

Emotional Dissonance And Personality Traits As Predictors Of Psychological Wellbeing Among Nurses In Makurdi Metropolis

Samuel Terzungwe Anhange Ph.D

Tertindi Lordsent Tyokyaa M.Sc.

Mngusuur Jam Ph.D

Department of Psychology, Benue State University,
Makurdi, Nigeria

Abstract: This study examined emotional dissonance and personality traits as predictors of psychological wellbeing among nurses in Makurdi metropolis. In a cross-sectional survey design, 203 nurses were drawn from different hospitals in Makurdi metropolis through a stratified random sampling technique. They were within the age range of 22–51 years with the mean age of 32.01 (SD=7.167). Three different instruments including the Hospitality Emotional Labour Scale, the Big Five Inventory (BFI-10) and the Ryff's Psychological Wellbeing Scale were used for data collection. The result of simple linear analysis showed that emotional dissonance significantly predicted psychological wellbeing among nurses in Makurdi metropolis negatively. Multiple linear regression also revealed that personality traits jointly predicted psychological wellbeing significantly among nurses in Makurdi metropolis. On independent basis, the result showed that neuroticism made the highest negative contribution to the variance in psychological wellbeing of nurses, followed by agreeableness with positive contribution, extraversion and conscientiousness while openness to experience did not make any significant contribution to the prediction of psychological wellbeing among nurses. It was concluded that emotional dissonance and personality traits contribute to a large extent, to the experience of psychological wellbeing among nurses. Based on the findings, it was recommended among others that the government and other employers of nurses should design an intervention scheme in the health institutions that is targeted at cushioning the effect of emotional dissonance on psychological wellbeing of nurses, since emotional labour is considered part and parcel of their professional practice.

Keywords: Psychological wellbeing, Emotional labour, Emotional dissonance, Personality traits, Nurses

I. INTRODUCTION

Within the behavioral sciences in general and occupational health psychology in particular, there has been a specific focus on the importance of wellbeing – both physical and mental health – in affecting success in many life domains including the workplace. There is considerable research on the relationship between psychological wellbeing and performance at work (Wright, Bonett, & Sweeney, 1993; Cropanzano & Wright, 1999; Wright & Staw, 1999; Wright & Cropanzano, 2000) and successful relationships (Diener & Seligman, 2002). Also, superior mental health (Koivumaa-Honkanen *et al.*, 2004), physical health (Roysamb, Tawls,

Reichborn-Kjennerud, Neale, & Harris, 2003) and longevity (Danner, Snowdon, & Friesen, 2001) have been variously found to co-vary with happiness and positivity levels. The inference from the research on wellbeing is that psychological wellbeing leads to positive individual and organisational outcomes.

Despite that psychological well-being is recognized as an important variable both at individual and organisational level, many nurses unfortunately report diminished psychological and physical well-being and several would like to leave the profession (Aiken, Clarke, Sloane & Sochalski, 2001). Nurses occupy a central role in the delivery of health care in all countries, therefore, poor mental health among nurses affects

not just the nurses but it hampers patients' safety, quality of care and performance (Sexton, Thomas, & Helmreich, 2000), and profitability of the health sector organizations (Cooper & Cartwright, 1994).

Among the critical issues that could affect the wellbeing of nurses is emotional dissonance. Nursing job often requires coping with some of the most stressful situations found in any workplace. Nurses deal with life-threatening injuries and illnesses complicated by overwork, under-staffing, tight schedules, intricate or malfunctioning equipment, dependent and demanding patients, and patient deaths, all of which are significant contributors to stress (National Institute of Occupational Safety and Health, 1998). Despite all the stress, nurses, as part of their roles, are expected to display certain emotions, recognize patients' emotions and react empathically (Zapf & Holz, 2006), and adequately cope with human suffering or occasional mistreatment by patients and their families (Roche, Diers, Duffield, & Catling-Paull, 2010). While the expression of these feeling rules is in most cases a spontaneous process of acceptance and effortless cooperation (Zapf & Holz, 2006), some situations call for the stimulation or the suppression of emotions that may enter in conflict with genuinely experienced emotions. This gap between experienced and required emotions has been referred to as emotional dissonance, which may be considered the central core of emotion labor (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001).

Research has demonstrated that emotional display demands often lead to feelings of lack of authenticity and exhaust self-regulatory resources, which negatively affect employees' well-being (Hulsheger & Schewe, 2011). It has a tendency to negatively impact nurses' health and morale (Gershon et al., 2007; Gregory et al., 2007), putting them at greater risk of mental illness compared to the general working population and other healthcare professionals (Shields & Wilkins, 2006). Yet, some researchers argue that not every employee is equally affected by emotional job demands (Judge, Woolf, & Hurst, 2009), hence, the need for more research in this direction.

In addition to emotional dissonance, a large body of research has indicated that personality traits are related to psychological wellbeing (DeNeve & Cooper, 1998; McCrae & Costa, 1991; Hayes & Joseph, 2003). However, Wright (2005) noted that, psychological wellbeing, while generally considered to be trait-like, has still been demonstrated to vary over time and some positive psychologists have suggested that cognitions or one's beliefs are important for shaping mental health (O'Brien & Major, 2005). Against this background, this study is designed to investigate emotional dissonance and personality traits as predictors of psychological wellbeing among hospital nurses in Makurdi metropolis.

II. LITERATURE REVIEW

PSYCHOLOGICAL WELLBEING

The assessment of well-being among workers has been a recurrent issue in the field of work and organizational psychology. The study of psychological well-being follows an

emerging trend toward 'positive psychology' that focuses on human strengths, well-being and optimal functioning rather than on weaknesses and malfunctioning (Seligman & Csikszentmihalyi, 2000). Psychological well-being is usually conceptualised as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective) (Deci & Ryan, 2008). As summarised by Huppert (2009, p.137) "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." By this definition therefore, people with high psychological wellbeing report feeling happy, capable, well-supported and satisfied with life. Huppert's (2009) review also claims the consequences of psychological wellbeing to include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors. Psychological well-being corresponds to intrinsic states of happiness experienced by an individual that lead to life satisfaction, confidence, and cheerfulness (Diener, Oishi & Lucas, 2003). It stresses pleasant emotional and cognitive experiences (Diener et al., 2003).

For more than three decades, the study of psychological well-being has been guided by two primary conceptions of positive functioning. One formulation which is traceable to Bradburn's (1969) seminal work, distinguished between positive and negative affect and considered happiness as the balance between the two. Conceptual and methodological refinements built on this early operationalization of well-being. For example, the postulated independence of positive and negative affect was challenged and linked with the failure to distinguish between the intensity and the frequency of affect (Diener, Larsen, Levine, & Emmons, 1985). Frequency of positive and negative affect tends to correlate negatively, whereas intensity correlations are generally positive.

These conflicting relations were said to suppress the association between positive and negative affect, thereby creating an illusion that the components are independent. Of the two, frequency has been promoted as the better indicator of wellbeing because it can be better measured and is more strongly related to long-term emotional well-being than intensity is (Diener & Larsen, 1993; Diener, Sandvik, & Pavot, 1991). Other initiatives have focused on measurement issues, calling for more valid and reliable indicators of positive and negative affect (Watson, Clark, & Tellegen, 1988) and suggesting that measurement error obscures the bipolarity of positive and negative affect (Green, Goldman, & Salovey, 1993).

The second primary conception which has gained prominence among sociologists, emphasizes life satisfaction as the key indicator of well-being. Viewed as a cognitive component, life satisfaction was seen to complement happiness, the more affective dimension of positive functioning (Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976; Andrews & McKennell, 1980). Still, other studies parsed well-being according to global questions about overall life satisfaction and domain-specific questions about work, income, social relationships, and neighborhood (Diener, 1984; Andrews, 1991). Interest in these investigations frequently centered on social change—whether quality of life

in a country meant something different from one era to the next and whether reported levels of well-being and their correlates varied over time (Bryant & Veroff, 1982).

Altogether, prior endeavors have grappled minimally with the core underlying question: What does it mean to be well psychologically? That is, extant indicators have been perpetuated with little debate as to whether they captured key features of human wellness. Bradburn's (1969) classic study, for example, gave little attention to the fundamental meaning of well-being. That positive and negative affect emerged as independent dimensions was, in fact, a serendipitous finding from a study conceived for other purposes. Similarly, life satisfaction measures were generated with a concern for practical applications of research findings, not explication of essential meanings of wellness (Sauer & Warland, 1982).

EMOTIONAL DISSONANCE

Recent theoretical and empirical works have been centred on how emotions are expressed in the workplace as well as on how they are experienced. These works have placed emphases on the concept of emotional labour (Ramachandran, Jordan, Throth & Lawrence, 2011). Emotional labor can be defined as the process of regulating both feelings and expressions for organizational goals (Grandley, 2003). Emotional labor requires that one expresses or suppresses feelings that produce an appropriate state of mind, according to organizational feeling rules (Ashforth & Humphrey, 1993). While the expression of these feeling rules is in most cases a spontaneous process of acceptance and effortless cooperation (Zapf & Holz, 2006), some situations call for the stimulation or the suppression of emotions that may enter in conflict with genuinely experienced emotions. This gap between experienced and required emotions has been referred to as emotional dissonance, which may be considered the central core of emotion labor (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001).

Hochschild (1983) defined emotional dissonance as maintaining a difference between feeling and feigning. Hoffman and Bateson (2002) conceptualized emotional dissonance as a result of person/role conflict in which contact personnel are required to hide their true feelings and present a front or face to the customer. Emotional dissonance therefore occurs when expressed emotions that satisfy feelings rule, or role expectations pertaining to emotional expression that come with the job rule, but clash with inner feelings.

Emotional dissonance is one of the three categories of emotional labour identified by Mann (1999) along with emotional harmony – where ‘displayed emotion is the same as expected emotion and felt emotion’, and emotional deviance – where ‘displayed emotion is the same as felt emotion but different from expected emotion’. Of all the three categories, emotional dissonance is seen as the most relevant area where ‘true emotional labour’ is involved (Thompson & McHugh, 2002). It appears that emotional dissonance may create problems for individuals. Emotional dissonance can be associated with significant levels of psychological ill-health (Zapf, Seifert, Schmutte, Mertini, & Holz, 2001). Accordingly, the challenging nature of emotional dissonance

has received the most attention in research on emotional labour (Morris & Feldman, 1996).

One of the most studied areas for emotional labor researchers has been the health sector, in particular nursing, in which emotional management is a crucial aspect of the role (Mann, 2005). As care givers, nurses are seen as sources of emotional support for patients and family members and this role is sometimes considered as important as their clinical duties (Smith, 1992). Depending on their actual emotional experience and emotional abilities, adhering to emotional display rules can therefore create varying degrees of emotional dissonance (Morris & Feldman, 1996). Nurses may experience emotional dissonance as a conflict when they are not able to feel what they should feel, may feel false and hypocritical and, in the long run, they may feel alienated from their own emotions (Kruml & Geddes, 2000).

The impact of emotional labour was discovered to be negatively correlated with nurses’ well being (Zapf, 2002; Heuven & Bakker, 2003). Several studies have found that emotional dissonance and surface acting result in stress and emotional exhaustion (Kruml & Geddes, 2000; Brotheridge & Lee, 2002; Holman, Chissick & Totterdell, 2002). A study by Karl and Peluchette (2008) found that healthcare workers with greater emotional dissonance reported greater emotional exhaustion. They were also found to experience frequent negative emotions. Evidence suggests that emotional dissonance is directly associated with emotional exhaustion and is commonly experienced by customer service representatives serving retail sector, healthcare and call centre industries (Karl & Peluchette, 2006; Gupta & Mishra, 2011).

Sarkar and Suresh (2014) in a correlational analysis showed that negative emotions and emotional dissonance were significantly positively related with both emotional exhaustion and emotionality followed by its negative association with psychological wellbeing and emotional intelligence.

PERSONALITY TRAITS

Personality traits are mainly defined in terms of the Big Five personality constructs. Factor analytic research revealed that these constructs (agreeableness, conscientiousness, emotional stability, extraversion and openness to experience) cover the broad domain of personality to a large extent (Barrick & Mount, 1991). According to Averill and More (1993), personality characteristics refer to “traits and abilities assessed without regard to function or inner workings”.

The five-factor model by Costa and McCrae (1992) delineates five broad traits – extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience – that encapsulate most of the differences in personality across individuals. These traits, sometimes designated as domains, were originally derived from a categorization of the adjectives that are commonly used to describe individuals but then verified and refined through factor analyses, a statistical technique that is conducted to identify sets of correlated dimensions.

Costa and McCrae (1992) identify six facets that correspond to each trait or domain. For example, individuals who exhibit extraversion are gregarious, assertive, warm, positive, and active, as well as seek excitement. The six facets

that underpin neuroticism, as defined by Costa and McCrae (1992) relate to the extent to which individuals exhibit anxiety, depression, and hostility as well as feel self-conscious, act impulsively, and experience a sense of vulnerability, unable to accommodate aversive events. Those who are high in neuroticism are highly reactive in stressful situations. They are more likely to interpret ordinary situations as threatening or minor situations a too difficult or as impossible.

Six facets defined the trait that is often referred to as agreeableness; trust in other individuals, straightforward and honest communication, altruistic and cooperative behavior, compliance rather than defiance, modesty and humility, as well as tender, sympathetic attitudes. The six facets that correspond to conscientiousness relate to the degree to which individuals are competent, methodical--preferring order and structure, dutiful, motivated to achieve goals, disciplined, and deliberate or considered. This trait shows a preference for planned rather than spontaneous behavior. Conscientious individuals achieve high levels of success through purposeful planning and persistence. They are also regarded by others as responsible and reliable. They can become compulsive perfectionists and workaholics. Finally, openness to experience relates to the extent to which individuals are open to fantasies, aesthetics, feelings, as well as novel actions, ideas, and values. Open individuals prefer novel, intense, diverse, and complex experiences (Costa & McCrae, 1992). In contrast, closed individuals prefer familiar tasks and standardized routines (McCrae, 1996). This trait distinguishes people who are more imaginative from those who are down-to-earth. People who are more open tend to be more creative, more likely to be open to new and different ideas, and more in-touch with his/her feelings. People who are low in openness to experience tend to be more closed-off. They are generally more analytical and resistant to change. They see imagination and art as things that are a waste of time.

The five factor model provides a comprehensive framework for describing personality (Deniston & Ramanaiah, 1993) and organizing individual differences (Goldberg, 1993). Unlike other personality models, the FFM is not based on one theory of personality but rather combines a variety of theoretical perspectives (McCrae & Costa, 1989a). The model includes affective, experiential, and motivational traits (McCrae & Costa, 1989b) using the five dimensions of Agreeableness, Conscientiousness, Openness to Experience, Neuroticism, and Extraversion.

Haslam, Whelan and Bastian (2009) found that personality traits were significantly associated with subjective wellbeing. Besides that, the researchers indicated that all the traits were positively correlated with subjective well-being except for neuroticism. Goodwin and Friedman (2006) found that personality traits were associated with mental health and specifically revealed that a higher level in conscientiousness would significantly decrease the probability of mental disorders as well as extraversion and agreeableness. Nonetheless, a higher level in neuroticism was found to significantly contribute to mental disorders. Grant, Langan-Fox and Anglim (2009) investigated the relationship between the Big Five traits and subjective and psychological well-being among 211 men and women and they reported that

extraversion, neuroticism, and conscientiousness correlated similarly with both subjective and psychological well-being, suggesting that these traits represent personality predispositions for general well-being. However, the personality correlates of the dimensions within each broad well-being type varied, suggesting that the relationship between personality and well-being is best modeled in terms of associations between specific traits and well-being dimensions.

HYPOTHESES

The following hypotheses were therefore formulated:

- ✓ Emotional dissonance will significantly predict psychological wellbeing among nurses in Makurdi metropolis.
- ✓ Personality traits (Openness to experience, conscientiousness, extraversion, agreeableness and neuroticism) will significantly predict psychological wellbeing among nurses in Makurdi metropolis.

III. METHOD

DESIGN

This study employed cross-sectional survey design. This is the type of design that is used to collect data to make inferences about a population of interest at a point in time. This design was suitable for this study in the sense that data collected from a cross section of nurses in Makurdi metropolis were used in making inferences about the influence of emotional dissonance and personality traits on their psychological wellbeing.

PARTICIPANTS

The participants for this study were 203 nurses drawn from different hospitals in Makurdi metropolis using stratified random sampling technique. They were within the age range of 22 – 51 years with the mean age of 32.01 (SD=7.167). Out of these participants, 162(79.8%) were females and 41(20.2%) males who have served their various hospitals for the minimum of 1 year and the maximum of 24 years.

MEASURES

Three different instruments were used to measure the variables of the study. These include the Hospitality Emotional Labour Scale, the Big Five Inventory (BFI-10) and the Ryff's Psychological Wellbeing Scale. Details instruments are given below.

EMOTIONAL DISSONANCE: The hospitality emotional labour scale developed and validated by Chu (2002) was used in measuring emotional dissonance. The author confirmed a two-dimensional structure of emotional labor as Kruml and Geddes (2000a) proposed. These two dimensions are emotive dissonance and emotive effort. While emotive effort taps the concept of a deep acting technique, emotive dissonance captures the concepts of surface acting and genuine acting as two opposite ends of one continuum. The Hospitality

Emotional Labor Scale has response format ranging from “1=rarely” to “2=always” in response to each statement.

PERSONALITY TRAITS: Personality traits in this study were measured using the Big Five Inventory (BFI-10) (Rammstedt & John, 2007). This is a 10-item short version of the original 44-item BFI developed by John, Donahue and Kentle (1991) to assess personality from a five dimensional perspective. The dimensions which make up the five subscales include: extraversion (2-items; 1 & 6), agreeableness (2-items; 2 & 7), conscientiousness (2-items; 3 & 8), neuroticism (2-items; 4 & 9) and openness (2-items; 5 & 10) respectively. John, *et al.*, (1991) established a Cronbach alpha reliability coefficient of .80 for the scale. It is scored on a 5-point rating scale ranging from 1=Strongly Disagree to 5=Strongly Agree with high scores on each of the subscales indicating manifestation of the particular personality trait while low scores indicate lack of the personality trait in question.

PSYCHOLOGICAL WELLBEING: The 42-item Ryff's Scales of Psychological Well-Being (RPWB) was used in measuring psychological wellbeing of nurses in this study. This is a widely-used instrument designed by Ryff (1989) to measure six dimensions of psychological well-being which include (i) Autonomy: made up of 7 items (ii). Environmental mastery: 7 items, (iii). Personal Growth: 7 items, (iv). Positive Relations 7 items, (v). Purpose in life 7 items, and (vi). Self-acceptance 7 items. The RPWB was originally scored on a 6-point rating scale ranging from 1=strongly disagree to 6=strongly agree. In this study however, the scale is scored based on 4-point likert scale of strongly agree=4; agree=3; disagree=2 and strongly disagree=1. The total score for each respondent is arrived at by sum up scores for each item. High scores on the total scale indicate that the respondent records high psychological wellbeing and vice versa.

DATA ANALYSIS

Data for this study were analysed using both descriptive and inferential statistics. On the one hand, descriptive statistics involving frequencies, simple percentages, mean and standard deviation were used to analyse the demographic data of the respondents. On the other hand, inferential statistics including simple linear regression and multiple regression were used to test the hypotheses. While simple linear regression was used to test emotional dissonance as a predictor of psychological wellbeing of the nurses, multiple linear regression was used to test influence of the various personality traits (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) on psychological wellbeing.

IV. RESULTS

Predictor variables	R	R ²	F	β	t	P
Constant	.666	.444	160.53		40.77	.000
Emotional dissonance				-.666	-12.67	.000

Table 1: Simple linear regression showing emotional dissonance as a predictor of psychological wellbeing among nurses in Makurdi metropolis

The result presented in Table 1 showed that emotional dissonance significantly predicted psychological wellbeing among nurses in Makurdi metropolis negatively, R=.666, R²=.444, F(1,201)=16.53; p<.001. This result indicates that emotional dissonance contributed 44.4% to the total variance in psychological wellbeing among nurses in Makurdi metropolis. Based on this result, hypothesis one was confirmed.

Predictor variables	R	R ²	F	β	t	P
Constant	.582	.338	20.150		8.715	.000
Extraversion				.151	2.554	.011
Agreeableness				.208	3.451	.001
Conscientiousness				.127	2.048	.042
Neuroticism				-.387	-6.246	.000
Openness to experience				-.054	-.917	.361

Table 2: Multiple linear regression showing personality traits as predictors of psychological wellbeing among nurses in Makurdi metropolis

The result presented in Table 2 showed that personality traits significantly predicted psychological wellbeing among nurses in Makurdi metropolis R=.582, R²=.338, F(5,197)=20.150; p<.01. This result indicates that personality traits as a whole contributed 33.8% to the total variance observed in psychological wellbeing among nurses. On individual basis, the result showed that neuroticism made the highest negative contribution (β=-.387, p<.01) to the variance in psychological wellbeing of nurses, followed by agreeableness with positive contribution (β=.208, p<.01), extraversion (β=.151, p<.05) and conscientiousness (β=.127, p<.05) respectively. However, openness to experience (β=-.054, p>.05) did not make any significant contribution to the prediction of psychological wellbeing among nurses. Hypothesis two was therefore, confirmed for all the personality dimensions except openness to experience.

V. DISCUSSION

This study examined influence of emotional dissonance and personality traits on psychological wellbeing among nurses in Makurdi metropolis. Two hypotheses were set and tested using appropriate statistical tools. The findings are discussed below.

It was found from testing the first hypothesis that emotional dissonance significantly predicted psychological wellbeing among nurses in Makurdi metropolis negatively. This finding implies that when a nurse experiences emotional dissonance, it tends to lower his/her levels of psychological wellbeing. In another way, high levels of emotional dissonance will most likely lead to low level of psychological wellbeing and vice versa. The finding further indicated that emotional dissonance made a reasonably high contribution in predicting psychological wellbeing among nurses. This means that in most cases, poor mental health or psychological wellbeing of the nurses is a direct consequence of emotional dissonance. This finding is in consonance with Sarkar and Suresh (2014) who after a study of nurses reported negative association between emotional dissonance and psychological wellbeing.

It was further found from testing the second hypothesis that personality traits significantly predicted psychological

wellbeing among nurses in Makurdi metropolis. Personality contributed a reasonably high percentage to the prediction of psychological wellbeing among the nurses. This means that personality traits to a large extent, provide explanation to the different levels of psychological wellbeing experienced by nurses. On individual basis, it was found that among the personality traits, neuroticism contributed the highest percentage in predicting psychological wellbeing. The results further indicated that the contribution is in the negative which means that a nurse who scores high on neuroticism will most likely have low psychological wellbeing. The second personality trait to make significant contribution to psychological wellbeing of nurses is agreeableness then followed by extraversion and conscientiousness respectively. Only openness to experience did not make any significant contribution to the prediction of psychological wellbeing among nurses. The implication of this finding is that the psychological wellbeing of people who are dominant of openness to experience as a personality trait is largely determined by other factors other than their personality trait. This finding is in line with Grant *et al.* (2009) who found agreeableness, neuroticism and openness to experience as correlates of psychological wellbeing among students. It also agrees with Haslam, Whelan and Bastian (2009) who also found that personality traits were significantly associated with subjective wellbeing.

VI. CONCLUSION/RECOMMENDATIONS

From the findings of this study, it is concluded that emotional dissonance and personality traits contribute to a large extent, to the experience of psychological wellbeing among nurses. Based on the findings of this study, it was recommended that the government and other employers of nurses should design an intervention scheme in the health institutions that is targeted at cushioning the effect of emotional dissonance on psychological wellbeing of nurses, since emotional labour is considered part and parcel of their professional practice. In another vein, health training institutions in Nigeria and beyond should endeavour to conduct personality testing as part of the enrollment process in their institutions. This will enable them identify the personality traits that can cope with emotional labour and maintaining psychological wellbeing of the nurses.

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