 상한다.				
	10. 고객에게 감정을 숨기고 표현하지 못할 때 내 감정이 손상당하는 느낌이다.				
	11. 고객 응대 시 나의 감정이 상품처럼 느껴진다.				
	12. 퇴근 후에도 고객 응대 시 힘들었던 감정이 남아 있다.				
	13. 고객을 대하는 과정에서 마음의 상처를 받는다.				
	14. 몸이 피곤해도 고객들에게 최선을 다해야 하므로 감정적으로 힘들다.				

하부 영역	설문문항	전혀 그렇지 않다	약간 그렇지 않다	약간 그렇다	매우 그렇다
조직 의 감시 및 모니 터링 (3)	15. 직장이 요구하는 대로 고객에게 잘 응대하는지 감시당한다(CCTV 등)				
	16. 고객의 평가가 업무성과평가나 인사고과에 영향을 준다.				
	17. 고객 응대에 문제가 발생했을 때, 나의 잘못이 아님에도 직장으로부터 부당한 처우를 받는다.				
조직 의 지지 및 보호 체계 (7)	18. 고객 응대과정에서 문제발생 시 직장에서 적절한 조치가 이루어진다.				
	19. 고객 응대 과정에서 발생한 문제를 해결하고 도와주는 직장 내의 공식적인 제도와 절차가 있다.				
	20. 직장은 고객 응대과정에서 경험한 마음의 상처를 위로받도록 해준다.				
	21. 상사는 고객 응대 과정에서 발생한 문제를 해결하기 위해 도와준다.				
	22. 동료는 고객 응대 과정에서 발생한 문제를 해결하기 위해 도와준다.				
	23. 직장 내에 고객 응대에 관한 행동지침이나 매뉴얼이 마련되어 있다.				
	24. 고객의 요구에 대하여 해결해 줄 수 있는 권한이나 자율성이 나에게 주어져 있다.				

* 다음의 설문은 귀하의 건강상태와 관련된 것입니다. 지난 2주 동안, 아래 나열되는 증상들에 얼마나 자주 시달렸습니까?

설문문항	전혀 아님	1주일 미만	1주일 이상	거의 매일
1. 일을 하는 것에 대한 흥미나 재미가 거의 없음				
2. 가라앉은 느낌, 우울감 혹은 절망감				
3. 잠들기 어렵거나 자꾸 깨어남, 혹은 너무 많이 잠				
4. 피곤감, 기력이 저하됨				
5. 식욕 저하 혹은 과식				
6. 내 자신이 나쁜 사람이라는 느낌 혹은 내 자신을 실패자라고 느끼거나, 나 때문에 나 자신이나 내 가족이 불행하게 되었다는 느낌				
7. 신문을 읽거나 TV를 볼 때 집중하기 어려움				
8. 남들이 알아챌 정도로 거동이나 말이 느림, 또는 반대로 너무 초조하고 안절부절 못해서 평소보다 많이 돌아다니고 서성거림				
9. 차라리 죽는 것이 낫겠다는 등의 생각 혹은 어떤 식으로든 스스로를 자해하는 생각들				

* 다음의 설문은 지난 2주 동안 느끼신 정서적 상태에 관한 질문입니다. 해당되는 곳에 V표하여 주시기 바랍니다.

설문문항	전혀 그렇지 않다	약간 그렇지 않다	약간 그렇다	매우 그렇다
1. 하루의 일과가 끝날 때면 진이 다 빠진 느낌이다.				
2. 일로 인해 기진맥진한 상태에 있음을 느낀다.				
3. 일 때문에 정신적으로 지쳐있음을 느낀다.				
4. 아침에 일어나 일어나서 오늘도 일하러 가야한 다는 생각을 하면 일어나기가 싫고 기운이 빠진다.				
5. 사람들을 상대로 하루 종일 일하는 것은 정말 힘든 일이다.				

* 다음의 설문은 귀하께서 느끼시는 <u>업무전반에 대한 만족도</u>입니다. 해당되는 곳에 V표 하여 주시기 바랍니다.

설문문항	매우 만족	만족	불만족	매우 불만족
1. 귀하의 업무전반에 대해 얼마나 만족하십니까?				
2. 물리적인 근무환경(시설,위생등)에 대해 얼마나 만족하십니까?				
3. 귀하의 능력이 발휘되는 방식에 대해 얼마나 만족하십니까?				
4. 모든 것을 고려했을 때, 귀하의 업무 전반에 대해 얼마나 만족하십니까?				

* 다음의 문항은 <u>이직의도</u>에 관한 것입니다. 본인의 생각과 일치하는 곳에 표시해 주시기 바랍니다.

설문문항	매우 그렇다	그렇다	보통이다	그렇지 않다	전혀 그렇지 않다
1. 나는 다른 병원에서 일해보고 싶다.					
2. 만일 다른 병원을 선택할 수 있다면 이병원은 선택하지 않을 것이다.					
3. 만일 병원을 옮긴다면 지금보다 좋은 병원에 입사할 가능성이 높다면 생각한다.					
4. 나는 이 병원의 구성원으로 계속 남아있기를 희망한다.					
5. 나는 종종 병원을 그만두고 싶은 생각이 든다.					
6. 현재보다 병원조건이 나빠진다면 나는 병원을 떠날 것이다.					

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2. Ethics statement

연구윤리 심사 의뢰서

접수번호	2015-02-106		접수일자	2015. 02. 2일
연구과제명	임상 간호사의 감정노동과 이직의도간의 관계에서 소진의 매개효과			
연구책임자	소 속	예방의학교실	직 위	교수	성 명	장 세 진
신 청 자	성 명	백 지 윤	핸드폰	010-8958-9460
			E-mail	erf847@yonsei.ac.kr
연 구 기 간	연구윤리 승인 후 ~ 2015 년 07 월 31 일			
연구의 종류	① 환자대상 설문조사 ② 일반인대상 설문조사 ③ 정상세포배양 ④ 보관된 검체연구 ⑤ 의무기록을 이용한 연구 ⑥ 조직 및 혈액연구 ⑦ 관찰연구 ⑧ 일반인 또는 환자를 대상으로 의학적 시술이 필요한 경우 ⑨ 기타 (조사연구)			

위 연구책임자께서 제출하신 연구과제에 대하여 연구윤리심의위원회에서 검토하여 다음과 같이 결정하였음을 통지합니다.

- 다 음 -

심사일	2015.03.12	승인번호	YWNR-15-2-024	통보일자	2015.03.12
심사결과	□ 원안승인 ■ 수정 자료 승인 □ 반려				
비 고					

연세대학교 원주의과대학 연구윤리심의위원장

<국문요약>

임상간호사의 감정노동과 이직의도 간의 관계에서 소진의 매개효과

백 지 윤

연세대학교 대학원

의학과

1. 연구배경 및 목적: 최근 간호사의 부족현상과 함께 간호사의 이직이 보건의료계의 주요한 관심사 중의 하나가 되고 있다. 감정관리 활동이 상품화로 노동력의 일부가 되면서 감정에 관한 연구들은 여러 각도와 다양한 방법으로 이루어져 왔다. 이러한 이유로 최근에는 감정노동, 스트레스, 직무만족, 간호조직문화 등을 주축으로 이직의도와의 관계를 규명하는 연구가 보고되고 있다. 감정노동으로 인한 감정부조화는 조직 구성원의 심리적 반응과 안녕감에 미치는 영향과 관련하여 관심을 받아왔으며, 구성원이 느끼는 감정과 조직의 표현 규범이 서로 상충될 때 감정조절 요구로 인하여 감정 부조화를 경험하게 되면

신체적으로 불건강한 상태에 이르게 되며, 정신적으로 소진을 경험하게 되고 결국에는 직장을 떠나고 싶은 마음으로 이어지게 된다. 본 연구는 감정노동과 이직의도 간의 관련성을 분석하고, 감정노동과 이직의도의 관계에서 소진의 매개효과를 확인하고자 하였다.

2. 연구대상 및 방법: 연구 대상자는 S시와 W시에 소재한 6개 종합병원에서 근무하는 간호사로 본 연구의 목적을 이해하고 연구에 참여하기로 동의한 간호사 606명을 대상으로 구조화된 설문지를 이용하여 자료를 수집하였다. 설문지는 일반적인 특성과 직업특성 7문항, 감정노동 24문항, 소진 5문항, 이직의도 6문항으로 구성되었으며, 이직의도의 영향요인을 확인하기 위하여 위계적 다중회귀분석을 사용하였고, 감정노동과 이직의도간의 관계에 있어 소진의 매개효과를 파악하기 위하여 Baron과 Kenny(1986)의 3단계 매개효과 검증절차를 이용한 다중선형회귀분석을 시행하였다. 모든 통계분석은 SPSS(version 23.0)를 이용하였고, 통계학적 유의성 평가는 $p<.05$로 하였다.

3. 연구결과: 일반적인 특성에 따른 소진의 차이는 연령대가 20대, 근무부서 일반병실, 환자의 직접 간호시간이 길수록, 근무형태가 교대근무, 감정노동 하부영역별로 정상군보다 위험군에서 유의하게 높았다. 이직의도의 차이는 20대의 연령, 3년제 졸업자, 배우자가 없는 경우, 임상경력이 낮을수록, 근무부서가 일반병실, 중환자실, 응급실, 직급이 일반간호사, 교대근무자, 부서 이동 경험이 없는자, 주간 평균 근무시간이 길수록, 감정노동 하부영역별 감정조절의 요

구 및 규제 영역을 제외하고 모두 위험군에서 의직의도가 높았다. 이직의도에 영향을 미치는 요인으로서는 20대(t=6.29)와 30대의 연령(t=4.25), 교대근무(t=-2.92), 주단위 평균 근무시간(t=3.42), 감정노동 하부영역 중 감정조절의 요구 및 규제(-2.73), 감정부조화 및 손상(t=2.96), 조직의 보호 및 지지체계 결핍(t=3.71), 소진(t=3.73)이 유의하게 영향을 미치는 요인이였다. 감정노동과 이직의도와의 관계에서 소진의 매개효과를 확인한 결과, 감정노동의 하부영역중 감정부조화 및 손상(z=2.96, p=<.01), 조직의 감시 및 모니터링(z=2.50, p=<.01), 조직의 지지 및 보호체계 부족(z=2.72, p=<.01)에서 부분 매개 효과를 보였다.

4. 결론 및 제언: 본 연구의 결과를 바탕으로 몇 가지 제언을 하고자 한다. 첫째, 임상 현장에서 간호 인력을 관리하는 관리자는 이직 의도에 영향을 줄 수 있는 감정노동, 소진의 관계를 인식할 필요가 있으며, 이직 의도를 줄이기 위한 중재 방안을 구상하는데 있어 감정노동 하부 영역 중 특히 감정부조화 및 손상을 경감시키기 위한 전략들이 적극적으로 사용되어야 한다. 둘째, 감정노동으로 인한 소진이 발생되기 전에 이를 검사하고 예방할 수 있는 중재 프로그램의 개발이 더 효과적임을 고려할 수 있다. 셋째, 감정노동으로 인한 소진의 효과는 근로자 개인의 태도에 따라 상이한 양상을 보일 수 있다. 즉, 감정노동 수행 과정에서의 부정적 특면들이 개인적 특성이나 직장의 분위기 등으로 인해 완화될 수 있으므로 후속 연구에서는 개인의 태도나 성격, 직무 환경

등을 포함한 좀 더 포괄적인 심층 연구가 이루어지길 제언한다.

중심어: 감정노동, 소진, 이직의도, 임상 간호사