

Determination of Nurses' Emotional Labor Behaviors and Professional Commitment: A Cross-Sectional Study

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ABSTRACT

Objective: The aim of this study is to determine the nurses' emotional labor behaviors and professional commitment.

Methods: This cross-sectional study was conducted with 287 nurses actively working in a university hospital. The data were collected online using the Descriptive Information Form, Scale of Emotional Labor Behavior for Nurses, and Nursing Professional Commitment Scale.

Results: Results of the study showed that 33.1% of the nurses were under the age of 30, 91.3% were female, 84.4% had a bachelor's degree, and 27.2% were working for 15 years or more. The nurses had a high level of emotional labor behaviors and they exhibited mostly intimate behavior and the least superficial behavior. Female nurses exhibited significantly more in-depth emotional behavior than their male counterparts ($P < .05$). There was a significant difference between the nurses' professional commitment levels in terms of gender and perception of income level ($P < .05$). Also, there was a moderate and positive significant correlation between the nurses' levels of professional commitment and emotional labor behaviors ($P < .001$).

Conclusion: Consequently, it was concluded that the nurses had a high level of emotional labor behaviors and a moderate level of professional commitment. A higher level of professional commitment in nurses increased their emotional labor behaviors. Healthcare managers need to develop nurses' professional commitment in order to positively change the emotional labor behaviors of nurses.

Keywords: Emotional labor, nurse, professional commitment


Introduction

Nurses are healthcare professionals who communicate and interact with patients and their relatives for long hours. Contact in the nursing care process makes emotional interaction between nurses and patients inevitable.¹ While nurses are expected to be friendly and show love and respect to individuals during the caregiving process, it is an expected situation that they suppress their negative emotions such as hostility, anger, distress, and grief. Therefore, emotional labor²⁻⁴ is also defined as "the process of an employee to regulate his/her emotions while doing his/her job" and it overlaps with what is expected from nurses.

In the literature, some studies aiming to determine emotional labor behaviors of nurses have reported that nurses exhibit in-depth⁵ and intimate behaviors,^{2,6} whereas results of some others have indicated that they display superficial behaviors.⁷ In a qualitative study conducted with nursing students on emotional labor, it was reported that emotional labor behavior was an important factor affecting students' approach to patients and their performance in clinical practice.⁸ Moreover, the tendency of nurses to display in-depth behaviors is closely related to the fact that they like their jobs.² Preferring willingly their profession and loving their profession are important factors associated with nurses' job satisfaction.⁹ Nurses' job satisfaction is also a concept related to professional commitment.¹⁰

People with a high level of professional commitment have a positive affection toward their profession, are more interested in improving their profession and what will happen in the future, enjoy learning new information and sharing what they have learned with their colleagues.¹¹ In the literature,

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it is stated that when employees have a higher level of professional commitment, they adopt and feel their job as their own job.¹² These people behave in a solution-oriented manner against the existing and possible problems experienced during the day while doing their profession and they have the intention to quit their job at the lowest level even when they encounter problems they cannot solve.¹³ Increasing professional commitment in nursing can provide numerous benefits for both the individual and the institution. Patient and employee satisfaction is expected to increase on the basis of the institution if it has a nurse group with a high level of professional commitment.¹⁴

Today, as healthcare services have become widespread, people need nursing and care services more, and their expectation of quality and satisfaction regarding this need is increasing. On the other hand, the increase in globalization, the development of technology, the increase in investments in the field of health, and the increasing competition between institutions increase the importance given to health care. It is thought that with the increase in the importance given to health care, a high level of conceptual knowledge from the nursing profession, loving the profession, behaving well to the patients while performing their profession, empathizing, and showing feelings that are compatible with the aims of the institution become more important. In this context, the sub-dimensions of nurses' commitment to the profession, such as maintaining the profession, making an effort, and believing in the goals and values of the profession, are thought to be effective variables on emotional labor behaviors that are compatible with the aims of the institution they work for. In the literature, the correlation between emotional labor and professional commitment has been investigated for other professions¹⁵, and only 1 study¹⁶ examining this correlation in the field of nursing has been found. It is thought that further information is needed on this subject in the nursing literature. Therefore, the aim of this study is to determine the emotional labor behaviors and professional commitments of nurses'.

Research Questions

1. What is the level of professional commitment of nurses?
2. What is the emotional labor behavior of nurses?
3. Is there a significant difference in the level of professional commitment of nurses according to age, gender, education, and income status, years of experience in nursing, and wards where nurses work?
4. Is there a significant difference in emotional labor behaviors of nurses according to age, gender, education, income status, years of experience in nursing, and wards where nurses work?
5. Is there a relationship between nurses' professional commitment and emotional labor behaviors?

Methods

Design

This study was a cross-sectional design. This study report follows the Strengthening the Reporting of Observational Studies in Epidemiology Statement Guidelines.

Participants

The population consisted of 900 nurses working actively in a university hospital. The sample size was calculated as 270 using the sampling formula with a finite population. The study was completed with 287 nurses who were actively working in a university hospital and agreed to participate in this study.

Instruments

The data were collected through "Descriptive Information Form," "Scale of Emotional Labor Behavior for Nurses," and "Nursing Professional Commitment Scale."

Descriptive Information Form

This form gathered some characteristics including nurses' age, gender, graduation school, longest place of residence, perception of income level, tenure in the profession, and the clinic they worked in.

Scale of Emotional Labor Behavior for Nurses (SELBN)

The scale was developed by Öz and Baykal⁵ to determine the emotional labor behaviors of nurses. This 5-point Likert-type scale consists of 24 items and 3 subdimensions (superficial, in-depth, and intimate behavior).⁵ Cronbach's alpha value is 0.90 for the overall scale and ranges between 0.75 and 0.86 for its subdimensions.⁵ In this study, it was found that Cronbach's alpha value was 0.90 for the overall scale and ranged between 0.72 and 0.86 for its subdimensions. As the mean score gets close to "1" in the subdimensions of the scale, emotional labor behavior is interpreted to be low. If it gets close to "5," the behavior is interpreted to be high.⁵

Nursing Professional Commitment Scale (NPCS)

The Nursing Professional Commitment Scale was developed to determine nurses' level of professional commitment.¹⁷ This 4-point Likert-type scale consists of 26 items and subdimensions (willingness to make an effort, maintaining professional membership, and belief in goals and values). Each item is scored between 1 (strongly disagree) and 4 (strongly agree). Nine items of the scale (items 14, 15, 16, 17, 18, 19, 20, 21, and 25) are reverse scored. The total score of the scale is obtained by summing the scores obtained from each item. Its Turkish validity and reliability study was conducted by Çetinkaya et al.¹⁷ Cronbach's alpha value is 0.90 for the overall scale and ranges between 0.67 and 0.88 for its subdimensions.¹⁷ In this study, it was found that Cronbach's alpha value was 0.92 for the overall scale and ranged between 0.78 and 0.89 for its subdimensions. While higher scores obtained from the overall scale and its subdimensions signify a high level of professional commitment, low scores signify a low level of professional commitment.

Data Collection

The data were collected between November 2020 and January 2021. The participants completed the forms online. It took about 15-20 minutes to complete the form.

Ethical Considerations

The protocol for this observational study was prepared by the Declaration of Helsinki and the Ethical Guidelines for Epidemiology Research. Ethics committee approval from Gazi University Ethics Committee (24.11.2020-E.126137-Research Code No: 2020-617) before the study and institutional permission from the hospital administration in order to apply the forms (14574941-199) were obtained. Before the data collection, the nurses participating in the study were informed about the study online and their consent was obtained.

Data Analysis

The data were analyzed using Statistical Package for the Social Sciences 24.0 (IBM SPSS Corp.; Armonk, NY, USA) software. Frequency tables and descriptive statistics were used to assess the findings. For normally distributed data, statistics of the independent sample *t*-test were used to compare 2 independent groups with scale scores and the 1-way analysis of variance test statistics were utilized to compare 3 or more independent groups. For non-normally distributed data, the Mann-Whitney *U*-test was used to compare 2 independent groups with scale scores; the Kruskal-Wallis *H* test statistics were used to compare 3 or more independent groups. Spearman correlation coefficient test was used to examine the relationship between 2 quantitative data that were not normally distributed. The data were assessed at a confidence interval of 95% and a significance level of 5%.

Results

The results of the study revealed that 33.1% of the nurses were under the age of 30, 91.3% were female, 84.4% had a bachelor's degree, 27.2% were working for more than 15 years, and 68.6% were working in wards. About 53.0% stated that they perceived their income equal to their expenses (Table 1).

It was determined that the Scale of Emotional Labor Behavior for Nurses (SELBN) mean score was 4.12 ± 0.48 (3.97 ± 0.60 for superficial behavior subdimension, 4.15 ± 0.53 for in-depth behavior subdimension, and 4.24 ± 0.63 for intimate behavior subdimension). Their Nursing Professional Commitment Scale (NPCS) mean score of the nurses was 73.06 ± 14.42 . The mean scores for its subdimensions were 35.14 ± 8.11 for willingness to make an effort, 22.57 ± 5.59 for maintaining professional membership, and 15.35 ± 2.69 for belief in goals and values (Table 2).

The scores of willingness to make an effort subdimension were statistically significantly higher in female participants (35.66 ± 7.91) than their male counterparts (29.68 ± 8.37) ($P = .001$). The scores of willingness to make an effort subdimension were statistically significantly higher in those who had an income equal to their expenses (35.76 ± 7.69) and an income more than their expenses (37.20 ± 7.48) than those who had an income less than their expenses (32.81 ± 8.74) ($P = .002$). The nurses in the group under 30 years of age (23.64 ± 5.55) had statistically significantly higher scores in maintaining professional membership subdimension when compared to those in the age group of 35-39 years (21.35 ± 5.24) ($P = .027$) (Table 3).

Table 1. Some Characteristics of Nurses' (n = 287)

Characteristics	n	%
Age		
<30	95	33.1
30-34	76	26.5
35-39	54	18.8
≥ 40	62	21.6
Gender		
Female	262	91.3
Male	25	8.7
Education		
High school	5	1.7
Bachelor	242	84.4
Postgraduate	40	13.9
Income		
Less than their expenses	85	29.6
Equal to their expenses	152	53.0
More than their expenses	50	17.4
Years of experience in nursing		
≤ 5	73	25.4
6-10	75	26.1
11-15	61	21.3
> 15	78	27.2
Wards where nurses work		
Emergency department	16	5.6
Inpatient wards	197	68.6
Intensive care unit	24	8.4
Wards of COVID-19	8	2.8
Intensive care unit of COVID-19	11	3.8
Other units	31	10.8

COVID-19, coronavirus disease 2019.

Table 2. The Mean Scores of Scale of Emotional Labor Behavior for Nurses and Nursing Professional Commitment Scale (n = 287)

Scales	$X \pm SD$	Minimum–Maximum
Scale of Emotional Labor Behavior for Nurses	4.12 ± 0.48	2.04-5.0
Superficial behavior	3.97 ± 0.60	2.0-5.0
In-depth behavior	4.15 ± 0.53	1.6-5.0
Intimate behavior	4.24 ± 0.63	1.8-5.0
Nursing Professional Commitment Scale	73.06 ± 14.42	28.0-103.0
Willingness to make an effort	35.14 ± 8.11	13.0-52.0
Maintaining professional membership	22.57 ± 5.59	8.0-32.0
Belief in goals and values	15.35 ± 2.69	5.0-20.0

Nurses who had an income equal to their expenses and an income more than their expenses (23.70 ± 5.43) had a statistically significant higher score in the NPCS and it is maintaining professional membership subdimension when compared to those who had an income less than their expenses ($P < .05$). The nurses working for 5 years or less had a statistically significant higher score in the subdimension of maintaining professional membership (23.90 ± 5.58) than those working for 6-10 years (21.71 ± 5.61) ($P = .036$) (Table 3).

Female nurses had statistically significantly higher scores in NPCS and its belief in goals and values subdimension than their male counterparts ($P < .05$). The nurses who worked for 5 years or less had a statistically significant higher score in the subdimension of belief in goals and values (15.93 ± 2.76) than those who worked for 6-10 years (15.04 ± 2.52) ($P = .037$). The nurses working in the coronavirus disease 2019 (COVID-19) ward had statistically significantly higher scores in the subdimension of belief in goals and values (17.88 ± 0.99) when compared to those who were working in emergency room (14.75 ± 2.67), wards (15.34 ± 2.71), COVID-19 intensive care service (15.00 ± 2.65), and other units (14.87 ± 2.35) ($P = .013$) (Table 3).

Scale of Emotional Labor Behavior for nurses's in-depth behavior subdimension scores was statistically significantly higher in women (4.18 ± 0.49) than in men (3.79 ± 0.76) ($P = .009$). On the other hand, no statistically significant difference was found according to variables of the age, educational level, income level, working duration, and clinic ($P > .05$) (Table 3).

There was a moderately positive and significant correlation between SELBN scores and NPCS scores ($P < .001$). A positive and significant correlation was determined between the SELBN subdimensions and the NPCS subdimensions ($P < .001$). There was a negative and significant correlation between the NPCS-maintaining professional membership subdimension and SELBN scores ($P < .001$) (Table 4).

Discussion

In this study, which was conducted to determine the nurses' emotional labor behaviors and professional commitments, it was determined that the gender variable was effective on emotional labor behavior, the variables of age, working duration, gender, and the clinic affected the professional commitment, and there was a significant correlation between professional commitment and emotional labor behaviors.

In the present study, the nurses had a moderate level of professional commitment. Their scores in willingness to make an effort, maintaining professional membership, and belief in goals and values subdimensions of the nursing professional commitment scale were above the average level. In the literature, studies examining the professional commitment of nurses have reported different results. The professional commitment of nurses was reported to be at a low level in the study by Derin et al,¹⁸ at a moderate level in the studies by Peker

Table 3. Nurses' Emotional Labor Scale and Nursing Professional Commitment Scale Mean Scores According to Some Characteristics of Nurses'

Characteristics	Willingness to Make an Effort	Maintaining Professional Membership	Belief in Goals and Values	NPCS	Superficial Behavior	In-Depth Behavior	Intimate Behavior	SELBN
	$X \pm SD$	$X \pm SD$	$X \pm SD$	$X \pm SD$	$X \pm SD$	$X \pm SD$	$X \pm SD$	$X \pm SD$
Age								
<30 ¹	35.48 \pm 7.75	23.64 \pm 5.55	15.66 \pm 2.79	74.79 \pm 14.19	3.89 \pm 0.62	4.11 \pm 0.54	4.19 \pm 0.62	4.06 \pm 0.51
30-34 ²	35.14 \pm 8.15	21.91 \pm 5.46	15.24 \pm 2.50	72.28 \pm 14.32	3.95 \pm 0.58	4.18 \pm 0.62	4.30 \pm 0.67	4.18 \pm 0.50
35-39 ³	34.87 \pm 7.45	21.35 \pm 5.24	15.56 \pm 2.55	71.78 \pm 12.80	4.08 \pm 0.60	4.21 \pm 0.42	4.27 \pm 0.56	4.19 \pm 0.40
$\geq 40^4$	34.84 \pm 9.26	22.79 \pm 5.89	14.84 \pm 2.85	72.47 \pm 16.20	4.01 \pm 0.59	4.11 \pm 0.51	4.23 \pm 0.64	4.10 \pm 0.45
	$\chi^2 = .639, P = .887$	$\chi^2 = 9.191, P = .027$ [1-3]	$\chi^2 = 5.857, P = .119$	$\chi^2 = 3.449, P = .327$	$\chi^2 = 5.053, P = .168$	$\chi^2 = 2.905, P = .406$	$\chi^2 = 1.892, P = .595$	$\chi^2 = 4.473, P = .595$
Gender								
Female	35.66 \pm 7.91	22.74 \pm 5.50	15.48 \pm 2.59	73.88 \pm 14.00	3.97 \pm 0.60	4.18 \pm 0.49	4.26 \pm 0.61	4.15 \pm 0.45
Male	29.68 \pm 8.37	20.80 \pm 6.30	13.96 \pm 3.35	64.44 \pm 16.11	3.95 \pm 4.17	3.79 \pm 0.76	4.04 \pm 0.80	3.88 \pm 0.67
	$Z = -3.340, P = .001$	$Z = -1.466, P = .143$	$Z = -2.223, P = .026$	$t = 3.176, P = .002$	$Z = -0.218, P = .828$	$Z = -2.597, P = .009$	$Z = -1.173, P = .241$	$Z = -1.826, P = .068$
Education								
Undergraduate and below	34.87 \pm 7.78	22.43 \pm 5.42	15.30 \pm 2.60	72.59 \pm 13.71	3.97 \pm 0.59	4.15 \pm 0.52	4.24 \pm 0.62	4.13 \pm 0.46
Master degree and above	36.80 \pm 9.85	23.45 \pm 6.53	15.70 \pm 3.20	75.95 \pm 18.13	3.98 \pm 0.62	4.10 \pm 0.61	4.23 \pm 0.71	4.09 \pm 0.56
	$Z = -1.629, p = .103$	$Z = -1.505, p = .132$	$Z = -1.456, p = .145$	$Z = -1.731, p = .083$	$Z = -.202, p = .840$	$Z = -.199, p = .842$	$Z = -.125, p = .900$	$Z = -.226, p = .821$
Income								
Less than their expenses ¹	32.81 \pm 8.74	20.76 \pm 5.80	14.84 \pm 2.88	68.41 \pm 15.33	3.96 \pm 0.58	4.12 \pm 0.60	4.16 \pm 0.72	4.10 \pm 0.52
Equal to their expenses ²	35.76 \pm 7.69	23.20 \pm 5.31	15.47 \pm 2.67	74.43 \pm 13.58	3.97 \pm 0.61	4.18 \pm 0.51	4.29 \pm 0.61	4.14 \pm 0.47
More than their expenses ³	37.20 \pm 7.48	23.70 \pm 5.43	15.88 \pm 2.26	76.78 \pm 13.59	3.97 \pm 0.61	4.11 \pm 0.48	4.24 \pm 0.48	4.09 \pm 0.41
	$\chi^2 = 12.372, P = .002$ [1-2,3]	$\chi^2 = 11.983, P = .003$ [1-2,3]	$\chi^2 = 3.036, P = .219$	$F = 7.051, P = .001$ [1-2,3]	$\chi^2 = .023, P = .989$	$\chi^2 = .982, P = .612$	$\chi^2 = 1.682, P = .431$	$\chi^2 = .678, P = .712$
Years of experience in nursing								
$\leq 5^1$	35.82 \pm 7.66	23.90 \pm 5.58	15.93 \pm 2.76	75.66 \pm 14.01	3.89 \pm 0.64	4.07 \pm 0.56	4.19 \pm 0.64	4.04 \pm 0.52
6-10 ²	34.35 \pm 8.47	21.71 \pm 5.61	15.04 \pm 2.52	71.09 \pm 14.79	3.97 \pm 0.54	4.19 \pm 0.56	4.28 \pm 0.65	4.15 \pm 0.49
11-15 ³	34.84 \pm 7.17	22.77 \pm 5.51	15.43 \pm 2.74	72.03 \pm 13.06	4.05 \pm 0.62	4.18 \pm 0.52	4.21 \pm 0.62	4.17 \pm 0.46
$> 15^4$	35.49 \pm 8.90	22.77 \pm 5.48	15.55 \pm 2.70	73.31 \pm 15.31	3.98 \pm 0.60	4.15 \pm 0.49	4.27 \pm 0.60	4.13 \pm 0.43
	$\chi^2 = 1.338, P = .720$	$\chi^2 = 8.520, P = .036$ [1-2]	$\chi^2 = 8.488, P = .037$ [1-2]	$F = 1.371, P = .252$	$\chi^2 = 3.493, P = .322$	$\chi^2 = 2.718, P = .437$	$\chi^2 = 1.233, P = .745$	$F = 0.985, P = .400$
Wards where nurses work								
Emergency department ¹	35.19 \pm 7.83	22.69 \pm 5.12	14.75 \pm 2.67	72.63 \pm 14.39	4.06 \pm 0.67	4.11 \pm 0.56	4.26 \pm 0.68	4.22 \pm 0.42
Inpatient wards ²	35.19 \pm 7.97	22.55 \pm 5.53	15.34 \pm 2.71	73.09 \pm 14.14	3.92 \pm 0.56	4.13 \pm 0.54	4.21 \pm 0.63	4.09 \pm 0.49
Intensive care unit ³	33.83 \pm 9.05	22.00 \pm 6.99	15.79 \pm 3.09	71.63 \pm 17.53	4.20 \pm 0.69	4.31 \pm 0.54	4.42 \pm 0.64	4.27 \pm 0.51
Wards of COVID-19 ⁴	39.88 \pm 6.06	26.75 \pm 3.62	17.88 \pm 0.99	84.50 \pm 9.53	4.40 \pm 0.41	4.54 \pm 0.30	4.52 \pm 0.55	4.35 \pm 0.40
Intensive care unit of COVID-19 ⁵	32.91 \pm 8.79	23.09 \pm 4.68	15.00 \pm 2.65	71.00 \pm 14.07	3.73 \pm 0.72	4.08 \pm 0.58	4.11 \pm 0.60	4.03 \pm 0.47
Other units ⁶	35.32 \pm 8.61	21.77 \pm 5.61	14.87 \pm 2.35	71.97 \pm 14.49	3.96 \pm 0.69	4.08 \pm 0.51	4.28 \pm 0.60	4.14 \pm 0.41
	$\chi^2 = 5.280, P = .383$	$\chi^2 = 5.628, P = .344$	$\chi^2 = 14.476, P = .013$	$\chi^2 = 7.187, P = .207$	$\chi^2 = 10.452, P = .063$	$\chi^2 = 8.450, P = .133$	$\chi^2 = 5.968, P = .309$	$\chi^2 = 4.962, P = .421$

COVID-19, coronavirus disease 2019; NPCS, Nursing Professional Commitment Scale; SELBN, Scale of Emotional Labor Behavior for Nurses.

p<0.05 for bold values.

Numbers [1-6] symbolize the variable groups in the comparison between groups in the Kruskal Wallis test and are used to show which significant difference between groups originates from which one.

& Başdaş¹⁹ and Can,²⁰ and at a high level in the studies by Gökalp.²¹ While the result of the present study is compatible with some results in the literature, it differs from some others. This may be associated

with the fact that the characteristics of the participant nurse groups in the studies are different and the present study was conducted during the pandemic period.

Table 4. The Relationship Between Nurses' Emotional Labor Behavior Scale Scores and Nursing Professional Commitment Scale Scores* (n = 287)

		Willingness to Make an Effort	Maintaining Professional Membership	Belief in Goals and Values	NPCS
Superficial behavior	<i>r</i>	0.239*	0.211*	0.311*	0.267*
In-depth behavior	<i>r</i>	0.321*	0.222*	0.460*	0.353*
Intimate behavior	<i>r</i>	0.260*	0.196*	0.259*	0.266*
SELBN	<i>r</i>	0.318*	−0.238*	0.385*	0.316*

NPCS, Nursing Professional Commitment Scale; SELBN, Scale of Emotional Labor Behavior for Nurses.

* $P < .001$, Spearman correlation test was used.

In this study, it was found that while the level of professional commitment did not vary according to the variable of age, the nurses under the age of 30 had higher intentions to maintain professional membership than those in the age group of 35-39 years. Likewise, studies in the literature reported that there was no difference in the level of professional commitment of nurses in terms of the variable of age.^{18,20,22,23} In their study including European countries, Heinen et al²⁴ reported that being old was associated with leaving the nursing profession. However, unlike the present study, in the study by Can,²⁰ it was found that the age variable of nurses did not affect their intention to maintain professional membership. Likewise, in their study, Lee et al,²⁵ determined that the mean age of nurses did not affect their intention to leave the nursing profession. While the result of the present study supports the literature in one aspect, it differs from the literature in another aspect. This was thought to be associated with the fact that the study was conducted during the COVID-19 pandemic. During the pandemic, nurses provided care to patients with great devotion and self-sacrifice. During this period, the importance of nurses has been expressed more by the society and they have received more attention and respect. This process may have positively affected nurses' intention to maintain professional membership by being more satisfied with and motivated to their profession. Indeed, in the study by Christianson et al,²⁶ working with COVID-19 patients was associated with the intention to remain in the nursing profession. On the other hand, it can be asserted that the higher intention of nurses under the age of 30 to maintain professional membership was caused by the fact that it was not a long time since their graduation, their tenure was less, and they suffered from professional attrition less.

In the present study, it was determined that professional commitment, willingness to make an effort, and belief in goals and values were higher in female nurses than in their male counterparts. Likewise, there are studies reporting that female nurses exhibit higher professional commitment than male ones.^{19,23} On the contrary, some studies in the literature have reported that the nurses' level of professional commitment does not differ according to their gender.^{18,20,27-29} However, in their study, Mersin et al²² found no difference in professional commitment and willingness to make an effort in terms of gender and determined that female nurses' beliefs in goals and values were higher compared to men. Nursing has been practiced as a female profession for many years in Turkey, and men have started to be a member of the profession within the last 15 years. Furthermore, due to gender roles in Turkey, women are expected to be more responsible and self-sacrificing, and in this context, it is known that they choose mostly professions that provide service/care. These factors might have affected the result, indicating that professional commitment, willingness to make an effort, and belief in goals and values were higher in female nurses when compared to their male counterparts.

In this study, the nurses who perceived their income more than their expenses had higher scores in professional commitment, willingness to make an effort, and maintaining professional membership. Likewise, in their study, Al-Hamdan et al²³ found a significant correlation between nurses' monthly income and level of professional commitment. Moreover, it has been stated in the literature that increasing the salaries of nurses will play an important role in ensuring continuity in the nursing profession.³⁰ On the other hand, in their study, Honyenuga & Adzoyi³¹ reported that three-fourths of the nurses dedicated themselves to the nursing profession regardless of their income level. Nursing profession, like every profession, is performed to earn a certain income in return. The fact that the income earned in return for the profession makes the nurses satisfied may have positively affected their professional commitment, willingness to make an effort, and intention to maintain professional membership. As a matter of fact, in their study, Ke et al³² reported that monthly income level was a predictor of nurses' willingness to work.

In this study, it was determined that the nurses had a high level of emotional labor behaviors and they exhibited mostly intimate behaviors and the least superficial behaviors. In their study, Öz and Baykal⁵ reported that while nurses exhibited mostly in-depth behavior, they exhibited the least suppression behavior. Although studies in the literature generally reported that nurses displayed intimate behavior.^{6,33,34} there are also study results reporting that they exhibited in-depth⁵ and superficial behaviors.⁷ It can be asserted that the present study is generally compatible with the literature. Furthermore, the fact that the study was conducted during the COVID-19 pandemic can be thought to have led the nurses to display more intimate behavior by using their empathy skills more in the care process.

In the present study, it was determined that female nurses exhibited more in-depth behavior than their male counterparts. Likewise, in the study conducted by Dığın and Özkan⁶ with nursing students, they reported that female students exhibited more in-depth behavior than male students. On the contrary, in their study, Doğan and Sığrı³³ found that the gender variable of nurses did not affect their emotional labor behaviors. There are different results in the literature regarding this finding. According to the result of the present study, it can be asserted that, in a sense, women feel and behave accordingly by adapting to the emotion that should be substantially experienced compared to men.

In the present study, it was determined that maintaining professional membership and believing in goals and values were higher in nurses working for 5 years or less compared to those who worked for 6-10 years. In their study, Derin et al¹⁸ determined that there was a difference in professional commitment in terms of the working duration; those who worked for 10-15 years had higher scores of professional commitment than those who worked for 6-10 years. Contrary to the present study, in the study by Yılmaz and Uysal,³⁵ no significant difference was found between the professional commitment levels of nurses in terms of their working duration. In the study by Can,²⁰ it was determined that there was no difference in the professional commitment of nurses according to their working duration. The result of the present study is not compatible with the literature in general. This is thought to be caused by 2 conditions. First of all, although the COVID-19 pandemic period, in which the study was conducted, was an unusual period, nurses received more attention in written, visual, and social media due to their efforts and devoted patient care. This may have positively affected their commitment to the profession. However, the fact that nurses who have just started their profession started to work during such an extraordinary period and their professional attrition was less may have positively affected their desire to maintain

professional membership and their goals, values, and beliefs about the profession.

In this study, it was found that the nurses working in the COVID-19 ward had higher belief in goals and values than those working in the other units. Contrary to the finding of the present study, in their study, Yılmaz and Uysal³⁵ found no difference between nurses working in pandemic clinics and nurses working in other clinics in terms of their beliefs about goals and values. Likewise, in the study by Can,²⁰ it was determined that there was no difference between goals, values, and beliefs of nurses according to the clinics they worked in. Some studies conducted before the pandemic period reported that the professional commitment of nurses did not change according to the units they worked in.¹⁹ While the result of the present study supports the literature in some aspects, it differs from the literature in others. The pandemic period, in which the study was conducted, was a period of struggle that started with uncertainties and continued with trying to keep more patients alive and trying to reduce infections. During this period, the severity of the disease and the loss of a large number of patients required nurses to fight in the forefront in a more attentive and self-sacrificing manner. As a matter of fact, in their study, Yılmaz and Uysal³⁵ reported that nurses had an increased willingness to make an effort with their increasing COVID-19 fear. This may have made a positive contribution to the nurses' goals and beliefs about their profession.

In the present study, it was found that there was a positive significant correlation between nurses' professional commitment and emotional labor behaviors. In their study, Naktiyok and Ağırman¹⁶ determined that although emotional labor increased the emotional exhaustion of nurses, increasing the level of professional commitment reduced this exhaustion. However, in the same study, contrary to our study, it was determined that there was no significant correlation between emotional labor and professional commitment. Nurses who are committed to the profession believe and accept the values of their profession and work to realize these values.¹⁸ In the literature, it has been stated that an increase in an employee's professional commitment would be effective in making him/her adopt his/her job as his/her own job.¹² On the other hand, members of the nursing profession go through vocational training equipped with information including providing benefits to people, empathy skills, and communication methods. Nurses, who are committed to the profession, know and apply the requirements of their profession. As a result, it may be inevitable that nurses who are committed to the profession will be more likely to understand the feelings of their patients, show empathy, and exhibit emotional labor behaviors.

Consequently, it was concluded that the nurses had a high level of emotional labor behaviors. The nurses exhibited mostly intimate behavior and the least superficial behavior among emotional labor behaviors. Also, female nurses exhibited more in-depth behavior when compared to male nurses. A higher level of emotional labor behaviors of nurses increased their professional commitment. Emotional labor behavior is an expected behavior in the delivery of nursing services. Healthcare managers need to develop nurses' professional commitment in order to positively change the emotional labor behaviors of nurses. On the other hand, due to the limited number of related studies, it is recommended to plan further studies on this matter in the field of nursing.

Limitations

A limitation of the study is that the nurses who accepted to participate in the study could not be generalized to all nurses due to the suitability of the sample.

Data Availability Statement: Deidentified individual participant data will not be made available, because, in the ethics committee application of the study, it was stated that the data would not be shared in any way.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of Gazi University (Approval no: E.126137-Research Code No: 2020-617, Date: 24.11.2020).

Informed Consent: Written informed consent was obtained from the participants who agreed to take part in the study.

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