ORIGINAL RESEARCH

The Role of Organizational Culture in Moderating Effect of Emotional Labor Strategies on Nursing Professionalism

Resekiani Mas Bakar[1], Yaumil Khaerah[1], Nurul Hidayati[1], Andi Nasrawaty Hamid[1]

[1]Faculty of Psychology, Universitas Negeri Makassar, Makassar, Indonesia

Article Info	Abstract
	Background: Emotional labor strategies are necessary for nurses to provide nursing care for society through friendliness, caring, and positive emotion. The results of a meta-analysis of emotional labor research have proven that previous studies focused more on the impact of deep and surface acting strategies only at the individual level of the nurses. This study emphasizes the impact of emotional labor strategies at the individual and organizational levels. **Purpose:** The study aimed to measure the effect of emotional labor strategy (surface and deep acting strategy) toward nursing professionalism mediated by organizational culture. **Methods:** This research design is a quantitative survey. The respondents were 124 hospital nurses recruited by accidental sampling technique. The instrument in this study used emotional labor, organizational culture, and nursing professionalism scale. The mediation model technique by Hayes's PROCESS was used to analyse the data. **Results:** The result showed an indirect effect of the role of organizational culture in mediating deep acting strategy toward nursing professionalism (b=0.03, 95% CI [-0.00–0.94]). Nurses who displayed deep acting strategies to their patients indirectly affected professionalism through the mediation of organizational culture. However, the surface acting strategies did not show a significant effect on nursing professionalism (b=-0.02, 95% CI [-0.05–0.00]) . **Conclusion:** Deep acting strategies indirectly affect nursing professionalism through organizational culture as a mediation variable compared to surface acting strategies. This study supports the control theory that emotional strategies implemented by nurses as organizational culture are a comparator to engage in nurse professionalism to provide healthcare. The deep acting strategies through organizational culture are essentially recommended for nurses in the hospital to improve their professionalism.

1. Introduction

Nurses in various public health centers and hospitals show significant numbers in quantity. The Ministry of Health Republic of Indonesia shows that nurses occupy the highest level compared to other medical personnel, namely 29.66% (Ministry of Health Republic Indonesia, 2017). Meanwhile, in order to achieve the third Sustainable Development Goals (SDGₛ), health and welfare, WHO estimates the need for nurses around the world to reach nine million by 2030 (World Health Organization, 2022). One of the nurse's responsibilities is to enhance the service quality for patients. The health professionals need to rapidly adapt and respond in fulfilling the demand of society for the health-care system, either at the level of a person, family, or community (Akhtar-Danesh et al., 2013). The complexity that happens in the medical field and technology development results in several changes in nurses' working environments such as maintaining professionalism.

Professionalism for the nurse is the crucial aspect to show credibility and positive evaluation from surroundings. Professionalism performed by nurses during work time will directly affect people's judgment (Primm, 2010), so they required to perform their jobs and functions well (Jang et al., 2016). Professionalism has eight aspects namely continuous learning, accountability and initiative, self-care and professional growth, responsibility and a sense of duty, compassion and

respect for others, integrity and trustworthiness, teamwork and professional demeanour, and concern for the welfare of others. The service quality perceived by patients depends on nurse performance (Lombarts et al., 2014). Understanding professionalism will help nurses to provide a better service to patients (Bunkenborg et al., 2012).

Some previous studies showed that professionalism in nurse environment is also influenced by several factors, such as educational level, work experience, work environment, and position in the office (Solomon et al., 2015; Tanaka et al., 2014), organization type, rewarding system, nurse involvement in the hospital, and organizational culture (Ghadirian et al., 2014). Organizational culture refers to beliefs, ideology, principal, and values that are followed by society in a certain environment. Creating an organizational culture that can raise teamwork among the members is the current focus of hospital management instead of material profit (Kamel & Aref, 2017). The improvement of patient safety as the main hospital responsibility is started by creating and maintaining the culture (Stock et al., 2017). This improvement can accelerate standard achievement in applying norms and regulations in the workplace (Manley et al., 2011), enables the improvement of nurses' performance, job satisfaction, and problem-solving skill (Kamel & Aref, 2017; Kim, et al., 2016). Furthermore, it will encourage the nurses to apply initiative and show professionalism during work (Manojlovich & Ketefian, 2002). Therefore, hospital management needs to create a working environment that supports communication and coordination between nurses and other hospital staff. This atmosphere can lower negative behaviors during work (Yeun & Han, 2016).

Organizational culture is influenced by several aspects, such as internal communication, work balance, leadership style, employee satisfaction, reward system, and organization's performance (Kamel & Aref, 2017). If the hospital can maximize those factors, it will help to improve interpersonal relations among medical professionals and respect every single achievement. Organizational culture strongly relates to performance and communication processes in the workplace (Sass, 2000), decreases turnover intention (Lee & Jang, 2020), gives understanding to organization members regarding values and procedures (Scott-Findlay & Estabrooks, 2006), and affects strategies of emotion (Choi & Guy, 2020).

Most health practitioners, especially nurses, feel several emotions during their interaction with the patients (Bagdasarov & Connelly, 2015). Occupation as a nurse, which requires face-to-face interaction with patients, allows nurses to experience unpleasant feeling even when they are not able to display a proper strategy (Altuntaş & Altun, 2015; Ghalandari et al., 2012). The incompetence of nurses to regulate their emotions will affect to ability degrading in applying ethical code. This kind of strategy is called emotional labor. Emotional labor is a strategy used in regulating emotions or feelings to give the appearance of the body and face according to the demands of the job (Hochschild, 1983) and to preserve the external appearance and good impression to others (Gray, 2010). Emotional labor strategy is commonly applied into two types: deep acting and surface acting.

The strategies of emotional labor relate to internal emotion regulation and emotional expression display (Grandey & Melloy, 2017). Nurses who display deep acting strategies can regulate their internal emotions and the demand of patient's needs in order to enhance service quality to patients. Therefore, they can serve healthcare according to the hospital's standards. On the other hand, nurses who perform surface acting strategy will not feel positive emotion, yet they just try to show fake emotion as a work demand (Grandey & Sayre, 2019).

The meta-analysis of emotional labor research has focused more on the impact of deep and surface acting strategies only at the level of individual of nurses, such as burnout (Kim, 2020; Zaghini et al., 2020), self-efficacy, and type-A behavior patterns (Jeung et al., 2018), yet at organizational aspect. The mechanism of emotional labor strategy towards nursing professionalism mediated by organizational culture can be explained with control theory. Control theory consists of four components: input, standard, comparator, and output. When the nurse interacts with patients, there is an emotional exchange between them. The emotional exchange is affected by the self-perception of the nurse in terms of display rules in their working unit. This factor then influences the type of regulation strategy that will be displayed (surface or deep acting). Apart from self-perception, service delivery is also influenced by obligation as a nurse, including health rules and emotional aspects when serving the patients. Emotional display standard (display rule) will be different based on organizational culture in each hospital. Therefore, organizational culture becomes a mediate variable that affects emotional labor towards

nursing professionalism. Different emotional displays will indirectly influence professionalism which is mediated by perception about the organization's culture. Nurses who display deep acting strategy are presumed to indirectly show professionalism with mediation of organizational culture perception (Diefendorff & Gosserand, 2003).

Research that examines the impact of emotional labor strategies from the organizational level, such as organizational culture, is still limited. In fact, the emotional labor strategy occurs because of the display rules that nurses must obey, and this is rooted in the organizational culture (Diefendorff et al., 2011). The gap in this study provides an opportunity for researchers to examine organizational culture variables that mediate the indirect effect of emotional labor strategies on nurse professionalism. This study aims to measure the indirect effect between surface and deep acting strategy mediated by organizational culture perception towards nursing professionalism.

2. Methods

2.1 Research design

The research design was a quantitative survey. The respondents filled out self-reports in the form of emotional labor, organizational culture, and nursing professionalism scale.

2.2 Setting and samples

From 136 respondents who had completed the questionnaire, 12 respondents were eliminated because of incomplete responses in emotional labor form. Therefore, the number of respondents analysed in this study was 124. Determination of the number of participants was done by a prior analysis of G*Power. Recruitment of respondents was carried out through manual announcements by distributing an informed consent sheet to participate as respondents. The sampling technique used was accidental sampling. The respondents of this study were regular full-time nurses in three public hospitals in Makassar. The characteristics of the respondents were: (1) regular full-time nurse, (2) having a minimum of one year of service as a nurse, and (3) willing to participate in the study. The selection of the hospital under study was based on the minimum criteria for type-B general hospital.

2.3 Measurement and data collection

The data were collected in May 2019. The respondents received surveys manually. The participation of respondents was conducted voluntarily. Each participating nurse received a survey package containing three types of questionnaires. The Indonesian version of the questionnaires was given to the respondents. The original questionnaire was adapted from the English to Indonesian version. The process of adapting the measuring instrument was done by translation-back translation method. From the translation result, expert judgments, involving three experts in the field of Psychology were used to assess the translated questionnaires based on the theoretical content of instrument. The expert panel indicated the suitability and relevance above 80 percent of each questionnaire.

2.3.1 Emotional labor strategy scale

Emotional labor strategies were measured using nine items. This instrument adopted the scale of Gosserand and Diefendorff (2005). The emotional labor strategy scale consists of surface acting (5 items) and deep acting (4 items), with Cronbach alpha of English version ranging from 0.89 to 0.85. Each respondent was measured with deep and surface acting because, in its application, the nurse can display deep or surface acting consecutively when interacting with patients. One of the examples of surface acting items is "*I fake the emotional expression which must be displayed during interaction with patients*" and the example of deep acting items is "*I try to feel the emotion that I should display when encountering the patients*". Item content validity was carried out using the expert judgment. The reliability of Indonesian version of this instrument showed good internal consistency (α=0.84). The respondents of the reliability test were nurses in the city of Makassar. The measurement of emotional labor ranged from 1 (strongly inappropriate) to 5 (strongly appropriate). Scoring was done by calculating the total score of surface and deep acting items separately.

2.3.2 Organizational culture scale

The organizational culture variable was measured using the scale from Jafree et al. (2016). The original scale has a Cronbach alpha ranging from 0.74 to 0.88. The reliability of Indonesian version of this instrument showed a Cronbach alpha of 0.88 for 27 items. The respondents of the reliability test were nurses in the Makassar city. Content validity of the instrument was done through expert judgment. Organizational culture consisted of six aspects: 1) Nursing participation in governance, 2) Nurse manager ability leadership and support, 3) Nurse participation in Hospital Affairs, 4) Nurse foundations for quality of care, 5) Nurse co-worker relations, and 6) Nursing Staffing and Resource. One of the item examples is *"Nurse applies written planning in delivering service to patients."* The organizational culture score was measured from 1 (strongly inappropriate) to 5 (strongly appropriate).

2.3.3 Nursing professionalism scale

Nursing professionalism attribute was measured by a-12-scale from Lombarts et al. (2014). The original scale has a Cronbach alpha 0.81. Cronbach alpha analysis of the Indonesian version of the scale was 0.87. Expert judgments were used to test the validity of the instrument. Nursing professionalism consists of four aspects: 1) improving the quality of care, 2) maintaining professional competence, 3) fulfilling professional competence, 4) shared education and collaboration. One of the item examples is: *"I am responsible for supervising the result of medical treatment for patients."* Nursing professionalism score was measured from 1 (strongly inappropriate) to 5 (strongly appropriate).

2.4 Data analysis

To answer the study hypothesis, analysis of mediation by Hayes's PROCESS was applied to analyze the data (Hayes, 2018). Hayes process is a method for analyzing data in order to measure the mediation model, which is a part of regression analysis and measures both direct and indirect effects between one variable to another (Field, 2013). There were two hypotheses in this study. There was a significant effect between surface acting strategy to professionalism with organizational culture as mediation (H_1), and there was a significant effect between deep acting strategy to professionalism with organizational culture as mediation (H_2).

2.5 Ethical considerations

In considering the ethics of the study, the researchers used a peer review of two lecturers of psychology to provide an assessment of whether there is any risk arising from the planned research procedure. The authors also applied for permits to three public hospitals in Makassar. Another effort made to ensure that this research did not violate ethics was to provide an informed consent form. The nurses who participated in this study obtained informed consent forms, including an explanation of the research objectives, procedures, and their rights in this study. This includes maintaining the confidentiality of respondent data. Permissions from the authorities of the hospital were obtained first before collecting the data. The nurses were assured that their participation would not affect their performance appraisal.

3. Results
3.1 Characteristics of respondents

Table 1 depicts the result of this study. The majority of respondents were female (98.4%), aged around 22-30 years old (46.7%), having tenure from 5 to 10 years (68.4%), and having diploma in nursing as the educational background (30.1%). Out of 124 respondents, 53 respondents (42.7%) tend to perform surface acting strategies, while 71 nurses (57.3%) tend to perform deep acting strategies. This result indicated that the sample group of nurses in this study generally displayed deep acting than surface acting strategies when working. The levels of nursing professionalism and organizational culture were categorized in the high level; for each category was 98 respondents (79%).

3.2 Organizational culture in mediating the effect of surface acting strategies on nursing professionalism

The results in Table 2 show the Hayes PROCESS analysis that the independent variable, namely surface acting strategy, did not have a significant effect on the mediating variable of

organizational culture (*b*=-0.07, *p*=0.09) and nursing professionalism (*b*=-0.02, *p*=0.66). However, organizational culture variables had an effect on nursing professionalism (*b*=0.24, *p*=0.02).

Table 1. Characteristics of respondents

Variables	f	%
Gender		
Female	122	98.4
Male	2	1.6
Tenure		
1-5 year	34	27.4
5-10 year	60	48.4
10-15 year	19	15.6
> 15 year	9	7.4
Age		
22 - 30 years old	57	46.7
31 – 39 years old	53	43.5
40 – 50 years old	14	9.8
Education		
D3	46	30.1
S1	29	20.4
S2	3	3.2
Ners	14	11.8
Emotional labor strategies		
Surface acting	53	42.7
Deep acting	71	57.3
Nursing professionalism		
Low	1	0.8
Moderate	25	20.2
High	98	79.0
Organizational culture		
Moderate	26	21.0
High	98	79.0

Table 2. The effect of surface acting strategies toward nursing professionalism mediated by organizational culture

		Consequence						
		M (OC)				Y (NP)		
Antecedent		Coeff.	SE	*p*		Coeff.	SE	*p*
X (SA)	*a*	-0.07	0.04	0.09	*c'*	-0.02	0.05	0.66
M (OC)					*b*	0.24	0.10	0.02
Constant	*i₁*	4.31	0.13	0.00	*i₂*	3.11	0.49	0.00
		R^2=0.02				R^2=0.04		
		$F_{(1,122)}$=2.91, *p*=0.09				$F_{(2,121)}$=2.87, *p*=0.06		

SA = surface acting, NP = nursing professional, OC = organizational culture, SE =sum of error

Figure 1 shows that organizational culture as mediation variable on surface acting had no significant relationship to nursing professionalism (*b*=-0.02, 95% CI [-0.05–0.00]). Therefore, H_1 was declined. There was no significant effect between surface acting strategy to professionalism with organizational culture as mediation.

3.3 Organizational culture in moderating the effect of deep acting strategy on nursing professionalism

The results of Table 3 show that the independent variable, namely deep acting strategy, had a significant effect on the mediating variable of organizational culture (*b*=0.16, *p*=0.001) and nursing professionalism (*b*=0.12, *p*=0.09) The mediating variable of organizational culture also had an effect on nursing professionalism (*b*=0.21, *p*=0.05). Thus, the deep acting variable had an indirect effect on nursing professionalism.
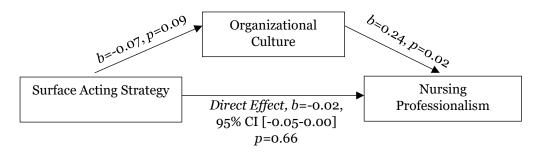
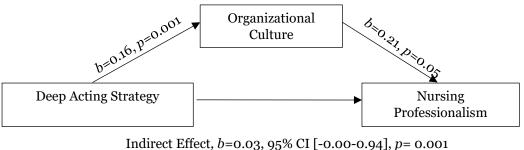**Figure 1.** The hypothesis test of surface acting strategies

Data on the effect of deep acting strategies on nursing professionalism with the mediation of organizational culture is shown in Table 3 below.

Table 3. The effect of deep acting strategies towards nursing professionalism with the mediation of organizational culture

Antecedent		M (OC)				Y (NP)		
		Coeff.	SE	p		Coeff.	SE	p
X (DA)	a	0.16	0.06	0.00	c'	0.12	0.07	0.09
M (OC)					b	0.21	0.11	0.05
Constant	i_1	3.53	0.21	0.00	i_2	2.76	0.45	0.00
		$R^2=0.06$				$R^2=0.07$		
		$F(1,122)=7.32, p=0.00$				$F(2,121)=4.25, p=0.01$		

DA = deep acting, NP = nursing professional, OC = organizational culture, SE =sum of error

The PROCESS analysis in Figure 2 shows that there was a significant effect of deep acting on nursing professionalism through an organizational culture which was indirect ($b=0.03$, 95% CI [-0.00–0.94]). Therefore, H2 was accepted. Deep acting strategies indirectly affected nursing professionalism through organizational culture as a mediation variable.

Indirect Effect*, b*=0.03, 95% CI [-0.00-0.94], *p*= 0.001

Direct Effect, b=0.12, *p*=0.09

Figure 2. The hypothesis test of deep acting strategies

4. Discussion
The aim of this study was to measure the effect of emotional labor strategy toward nursing professionalism mediated by organizational culture. The result of research found that surface acting did not affect nursing professionalism through organizational culture as a mediation variable. In contrast, the result of this study showed that there were positive effects of deep acting strategy on the increase of organizational culture and nursing professionalism which occurred significantly. The results of this study are different from previous study which have shown that surface acting has positive effect on the desire to leave work. Nurses who display surface acting strategies can modify their emotional expression when interacting with patients, although it does not fit with current feelings. When dealing with patients, the nurse tries to suppress the negative

emotion and pretend to show positive emotion (Diefendorff et al., 2011). Generally, modifying emotional expression for a nurse is no violation at all. The nurses who display surface acting is a part of obedience to display rule. Display rule is a root of an organization or hospital norm. However, nurse obedience when displaying surface acting is based on job condition, not hospital or organization culture. Therefore, surface acting strategy performed by nurses did not significantly affect organizational culture. In addition, modifying surface acting expression when providing healthcare service does not influence nursing professionalism. This is because nurses who display surface acting can still provide service based on professionalism context in their operational procedure (Wanninayake et al., 2021)

This study revealed that deep acting strategy indirectly influenced nursing professionalism through organizational culture. The deep acting strategy does not only obey the display rule, but it can provide health service more than the existing standard operational procedure. The display rule, which becomes the basic rule in showing emotion, is the reflection of the company's organizational culture. An individual who can perform their job in deep acting strategy will have stronger value to organizational culture. Previous research had shown that deep acting had a positive impact on the performance of nurses, because it was able to harmonize internal emotions with emotions that were the organizational culture in treating patients (Koh et al., 2018). These findings also support the previous study, which states that deep acting strategy relates to the display rule (Allen et al., 2010). Nurses' responses that display surface acting strategies during work tend to improve service quality by 88.7%, while display deep acting strategies improve service quality by 99%. Moreover, an initiative to enhance service showed the difference between surface acting and deep acting strategies, with 86.8% and 94.3% respectively.

This study showed that nurses with a high perception of organizational culture correlate with nursing professionalism. Nurses can assess whether the hospital provides a chance to participate in hospital service improvement so they can improve themselves and enhance the service quality through self-evaluation during work (Sarıköse & Göktepe, 2022). Nursing professionalism is performed by responsibility and dedication to fulfil the health service standard, attention to self-competence, self-responsibility, and willingness to collaborate with other parties in an organization. Nursing professionalism is also performed through a commitment to show warmness, caring, ethical code, and sustainability self-improvement in order to reach patients' well-being (Lombarts et al., 2014). The previous study found that organizational culture is the fundamental factor in determining professionalism among nurses (Manojlovich & Ketefian, 2002; Ghadirian et al., 2014). Nurses in a supportive environment are likely to participate in service delivery and monitoring for patients and work together with other medical staff in a collaboration. This result supported a study of Lee and Jang (2020) that an organizational culture has effect on turnover intention. Nurses who obtain a positive work environment, correlated with their interprofessional collaboration (Ghasemi et al., 2021).

Every nurse has a self-perception about display rules of emotional labor (surface or deep acting) when interacting with patients. Self-perception regarding display rules must be understood and applied in every work unit. A company or hospital always has a standard for their employee to perform a job, which has to be applied by nurses, especially the emotional aspect when delivering a service. Nurses' self-perception will be adapted with a standard from the comparator. If the gap happens between personal emotion and display rule standards, nurses will apply emotional regulation to decrease that gap. Emotional display which nurses perform, can be surface or deep acting (Lee & Madera, 2019).

Based on control theory (Carver, 2018), organizational culture variable has a role as the comparator for nurses in order to strengthen its positive effect to work behaviors by maintaining professionalism (Pedrosa et al., 2021). The comparator aspect in this theory will continuously happen and become guidance for nurses (Diefendorff & Gosserand, 2003). Nurses who perform deep acting strategy as the emotional display will have higher perception input to improve professionalism. This condition happens because service is delivered sincerely and appropriately with organizational culture. In addition, an individual who delivers deep acting will have a stronger input self-perception to organizational culture (Han et al., 2018). This enables a person to apply the work value properly, especially when offering health services. Deep acting strategy with self-willingness to apply professionalism during work allows strengthening self-perception to hospital management in order to collaborate with nurses in providing healthcare system (Liu et al., 2020)

5. Implications and limitations

This study contributes in providing a description and explaining the effect of surface and deep acting on the organizational culture, which is still limited in previous studies, especially in the context of health service between nurses and patients. A deep acting strategy could be implemented in sincere service and beyond the organization's expectations. Therefore, this condition could represent high organizational culture and professionalism value in every task. Deep acting strategy has an effect on the nursing professionalism indirectly. The organizational culture which has been internalized enabled the achievement of professionalism standards through the same understanding among all members in an organization. Therefore, the hospitals should maintain their service quality by training and development as well as monitoring nurses to display deep acting strategy.

Some of the limitations of this study that might affect the results of the study were limitations in the process of instrument validity and the absence of ethical approval at the beginning of the research process. However, reliability test had been carried out; and research study permits from the hospitals and informed consent from the respondents were obtained before the data collection in order to improve the rigor of the study. In addition, other individual aspects which might affect the perception of organizational culture such as personality types, emotional intelligence or job autonomy, self-efficacy, burnout, and behavior types were not controlled in this study.

6. Conclusion

This study provided new significant finding which positively affects deep acting strategies to organizational culture and nursing professionalism, while surface acting strategies did not significantly provide negative effect in lowering organizational culture and professionalism. Deep acting strategy indirectly affects nursing professionalism through organizational culture as a mediation variable. The findings of this study recommend the hospitals to nurture supportive organizational culture and to encourage as well as to monitor nurses to display deep acting strategies. The future study can be developed by using a larger sample size and more thorough instrument's validity process. Moreover, the level classification or work unit of respondents should be examined. Those factors were necessary to consider because the researcher could acquire a more detailed description. The future study also could measure other individual aspects which might affect the perception of organizational culture.

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Author contribution

RMB: conceptualization, methodology, writing-original draft, project administration, validation, resources, writing-review & editing. YK: conceptualization, investigation, validation, and data curation. NH: data collection and translating. ANH: methodology and statistics.

Conflict of interest

No potential conflicts of interest have been reported by the authors.

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