



ORIGINAL ARTICLE

EMOTIONAL SALARY AS A MANAGEMENT TOOL: IMPORTANCE ATTRIBUTED BY NURSING PROFESSIONALS

HIGHLIGHTS

1. Emotional salary is considered significant for the team.
2. The following stand out respect, recognition, social importance of work.
3. Career progression, stress reduction most valued by nurses.
4. Contribution: construction and validation of an instrument for the hospital area.

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ABSTRACT

Objective: to identify the importance attributed by nursing professionals to the proposed components of emotional salary, and to verify the association with the participants' sociodemographic and work-related variables. **Method:** exploratory study with 172 professionals from an oncology hospital in the state of São Paulo - Brazil, carried out in 2021. A questionnaire containing 40 components of emotional salary was constructed and validated. Measures of central tendency and non-parametric tests were used for the analysis. **Results:** nurses highlighted the opportunity for career progression and feeling respected - 3.8 (0.4); and technicians/auxiliaries, feeling respected by colleagues, collaborative action, and the social importance of work - all with 3.7 (0.5). There was an association between the scale scores and schooling ($p \leq 0.05$). **Conclusion:** Most of the components of emotional salary are valued, especially those related to professional relationships and working conditions. The findings can guide personnel policies in organizations, favoring job satisfaction, quality of care and organizational results.

DESCRIPTORS: Workplace; Job Satisfaction; Nursing Staff, Hospital; Personnel Management; Working Conditions.

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INTRODUCTION

Recognition of the importance of people in achieving objectives has led organizations to look for strategies to enable their employees' well-being at work (WBW)¹. Considered a multidimensional construct, WBW, from the point of view of psychology, incorporates positive links both in relation to work, such as satisfaction and involvement, and in relation to the organization in which they work - commitment².

Emotional salary (SE, in Portuguese) is a concept originating in business management and linked to well-being at work. It encompasses various non-economic bonuses, including recognition for performance, the possibility of professional growth and career development, leisure, respect and autonomy, and work-life balance, among others³. It is therefore an essential tool for promoting pride, well-being, recognition, and job stability⁴.

It is associated with an improved working environment³, motivation⁵, increased performance and productivity⁵⁻⁶, employee loyalty^{5,7} and talent retention⁸. Job satisfaction is considered an important component in the retention of nursing staff and is linked to the development of emotional salary policies in institutions⁸.

Due to their numerical representativeness in institutions, nursing professionals are a challenge for managers. The category experiences a complex and stressful work process characterized by precariousness, overload of activities and inadequate structure of the work environment, among other aspects. In this context, the intensification of work often leads to an increase in occupational illnesses, both physical and psychological⁹.

During the COVID-19 pandemic, the importance of the work of nursing professionals and the precarious conditions to which many were subjected to carry out their practices became even more evident¹⁰. In these times of instability, non-financial compensation such as emotional salary has an even more intense impact on professional practice.

Despite the relevance of the subject, existing scientific production is concentrated in the international corporate sector, and not linked to healthcare institutions. This study is therefore the first to address the issue by constructing, validating, and applying an instrument in the Brazilian hospital sector. Its objectives are to identify the importance attributed by nursing professionals to the proposed components of emotional salary, and to verify the association between the scale scores and the participants' sociodemographic and work-related variables.

METHOD

This was a descriptive, cross-sectional, exploratory study based on the guidelines of the STROBE tool (checklist: cross-sectional studies). The setting was a unit of a large philanthropic cancer hospital located in the interior of the state of São Paulo - Brazil. The hospital is characterized as a High Complexity Oncology Care Centre (CACON), and the unit studied is responsible for adult patient care, with 134 beds. The field study was carried out between September and November 2021.

A total of 602 nursing professionals working in the unit under investigation at the time of data collection were invited to take part in the study, 165 of whom were nurses (N) and 437 nursing technicians/assistants (NT/NA). Those on probation, serving notice, on vacation, on sick leave and on maternity leave were excluded.

The data was collected using a questionnaire constructed by the researchers due to the lack of an instrument that was in line with the hospital health area. To prepare the questionnaire, a literature review was carried out on well-being at work¹⁻², among others,

and emotional salary to better understand the subject under study. Some models proposed in non-healthcare companies were consulted^{7,11-12}.

Initially, 39 SE components were considered for the instrument, such as organizational values, working environment and conditions, leadership and management, and professional growth, among others. Four professionals working in management, two masters and two doctors in nursing assessed the content, wording, clarity, and relevance of the proposed components. There was 96.8% agreement. Considering the judges' considerations, the wording of some items was changed; one item considered repetitive was excluded, and two items on awareness-raising actions regarding discriminatory conduct and feeling the importance of work for society were added, making a total of 40 components.

The instrument was structured in two parts. In the first, participants were asked to fill in data to characterize themselves: sociodemographic variables (biological sex, age, marital status, and schooling) and work variables (professional category, length of time working, function, unit, and work shift). The places where the workers worked were grouped into inpatient units (medical and surgical), specialized units (surgical center, material and sterilization center, intensive care unit, urgency/emergency, clinical research, hemonucleus), diagnostic and therapeutic support services (SADT, in Portuguese) (nuclear medicine, radiology, radiotherapy and telemedicine) and administrative services (bed center, hospital infection control service (HICS), specialized services in safety engineering and occupational medicine (SESMT, in Portuguese) and continuing education).

In the next section, the 40 components of SE were listed on a 4-point Likert scale (1. Not important; 2. Not very important; 3. Very important and 4. Extremely important). The components were grouped into four dimensions: 1. Employee/Organization Relationship (components 1 - 15); 2. Employee/Management Relationship (components 16 - 27); 3. Relationship between employees (components 28 - 32) and 4. Employee (components 33 - 40). At the end of the questionnaire, there was a field for comments (optional) which allowed the participant to put forward other considerations on the addressed topic.

After insertion into the REDCap® platform, a pre-test was carried out with four members of the nursing team to assess the comprehension and clarity of the instrument. There was no need to adjust the instrument. The link to access the questionnaire was sent via messaging app with a reminder every 15 days. To encourage participation, the researcher also visited the units with the nursing workers.

The Statistical Analysis System for Windows - SAS, version 9.2 (SAS Institute Inc, 2002-2008, Cary, NC, USA) computer program was used for statistical analysis, and a p-value <0.05 was adopted as the significance level.

The data was transferred from REDCap® to an Excel spreadsheet and the following statistical tests were carried out:

- Descriptive analysis of categorical variables with absolute and percentage frequency and numerical, mean values (M), standard deviation (SD) and variation.
- The chi-square test or Fisher's exact test were used to compare categorical variables between groups; the Mann-Whitney test and the Kruskal-Wallis test were used to compare numerical variables.
- The internal consistency of the questionnaire was analyzed using Cronbach's alpha coefficient.

The research was approved by the Research Ethics Committee of the hospital investigated (opinion 2199/2021), and the participants signed the Informed Consent Form (ICF) via the e-survey. To ensure security and confidentiality, only the lead researcher had access to the data stored on the REDCap® platform.

RESULTS

A total of 172 nursing professionals answered the questionnaire, 82(48%) of whom were nurses and 90(52%) of who were nursing technicians and assistants (NT/NA). Their mean age was 37(SD 9.4; range 22-66) years, and their time in the profession was 9.9 (SD 6.1; range 0.2-42) years. In terms of education, 77(45%) had a high school degree, 38(22.2%) had an undergraduate degree [25(14.6%) complete and 13(7.6%) incomplete], and 56(32.8%) had a *lato* and *stricto sensu* postgraduate degree [42(24.6%) complete and 14(8.2%) incomplete].

There was a predominance of females [N: 70 (85.4%); (NT/NA): 73 (81.1%)]; 30–39-year-olds [N: 33 (37.5%); N/NT: 41 (50%)] and generation Y/Millennials, in other words, those born between 1981 and 2000 [N: 59 (71.9%); N/NT:58 (65.9%)]. There was a significant difference ($p \leq 0.05$) for marital status with a higher frequency of single and married (N) and stable union and widowed (NT/NA) as shown in Table 1.

Table 1 - Participants' sociodemographic data. Barretos, SP, Brazil, 2021. n=172

Variables	Nurses (n=82)	Technicians/ Assistants (n=90)	P value
Gender – n (%) *			NS
Female	70(85.4)	73(81.1)	
Male	12(14.6)	17(18.9)	
Age (years) *			NS
20-29	16(19.5)	22(25)	
30-39	41(50)	33(37.5)	
40-49	20(24.4)	19(21.6)	
50-59	5(6.1)	10(11.4)	
60-69	-	4(4.5)	
Generation – n (%)†			NS
Baby boomers	1(1.2)	6(6.8)	
X	22(26.8)	24(27.3)	
Y	59(72)	58(65.9)	
Marital status – n (%)*			≤ 0.05
Single	36(43.9)	25(27.8)	
Married	35(42.7)	32(35.5)	
Stable union	4(4.9)	18(20)	
Divorced	7(8.5)	9(10)	
Widowed	-	6(6.7)	

*Chi-Square test; Fisher's Exact test; Data lost for age and generation; NS - Not significant. Baby boomers: born between 1946 and 1964; Generation X: born between 1965 and 1980; Generation Y: born between 1981 and 2000.

Source: The Authors (2021).

There was a difference ($p \leq 0.05$) between the professional categories for length of professional experience [N: ≥ 10 years - 43(53.1%)] and hospitalization units (N: specialized units 36(43.9%); and the care role for nurses - 52(63.4%) (Table 2).

Table 2 - Participants' work-related data. Barretos, SP, Brazil, 2021. n=172

Variables	Nurses (n=82)	Technicians/ Assistants (n=90)	P value
Time working (years) *			≤ 0.05
<5	17(21)	34(38.6)	
5-10	21(25.9)	22(25)	
≥ 10	43(53.1)	32(36.4)	
Units - n (%) †			≤ 0.05
Ambulatory service	17(20.7)	28(32.2)	
Admission units	18(22)	29(33.3)	
Specialized Units	36(43.9)	26(29.9)	
SADT	4(4.9)	3(3.5)	
Administrative Services	7(8.5)	1(1.1)	
Working shift - n (%)*			NS‡
Morning	7(8.5)	10(11.1)	
Afternoon	13(15.8)	24(26.7)	
Night	10(12.2)	16(17.8)	
Mixed	49(59.8)	36(40)	
No fixed shift	3(3.7)	4(4.4)	
Function (nurses)- n (%)			
Assistance	52(63.4)		
Coordinator	13(15.8)		
Research	11(13.4)		
Other	6(7.3)		

* Chi-Square Test; †Fisher's Exact Test; ‡ NS: not significant; SADT: Diagnostic and Therapeutic Support Services; Mixed Shift: Morning and afternoon; Other: HICS, Labor nurse, Permanent education. Data lost for length of service and units.

Source: The Authors (2021).

The scale had a Cronbach's alpha of 0.95 and, in the four dimensions, between 0.87 and 0.94, showing internal consistency. Considering the 40 components together, the average score was 3.6 (0.3) with a variation of 2, between 3 and 4; and in the professional categories, for nurses, the score was 3.6 (0.30) with a variation of 2.9 to 4, and for technicians/ auxiliaries 3.5 (0.4), oscillating between 2.3 to 4.

Regarding the dimensions, the following average values were obtained: 1. Employee/ organization relationship [3.5(0.4) - range 1.9 to 4]; 2. Employee/management relationship [3.5(0.4) - range 1.3 to 4]; 3. Relationship between employees [3.7(0.4) - range 2.4 to 4]

and, 4. Employee [3.7(0.4) - range 2.6 to 4].

In the Employee/Organization Relationship dimension (Table 3), a difference was found in the values assigned between the professional categories ($p \leq 0.05$) for the components "Transparent relationship between employee and organization", "Feeling part of the organization" and "Opportunity for career progression", all of which had higher scores for nurses.

Table 3 - Mean values of the components of the Employee/Organization Relationship dimension of the scale. Barretos, SP, Brazil, 2021. n=172

Components of Emotional Salary	Nurses		Technicians /Assistants	
	M(SD)	Variation	M(SD)	Variation
Employee/Organization Relationship - $\alpha = 0.90$				
Average score	3.5(0.3)	2.5-4	3.4(0.4)	1.9-4
1. Feeling aligned with the organization's values.	3.4(0.5)	3-4	3.4(0.6)	2-4
2. Transparency regarding organizational objectives.	3.5(0.5)	3-4	3.3(0.6)	1-4
3. Being proud of the organization in which they work.	3.5(0.5)	3-4	3.5(0.6)	2-4
4. Transparent relationship between the employee and the organization.	3.6(0.5)	2-4	3.4(0.6)	2-4
5. A harmonious, pleasant, and stimulating working environment.	3.6(0.5)	3-4	3.5(0.7)	1-4
6. Feeling part of the organization.	3.6(0.5)	3-4	3.3(0.8)	1-4
7. Strategies for improving the working climate.	3.6(0.5)	3-4	3.5(0.6)	1-4
8. Programs to reduce stress at work.	3.7(0.6)	1-4.0.	3.5(0.7)	1-4
9. Feeling that you contribute to the organizational purpose.	3.5(0.5)	2-4	3.3(0.6)	1-4
10. Events to raise awareness of racial, age, gender, and sexual orientation discrimination, among others, in the workplace.	3.5(0.6)	1-4	3.5(0.7)	1-4
11. Opportunity for career progression.	3.8(0.4)	3-4	3.6(0.6)	1-4
12. Flexible working hours	3.4(0.6)	1-4	3.5(0.8)	1-4
13. Benefits for employees and their families, such as health insurance, food vouchers and financial assistance for children's schooling.	3.7(0.6)	1-4	3.6(0.7)	1-4
14. Wellness and leisure programs with spaces for health in the workplace, such as gyms and sports groups.	3.4(0.6)	2-4	3.5(0.7)	1-4
15. Events on commemorative dates.	3.2(0.7)	2-4	3.4(0.7)	1-4

Importance attributed: 1. Not important, 2. Not very important, 3. Very important, 4. Extremely important.

Source: The authors (2021).

Table 4 shows the scores obtained in the Employee/Management dimension. There was a difference between the N and NT/NA scores for the proposed emotional salary components "Efficient and inspiring leadership" and "Assertive communication between employees and manager" with higher values for nurses ($p \leq 0.05$).

Table 4 - Mean values of the components of the Employee/Management Relationship dimension of the scale. Barretos, SP, Brazil, 2021. n=172

Components of Emotional Salary	Nurses		Technicians/ Assistants	
	M(SD)	Variation	M(SD)	Variation
Employee/Management relationship - $\alpha = 0.94$				
Average score	3.6(0.4)	2.8-4	3.5(0.5)	1.3-4
16. Effective and inspiring leadership.	3.7(0.5)	2-4	3.5(0.6)	1-4
17. Assertive communication between employees and manager.	3.7(0.5)	2-4	3.5(0.6)	2-4
18. Receiving positive feedback.	3.6(0.5)	2-4	3.5(0.6)	2-4
19. Being free to express suggestions and complaints.	3.7(0.5)	3-4	3.6(0.6)	1-4
20. Autonomy to carry out actions and make decisions relevant to the job.	3.6(0.5)	2-4	3.5(0.6)	1-4
21. Receiving recognition for their work performance.	3.7(0.5)	3-4	3.5(0.7)	1-4
22. Feeling respected.	3.8(0.4)	3-4	3.6(0.6)	1-4
23. Having the freedom to innovate in their work.	3.5(0.5)	3-4	3.5(0.7)	1-4
24. Promoting leadership development.	3.5(0.5)	3-4	3.4(0.7)	1-4
25. Encouraging new challenges.	3.5(0.5)	2-4	3.3(0.7)	1-4
26. Programs and training for personal development.	3.6(0.5)	3-4	3.4(0.6)	1-4
27. Opportunity to develop new skills.	3.6(0.5)	3-4	3.4(0.7)	1-4

Importance attributed: 1. Not important, 2. Not very important, 3. Very important, 4. Extremely important.

Source: The authors (2021).

The Relationship between employees and Employee dimensions of the scale showed scores ranging from 3.6 (N: "Acting collaboratively" and "Work contributes to becoming a better person"; NT/NA: "Work-life balance" and "Feeling motivated") to 3.7. No differences were found in the scores for the components between the professional categories (Table 5).

Table 5 - Average values of the components of the Relationship between employees and Collaborator dimension. Barretos, SP, Brazil, 2021. n=172

Components of Emotional Salary	Nurses		Technicians/ Assistants	
	M(SD)	Variation	M(SD)	Variation
Relationship between Employee - $\alpha = 0.89$				
Average score	3.7(0,4)	2,8-4	3.7(0.4)	2,4-4
28. Feeling respected by colleagues.	3.7(0.5)	2-4	3.7(0.5)	2-4
29. Feeling supported by the team.	3.7(0.5)	2-4	3.7(0.5)	2-4
30. Acting in a collaborative way.	3.6(0.5)	3-4	3.7(0.5)	2-4
31. Being recognized as a member of the team.	3.7(0.5)	2-4	3.7(0.5)	3-4
32. Feeling integrated into the team.	3.7(0.5)	2-4	3.7(0.5)	1-4
Employee - $\alpha = 0.87$				
Average score	3.7(0.3)	2.6-4	3.7(0.4)	2.7-4
33. Feeling that their work is important to society.	3.7(0.5)	3-4	3.7(0.5)	2-4
34. Being proud of the work they do.	3.7(0.5)	3-4	3.7(0.4)	3-4
35. Feeling that their work contributes to their personal growth.	3.7(0.5)	3-4	3.7(0.4)	3-4
36. Work gives you the chance of a promising future.	3.7(0.5)	2-4	3.7(0.6)	1-4
37. Balance between personal life and work.	3.7(0.5)	2-4	3.6(0.6)	1-4
38. Feeling motivated.	3.7(0.5)	2-4	3.6(0.7)	1-4
39. Work contributes to becoming a better person.	3.6(0.5)	2-4	3.7(0.5)	2-4
40. Feeling competent	3.7(0.5)	3-4	3.7(0.5)	2-4

Importance attributed: 1. Not important, 2. Not very important, 3. Very important, 4. Extremely important.

Source: The authors (2021).

To verify the association between the scores on the scale and its parts and the sociodemographic and work-related variables of the participants, the categories with the lowest frequency were grouped together to make the analysis more consistent. A significant difference was found in the scale scores for schooling (N: higher score in the Collaborator/Organization Relationship, Collaborator Relationship, Collaborator dimensions and in the total score of participants with incomplete postgraduate qualifications).

DISCUSSION

The nursing team investigated considered the 40 components proposed to make up the emotional salary to be very important, confirming the relevance of the variables chosen to make up the scale. The dimensions that deal with the "relationship between employees" (respect, support, recognition, integration into the team and collaborative action) and aspects relating to the "employee" (social and personal importance of work, motivation, reconciliation of personal/family life and work) had higher scores and seem to be aspects that are more valued by the workers.

Teamwork is a collaborative practice based on interprofessional interaction and communication, mutual respect, trust, a sense of belonging and recognition of the work of its members¹³. Its configuration has repercussions on job satisfaction and the results of the care provided to patients/users¹³. Assertive communication enables integration between the employee and the manager, favoring a pleasant organizational climate for effective performance and the achievement of goals and objectives¹⁴.

In the perception of the professionals in this study, the personal (pride) and social (impact) work performed is considered very/extremely important (3.7 out of 4). A study carried out in Israel to assess the job satisfaction of nurses during the COVID-19 pandemic found that, even in the face of the difficult working conditions caused by the pandemic crisis, the component pointed out as the most important was correlated with personal fulfillment, corroborating the findings of this study¹⁵.

Considering the components individually, the values assigned to the emotional salary components ranged from 3.2 (very important) to 3.8 (extremely important), with small differences between the professional categories. Comparison with other studies on the subject was impossible because they were conducted in settings other than hospital healthcare.

Nurses attributed greater importance to career progression, benefits for employees and their families, freedom to express suggestions and complaints and feeling respected by management than NT/NA. Data related to quality of life at work shows that Brazilian nurses were dissatisfied with professional development and the opportunity for growth in their organizations¹⁶. Through continuous training, it is possible to acquire and improve knowledge and skills, essential factors for maintaining competence, contributing to a qualified and safe care process for patients.

The opportunity for career progression is intrinsically linked to continuous professional development¹⁷. Career plans are important management tools and have been implemented in several countries such as the United States, Korea, Taiwan and Indonesia¹⁸. However, in Brazilian nursing, there are still no regulations in place, and their implementation depends on organizational policy. Career plans contribute to establishing an effective reward system, reducing turnover, strengthening competence and job satisfaction¹⁷.

Research carried out in Indonesia has shown that as nurses gain a better understanding of career plans, they have high expectations of obtaining better pay and autonomy. When these expectations are not met, job satisfaction decreases. Therefore, it is recommended to align the needs of the employee with the institutional objectives¹⁷.

Although nurses, nursing assistants and technicians attributed similar values to the component of feeling respected by colleagues, for nurses respectful working relationships with the manager were considered more expressive. Authentic leadership has emerged recently as a new concept in the positive and transparent relationship with those it leads. It contributes to the creation of a healthy working environment, improved working relationships, professional engagement, satisfaction, and a reduction in the intention to leave the job¹⁹.

Recognition for performance was also more valued by nurses. Receiving feedback and being recognized was associated with greater engagement and a sense of belonging to the team, lower rates of burnout, improved safety culture and quality of service²⁰.

Nurses work under stressful conditions. This can make workers physically, socially, and psychologically ill²¹. The double working day also interferes with the emergence of occupational stress²². These findings highlight the importance of the SE components 'benefits for the employee and their family, such as health insurance, food vouchers and financial aid for their children's school' (3.7 N; 3.6 NA/NT) and 'programs to reduce work-related stress' (3.7 N; 3.5 NA/NT). These benefits can mitigate the wear and tear to which nursing workers are subjected.

Most nurses and nursing assistants and technicians belonged to generation Y, also described as millennials. It was found that some characteristics of Generation Y nurses can interfere with job satisfaction. They are less satisfied with their jobs compared to nurses from other generations and are more likely to have perceptions that can negatively impact job satisfaction and engagement²³. However, in this investigation, no association was found between emotional salary scores and the generation of workers, but only with education.

This study is limited to just one practice setting and, as it was conducted during the pandemic, it was difficult to get participants to take part. There was an underrepresentation of men and professionals in managerial positions. This proportion may differ in the perception of the importance of emotional salary. Since perceptions are subjective and influenced by the work environment, we recommend replicating the study in other healthcare institutions.

CONCLUSION

The findings revealed that most of the components of emotional salary are valued by nursing professionals, especially those related to professional relationships, such as respect, integration into the team, recognition for performance and the social importance of the category's work. Opportunity for career progression, programs to reduce work stress and benefits for the employee and their family stood out among the nurses. The educational level of the participants was shown to be an intervening factor in the scale scores.

Considering the importance of well-being and valuing employees in practice, this investigation into the perception of emotional salary contributes to the nursing field by constructing and validating a specific instrument for the hospital area. Its use can guide personnel policies in organizations, favoring job satisfaction, quality of care and organizational results.

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