Communication, Emotional Labor, and Organizational Commitment among Nurses

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Abstract

Nursing is professional care based on interactive relationships, and performed primarily through communication. This study investigated the nurse’s communication type. The present study is a cross-sectional correlation study that aimed to investigate nurses’ communication type and identify the differences in emotional labor and organizational commitment according to nurses’ communication type. The subjects were 170 nurses working in university hospitals. Data were collected from August 1, 2016 to August 15, 2016. Data were analyzed using IBM SPSS program version 23.0. The communication competence of the participants was clustered using K-means cluster analysis. Two groups of group 1 (verbal and nonverbal communication positive) and group 2 (verbal and nonverbal communication negative) were finally determined. Comparison of emotional labor and organizational commitment according to communication type of nurse. Emotional labor was higher in group 2, but not statistically significant, and organizational commitment was significantly higher in group 1 (p = .040). There were significant relationships between verbal communication and nonverbal communication (r = .58, p < .001) and between nonverbal communication and emotional labor (r
= -.20, \( p = .041 \) in group 1; whereas there was a significant relationship between verbal communication and nonverbal communication (\( r = .31, \ p = .008 \)) in group 2. Therefore, emotional labor and organizational commitment programs based on nurse communication styles are needed.

**Key Words**: Communication type, Emotional labor, Organizational commitment, Nurse, Group.

### 1 INTRODUCTION

**A. The Necessity for this Study**

Nursing is professional care based on interactive relationships, and performed primarily through communication. In other words, communication is used when interacting with patients and providing direct nursing care. In addition, communication also plays an important role in drawing cooperation and mediating conflict when providing indirect nursing through cooperation with other medical professionals. In view of the fact that communication is the process by which people effectively deal with partners in the interaction process (Rubin et al., 1990); communication becomes an essential component of medical practice, beyond increasing patient satisfaction with medical service, when effective communication between employees in hospitals is achieved.

Meanwhile, nurses may be pressured to display only the emotions socially acceptable and required by hospitals in the process of interacting with communication partners such as patients, senior nurses, doctors, administrators etc. When there is a gap between the feelings experienced by employees and emotional display rules allowed by an organization, individual employees’ efforts to control their emotional expressions in compliance with the rules is referred to as emotional labor (Hochschild, 1983). If nurses are forced to express their feelings in a stereotyped manner, they are likely to experience negative symptoms leading to depression and stress (Lee and Kim, 2010). However, as the competition between medical institutions becomes intense, the demand for emotional labor is emphasized to improve customer satisfaction (Park, 2009).

Emotional dissonance caused by emotional labor decreases job satisfaction and increases depression among employees (Lee and
Yang, 2008). It also decreases organizational commitment and employee morale, which decreases employees’ willingness to devote their efforts and loyalty to the organization (Kanter, 1968). Previous studies have revealed that emotional labor was negatively related to organizational commitment (Yang and Jeoung, 2014; Hong and Kwon, 2015). Therefore, organizational commitment (Kanter, 1968), in which an employee voluntarily strives to achieve organizational goals by internalizing organizational goals, is very important in order to improve organizational performance and productivity. Thus, it is necessary to explore ways to reduce the negative effects of emotional labor in nurses.

According to previous studies, communication competence was found to be negatively related to emotional labor (Kim and Lee, 2014; Park, 2015), and was found to be a useful resource to reduce emotional labor in nurses by establishing a relationship of mutual trust through communication competence (Mastracci, 2008). In another study, communication competence was found to be related to organizational commitment (Lee and Kim, 2010), and communication satisfaction was found to be highly correlated with organizational commitment (Kang, 2012).

Communication competence is not merely language delivery, but is a combination of diverse abilities such as message output ability, message interpretation ability, and the ability to understand relationships. The expression of microscopic aspects of communication competence, including verbal and nonverbal skills, is also important (Dilbeck and McCroskey, 2009). Therefore, when nurses communicate with patients, it is important to use nonverbal expressions such as eye contact or gestures in addition to verbal expressions.

Studies regarding nurses’ communication classified into verbal and nonverbal communication are scarce. The results of the present study, which intended to classify nurses’ communication type into verbal and nonverbal communication and to investigate the characteristics of communication type, can be used as baseline data for the development of desirable communication-intervention programs, considering the characteristics of communication types in nurses. The present study intended to classify nurses’ communication type using a cluster analysis, investigate the characteristics of communication type, and the relationship between emotional labor and organizational commitment.
B. Purpose of this Study

The present study aimed to investigate the differences in emotional labor and organizational commitment according to nurses’ communication competence. The detailed objectives are as follows.

1. To identify the differences in communication competence between the two groups according to the general characteristics of nurses.
2. To classify nurses’ communication type.
3. To investigate the differences in communication competence according to communication type.
4. To investigate the differences in emotional labor and organizational commitment according to communication type.
5. To investigate the relationship between communication competence, emotional labor, and organizational commitment according to nurses’ communication type.

2 STUDY METHODS

A. Study Design

The present study is a cross-sectional correlation study that aimed to investigate nurses’ communication type and identify the differences in emotional labor and organizational commitment according to nurses’ communication type.

B. Instruments

a. Communication competence

Communication competence was measure using a communication competence measurement tool developed by Kim and Yu (2008), and modified by Kim (2012). It was developed to measure verbal and nonverbal communication in doctors. This tool consists of 13 items with 4 items on verbal communication and 9 items on nonverbal communication. Each item is scored on a 5-point Likert scale,
and the total score ranges from 13 to 65 points. A high score indicates high communication competence. In a study by Kim (2012), the reliability of this tool showed Cronbach’s $\alpha = .93$, and in this study Cronbach’s $\alpha = .90$.

b. Emotional labor

Emotional labor was measured using a tool developed by Mor-
ris and Feldman (1996), and translated into Korean by Kim (1998). This tool consists of 9 items measured on a 5-point Likert scale with 3 items on the frequency of emotional display, 3 items on attentive-
ness to required emotional-display rules, and 3 items on emotional dissonance. A high score indicates a high degree of emotional labor. Cronbach’s $\alpha = .81$ at the time of tool development, .86 in a study by Kim (1998), and .89 in the present study.

c. Organizational commitment

Organizational commitment was measured using a tool devel-
oped by Mowday and Poeter (1979) and a factor analysis was per-
formed by Lee(1998). This tool consists of 15 items measured on a 5-point Likert scale. A high score indicates high organizational commitment. Cronbach’s $\alpha = .86$ in a study by Lee(1998), and Cronbach’s $\alpha = .91$ in the present study.

C. Participants and Data Collection

The present study was conducted with 170 nurses working at a university hospital. Data were collected from August 1, 2016 to August 15, 2016. Before data collection, the participants were ex-
plained the purpose, methods, expected outcomes, possible risks of the present study, contents of study participation, and were guar-
anteed anonymity. The participants were also informed that the collected data would be not used for any purpose other than the present study, and that they could stop participating in the present study at any time during the survey. The participants provided a written consent if they volunteered to participate in the present study.

D. Data Analysis

Collected data were analyzed using the statistical software pro-
gram IBM SPSS version 23.0.
The demographic characteristics of the participants, and the mean values and standard deviation of variables were analyzed using descriptive statistics. Differences in communication competence according to the demographic characteristics of the participants were analyzed using a t-test and an ANOVA, and post-hoc was tested using Scheffe’s test.

The communication competence of the participants was clustered using K-means cluster analysis.

Differences in communication competence according to communication type were analyzed using a t-test.

Differences in emotional labor and organizational commitment were analyzed using a t-test.

The relationship between communication competence, emotional labor, and organizational commitment according to communication type was analyzed using Pearson’s correlation coefficients.

3 RESULTS

A. Differences in Communication according to the General Characteristics of the Participants

There were significant differences in verbal communication according to age ($t = -3.05$, $p = .003$), sex ($t = -5.0$, $p < .001$), experience of working ($F = 4.23$, $p = .016$), and job satisfaction ($F = 6.54$, $p = .002$); while there were significant differences in non-verbal communication according to age ($t = -3.05$, $p = .003$), sex ($t = -4.33$, $p < .001$), experience of working ($F = 6.48$, $p = .002$), and job satisfaction ($F = 4.67$, $p = .011$) [Table 1].

<table>
<thead>
<tr>
<th>Variables</th>
<th>Categories</th>
<th>N(%)</th>
<th>Verbal communication</th>
<th>Nonverbal communication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M(SD) $t$ or F(p)/</td>
<td>M(SD) $t$ or F(p)/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Scheffe</td>
<td>Scheffe</td>
</tr>
<tr>
<td>Age(years)</td>
<td>$&lt;30$</td>
<td>110(64.7)</td>
<td>14.2(3.85)</td>
<td>32.85(3.81)</td>
</tr>
<tr>
<td></td>
<td>$30$</td>
<td>60(35.3)</td>
<td>15.2(2.89)</td>
<td>34.7(3.84)</td>
</tr>
</tbody>
</table>

TABLE I

GENERAL CHARACTERISTICS OF SUBJECTS
B. Classification of Nurses’ Communication

In order to classify nurses’ communication type, K-means cluster analysis, a non-hierarchical cluster analysis, was performed for verbal and nonverbal communication, which are the sub-areas of communication. The K-means cluster analysis has the advantage of calculating errors that occur at the end of each step of clustering, and continue clustering in the direction that does not cause further errors (Shin, 2010).

When the authors of the present study tried to extract various results within the number of possible clusters, the results showed that 2 clusters were finally determined [Table 2].

Looking at the extracted factor loading values by communication type, group 1 consisted of 100 participants (58.8%) and was positive for verbal and nonverbal communication (+), whereas group 2 consisted of 70 participants (41.2%) and was negative for
verbal and nonverbal communication. There were statistically significant differences in both verbal and nonverbal communication as the standardized variables according to each cluster (p < .001).

### C. Differences in Communication Type

The mean values for verbal communication and nonverbal communication were compared to determine whether there was a significant difference between the two groups classified through the cluster analysis. As a result, there were significant differences in both verbal and nonverbal communications (p < .001) between the groups, and group 1 showed higher verbal and nonverbal communication than group 2 [Table 3].

<table>
<thead>
<tr>
<th>TABLE II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor Loading and Group Distribution</strong></td>
</tr>
<tr>
<td>Factor loading</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Verbal communication</td>
</tr>
<tr>
<td>Nonverbal communication</td>
</tr>
<tr>
<td>N(%)</td>
</tr>
</tbody>
</table>

Based on the above results, group 1 was classified as having good communication, while group 2 was classified as having poor communication.

### D. Differences in Emotional Labor and Organizational Commitment according to Communication Type

A t-test was performed to compare the degree of emotional labor and organizational commitment by communication type. As a result, the degree of emotional labor was higher in group 2, but it was not statistically significant. The degree of organizational
commitment was significantly higher in group 1 (p = .040) [Table 4].

**TABLE IV**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Group 1 M(SD)</th>
<th>Group 2 M(SD)</th>
<th>t(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional labor</td>
<td>32.72(6.09)</td>
<td>33.14(5.30)</td>
<td>-0.46(0.640)</td>
</tr>
<tr>
<td>Organizational commitment</td>
<td>58.36(7.0)</td>
<td>56.37(4.66)</td>
<td>2.07(0.040)</td>
</tr>
</tbody>
</table>

**E. Relationship between Verbal and Nonverbal Communication, Emotional Labor, and Organizational Commitment**

There were significant relationships between verbal communication and nonverbal communication (r = .58, p < .001), and between nonverbal communication and emotional labor (r = -.20, p = .041) in group 1; whereas there was a significant relationship between verbal communication and nonverbal communication (r = .31, p = .008) in group 2 [Table 5].

**TABLE V**

<table>
<thead>
<tr>
<th>Group</th>
<th>Variables</th>
<th>Verbal communication r(p)</th>
<th>Nonverbal communication r(p)</th>
<th>Emotional labor r(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Verbal communication</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nonverbal communication</td>
<td>.58(&lt;.001)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional labor</td>
<td>-.10(1.02)</td>
<td>-20(.041)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Organizational commitment</td>
<td>0.06(515)</td>
<td>.02(830)</td>
<td>.11(263)</td>
</tr>
<tr>
<td>2</td>
<td>Verbal communication</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nonverbal communication</td>
<td>.31(.008)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional labor</td>
<td>.14(.223)</td>
<td>.18(.118)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Organizational commitment</td>
<td>.02(.833)</td>
<td>-.04(.110)</td>
<td>.01(.900)</td>
</tr>
</tbody>
</table>
4 DISCUSSION

The present study aimed to analyze nurses’ communication type, investigate the differences in emotional labor and organizational commitment according to nurses’ communication type, and the relationship between communication type, emotional labor, and organizational commitment.

Communication can be divided into verbal and nonverbal communication, and nonverbal communication or paralanguage is as important as verbal communication (Seiter and Weger, 2005). Paralanguage plays an important role in interacting with others, and can affect the persuasive effect that influences the persuasive power, authority, credibility, and attraction of a persuader in a communication situation (Jung and Lee, 2011). In other words, communication is a process in which verbal and nonverbal communication are combined and perceived, and when one of these two factors is insufficient, it is seen as ineffective communication. This is in accordance with the present study that revealed that group 1 showed positive (+) values for both verbal and nonverbal communication, whereas group 2 showed negative (-) values for both verbal and nonverbal communication. However, future studies on verbal and nonverbal communication are needed to investigate the differences in the values.

The results of the present study found that organizational commitment differed according to nurses’ communication competence. These results are similar to the results of a study by Lee and Kim (2010) that showed a significant relationship between communication competence and organizational commitment. It is thought that good communication within an organization increased employees’ feelings of being respected and provides a sense of belongingness to the organization when their opinions were accepted, and this might positively influence their organizational commitment. As communication competence is increases, employees have less friction with other employees and have a more satisfying relationship with others (Han and Hur, 2005). Therefore, it is necessary to increase organizational commitment by improving verbal and nonverbal communication competence in nurses.

The results of the present study showed a negative relationship between nonverbal communication and emotional labor. This find-
ing is consistent with the results of a study by Park et al. (2015) that showed a negative relationship between communication competence and emotional labor. However, this study is in conflict with the results of another study by Park and Jung (2016) that showed a positive relationship between communication competence and emotional labor. Nurses’ nature of work is such that they should continuously interact with patients and maintain their relationship with patients while restraining their emotions. Considering that emotional labor is defined as the management of feelings to display externally observable facial expressions or gestures (Hochschild, 1983), emotional labor that cannot be expressed verbally might be expressed nonverbally without one’s awareness. Communication competence is a significant factor influencing nursing performance and resilience that is negatively related to emotional labor (Park and Jung, 2016). Therefore, emotional labor decreases if communication competence increases.

The results of the present study showed a significant relationship between verbal and nonverbal communication, and showed a difference in and a significant relationship between emotional labor and organizational commitment according to communication type. Therefore, communication type should be considered when developing and applying intervention programs designed to reduce emotional labor and increase organizational commitment in nurses. In addition, support programs should be provided to improve communication competence in nurses.

5 CONCLUSION

Nursing is based on interpersonal relationships, in which communication skills are most frequently used. Verbal and nonverbal communication is an influential factor for communication among nurses themselves, and is an important tool for evaluating the quality and satisfaction of nursing care for patients.

The results of the present study found that verbal and nonverbal communication competence in nurses differed according to age, marital status, experience of working, and job satisfaction. These results suggest that the personal characteristics of nurses influence their communication competence. These results should be applied
to developing communication-intervention programs for nurses, and customized communication-interventions should be provided, accordingly.

In addition, the results of the present study showed no differences in emotional labor according to the nurses’ communication type, but showed a difference in organizational commitment. This suggests that nurses’ communication does not have a great influence on emotional labor, but it is an influential factor in organizational commitment. Further studies should be conducted, and efforts to improve nurses’ communication competence are needed to reduce the high turnover rate among nurses and to ensure that they are well absorbed into organizations.

The results of the present study will be helpful in improving the quality and efficiency of nursing care in clinical nursing.

6 ACKNOWLEDGMENT

This study was supported by the research grant of Pai Chai University in 2017.

References


