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The role of courage and interactional justice in emotional exhaustion of emergency nurses: A cross-sectional study in Turkey

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Abstract

Aim: The study aimed to understand the role of courage and interactional justice in the emotional exhaustion of emergency nurses.

Background: Nurses judge managers' interactions with them. Rude and inappropriate interactions of administrators with nurses are among the reasons that increase the emotional exhaustion of nurses. A courageous nurse can diminish the negative effect of injustice on emotional exhaustion by voicing this unfairness.

Introduction: Increasing nurses' emotional exhaustion due to working conditions is a fundamental problem in the health sector. Perception of justice and courage, studied in organizational psychology, are significant antecedents of emotional exhaustion. Individuals with high courage are more likely to seek support and cope with job demands.

Methods: Using the cross-sectional method, the authors performed descriptive, correlation, and regression analyses to test the hypotheses. Data were obtained from 317 emergency nurses currently working in four public hospitals as emergency nurses or have worked in the last three years.

Results: Interactional justice was significantly and negatively related to emotional exhaustion but was positively related to workplace social courage. High courage strengthens the negative relationship between interactional justice and emotional exhaustion.

Conclusion: Nurses with high courage can reduce emotional exhaustion by raising a voice to request more respectful, honest, polite, and appropriate communication when their managers do not treat them fairly.

Implications for nursing practice and policies: Managers' supportive interventions are necessary and helpful in alleviating stressors that cause emotional exhaustion in nurses. The authorities should see and accept managerial unfairness in health, and steps should be taken toward a solution. There is an urgent need to create a communication environment where nurses can courageously share their problems.

KEYWORDS
COVID-19, emergency, emotional exhaustion, interactional justice, nursing, social courage, Turkey

INTRODUCTION

Health care work environment affects nurses' work, organizational, and patient outcomes (Cummings et al., 2018). This work environment also impacts nurses' emotional exhaustion related to personal, organizational, and patient results, such as emotional welfare, depression, anxiety, job performance, productivity, quality of care, patient safety, organizational commitment, and citizenship behavior. Emotional exhaustion, as a subfactor of burnout, has been the topic of numerous studies (Clari et al., 2022). These studies identified several reasons and outcomes of nursing burnout (Dall'Ora et al., 2020). Burnout was initially theorized by Maslach (1981) as a psychological syndrome based on work resulting

from intense physical, emotional, and cognitive stress due to extended disclosure of specific work requirements. According to Maslach's conceptualization, burnout has three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The job demands–resources model suggests that burnout is a process rather than a state (Bakker & de Vries, 2021), and burnout occurs due to excessive work demands, such as high workloads and emotional responsibilities, which leads to exhaustion. Therefore, emotional exhaustion is regarded as the initial step in the burnout process of nurses and develops when there is dysfunctional coping (Clari et al., 2022).

Some factors at the individual (e.g., gender) and working environment levels (e.g., work hours and leadership styles) are related to the development of emotional exhaustion in nurses (Dall'Ora et al., 2020). The nursing shortage, the risk of workplace violence, insufficient wages, low social status, long working hours, and health risks are structural antecedents of nurses' high levels of emotional exhaustion in Turkey (Kekeç & Tan, 2021). The decisions taken within the scope of the Transformation in Health Project (Ministry of Health of the Republic of Turkey, 2003) caused new structural problems (e.g., contractual nurse employment, performance-related payment, and feminization) and deepened the current issues in the nursing profession in Turkey (Türedi et al., 2019). The complex processes and variety in the hospital environment in Turkey make it difficult for nonphysician healthcare professionals to stay in their professional fields, especially nursing and midwifery. Nursing is one of the disciplines within the healthcare workforce whose work boundaries and application areas are unclear and whose roles are tried to be determined outside of themselves. In line with their professional purposes, nurses carry out the tasks that the system imposes on them without question, apart from the functions related to direct patient care. In hospitals, nurses are employed in laboratories, X-rays, patient registration, purchasing, public relations, medical secretariat, archives, warehouses, and many other inpatient units. Nurses do not know in which clinic or hospital they will serve and with what kind of assignment. There is no fair treatment in internal and external tasks; the dominant union determines duties, and newly graduated nurses are considered the first choice. There are different practices in almost every hospital regarding how many patients a nurse can care for, how many hours a nurse can work uninterruptedly, and how many hours a week should be (Turkish Nurses Association, 2021). These structural problems cannot be solved quickly due to insufficient funding and policy.

Organizational adjustments (e.g., over workload, low staffing levels, management support, high emotional demands, and extended shifts), which also impact emergency nurses' working conditions, are other antecedents of nurses' burnout. Nurses' work environments include high-level mental and physical health risks affecting their efficiency and productivity (Clari et al., 2022). Current concerns about the shortage of nurses and complaints from dissatisfied nursing employees highlight the importance of a healthy and productive working environment to maintain the health and well-being of nurses (Van Bogaert & Clarke, 2018). In these dynamic work environment challenges, there is a lot of debate in the literature on what effective leadership means. Successful leadership tools for addressing these challenges should be based on empirical evidence (Cummings et al., 2018).

Justice is among the most fundamental values for individuals and meets some of their economic, relational, and principle (moral) needs. For this reason, a positive perception of justice would decrease the negative attitudes and behaviors of the nurses. Managers can diminish nurses' emotional exhaustion by explaining their choices with reason and appropriately, although the decisions are not for the benefit of nurses. In addition, with a fair leadership style, managers could improve nurses' workplace social courage (WSC). Nurses with increased WSC could contribute positively to organizational effectiveness by presenting good behaviors.

Understanding the effect of interactional justice on emotional exhaustion may help managers decrease personal and organizational adverse effects of burnout. When work becomes more demanding, stable resources such as beneficent leadership might help employees adjust to short-term exhaustion and prevent burnout (Bakker & de Vries, 2021). The manager's communication with subordinates, such as being open, trusting, information, and clarifying expectations, can reduce nurses' anxiety and burnout levels (Gab Allah et al., 2020; Yu et al., 2021).

Employees with high WSC can reduce emotional fatigue by raising their voices to request more respectful, honest, polite, and appropriate communication when their managers do not treat them fairly. Fairness can encourage nurses to act more bravely, and nurses might feel empowered to deal with work stressors. Mitchell (2022, p. 1) stated, "Throughout my career, which now spans over 50 years, I have seen many instances of reactivity, working around rather than confronting the problem. But I have also seen courageous confrontations of the myriad problems of the workplace, of interprofessional relationships, and of very bad clinical problems." With this statement, we consider that she emphasizes how necessary courage is for the well-being of nurses and the health system.

For these reasons, determining the managerial (e.g., interaction with nurses) and individual (e.g., courage) factors affecting the burnout levels of emergency nurses is crucial to reducing both the organizational and individual adverse effects of burnout. However, not all employees experience the work environment linearly in exposure and response (Bakker & de Vries, 2021). Employees with the same job demands and constraints might feel different work experiences from their coworkers for the day. These different feelings may result from the managerial practices and whether they are courageous or not.

BACKGROUND

Job demands–resources (JD-R), conservation of resources (COR), and group-value theories can explain the relationship between justice, burnout, and courage. The JD-R model

(Bakker & de Vries, 2021) indicates that stress is the response to the inequality between individual needs and the resources required to meet those needs. Nursing requires a constant effort or ability to keep yourself. Therefore, they are associated with specific physical and psychological costs (e.g., pressure and emotional demands from work). Nurses who have enough physical and social sources may handle job demands. One of the social sources is interaction with the supervisor. Fair interaction between managers and nurses may diminish the psychological costs of the job (e.g., emotional exhaustion).

Another job resource is personal sources (e.g., courage). Nurses may need WSC for work settings and interactions with patients, coworkers, and managers. High-courage nurses may fulfill personal and organizational expectations. When job demands are high, the job resources of nurses affect their organizational outcomes. This inference is based on COR theory (Hobfoll, 1989). According to this theory, individuals are encouraged to acquire, maintain, and keep resources because they are essential. When nurses are confronted with high emotional needs, social support from managers and coworkers may become more helpful. Thus, interactional justice perception and high courage of nurses might be essential for diminishing emotional exhaustion.

Because of economic and socioemotional consequences, nurses judge the managers' decisions related to justice. Individuals evaluate the fairness of events at three different levels. First, employees consider the justice of the outcomes. Second, they judge the justice of the processes used in distributing the results; finally, the fairness of the interaction with the manager (Colquitt, 2001). The group-value model (Tyler, 1989) suggests that employees join organizations to develop values such as identity, social status, and self-esteem. These values are perceived through the manager's respectful, appropriate, and honest interaction with the employee. Interactional justice is promoted as managers behave toward nurses with manner and understanding and thoroughly clarify the reasoning for judgments.

On the other hand, the nurse's courage to voice workplace mistakes with the manager and coworkers is closely related to interactional justice. As an essential part of this research, WSC is a courageous action that may harm the nurse's public relationship and appearance (Howard et al., 2017). Courage is based on selflessness, considers other people's wants, and is necessary to practice other goodness. Courageous actions involve an honestly valuable purpose, deliberate act, personal fear, and apparent dangers.

Behaving in the proper matter (e.g., warning wrongdoers, complying with ethical rules) and saying the fact, which needs courage, may result in undesirable effects and sometimes inconvenience coworkers. If the individual acted to achieve justice, they would not hesitate to do or speak the truth. WSC is essential for employees to whistleblowing, raise a voice against those who act unfairly, stand up against injustice, reduce misconduct, and manage conflict (Detert & Bruno, 2017). People who perceive interactional injustice as a danger to their character and values may act courageously to stand up to an unfair situation, bring new suggestions,

and insist on their stance. With these courageous behaviors, nurses can reduce emotional exhaustion by reacting to injustice and maintaining the perception of control over events, individual respect, and social identity. Therefore, WSC can moderate the interactional justice effect on burnout. The present research investigated courage's moderating role in the relationship between interactional justice and emotional exhaustion.

METHODS

Design

The study aims to test the theoretical relations between the variables with empirical research. Thus, this study employed an explanatory quantitative approach. Explanatory studies try to understand and explain social phenomena by examining the relationship between dependent and independent variables of concepts related to the phenomenon. Explanatory research aims to reveal whether the relationship put forward in the hypothesis exists with the help of statistical techniques. In this cross-sectional study, emergency nurses from public hospitals joined in identifying the connection between justice, burnout, and WSC.

Sample/participants

Emergency nursing can be very demanding due to making quick decisions, dealing with many tasks simultaneously, and life-threatening risks for patients. The authors argue that such a challenging job paves the way for burnout by depleting personal resources. In such conditions, managers' relationships with nurses are more likely to be associated with burnout. Therefore, the research population consists of emergency nurses. The researchers used convenience sampling to collect data from four different state hospitals. These hospitals were selected due to their extensive emergency units. Using their connection and managing the recruiting process, the authors ascertained 482 nurses currently working as emergency nurses or in the last three years in the four public hospitals. They sent the anonymous questionnaire link between May and August 2021. Nurse managers were not included in the study to protect nurses against further abuse from managers. All participants gave electronically informed consent before enrollment. Only participants who voluntarily agreed to participate were included in this study and could opt out at any time. Only one response per person is allowed.

The number of returned questionnaires was 322. The researchers excluded five questionnaires because of low standard deviation was very low (e.g., all items were rated as 1). The response rate was 67%. The sample size was calculated as 215 with a confidence interval of 95% and a margin of error of 0.05. Thus, the authors considered that the remaining 317 data were sufficient for correlation and regression analysis.

Data collection

The current study aimed to understand the moderating role of courage in the relationship between interactional justice and the emotional exhaustion of emergency nurses. Thus, three different scales were selected, namely, interactional justice, emotional exhaustion, and WSC, to test the theoretical relations between these variables. With the self-administered questionnaire, the first part included demographic variables, such as experience, gender, marital status, and age. The second part obtained the perception of nurses' interactional justice, emotional exhaustion, and WSC.

Interactional justice, a subdimension of the organizational justice scale developed by Niehoff and Moorman (1993), was used to detect justice perceptions. Gurbuz and Mert (2009) adapted the scale to Turkish. They reported the scale's reliability as 0.941 (Cronbach alpha). The interactional justice dimension consists of eight statements—participants rated on a scale of 1 to 5 (1, totally disagree; 5, totally agree). Sample items were "Concerning decisions made about my job, and my manager discusses the implications of the decisions me" and "My manager explains very clearly any decision made about my job." High scores obtained from the scale have shown that the perception of interactional justice was high.

Using the Maslach and Jackson (1981) burnout scale, the most widely used instrument internationally, nurses' emotional exhaustion was assessed. Ergin (1992) adapted the scale to Turkish. The scale's Cronbach alfa was 0.83. The scale consists of three subdimensions: emotional exhaustion, personal accomplishment, and depersonalization. According to Maslach's conceptualization, burnout is a reaction to too much stress at work, characterized by thoughts of being emotionally exhausted and lacking emotional resources. For the study's aim, only the emotional exhaustion subdimension was used. Participants rated their opinions from 1 to 5 (1, totally disagree; 5, totally agree). High scores have indicated high emotional exhaustion.

Howard et al. (2017) developed the scale to evaluate the perception of WSC. Mert and Koksal (2022) adapted to Turkish. They reported that the scale had internal reliability (Cronbach alpha = 0.82). Sample statements were "Despite my subordinate disliking me, and I would tell him/her when they're doing something against company policy" and "Even if my coworkers could think less of me, I'd lead a project with a chance of failure." The WSC scale has 11 items and one dimension. Participants rated on a scale of 1 to 7 (1, totally disagree; 7, totally agree). High scores have shown that the perception of courage is high.

Ethical considerations

Before data collection, scholars clarified the study aims to participants, ensured their privacy, and explained anonymity policy requirements. Their participation was voluntary, and they could give up at their request. The researchers obtained ethics approval from the Antalya Bilim University Social Sci-ences Ethics Committee (approval number: 2022/03) and a written consent form from the participants.

Data analysis

Descriptive, correlation, and regression analyses were performed with SPSS 23.0, and confirmatory factor analysis was performed with AMOS 23.0.

Validity and reliability

The measurement model's validity and reliability were checked with Cronbach alpha, composite reliability (CR), factor load, average extracted variance (AVE), and maximum shared variance (MSV). The factor loads of the items (ranged from 0.676 to 0.915), CR (ranged from 0.87 to 0.95), AVE (ranged from 0.57 to 0.76), MSV (ranged from 0.03 to 0.08), and Cronbach values (0.91 for courage, 0.95 for emotional exhaustion, and 0.96 for interactional justice) were higher than the threshold. Thus, we considered construct validity sufficient for all scales (Hu & Bentler, 1999).

We checked whether the developed model was acceptable for the study's data with fit indices. The results showed that the measurement model fit well (χ^2/df: 1.779, CFI: 0.970, SRMR: 0.039, RMSEA: 0.050, PClose: 0.526). Finally, we tested the common method variance (CMV) problem with the significance of the difference between the chi-square values of the zero-constrained and unconstrained models. The constrained and unconstrained models (χ^2: 563.1, df: 270; χ^2: 605.33, df: 332; p: 0.974, respectively) were invariant, so the CMV problem does not create a constraint for the study findings (Hu & Bentler, 1999).

RESULTS/FINDINGS

General characteristics

The study sample consisted of nurses working in the emergency units of the hospital. All participants ($N = 317$) were women and had a bachelor's degree. Most participants were single (61.2%) and aged between 27 and 31 years (59.9%). The percentage of 22–26 years old was 3.8%, 32–36 was 27.1%, 37–41 was 6.6%, and 2.5% were 41 years and above. Participants with less than five years of experience were 28.7%, between 5 and 9 years, 34.7%, 10 and 14 years, 11.4%, and 14 years, and above 25.2%. At least 35.3% of nurses perceived emotional exhaustion, 26.8% felt interactional injustice, and 83.6% had WSC in the sample.

Control variables

We compared the dependent variables' means according to demographic factors using an independent-sample t test

TABLE 1 Means, standard deviations, and correlations.

Variable	M ± SD	Emotional exhaustion	Interactional justice
1. Emotional exhaustion	2.73 ± 1.23	–	
2. Interactional justice	3.80 ± 1.02	−0.259**	–
3. WSC	4.98 ± 1.28	−0.177**	0.136**

Abbreviations: M, mean; SD, standard deviation.
**$p < 0.01$.

and one-way variance analysis. Results showed that the means of variables differ significantly only according to age. We performed an asymptotically F-distributed test (Welch statistic = 25.598, $p < 0.000$) because the homogeneity of variance test revealed variance among the groups was not equal (Levene statistic = 7.885, $p < 0.05$). According to Tamhene statistics, the participants' burnout perception aged between 22 and 26 was lower than the other age groups. Therefore, we included the participants' age as a control variable in the regression analysis.

Relationships among variables

Table 1 reveals the means, standard deviations, and correlations. The mean of reported emotional exhaustion was below the midpoint of 3 (2.73 ± 1.23). The frequency of high emotional exhaustion was 42.6%. The mean of interactional justice and WSC were above the midpoint (3.80 ± 1.02, midpoint = 3; 4.98 ± 1.28, midpoint = 4, respectively). Nurses reported high interactional justice at 77% and high WSC at 82.6%.

Emotional exhaustion negatively and moderately correlated with interactional justice and WSC. There was a significantly positive low correlation between interactional justice and WSC.

The authors set hierarchical linear regression analyses to detect a prediction power of interactional justice on nurses' burnout and the moderating role of WSC in this relationship with a least-square method. We first added age in hierarchical regression analyses as a control variable and then interactional justice as an independent variable. For the moderation effect, we first standardized all variables. In the third step, we included the courage variable as a moderating variable and the product of courage and interactional justice variables as an interaction variable. Table 2 shows the hierarchical regression analysis results.

Regression analysis results show that participants' age had no significant effect on emotional exhaustion. Interactional justice significantly and negatively impacted emotional exhaustion ($\beta = -0.306$, $p < 0.001$). The moderating role of WSC was significant in the relationship between interactional justice and emotional exhaustion ($\Delta R^2 = 0.048$, $p < 0.001$).

We drew a two-way interaction graph to interpret the moderating effect of workplace courage. Figure 1 shows

that courage strengthened the negative relationship between interactional justice and emotional exhaustion.

DISCUSSION

The current study showed that nurses' perception of emotional exhaustion was 42.6%. In another study conducted in Turkey, Aydin Sayilan et al. (2021) found high emotional exhaustion in 33.7%. Woo et al. (2020) reported that burnout was 11.2% globally. Studies in Pakistani, Iran, and China, which have relatively similar cultures to Turkey, have found high emotional exhaustion in 48.6% (Andlib et al., 2022), 36% (Rezaei et al., 2018), and 41.5% (D. Hu et al., 2020), respectively. Galanis et al. (2021) reported high emotional exhaustion in 34.1% of their meta-analysis. These findings show that nurses have a considerably higher perception of emotional exhaustion than the world average and are close to countries with similar cultures.

The perception of interactional injustice was 23%. The COVID-19 pandemic has increased workload density for all health workers, especially nurses. Low fees, long working hours, uncertainty at the job, and physical violence from patients are recent issues for nurses. With these structural issues in Turkey, managerial problems (e.g., injustice) may have also increased the emotional exhaustion of nurses. Another study in Egypt revealed that nurses experienced interactional injustice at 35% and emotional exhaustion was 42%. They showed a negative relationship ($r = -0.408$, $p = 0.007$) between interactional justice and emotional exhaustion (Eldossoqi et al., 2021). Ren et al. (2021) showed that interpersonal and informational justice, which may be considered a subdimension of interactional justice, was negatively associated with emotional exhaustion.

The rate of discouraged participants was 17.4%. Most nurses perceived that they had high social courage. We could not evaluate nurses' workplace courage experiences without a previous study.

The results revealed that interactional justice was negatively related to emotional exhaustion, and WSC strengthened this negative relationship. Nurses' perception of interactional justice will increase if their managers treat them respectfully, appropriately, politely, and honestly in their decisions. The perception of interactional justice is essential for showing nurses importance and increasing their sense of identity, self-esteem, and social status (Cummings et al., 2018). According to the negative relationship between interactional justice and emotional exhaustion, we can also interpret that the perception of injustice will increase burnout. Nurses with severe fatigue and high levels of burnout due to their working conditions also experience emotional exhaustion due to not being able to receive support from their managers and being unfairly treated (Moliner et al., 2005).

The findings of the study support the results of other empirical studies. Shkoler and Tziner (2017) found a negative and high-level relationship between organizational justice and burnout. Moliner et al. (2005) showed that interactional

TABLE 2   Hierarchical regression analysis.

| Dependent variable: Emotional exhaustion	β	S.E.	t	p
Step 1				
Constant	2.460	0.228	10.813	0.000
Age	0.110	0.089	1.244	0.215
	$R^2 = 0.005$		$F = 1.547$	0.215
Step 2				
Constant	3.725	0.350	10.640	0.000
Age	0.070	0.086	0.806	0.421
Interactional justice	−0.0306	0.066	−4.649	0.000
	$\Delta R^2 = 0.064$	$R^2 = 0.069$	$F = 11.630$	0.000
Step 3				
Constant	−0.144	0.178	−0.813	0.417
Age	0.068	0.069	0.978	0.329
Interactional justice (I)	−0.229	0.054	−4.229	0.000
Workplace courage (W)	−0.166	0.054	−3.065	0.002
Product ($I \times W$)	−0.154	0.051	−3.022	0.003
	$\Delta R^2 = 0.048$	$R^2 = 0.117$	$F = 10.356$	0.000
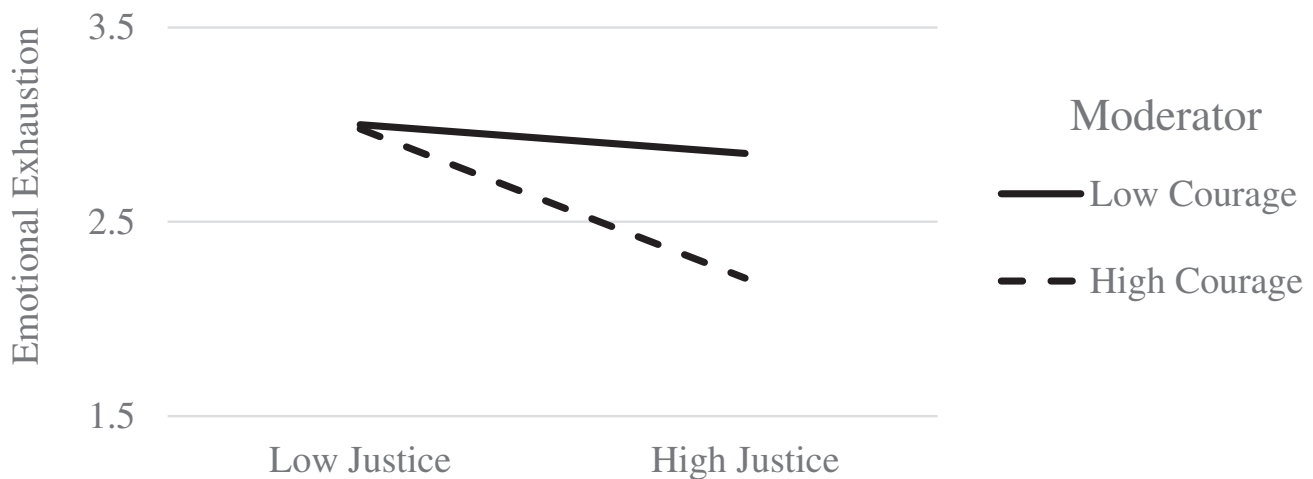
FIGURE 1   Interaction graph.

justice at the business unit level was negatively and significantly related to burnout.

Another finding of the current study was that WSC moderated the relationship between interactional justice and emotional exhaustion. WSC is about getting nurses to speak up on different issues. Individuals with high WSC could be honest with their managers and coworkers, tell their mistakes, express mistakes to the management, and ask about something they do not understand, even if it makes them look foolish (Howard et al., 2017). Nurses with high WSC can reduce emotional exhaustion by raising their voices to request more respectful, honest, polite, and appropriate communication when their managers do not treat them fairly. Since the quality of communication between nurses and managers meets some of their needs, such as self-esteem, self-control, and social status, we consider that fulfilling these needs can reduce the emotional exhaustion of nurses. With the lack of prior studies, we cannot easily compare the moderator effect of WSC.

Limitations

Data collection with the convenience sampling method restricts the generality of the research results. We cannot establish a solid causal relationship between the variables because of the cross-sectional data.

Implications for nursing policy

Managers may also show individual attention, recognize the personal needs of their followers, and use one-on-one training and mentoring to reduce work demands and stress that affect burnout. These supportive interventions are necessary and helpful in alleviating stressors. Without being part of a broader, longer-term personnel policy and solving structural problems, they might be useless.

It is necessary to remove the unfair practices regarding the work outside the nursing job descriptions, which are a severe stress factor among nurses and lead to burnout. Nurses who voiced their problems and sought solutions were exposed to more violence and mobbing, and their work units and even their institutions were changed. Managerial violence and unfairness in health should be seen and accepted by the Ministry of Health, and steps should be taken toward a solution. The institution's administration should be supervised. There is an urgent need to create a communication environment where nurses can courageously share their problems.

CONCLUSION

This study investigated the relationship between interactional justice and emotional exhaustion and the moderating role of workplace courage in this relationship. We found the perception of interactional justice is negatively related to emotional exhaustion, and high workplace courage strengthens this relationship. The current study is the first study investigating the role of WSC in the relationship between interactional justice and burnout. Future studies may investigate the role of courage as a critical personal resource in nurses' burnout with longitudinal and qualitative research. They also explore the moderator effect of demographic variables and perform multiple group analyses to understand better the factors affecting burnout in a longitudinal study.

AUTHOR CONTRIBUTIONS
Study design: KK, ISM; data collection: ISM; data analysis: KK; study supervision: KK, ISM; manuscript writing: KK, ISM; critical revisions for important intellectual content: KK, ISM.

CONFLICTS OF INTEREST
We have no commercial or financial relationship to disclose. We have no known conflict of interest to disclose. This manuscript has not been submitted to, nor is it under review at, another journal or publishing venue.

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