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titleAssessing the Relationship Between Emotional Labor and Compassion Satisfaction in Nursing Practice
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sectionIntroduction

The nursing profession represents a unique context where emotional labor constitutes a fundamental component of professional practice. Emotional labor, defined as the process of managing feelings and expressions to fulfill emotional requirements of a job, has traditionally been studied through a deficit-focused lens that emphasizes its contribution to burnout and emotional exhaustion. However, this perspective fails to capture the complex reality that emotional work in nursing can simultaneously serve as both a source of strain and professional fulfillment. This research addresses this gap by developing a comprehensive framework for understanding how different emotional labor strategies relate to compassion satisfaction—the positive aspects of helping work that contribute to professional meaning and fulfillment.

Traditional approaches to studying emotional labor in nursing have predominantly employed qualitative methodologies or basic correlational designs that limit our understanding of the dynamic interplay between emotional labor dimensions and professional outcomes. The current study introduces several methodological innovations, including the development of a multidimensional assessment instrument, the application of advanced statistical modeling techniques, and the implementation of a longitudinal design that captures the temporal dynamics of emotional labor and its consequences. By examining emotional labor not as a monolithic construct but as a multifaceted phenomenon with distinct strategies and consequences, this research provides a more nuanced understanding of how nurses can navigate emotional demands while maintaining professional satisfaction.

Our investigation is guided by three primary research questions: First, how do different emotional labor strategies (surface acting, deep acting, and genuine emotion expression) differentially predict compassion satisfaction and burnout among nurses? Second, what organizational and individual factors moderate the relationship between emotional labor and professional outcomes? Third, can

distinct emotional labor profiles be identified among nurses, and how do these profiles relate to long-term professional well-being and career sustainability? These questions address critical gaps in the existing literature and provide a foundation for developing targeted interventions to support nurse emotional well-being.

sectionMethodology

subsectionParticipants and Procedure

This longitudinal study employed a mixed-methods approach with quantitative data collection at three time points over twelve months. A total of 847 registered nurses were recruited from diverse healthcare settings including academic medical centers, community hospitals, long-term care facilities, and outpatient clinics. Participants represented various clinical specialties, with mean age of 38.7 years ($SD = 11.2$) and average nursing experience of 12.4 years ($SD = 9.8$). The sample included 78

Data collection occurred through an online platform that administered standardized measures alongside the newly developed Emotional Labor-Compassion Satisfaction Inventory (EL-CSI). Participants completed assessments at baseline, six months, and twelve months, with retention rates of 92

subsectionMeasures

The Emotional Labor-Compassion Satisfaction Inventory (EL-CSI) was developed through an iterative process that included item generation based on theoretical frameworks, expert review by nursing and psychology professionals, and pilot testing with a separate sample of 150 nurses. The final instrument comprises 45 items measuring three emotional labor dimensions (surface acting, deep acting, genuine emotion expression) and two outcome dimensions (compassion satisfaction and emotional exhaustion). Confirmatory factor analysis supported the hypothesized five-factor structure with excellent model fit indices ($CFI = .95$, $RMSEA = .04$, $SRMR = .03$).

Surface acting was measured through items assessing the extent to which nurses modify their emotional expressions without changing their internal feelings. Deep acting items captured efforts to genuinely experience the emotions required by professional situations. Genuine emotion expression items measured the alignment between felt emotions and displayed emotions. Compassion satisfaction was assessed through items measuring the positive aspects of caregiving, including feelings of achievement, fulfillment, and positive relationships with patients. Emotional exhaustion items measured feelings of being emotionally overextended and depleted.

Additional measures included the Professional Quality of Life Scale (ProQOL) for validation purposes, the Nursing Work Environment Scale to assess organi-

zational factors, and the Brief COPE inventory to measure coping strategies. Demographic and professional characteristics were collected to examine potential moderating variables.

subsectionAnalytical Approach

Data analysis employed a multilevel modeling framework to account for the nested structure of repeated measurements within individuals. Structural equation modeling (SEM) was used to test the hypothesized relationships between emotional labor strategies and professional outcomes, while controlling for relevant covariates. Latent profile analysis identified distinct emotional labor patterns among nurses, and longitudinal analyses examined how these profiles predicted changes in compassion satisfaction and burnout over time.

Moderated mediation analyses tested whether organizational support, coping strategies, and individual differences moderated the relationship between emotional labor and outcomes. All analyses were conducted using Mplus version 8.4, with full information maximum likelihood estimation to handle missing data. Power analysis indicated that the sample size provided adequate power (.80) to detect small to medium effects.

sectionResults

subsectionEmotional Labor Dimensions and Their Correlates

The analysis revealed distinct patterns of association between emotional labor strategies and professional outcomes. Surface acting demonstrated strong positive correlations with emotional exhaustion ($r = .62, p < .001$) and negative correlations with compassion satisfaction ($r = -.48, p < .001$). In contrast, deep acting showed a more complex pattern, with moderate positive correlations with both emotional exhaustion ($r = .28, p < .001$) and compassion satisfaction ($r = .36, p < .001$). Genuine emotion expression exhibited strong positive correlations with compassion satisfaction ($r = .71, p < .001$) and negative correlations with emotional exhaustion ($r = -.39, p < .001$).

Structural equation modeling supported a model in which surface acting directly predicted increased emotional exhaustion, while deep acting and genuine emotion expression predicted increased compassion satisfaction. The relationship between deep acting and emotional exhaustion was fully mediated by perceived emotional competence and organizational support, suggesting that the potentially draining effects of deep emotional work can be mitigated by adequate resources and skills.

subsectionEmotional Labor Profiles

Latent profile analysis identified four distinct emotional labor profiles among

nurses. The Integrated Genuine profile (32

Longitudinal analyses revealed that profile membership was relatively stable over twelve months, with 78

subsectionModerating Factors

Organizational support emerged as a critical moderator of the emotional labor-outcome relationship. In well-supported environments, the relationship between deep acting and emotional exhaustion was non-significant, while in poorly supported environments, this relationship became strongly positive. Coping strategies also moderated these relationships, with problem-focused coping buffering the negative effects of surface acting and emotion-focused coping enhancing the benefits of deep acting.

Individual differences in emotional intelligence and years of experience moderated the emotional labor process, with more experienced and emotionally intelligent nurses demonstrating better outcomes across all emotional labor strategies. This suggests that emotional labor skills can be developed over time and through targeted training.

sectionConclusion

This research provides a nuanced understanding of emotional labor in nursing practice by demonstrating that not all emotional work leads to negative outcomes. The distinction between different emotional labor strategies and their differential relationships with professional well-being challenges the predominantly negative conceptualization of emotional labor in healthcare literature. The identification of distinct emotional labor profiles offers a person-centered approach to understanding how nurses navigate emotional demands, with important implications for targeted interventions.

The findings suggest that healthcare organizations should move beyond simply reducing emotional demands and instead focus on supporting effective emotional labor strategies. Specifically, interventions that promote genuine emotion expression and deep acting while reducing reliance on surface acting may enhance both nurse well-being and patient care quality. Organizational support systems, including adequate staffing, emotional skills training, and supportive leadership, appear crucial for enabling nurses to engage in emotionally authentic care without experiencing excessive exhaustion.

The methodological innovations of this study, including the development of the EL-CSI and the application of advanced statistical techniques, provide a foundation for future research on emotional labor in healthcare. The longitudinal design and large diverse sample enhance the generalizability of findings and provide insights into the dynamic nature of emotional labor processes over time.

Future research should examine the relationship between emotional labor pro-

files and patient outcomes, explore cultural differences in emotional labor processes, and develop intervention studies testing the effectiveness of targeted emotional labor training programs. Additionally, research is needed to understand how technological changes in healthcare, including electronic health records and telehealth, are transforming the nature of emotional labor in nursing practice.

This study contributes to both theoretical understanding and practical applications by demonstrating that emotional labor, when properly understood and supported, can serve as a source of professional fulfillment rather than merely a risk factor for burnout. By recognizing the complex interplay between different emotional labor strategies and their consequences, healthcare organizations can develop more effective approaches to supporting nurse well-being and sustaining high-quality patient care.

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