ORIGINAL ARTICLE / ARAŞTIRMA YAZISI

The Emotional Labor and Caring Behaviors of Nursing Students

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ABSTRACT

Purpose: While providing care, which is the nature of nursing, nurses exhibit different emotional labor behaviors. This study was conducted to determine the emotional labor behaviors and caring behaviors of nursing students and the correlation between them.

Methods: This study was conducted with cross-sectional correlational research design on 228 students who were studying in nursing department and were providing care to patients in the clinic. The data were collected using the Student Information Form, Emotional Labor Behavior Scale for Nurses, and Caring Behaviors Inventory.

Results: The mean age of the students was 20.78±1.72. While their emotional labor score was 4.07±0.57, their caring behaviors score was 5.08±0.68. Emotional labor and caring behaviors subscale and total score of the students who were female, preferred nursing since it is a healthcare profession, and were satisfied with their department were higher than the other groups. Emotional labor score of the third-year students and caring behaviors subscale and total score of the first-year students were higher than the other groups. In the study, a positive correlation was determined between emotional labor and caring behaviors total scores.

Conclusion: It was shown that emotional labor and caring behaviors scores of the students were higher than the average and the gender, the class, the reason for preferring the department, and satisfaction with the department were important indicators for emotional labor in care.

Keywords: Caring behavior, emotional labor, nursing care, nursing education, nursing students

Hemşirelik Öğrencilerinin Duygusal Emek ve Bakım Davranışları

ÖZET

Amaç: Hemşireliğin doğası olan bakımı verirken hemşireler farklı duygusal emek davranışları sergilemektedir. Bu araştırma, hemşirelik öğrencilerinin duygusal emek ve bakım davranışlarını ve aralarındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Yöntem: Araştırma, hemşirelik bölümünde okuyan, klinikte hasta bakımı vermiş 228 öğrenciyle kesitsel ve ilişki arayıcı araştırma deseninde gerçekleştirilmiştir. Veriler, öğrenci bilgi formu, Hemşirelerin Duygusal Emek Davranışı Ölçeği ve Bakım Davranışları Ölçeği kullanılarak toplanmıştır.

Bulgular: Öğrencilerin yaş ortalaması 20.78±1.72'dir. Çalışmaya katılan öğrencilerin duygusal emek davranışı puan ortalaması 4.07±0.57, bakım davranışları puan ortalaması 5.08±0.68'dir. Kız öğrencilerin, sağlık hizmeti veren meslek olduğu için hemşireliği seçenlerin ve bölümünden memnun olanların duygusal emek davranışı ve bakım davranışları alt boyut ve toplam puan ortalaması diğer gruplara göre daha yüksektir. Üçüncü sınıfların duygusal emek davranışı, birinci sınıfların ise bakım davranışları alt boyut ve toplam puan ortalaması diğer gruplara göre daha yüksektir. Çalışmada duygusal emek davranışları ve bakım davranışları toplam puan ortalamaları arasında pozitif yönlü bir ilişki saptanmıştır.

Sonuç: Öğrencilerin duygusal emek ve bakım davranışları puanlarının ortalamanın üzerinde olduğu, cinsiyet, öğrenim görülen sınıf, bölümü tercih etme sebebi ve bölümünden memnun olmanın bakımda duygusal emeğin önemli bir belirleyicisi olduğunu göstermiştir.

Anahtar kelimeler: Bakım davranışı, duygusal emek, hemşirelik bakımı, hemşirelik eğitimi, hemşirelik öğrencileri

In recent years, emotional labor behaviors have become an important concept in units which are human-centered and are based on face-to-face relationship and interaction such as educational institutions and health sector since interest in emotions has rapidly increased (1,2). Emotional labor is an effort made by the nurses who constantly communicate with the sick/healthy individuals to express their autonomous, superficial or deep feelings during patient interviews, provide the care they want, and make the sick/healthy individuals feel safe and comfortable (3). Nurses, who have an important role in rapidly changing and developing healthcare services, should closely follow both innovations in medical technology and social changes in order to provide appropriate care based on the needs of the society (4). Emotional labor has an important place both for nurses to provide their care as they wish and for the patient/healthy individuals to feel safe and comfortable. However, emotional labor is not well known and supported and its importance is ignored in the clinics (4). Emotional labor has always existed, but only in the last decade, this concept has been explored by nurses (5). In a study conducted with nurses, it was determined that emotional labor affected both nurses and patients and also it could affect the quality of care provided. Emotional labor is an important issue for optimal professional development in terms of both professional satisfaction and proper functioning of healthcare services (5). It is required to examine this concept in nurses as well as students during nursing education (5-7). Clinical practice is an experience filled with emotions and emotional labor especially for students (7,8). Therefore, it is important to introduce the concept of emotional labor in universities, make student nurses aware of their emotions and determine this situation for students to properly display their emotional labor behaviors in the future (7). In a study conducted with third- and fourth- year nursing students, it was determined that clinical learning was full of emotions and students were engaged in managing emotions, which was perceived as emotional labor. Some studies have been conducted on the emotional labor of the third- and fourth-year students (7), but students start to work in the clinic and provide patient care in the first and second year of the nursing education. There is no study examining the emotional labor of 1st - and 2nd -year undergraduate students.

It is expected for nursing students to internalize the meaning of care, the philosophy of nursing care, the results of the nursing care on the patients and how they can enhance the quality of nursing care. Therefore, it is important to determine how nursing students perceive the nursing care they provide. However, the number of studies on how care is perceived by nursing students is limited in the literature (9-11). Examining the correlation between emotional labor and care has a high priority for nursing (5). There are a limited number of studies in the literature describing the concept of emotional labor and examining the correlation between emotional labor and care (4-6,10). In the literature, studies have been found that examine nurses' emotional labor behavior (9), students' emotional labor (6,7,10), students' caring behaviors (11), and nurses' caring behaviors (12). However, there is no study explaining the emotional labor and caring behaviors of nursing students in all classes of undergraduate studies.

This study was conducted to determine the emotional labor behaviors and caring behaviors of nursing students and the correlation between them.

Within the framework of this general purpose, answers to the following questions were sought. Research Questions:

- How are the emotional labor behaviors of the students? Do some characteristics of the students affect their emotional labor behaviors?

- How are students' caring behaviors? Do some characteristics of the students affect their caring behaviors?

- Is there any correlation between the emotional labor and caring behaviors? Do emotional labor behaviors affect caring behaviors?

MATERIALS AND METHODS

Purpose and Type of the Study
This cross-sectional and correlational study was conducted to determine the emotional labor and care behaviors of nursing students and to determine the relationship between them.

Population & Sample
The population was composed of all students in the nursing faculty. In the study, it was aimed to reach the population without making sample selection. The population included 257 nursing students (85 male students, 172 female students) studying in the 2017-2018 Academic Year. The inclusion criteria of the study were determined as follows; being a nursing student, providing patient care at the hospital (students go to the hospital for practical training and provide patient care after the second half of the first year of nursing education) and agreeing to

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participate in the study. The exclusion criteria of the study were determined as follows; not agreeing to participate in the study, not attending school regularly and filling out the data collection tools incompletely. The sample of the study was composed of a total of 228 students including 57 male students and 171 female students. 88.71% of the students in the population were reached. A total of 29 students (1 female and 28 male), were not included in the study.

Location and Time of the Study

The study was conducted with nursing students in the Faculty of Health Sciences of a university in Turkey in the 2017-2018 Academic year.

Data Collection Technique and Tools

The data were collected by the researchers via the survey under observation. Within the scope of the data collection process, the researchers distributed the forms to the students in the classrooms by asking them to fill out the forms. The students were informed that they would be not obliged to write their name-surname on the forms in order to avoid them being affected by answering the questions and to refrain from sharing their opinions. Student Information Form, Scale of Emotional Labor Behavior for Nurses (ELBSN), and Caring Behaviors Inventory (CBI-24) were used in the study.

Student Information Form

The form, prepared by the researcher upon the literature review consists of six questions about socio-demographic characteristics of the students (age, gender, graduation school, educational level, the reason of preferring the department, the level of satisfaction with the department) (6,7,9,12).

Emotional Labor Behavior Scale for Nurses (ELBSN)

ELBSN, which was developed by Değirmenci in 2016 (13), measures the opinions and attitudes of the nurses about emotional labor behavior. This 5-item Likert scale has three subscales (superficial behavior, in-depth behavior, and sincere behavior) and 24 items. The items are scored between 1 and 5 and there is no reverse scoring on the scale. High score signifies high level of emotional labor (13).

Subscales of the scale;

- Superficial Behavior Subscale, Cronbach's alpha coefficient=0.926.

- In-Depth Behavior Subscale, Cronbach's alpha coefficient=0.976.

- Sincere Behavior Subscale, Cronbach's alpha coefficient=0.913.

In the present study, the Cronbach's alpha coefficient of ELBSN was 0.939.

Caring Behaviors Inventory (CBI-24)

Caring Behaviors Inventory was developed by Wu, Larrabee, & Putman, in 2006 (14), and its Turkish validity and reliability study was conducted by Kursun and Kanan (15). It is a 6-item Likert type scale with 4 subscales and 24 items and the items are rated as 1=never, 2=almost never, 3=sometimes, 4=generally, 5=often, 6=always. The CBI-24 was developed for the purpose of the evaluation of nursing care quality by patients and nurses. In this study, CBI-24 was used for nursing students' self-evaluation of the nursing care they provided.

Subscales of the scale;

- Assurance Subscale, Cronbach's alpha coefficient=0.954.

- Knowledge-Skill Subscale, Cronbach's alpha coefficient=0.898.

- Respectfulness Subscale, Cronbach's alpha coefficient=0.945.

- Connectedness Subscale, Cronbach's alpha coefficient=0.939.

In the present study, the Cronbach's alpha coefficient of CBI-24 was found to be 0.954.

Ethical Considerations

The study was carried out in accordance with the Declaration of Helsinki. In order to conduct the study, the approval (date and number of approval: 2017/33) was obtained from the Erciyes University's Social and Humanities Ethics Committee and a written institutional permission was received from the center where the study was conducted (date and number of approval: 2017/15386878-044). The participants were informed about the purpose of the study and their written informed consents were received. The participation of the students was based on "voluntariness" and they were informed about the study.

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Data Analysis

The data were assessed by using IBM SPSS Statistics 22.0 statistics package program (IBM Corp, Armonk, NY). Normal distribution of the data was evaluated by using the Shapiro Wilk normality test, Q-Q plot, and histogram graphics. According to the Shapiro Wilk test, non-parametric tests be applied for comparisons of non-normally distributed data. Descriptive statistical methods (quantity, percentage, mean, median, standard deviation) as well as Kruskal-Wallis and Mann-Whitney U tests were used to evaluate the data. Spearman's correlation analysis was used to determine the correlation between variables. Multiple Linear Regression model was performed. The value of $p<0.05$ was considered as statistically significant.

RESULTS

Characteristics of the Sample

The population of the study consists of 257 students. The study was completed with 228 students, upon reaching 88.71% of the population. It would be correct to examine the findings based on this information. A total of 29 students, (one female and 28 male), were not included in the study. Nursing students, who did not want to participate in the study (17 male students, 1 female student), did not complete the data collection forms (8 male students), and did not attend the lessons during the data collection process, were not included in the study (3 students). It was determined that the mean age of 228 students was 20.78±1.72, 75% were female students, 28.5% were third-year students and 47.4% preferred the department to have a job, and 48.2% were partly satisfied with their department (Table I). Table I shows emotional labor behavior scale and caring behavior inventory scores of the nursing students.

Tables I. Descriptive Characteristics of Students and Total Scores of Scales and Subgroups						
Descriptive Characteristics	n	%	(X± SS)	Min-Max	Median (Q1-Q3)	95%CI
Age (Ẋ ± SD)	-	-	20.78±1.72	18-30	20.57 (19.51-21.73)	20.54-21.01
Gender						
Female	171	75	-	-	-	-
Male	57	25	-	-	-	-
Class						
1st class	58	25.4	-	-	-	-
2nd class	55	24.1	-	-	-	-
3rd class	65	28.5	-	-	-	-
4th class	50	21.9	-	-	-	-
Reason for department preference						
A good income	26	11.4	-	-	-	-
Having a job	108	47.4	-	-	-	-
Patient care	7	3.1	-	-	-	-
Love to help people	62	27.2	-	-	-	-
Providing health care	25	11.0	-	-	-	-
Satisfaction from department						
Not satisfied	20	8.8	-	-	-	-
Partially satisfied	110	48.2	-	-	-	-
Satisfied	98	43	-	-	-	-
Scale and subscales						
Superficial Behavior	-	-	4.03±0.59	1.5-5.0	4.00 (3.70-4.50)	3.95-4.10
In-depth Behaviour	-	-	4.07±0.64	1.3-6.8	4.07 (3.76-4.46)	3.98-4.15
Sincere Behavior	-	-	4.11±0.66	1.0-5.0	4.00 (3.80-4.60)	4.02-4.19
ELBS (Total)	-	-	4.07±0.57	1.3-5.3	4.08 (3.79-4.44)	3.99-4.14
Assurance	-	-	5.14±0.70	2.9-6.0	5.25 (4.75-5.25)	5.05-5.23
Knowledge-Skill	-	-	5.12±0.71	3.0-6.0	5.20 (4.65-5.80)	5.02-5.21
Respectfulness	-	-	5.10±0.69	3.2-6.0	5.16 (4.66-5.66)	5.00-5.18
Connectedness	-	-	4.87±0.77	2.8-6.0	5.00 (4.40-5.40)	4.76-4.96
CBI-24 (Total)	-	-	5.08±0.68	3.1-8.5	5.12 (4.70-5.58)	4.99-5.17

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Scale of Emotional Labor Behavior for Nurses

Emotional labor scores of the nursing students, who were female, third-year students, preferred the department to have a healthcare profession and were partially satisfied with the department, were found to be higher than the scores of the other groups. In-depth behavior scores of the nursing students, who were female, first-year students, preferred the department since it is a profession providing patient care, and were satisfied with their department, were higher than the scores of the other groups. Sincere behavior scores of those who were first-year students, were satisfied with their department and preferred the department since they love to help people, were higher than the scores of the other groups. Superficial behavior scores of those who were females, first and third-year students, were partially satisfied with their department, and preferred the department since it is a healthcare profession, were higher the scores of than the other groups (p> 0.05, Table II).

Caring Behaviors Inventory

It was determined that those who were female, first-year students, were satisfied with their department and preferred the department because it is a healthcare profession , obtained higher scores from the overall caring behaviors inventory and all of the its subscales compared to the other groups.

Total score of caring behaviors inventory and scores of assurance and respectfulness subscales were higher in the first-year students compared to the other groups. Third-year students had higher scores from the knowledge-skill and connectness subscales of the caring behaviors inventory (Table III).

Descriptive Characteristics	Superficial Behavior Median (Q1-Q3)	Test value p	In-depth Behaviour Median (Q1-Q3)	Test value p	Sincere Behavior Median (Q1-Q3)	Test value p	ELBS Median (Q1-Q3)	Test value p
Tables II. Emotional Labor Behavior Scale and Comparison of Characteristics of Students								
Gender								
Female	4.16 (3.66-4.33)	Z=-0.064 p=0.949	4.07 (3.66-4.33)	Z=-1.002 p=0.316	4.00 (3.80-4.60)	Z=-1.382 p=0.167	4.08 (3.79-4.45)	Z=-0.775 p=0.438
Male	4.00(3.75-4.50)		4.00 (3.65-4.42)		4.00 (3.60-4.40)		4.04 (3.76-4.31)	
Class								
1st class	4.16 (3.79-4.50)	χ²=7.650 p=0.054	4.23 (3.84-4.63)	χ²=5.467 p=0.141	4.20 (3.80-4.60)	χ²=1.322 p=0.724	4.25 (3.79-4.59)	χ²=4.408 p=0.221
2nd class	4.00 (3.66-4.33)		4.00 (3.61-4.38)		4.00 (3.60-4.40)		4.00 (3.70-4.29)	
3rd class	4.16 (3.83-4.50)		4.07 (3.76-4.42)		4.00 (4.00-4.60)		4.00 (3.83-4.47)	
4th class	3.91 (3.50-4.33)		4.00 83.69-4.48)		4.00 (3.80-4.60)		4.08 (3.73-4.30)	
Reason for department preference								
A good income	3.91 (3.62-4.33)	χ²=4.483 p=0.345	4.03 (3.59-4.86)	χ²=5.071 p=0.280	4.00 (3.35-5.00)	χ²=3.076 p=0.545	4.02 (3.61-4.66)	χ²=3.719 p=0.445
Having a job	4.08 (3.83-4.45)		4.00 (3.69-4.38)		4.00 (3.80-4.40)		4.00 (3.79-4.37)	
Patient care	3.83 (3.66-4.50)		4.15 (4.00-4.61)		4.00 (3.60-4.40)		4.00 (3.91-4.58)	
Love to help people	4.08 (3.79-4.50)		4.11 (3.84-4.53)		4.20 (3.80-4.60)		4.14 (3.79-4.43)	
Providing health care	4.33 (3.91-4.58)		4.15 (3.92-4.61)		4.40 (3.80-4.90)		4.29 (3.93-54.50)	
Satisfaction from department								
Not satisfied	3.91 (3.54-4.45)	χ²=0.840 p=0.657	4.00 (3.50-4.44)	χ²=2.138 p=0.343	4.10 (3.65-4.55)	χ²=0.557 p=0.757	4.04 (3.52-4.50)	χ²=1.322 p=0.516
Partially satisfied	4.08 (3.83-4.33)		4.00 (3.69-4.38)		4.00 (3.80-4.40)		4.00 (3.79-4.41)	
Satisfied	4.00 (3.66-4.50)		4.15 (3.84-4.53)		4.20 (3.80-4.70)		4.16 (3.79-4.54)	

* p< 0.05
** p< 0.01

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Knowledge-skill subscale scores, were higher in female students compared to male students (p= 0.047). Caring behaviors inventory total score (p= 0.012) and assurance subscale (p= 0.005) and knowledge-skill subscale scores (p= 0.001) were higher in first-year students than the other groups. Caring behaviors inventory total score (p= 0.004) and assurance subscale score (p= 0.004) were higher in those preferring the department since it is a healthcare profession when compared to the other groups.

Respectfulness subscale score were higher in those who preferred the department since it is a healthcare profession and they loved to help people, when compared to the other groups (p= 0.025).

Caring behaviors inventory total score (p= 0.001) and scores of assurance subscale (p=0.000), respectfulness subscale (p= 0.005) and connectness subscale (p= 0.011) were higher students who were satisfied with the department when compared to the other groups. Knowledge-skill subscale scores were higher in those who were not satisfied with the department than the other groups (p= 0.009, Table III).

Descriptive Characteristics	Assurance Median (Q1-Q3)	Test value p	Knowledge-Skill Median (Q1-Q3)	Test value p	Respectfulness Median (Q1-Q3)	Test value p	Connectness Median (Q1-Q3)	Test value p	CBI-24 Median (Q1-Q3)	Test value p
Tables III. Caring Behaviors Inventory and Comparison of Characteristics of Students										
Gender										
Female	5.25 (4.75-5.75)	Z=-0.977 p=0.329	5.20 (4.80-5.80)	Z=-1.989 p=0.047	5.16 (4.66-5.66)	Z=-1.500 p=0.134	5.00 (4.40-5.40)	Z=-0.606 P=0.544	5.16 (4.70-5.62)	Z=-1.348 p=0.178
Male	5.12 (4.75-5.62)		5.00 (4.60-5.40)		5.00 (4.50-5.50)		4.80 (4.20-5.40)		5.04 (4.58-5.14)	
Class										
1st class	5.50 (5.00-5.78)	χ²=12.673 p=0.005	5.40 (4.80-5.80)	χ²=17.121 p=0.001	5.33 (4.83-5.66)	χ²=4.752 p=0.191	5.00 (4.35-5.40)	χ²=6.098 p=0.107	5.27 (4.75-5.63)	χ²=10.883 p=0.012
2nd class	5.00 (4.37-5.50)		5.00 (4.40-5.20)		5.00 (4.50-5.66)		4.80 (4.20-5.00)		5.00 (4.50-5.25)	
3rd class	5.25 (5.00-5.75)		5.20 (5.00-6.00)		5.16 (4.66-5.75)		5.00 (4.60-5.70)		5.16 (4.87-5.75)	
4th class	5.25 (4.59-5.75)		5.20 (4.60-5.65)		5.16 (4.29-5.66)		5.00 (4.20-5.45)		5.25 (4.53-5.63)	
Reason for department preference										
A good income	5.06 (4.50-5.50)	χ²=15.660 p=0.004	5.20 (4.50-5.80)	χ²=7.985 p=0.092	5.00 (4.33-5.66)	χ²=11.182 p=0.025	4.80 (3.95-5.20)	χ²=18.539 p=0.001	5.06 (4.37-5.41)	χ²=15.626 p=0.004
Having a job	5.06 (4.50-5.62)		5.00 (4.60-5.60)		5.00 (4.50-5.66)		4.80 (4.20-5.40)		5.00 (4.58-5.47)	
Patient care	4.50 (4.12-5.75)		5.00 (4.40-5.40)		4.66 (4.00-5.16)		4.40 (3.80-5.00)		4.66 (4.08-5.45)	
Love to help people	5.37 (5.00-5.75)		5.40 (5.00-5.80)		5.33 (4.95-5.83)		5.20 (4.80-5.60)		5.29 (4.98-5.66)	
Providing health care	5.50 (5.25-6.00)		5.40 (5.00-6.00)		5.33 (4.91-6.00)		5.20 (4.60-5.80)		5.41 (5.08-5.79)	
Satisfaction from department										
Not satisfied	5.25 (4.15-5.84)	χ²=15.646 p=0.000	5.50 (4.10-6.00)	χ²=9.498 p=0.009	5.16 (4.25-5.75)	χ²=10.525 p=0.005	4.60 (4.05-5.40)	χ²=8.993 p=0.011	5.00 (4.16-5.65)	χ²=14.981 p=0.001
Partially satisfied	5.00 (4.50-5.50)		5.00 (4.60-5.60)		5.00 (4.62-5.66)		4.80 (4.20-5.20)		5.00 (4.54-5.41)	
Satisfied	5.50 (5.00-5.81)		5.40 (5.00-5.80)		5.33 (4.91-5.83)		5.00 (4.60-5.60)		5.29 (4.97-5.72)	
*p< 0.05 **p< 0.01										

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Results of the Correlations Between Scale of Emotional Labor Behavior for Nurses and Caring Behaviors Inventory

In Spearman's correlation analysis, a positive moderate significant correlation was determined between ELBSN and CBI-24 total scores (r= 0.544, p<0.001, Table IV).

In the regression analysis, caring behavior was the dependent variable, the independent variables were gender, emotional labor and students' reasons for the department preferences.

Table V shows results of multiple linear regression analysis made to explain caring behavior. The results indicated that the established model was significant (F: 11.994; p<0.05). The DW coefficient showing the correlation between the errors in the model is in the range 1.5<DW<2.5, that is, there is no autocorrelation problem.

The coefficient estimated for gender was insignificant (p> 0.05). Providing healthcare services and helping people were significant in the department preference (p< 0.05). In addition, it was found that there was no correlation between independent variables (VIF<10). In the model, gender and the reasons for department preference were used as dummies. When the scores obtained from the emotional labor behavior scale increased by 1 point, it was observed that the scores obtained from the patient care behavior increased by 0.508 points. In addition, it was determined that the individuals who preferred this department to help people had 3.208 points (2.824+0.384) higher from the patient care scale than those who preferred this department for the other reasons. R^2, which is the power of independent variables to explain the dependent variable, was found to be 0.225.

Tables IV. Correlations Between Emotional Labor Behavior Scale and Caring Behaviors Inventory									
	1	2	3	4	5	6	7	8	9
1. Assurance	-	0.691**	0.815**	0.795**	0.935**	0.465*	0.496**	0.416**	0.538**
2. Knowledge-Skill	-	-	0.670**	0.635**	0.806**	0.348**	0.455**	0.441**	0.479**
3. Respectfulness	-	-	-	0.824**	0.922**	0.427**	0.463**	0.393**	0.489**
4. Connectness	-	-	-	-	0.906**	0.377**	0.410**	0.363**	0.432**
5. CBI-24	-	-	-	-	-	0.458**	0.512**	0.446**	0.544**
6. Superficial Behavior	-	-	-	-	-	-	0.640**	0.618**	0,796**
7. In-depth Behaviour	-	-	-	-	-	-	-	0.643**	0.945**
8. Sincere Behavior	-	-	-	-	-	-	-	-	0.794**
9. ELBS (Total)	-	-	-	-	-	-	-	-	-

Table V. Multiple Linear Regression Model							
	Beta	t	p	F	p	DW	Adj. R²
Constant	2.824	8.838	0.000				
Emotional Labor	0.508	7.171	0.000				
Gender = Male	-0.024	-0.255	0.799				
Reason for department preference = Having a Profession	0.117	0.879	0.380	11.994	0.000	1.897	0.225
Reason for department preference = Patient Care	-0.159	-0.616	0.538				
Reason for department preference = Helping People	0.384	2.678	0.008				
Reason for department preference = Providing Health Services	0.390	2.274	0.024				
p < 0.05							

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DISCUSSION

Nursing is a profession that includes interactions and relationships with other people, so emotional labor is an undeniable reality during the care given (5). It is important to determine the emotional labor and caring behaviors of nurses and nursing students (4,5). In the literature, a study conducted with nurses reported that nurses' emotional labor scores were low (9). Emotional labor was high in a study conducted with student nurses (10), In another study conducted with nursing students, students' perception of care was high (11). In the study, which examined the perceptions of nursing students on emotional labor and caring behaviors, it was found that students' perceptions on emotional labor and caring behaviors were above average, some variables belonging to students affected caring behavior and emotional labor behaviors.

Emotional labor in nursing involves the normalization of emotions in the professional role and harmonization with the emotions of the patients (6,9). Although the emotional labor is not gender-specific, most of the studies have suggested that women make a great effort emotionally and apply more emotional labor (2,8). In a previous study, it was reported that the emotional labor behavior scores of female nursing students were significantly higher than the scores of males (10). The results of the study are similar to the literature and previous studies. The emotional labor behavior scores of female students were higher than the scores of male ones. Male students were also reluctant to participate in the study. It is thought to be a reason for male students not completing data or being unwilling to participate in the study; Especially in the developmental period, avoidance of talking about emotions, inability to normalize talking about emotions, and anxiety about encountering stigma when talking. The meta-cognitive belief in men and the understanding that "I should not show my feelings" in strong male-specific behavior may have also prevented students from participating in the study (16).

Similar to emotional labor, caring behavior inventory scores of the students were higher in female students. In their study, Gül and Arslan reported that there were significant differences between the genders in terms of caring behavior and female students' mean scores were higher (11). Contrary to the studies, another study reported that the scores obtained from the caring behavior inventory did not differ according to gender (12). This is thought to be associated with the fact that women are more sensitive to the problems of others and establish better relationships with them and they are more willing in providing care to the patients compared to men. The reason for the different results between the studies is that the studies reporting differences in caring behaviors according to gender were conducted on students, and the study reporting no difference was conducted on nurses. It can be asserted that male nurses adopt caring behaviors more because of the process of internalizing care, accepting the profession and adaptation after starting the profession. It is important to prevent this in order to convey the philosophy of care in nursing undergraduate education by purifying it from a genderist approach (11).

Care is a fundamental nursing value and desirable feature in nursing students but decreases can be seen in caring behaviors of the students during the education period (17). Murphy et al., found in their study that caring behavior scores of the third-year students were lower than the scores of the first years (17). In a previous study, it was reported that students' perception of nursing caring behaviors increased during the nursing education process (18). In the present study, caring behaviors scores of the first and third-year students were higher. In another study; caring behavior scores ordering from high to low were obtained respectively, in third, first, second and lastly fourth classes (11). High caring behaviors of the first and third-year students in the present study were thought to be associated with the fact that desire of care giving depends on the care-related current information and the first-year students start to the profession and the care giving desire increasing with the self-confidence was provided by many theoretical and practical courses taken in the third-year students. Additionally, lack of chairside clinical practices in the fourth-year curriculum may have caused the decrease in caring behaviors.

The care is the central focus and essence of nursing (19). Nurses provide healthcare services by making an effort to relieve the distress of the patients they provide care (20,21). Caring behavior scores of the students, who preferred the nursing department since it is a profession providing healthcare service, were higher in the present study, which supports the literature.

Another measure of success in the nursing care is satisfaction. Individuals who are satisfied with their work make their workplace more pleasant. Besides, it provides greater job satisfaction and the satisfaction of the patients receiving care may also increase (22). Consistent with the literature, in the study, it was determined that the students

who were satisfied with the nursing department had higher caring behavior scores.

The clinical learning experience is full of emotions and the students use emotional labor in the management of emotions (6,8,23). Students can also gain emotional labor during their clinical training experiences by interacting with clinical nurses and teaching staff (23). It is generally accepted that the nurses should have emotional labor in order to provide good care (4,6). It is argued that the emotional commitment of the nurses to the patients goes beyond their personal feelings and contributes to the quality and perfections of nursing care (6). Living with emotions is necessary for the nurses to cope with the morally difficult clinical situations and enables them to have ethical and meaningful interactions with distressed people (24,25). In the study, a positive correlation was found between nursing students' caring behaviors and emotional labor behaviors. In addition, it was determined that when the emotional labor scores of the nursing students increased, the patient care behavior perception scores also increased. Understanding of emotional labor will help to create caregiving clinical learning environments for nursing students (23,26). Therefore, further studies on emotional labor are needed.

It is known that the teaching staff and qualified nurses play a major role in teaching emotional labor to the nursing students. In order to the students to learn how to behave and to be successful in managing the emotions when a patient loses his/her life in the clinic, emotional labor should be included in the curricula in the schools (4,6,27).

Limitations of the Study
As the study was conducted only with the nursing students of the Health Sciences Faculty of a university, the results were limited only with this faculty. They cannot be generalized for the nursing departments of all the faculties.

CONCLUSION
Consequently, it was determined that the emotional labor and caring behaviors of the nursing students were higher than the average and there was a significant correlation between the caring behaviors and emotional labor. Gender, the year, reason for preferring the department and the status of being satisfied with the department were determined to be effective on caring behaviors. In this respect, it is suggested to involve the subject of emotional labor in the curriculum, to continue clinical practices of the students until graduation and to train and direct the nursing students about this subject by faculty members and qualified nurses before starting to work in the profession.

Implications for Practice
Determining the emotional labor and caring behaviors of nursing students before starting the profession is important in terms of foreseeing the deficiencies and misbehaviors of students in this field in the education process and finding solutions. Because emotional labor behavior, which is especially improperly developed and reflected in care, can cause both burnout of nurses and a decrease in patient satisfaction.

Implications for Research
There are a limited number of studies in the literature that determine the emotional labor and caring behaviors of nursing students. There is no study that evaluates both concepts together. This study is thought to contribute to the field in this sense. Demonstrating appropriate emotional labor behavior in care is important for both nurses and patients, and its positive contribution to the health care system.

DECLARATIONS
Conflict of Interest
None declared.

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