Is spirituality an important variable as the predictor of emotional labour for nursing students?

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ABSTRACT

In the present study, the purpose was to examine nursing students' spirituality and their sociodemographic and professional characteristics as the predictor of emotional labour. In the study, the descriptive cross-sectional and relational research design was used. The study was carried out with 167 2nd, 3rd and 4th grade students from the School of Health at a state university located in Southeast of Turkey. For the analysis of the data, descriptive statistics, correlations and stepwise multilinear regression analysis were used. The results revealed that spirituality (β = 0.198), the average academic achievement score ranging between 80 and 100 (β = 0.152), perception of the school atmosphere to be "poor" (β = −0.367) and "average" (β = −0.269, p = .048) and a) increasing one's motivation by doing his or her job (Yes) (β = 0.154) and c) being in a peaceful environment (Yes) (β = 0.188) for psychological relaxation were found to be important predictors for the sub-dimension of in-depth behaviours of the nurses (p < .05). For the sub-dimension of superficial behaviour, perception of the school atmosphere to be "poor" (β = −0.204) was a statistically significant predictor (p < .05). As for the intimate behaviour, spirituality (β = 0.254), c) being in a peaceful environment (Yes) for psychological relaxation (β = 0.241) and gender (being female) (β = 0.230) were statistically significant predictors (p < .05). In order for nursing instructors and nurses to manage the nursing students' emotional labour process well, an appropriate educational and clinic environment should be established. Also, strategies considering nursing students' spiritual values and development should be developed.

1. Introduction

Emotional labour refers to the action of managing emotions and emotional expressions to become consistent with organizational "rules" defined as emotions which are necessary in organizational respect in the process of interpersonal relationships (Hochschild, 1983; Mikolajczak et al., 2007). According to another definition of emotional labour, it is the effort to understand others, to show empathy towards others and to feel others' emotions as if they were their own emotions (Basım and Beğenirbaş, 2012). Today, "Emotional Labour" is an important component of a wide variety of professions and fields of service (Cheng et al., 2013; Yucebalkan and Karasakal, 2016). These professions especially include doctors, nurses, teachers, airline staff, social service experts, call centre staff and sales representatives (Hochschild, 1983; Bayram et al., 2012). Nurses are in constant and intensive contact with patients/healthy individuals and their relatives. Nurses are

expected to decrease not only their own emotional reactions but also the anxieties and stresses of patients and of their relatives (Kinman and Leggetter, 2016). The emotional labour process in a clinic environment is difficult for nurses, yet it is more difficult for nursing students because they have too little professional experience as well as because they may have to spend more energy for that purpose (Kinman and Leggetter, 2016; Christiansen and Jensen, 2008; Msiska et al., 2014).

In literature, the concept of emotional labour is examined in three dimensions: superficial behaviours, in-depth behaviours and intimate behaviours (Hochschild, 1983; Ashforth and Humphrey, 1993). In superficial behaviour, individuals adapt their behaviours to the organizational goals without changing their real emotions. Workers demonstrating an in-depth behaviour make efforts to feel their emotions in the way required by their job. As for intimate behaviour, there is no difference between individuals' self-emotions and the emotions required by their job (Hochschild, 1983; Grandey, 2000; Ashforth and

Humphrey, 1993; Degirmenci Oz and Baykal, 2017). As can be seen, workers make use of different ways of managing their emotions (Christiansen and Jensen, 2008). According to the emotional labour health care model developed by Mann (2005), the positive results with respect to the management of the emotional labour process include emotional adaptation/balance, good communication established with patients and job satisfaction, while the negative results include emotional conflict, poor self-esteem, depression, estrangement, overload of role, dissatisfaction, stress, fatigue, decrease in job satisfaction and physiological problems (Mann, 2005).

When studies in related literature are examined, it is seen that emotional labour of nursing students, nurses, doctors and other groups of workers is examined in terms of different aspects of emotional labour (Koçak et al., 2014; Kang, 2015; Karimi et al., 2014; Cheng et al., 2013; Bayram et al., 2012; Adeniji et al., 2015; Pala and Tepeci, 2014; Oral and Köse, 2011; Yucebalkan and Karasakal, 2016; Tunc et al., 2014). In a study carried out with nursing students, it was found that the students mostly demonstrated in-depth behaviour among the emotional labour behaviours (Degirmenci Öz and Baykal, 2018). Another study conducted with nursing students revealed a strong positive relationship between emotional labour and emotional fatigue. It is pointed out that emotional support and emotion-focused coping have a supportive role for the arrangement of this process (Kinman and Leggetter, 2016). Clinic learning necessitates intensive emotions as required by health care environments, and it includes an experience full of emotions (Msiska et al., 2014). It is reported that nursing students are exposed to high levels of stress due to emotional demands and are thus likely to show more negative reactions (Kinman and Leggetter, 2016). It is also pointed out that the only source for maintaining our adaptation and balance in the fast, stressful, passionate and chaotic environment of the business/work life is spirituality (Berzah and Cakır, 2015). Spirituality is an important component of life influential on individuals' emotions, thoughts and behaviours (Byrne et al., 2011). Spirituality can be supported not only with religious beliefs but also with other methods of psychological relaxation (Berzah and Cakır, 2015). In literature, it is pointed out that it is important to know how individuals with strong religious beliefs and spirituality manage their emotions in life and how their emotions are shaped (Byrne et al., 2011). However, there is no research conducted to examine the relationship between nursing students' levels of spirituality and emotional labour. In literature, it is stated that there is a need for further research to explain the emotional labour of nursing students and to obtain comprehensive information about the related trainings and practices (Smith and Gray, 2001; Koçak et al., 2014). The present study aimed to examine nursing students' spirituality and their sociodemographic and professional characteristics as the predictor of emotional labour.

2. Method

2.1. Research Design

The study was carried out using the descriptive cross-sectional and relational research design.

2.2. Research Setting and Sample

The study was carried out with 2nd, 3rd and 4th grade students attending the Health School of a state university in the southeast of Turkey between 24 December 2018 and 11 January 2019. The inclusion criteria for the research sample were participating in the study on voluntary basis and having a clinic practice experience for at least one academic term (Kang, 2015). In the Health School, there were 96 2nd grade students, 86 3rd grade students and 193 4th grade students making a total of 375 students. In this study, while calculating the sample size, G * powersoftware, version 3_1 was used (Erdfelder, Faul, & Buchner, 1996). At the end of the study, the effect size was calculated

as 0.15, $p = .05$, and the power of the study was found to be 0.90 as a result of the power analysis conducted for the 14 predictor variables for 167 participants.

2.3. Data Collection Tools

In the study, the research data were collected using the Introductory Information Form, Emotional Labour Behaviour Scale for Nurses and Spirituality Scale.

2.3.1. Introductory Information Form

This form was prepared by the researchers in line with the related literature, and it included questions regarding the socio-demographic and professional characteristics of the participants. There were 15 questions in the form in relation to the participants' age, their gender, their marital status, their financial state, their class grade, the place where they lived longest, the place where they were living at the time of the study, the current atmosphere at school, their average academic achievement score, satisfaction with the profession, willingness to become a nurse, taking a course related to spiritual care, developing spirituality for psychological relaxation, types of developing spirituality and paying attention to the patient's spirituality (Degirmenci, 2016; Tunc et al., 2014; Degirmenci Öz and Baykal, 2018; Koçak et al., 2014; Kang, 2015).

2.3.2. Emotional Labour Behaviour Scale for Nurses

The scale was developed by Degirmenci (2016) to determine nurses' emotional labour behaviours. The scale included 24 5-pooint Likert-type items rated as *"(1) I completely disagree, (2) I disagree, (3) I partly agree, (4) I agree and (5) I completely agree"*. The scale was made up of three sub-dimensions: *"superficial behaviour, in-depth behaviour and intimate behaviour"*. The internal consistency reliability coefficients were found to be 0.90 for the whole scale and to range between 0.75 and 0.86 for the sub-dimensions. There was no reversely-scored negative item in the scale. The total score for each sub-dimension was divided into the number of the items in the related sub-dimension to obtain the mean score. Therefore, the mean score for each sub-dimension ranged between "1" and "5". A mean score close to "1" for any of the sub-dimensions of the scale referred to a low level of emotional labour behaviour, while a mean score close to "5" showed that there was a high level of emotional labour behaviour (Degirmenci, 2016; Degirmenci Öz and Baykal, 2018).

2.3.3. Spirituality Scale

The spirituality scale was developed by Demirci in 2017 (Demirci, 2017). The scale was made up of a single dimension with six five-point Likert-type items rated as *"(1) I completely disagree, (2) I disagree, (3) I am neutral, (4) I agree and (5) I completely agree"*. The internal consistency reliability coefficient of the scale was calculated as 0.88. The corrected item total score correlations for all the scale items were found to range between 0.56 and 0.77. The scale did not include any reverse item or any specific cutting point. The total score was calculated considering the total scores of the items in the scale, and higher total scores referred to a high level of spirituality (Demirci, 2017; Demirci and Eksi, 2018).

2.4. Data Collection

Before collecting the research data, the students were informed by the researchers about the research process (research purpose, application process, volunteerism to take part in the study and so on). Following this, the students volunteering to participate in the study were given the data collection forms, and they filled in these forms independently on their own. It took about 3 or 4 min to respond to these questionnaires.

2.5. Data Analysis

The research data were analysed using statistical software in computer. For the introductory information about the nursing students, descriptive statistics such as numbers, percentages, mean scores and standard deviations were used. For the correlation analysis, the independent variables which were found to have a statistically significant relationship with the dependent variable of emotional labour were subjected to the stepwise multi-linear regression analysis. Before forming the regression model, standardised residual was examined for the dependent variables, and multicollinearity was examined for the independent variables (Hair et al., 2010). For the regression analysis, because the variables such as gender, school atmosphere and taking a course related to spirituality were categorical variables, they were included in the analysis as a "dummy" variable (Powers and Xie, 2000). In order to include the variables in the regression equation, the level of statistical significance was taken as $\alpha < 0.05$.

2.6. Research Ethics

For the study, the consent of the clinic research ethics council of the state university where the present study was conducted (Decision Number: 05, Decision Date: 21.12.2018). Also, the written consents of the authors who adapted the scales, the written consent of the institution where the study was carried out, and the verbal consents of the students were taken.

3. Findings

The socio-demographic characteristics of the nursing students can be seen in Table 1. The average age of the nursing students participating in the study was 21.34(± 1.88). In addition, of all the nursing students, 64.1% of them were female; 56.3% of them thought they had an average financial state; and 68.9% of them were living with their families at the time of the study (Table 1).

Table 2 presents the professional characteristics of the nursing students participating in the study. Among all the students, 70.1% of them considered the school atmosphere to be "average"; 82.6% of them had average academic achievement scores ranging between 60 and 79; 42.5% of them liked their professions "partly"; 37.1% of them wanted to become a nurse; 65.3% of them took a course related to spirituality; 81.4% of them did something for psychological relaxation; 73.1% of them listened to music for psychological relaxation; and 80.2% of them spiritually relaxed patients by communicating with them and allowing

Table 1
Socio-demographic characteristics of the nursing students ($n = 167$).

Variables	Number/X ± SD	Percentage/(min-max)
Age	21.34 ± 1.88	18.00–33.00
Gender		
Female	107	64.1
Male	60	35.9
Marital Status		
Single	163	97.6
Married	4	2.4
Perceived Financial State		
Poor	64	38.3
Average	94	56.3
Good	9	5.4
The Place Where They Lived Longest		
Urban	144	86.2
Rural	23	13.8
Living Along or not		
Living with Family	115	68.9
Living with Friends or a Relative	49	29.3
Living a lone	3	1.8

Table 2
Professional characteristics of the nursing students (n = 167).

Variables	Number	Percentage
What do you think about the school atmosphere?		
Good	9	5.4
Average	117	70.1
Poor	41	24.6
Average academic achievement		
80–100	23	13.8
60–79	138	82.6
< 60	6	3.6
Liking the profession		
Yes	56	33.5
Partly	71	42.5
No	40	24.0
Do you want to become a nurse?		
I do	62	37.1
I don't know	61	36.5
I don't	44	26.4
Are you taking a course related to spirituality (Communication with patients, behaving patients in accordance with their cultures and so on)?		
Yes	109	65.3
No	58	34.7
Do you do anything to relax psychologically, doing yoga, doing physical exercises, listening to music		
Yes	136	81.4
No	31	18.6
Things done to relax psychologically *		
a) Increasing motivation by doing my job/working	41	24.6
b) Doing things that make me happy	101	60.5
c) Trying to increase my inner peace and joining environments where I feel in peace	89	53.3
d) Doing religious practices	76	45.5
e) Doing yoga or meditation	6	3.6
f) Doing physical exercises	38	22.8
g) Listening to music	122	73.1
Which of the following do you consider for the spirituality of a patient you give care to?*		
a) Communicating with patients to relax them and to let them express themselves (providing support for their physical, emotional and social problems)	134	80.2
b) Meeting patients' needs and producing solutions to their problems (observing them, listening to them, talking to them, considering individual differences, trying to understand them, being good-humoured to them, giving confidence to them).	130	77.8
c) Establishing an open relationship with patients and informing them (eye contact, giving support by holding their hands)	106	63.5
d) Providing them with the opportunity to do their religious practices (Praying, reading Quran)	103	61.7
e) Allowing them to be in communication with their relatives/visitors	84	50.3
f) Being attentive to patients' cultural practices	100	59.9

	X ± SD	(min–max)
Total spirituality score	23.35 ± 5.51	6.00–30.00
In-depth behaviour sub-dimension score	3.81 ± 0.60	1.46–5.00
Superficial behaviour sub-dimension score	3.73 ± 0.64	1.50–5.00
Intimate behaviour sub-dimension score	3.98 ± 0.69	1.40–5.00

them to express themselves (Table 2).

3.1. Correlations

Table 3 presents the correlation values between the independent variables in the regression model. The results revealed a statistically significant positive relationship between the sub-dimension of in-depth behaviour and spirituality ($r = 0.415$), gender ($r = 0.212$), perceiving the school atmosphere to be "average" ($r = 0.160$), academic achievement (80–100) ($r = 0.171$), taking a course related to spirituality ($r = 0.265$), a) increasing motivation by doing his/her job/working (for

Table 3
The relationship between the independent variables and emotional labour (n = 167).

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Superficial Behaviour	1													
2. Intimate Behaviour	0.542**	1												
3. In-depth behaviour	0.618**	0.857**	1											
4. Spirituality	0.226**	0.376**	0.415**	1										
5. Gender (female)	0.057	0.289**	0.212**	0.212**	1									
6. School atmosphere (Average)	0.176*	0.100	0.160*	0.235**	0.028	1								
7. School atmosphere (Poor)	−0.258**	−0.161*	−0.264**	−0.313**	−0.066	−0.873**	1							
8. Average academic achievement (80–100)	0.141	0.148	0.171*	0.161*	0.010	−0.042	0.014	1						
9. Taking a spirituality course (Yes)	0.179*	0.212*	0.265**	0.189*	0.135	0.100	−0.081	−0.146	1					
10. a) Increasing motivation by working (for psychological relaxation) (Yes)	0.142	0.082	0.163*	0.095	−0.182*	0.160*	−0.164*	0.095	−0.110	1				
11. c) Being in a peaceful environment (for psychological relaxation) (Yes)	0.108	0.324**	0.291**	0.305**	0.024	0.096	−0.107	−0.009	0.099	0.032	1			
12. d) Doing religious practices (for psychological relaxation) (Yes)	0.045	0.273**	0.255**	0.493**	0.158*	0.151	−0.130	0.123	0.263**	0.121	0.374**	1		
13. c) Establishing an open communication with the patient (care given to the patient in terms of spirituality) (Yes)	0.119	0.201**	0.157*	0.230**	0.158*	0.047	−0.087	0.123	0.074	0.144	0.137	0.194*	1	
14. d) Providing opportunity for religious practices (care given to the patient in terms of spirituality) (Yes)	0.112	0.188	0.158*	0.248**	0.026	0.157*	−0.180*	−0.007	0.046	0.106	0.225**	0.275**	0.528**	1

$*p < .05$, $**p < .01$, A parametric test (Pearson) was administered for the variables. "60 < " was taken as reference for the average academic achievement score, and "good" was taken as reference for the perception of school atmosphere.

psychological relaxation) (Yes) ($r = 0.163$), c) being in a peaceful environment (for psychological relaxation) (Yes) ($r = 0.291$), d) doing religious practices (for psychological relaxation) (Yes) ($r = 0.255$), c) establishing an open communication with the patient (care given to the patient in terms of spirituality) (Yes) ($r = 0.157$) and d) providing opportunities to do religious practices (care given to the patient in terms of spirituality) (Yes) ($r = 0.158$) ($p < .05$). On the other hand, a statistically significant negative relationship was found between the sub-dimension of in-depth behaviour and perceiving the school atmosphere to be "poor" ($r = −0.264$) ($p < .05$) (Table 2).

In the study, the sub-dimension of superficial behaviour was found to have a statistically significant positive relationship with spirituality ($r = 0.226$), average school atmosphere ($r = 0.176$) and taking a course related to spirituality ($r = 0.179$) ($p < .05$). However, there was a statistically significant negative relationship between the sub-dimension of superficial behaviour and perceiving the school atmosphere to be "poor" ($r = −0.258$) ($p < .01$) (Table 2).

In addition, the results revealed a statistically significant positive relationship between the sub-dimension of intimate behaviour and spirituality ($r = 0.376$), gender (female) ($r = 0.289$), taking a course related to spirituality ($r = 0.212$), c) being a peaceful environment (for psychological relaxation) (Yes) ($r = 0.324$), d) doing religious practices (for psychological relaxation) (Yes) ($r = 0.273$) and c) establishing an open communication with the patient (care given to the patient in terms of spirituality) (Yes) ($r = 0.201$) ($p < .05$). On the other hand, a statistically significant negative relationship was found between the sub-dimension of intimate behaviour and perceiving the school atmosphere to be "poor" ($r = −0.161$) ($p < .05$) (Table 2).

3.2. Predictors of In-depth, Intimate and Superficial Behaviours as the Sub-dimensions of the Emotional Labour Scale

In order to determine the contribution of the factors related to the in-depth, superficial and intimate behaviours, Stepwise regression analysis was conducted. The nursing students' introductory information which was found to have a significant relationship with their in-depth, superficial and intimate behaviours was included in the regression model by forming separate models (Tables 4, 5 and 6).

When the sub-dimension of in-depth behaviours of the nursing students was examined, it was seen that spirituality ($β = 0.198$, $p < .001$), taking a course relation to spirituality (Yes) ($β = 0.229$, $p = .001$), c) being in a peaceful environment for psychological relaxation (Yes) ($β = 0.188$, $p = .007$), average academic achievement score ranging between 80 and 100 ($β = 0.152$, $p = .026$), perception of the school atmosphere to be "poor" ($β = −0.367$, $p = .009$) and "average" ($β = −0.269$, $p = .048$) and a) increasing one's motivation by working and doing his or her job (Yes) ($β = 0.154$, $p = .026$) were statistically significant predictors for the sub-dimension of in-depth behaviour and that these variables explained 33% of the common variance (Table 4).

When the sub-dimension of the superficial behaviours of the nurses was examined, it was seen that perception of the school atmosphere to be "poor" ($β = −0.204$, $p = .010$) was a statistically significant predictor for the sub-dimension of superficial behaviour and that these variables explained 11% of the common variance (Table 5).

When the sub-dimension of the intimate behaviours of the nursing students was examined, it was seen that spirituality ($β = 0.254$, $p = .001$), c) being in a peaceful environment (Yes) ($β = 0.241$, $p = .001$) and being female (gender) ($β = 0.230$, $p = .001$) were statistically significant predictors of the sub-dimension of intimate behaviour and that these variables explained 24% of the common variance (Table 6).

4. Discussion

It is important to reveal that nursing students with strong

Table 4
Predictors of the in-depth behaviours of the nursing students (n = 167).

	Beta	SE	t	p
In-depth behaviour				
Spirituality	0.198	0.008	2.591	$p < .001$
Taking a course related to spirituality (Yes)	0.229	0.086	3.342	.001
c) Being in a peaceful environment for psychological relaxation (Yes)	0.188	0.083	2.728	.007
Average academic achievement score ranging between 80 and 100	0.152	0.118	2.243	.026
Perception of school atmosphere to be poor	−0.367	0.192	−2.662	.009
Perception of school atmosphere to be average	−0.269	0.177	−1.992	.048
a) increasing one's motivation by working/doing his or her job for psychological relaxation (Yes)	0.154	0.096	2.248	.026

Model $R^2 = 0.325$ Adjusted $R^2 = 0.291$, $F = 9.524$, $p < .001$.
*Perception of the school atmosphere to be "poor" (Yes = 1, no = 0), to be "average" (Yes = 1, no = 0), average academic achievement score ranging between 80 and 100 (Yes = 1, no = 0) and a) increasing one's motivation by working for psychological relaxation (Yes = 1, no = 0) are dummy variables.

Table 5
Predictors of the superficial behaviours of the nursing students (n = 167).

	Beta	SE	T	p
Superficial Behaviour				
Perception of the school atmosphere to be poor	−0.204	0.116	−2.620	.010

Model $R^2 = 0.108$, Adjusted $R^2 = 0.092$, $F = 6.575$, $p < .001$.
*Perception of the school atmosphere to be poor (Yes = 1, no = 0) is a dummy variable.

Table 6
Predictors of the intimate behaviours of the nursing students (n = 167).

	Beta	SE	t	p
Intimate Behaviour				
Spirituality	0.254	0.009	3.455	.001
c) being in a peaceful environment for psychological relaxation (Yes)*	0.241	0.099	3.355	.001
Gender (Female)*	0.230	0.100	3.286	.001

Model $R^2 = 0.240$ Adjusted $R^2 = 0.226$, $F = 17.135$, $p < .001$.
 * c) being in a peaceful environment for psychological relaxation (Yes = 1, no = 0) and gender (female = 1, male = 0) are dummy variables.

spirituality individuals with strong spirituality manage their emotions during their clinic practices and how their emotions are shaped. Therefore, the present study aimed to examine the spiritual, socio-demographic and professional characteristics of nursing students as predictors of emotional labour.

In the study, it was found that the nursing students' in-depth and intimate behaviours, two sub-dimensions of emotional labour, increased as their levels of spirituality increased. When viewed from the perspective of superficial behaviour, the other sub-dimension of emotional labour, spirituality was not a significant predictor, yet there was a significant positive relationship between spirituality and superficial behaviour. In general, as the nursing students' spiritual values increased, all the three emotional labour behaviours of the nursing students increased. In one study carried out with nursing students, it was revealed that the students were in the process of emotional labour for various reasons such as insufficient number of nurses and overload of work; that they tried to manage the process well due to their concerns about the patients' conditions and that they did not reflect the difficulties they experienced (Msiska et al., 2014). In related literature, it is reported that nursing students are exposed to high levels of stress because of the emotional demands in clinic environments and that they are thus likely to give more negative reactions (Kinman and Leggetter, 2016). Also, in literature, it is pointed out that spirituality undertakes the support role against the stress caused by emotional labour (Byrne et al., 2011). In literature, functions of spirituality are reported to include nurses' accompanying, listening to, respecting and caring patients and their talking to patients about the meaning and purpose of living

and about hope for life and other related values (Wu et al., 2012). Therefore, it is seen that characteristics of spirituality are consistent with the emotional labour process. The fact that spirituality has a positive relationship with superficial behaviour but does not act as a significant predictor of superficial behaviour could be due to the fact that as required by the nature of the profession of nursing, students behave patients intimately without acting in any way (Degirmenci and Baykal, 2018).

In the study, it was found that the nursing students who had an average academic achievement ranging between 80 and 100 and who took a course related to spirituality demonstrated levels of in-depth behaviour. In literature, it is claimed that successful students expect positive results in a phenomenon they face and that they change their own negative thoughts by being involved in solving the problems (Duran et al., 2017). In addition, one study conducted with nursing students revealed that badly-managed emotions had influence on clinic learning (Msiska et al., 2014). In relation to this, it could be stated that students with high levels of academic achievement "make an effort" and try to demonstrate the behaviour expected from them. In literature, studies carried out with nursing students point out that those taking courses regarding spiritual caring have better knowledge about spirituality and thus demonstrate spiritual attitudes (Kinman and Leggetter, 2016; Wu et al., 2012). This situation shows that students raising their awareness of spiritual values and spiritual caring make more efforts to feel the emotion expected from them and to demonstrate the expected behaviours.

In addition, it was found that the participants who c) preferred to be in a peaceful environment for psychological relaxation demonstrated in-depth and intimate behaviours more. In a study carried out with nursing students, it was reported that their emotional labour processes in clinic environments had influence on their well-being (Kinman and Leggetter, 2016). Another study conducted with nursing students revealed that the participants who lacked emotional dissonance were subjected to a higher level of job stress (Karimi et al., 2014). In literature, it is pointed out that lack of emotional dissonance is regarded as a difficulty in terms of individual and organizational welfare (Karimi et al., 2014; Erickson and Ritter, 2001; Hochschild, 1983). In this respect, it is thought that individuals who prefer to be in a peaceful environment demonstrate the expected behaviours for their individual and organizational welfares either by making efforts for that purpose or as required by their self-emotions. In addition, it was found that the nursing students who increased their motivation by working/doing their job for psychological relaxation demonstrated in-depth behaviours more. It is pointed out in related literature that job satisfaction has positive influence on institutional engagement (Yang and Chang, 2008). Also, job satisfaction is reported to have a positive relationship with in-depth behaviour (Pala and Tepeci, 2014; Yang and Chang, 2008; Oral and Köse, 2011). The concept of spirituality includes giving meaning to daily routines, giving importance to values ideas, ideals and institutions and trying hard to achieve these (Seyyar, 2009). Therefore, it is obvious

that students demonstrate the expected behaviours by making efforts and concentrating on their job.

In the study, it was found that the nursing students' tendencies to demonstrate in-depth and superficial behaviours decreased as their perceptions of the school atmosphere to be "poor" increased. Students' satisfaction with the school environment is one of the most important factors influential on their academic achievements (Egelioğlu et al., 2011; Kaya and Engin, 2004). In a study carried out with nursing students, it was reported that the clinic student-faculty member relationship was influential on the students (Msiska et al., 2014). In addition, lack of faculty members in the field of nursing, which is a theoretical and applied profession, influences satisfaction with the school as well. Related studies demonstrated that nurses do not support nursing students sufficiently in clinic environments (Karadağ et al., 2013); that some practices are not carried out under the guidance of faculty members (Kumcağız et al., 2005); and that faculty members should provide more support in theoretical and practical respects (Konak et al., 2008). Based on all these results, it could be stated that students fail to demonstrate the expected behaviours during their trainings as their satisfaction with the school environment decreases.

In addition, it was found that the female students demonstrated intimate behaviours more. In literature, it is reported that women are superior to men in terms of emotional labour (Adeniji et al., 2015; Erickson and Ritter, 2001). It is also pointed out in related literature that considering nursing to be a feminist profession, male nurses may not feel the emotions necessary for the emotional labour process and that they cannot thus make more efforts for that purpose (Adeniji et al., 2015). In this respect, it could be stated that there is no difference between female students' self-emotions and the emotions required by the nature of the profession. Also, in literature, it is reported that women are better at suppressing negative emotions and presenting positive emotions than men (Erickson and Ritter, 2001). In one study carried out with nurses, it was found that male nurses demonstrated superficial behaviours more than female nurses (Adeniji et al., 2015). A number of other studies revealed that most nurses giving care to patients with a chronical illness are female caregivers (Kim et al., 2012; Mollaoğlu et al., 2011; Özmen and Yurttaş, 2018). Almost all the caregivers in Turkey are women, and nursing students are likely to demonstrate intimate behaviours more as they find the profession of nursing closer to their own roles.

5. Conclusion and Suggestions

The findings obtained in the study revealed that spirituality, an average academic achievement score ranging between 80 and 100, perception of the school atmosphere to be "poor" and "average" and a) increasing one's motivation by doing his or her job for psychological relaxation and c) being in a peaceful environment for psychological relaxation were significant predictors of the sub-dimension of in-depth behaviours of the nursing students. It was also found that perception of the school atmosphere to be "poor" was a statistically significant predictor of the sub-dimension of superficial behaviour. Lastly, spirituality, c) being in a peaceful environment for psychological relaxation and being female (gender) were statistically significant predictors for the sub-dimension of intimate behaviour.

This study is thought to contribute to the related literature as it provides scientific information about the relationship between the nursing students' emotional labour and their levels of spirituality. In addition, nursing instructors and nurses should provide nursing students with support to help them manage the emotional labour process well, and an appropriate clinic environment should be established for that purpose. In addition, students' levels of motivation should be increased, and a good school atmosphere should be created. The curriculum for nursing should include subjects related to emotional labour and spirituality, and strategies should be developed considering students' spiritual values. Also, students' needs and expectations should be met at schools, and appropriate learning environments should be established for that purpose. The number of faculty members should be increased, and faculty members and nurses should be encouraged to establish better communication with nursing students.

Contribution Statement

The authors contributed equally in this manuscript.

Declaration of Competing Interest

None.

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