

## The Effect of Emotional Regulation Training on Emotional Labor and Work Engagement Among Nurses

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Monotonous job routine, the requirement to express only positive emotions ("display rules"), inequality nurse to patient ration, and inadequate emotion regulation skills are factors that contribute to decreased work engagement among nurses. It was hypothesized that the application of emotional regulation training will facilitate nurses to obtain greater efficacy to enact deep acting and surface acting. When these goals skills are obtained, nurses will likely be able to increase their work engagement. The author applied purposive sampling strategy to screen 60 nurses as research participants. The author used questionnaires and quasi-experiment research design to categorize participants into two groups. Data was analyzed using Kendall correlation, t-test, and measurement of effect size. Results revealed significant differences between control group's work engagement posttest scores and experimental group's WE posttest scores. The author concludes that emotional regulation training have improved the nurses capability to enact deep acting and also greater work engagement.

**Keywords:** work engagement, deep acting, surface acting, emotional regulation

Pekerjaan yang monoton, adanya *display rules* dalam bekerja, tidak berimbangnya jumlah perawat dalam menghadapi jumlah pasien yang banyak, kurangnya kemampuan untuk mengelola emosi secara efisien merupakan faktor-faktor yang menyebabkan keterikatan kerja (*work engagement*) perawat terhadap pekerjaannya menjadi kurang optimal. Melalui program *emotional regulation training* diharapkan perawat lebih mampu melakukan *deep acting* (DA) ataupun *surface acting* (SA) secara lebih efisien sehingga perawat mampu meningkatkan *work engagement*-nya terhadap pekerjaannya. Melalui *purposive sampling* diperoleh 60 orang perawat sebagai subjek. Melalui survei dan kuasi-eksperimen didesain dua kelompok pra-uji-*treatment*-pasca-uji. Data dianalisis dengan uji korelasi Kendall, uji beda *t-test*, serta perhitungan *effect size*. Hasil menunjukkan perbedaan yang signifikan antara hasil pasca-uji kelompok kontrol dan kelompok eksperimen pada variabel *work engagement*. Artinya *emotional regulation training* memengaruhi tingkat *deep acting* dan *surface acting* perawat yang pada akhirnya berdampak juga pada meningkatnya tingkat *work engagement* (WE) perawat terhadap pekerjaannya.

**Kata kunci:** keterikatan kerja, *deep acting*, *surface acting*, pengaturan emosi

The health service industry nowadays is flourishing. The public in general no longer depends on governmental health facilities. Indeed, there are abundant alternatives already available besides the standard health facilities maintained by the government. This phenomenon inadvertently triggers competition between a numbers of health service providers, including hospital providers. It is highly likely that hospitals compete against each other in requiring lower service

fees for higher service quality. Therefore, one asset which needs to be maintained in order to preserve customers' loyalty is the quality of service provided by the institution. This notion is in accordance with Irawan's (2002) statement that product quality and price only were often failed to ensure customers' satisfaction, simply because *service quality* is the absolute asset which must to be maintained by the institutions (in this case, by the hospitals).

Regarding the quality of service provided by a hospital, one important factor which influences customers' loyalty (as indicated by their preference to re-utilize the service provided by the hospital) is the ser-

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vice given by the nurses at the hospital itself. The logic is that any interaction between nurses and customers (patients and their families), which may occurred any-time within a 24-hour time frame, provides abundant chances for the nurses to build cumulative rapport with the patients, greater than any other staffs in the same hospital (Abraham & Shanley, 1997).

Nurses are required to be able to provide medical service while at the same time expressing positive emotions during any interaction with patients or their families. Often, patients and their families share similar expectation regarding quality of the service given by the nurses. According to Suharyati Samba, practicing nurses must maintain a loving attitude, affection, and deep commitment as behavioral foundations during every encounter with patients. By doing so, the nurses ensure that their nursing practice may possess greater therapeutic affect toward the patients. However, every flaws that have been observed to occur during nursing practices indicated that the nurses apparently only made attempt to conform to, and execute, pre-regulated nursing procedures, rather than conducting the nursing practice with love and affection ("*Perawat Harus Punya Rasa Cinta*", 2004).

In reality, nurses were often failed to exert optimal performance during their professional work routines. There are several reasons behind this failure, for example the inequality between the number of available nurses and the immense workload they have to endure, which is unfortunately occurred frequently during nursing practices. This situation was found at Sidoarjo Public Hospital (*Rumah Sakit Umum Daerah/ RSUD Sidoarjo*). During preliminary data gathering, the author identified inequality between the number of available nurses and the number of ready-to-use hospital beds. At present, Sidoarjo Public Hospital accommodates 307 staffs. Among these numbers, 295 are hospital nurses (which are distributed in operation chambers, polyclinics, and nursing stations). The other 12 employees are structural workers (staffs who possess no responsibility or legitimate rights to provide direct health service to the patients). The numbers of available hospital beds are 403. (These data are obtained from the Director of Nursing Department of Sidoarjo Public Hospital).

As mentioned by the Director of Nursing Department of Sidoarjo Public Hospital, the nurses in this hospital very often have to endure immense workload. For example, in any common work shift, numbers of available nurses are often ranging from three to five, whereas the numbers of the patients are ever increasing. It is pertinent to point that during this potentially

stressful situation, the nurses are ever required to provide optimal service toward the patients.

The phenomenon mentioned in the paragraph above ultimately leads to problems regarding the nurses' performance. Common problems include policy and administration problems (especially regarding health insurance/ *ASKES*, patients from low socioeconomic status, and patients who are confined to bed for more than two weeks), problems regarding response to patients' (and their families) complaints of the nurses' service. It is not uncommon that customers (patients or their families) expressed confusion regarding the disease and the treatment, and regarding rapport between medical staffs. Another identified problem is the lack of nurses' motivation during their work routines and roles as medical staffs. Furthermore, many nurses were found to be unprepared to manage patients' complaints adequately. During occasions when patients complained about their conditions or their sufferings—which happened very often—most of the nurses tend to withdraw from the patients rather than handle the complaints eloquently. On another occasions, they relegated the task to other nurses. Therefore, the author surmised that many nurses at Sidoarjo Public Hospital are experiencing decreased motivation due to lack of challenge in their daily work routines.

According to the problems mentioned in the paragraph above, it can be surmised that the nurses' work engagement is below par. The nurses were not challenged enough by their works and did not possess enough enthusiasm to manage their professional duties. Furthermore, they were unable to apply the full spectrum of their skills as professionally trained nurses. This phenomenon exemplifies the fact that the nurses' contributions in each dimension of work engagement (namely, vigor, dedication, and absorption) are lacking. This is partly caused by the management's demand that the nurses should always provide excellent quality of service. During the hospital management's pursuit of greater service quality (in order to achieve greater customers' satisfaction) the management often applied rules which regulate many aspects of the nurses' job descriptions. Even the nurses' facial expressive emotions are regulated by standard rules. The demand to synchronize employer's emotion with the regulation of the company is commonly known as *display rules*—it is the behavioral norms that regulate the selection and execution of emotions that are considered appropriate during specific situations (Ekman, Morris, & Feldman, 1996).

In order to conform to the display rules required for their job, the nurses must undergo a process known as *emotional labor*, which is the process of managing

feelings and expressions to achieve the goal of the institution. Some of the nurses tended to suppress or hide their authentic emotions meanwhile simultaneously attempted to express opposite emotions (or any emotions required by the hospital management). This is known as *surface acting* (Grandey, 2000). Surface acting may cause *incongruence* between felt emotions (authentic emotions) and expressed emotions. On the other side, nurses who managed to stay authentic to their true emotions, and did not merely synchronizing their emotion according to the needs of the company, experienced more congruence between felt emotion and expressed emotion. This harmonious mental process is known as *deep acting* (Grandey, 2000). Because of their job requirements, the nurses often need to conform to display rules. One study (Grandey, 2000) found that within the same company, the number of workers who practiced surface acting surpassed the workers who practiced deep acting.

Within many literatures that used job resource models as theoretical framework and explored relationship between emotional labor and burnout, the author found evidence of positive relationship between burnout and emotional labor. For example, whenever individuals scored high on emotional labor, the same individuals tended to expend considerable energy to overcome emotional problems. This process drained emotional capacity and subsequently lead to a condition known as *burnout*. However, contemporary research (e.g. Schaufeli, Bakker, Gonzales-Roma, & Lloret, 2004) has showed that burnout actually has an opposite state, known as *work engagement*. The primary dimensions of burnout (exhaustion and cynicism) are the opposite of those dimensions of work engagement (vigor and dedication) (Gonzalez-Roma et. al, 2006, cited in Saks, 2006). This notion was underlined again by Maslach et al (2001, in Saks, 2006), which showed that engagement is the opposite of three dimensions of burnout, namely exhaustion, cynicism, and inefficacy. Therefore, although direct relationship between emotional labor and work engagement have yet to be established, the author used evidence from research findings by Schaufeli, Bakker, Gonzales-Roma, and Lloret (2004) and Maslach et al (2001, cited in Saks, 2006) to argue that work engagement and burnout are actually opposite states. Hence, the author focused only on the aspect of work engagement meanwhile not delving too much into the aspect of burnout.

Regarding the problem experienced by the nurses at Sidoarjo Public Hospital, intervention technique will be taught to the nurses by means of emotional regulation training. Training program is one activity that can

be applied to improve physical health and well-being of individuals (Schabracq, 2003). Emotional regulation is a process in which individual regulates, experiences, and expresses his or her own emotions (Gross, 1998). According to the concept of emotional regulation as proposed by Gross (1998), there are two important states in this process, namely *antecedents-focused* and *response-focused*. *Antecedents-focused state* occurs when individual regulates emotional cues, for example by making preliminary assessment of the environment. On the other side, *response-focused state* occurs when individual makes attempt to modify physiological environment or overt emotional cues.

A training program focusing on emotion regulation can be expected to enhance nurses' capacity to engage in the deep form of emotional labor. For example, the training could facilitate the way nurses' appraise events that cue emotions (antecedent focused emotion regulation). The training could also make nurses become better at suppressing certain emotional responses (response focused emotion regulation). In turn, this could lead to better work engagement, characterized by the workers having high energy and vigorous mental state, and the workers' dedication to put on maximum effort.

## Research Hypotheses

The author proposed three hypotheses for this current study.

Hypotheses 1:

There is a relationship between emotional labor (surface acting and deep acting) and work engagement.

Hypotheses 2 :

The emotional regulation training will increase the level of work engagement in nurses at Sidoarjo Public Hospital.

Hypotheses 3 :

The emotional regulation training will increase the level of deep approach to emotional labor.

## Method

### Research Design

This study employed quantitative approach with quasi-experimental method, with a non-randomized pre-post control group design, and supported by qualitative data obtained by means of formal and informal interviews.

### Subjects

The subjects involved in this study were nurses at a

public hospital in a mid-sized city in East Java who were stationed at inpatient rooms. Purposive sampling method was used for selecting subjects. The author used inclusive criterion as follows:

- The nurses are working in inpatient rooms that accommodate the largest number of patients.
- The nurses are willing to undergo treatment process according to a predesigned schedule.

Sixty nurses participated in this study. The experimental group consisted of 30 nurses meanwhile the control group consisted of the other 30.

### Instrument

Data collection was conducted by means of questionnaire. The *work engagement* scale was modeled after the Utrecht Work Engagement Scale (UWES). The items of *emotional labor* questionnaire were developed from aspects of *emotional labor* according to Grandey (2000). This questionnaire was used to map emotional regulation pattern and to identify the tendency of deep acting and surface acting in the nurses at Sidoarjo Public Hospital.

The aspects of work engagement measured in this research, with examples of the items (similar to the items of UWES), are as follows:

- Vigor. Item example: I am filled with energy as I am working.
- Dedication. Item example: I realize that my current work is meaningful and full of goals.
- Absorption. Item example: My days are filled with thoughts regarding work.

As for the aspects of emotional labour, the aspects being measured, with examples of the items, are as follows:

- Surface Acting.  
Item example: I show hospitality towards patients even though I am irritated at that time.
- Deep Acting.  
Item example: I try hard to feel the emotion I must show to the patients.

### Data Analysis

Kendall correlation test and *paired sample T-test* were applied to explore statistical differences between each research groups in every variable, especially *work engagement*; before and after the treatment phase. The independent sample t-test was conducted to explore statistical differences in each variable, especially work engagement, between experimental group (which received emotional regulation training) and control group

(which received no treatment). Besides the two aforementioned methods, the author also conducted measurement of effect size to explore the size of treatment effect toward the dependent variable.

## Results

Correlation test shows that for the pretest, there is no significant correlation between work engagement and emotional labor (See Table 1 and Table 2 ). There is a significant positive correlation on the experiment group in the posttest condition between deep acting with the aspect of vigor:  $p = .038$  ( $< .05$ ) and  $r = .282$ ; deep acting with dedication:  $p = .04$  ( $< .05$ ) and  $r = .285$ ; surface acting with vigor:  $p = .015$  ( $< .05$ ) and  $r = .333$ ; and surface acting with dedication:  $p = .002$  ( $< .05$ ) and  $r = .431$ .

Based on Table 3, there is no significant difference between the control group and the experiment group on the pretest condition. This shows that the condition of both groups are similar. For the posttest, results show that there are differences between the aspect of WE between the control group and the experiment group, categorized into the average difference with  $d = -1.46230$ . On other aspects, which are EL-DA and EL-SA, there as no significant differences between the control group and the experiment group.

Based on Table 4, the results are as follows:

- On the control group, there is no significant difference between the pretest and posttest condition on the aspects of EL and WE, meaning that the

Table 1

*Correlations Between Aspects of Work Engagement and Emotional Labor (Control Group)*

| Emotional Labor Aspect | Work Engagement aspects   |                           |                          |
|------------------------|---------------------------|---------------------------|--------------------------|
|                        | Vigor                     | Dedication                | Absorption               |
| Surface acting         | $r = -.116$<br>$p = .406$ | $r = -.076$<br>$p = .575$ | $r = .105$<br>$p = .446$ |
| Deep acting            | $r = -.171$<br>$p = .222$ | $r = .005$<br>$p = .971$  | $r = .263$<br>$p = .056$ |

Table 2

*Correlations Between Aspects of Work Engagement and Emotional Labor (Experimental Group)*

| Emotional Labor Aspect | Work Engagement aspects  |                          |                          |
|------------------------|--------------------------|--------------------------|--------------------------|
|                        | Vigor                    | Dedication               | Absorption               |
| Surface acting         | $r = .333$<br>$p = .015$ | $r = .431$<br>$p = .002$ | $r = .240$<br>$p = .080$ |
| Deep acting            | $r = .282$<br>$p = .038$ | $r = .285$<br>$p = .040$ | $r = .142$<br>$p = .295$ |

Table 3

*Differences Between Control and Experimental Groups, During Pretest and Posttest*

| Variable compared                | Mean and standard dev.          |                                 |                    |      | <i>t</i> | <i>p</i> | <i>d</i><br>(effect size) |
|----------------------------------|---------------------------------|---------------------------------|--------------------|------|----------|----------|---------------------------|
|                                  | Control Group                   |                                 | Experimental Group |      |          |          |                           |
| Pretest                          |                                 |                                 |                    |      |          |          |                           |
| Emotional labor-deep approach    | Mean = 25.4000<br>(SD) = 4.8252 | Mean = 24.8000<br>(SD) = 4.5363 | .496               | .622 | .128123  |          |                           |
| Emotional labor-surface approach | Mean = 31.6667<br>(SD) = 5.215  | Mean = 31.5667<br>(SD) = 5.4183 | .730               | .942 | .018968  |          |                           |
| Work engagement                  | Mean = 56.3333<br>(SD) = 5.8329 | Mean = 56.7000<br>(SD) = 4.1784 | -.280              | .781 | -.07227  |          |                           |
| Posttest                         |                                 |                                 |                    |      |          |          |                           |
| Emotional labor-deep approach    | Mean= 24.6000<br>(SD)= 4.5607   | Mean = 26,8000<br>(SD)= 5.2286  | -.737              | .008 | -.44842  |          |                           |
| Emotional labor-surface approach | Mean= 30.9333<br>(SD)= 4.8205   | Mean= 30,5000<br>(SD)= 4.4081   | .363               | .781 | .093810  |          |                           |
| Work engagement                  | Mean= 58.6667<br>(SD)= 4.6244   | Mean= 65.7000<br>(SD)= 4.9891   | - 3.704            | .000 | -.46230  |          |                           |

control group has the same condition on both pretest and posttest.

- On the experiment group, several variables show differences between the pretest and posttest condition. Those variables are the aspects of EL-DA and WE.

Based on Table 5, the results are as follows:

- Difference test of variables CG and EG of EL-DA revealed significant difference with  $t=2.737$ ,  $p (.008) < .05$ . Mean comparison between CG and EG revealed value of  $- .8000 : 20.000$ . This result indicates that under EG condition, participants experienced a change of EL-DA. Specifically, result shows an increase of DA for participants under EG condition.
- Difference test of variables CG and EG of EL-SA revealed significant difference with  $t= 2.052$ ,  $p (.045) < .05$ . Mean comparison between CG and EG revealed value of  $-7.0667 : -4.7667$ . This result indicates that under EG condition, participants experienced a change of EL-DA. Specifically, result shows a decrease of SA for participants under EG condition.
- Difference test of variables CG and EG of WE revealed significant difference with  $t= 2.733$ ,  $p (.008) < .05$ . Mean comparison of CG and EG revealed value of  $2.3333 : 9.000$ . This result indicates that under EG condition, participants experienced a change of EL-DA. Specifically, result shows an increase of WE for participants under EG condition.

Table 4

*Differences Between Pretest and Posttest Scores for Each Group*

| Variable compared                | Mean and standard dev.          |                               | <i>t</i> | <i>df</i> | <i>p</i> |
|----------------------------------|---------------------------------|-------------------------------|----------|-----------|----------|
|                                  | Pretest                         | Posttest                      |          |           |          |
| Control Group                    |                                 |                               |          |           |          |
| Emotional labor-deep approach    | Mean = 25.0667<br>(SD) = 4.6244 | Mean= 25.7000<br>(SD)= 4,8891 | 1.174    | 59        | .245     |
| Emotional labor-surface approach | Mean= 31.36667<br>(SD)= 5.1215  | Mean= 30.7167<br>(SD)= 4.8205 | 2.451    | 29        | .120     |
| Work engagement                  | Mean= 56.3333<br>(SD)= 5.8329   | Mean= 58.6667<br>(SD)= 7.5170 | -1.192   | 29        | .243     |
| Experimental Group               |                                 |                               |          |           |          |
| Emotional labor-deep approach    | Mean= 24.8000<br>(SD)= 4.3364   | Mean= 26.8000<br>(SD)= 5.2286 | -2.033   | 29        | .051     |
| Emotional labor-surface approach | Mean= 31.5667<br>(SD)= 5.4183   | Mean= 30,5000<br>(SD)= 4.4081 | 1.325    | 29        | .196     |
| Work engagement                  | Mean= 56.7000<br>(SD)= 4.1784   | Mean= 65.7000<br>(SD)= 7.1879 | -6.175   | 29        | .000     |

Table 5

*Comparison Between Pretest-Posttest Differences Between the Control and Experimental Groups*

| Variable compared                | Mean and Standard Dev. |                |                    |  | <i>t</i> | <i>df</i> | <i>p</i> |
|----------------------------------|------------------------|----------------|--------------------|--|----------|-----------|----------|
|                                  | Control Group          |                | Experimental Group |  |          |           |          |
| Emotional labor-deep approach    | Mean = -800            | Mean = 2.00    |                    |  | 2.737    | 58        | .008     |
|                                  | (SD) = 1.5403          | (SD) = 5.3884  |                    |  |          |           |          |
| Emotional labor-surface approach | Mean = -7.0667         | Mean = -4.7667 |                    |  | 2.052    | 58        | .045     |
|                                  | (SD) = 2.7535          | (SD) = 5.4874  |                    |  |          |           |          |
| Work engagement                  | Mean = 2.333           | Mean = 9.000   |                    |  | 2.733    | 58        | .008     |
|                                  | (SD) = 10.7136         | (SD) = 7.827   |                    |  |          |           |          |

## Discussion

These results are further elucidated here. Results 1, 2, and 3 reveal no relationship between emotion and job performance in nurses at Sidoarjo Public Hospital, especially the nurses who were stationed at the four inpatient rooms. Apparently, emotional problems did not affect the nurses' work performance because the nurses at Sidoarjo Public Hospital were already adept at enacting display rules and conforming to the regulation of the institution, even though their expressed emotions were in opposition of the felt, or authentic, ones. Indeed, the nurses disclosed no difficulties regarding the effort to regulate and express emotions (especially negative ones). Hence, they were able to conserve more physical and psychological energies for their daily chores. The nurses' perspective and behavior regarding the display rules, emotional problems, and daily routines or chores were significantly influenced by Eastern culture, which was deeply embedded in their worldviews. Research has shown that pervasive worldview (such as dominant culture within a nation) significantly affect employers' behavior and values (Robbins, 2003).

Sanusi Pane (cited in Alfian, 1985) criticized the common notion of cultural difference between East and West. Indonesian national culture, as a reflection of Eastern culture, should put greater emphasis on spirituality or religious aspects, affection, mutuality in work, social or cultural values, norms, and etiquette. Those aspects are in stark contrast to the Western emphasis on material possession, intellectuality, and individualism. This perspective was supported by To-Ti-Anh (cited in Alfian, 1985) who identified three important values that underline every values in Western culture, namely human dignity, human freedom, and technology. Furthermore, Western culture saw human as having the capacity to perfecting oneself through the usage of rational thought, intellectuality, and experience (Dorothy L. Marx, as cited in Alfian, 1985). This is the reason why individuals from Western

culture put more emphasize on rationality, creativity, spontaneity, and freedom of choice. This is in stark contrast to individuals from Eastern culture which put more emphasize on religion, values, and norms. Individuals from Eastern culture tend to emphasize harmony within their lives. Therefore, some of the most revered Eastern values came from "inside", for example by accepting hard life realities as they are ("*nrimo*"), seeking serenity, learning from past experiences and from any circumstances, preference to passivity and tendency to withdraw from unfamiliar experiences, and preference toward stability (Soelaeman, 1998).

Such characteristics of Eastern culture, as expressed in the paragraph above, act as mediator to facilitate conformist behavior, such as that happened at the nurses' community at Sidoarjo Public Hospital. Conformity is an element social influence in which individual changes his or her attitude and behavior to conform to the dominant social norms, hence the name (Barron & Berne, 2003). Social norms, on the other side, are rules that dictate how individuals should act within specific situations (Barron & Berne, 2003). Nurses tend to become heavily influenced by their colleagues and their work environment. Subsequently, the nurses were required to adapt to their environment or work groups (not vice versa). According to several participants of this study (see the appendix), initially they had trouble to express positive emotions when actually experiencing uncomfortable emotions (such as irritation or anger). However, because their working environment and job rules dictated them to act with affection and warmth, the nurses were forced to model their behavior after their more-competent colleagues. Gradually, the nurses were habituated to conform to their job requirements that dictate them to always express positive emotions. In turn, their work performance did not suffer considerably.

Regarding the statistical relationship between variables (see result number four), analysis of posttest data acquired from the experimental group revealed significant relationship between both of deep acting and

surface acting with work engagement. This result indicated that increase in participants' deep acting (capacity to manage incompatible emotions and to achieve congruence between felt and expressed emotions) and increase in participants' surface acting (capacity to regulate expressed emotions in congruent with working rules) both correlate with increase in the nurses' work engagement. The nurses who displayed abundant energy reserve, healthy mental state, desire to give their best at work, persistence and vigor during difficult circumstances, were found to score higher on work engagement scale. Nurses with high work engagement conveyed enthusiasm, inspiration, pride of work, and dedication; they were often absorbed in the work and experienced state of flow during work, even during challenging circumstances. In turn, these factors contributed to the increasing of work performance.

Relationships between the variables mentioned in the paragraph above were formed because participants in the experimental groups have attended regulation program, in which the nurses were facilitated to recognize their emotions, emotional problems, and the effect of emotional problems to their daily lives and interpersonal relationships. The participants were also facilitated to observe their method of regulating emotions (deep acting and surface acting). They were asked to identify which method was more appropriate under specific circumstances. In the other words, the nurses were facilitated to gain better understanding of the current situations they are facing, their felt emotions, and the appropriate method for regulating emotions. This capability contributed to more efficient energy expenditure, especially regarding the display rules required in the nurses' workplace. This technique helps the nurses to achieve better job performance and gain better control of their emotions. Subsequently, the nurses gain realization that deep acting and surface acting indeed possess positive relationship with work engagement, which affect their work performance.

The increasing of the nurses' awareness regarding the importance of effective emotional regulation and its effect on work engagement can be inferred from results number 5 and 6. Initially, the participants' condition, both in control and experimental groups, were found to be homogenous (no significant difference between CG and EG). This homogeneity was found in deep acting, surface acting, and work engagement. However, after the experimental group had received treatment (while the control group received no treatment), the author found significant difference between CG and EG. Mean difference between CG and EG was revealed; mean of EG was

greater than that of CG. This result indicates that work engagement and deep acting scores of CG were lower than those of EG. Result also revealed difference between pretest and posttest scores of EG group; posttest scores were higher than those of pretest were.

The increasing of deep acting and work engagement scores indicates that emotional regulation training program attended by the nurses at Sidoarjo Public Hospital successfully formed positive effect. Emotional regulation training helped the nurses to gain better awareness of the importance of emotional problems, especially problems regarding the cause and effect of felt emotions and the need to monitor their emotions. This program helped nurses to gain understanding that their emotional hassles are part of a normal life. In turn, this program helped the nurses to obtain better perspective regarding the display rules and the healthier method to apply emotional labor (DA or SA).

Moreover, this program also facilitated the nurses to reach more mature emotional states. According to the nurses' self-report, they perceived themselves to have obtained better understanding of their ongoing emotional states. They also perceived themselves to possess better understanding of several alternatives to regulate emotional problems, especially those problems that negatively affect their physical and mental selves, relationships, or work performance.

The increasing of nurses' self-awareness gained through emotional regulation training program was due to some activities that refined the nurses' sensitivity and ability to recognize and regulate their emotions. The nurses were asked to create an emotion diagram and write down the possible causes and effects of certain emotions. This activity helped to refine the nurses' sensitivity toward their emotions. The nurses were also asked to write down intervention patterns that they used to perform. This activity refined the sensitivity of the nurses' situational assessment and understanding of oft-emerging emotional regulation patterns. This activity was followed by evaluation and redesigning of the old, ineffective intervention patterns. Besides enriched the nurses' knowledge and refined their skills, this activity helped the nurses to modify their cognitive patterns. Subsequently, the nurses gained understanding of alternative means to regulate their emotions with more positive results.

Some of the activities given during this training were in accord with Gross' notion of the working mechanism of emotional regulation. According to Gross, the concept of successful emotional regulation dictates that individuals are able to regulate their emotions

such that they experience congruence between their abilities and their emotional capacity, which in turn leads to greater well-being. The knowledge of emotional regulation helps individuals who are trying to regulate their emotions, especially emotions that directly affect their job and their work environment. The process of emotional regulation may occur at two different situations. The first situation is named *antecedents-focused*, which occurs when a person enacts specific cues before expressing his or her emotions (such as by conducting preliminary assessment of the current situation). The second situation is named *responses-focused*, which occurs when an individual modifies his or her physiological environment or overt cues that signify his or her emotions (Gross, 1998).

The result mentioned in the paragraph above was supported by a study by Gross, Richards, & Jhon (*in press*), which aimed at revealing the functions and benefits of emotional regulation during everyday lives. This study revealed that individuals who showed high capacity to regulate their emotions were more likely to be able to solve emotional problems effectively, thus gaining better well-being compared to individuals who showed poor capacity to regulate their emotions. Another study by Gross & Jhon (2004) revealed that during the process of emotional regulation, reappraisal technique proved to be the better contributor to improved well-being, more than suppression did. During post-treatment evaluation, the nurses stated that their attending to the emotional regulation-training program has enabled them to gain better awareness of their physical and mental selves, their environment, and their emotions, which had emerged as a consequence of the nurses' interaction with their job, patients, and colleagues.

The increasing of deep acting and work engagement found in the experimental group after the treatment phase was followed by a change of surface acting; either under pretest or posttest condition (see result number 7). It is pertinent to note that there was only slight difference between pretest and posttest scores of EG. This happen because during the process of emotional regulation, the nurses preferred to enact surface acting rather than deep acting. During the nurses' everyday working routine, they were often influenced by their colleagues who possessed similar regulation pattern. Furthermore, according to the nurses, smooth talking or making good impression were a prerequisite of their job; those are the social norms and the necessary job demand. However, this job demand apparently obstructed the nurses' flexibility to rapidly adapting themselves to unfamiliar situations. Furthermore, the nurses disclosed that surface acting was easier and

quicker to be enacted during encounter with patients. This phenomenon is in accordance with the previously mentioned theory that culture was indeed pervasive and significantly affected the nurses' behavior and worldview.

Culture is an element that sews together language, geography, history, belief, social class, nationality, and a number of other categories, into one giant tapestry of individual's unique psychological dynamics. Each cultural factor possesses specific relationship with the behavior of individual, whether during work, social or spiritual life. Each cultural factor significantly affects individual's behavior or working style (Triandis, 1994). Moreover, through culture, various social elements such as norms, roles, values, beliefs, or self-concepts will be assimilated into individual's personality. Gradually, these elements of culture will merge with the personality of the individuals within the community. As a part of personality, these cultural elements will be enacted frequently, thus becoming habitual actions—or *behavior* (Triandis, 1994). The nurses at Sidoarjo Public Hospital experienced this process during their struggle against everyday emotional hassles, especially within the framework of their jobs and roles as professional nurses.

This notion was supported by result that showed that several participants have undergone several changes. Pretest data acquired from participants under EG condition revealed that 5 participants initially belonged to the "very high" category, but this number decreased into 1 after the treatment phase. This phenomenon indicated that although the nurses apparently opted to enact surface acting, they have already recognized what their authentic emotions were. Hence, they were able to preserve more mental energies. The nurses have also recognized that besides surface acting, they have the freedom to choose other alternative patterns.

Measurement of effect size toward the dependent variable (WE) which was aimed at exploring the efficacy of the training revealed  $g = .94$  and  $CI = .41 - 1.48$ . This result indicates that emotional regulation training possessed moderately large effect size, which also indicates that emotional regulation training possessed significant influence toward the participants' work engagement.

These results mentioned in the paragraph above are supported by qualitative data obtained from session of self-reflection attended by the nurses, in which most of the nurses disclosed that they have not yet been able to recognize the full spectrum of their emotions. The nurses often expressed emotions that were different from their authentic ones, and they were not yet been



able to regulate their emotions internally. It is only after the author asked the nurses to undergo the process of emotional regulation training that the nurses began to realize that they harbored emotions more than they realized. The nurses began to realize that their felt emotions did not immediately fade or diminish by simply maintaining good impression before the patients, or by simply attending to the display rules. The author proposes that this phenomenon has occurred because the nurses' emotional maturity was still at the baseline level, namely the exploration of self-awareness. This baseline condition inhibited the nurses' capacity to manage emotional dynamics, such that the nurses experienced no change in surface acting.

According to Morgan (as cited in Young, 1990), emotional maturity is a form of emotional transition experienced by individuals as they advance in age and gain more life experiences, which is characterized by the transition of affective behavior. However, in reality, not every individual who progresses into early adulthood achieves emotional maturity. Most Indonesians do not possess age-relevant emotional maturity due to cultural norms or values that inhibit the spontaneous and holistic expression of emotions. Indonesians often suppress many forms of life experience, especially regarding emotional experiences, and they often make attempt to "forget" their emotional experiences. However, such act desensitizes the individual to his or her own authentic self (Santrock, 2002). Similar notion has been presented by Young (1990), who stated that individual emotional maturity will affect one's behavior and perception toward problems. The more mature an individual emotional control is, the more likely that the same individual possesses greater self-awareness and the greater his or her emotional control is. Similarly, when an individual possesses poor capacity to regulate his or her emotion, it can be assumed that the same individual possesses poor emotional immaturity (Young, 1990).

Results number 1, 2, 3, and 4 revealed that emotional labor is a form of emotional working enacted by individuals to conform to the display rules required in the workplace. Meanwhile, results number 5, 6, and 7 revealed that emotional regulation training has contributed to the refining and improving of individual's capacity to apply emotional labor in the workplace. By attending the emotional regulation training, the nurses gained improved capacity to regulate emotions. In doing so, the nurses' tendency to enact emotional labor-surface acting (which contributes to more negative effects than good ones) can be diminished. However, it is pertinent to note that prior to choosing emotional

labor (surface acting or deep acting), the nurses should have beforehand gained full awareness of their authentic emotions and their environmental circumstances. This awareness is very important in order to ensure that the nurses will be able to choose proper treatment methods and execute them with greater efficacy. The knowledge and skill gained by attending the emotional regulation training have enabled the nurses not only to regulate their expressed emotions, but also to make internal adjustment and to achieve congruence between felt emotions and expressed emotions. In turn, this harmonious congruence will lead to improved nurses' work performance, less emotional conflicts, improved capacity to gain new insights during work, and improved work engagement.

## Conclusion

The behaviour and habits of nurses in dealing with their tasks will affect their emotional health condition. If the nurses choose to manage their emotions using surface acting and not deep acting, eventually the nurses will feel high emotional fatigue that can have negative effects on their performance. In order to help nurses to have better emotional health and to minimize the negative effects of their workload, they are given emotional regulation training. Results show that the emotional regulation program have positive effects on the nurses, such as in the matter of realizing and regulating their emotions at work. This is proven by the increase in their individual abilities to perform deep acting compared to surface acting, and the increase in their work engagement.

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