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The Effects of Emotional Labor and Anger Expression on Psychological Well-Being among Psychiatric Nurses

Anusha Lachman[1*] and Tereza Whittaker[2]

[1*,2] *Stellenbosch University, South Africa*
[1*] *alachman@sun.ac.za*

Abstract

Psychiatric nurses face unique challenges in their professional environments, including managing emotional labour and navigating anger expression, which can significantly impact their psychological well-being. This study aimed to investigate the relationships between emotional labour, anger expression, and psychological well-being among psychiatric nurses and identify factors influencing psychological well-being. A descriptive survey design was employed, involving 255 psychiatric nurses from 16 hospitals across South Africa. Participants completed validated tools to measure emotional labour, anger expression, and psychological well-being. Data were analyzed using descriptive statistics, Pearson's correlation coefficients, and stepwise multiple regression. The results revealed that psychological well-being was negatively correlated with emotional labour ($r = -0.25$, $p < 0.001$) and anger expression ($r = -0.34$, $p < 0.001$). Among the predictors, the sub-factor "anger-in" showed the strongest negative impact on psychological well-being ($\beta = -0.29$, $p < 0.001$), while anger control positively influenced well-being ($\beta = 0.20$, $p < 0.001$). Emotional dissonance, a component of emotional labour, was also a significant negative predictor ($\beta = -0.16$, $p = 0.001$). The model explained 27% of the variance in psychological well-being. These findings underscore the critical role of managing emotional labour and fostering adaptive anger control strategies to enhance the psychological well-being of psychiatric nurses. Interventions such as anger management training and organizational policies to reduce emotional dissonance could improve nurses' mental health and work efficiency. Future research should explore longitudinal impacts and expand to diverse healthcare settings.

Keywords: *Emotional labour, Anger expression, Psychological well-being, Psychiatric nurses*

1. Introduction

The rapidly evolving healthcare environment has intensified the demand for patient-centred services, certification systems, and quality evaluations of hospital performance, with nurses playing a central role in these changes [1][2]. As frontline providers, nurses must often suppress personal emotions and comply with organizational codes of conduct, leading to emotional labour. Emotional labour, defined as the management of feelings to present a socially acceptable demeanour, can contribute to emotional dissonance when displayed emotions conflict with internal feelings [3][4][5][6]. Studies indicate that nearly all clinical

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*Corresponding author

nurses (97.9%) experience emotional labour, with psychiatric nurses being disproportionately affected due to the complex nature of their roles [7][8][9].

Psychiatric nurses work in closed, hierarchical environments that demand high levels of adaptability and emotional regulation. They face unique challenges, including interacting with patients under heightened psychological stress and functioning as therapeutic tools in their professional relationships. These demands, coupled with the need to maintain emotional composure, expose them to significant levels of stress, potentially compromising their psychological well-being [3][4][9]. Furthermore, inappropriate expressions of anger—whether through suppression (anger-in) or outward displays (anger-out)—have been shown to impact psychological well-being negatively, emphasizing the need for anger management and emotional regulation [8][9][10].

Despite growing evidence linking emotional labour and anger expression to psychological well-being, there is a lack of comprehensive studies focusing on psychiatric nurses. Addressing this gap, the present study aims to (1) assess the levels of emotional labour, anger expression, and psychological well-being among psychiatric nurses; (2) explore correlations among these variables; and (3) identify the factors most significantly affecting psychological well-being. By doing so, this study seeks to provide actionable insights for improving psychiatric nurses' working conditions and mental health while enhancing the quality of nursing care services.

2. Literature Review

The psychological well-being of nurses, particularly psychiatric nurses, has gained increased attention in recent years due to the stressful nature of their work environments. Emotional labour and anger expression are central constructs in understanding this phenomenon. This section explores relevant theories and key studies, identifies research gaps, and establishes the relevance of these findings to the present study.

The concept of emotional labour was first introduced by Hochschild, who defined it as regulating emotions to fulfil occupational roles [11]. This theory has been expanded by researchers like Brotheridge and Lee, who emphasized its dual nature: surface acting (displaying emotions not genuinely felt) and deep acting (modifying internal feelings to align with professional expectations) [12]. These modes of emotional regulation are associated with varying degrees of psychological strain. Psychiatric nurses often engage in both, leading to emotional exhaustion and reduced well-being.

The State-Trait Anger Expression Inventory (STAXI), developed by Spielberger, identifies three primary modes of anger expression: anger-in, anger-out, and anger control [13]. Research in general healthcare settings indicates that suppressing anger (anger-in) is linked to higher levels of stress and burnout, while anger-out can damage workplace relationships [14]. Conversely, anger control is associated with better psychological resilience. These findings suggest that effective anger management strategies are crucial in reducing psychological distress.

Several studies highlight the implications of emotional labour and anger expression in healthcare. Brotheridge and Grandey found that high levels of emotional labour negatively impacted job satisfaction and mental health across various professions, including nursing [15]. Similarly, Jackson and Daly reported that nurses who engage in excessive emotional regulation experience heightened levels of burnout, especially in high-stress units such as psychiatry [16].

In terms of anger expression, studies by Thomas and Kilmann demonstrated that constructive anger management significantly improves interpersonal relationships and job performance among nurses [17]. Moreover, research by Jones et al. identified that unresolved anger correlates with higher turnover rates in psychiatric wards [18]. These studies underscore the necessity for targeted interventions to address emotional labour and anger expression among psychiatric nurses.

Previous studies have utilized cross-sectional survey designs to examine emotional labour and anger expression. Instruments such as the Emotional Labor Scale (ELS) and STAXI have been validated for reliability in diverse cultural contexts, including English-speaking countries [19]. However, many studies lack longitudinal data to establish causal relationships between these factors and psychological well-being. Furthermore, existing research often focuses on general nursing populations, neglecting the unique stressors faced by psychiatric nurses.

While substantial evidence links emotional labour and anger expression to psychological outcomes, few studies explore these variables in psychiatric nurses specifically. Most research emphasizes surface-level correlations, with limited exploration of underlying mechanisms or interventions tailored to psychiatric settings. Additionally, scant attention is paid to how organizational factors, such as workplace culture and support systems, moderate these relationships.

This study builds on existing literature by focusing specifically on psychiatric nurses, a population uniquely vulnerable to emotional labour and maladaptive anger expression. Identifying key predictors of psychological well-being aims to address critical gaps and provide actionable recommendations for improving mental health and workplace efficiency in psychiatric settings.

2. Method

2.1. Design

This is a descriptive survey study designed to investigate the effects of emotional labour and anger expression on the psychological well-being of psychiatric nurses.

2.2. Subject

Using convenience sampling, nurses who worked for 6 months or more at 16 psychiatric hospitals nationwide were selected as the subjects of this study. For the sample size, the effect size for regression analysis, the significance level of two-sided tests, and the power of a test were set as .15, .05, and .95, respectively, using the G*Power 3.1.3 program that calculates sample size according to Cohen's formula. As a result of calculating the sample size with 19 predictor variables (emotional labour, anger expression, and 17 general characteristics), the target sample size was estimated at 217. Thus, a total of 260 subjects were selected, considering the dropout rate of 20%. After distributing a questionnaire to each subject, all 260 copies were collected. Of these, 255 copies were used as the final analysis set, except five with non-responses or overlapping and inadequate answers.

2.3. Research tools

2.3.1. Emotional labor

This study used the emotional labour tool developed by Morris and Feldman [20] and modified and supplemented by Kim Min-joo [21] after receiving approval via e-mail. This tool consists of the frequency of emotional labour (3 questions), attentiveness of emotional display (3 questions), and mismatch of emotions (3 questions). Scores were measured on a scale of 1 (‘Strongly disagree’) to 5 points (‘Strongly agree’) using the 5-point Likert scale. The total scores ranged from 9 to 45 points, and the higher the score, the higher the intensity of emotional labour. The reliability of the tool was Cronbach's a= .86 in the study by Kim Min-joo [21] and Cronbach's a= .84 in this study.

2.3.2. Anger expression

To calculate the scores of anger expression, the State-Trait Anger Expression Inventory (STAXI) developed by Spielberger [22] and then modified and standardized by Chon Kyum-koo et al. [23] was used after being approved via e-mail. The STAXI consists of trait anger (10 questions), state anger (10 questions), and anger expression (24 questions). Only the 24 questions of anger expression were used in this study, along with its three sub-factors: anger-in, anger-out, and anger control (8 questions, respectively). Scores were measured on a scale of 1 (‘Strongly disagree’) to 4 points (‘Strongly agree’) using the 4-point Likert scale. The total index of anger expression was calculated by ‘anger-in + anger-out - anger control + 16’ and ranged from 0 to 72 points. The total scores ranged from 8 to 32 points per sub-factor, which indicates that anger expression is positive as the scores of anger-in and anger-out are lower, and the score of anger control is higher. The reliability of this tool was Cronbach's a= .73 for anger-in, Cronbach's a=.74 for anger-out, and Cronbach's a= .81 for anger control in the study by Chon Kyum-koo et al. [14] and Cronbach's a= .81 for anger-in, Cronbach's a=.75 for anger-out, and Cronbach's a= .77 for anger control in this study.

2.3.3. Psychological well-being

To calculate the scores of psychological well-being, Ryff [24]'s Psychological Well-Being Scale (PWBS) was used after it was modified and supplemented by Kim Myoung-so, Kim Hye-won, and Cha Kyeong-ho [25], with approval obtained via e-mail. This tool consists of self-acceptance (8 questions), environmental mastery (8 questions), positive relations with others (7 questions), autonomy (8 questions), purpose in life (7 questions), and personal growth (8 questions). Scores were measured on a scale of 1 (‘Strongly disagree’) to 6 points (‘Strongly agree’) using the 6-point Likert scale. The total score ranged from 46 to 230 points, indicating that the higher the score, the higher the level of psychological well-being. The overall reliability of the tool was Cronbach's a= .92 in the study by Kim Myoung-so, Kim Hye-won, and Cha Kyeong-ho [25], and Cronbach's a= .93 in this study.

2.4. Data collection

As of July 2015, a request for cooperation to recruit subjects was sent to 20 psychiatric hospitals registered with the Health Insurance Review & Assessment Service in South Africa. Sixteen psychiatric hospitals, which approved the request for cooperation, were selected as the study sites. The period of data collection ranged from July 22 to 31, 2015. Before data collection, the participants were informed of this study's objectives, consent withdrawal,

participation discontinuation, participation discontinuation, anonymity, etc. Then, the subjects were requested to sign the informed consent form and to fill in the self-administered questionnaire.

2.5. Data analysis

The collected data were analyzed using SPSS/WIN 21.0. The collected data were analyzed using SPSS/WIN 21.0. We obtained the mean and standard deviation for emotional labour, anger expression, and psychological well-being. Correlations among emotional labour, anger expression, and psychological well-being were analyzed using Pearson's correlation coefficient. Factors affecting psychological well-being were analyzed through stepwise multiple regression analysis.

3. Results

3.1. Levels of the subjects' emotional labour, anger expression, and psychological well-being

The subjects' emotional labour, anger expression, and psychological well-being levels are shown in Table 1. The scores of emotional labour were 3.06±0.54 points based on 5 points. The scores of anger expression were 23.04±6.04 points out of 72 points, and the psychological well-being scores were 3.41±0.40 points out of 5 points.

Table 1. Levels of the subjects' emotional labour, anger expression, and psychological well-being (N=255)

	Range of value	Minimum	Maximum	M±SD
Emotional labour	[1,5]	1.78	4.67	3.06±0.54
Anger expression	[0,72]	5	38	23.04±6.04
Psychological well-being	[1,5]	2.17	4.54	3.41±0.40

3.2. Correlations among emotional labour, anger expression, and psychological well-being

The correlations among emotional labour, anger expression, and psychological well-being are shown in Table 2. Psychological well-being was negatively correlated with emotional labour (r=-.25, p<.001). A positive correlation (r=.26, p<.001) between emotional labour and anger expression was confirmed.

Table 2. Correlations among emotional labour, anger expression, and psychological well-being (N=255)

	Emotional labour	Anger expression	Psychological well-being
Emotional labour	1		
Anger expression	0.26** (<.001)	1	
Psychological well-being	-0.25** (<.001)	-0.34** (<.001)	1

3.3. Factors affecting psychological well-being

The factors affecting psychological well-being are shown in Table 3. To analyze the effects of variables on psychological well-being, a total of 17 independent variables were used, including six sub-factors of emotional labour and anger expression, which were found to be

correlated as a result of correlation analysis, and the following 11 general characteristics — age (year), marital status (based on unmarried), the highest level of education (based on the 3-year undergraduate diploma), eligibility (based on the nurse), position (based on the general nurse), total service years (year), work unit (based on the psychiatric ward), working pattern (based on day duty), sleeping time (based on less than 5 hours), satisfaction with sleeping (based on satisfaction), and satisfaction with workplace (based on dissatisfaction), which showed a difference in psychological well-being. The variable which had the greatest effect on psychological well-being was anger-in (β=-.29, p<.001) as a sub-factor of anger expression, followed by the level of education: post-graduate diploma (β=.20, p<.001), a sub-factor of anger expression: anger control (β=.20, p<.001), and a sub-factor of emotional labour: mismatch of emotions (β=-.16. p=.001). That is, the score of psychological well-being was higher, with a lower score of anger-in, a higher score of anger control, and a lower score of mismatch of emotions. The proportions explained by variables included anger at 13%, anger control at 4%, and mismatch of emotions at 2%. the total explanatory power by a model was 27.0%, and the modified explanatory power was 25% (F=15.33, p<.001).

Table 3. Factors affecting psychological well-being (N=255)

	B	SE	β	t	p	R2 variance	Cumulative R2
(Constant)	3.40	0.18	-	18.87**	.000	-	-
Anger-in	-.28	0.06	-.29	-4.75**	.000	0.13	0.13
Level of education post-graduate diploma	.22	0.06	0.20	3.62**	.000	0.06	0.19
Anger control	0.20	0.06	0.20	3.57**	.000	0.04	0.22
Mismatch of emotions	-.09	0.03	-.16	-2.59**	.010	0.02	0.24
Eligibility-mental health nurses	0.11	0.05	0.13	2.33**	.021	0.02	0.26
Marital status (1=married, 0=unmarried)	0.10	0.05	0.12	2.19*	.030	0.01	0.27
Durbin-Watson=1.966, F=15.33, p<.001, R2=0.27, Adj-R2=0.25							

*1 *: p<05, **: p<.001*

4. Discussion

This study was conducted to identify the levels of psychiatric nurses' emotional labour, anger expression, and psychological well-being and determine the effects of emotional labour and anger expression on psychological well-being. With recent changes in medical environments where many hospitals have been focused on customer satisfaction, nurses are more likely to be exposed to situations requiring the suppression of emotion, leading to a higher intensity of their emotional labour. According to a study by Zapf, a mismatch of emotions harms the role performance of nurses as it inhibits effective interactions between nurses and patients and reduces the efficiency of cognitive coping mechanisms [26][27][28]. In this study, the mean score of emotional labour in nurses was 3.06 points out of 5 points. As for senior welfare center employees [29] and workers in the service field [30], they scored 2.50 points and 3.61 points, respectively. This suggests that most experienced moderate or higher levels of emotional labour. Also, the difference in nurses' emotional labour scores may depend on the hospital size, work unit, and performance role. In this study and previous studies [31][32], the mean frequency of emotional labour, among sub-factors of emotional labour, was the highest, followed by the attentiveness of emotional display and mismatch of emotions. For anger expression style, psychiatric nurses, the subjects of this study, tended to

use anger control, which is an adaptive mode frequency in efforts to dominate and control anger [22].

Anger-out and anger-in were dysfunctional, whereas anger control was functional among nurses. Therefore, it was revealed that psychological well-being decreased when the levels of anger-out and anger-in increased. Still, the high level of anger controlled a high psychological well-being. The score of psychological well-being in this study was 3.41 points, which is similar to the results of previous studies: 3.45 points in the study on nurses by Choi Yoon-jeong and Seong Young-hee [31] and 3.44 points in the study by Kim Eun-sook, Ryu So-yeon, Park Jong, and Choi Seong-woo [32]. Previous studies by Ryff [24], which pertained to psychological and subjective well-being, found that self-acceptance and environmental mastery strongly correlated with the factors determining the quality of personal life. Psychological well-being was found to be related to life satisfaction. In this study, the factor found to have the greatest effect on psychological well-being was anger-in. Psychological well-being was higher with a lower level of anger-in, a higher level of anger control, and a lower level of emotional mismatch.

5. Conclusion

Previous studies on psychiatric nurses often focused on small samples in geographically limited regions, limiting the generalizability of their findings. In contrast, this study encompassed psychiatric nurses from 16 hospitals nationwide, ensuring a broader and more representative sample. Additionally, the study demonstrated consistency across various working areas, enhancing its reliability and applicability to diverse settings.

The findings highlight the significant influence of educational attainment on the psychological well-being of psychiatric nurses. Nurses with higher education reported better psychological well-being, suggesting that advanced education equips them with the knowledge, attitudes, and skills needed to navigate the complexities of psychiatric care. These findings emphasize the necessity of fostering continuous professional development and integrating structured educational programs into the professional trajectory of psychiatric nurses.

This study underscores the importance of emotional labour management and anger control in enhancing psychological well-being. Psychiatric nurses face unique emotional demands due to the nature of their work, which requires emotional regulation and therapeutic engagement. Implementing targeted interventions, such as training programs in emotional intelligence, stress management, and anger regulation, can mitigate the adverse effects of emotional labour and improve job satisfaction.

Furthermore, this research reinforces the need to establish a supportive hospital environment prioritizing nurses' mental health and professional growth. Policies aimed at reducing emotional dissonance, mentoring programs, and fostering collaborative work cultures can significantly enhance psychological well-being and, by extension, the quality of patient care.

In conclusion, this study provides valuable insights into the factors influencing psychiatric nurses' psychological well-being. It calls for integrating comprehensive educational and organizational strategies to support their mental health and professional development in South Africa and beyond. Future research should explore longitudinal outcomes and evaluate the efficacy of proposed interventions in diverse healthcare settings.

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