

## The Relationship between Emotional labor, Workplace Aggression and Organizational Role Stress among Nursing Staff

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### Abstract

**Background:** Organizations are dependent on their employee for growth . So that emotion management in the work environment has become a significant problem due to its negative effect can take a heavy outcomes on employees as well as organization which cause stress and aggression. **Aim:** the study aimed to assess the relationship between emotional labor, workplace aggression and organizational role stress among nursing staff at Main Mansoura University Hospital. **Method:** A descriptive correlational design was used and the study was conducted on 169 nursing staff working at Main Mansoura University hospitals using three tools as: Emotional labor scale, workplace aggression scale and organizational role stress Scale. **Results:** the mean score of emotional labor was high (72.43±11.42) while the mean score of verbal aggression was higher than physical aggression with mean (1.33±0.38 and 1.27±0.35 respectively) also level of organizational role stress among nursing staff was low. There was statistically significant negative correlation between emotional labor and workplace aggression ( $p < 0.006$ ) and organizational role stress ( $p < 0.0001$ ). There was significant positive correlation between organizational role stress as well workplace aggression ( $p < 0.0001$ ). Recommendation: Develop more flexible remuneration and reward systems to promote nursing staff satisfaction. Provide open channels of communication between top management and nursing staff and providing them with feedback on progress.

**Keywords:** Emotional labor , Workplace Aggression , Organizational Role Stress .

## **Introduction**

Nursing by its condition is an job full of emotions. Each nurse go through both great and awful days in a work environment as in some other profession <sup>(1)</sup>. Nursing staff are required manage their own emotions, not only to give patients better care but also for their own psychological and physical well-being <sup>(2)</sup>. Managing emotions is recognized as one way for nursing staff to achieve organizational norms or goals, when the demands of the work exceed the workers ability to cope with them . They are feel of internal state of tension or conflict that occurs when nursing staff have to display fake emotions as a result of feeling of stress that's contributes to negative attitudes , behaviors, violence , poor health of the employee and increase the risk of psychological distress and symptoms of aggression <sup>(3)</sup>. The mechanism in which nursing workers refer to an optimal pattern of emotion established in social communication is emotional labor or its synonym "emotion management" as well as, in this context, attempts to regulate their feelings to suit them into an expectation, particularly though they do not feel them internally. It is tied to an interconnected mechanism containing emotional job demands (external stimulus), emotional regulation (intrapsychic reaction),as well emotional behavior (interpersonal conduct) <sup>(4)</sup>.

Emotional labor is way for managing emotion to build facial and bodily display that can clearly observed. As indicated by this point of view, overseeing feelings is perceived as one manner for workers to accomplish rules or objective for the organization <sup>(5)</sup>. Emotional labor have two strategy for managing emotion intended toward meet the standards of expression dictated via the organization conceptualized as:

surface acting and deep acting. Surface act is the demonstration of an employee to suppress his/her actual feeling with the purpose of portray an ulterior emotion, generally referring to only overt actions that are observable. Deep acting is the act of an employee "pumping up" themselves by actively trying to produce a desired emotion as well as bring their naturally felt emotions into a situation <sup>(6)</sup>.

Emotional labor may cause both individual and job disadvantages for the nursing staff . These ones disadvantages contain strain, fatigue, somatic illnesses as well reduced organization loyalty and workplace aggression <sup>(7)</sup>. The occurrence of workplace aggression is a significant social alarm for strategy creators as well professionals clinicians assumed its negative impacts for the target as well as for the attackers <sup>(8)</sup>. Workplace aggression in health care it is a significant problem for occupational health and safety and general health. Workplace aggression has often been correlated with poor health, sickness and injuries, job boundaries or changes, position disagreement and uncertainty, work dissatisfaction and staff turnover, additionally to variety of emotional consequences, as well as greater consequences on employees participation in decision making <sup>(9)</sup>.

Workplace aggression has been described as any type of conduct directed through one or more individuals in an organization to hurt one or more others in the same workplace (or the entire organization) <sup>(10)</sup>. This encompasses both verbal and physical actions adopted by employees inside organizations (e.g., managers, colleagues, and subordinates) as well as persons outside organizations (e.g., employers, patients, employees, and

family members of patients).<sup>(11)</sup> Physical aggression is an attack by means of parts of the body against an individual. Physical aggression has two consequences, to remove a physical barrier preventing an individual from reaching a goal, and to cause pain or injury to another organism. For instance, pushing another person is an act of physical aggression. However, all aggressive acts are not necessarily physical, some are verbal. A verbal aggression is a vocal response that delivers noxious stimuli to another organism. Negative criticism, derogation are considered verbal aggression<sup>(12)</sup>. workplace aggression is also a prevalent cause of stress in the workplaces, correlated with a variety of deleterious consequences for both workers and organizations include reduced employment satisfaction, affective engagement, body health, as well work status, and even some raised absenteeism, mental fatigue, depressive symptoms, organizational and interpersonal context, attempts to regulate their feelings to suit them into an expectation, particularly though they do not feel them internally. It is tied to an interconnected mechanism containing emotional job demands (external stimulus), emotional regulation (intrapsychic reaction), as well emotional behavior (interpersonal conduct)<sup>(4)</sup>.

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Physical aggression is an attack by means of parts of the body against an individual. Physical aggression has two consequences, to remove a physical barrier preventing an individual from reaching a goal, and to cause pain or injury to another organism. For instance, pushing another person is an act of physical aggression. However, all aggressive acts are not necessarily physical, some are verbal. A verbal aggression is a vocal response that delivers noxious stimuli to another organism. Negative criticism, derogation are considered verbal aggression<sup>(12)</sup>. Workplace aggression is also a prevalent cause of stress in the workplaces, correlated with a variety of deleterious consequences for both workers and organizations include reduced employment satisfaction, affective engagement, body health, as well work status, and even some raised absenteeism, mental fatigue, depressive symptoms, organizational and interpersonal deviations<sup>(13)</sup>. Aggression in the workplace is related to reduced social well-being and elevated tension, depressive symptoms as well as anger, organizational role distress<sup>(14)</sup>. Organizational stress in general and role stress particularly are characterized as the negative emotional and physical reactions that occur if a job's requirements doesn't meet the expectations, capabilities, resources or needs of the employees<sup>(15)</sup>. The minute that role expectations are vague, confused as well hard to match with job requirements it will cause high levels of stress and further lead to physical stress, emotional stress, work-related stress, occupation frustration, exhaustion as well increased turnover<sup>(16)</sup>.

Role stress is one of the most significant elements that can be induced

by external and internal variables in any sector that disturbs employees. High levels of occupational stress are known to lead workers to have psychological and physical symptoms.<sup>(17)</sup> It is the highest work requirement including a natural phenomena in organizations.<sup>(18)</sup>

Organizational role stress had adversely impacts on the effectiveness of workers and becomes an aspect that reduces the well-being of nursing personnel and has similarly harmful impacts on organizational efficiency (19). A low level of stress related to organization can act as a balance mechanism that decreases the possible effect of harmful consequence in the workplace<sup>(20)</sup>.

#### **Significant of the study**

Nursing staff in reality are not always in the best of moods due to high levels of emotional work, staffing shortages, high turnover rates & low workforce engagement levels. In addition nursing staff have argued that caring for their patients not only involves feelings and emotions; but also the expression of its emotion to fulfill emotional requirement of her job which lead to display fake emotions, which can take a heavy toll on individuals.

Displaying these fake emotions, whether toward client or co-workers you truly despise, requires them to suppress real feelings and influence the ability of nursing staff to engage with their organization, decline performance and productivity of work and procedures to reduce negative outcomes of it such as workplace aggression, emotional exhaustion, lower job satisfaction and turnover that further can lead to role stress in the organization as result from conflict about role expectation and decline organizational performance<sup>(21)</sup>. So, this study aims to assess the

relationship between emotional labor, workplace aggression and organizational role stress among nursing staff at Main Mansoura University Hospital.

**Aim of the study**

This study aimed to assess the relationship between emotional labor, workplace aggression and organizational role stress among nursing staff at Main Mansoura University Hospital. Through :

- 1-Assess emotional labor among nursing staff.
- 2- Assess workplace aggression among nursing staff.
- 3-Assess organizational role stress among nursing staff.
- 4-Assess relationship between emotional labor, workplace aggression & organizational role stress among nursing staff.

**Research questions:-**

**Q1:** What is a relationship between emotional labor and workplace aggression among nursing staff ?

**Q2:** What is a relationship between emotional labor and organizational role stress among nursing staff?

**Q3:** What is a relationship between workplace aggression and organizational role stress among nursing staff?

**Q4:** What is a relationship between emotional labor, workplace aggression and organizational role stress among nursing staff?

**Method**

**Research design:**

Descriptive correlational design was utilized to conduct this study.

**The study setting :**

The study was conducted at Main Mansoura University Hospital that provides a wide spectrum of health services at Delta Region. Mansoura University Hospital occupies 1800 beds and includes 16 departments in

addition to units attached to the main building

**Participants of the study:**

The participants of the present study included all nursing staff who were available during the time of data collection and nursing staff who have experience of at least one year and willing to participate in the study at Main Mansoura University Hospital. Total number were 169 nursing staff.

**Tool of data collection:-**

Three tools were used for data collection:

**Tool (1) : Emotional labor Scale:**

It consists of two parts :**part one** includes personal characteristics such as (gender, age, years of experience, marital status and educational qualification) . **part two** includes Emotional labor that was developed by Brotheridge and Grandey (2002) <sup>(22)</sup>. It aims to assess emotional labor. According to validity expert items become (20) items categorized into two areas namely surface acting (11 items) and deep acting(9 items). Validity expert modified their responses to become a five-point Likert scale was used ; always (5) to never (1) . The scoring system of the questions ranged from (20-100) and the mean average are (80). It was categorized into three levels as the following:

- High level emotional labor > 75% (scored from 81-100)
- Moderate level emotional labor 60 - 75% (scored from 68-80)
- Low level emotional labor < 60% (scored from 20-67)

**Tool (2): Workplace Aggression Scale**

: This tool was developed by Baron and Neuman (1996) <sup>(23)</sup>. It aims to assess workplace aggression. It consists of 24 items, categorized into two areas (verbal aggression and physical

aggression) each subscale have 12 item. Their responses was measured by five-point Likert scale very often (5) to never (1) . The scoring system of the questions ranged from (24-120) and the mean average are (96). It was categorized into three levels as the following:

- High level workplace aggression > 75% (scored from 97-120)
- Moderate level workplace aggression 60 - 75% (scored from 82-96)
- Low level workplace aggression < 60% (scored from 24-81)

### **Tool (3): Organizational Role Stress Scale (ORSS)**

This tool was developed by Pareek (1983) <sup>(24)</sup>. It aims to assess organizational role stress. It consists of 50 items, categorized into ten types organizational role stress each subscale have five item namely: Inter- role distance, Role stagnation, Role expectation Conflict, Role erosion, Role overload, Role isolation, Personal inadequacy, Self- role Distance, Role ambiguity and Resource inadequacy. According to Validity expert was modified their responses to become a five- point Likert scale; always feel (5) to never feel (1).The scoring system of the questions ranged from (50-250) and the mean average are (200) . It was categorized into three levels as the following:

- High level organizational role stress > 75% (scored from 201-250)
- Moderate level organizational role stress 60 - 75% (scored from 150-200)
- Low level organizational role stress < 60% (scored from 50-149)

### **Validity and reliability:**

It was established for face and content validity by a panel of five expertise from faculties of nursing at

Mansoura University who revised the tools for clarity, relevancy, applicability, comprehensiveness, understanding, and ease for implementation and according to their opinions modifications were applied.

### **Pilot study:**

A pilot study was carried out on 17 nursing staff (10%) of the study sample to test the clarity, feasibility of the questions and to determine the time needed to fill-in questions nursing staff who shared in the pilot study were excluded in the main study sample .Based on the pilot study, necessary modification includes clarification, and rewording. Reliability test of the study tools, emotional labor ,workplace aggression and organizational role stress, were tested by Cronbach's Alpha reliability was computed and found (0.894) ,( 0.862),( 0.935 ) respectively.

### **Data Collection**

The questionnaire sheets (I, II and III) was distributed to nursing staff . The aim of the study and how to fill the questionnaire sheets was explained by the researcher. Nursing staff filled in the tools individually at once and they read the questionnaires and filling the it sheet acquired from 10-15 minutes. The data collection process started from the beginning of January to the end of April, 2020.

### **Data Analysis**

Data entry and statistical analysis was performed using computer software the statistical package for social studies (SPSS) version 21 and appropriate statistical test will be used.

### **Ethical consideration:**

Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing, Mansoura University. An official permission to conduct the study was obtained from the

responsible administrator of the hospital. An informed consent was obtained from nursing staff who accept to participate in the study after providing the explanation of nature and aim of the study. All participants was informed that the study is voluntary and they have the right to withdraw from the study at any time. All participants was assured about the confidentiality of the collected data and the privacy of the study sample was assured at all phases of the study ..

**Statistical analysis :**

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test ( $\chi^2$ ). For comparison between means of two groups of parametric data of independent samples, student t-test was used. For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at  $p < 0.05$  for interpretation of results of tests of significance (Petrie & Sabin , 2005) <sup>(25)</sup>.

**Results:**

**Table(1):** Illustrates personal characteristics data of nursing staff at Main Mansoura University Hospital. This table shows that majority of nursing staff were female (84.6%) while male represented (15.4%) and (50.9%) of studied sample age ranged from 25- 35 years old, while a small percentage

(18.3%) of them were below the aged 25 years old. In concerning years of experience, (40.2%) had experience more than 15years, while (22.5%) had 10-15 years of experience. Regarding educational level most of them (33.1%) graduated from nursing school, While (4.1%) had Higher than bachelor degree. Regarding marital status, most of them (76.3%) were married, while (1.8%) of them were widowed.

**Table (2):** Illustrates emotional labor mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital. According to the table the highest response of emotional labor subscale was regard deep acting with mean score ( $3.69 \pm 0.65$ ).

**Table (3):** Illustrates workplace aggression mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital. According to the table the mean score of verbal aggression was higher than Physical aggression with mean ( $1.33 \pm 0.38$  and  $1.27 \pm 0.35$  respectively).

**Table(4):** Illustrates organizational role stress subscale mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital. According to this table the highest rank was related to Inter-role distance (IRD) with mean ( $10.80 \pm 3.73$ ) by the nursing staff followed by Resource inadequacy (RI) with mean ( $10.18 \pm 3.16$ ), while the lowest rank was related to Role erosion (RE) with mean ( $8.62 \pm 2.35$ ). The total mean score organizational role stress scale is ( $94.98 \pm 23.54$ ).

**Table(5):** Illustrates correlation between scores of total emotional labor, total workplace aggression and total organizational role stress among the

studied nursing staff at Main Mansoura University Hospital. According to this table, there was statistically significant negative correlation between emotional labor and both workplace aggression ( $p < 0.006$ ) as well as organizational role stress ( $p < 0.0001$ ). There was significant positive correlation between workplace aggression and organizational

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**Table (1):** Personal characteristics data of the studied nursing staff at Main Mansoura University Hospital(n=169).

Personal characteristics data	The studied nursing staff (n=169)	
	N	%
<b>Sex:</b>		
Male	26	15.4
Female	143	84.6
<b>Age years:</b>		
18-<25	31	18.3
25-35	86	50.9
>35	52	30.8
<b>Experience years:</b>		
1-<10	63	37.3
10-15	38	22.5
>15	68	40.2
<b>Education level:</b>		
Nursing school	56	33.1
Technical institute if nursing	54	32.0
Bachelor degree	52	30.8
Other	7	4.1
<b>Marital status:</b>		
Single	30	17.8
Married	129	76.3
Divorced	7	4.1
Widowed	3	1.8

**Table (2):** Emotional labor mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital (n=169).

Emotional labor subscales (Each item was scored 1-5)	No. of items (Score)	The studied nursing staff (n=169)		
		Range	Range	Rank
		Mean±SD	Mean±SD/ No. items	
A-Deep acting subscale	9 (9-45)	9-45 33.22±5.85	1-5 3.69±0.65	1
B-Surface acting subscale	11 (11-55)	11-55 39.21±6.62	1-5 3.56±0.60	2
Total emotional labor scores	20 (20-100)	20-100 72.43±11.42		



The Relationship between Emotional *etc...*

**Table (3):** Workplace aggression mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital (n=169).

Workplace aggression subscales (Each item was scored 1-5)	No. of items (Score)	The studied nursing staff (n=169)		
		Range Mean±SD	Range Mean±SD/ No. items	Rank
A-Physical aggression subscale	12 (12-60)	12-34 15.23±4.16	1-3 1.27±0.35	2
B-Verbal aggression subscale	12 (12-60)	12-36 15.92±4.62	1-3 1.33±0.38	1
<b>Total workplace aggression scores</b>	<b>20</b> <b>(24-120)</b>	<b>24-70</b> <b>31.15±8.26</b>		

**Table (4):** Organizational role stress subscales mean scores and rank according to opinion of the studied nursing staff at Main Mansoura University Hospital (n=169).

Organizational role stress scale (ORSS) subscales (Each item was scored 1-5)	No. of items (Score)	The studied nursing staff (n=169)	
		Range Mean±SD	Rank
A-Inter-role distance (IRD)	5 (5-25)	5-23 10.80±3.73	1
B-Role stagnation (RS)	5 (5-25)	5-18 8.85±2.54	9
C-Role expectation conflict (REC)	5 (5-25)	5-18 9.18±2.70	7
D-Role erosion (RE)	5 (5-25)	5-16 8.62±2.35	10
E-Role overload (RO)	5 (5-25)	5-20 9.60±3.21	4
F-Role isolation (RI)	5 (5-25)	5-19 9.53±2.85	5
G-Personal inadequacy (PI)	5 (5-25)	5-20 9.83±3.14	3
H-Self-role distance (SRD)	5 (5-25)	5-19 9.15±2.97	8
I-Role Ambiguity (RA)	5 (5-25)	5-19 9.24±2.82	6
J-Resource inadequacy (RI)	5 (5-25)	5-19 10.18±3.16	2
<b>Total organizational role stress scale scores</b>	<b>50</b> <b>(50-250)</b>	<b>52-169</b> <b>94.98±23.54</b>	

**Table (5):** Correlation between total emotional labor scores, total workplace aggression scores and total organizational role stress scores among the studied nursing staff at Main Mansoura University Hospital (n=169).

Variables	The studied nursing staff (n=169)			
	Total emotional labor scores		Total organizational role stress scores	
	r	P	R	P
Total workplace aggression scores	-0.213	0.006*	0.365	0.0001*
Total organizational role stress scores	-0.269	0.0001*		

**\*Statistically significant (P<0.05)**

**Discussion**

Emotional labor remains essential for organizational effectiveness and it is often not identified in the workplace as a type of required labor (Costakis, 2018)<sup>(26)</sup>. Emotional labor is arisen as a modern role stressor with the extension of operation. They are known to be doing emotional labor while nursing staff control or inhibit their feelings in exchange for pay. Emotional labor itself is well recognized to be directly correlated to workplace aggression and organizational role stress, may contribute to negative, emotional and physiological as well behavioral response. among nursing staff (Prentice, 2013).<sup>(27)</sup>. Workplace aggression is associated with decreased psychological well-being and increased anxiety, depression, frustration, organizational role stress (Steinert, 2015).<sup>(28)</sup>.

The present study aimed to assess the relationship between emotional labor, workplace aggression and organizational role stress among nursing staff. The study results revealed that emotional labor among nursing staff was high. It may be due to high commitment to their work . friendly relationship between nurses and each other's So that , majority of nursing staff frequently engage in the following behaviors as nursing staff try to actually experience the emotions that they must show . generally try to look at the positive side of things to change how they feel, try to distract themselves after a negative work situation so they don't dwell on their feelings and when interacting with people at work, they concentrate on things that make them feel positive and put them in a good mood.

On the same line with result Costakis, (2018)<sup>(29)</sup>. Revealed that emotional labor was appealing to nurses due emotional relations satisfy innate human needs for membership and improve optimistic mood as well nursing staff wellbeing. Additionally, findings of Doğan & Sığrı, (2017)<sup>(30)</sup>. Showed that the emotional labor tendency of nursing staff was found high due to nursing staff show this profession as angels of mercy, accept their feelings and they was trying to accept " form" instead of the bad effect.

Regarding workplace aggression, the study results revealed that workplace aggression among nursing staff was low . It may be due to nursing staff fear from hospital sanctions as decrease in salary or punishment shift and respecting of nursing staff to hospital policy . So that , majority of nursing staff never engage in the following behaviors as sending unfairly negative information about another person to higher levels within the organization, spreading false rumors about another person and work slowdowns that prevent another person from completing her/his tasks or cause her/him to look bad in the eyes of others.

On the same line with result Wiegert, (2016)<sup>(31)</sup>. Reported that workplace aggression among workers was low because organization designed intervention to prevent workplace aggression and reduce burnout, supervisor have good communication with staff and the organization takes into account the workers' complaints. Furthermore, result Cheng, Dawson, Thamby, Liaw & King, (2020)<sup>(32)</sup>. Revealed that aggression related workplace was the phenomenon is difficult to occur among nursing staff

because have the responsibility to provide safe and healthy working environment and to protect other people in the workplace from conflicts or situations that may cause physical and psychological injury or harm. As well as, aggression prevention program was developed and training of nursing staff were provided that help them to manage aggression at work or on duty.

Moreover, findings Gillespie, Papa & Gómez, (2017)<sup>(33)</sup>. Showed that occurrence aggression in the workplace among health care provider was never exposed may be the image of the Hispanic values on the concept of respect toward People who have power such as health care workers. existence of safety devices as well employee in the organization, Endurance for wait times also access to illegal and controlled substances were rare.

In contrast to Merez, Drabek & Moscicka, (2009)<sup>(34)</sup>. Found that the workplace aggression presented by coworkers was much more prevalent due to work organization, staff shortages and stress create a sense of dissatisfaction, anger in both patients and staff. With both patients and colleagues, noisy speech contact and shouting is the form of behaving which mostly widespread. As well as, Iennaco, Dixon, Whittemore & Bowers, (2013)<sup>(35)</sup>. Showed that nursing staff reported high rate of aggression exposure, probably related to the form and level of clients interaction, family and visitors may also behave aggressively because Long waiting for care; the inclusion of troubled patients and families, inadequate level of staffing, and isolated work with patient. Additionally, Gillespie, Gates & Berry, (2013)<sup>(36)</sup>. Presented high occurrence of workplace aggression in the United States due to several reasons such as

prolonged wait times, patients experiencing a situational crisis or abusing alcohol or other drugs and abuse of substances. Interestingly, working alone while triaging a patient.

Regarding organizational role stress the, study results revealed that organizational role stress among nursing was low. It because good relationship with their collages and they considered that their work is a part of their life and So that, majority of nursing staff not always feel the following behaviors as role does not allow them enough time for their family, organization responsibility interferes with their extra organizational roles and their role has recently been reduced in importance

On the same line with Ho, Chang, Shih & Liang, (2009)<sup>(37)</sup>. Revealed that there was reduction of role stress among nurses due to hospitals depends on the efforts of nurses to survive and it takes considerable time and resources to train nurses, attract outstanding nurses and inspire them to do their best to support hospital. know how to utilize their time appropriately. In this respect, Akkoc, Okun & Ture, (2020)<sup>(38)</sup>. The study results support lower role stress related to presence of the reward system that play role as motivation for nurses to accomplish organizational goal and each nurse have high intent to do the best. clear defining the role at the beginning of the work day.

In contrast to, Purohit & Vasava, (2017)<sup>(39)</sup>. Suggest that nursing staff were frequently feel stress related their role and they do not have suitable quantity of resources, services and monetary funding from the high levels authorities; persons had several expectations from their job as well as

they were overwhelmed with work and have only little prospects for potential development. In the same vein, Lawal & Idemudia, (2017)<sup>(40)</sup>. Found that nursing staff experienced major stressors in nursing profession itself due to other duties given to nurses that can pose a danger to their health include unnecessary noise in the wards or extreme silence, disturbing sights and noises, time constraint, waiting for long times and so on, leading to many times faced with such duties that are repetitive and sometimes stressful.

**Section two : correlation between emotional labor, workplace aggression and organizational role stress**

**According correlation between emotional labor and workplace aggression** The study results concluded that there was statistically significant negative correlation between emotional labor and workplace aggression . This result due to nursing staff who were frequently feel the following situation such as hide the feelings that they were experiencing in order to show feelings that are suitable for the role and try to distract their selves after a negative work situation so they don't dwell on their feelings were never engaged in the following behavior such as sending unfairly negative information about another person to higher levels within the organization and stealing or removing organization property that another person needs in her/his work.

On the same line result with Mishra, (2007)<sup>(41)</sup>. Found that emotional labor was negatively related to workplace aggression and concluded that emotional labor should not only be constrained as a coping mechanism, but this should be developed as a systematic method of decreasing workplace violence.

In contrast to results of Niven, Sprigg & Armitage, (2013)<sup>(42)</sup>. Showed that employee who feel more aggression from workplace was accompanied with stress after it was associated with great use of the emotion labor mechanism because they inspected the requirements of the work as opposed to the real use of emotion management. Furthermore, showed that the usage of emotional labor strategies aggravated the undesirable outcomes of aggression related to workplace also may in fact have been part of the reason that aggression from patients had a harmful influence.

***correlation between emotional labor and organizational role stress .***

The present study concluded that there was statistically significant negative correlation between emotional labor and organizational role stress. This result due to nursing staff who sense that there was sufficient collaboration between their role and other positions and provided with the knowledge required to do their assigned duties when nursing staff were interact with individuals, concentrate in the things that make them feel positive and in a good mood.

On the same line with the result Park & Heo, (2019)<sup>(43)</sup>. Concluded that employee modify the inner feeling consistent with the required emotional expression rules. So can reduce job stress because they control one's emotions according to the job situation. Furthermore, Waddar & Aminabhavi, (2012)<sup>(44)</sup>. Showed that there was negative significantly relationship staff had higher levels in emotional labor and lower levels in organizational role stress may be attributed to the fact that although the primary job of the nursing staff is to ensure care and comfort to clients through policies of organization

are followed, they also try to make clients comfortable.

In contrast to, Modekurti-Mahato, Kumar & Raju, (2014)<sup>(45)</sup>. Revealed that there was positive and moderate relationship between emotional labor and organizational role stress because emotional labor creates negative feelings within employees and leads to higher role stress. Also, difficult to create a service work culture that is devoid of customer bureaucracy and rules for employees' positive workplace behavior.

**correlation between workplace aggression and organizational role stress.** The study results suggested that there were statistically significant positive correlation between workplace aggression and organizational role stress. This result due to nursing staff who were less exposed to threats of physical violence and belittling someone's opinions to others, they were less feeling that the work was overload and their organization responsibility interferes with their extra organizational roles.

On the same line with the result, Taylor & Kluemper (2012)<sup>(46)</sup>. Showed that the role stress was positively associated with workplace aggression in which nursing staff who experience role stressor contribute to reported aggression related workplace. As well as, concluded that nursing staff when exposure to aggression are suffer from stress in the healthcare system, such as night workers, working alone or working in contact with the public were vulnerable to the possibility of bad working status, loss job, and working with people in distress are therefore a greater risk of aggression and role stress.

In contrast to results of Sprung, Sliter & Jex, (2012)<sup>(47)</sup>. Found that there was negative relationship between

workplace aggression and role stress. Nursing staff who were experiencing workplace aggression were less likely to report role stress.

#### **Conclusion**

There was statistically significant negative correlation between emotional labor and workplace aggression ( $p < 0.006$ ) and organizational role stress ( $p < 0.0001$ ). There was significant positive correlation between organizational role stress and workplace aggression ( $p < 0.0001$ ).

#### **Recommendation**

**Based on the findings of this study, the following recommendations are suggested:**

- The managers must ensure that the internal process and system are effective and used adequately to perform responsibilities.
- Designing new nurses orientation program is an ideal for introducing hospital policies and strategies.
- Develop more flexible remuneration and reward systems to promote nursing staff satisfaction and thus acceptable behavioral.
- Provide open channels of communication between top management and nursing staff and providing them with feedback on progress.
- Provide the opportunity to nursing staff to speak about and report the incident in cases of aggression.

#### **References**

- [1]. Lee, M., & Jang, K. S. (2019). Nurses' emotions, emotional labor, and job satisfaction. *International Journal of Workplace Health Management*.
- [2]. Leonard, L. (2017). Emotional displays:-Nurse educators engaging and reflecting on their own emotional displays in

- preparing nursing students for the emotional complexities of nursing practice. *Nurse Education in Practice*, 26, 21–26. <https://doi.org/10.1016/j.nepr.2017.06.001>
- [3] . Jeung, D. Y., Kim, C., & Chang, S. J. (2018). Emotional labor and burnout: a review of the literature. *Yonsei medical journal*, 59(2), 187-193
- [4] . Santos, E. F., & Fontenelle, I. A. (2019). The Construction Of Meaning For The Emotional Labor. *Ram. Revista de Administração Mackenzie*, 20(1).
- [5] . Modekurti-Mahato, M., Kumar, P., & Raju, P. G. (2014). Impact of emotional labor on organizational role stress—a study in the services sector in India. *Procedia Economics and Finance*, 11, 110-121.
- [6] . Mitchell, M. L. (2015). Emotional Labor and Employee Engagement Within a Pediatric Hospital. Walden University, ProQuest Dissertations Publishing, 3718761, 2.
- [7]. Pelosi, E. M. (2015). Staying Engaged When You're on Stage: The Effects of Emotional Labor, Competence, and Relatedness on Work Engagement (Doctoral dissertation, Seattle Pacific University). ProQuest Dissertations Publishing, 3731780, 9
- [8]. García-Sancho, E., Dhont, K., Salguero, J. M., & Fernández-Berrocal, P. (2017). The personality basis of aggression: The mediating role of anger and the moderating role of emotional intelligence. *Scandinavian journal of psychology*, 58(4), 333-340.
- [9]. Hills, D., Lam, L., & Hills, S. (2018). Workplace aggression experiences and responses of Victorian nurses, midwives and care personnel. *Collegian*, 25(6), 575-582.
- [10]. Ford, D. P., Myrden, S. E., & Kelloway, E. K. (2016). Workplace aggression targets' vulnerability factor: Job engagement. *International journal of workplace health management*, 9(2), 202-220.
- [11]. Zhou, Z. E., Yang, L. Q., & Spector, P. E. (2015). Political skill: A proactive inhibitor of workplace aggression exposure and an active buffer of the aggression-strain relationship. *Journal of Occupational Health Psychology*, 20(4), 405.
- [12]. Hills, D. J. (2018). Defining and classifying aggression and violence in health care work. *Collegian*, 25(6), 607-612.
- [13]. Demsky, C. A. (2015). Workplace Aggression: A Multi-Study Examination of Work and Nonwork Consequences. Portland State University, ProQuest Dissertations Publishing, 3712249, 1- 6.
- [14]. Steinert, J. K. (2015). Workplace Aggression: A Reconceptualization of The Construct & an Exploration of Strain Based Outcomes
- [15] . Rumbold, J. L., Fletcher, D., & Daniels, K. (2018). Using a mixed method audit to inform organizational stress management interventions in sport. *Psychology of Sport and Exercise*, 35, 27-38.
- [16]. Kleinhesselink, A. K. (2019). Nurse Faculty Perceptions of Role Stress and Faculty-to-Faculty

- Incivility. Walden University, ProQuest Dissertations Publishing, 13883849.
- [17]. Çelik, M. (2018). The Effect of Psychological Capital Level of Employees on Workplace Stress and Employee Turnover Intention. *Innovar: Revista de ciencias administrativas y sociales*, 28(68), 67-75.
- [18]. Lin, M., & Ling, Q. (2018). Is role stress always harmful? Differentiating role overload and role ambiguity in the challenge-hindrance stressors framework. *Tourism Management*, 68, 355-366.
- [19]. Pecino, V., Mañas, M. A., Díaz-Fúnez, P. A., Aguilar-Parra, J. M., Padilla-Góngora, D., & López-Liria, R. (2019). Organisational Climate, Role Stress, and Public Employees' Job Satisfaction. *International journal of environmental research and public health*, 16(10), 1792.
- [20]. Jin, X., Sun, I. Y., Jiang, S., Wang, Y., & Wen, S. (2018). The relationships between job and organizational characteristics and role and job stress among Chinese community correctional workers. *International Journal of Law, Crime and Justice*, 52, 36-46.
- [21]. Mitchell, M. L. (2015). Emotional Labor and Employee Engagement Within a Pediatric Hospital. Walden University, ProQuest Dissertations Publishing, 3718761, 2.
- [22]. Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of vocational behavior*, 60(1), 17-39.
- [23]. Baron, R. A., & Neuman, J. H. (1996). Workplace violence and workplace aggression: Evidence on their relative frequency and potential causes. *Aggressive Behavior: Official Journal of the International Society for Research on Aggression*, 22(3), 161-173
- [24]. Pareek, U. (1982). Role stress scales manual. Ahmedabad, India, Navin Publications.
- [25]. Petrie, A. & Sabin, C. (2005). *Medical Statistics at a Glance*. 2nd ed., Blackwell Publishing.
- [26]. Costakis, H. R. (2018). The Relationship of Emotional Labor to Job Satisfaction, Burnout, and Turnover for Not-for-Profit Human Services Agencies: A Quantitative Study. Wilmington University (Delaware).
- [27]. Prentice, C. (2013). Emotional Labour and its Consequences: The Moderating Effect of Emotional Intelligence. *Research on Emotion in Organizations*, 187-201. doi:10.1108/s1746-9791(2013).
- [28]. Steinert, J. K. (2015). Workplace Aggression: A Reconceptualization of The Construct & an Exploration of Strain Based Outcomes
- [29]. Costakis, H. R. (2018). The Relationship of Emotional Labor to Job Satisfaction, Burnout, and Turnover for Not-for-Profit Human Services Agencies: A Quantitative Study. Wilmington University (Delaware).
- [30]. Doğan, A., & Sığırı, Ü. (2017). Emotional Labor: A Study on Nurses. *Muğla: Journal of İş ve İnsan*, 113-126

- [31].Wiegert, D. (2016). Workplace Aggression, Safety Performance, And Safety Outcomes, Mediated By Burnout And Moderated By Psychological Capital (psycap).
- [32].Cheng, S., Dawson, J., Thamby, J., Liaw, W. R., & King, E. B. (2020). How do aggression source, employee characteristics and organisational response impact the relationship between workplace aggression and work and health outcomes in healthcare employees? A cross-sectional analysis of the National Health Service staff survey in England. *BMJ Open*, 10(8), e035957. <https://doi.org/10.1136/bmjopen-2019-035957>
- [33]. Gillespie, G. L., Papa, A., & Gómez, L. C. (2017). Workplace aggression in Cuban health care settings. *Journal of transcultural nursing*, 28(6), 558-565.
- [34].Merecz, D., Drabek, M., & Moscicka, A. (2009). Aggression at the workplace-psychological consequences of abusive encounter with coworkers and clients. *International journal of occupational medicine and environmental health*, 22(3), 243.
- [35].Iennaco, J. D., Dixon, J., Whittemore, R., & Bowers, L. (2013). Measurement and monitoring of health care worker aggression exposure. *Online journal of issues in nursing*, 18(1), 3-3.
- [36]. Gillespie, G. L., Gates, D., & Berry, P. (2013). Stressful incidents of physical violence against emergency nurses. *The Online Journal of Issues in Nursing*, 18(1).
- [37]. Ho, W. H., Chang, C. S., Shih, Y. L., & Liang, R. D. (2009). Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment. *BMC health services research*, 9(1), 8.
- [38].Akkoc.I., Okun.O., Ture.A. (2020). The effect of role-related stressors on nurses' burnout syndrome: The mediating role of work-related stress. *Perspectives in Psychiatric Care*, (), ppc.12581–. doi:10.1111/ppc.12581
- [39].Purohit, B., & Vasava, P. (2017). Role stress among auxiliary nurses midwives in Gujarat, India. *BMC health services research*, 17(1), 69.
- [40].Lawal, A. M., & Idemudia, E. S. (2017). The role of emotional intelligence and organisational support on work stress of nurses in Ibadan, Nigeria. *curationis*, 40(1), 1-8.
- [41]. Mishra, S. K. ANZAM– (2007). *Indian Institute of Management - Ahmedabad, India*. Available at [https://www.anzam.org/wp-content/uploads/pdfnager/1938\\_MISHRASUSHANTA\\_044.PDF](https://www.anzam.org/wp-content/uploads/pdfnager/1938_MISHRASUSHANTA_044.PDF)
- [42].Niven, K., Sprigg, C. A., & Armitage, C. J. (2013). Does emotion regulation protect employees from the negative effects of workplace aggression?. *European Journal of Work and Organizational Psychology*, 22(1), 88-106.
- [43]. Park, J. H., & Heo, C. M. (2019). A Study on effects of actor's emotional labor on job stress: Focused on mediation effect of emotional dissonance. *Asia-Pacific Journal of Business Venturing and Entrepreneurship*, 14(5), 127-139.



- [44] .Waddar, M. S., & Aminabhavi, V. A. (2012). Emotional labour and organizational role stress: A study Global Business Review, 13(3), 383-392.of aircraft employees.
- [45] .Modekurti-Mahato, M., Kumar, P., & Raju, P. G. (2014). Impact of emotional labor on organizational role stress—a study in the services sector in India. Procedia Economics and Finance, 11(14), 110-121.
- [46] .Taylor, S. G., & Kluemper, D. H. (2012). Linking perceptions of role stress and incivility to workplace aggression: The moderating role of personality. Journal of occupational health psychology, 17(3), 316.
- [47] . Sprung, J. M., Sliter, M. T., & Jex, S. M. (2012). Spirituality as a moderator of the relationship between workplace aggression and employee outcomes. Personality and Individual Differences, 53(7), 930–934.  
<https://doi.org/10.1016/j.paid.2012.06.0>