Relationship Between Perceived Organizational Support And Professional Values of Nurses: Mediating Effect of Emotional Labor

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Abstract

Objectives: Perceived organizational support was a benefit for the work performance of nurses, which may affect emotional labor and the development of professional values. The purpose of this study was to explore the relationship between perceived organizational support and professional values of nurses, and the mediating role of emotional labor.

Methods: A questionnaire survey was conducted on 1096 nurses in 3 tertiary hospitals in Wuhan from October2020 to Januray2021. The data were collected by a questionnaire consisting of demographic characteristics, the Emotional Labor Scale for Nurses, the nurses' Perceived Organizational Support Scale, and the Nursing Professional Values Scale (NPVS-R). Spearmen correlation analysis was used to test the relationship between variables. Predictor effects were tested using hierarchical multiple regressions. The structural equation model (SEM) was used to test the mediation effect of emotional labor on the pathway from perceived organizational support to professional values.

Results: Perceived organizational support was positively correlated with emotional labor and professional values (r=0.513, p⯑0.01⯑r=0.621, p⯑0.01, respectively). Emotional labor and perceived organizational support were positive predictors of professional values (β=0.249, p⯑0.001; β=0.486, p⯑0.001, respectively). The association between perceived organizational support and professional values was mediated by emotional labor.

Conclusions: Results showed that the importance of improving perceived organizational support to encourage nurses to engage in emotional labor and promote professional values. Improving organizational support and training nurses to engage in emotional labor through providing multiple support systems, establishing reasonable incentive mechanisms, and training nurses to regulate emotions can be effective ways to promote nurses' professional values.

Background

Professional values are the framework and standard for the conduct of professionals. Any professional group has its professional values[1]. As the largest medical care group, nurses' professional values are particularly important, which form the basis of nursing practice, and also is the criterion of interaction between nurses and patients, colleagues, and others[2,3]. There is a positive correlation between professional values and good professional behavior[3,4], and the adoption of well-established professional values can improve the quality of the care, patients' satisfaction, and nurses' job satisfaction[5]. Besides, professional values affect the quality of nurses' professional life, the degree of nurses' burnout, and nurse retention[6]. With the increasing demand of the public for high-quality nursing service, the importance of nurses' professional values has become increasingly prominent.

Relevant researches have shown that education level, position, work pressure, and organizational support are the influencing factors of the nurses' professional values[7-10]. Nurses in the clinical environment lack

adequate approval, lack perceived organizational support, and the adverse situation experienced in taking care of patients are negatively related to professional values[11,12]. In addition, management's support affects nurses' professional commitment[13], which in turn affects values-based practice. Previous studies showed that perceived organizational support can help employees deal with the negative impact of inconsistent professional values[14]. Based on previous research results, we hypothesized that perceived organizational support can promote the formation of professional values.

Hypothesis 1

perceived organizational support is positively related to professional values.

The definition of emotional labor is that nurses show appropriate emotions when interacting with patients and maintain a friendly relationship with patients[15]. Emotional labor is an important part of nursing practice. According to the motivation theory, nurses can establish a friendly relationship with patients and improve patients' satisfaction through emotional labor[16,17], which can make nurses feel enough approval and competent at work[18]. These positive results can promote the nurses' professional values development.

Hypothesis 2

emotional labor is positively related to professional values.

According to the social exchange theory and the norms of reciprocity[19], employees tend to use positive work behavior to repay the beneficial treatment from the organization. In customer-facing occupations, when employees receive a high level of support, they tend to use a high level of emotional labor to reciprocate the support of the organization[20]. Perceived organizational support can motivate nurses to help the organization achieve its goals, and motivated nurses tend to adjust their behavior according to the work needs and adhere to the rules of emotional labor.

Hypothesis 3

perceived organizational support is positively related to emotional labor.

For clinical nurses, it appears that perceived organizational support plays a positive role in professional values and emotional labor. In addition, emotional labor can promote the improvement of the nurse-patient relationships, which makes nurses obtain good work experience, so that nurses' emotional labor plays a positive role in nurses' professional values. Therefore, we propose our hypothesis as follows.

Hypothesis 4

emotional labor mediates the relationship between perceived organizational support and professional values.

Methods

Design and sample

This was a descriptive cross-sectional study. A convenience sample of nurses was recruited from 3 tertiary hospitals in Wuhan, China from October2020 to Januray2021. Inclusion criteria required: (1) registered nurses, (2) to be willing to participate in the study. Nurses who were on vacation, came to the hospital for further study and training temporarily during the period of data collection were excluded. A total of 1096 nurses submitted questionnaires. Of which, 79 incomplete questionnaires were excluded. Therefore, 1017 nurses (92.8%) were included in the analysis.

Procedures

The study was approved by the Ethics Committee of our school (NO.S161). The survey was anonymous and voluntary. Participants were informed that they were free to participate in the study or not and had the right to withdraw at any time. Only if the participants clicked through the consent form, could they gain access to the questionnaires designed on the website named Wenjuanxing, a professional online questionnaire survey, evaluation, and voting platform in China. Data collection on the Web has been used in other studies successfully[21]. This method of collecting data is efficient, reliable, and cost-effective[22].

Instruments

Demographic characteristics

Demographic information was collected by a self-designed questionnaire. These included gender, age, marital status, education status professional title, and years of service.

The Emotional Labor Scale for Nurses

Nurses' emotional labor was measured using the Emotional Labor Scale for Nurses developed by Hong J and Oksoo K[23] and translated into Chinese by Ying Y[24]. This scale includes three dimensions, namely "emotional control effort in profession," (e.g., "I try to be kind to patients genuinely from my heart"); "patient-focused emotional suppression," (e.g., "I suppress my anger when patients' words and behaviors are unfair"); "emotional pretense by norms," (e.g., "I exaggerate expressions of interest in patients"). The scale constitutes 16 items. Each item was rated on a five-point Likert scale ranging from 1 (not at all) to 5 (very true). Higher scores on the scale indicate higher levels of emotional labor. Cronbach's alpha in Hong's study was 0.81 and the split-half coefficient was 0.84 and Cronbach's alpha in this study was 0.926.

The nurses' Perceived Organizational Support Scale

The nurses' Perceived Organizational Support Scale[25] was used to measure the comprehensive perception of support from the organization, which has been proven to have good reliability and validity

among Chinese nurses. The scale consists of 15 items and one dimension, (e.g., "Organization respects my goals and values"). All items were rated on a Likert scale, from 1 (strongly disagree) to 5 (strongly agree). Higher scores on the scale indicate higher levels of the perceived organizational support. In this study, Cronbach's alpha score of the total scale was 0.987.

The Nursing Professional Values Scale (NPVS-R)

The NPVS-R was adapted to the Chinese language and cultural context by Lin and Wang[26] from Weis and Schank[27]. The scale consists of 26 items and five dimensions: "activism," "social justice and human dignity," "trust," "professional obligations," and "professionalism". All items were rated on a Likert scale, from "1" (unimportant) to "5" (most important). The higher the score of this scale, the higher the nursing professional values. Cronbach's alpha in Li's study was 0.946. In the current study, Cronbach's alpha was 0.988.

Statistical analysis

The data were analyzed by the SPSS 22.0. Descriptive statistics were used to present participants' demographic characteristics, such as means, standard deviations, quartile, median and proportions. Spearman correlation analysis was used to examine the correlation among perceived organizational support, emotional labor and professional values. Hierarchical multiple linear regression analysis was used to examine the influence of variables on the professional values. Mediation analyses were conducted with the Mplus Version 8.0 software and analyze the mediating effect of emotional labor between perceived organizational support and professional values. All analyses were two-tailed.

Results

Participants' demographics

Demographic characteristics of nurses are presented in Table 1. The median and quartile of working years as a nurse were 8(5,12), and the mean age of the sample was 31.03 years old(mean±standard deviation=31.03±5.65). Females made up 97.0% of the nurse in the study, 63.5% of them were married. The majority (90.7%) of the nurse had bachelor degrees and 55.8% were senior nurses.

Table 1 Demographic characteristics of participants(n=1017)

Variables	N(%)	$M(P_{25},P_{75})$/ Mean±SD
Gender		
Male	31(3.0)	
Female	986(97.0)	
Age		31.03±5.65
Marital status		
Married	646(63.5)	
Unmarried, widowed, divorced or separated	371(36.5)	
Educational status		
College degree or under	73(7.2)	
Bachelor degree	922(90.7)	
Master degree or above	22(2.2)	
Working years as a nurse (yr)		8(5,12)
Professional title		
Nurse	167(16.4)	
Senior nurse	567(55.8)	
Supervisor nurse	265(26.1)	
Co-chief nurse or above	18(1.8)	

Correlations between the study variables

Mean and standard deviations for the variables and correlations between the variables are shown in Table 2. The mean score of nurses' perceived organizational support, emotional labor and professional values were as follows: 59.73 out of 75, 64.28 out of 80, 103.21 out of 130. Perceived organizational support was positively related with emotional labor (r = 0.513, p <0.01) and professional values (r =0.621, p <0.01), supporting hypothesis 1 and hypothesis 3. In addition, emotional labor was positively related to professional values (r = 0.517, p <0.01), supporting hypothesis 2.

Table2 Means, standard deviations, re-liabilities, and correlations of variables.

Variable	Mean	SD	1	2	3
1.Perceived organizational support	59.73	11.05	(1.000)		
2.Emotional Labor	64.28	8.82	.513**	(1.000)	
3.Professional values	103.21	18.66	.621**	.517**	(1.000)

Note: N= 1017. Cronbach⯑s alpha coefficients are presented in boldface on the main diagonal.

* p < 0.05, **p < 0.01, ***p < 0.001

Hierarchical multiple linear regression results

The score of professional values was used as the dependent variable for hierarchical multiple linear regression analysis. The final model explained 42.0% of professional values. R^2 change of each step for professional values was 37.7%, 4.4%. The results indicating that perceived organizational support (β=0.486, $p < 0.001$) and emotional labor (β= 0.249, $p < 0.001$) were positively associated with professional values. The results are presented in Table 3.

Table3 Hierarchical multiple linear regression analysis results of professional values

Variables	Professional values		
	Step 1(β)	Step 2(β)	Step 3(β)
Step1:demographic characteristics			
Age(yr)	-0.127	-0.007	0.020
Working years as a nurse (yr)	-0.126	-0.006	-0.037
Gender	0.020	0.035	0.034
Marital status	-0.017	0.001	0.014
Educational status	-0.034	-0.055	-0.046
professional title	-0.007	-0.005	-0.011
Step2: Perceived organizational support		0.617***	0.486***
Step3: Emotional labor			0.249***
F	0.483	88.073***	92.531***
R2	0.003	0.376***	0.420***
ΔR2		0.377***	0.044***

* p < 0.05, **p < 0.01, ***p < 0.001.

Analyses of the mediation effect

Taking perceived organizational support as the predictive variable, professional values as the outcome variable and emotional labor as the mediating variable. The indirect effect of perceived organizational support on professional values through emotional labor was 0.132, and the confidence interval (CI) of 95% level was [0.099, 0.167], and the CI did not include 0 (Table 4), which indicated that the mediation effect significantly. All pathways within the model were significant. The path model was shown in Figure1. The direct effect was 0.477, the indirect effect was 0.132, and the total effect is 0.609, the contribution rate of the mediating effect to the total effect was 21.67%. The results indicated that emotional labor played a partial mediating role in the relationship between perceived organizational support and professional values, supporting hypothesis 4.

Table4 Direct and indirect effect and 95% confidence intervals			
Model pathways	Estimated effect	95% CI	
		Lower	Upper
Direct effects			
OS→EL	0.524	0.471	0.569
EL→PV	0.252	0.191	0.313
OS→PV	0.477	0.416	0.534
Indirect effect			
OS→EL→PV	0.132	0.099	0.167
Note: OS Perceived organizational support; EL Emotional labor; PV Professional values			

Discussion

This study investigated the current status and associated factors of nurses' professional values and explored the mediating effect of emotional labor on perceived organizational support and professional values. The results showed that perceived organizational support and emotional labor were positive predictors of professional values. In addition, emotional labor was a mediator on the pathway from perceived organizational support to professional values. These results improved our understanding of nurses' professional values, emotional labor and perceived organizational support, thus providing a reference to improving nurses' professional values.

In the study, the score of NPVS-R (103.21 ± 18.66) was at a relatively high level[28,29], which may be related to the high educational background of the nurse in this study. Previous studies show that higher education levels have a positive impact on professional values[8]. These results are also consistent with

the results of Karadağ et al, who found that the score of NPVS-R of the nurses who had bachelor's degrees was higher than the nurses who were high school graduates[30]. In the present study, there was no significant relationship between education level and professional values. Almost all nurses in this study have bachelor's degrees(n = 922), which caused this result.

The results show that there was no significant relationship between age and gender with professional values, which is consistent with the previous studies in South Korea and Taiwan[1,31]. Contrary to our study, the studies by Paradeh et al[4] and Geckil et al[32] showed that females had higher professional values. In this study, the majority of nurses were female (n = 986). The imbalance proportion of gender between males and females could cause this inconsistent finding. Therefore, more quantitative or qualitative researches are needed to explore the relationship between gender and professional values in the future.

Our results indicated that perceived organizational support was a positive predictor of professional values. This indicated that better perceived organizational support contributed to a higher professional value of nurses. A good sense of perceived organizational support enables nurses to feel positive work emotions, which can promote the development of professional values[33]. In addition, emotional labor was found to be a positive predictor of professional values. Emotional labor has both positive and negative effects on work. Previous studies on nurses' emotional labor paid more attention to the negative effects of emotional labor. This study found that emotional labor can promote the development of nurses' professional values, which may be related to that the appropriate emotional labor can effectively maintain the caring relationship between nurses and patients, improve the nursing value, and make nurses get enough recognition[34].

The mediating model indicated that emotional labor had a partial mediating effect on the relationship between perceived organizational support and professional values. Emotional labor was positively correlated with NPVS-R scores and perceived organizational support in this study. But it is worth noting that excessive emotional labor will have negative impacts on nurses and nursing organizations if it is not recovered in time, such as threatening nurses' physical and mental health, increasing nurses' turnover intention and degree of burnout[35,36]. Based on the job demands-resources (JD-R) model[37] and the conservation of resources (COR) theory[38], the increase of work resources (such as perceived organizational support) can effectively buffer the negative impact of work demand (such as physical demands and emotional labor). As an important job resource, perceived organizational support can provide material support and spiritual support to nurses, which can promote nurses' emotional labor and help avoid the negative effects of emotional labor, to improve nurses' professional values. Therefore, we should pay attention to promoting the development of professional values by improving perceived organizational support, because perceived organizational support can directly affect professional values and indirectly through emotional labor, and buffer the negative impact of excessive emotional labor.

In the field of nursing, early studies paid more attention on the adverse effects of emotional labor on nurses' physical and mental health. Our research focuses on the enthusiasm of emotional labor for

nurses' professional value, which can enrich the theory of emotional labor in nursing. Given that emotional labor mediates the relationship between perceived organizational support and professional values, measures that contribute to regulating emotions and engaging in emotional labor may be promising for nurses to promote professional values.

The present study had several limitations: the data were collected in only one hospital, which might not be generalized to other contexts and limits the generalizability of results. The findings of the study were based on cross-sectional data. Thus, the causal relationships between variables observed in mediating analysis should be carefully explained.

Conclusion

This study investigated the relationship between perceived organizational support, emotional labor and nurses' professional values, and examined the mediating model. We found a significant correlation among perceived organizational support, emotional labor and professional values. In addition, emotional labor had a partial mediating effect on the relationship between perceived organizational support and professional values. Therefore, it may be of great significance to study nurses' perceived organizational support and emotional labor, and to intervene them. However, more evidence is needed for this result. We suggest that future research should take a closer look at this factor of emotional labor.

Abbreviations

The Nursing Professional Values Scale   NPVS-R

The structural equation model   SEM

Job demands-resources model   JD-R

The conservation of resources theory   COR

Declarations

All methods were performed in accordance with the relevant guidelines and regulations

Ethics approval and consent to participate

The study was approved by the Ethics Committee of our school (NO.S161). Written informed consent was obtained from all participants.

Consent for publication

Not applicable

Availability of data and materials

Author contributions:

Study design: PCH, CY, ZTY.

Data collection: PCH, CY, YMM.

Data analysis: PCH, WMLY, ZK.

Manuscript writing: PCH, CY, ZTY.

All authors read and approved the final manuscript.

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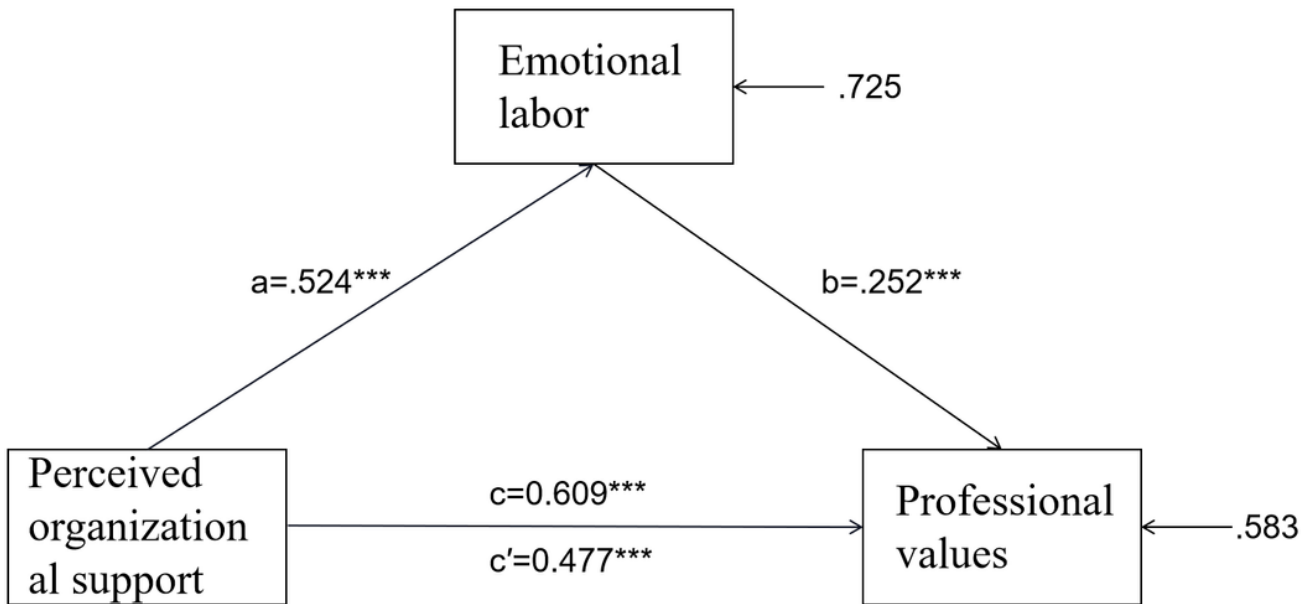
Figures

Figure 1

A mediation model of emotional labor in the relationship between perceived organizational support and professional values. Notes: All the factor loadings are standardized; a: effect of perceived organizational support on emotional labor; b: effect of emotional labor on professional values; c: the total effect of perceived organizational support on professional values; c': main effect of perceived organizational support on professional values after controlling for the effect of emotional labor. * p < 0.05, **p < 0.01, ***p < 0.001.