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ORIGINAL RESEARCH

Emotional rescue: the role of emotional intelligence and emotional labour on well-being and job-stress among community nurses

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Abstract

Aims. To investigate the extent to which emotional labour and emotional intelligence are associated with well-being and job-stress among a group of Australian community nurses. The moderating role of emotional intelligence was evaluated as a key factor in the rescue of healthcare workers from job-stress, thus increasing job retention.

Background. Although emotional labour has been broadly investigated in the literature, the contribution of emotional labour and emotional intelligence to the well-being and experience of job-stress in a community nursing setting requires further exploration.

Design. This study used a cross-sectional quantitative research design with data collected from Australian community nurses.

Methods. Australian community nurses (n = 312) reported on their perceived emotional labour, emotional intelligence and their levels of well-being and job-stress using a paper and pencil survey in 2010.

Results/Findings. Results from structural equation modelling support the hypothesis that both emotional labour and emotional intelligence have significant effects on nurses' well-being and perceived job-stress. Emotional intelligence plays a moderating role in the experience of job-stress.

Conclusion. These findings provide additional evidence for the important effects that emotional labour and emotional intelligence can have on well-being and job-stress among community nurses. The potential benefits of emotional intelligence in the nurses' emotional work have been explored.

Keywords: community nursing, emotional dissonance, emotional intelligence, emotional labour, job-stress, nurses/midwives/nursing, structural equation modelling, well-being

Introduction

Recent studies have confirmed the association between emotional labour and intention to leave work among Australian nurses (Bartram *et al.* 2012). Given a shortage of nurses in Australia and throughout the world (Clark *et al.* 2006), it is essential to determine what factors may be important in alleviating the problem to reduce the number of nurses leaving health services and the profession. In addition, the effects of emotional labour in health care and other industries are being explored globally and methods to alleviate the resulting job-stress are being explored (Lewig & Dollard 2003, Lopes *et al.* 2006, Kafetsios & Zampetakis 2008, Yang & Chang 2008, Choubey *et al.* 2009, Landa & Lopez-Zafra 2010). This study is an extension of the previous research on the impact of emotional labour among nurses, first by exploring the impact of emotional intelligence in relation to emotional labour and nurses' well-being and job-stress and second, by extending the research from hospital to community-based nurses.

Background

Although attention to patients' psycho-social needs and physical needs has long been emphasized in nursing practices as a holistic view of patient care (Benner 1984), nurses have been expected to maintain a professional distance with their patients by hiding their true emotions. More recently, a shift away from detachment and keeping patients at a distance towards encouraging closer relationships between patients and nurses has been shaped (Williams 2000). Now open communication is valued in healthcare sectors, emphasizing the significance of interceptions between nurse and patient to improve the health outcomes of patients and performance of nurses. In adopting values of holistic care, nurses are more involved in not only the physical difficulties of their patient but also their emotional distress. Nowadays, it seems to be acceptable and in fact necessary, for nurses to express their emotions as they empathize with patients; however, it is also strongly advised that nurses should manage their emotions to signal their empathetic concern (McQueen 2004): known as 'emotional labour'.

The study of emotional labour puts emphasis on handling the emotions when requires in the employee–client interactions. Classically, emotional labour is defined by some scholars (e.g. Morris & Feldman 1997) as the job characteristics or by others (e.g. Ashforth & Humphrey 1993) as employees' obvious expressions. The more dominant definition of emotional labour belongs to Hochschild (1983) who defined it as suppression of true feelings to create a caring and safe atmosphere for clients. These major different classical perspectives on the study of emotional labour reveal the ill-defined nature of the concept. Although these perspectives contribute to a deeper understanding of emotion management in the workplace, they often diverge on the definition and operation of emotional labour, or fail in the application of a theoretical framework in the study of emotion at work.

One of the more recent theories for the study of emotion at work is Emotion Regulation Theory: 'the processes by which individuals influence which emotions they have, when they have them and how they experience and express these emotions' (Gross 1998, p. 275). This theory bridges the gap in the classical perspectives by emphasizing the role and effects of physiological arousal. Therefore, the emotion regulation theory was adapted for the study of emotion in this study. The theory defines emotional labour as an emotion regulation mechanism by which staff expresses certain required sentiments of their defined role as an employee and as the corporate culture of an organization (Grandey 2000).

Emotional intelligence is identified as a factor that contributes to minimizing the negative outcomes of emotional labour and enhances employee well-being (Durán *et al.* 2004). This is because those individuals who possess strong social awareness are more able to recognize how to behave appropriately in differing social situations. As a result, in this study, we have chosen to consider the association of both emotional labour and emotional intelligence on nurses' well-being and job-stress. The majority of studies on emotional labour among nurses have been completed with hospital-based nurses and in this study, we focus on community-based nurses to determine if similar relationships emerge.

Emotional labour

Recent studies on emotional labour tend to consider various dimensions of emotion at work. These categories are influenced by the research of Zapf *et al.* (2001). The main aspect of conveying required emotion at work while personally experiencing conflicting emotions is defined as 'emotional dissonance' (the dissonance between felt and expressed emotions). The main drive in this study was to study the consequences of emotional dissonance (emotional labour) and emotional intelligence.

The frequency and variety of emotional displays may result in positive reactions, or conflicting emotions (emotional dissonance), which may lead to dissatisfaction (Morris & Feldman 1996). Emotional dissonance occurs

when an employee's expressed emotions are considered to be acceptable emotions by organization, but do not represent the true feelings of the person (Rafaeli & Sutton 1987). Emotional dissonance in role theory is a form of conflict between person and role expectations (Kahn *et al.* 1964). Like any other stressors, emotional dissonance may affect well-being. Regardless of the employee's response to emotional work (i.e. compliance or resistance), psychological well-being may be threatened (Adelmann 1995). Emotional dissonance is worth investigating because greater understanding may allow practitioners and managers to develop effective strategies to deal with it to avoid or eliminate possible prolonged damaging effects on well-being.

Link among emotional intelligence, well-being and job-stress

Emotional intelligence (EI) refers to the ability to identify, assess, manage and control self and reactions to others' emotions (Meyer *et al.* 2008). A series of studies have shown that individuals with high EI more successfully handle work demands (Bar-On 2002).

Healthcare settings are demanding work environments, therefore, it is reasonable to propose that EI might be an important vehicle for improving well-being among health professionals and nurses. In this context, the contemporary demands of nursing require high levels of emotional intelligence to keep up with the work demands and patient care delivery and to enhance supportive consultation with the care team. In spite of the significance of the topic, there are few studies (Gerits *et al.* 2004, Akerjordet & Severinsson 2007) that consider emotional intelligence and related outcomes in nursing emotional work. Emotional intelligence, as an individual characteristic that can be improved or learned, was analysed in this study in an effort to provide further empirical support on the stress and well-being in a seldom examined setting, community nursing service. Therefore, we hypothesized that:

H1: A higher level of emotional intelligence is associated with a higher level of general well-being factors among nurses.

H2: A higher level of emotional intelligence is associated with a lower level of job-stress among nurses.

Emotional labour and job-stress and well-being link

The level of caring and personal involvement expectations on health professionals and the stressful nature of the work set these practitioners considerably higher in the hierarchy of stressful careers (Firth *et al.* 1987, Taylor *et al.* 1999). Previous studies show that emotional dissonance is a challenge for individual and organizational well-being (Hochschild 1983, Ashforth & Humphrey 1993, Grandey 2000, Erickson & Ritter 2001, Ashkanasy *et al.* 2002). Because of the physiological demands during emotion regulation process, the amount of emotional labour found to be related to stress and well-being (Lazarus 1991, Gross 1998, Pugliesi 1999), shown in a study of university employees who demonstrated a significant association among emotional labour and job-stress factors. Liu *et al.* (2004) reported that emotional labour had a negative influence on well-being because it was positively related to job-induced tension. Although many studies have assessed the psychological and well-being effects of emotional labour, none of them was conducted in a high emotionally demanding setting like community nursing in a home setting. This study hopes to broaden the current body of the literature by assessing the variables in a community nursing setting by hypothesizing that:

H3: A higher level of experienced emotional labour, involving dissonance, is associated with a lower level of general well-being among nurses.

H4: A higher level of experienced emotional labour, involving dissonance, is associated with a higher level of job-stress among nurses.

Emotional intelligence–emotional labour interactions and job-stress and well-being link

In addition to emotional labour, other variables may also influence employees, as suggested by Ashforth and Humphrey (1993). To achieve a broader understanding of emotional labour, the research in emotion regulation need to consider work-related variables and individual factors (Grandey 2000). Interest in Emotional Intelligence (EI) as an influence on work performance has grown rapidly in the last few decades and is now being discussed in nursing studies (Evans & Allen 2002).

Research supports the idea that emotional intelligence may be a factor in the positive association among depression, emotional labour and physical pressure (Prati *et al.* 2009). Emotional intelligence has been found to correlate positively with general well-being (Austin *et al.* 2005). It might affect work attitudes, increase altruistic behaviour, enhance work outcomes and curb interpersonal conflicts and related stress (Carmeli 2003). Studies indicate a reverse relationship between work stress and emotional intelligence (Lopes *et al.* 2006). Durán *et al.* (2004) in their study clearly demonstrated that a higher level of emotional intelligence

results in better well-being among employees by providing the ability to overcome the strain associated with emotional labour. Overall, it is agreed that higher emotional intelligence is linked with better psychological functioning (Salovey & Grewal 2005, Brown & Schutte 2006, Schutte *et al.* 2007). Emotional intelligence as an individual characteristic will be considered in this study to test how emotional intelligence can moderate emotional labour and affect the well-being and job-stress of an employee. Therefore, we hypothesized that:

H5: An employee's emotional intelligence moderates the emotional labour effects on the experience of job-stress and well-being of nurses.

The study

Aims

An integrative framework was proposed to test the hypothesis of the study that included emotional labour, emotional intelligence and their interaction effects on nurses' level of well-being and job-stress (Figure 1).

The aim of this study was to identify the relationships among those variables. Thus, it hypothesized three main effects:

- a higher level of experienced emotional labour, involving dissonance, is associated with a lower level of general well-being and a higher level of job-stress,
- a higher level of emotional intelligence is associated with a lower level of job-stress and higher level of general well-being and
- an employee's emotional intelligence moderates the emotional labour effects on the experience of job-stress and well-being of nurses.

Design

The study design for this project was cross-sectional. Based on the literature review, survey methodology via a self-report survey was used to test the hypotheses in Australia.

Participants

The data for this study were collected from a Victorian community nursing service in Australia during 2010. A self-report questionnaire was used to capture demographic characteristics (age, gender); nursing-related details (location of work: rural/metropolitan, years of experience in nursing, qualification, etc.); and standardized measures of sources and levels of emotional intelligence, emotional labour, job-stress and well-being.

Data collection

A questionnaire package that included a cover letter, information sheet, consent form, questionnaires and a reply-paid envelope was forwarded to all potential participants. Three weeks after the mail-out, a letter was forwarded to the nurses to thank them for their participation, or to ask if they could complete and return the questionnaire if they had not already done so. A total of 334 surveys were returned. After data cleaning and removing the incomplete data, 312 were included in the final data analysis.

Emotional Intelligence

The Self-Report Emotional Intelligence Test (SREIT) (Schutte *et al.* 1998) was used to assess emotional intelligence in the sample. On a five-point Likert scale, respondents were required to self-report their preferences ranging from 1 'strongly agree'–5 'strongly disagree'. The verification of the scale has been assessed in previous studies (Abraham 1999,

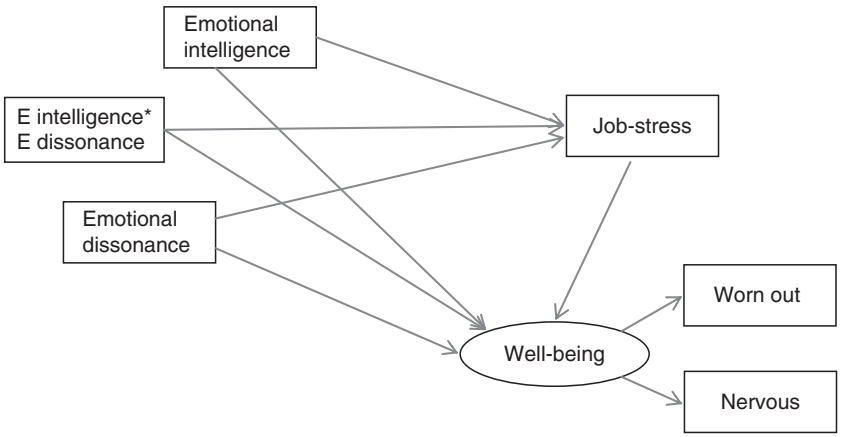

Figure 1 The proposed model of the study.

Schutte & Malouff 1999, Ciarrochi *et al.* 2000, Petrides & Furnham 2000, Saklofske *et al.* 2003) and was reported acceptable for reliability and validity levels. The calculated Cronbach's alpha, representing internal reliability, was reported at 0·84 for this study.

Emotional labour (Dissonance)
To measure emotional dissonance, a scale developed by Zapf *et al.* (2001) was used. Emotional Dissonance (ED) comprised of five items in this scale (e.g. "How often in your job do you have to suppress emotions to appear 'neutral' on the outside?"). This scale measures the level of suppression of organizationally undesirable emotions and the display of unfelt emotions. On a five-point Likert scale, respondents were to choose from 1 (very rarely/never)–5 (very often). Frequent use of the scale is reported in the literature. The internal reliability in this study was reported as 0·77.

Job-stress
The SREIT measurement uses 13 items to assess job-stress (Parker & DeCotiis 1983), e.g. 'I have too much work and too little time to do it in'. Response options were Likert scaled: a high score indicated higher level of job-stress. The internal consistency reported for this study was highly acceptable ($\alpha = 0{\cdot}90$).

General well-being questionnaire
Health was measured by the General Well-being Questionnaire (GWBQ) (Cox *et al.* 1983). The GWBQ is a 24-item instrument used to capture sub-optimal health, consisting of self-reported symptoms of general malaise. It presents a multifactored set of general, non-specific symptoms of ill-health including reportable aspects of cognitive, emotional, behavioural and physiological function, none of which is clinically significant in themselves. It consists of two subscales of suboptimum health, each comprised of 12 items: (a) Worn out/Exhausted and; (b) Tense/Nervous. Respondents were asked to indicate how often they had experienced the 24 symptoms (within the last 6 months) on a scale from 'never' (0)–'all the time' (4). For final analysis, the scores were reversed to make it consistent with other scales, which meant that a high score indicated higher well-being. The internal consistency reported for both factors was highly acceptable ($\alpha = 0{\cdot}82$ for worn out/exhausted and $\alpha = 0{\cdot}83$ for tense/nervous).

Ethical considerations

Human Research Ethics Committee approval was obtained from both the lead university and the participating nursing organization.

Data analysis

Statistical analysis
Structural Equation Modelling (SEM) using AMOS (version 19) was selected as a statistical methodology to assess the proposed model. This method of analysis was chosen due to its flexible assumptions and better model visualization through its graphical modelling (Tabachnick & Fidell 2007).

There are many measures of fit that can be used to assess a structural model. The ratio of the chi-squared statistic (CMIN) to its degrees of freedom (d.f.) provides a rough guide to the adequacy of fit of the model. For this analysis, two additional measures of fit were selected: Comparative Fit Index (CFI) and the root-mean square error of approximation (RMSEA). The CFI ranges from 0–1·00. A rule of thumb for the CFI is that values greater than roughly 0·90 may indicate reasonably good fit of the researcher's model (Hu & Bentler 1999). The RMSEA is relatively independent of sample size and models may be tested on the basis of confidence intervals (CI). Point estimates of 0·05 or less indicate a good fit, whereas a value approaching 0·08 would represent reasonable errors of approximation (Steiger 1990), although, more recently, Hu and Bentler (1999) have recommended instead a cut-off value of 0·06 for this index as an indication of a reasonable fit. In general, values of RMSEA less than 0·10 are usually considered favourable (Kline 2010).

To assess the interaction (moderation) effects of EI with EL on job-stress and well-being, the standardized values of the variables were included in the model. One of the common issues in assessing interaction terms using SEM is that data analysis will not proceed because the interaction terms that are created by cross-multiplying raw scores result in the matrix of covariance or correlations being singular (Kline & Dunn 2000). Therefore, standardized values were used in the SEM to manage the difficulty in handling interaction terms.

Validity and reliability

Internal-consistency reliability (Cronbach's alpha) for the measures was acceptable, ranging from 0·77–0·90. Confirmatory factor analyses (CFA) was used to assess the discriminant validity of the measures. 'Discriminant validity is the extent to which latent variable *A* is discriminant from other latent variables (e.g. *B, C, D*)' (Farrell 2009, p. 324). Therefore, to assure that the scales used in the data analysis represent different constructs, a four-factor model (well-being, job-stress, emotional labour and emotional intelligence) was

compared with a three-factor model and one factor based on conceptual rationale. As there are computational limitations for a structural equation analysis with a large number of indicators, we used two subfactors of well-being (i.e. worn out and nervous) and four subfactors of emotional intelligence (i.e. facilitation, understanding, regulation and appraisal) instead of their individual items to decrease the number of indicators (Ilies *et al.* 2006). The Chi-square statistic for the four-factor model (CMIN/DF = 2·20; $P < 0·05$) was significantly lower than a three-factor model (CMIN/DF = 5·76; $P < 0·05$) and a one-factor model where all items loaded on a single construct (CMIN/DF = 8·42; $P < 0·05$). In addition, other fit indices also showed that the four-factor model (RMSEA = 0·06; CFI = 0·93) better fit the data compared with the three-factor model (RMSEA = 0·12; CFI = 0·71) and the one-factor model (RMSEA = 0·15; CFI = 0·54). These results provide support for discriminant validity of the measures used in this study.

Common method variance (CMV)

To check for possible CMV, we used the procedure recommended by Podsakoff *et al.* (2003). The CFA model was reassessed with all variables loading on a general method factor (common factor). The model fit was marginally improved (CMIN/DF = 2·16; $P < 0·05$); however, the CMV only accounts for 2% of the variance, which does not seem to influence the results (Crampton & Wagner 1994, Spector & Brannick 1995).

Results

Table 1 presents the frequencies or mean and standard deviations for all variables. The majority of the participants were female (94·5%) with an average age of 45·19; who had more than 4 hours of direct care contact with clients (83·2%) and who had more than 4 years of experience working in a nursing setting (97·1%).

Table 2 demonstrates the correlation matrix and reliability coefficients of the main variables included in the final analysis. Consistent with main effects expectations, well-being factors and job-stress were significantly correlated with emotional dissonance and emotional intelligence.

Assessing overall model fit

The proposed model fit was evaluated using the ratio of chi-square to degrees of freedom, the comparative fit index (CFI) and the root-mean square error of approximation (RMSEA). The proposed model fit (Figure 1) was assessed to demonstrate if emotional intelligence, emotional dissonance and the interaction of both play any role on the well-being and job-stress of community nurses. The first evaluation of the proposed model showed no significant path between EI*EL interaction and well-being, therefore that path was removed and re-evaluated in the model. The revised model fit improved (CMIN/DF = 1·31; $P = 0·23$, CFI = 0·99; RMSEA = 0·03). Figure 2 represents the best-fitting model for the revised design. The standardized path parameter estimates and associated *P*-values are shown in Table 3.

In response to the research hypotheses 1 and 2, the findings demonstrate that a higher level of emotional intelligence is associated with a higher level of well-being ($\beta = 0·29$; $P < 0·01$) and less experience of job-stress ($\beta = -0·12$; $P < 0·05$). Support was shown for research hypotheses 3 and 4. The more emotional labour (dissonance) experienced by nurses, the lower level of well-being ($\beta = -0·18$; $P < 0·01$) and a higher level of job-stress ($\beta = 0·35$; $P < 0·01$) was demonstrated. The moderation effects of emotional intelligence with emotional dissonance on job-stress was also significant ($\beta = -0·12$; $P < 0·05$) demonstrating the moderating effects of emotional intelligence in the link. The moderation effects are presented separately in Figure 3. The results also showed the strong negative relationship between job-stress and well-being

Table 1 Descriptive statistics of the variables ($n = 312$).

	Frequency (%)
Gender	
Male	31 (5·5)
Female	290 (94·5)
Contacts with clients/hours/day	
<2	22 (7·1)
2–4	30 (9·7)
4–6	122 (39·4)
6–8	134 (43·2)
>8	2 (0·6)
Years of experience/years	
<1	2 (0·7)
1–3	7 (2·3)
4–6	16 (5·2)
>6	282 (91·9)
	Mean (SD)
Age	45·19 (9·54)
Emotional dissonance	2·88 (0·67)
Emotional intelligence	3·73 (0·36)
Well-being – worn out	2·51 (0·49)
Well-being – nerve	3·42 (0·46)
Job-stress	2·34 (0·71)

Table 2 Correlation matrix for the main variables.

	Emotional dissonance	Emotional intelligence	Well-being – worn out	Well-being – nerve	Job-stress
Emotional dissonance	(0·77)				
Emotional intelligence	−0·07	(0·84)			
Well-being – worn out	−0·29*	0·33*	(0·82)		
Well-being – nerve	−0·26*	0·23*	0·63*	(0·83)	
Job-stress	0·35*	−0·16*	−0·41*	−0·40*	(0·90)

*Correlation is significant at the 0·01 level (2-tailed). Internal consistency (α) is reported in the parentheses.

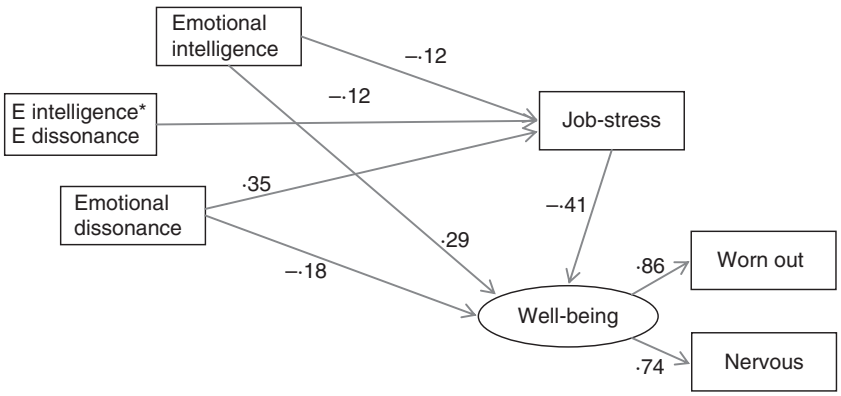

Figure 2 The model.

Table 3 Standardized regression estimates of the parameters paths.

	Estimate
Job-stress <— E dissonance*E intelligence	−0·12*
Job-stress <— emotional dissonance	0·35**
Job-stress <— emotional intelligence	−0·12*
Well-being <— emotional intelligence	0·29**
Well-being <— job-stress	−0·41**
Well-being <— emotional dissonance	−0·18**
Worn out <— well-being	0·86**
Nervous <— well-being	0·74**

*$P < 0·05$; **$P < 0·01$.

Figure 3 The interaction moderating effects of Emotional intelligence*Emotional dissonance on the experience of job-stress. EL, emotional labour (dissonance); EI, emotional intelligence.

(β = −0·41; $P < 0·01$), corroborating that a higher level of job-stress will be associated with a lower level of well-being.

Discussion

The study assessed the effects of emotional intelligence, emotional labour and the moderating effects of emotional intelligence on well-being and job-stress among a group of Australian community nurses. The results revealed that the nurses with a higher ability to handle their emotions (that is, high emotional intelligence) demonstrated better well-being and lower levels of job-stress. In addition, those with high levels of emotional labour involving dissonance between their perceived and expressed feelings showed lower levels of well-being and higher levels of job-stress. The moderating effects of emotional intelligence also showed that in the presence of high emotional labour, people with high emotional intelligence are less affected and experience less job-stress and in turn, experience better well-being. An individual's well-being was also inversely influenced by job-stress. The results of this study add to the literature by indicating that emotional labour and emotional intelligence have important consequences in the nursing sector.

The reduction in well-being and increase in job-stress by emotional dissonance is consistent with the published literature in the area (Lazarus 1991, Adelmann 1995, Gross 1998, Liu *et al.* 2004, Bartram *et al.* 2012). Emotional dissonance may be disruptive enough to raise stress and

What is already known about this topic

- Nurses are expected to be able to control and manage their emotions to communicate an empathetic concern with their patients.
- Emotional intelligence has been identified as a factor that may minimize the negative effects of emotional labour.
- A relationship between emotional intelligence and emotional labour with employee well-being is reported separately in the literature.

What this paper adds

- In the presence of high emotional labour, people with high emotional intelligence experience less job-stress and thus experience better well-being.
- Similar to hospital-based nurses, community-based nurses are at risk of adverse consequences of emotional labour.

Implications for practice and/or policy

- Emotional intelligence training should be more realistically and appropriately integrated into the nursing profession.
- Adapting emotional intelligence strategies will promote a better person-job fit through more training opportunities for enhancing competency in emotional labour situations.
- Implementing emotional intelligence training into the structure of a nursing course may assist in mitigating the adverse effects ascribed to high levels of emotional labour experienced by nurses.

threaten nurses' well-being, thereby increasing their dissatisfaction with work and intention to leave.

The results of this study suggest that emotional intelligence can moderate emotional labour and, in turn, cause less job-stress with the consequence of better well-being. This fact provides valuable intuitions for human resource managers to consider changes that effectively reduce the negative outcomes of emotional labour (Liu *et al.* 2004) on nurses' well-being by promoting a healthy working environment, especially in a high demand and challenging organization like healthcare settings. If individual competency in handling emotion can strengthen a person's experience of well-being, then more attention is needed in practice at the recruitment stage and by providing training opportunities for high emotionally demanding settings (Arvey *et al.* 1998). As argued by some scholars, emotional intelligence is a skill that forms over years and can be enhanced with suitable training. Individuals with ability to appraise, express and react appropriately to others' emotions are seem to be more successful in managing their work demands (Goleman 2001, Bar-On 2006).

One of the core characteristics of nursing is to build a successful relationship with patients and therefore the abilities of the nurse to empathize, perceive and reason and interact with patients efficiently are critical (Reynolds *et al.* 2000). Moreover, emotional demands are not just limited to relationships with patients, but may also arise during communication with co-workers (Schaubroeck & Jones 2000), other health professionals, patient's relatives and even one's own emotions in tough situations (like dealing with death and dying). These emotional challenges have been related to negative health consequences (Schaubroeck & Jones 2000, Mann 2005). Therefore, management of emotions is essential in successful interactions (McQueen 2004) by understanding and handling oneself and others' emotions.

Emotional intelligence should be more realistically and appropriately integrated into the nursing profession, as suggested by Freshwater and Stickley (2004). Therefore, adapting strategies that promote a person-job fit, recruiting individuals with higher emotional intelligence capacity in high emotionally demanding positions like nursing and providing more training opportunity for enhancing their competency in emotional labour situations are promising strategies.

The results also showed that job-stress negatively influences an individual's well-being. This finding adds further evidence that stress could have harmful effects on one's satisfaction of the job (Choubey 2009). Interventions aimed at reducing stress (e.g. coping strategies) may also be effective in enhancing well-being. The results of this study are consistent with other studies (Leggat & Dwyer 2005, Leggat *et al.* 2010) that highlight the need for preventive training, especially for nurses, who work in highly demanding positions and have added further insight into the moderating effects of emotional intelligence to the negative effects of emotional labour. Finally, this study confirms that similar to hospital-based nurses, community-based nurses are at risk of the adverse consequences of emotional labour.

Limitations

One of the limitations of the study is reliance on a single source approach for data collection that might raise

concerns regarding common method bias. Although, as argued by James *et al.* (1979), the claim of common method bias has more validity when there appears to be something operating that leads to spurious inflation of the results. One indicator of inflated correlations caused by common method bias or other causes (e.g. social desirability) is controlled by examining correlations between all variables in a data set for a baseline level of correlation. For this study as shown in Table 2, although the sample size was big enough to provide a power of 0·80 to detect significant correlations at a level of 0·05, general artificial inflating problems do not exist and correlations ranged from 0·07–0·41.

This study determined the effects of emotional dissonance and emotional intelligence on well-being and job-stress in a healthcare setting. Future studies should undertake a more critical analysis by including other important outcomes, such as burnout, in the design.

Finally, future research is required to determine what types of training are most efficient for improving emotional competency and dealing with emotional labour that influence nurses' well-being and job-stress. As ascertained by McQueen (2004), this is an area that may have individual and organizational benefits. If enhancing nurses emotional competency could help them to better handle their emotional work and reduce their stress and increase their level of well-being, this will benefit not only nurses but also patients and organizations.

Conclusion

This study demonstrates the links among emotional labour, emotional intelligence, employee well-being and job-stress for community-based nurses. Our findings suggest that on-the-job training and EI training might be included in the structure of nursing courses and may assist in mitigating the serious effects ascribed to high levels of emotional labour experienced by nurses in their work. This may improve the job satisfaction of workers in this stressful and underrepresented field. Community nurses will in effect be rescued from the current inherently strong effects of emotional labour and stress and will elect to continue in their jobs, thus preserving job retention rates and increasing their capacity to interact effectively with patients and administrators.

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Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/ethical_1author.html)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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