

## Emotional Labour and Job Satisfaction among Nursing Staff

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### Abstract

**Background:** Over the last few years, India is experiencing a revolution in the hospital sector. Due to increase in the diseases, it has become the responsibility of hospitals and medical staff to provide the best facilities and the personal touch to the patients. While doing this job, the medical staff has to undergo through emotional labour and burnout which further leads to job dissatisfaction.

**Purpose:** The objective of this study is to find the influence of emotional labour on job satisfaction in selected public and private hospitals of Punjab. The data was collected from nurses working in public and private hospitals .The total sample of 597 was selected from six public hospitals and six private hospitals of Punjab.

**Methods:** The Dutch Questionnaire on Emotional Labor (D-QEL) developed and validated by Geared Nearing, Mariette Briet and Andre Brower's -2005 and job satisfaction tool by S.P Anand and P.K.Tripati was used to collect the data. Descriptive statistics was applied to check the level of emotional labour and job satisfaction, t-test was applied for comparative study and hierarchical regression was applied to find the influence of emotional labour on job satisfaction.

**Results:** Results showed that medical staff in public and private hospitals was performing emotional labour. Among the dimensions of emotional labour surface acting was done by more in public hospitals than private hospitals. There was a negative correlation between emotional labour and job satisfaction .There were significant differences on age, total experience, designation but no major differences were found on gender and marital status.

**Conclusion:** The medical staff of public hospitals was less satisfied with working conditions and monetary benefits. Emotional labour was able to explain 66.5 % of variance with job satisfaction. For enhancing more job satisfaction and to reduce the ill effects of emotional labour the level of working conditions monetary benefits should be raised.

**Key words: Emotional Labour, Job Satisfaction, Nurses and Hospitals**

### 1. Introduction

In the present world, human resource management is playing the important role in the progress of the organizations. Human resources are the most precious asset for these organizations as they have the capacity to rule the world. The most important feature of the human which separates him from the other living creatures is his ability to rational thinking and his emotions. With the globalization the world has become so competitive that every organization is cracking the hard nut to obtain the reward from this. The service sector has working on the mantra that customer is the king. They are increasing the interactions between the employees and customer so in this way these interactions have made the emotions of the employees a part or even in some of the

service sectors the most important aspect. The effort shown, while the employees serve, to regulate their emotions consciously is defined as “emotional labour”, and the job done is defined as “emotional labour job”.

Organisations demand the display of the required emotions of the job always and under all conditions of their employees. This situation might affect the employees in the negative way. The long working hours and the display of emotions lead to conflict in the family when the work interferes in the family life. It has been discovered by the researchers that one of the negative aspects of emotional labour displayed by the employees in the organizations is burnout. Burnout emerges as a result of the stress experienced with the condition of being insufficient in meeting the requirements. Therefore, this empirical study is conducted to check the influence of emotional labour on job satisfaction.

## **2. Conceptual Framework**

### **2.1 Emotional Labour**

The famous sociologist Arlie Hochschild has introduced the concept of the emotional labour in his book “The Managed Heart”. In this book he has talked about jobs where emotional labour is critically required. ‘Emotional labour’ is a concept which has been used in describing emotion as part of work. Emotional labour is the control of the behavior to display the appropriate emotions.” (Hochschild 1983)<sup>1</sup>. This definition means that a person conceals or suppresses his/her certain emotions so as to adhere to the social norms. Emotional labour is not only confined to the workplace, but it is also present in everyday life. (James,1993)<sup>2</sup> found that emotional labour is intended to highlight the similarities as well as differences between emotional and physical labour, with both being hard, skilled work requiring experience, affected by immediate conditions, external controls and subject to divisions of labour. (Morris and Feldman, 1996)<sup>3</sup> defined that emotional labor is “the effort, planning and control needed to express organizationally desired emotion during interpersonal transaction. They proposed that emotional labor consists of four dimensions: (a) frequency of interactions, (b) attentiveness (intensity of emotions, duration of interaction), (c) variety of emotions required and (d) emotional dissonance. “Emotional labour is the process of regulating both feelings and expression for the organizational goals” (Grandy, 2000)<sup>4</sup>. Emotional labour is a stressful job as Larson (2008)<sup>5</sup> found that female community college professors perform emotional labour. Female teachers spent more time nurturing and caring for their students by listening empathetically to their problems but it was their bad luck that it was overlooked, not seen as a work and female workers were not compensated for their valuable emotional labour. Emotional labour is a complex process since it involves emotional, mental, and psychological qualities. Emotional labour is a face-to-face activity so while performing emotional labour one has to take care the feelings of the others, to mould their emotions according to their own requirements.

Emotional Labour comprises of two types of acting that is surface acting and deep acting. Surface Acting involves "painting on" affective displays, or faking. In surface acting an employee's presents his or her emotions without actually feeling them. Surface acting involves stimulating emotions that are not actually felt, which is accomplished by careful presentation of verbal and nonverbal cues, such as facial expression, gestures, and voice tone. Deep acting refers to two different emotional actions. First is to exhibit the actual emotions that you can feel. The second method

allows past emotional experiences to encourage real emotion that you may not have felt otherwise. **Kumar et al., (2010)**<sup>6</sup> found that emotional labor through dissonance created by surface acting and/or the effort required for deep acting created a stressor for service sector employees that might negatively impact psychological, behavioral and physical well-being.

There are many professions and jobs that call for the employees to rely on emotional labor. They are doctors, nurses and hospital staff, waitresses and hospitality professionals, counselors and therapists, psychologists, actors, receptionists and air-hostesses. **Hwa et al.,<sup>(7)</sup> (2010)** had elucidated the importance of emotional labour in hotel industry. They discussed the concept, consequences and importance of emotional labour for organisations. **Gupta and Mishra <sup>(8)</sup> (2011)** suggested that services involving direct interactions with customers require employees to manage their emotions during service encounters. Emotional labour has been posed as the management of emotional displays at work.

## 2.2 Job Satisfaction

**Taylor (1911)** father of scientific management argued that man is motivated by money alone. He emphasized that workers can be satisfied with work if they get higher economic benefit from their job. The term job satisfaction was brought to limelight by **Hoppock <sup>(9)</sup> (1935)**. He defined job satisfaction as a combination of psychological, physiological and environmental circumstances that cause a person to say that, 'I am satisfied with my job.' Job satisfaction as a reintegration of effects produced by the individual's perception of fulfillment of his needs in relation to his work and situations surrounding it" Sinha (1974)<sup>10</sup> Job satisfaction is significant because a person's attitude and beliefs may affect his or her behavior. If a person is dissatisfied with their work, this could lead to dissatisfaction in other areas of their life. One can check the effect of job satisfaction in employee performance, employee absenteeism and employee turnover. To improve the job satisfaction job design should be adopted. Job design is the process by which the characteristics and qualities of jobs are designed and created. Job design includes Job enlargement, Job enrichment, Job rotation, Job Re-engineering and Job Simplification. **Sowmya and Panchanatham <sup>(11)</sup> (2011)** studied job satisfaction of employees in select private sector and select public sector banks.. Factor analysis was used to reduce the factors mainly 5 factors pay and promotion, Organization aspects, Supervisor behavior, Job and working condition, coworker's behavior. It was found that these factors affects job satisfaction and if less job satisfaction is not cared for then it would automatically lead to job dissatisfaction and therefore it would lead to negligent behavior and turnover of employees. **Kaur et al., <sup>(12)</sup> (2004)** found that many doctors were dissatisfied with their jobs, which was due to long working hours and overwork. This could affect patient care and reduced quality of care. **Madaan <sup>(13)</sup> (2008)** identified the demographic determinants of job satisfaction and the areas, which served as a potent satisfiers and dissatisfies in a doctor's job. Nearly 2/3rd of the responding doctors are happy with their jobs, but would appreciate a raise in salary and the availability of greater opportunity to grow for a more fulfilling professional life. Doctors derived satisfaction from their work, but were not very happy with their work environment.

## 2.3 Emotional Labour and Job Satisfaction

Many researchers have confirmed that emotional labour and job satisfaction has negative correlation. The employees who are engaged in the emotional labour have job

dissatisfaction from those who are not doing the emotional labour. Surface acting is negatively correlated with the job satisfaction while as deep acting is positively correlated with the job satisfaction. **Wharton**<sup>14</sup>(1993) found that emotional labour actually enhanced job satisfaction. The relationship between emotional labour and job outcomes appears to be further complicated by the interaction of emotional labour with other work conditions such as job autonomy, job involvement, self-monitoring, and organizational identification. Pugliesi<sup>15</sup> (1999) found an independent effect of job conditions and emotional labour on job strain, job satisfaction, and psychological distress. **Dick**<sup>16</sup> (2011) tried to identify the most frequent method of performing emotional labour by mental health workers when interacting with patients; and consequences burnout, job satisfaction associated with performing emotional labour. **Saiden**<sup>(17)</sup> (2010) conducted research on 168 employees working at an outbound call centre in a retail organisation in the Western Cape. The results indicated that there was a significant relationship between emotional labour and intention to leave the organisation. All the relationships indicated that higher levels of stress, higher levels of burnout and higher levels of emotional labour led to job dissatisfaction.

### 3. Need of the Study

Due to the technology advancement and global competition the electronic gadgets, mobiles, air and water pollutions have increased the diseases like cancer, Hepatitis A, B, C, AIDS, brain hemrage, strokes etc. Doctors, nurses are doing the hard jobs in the hospitals to meet the requirements of the patients. Hospital sector has been chosen for the study as medical staff gives the new life to the patients. To meet all these requirements of the society the doctors, nurses, paramedical staff go through the process of emotional labour to conceal their real feelings to deliver the best possible services in hospital sector. Doing this emotional labour at the work the doctors, nurses and paramedical staff have to undergo through emotional exhaustion which leads to conflicts and home and this vicious circle starts developing syndrome of burnout and job dissatisfaction. In the present study, the researcher is to learn whether there is any influence of emotional labour on job satisfactions. This study is an attempt to provide insights to manage emotions and improve job satisfaction.

### 4. Objectives of the Study

The main objectives of the study are as follows:

1. To study the level of emotional labour and job satisfaction of nurses in selected public and private hospitals of Punjab.
2. To examine the relationship of emotional labour and job satisfaction with demographic variables of nurses (marital status, age, experience) in selected public and private hospitals of Punjab.
3. To find out the influence of emotional labour on job satisfaction of nurses in selected public and private hospitals of Punjab.

### 5. Hypothesis of the Study

**H<sub>1a</sub>** There is no significant difference in the level of emotional labour and job satisfaction of nurses in selected public and private hospitals of Punjab.

**H<sub>2a</sub>** There is no difference in emotional labour and job satisfaction for married and unmarried nurses of selected public and private hospitals of Punjab.

**H<sub>2c</sub>** There is no difference in emotional labour and job satisfaction among different age groups of nurses in selected public and private hospitals of Punjab.

**H<sub>2a</sub>** There is no difference in emotional labour and job satisfaction among different experience levels of nurses in selected public and private hospitals of Punjab.

**H<sub>3</sub>** There is no significant influence of emotional labour on job satisfaction among the nurses in selected public and private hospitals of Punjab.

## **6. Research Methodology**

### **6.1 Research Design**

The present study is descriptive cum empirical in nature. This study is covering two dimensions i.e. emotional labour and job satisfaction. Emotional labour comprises four dimensions surface acting, deep acting, emotional consonance and suppression and job satisfaction comprises five dimensions personal, working conditions, social status, administration, monetary benefits. In addition, demographic variables (age, gender, marital status, designation, and total work experience) have been examined.

### **6.2 Scope of the Study and Sample Size**

Scope of the study is confined to cover emotional labour, and job satisfaction of nurses in selected public and private hospitals of Punjab. The total population is nurses of six public and six private hospitals in Punjab with bed capacity 100 or more than 100 beds. In the sample, 283 nurses are from public hospitals 293 from private hospitals.

### **6.3 Measures**

Respondents completed the following two sections: **Section-A:** Demographic details as name of the hospital, age, gender, marital status, designation, total work experience, type of the hospital. **Section-B:** Emotional labour questionnaire, Job satisfaction questionnaire. The Dutch Questionnaire on emotional labor (D-QEL) was used which is developed and validated by Geared Nearing, Mariette Briet and Andre Brower (2005). The scale is a multidimensional scale consisting subscales surface acting, deep acting, emotional consonance and suppression. Responses are obtained on five point Likert scale. The reliability of the scale was .663. Job satisfaction was developed by S.P. Anand and P.K.Tripati. This scale was named as Placement Scale which consists of 60 items. It measures the job satisfaction of teachers, lecturers, engineers, doctors and bank officers. The scale has five dimensions personal, working conditions, social status, administration and monetary benefits. The responses are taken on five point Likert scale. The reliability of job satisfaction scale was .887.

## **7. Results and Discussion**

This section presents the frequency distributions of demographic variables of nurses of hospitals.

**Table 1: Demographic Variables (Hospital-wise)**

Age	Groups	Public	Private	Total
	25-30	152	170	322
	31-35	70	52	122
	36-40	38	37	75
	41-45	16	14	30
	45 and above	23	20	43
	Total	299	293	592
Marital Status	Unmarried	108	199	307
	Married	191	94	285
	Total	299	293	592
Experience	0-5	149	180	329
	5.1-10	70	58	128
	10.1-15	34	22	56
	15.1-20	21	17	38
	20 and above	25	16	41
	Total	299	293	592

**Table 2: Means, standard deviations and inter-correlations of variables**

	Mean	S.D	SA	DA	EC	S	P	WC	SS	A	M
SA	3.35	.587	1								
DA	2.49	.589	-	1							
EC	2.53	.607	-	.587**	1						
S	3.48	.587	.652**	-.582**	-	1					
P	2.64	.444	-	.543**	.525**	-	1				
WC	2.70	.413	-	.326**	.342**	-	.371*	1			
SS	2.72	.378	-	.599**	.620**	-	.689*	.471*	1		
A	2.73	.345	-	.581**	.582**	-	.641*	.417*	.758*	1	
MB	2.78	.312	-	.620**	.619**	-	.673*	.407*	.816*	.777	1

\*\* Correlation is significant at the 0.05 level (2-tailed).

Table 2 provides details of the mean scores and standard deviations for all study variables. Also shown are inter-correlations between emotional labour, the four strain outcomes (surface acting ,deep acting, emotional consonance ,suppression) and job satisfaction (personal, working conditions, social status, administration and monetary benefits ). Significant positive associations were observed between surface acting and other dimensions of emotional labour. Correlation of surface acting with deep acting is -.638, with emotional consonance -.627 and with suppression it is .652. The

correlation between surface acting and deep acting and emotional consonance is negative which proves that when the person is doing surface acting then he is just pretending to show the required emotions to the patients, sympathizing with the patient and his relatives but he is not actually feeling them that is the reason that the scores of deep acting are negatively related with surface acting. Similarly the suppression is positively correlated with surface acting because while doing the surface acting one has to suppress the emotions that are not appropriate to the situation. Surface acting is negatively correlated with all the dimensions of the job satisfaction which indicates that as the surface acting increases job satisfaction decreases. The reason can be this that when person is putting a show at work and pretending the false emotions while doing the surface acting he has to do hard work to show the real feelings and has to make an effort to actually feel the emotions that he needs to display toward others and also. While doing the surface acting and deep acting one has to hide the anger, disgust and inner feelings. Surface acting has a highest negative correlation ( $r = -.635$ ) with personal,  $r = -.754$  with social status and administration ( $r = -.697$ ) and ( $r = -.734$ ) with monetary benefits. This is because of the fact in surface acting when person is pretending the emotions as required for the job, he is feeling that that every day they have to deal with sick and difficult patients. It is evident from the statements as “I am so sick of my profession that I would like to leave it at the earliest possible way ” and “I have no job satisfaction in my profession.” **Psilopanagiotti et al.,<sup>18</sup> (2012)** found a significant negative correlation between surface acting and job satisfaction. ( $r = -.39$ ,  $p < .001$ ). Deep acting is positively correlated with the dimensions of job satisfaction. The statements in deep acting like “I work hard to feel the emotions that I need to show to others.”, show a positive correlation with statements like “In our profession, it is all out humane management that is an extra plus point in it”, “In my profession, we are happy to work as a team hand in hand with a leader”.

Emotional consonance was significantly positively correlated with to the all the dimensions of job satisfaction because it is very clear from the statements of consonance such as “I react to patients/ colleagues emotions naturally and easily and “ I easily express positive emotions to patients/ colleagues as expected for my job “ that when one is very naturally and easily managing one’s emotion then there is question does not arise for the job dissatisfaction .Suppression was not positively correlated with the dimensions of job satisfaction as suppression means hiding of anger, disgust so when so much pressure is mount to conceal the real feelings then one can not enjoy the job satisfaction. Suppression has a very low correlation with surface acting, deep acting, emotional consonance this is due to the fact that in surface acting it is the management of emotions, in deep acting it is expression of true feeling and in emotional consonance it is expression of the positive emotions easily and effectively but in suppression it is hiding of the negative emotions. The correlation between emotional labour and job satisfaction as in other studies like **Puglisi (1999)** Emotional labor increases perceptions of job stress, decreases satisfaction, and increases distress. Self-focused emotion management has the most pervasive and detrimental impacts. There is little evidence of interaction effects of work conditions and emotional labor.

**Table 3: Independent t-test (Comparison vis-à-vis Hospitals)**

Dimensions	Mean of Public	Mean of Private	t-value with df=1191	Sig. (2-tailed)
Surface acting	3.4314	3.2696	3.381	.001
Deep acting	2.4939	2.4936	.026	.979
Emotional consonance	2.4933	2.5853	-1.1388	.166
Suppression	3.5173	3.4608	1.171	.242
Personal	2.6486	2.6456	.080	.936
Working conditions	2.7077	2.7037	.120	.905
Social status	2.7001	2.7037	-1.673	.095
Administration	2.7032	2.7577	-1.923	.055
Monetary benefits	2.7472	2.8140	-2.583	.010

\* p<0.05,\*\* p<0.01, \*\*\* p < 0.001

From the table 3 we found that there is no significant difference in deep acting, emotional consonance and suppression dimensions of emotional labour between public and private hospitals of Punjab. The hypothesis **H<sub>2a</sub>**: “There is no significant difference for emotional labour and job satisfaction of employees in selected public and private hospitals of Punjab.” is partially accepted. The staff of public hospitals is doing more surface acting than the public hospitals. On the dimension surface acting (mean value of public hospital 3.4314 which is more than the mean of private hospital i.e. 3.2696, t value = 3.381, p value level .001 significant at .001. There is no significant difference on the other dimensions between public and private hospital nurses. In job satisfaction dimensions all other dimensions has no significant difference except the monetary benefits. The public hospital nurses are more satisfied with their monetary benefits than the public hospital nurses. All other dimensions like personal, working conditions social status and administration indicates that in the same type of situation is both types of hospitals. From the above discussion we can conclude that medical profession noble profession in which medical staff has to take care of their patients does not matter the type of hospitals.

**Table 4: Results of Independent Sample t-test (Comparison vis-à-vis Marital Status)**

Dimensions	Mean of Unmarried	Mean of Married	t-value with df=1191	Sig.(2-tailed)
Surface acting	3.2958	3.4112	-2.399	.017
Deep acting	2.4973	2.4889	.173	.863
Emotional consonance	2.5619	2.5140	.720	.472
Suppression	3.4549	3.5263	-1.479	.140
Personal	2.5729	2.6442	-.014	.989
Working conditions	2.6450	2.7906	-2.712	.007
Social status	2.7179	2.7059	.535	.593
Administration	2.7300	2.7557	.815	.415
Monetary benefits	2.7856	2.7681	2.231	.026

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

From the table 5, it is clear that there are insignificant differences between unmarried and married on the dimensions of deep acting, emotional consonance but there is significant differences on the dimension surface acting. The married nurses are doing more surface acting than unmarried nurses. Married nurses are having significant differences on the dimensions working conditions and monetary benefits of job satisfaction. Married nurses are more satisfied with the working conditions than the unmarried nurses while as on the dimension monetary benefits the unmarried nurses are more satisfied than the unmarried nurses. The hypothesis **H<sub>2b</sub>**: “There is no difference in emotional labour and job satisfaction for married and unmarried nurses of selected public and private hospitals of Punjab.” is partially true. For the all other dimensions of job satisfaction personal, social status and administration there are insignificant differences.

**Table 6 Results of ANOVA (Age-wise comparison)**

Dimensions	F	Sig.
Surface acting	1.024	.394
Deep acting	3.551	.007
Emotional Consonance	1.856	.117
Suppression	1.788	.130
Personal	2.417	.048
Working conditions	1.776	.132
Social status	2.062	.084
Adminstartion	1.135	.339
Monetary benefits	2.225	.065

(age groups were 25-30,31-35,36-40,41-45,46and above)

**Note: \* p<0.01, \*\* p<0.05, \*\*\* p<0.001**

The above table (table 6) describes that there are significant differences only on the dimension deep acting, but insignificant differences for surface acting, suppression and emotional consonance. Since the deep acting relates to the working hard to show the appropriate emotions to the patients so it increases as the age increases while as the other dimensions is just the pretending of emotions, faking a good mood and hiding the anger and disgust on which the age does not play significant role. On the job satisfaction side there are insignificant differences on the dimensions working conditions, social status, administration and monetary benefits, but significant difference on personal. Hence the hypothesis **H<sub>2c</sub>** “There is no difference in emotional labour and job satisfaction among different age groups of nurses in selected public and private hospitals of Punjab” is accepted for all the dimensions except deep acting and personal.. It is evident that the age groups 31-35 and 41-45 are doing the most of deep acting followed by the lower age groups. The reason behind this difference is that the upper age group has learnt the negative consequences of surface acting and suppression with their experience and they are engrossed in the profession completely. As far as the personal dimension of job satisfaction is concerned the upper age group is more concerned with their attitude towards their profession as compared with the entry age group 25-30. The results are similar with the results of **Toker<sup>20</sup> (2011)** applied ANOVA test to analyze the overall job satisfaction for any significant differences among the respondents’ age groups. The relationships between the job satisfaction and the age groups are statistically significant (F =4.827, p<0.001). The relationship between job satisfaction and years at present university is also statistically significant (F=3.821,p<0.006) also relationship between job satisfaction and length of services in higher education also statistically significant ( F=3.537, p<0.004). ANOVA test was used to determine differences in means for the job satisfaction by marital status. No significant differences were found for respondents’ marital status. Besides, the effect of gender on the job satisfaction was analyzed by t-test but no significant differences were found in job satisfaction between women and men academicians.

**Table 7: Results of ANOVA (Experience-wise comparison)**

Dimensions	F	Sig.
Surface acting	.508	.730
Deep acting	1.088	.362
Emotional Consonance	.912	.457
Suppression	1.635	.164
Personal	1.978	.096
Working conditions	1.497	.202
Adminstartion	1.076	.367
Social status	.793	.530
Monetary benefits	.400	.809

Experience categories are 0-5, 5.1-10, 10.1-15, 15.1-20, 20 and above)

**Note: \* p<0.01, \*\* p<0.05, \*\*\* p<0.001**

From the table 7, it is observed that the there are insignificant differences on the dimension of all the dimensions of emotional labour and job satisfaction. Thus the hypothesis **H<sub>2d</sub>** : “There is no difference in emotional labour and job satisfaction among different experience levels of nurses in selected public and private hospitals of Punjab” is accepted as **Waharton (1993)** found that there is no significant difference on the job satisfaction according to gender, marital status, academic qualification and the position of the medical officer so concluded that age has a significant influence on the factors like, salary, job promotion, extra benefits, rewards, work, working hours, performance evaluation and equipments. For the salary, job promotion, extra benefits, rewards and performance evaluation, the level of satisfaction is quite high in the beginning stage who are ≤ 30 years of age but decreasing between age 31 to 40 and increasing again for the officers who are 41 and above. For the factors on work and equipments, the level of satisfaction is quite low for the young medical officer and the level of satisfaction is quite high for the medical officers who are 41 and above. The job satisfaction has a positive correlation and significant with work motivation, work involvement commitment and work performance.

**Table 9: Hierarchical regressions showing Emotional Labour predicting outcome variables**

Predictors	Job satisfaction				
	R <sup>2</sup>	F	p value	Constant	Beta Coefficients
<b>Step 1</b> Surface Acting	.594	863.311	.000	4.088	-.409
<b>Step 2</b> Surface Acting Emotional Consonance	.638	519.297	.000	3.524	-.319, .104
<b>Step 3</b> Surface Acting Emotional Consonance Deep Acting	.657	375.198	.000	3.186	-.275, .082, .099
<b>Step 4</b> Surface Acting Emotional Consonance Deep Acting Suppression	.665	291.369	.000	3.407	-.250, .069, .085, -.068

From the hierarchical regression we found that when only surface acting was entered as a predictor in the first step it explains 59.4 % of variation in job satisfaction. In step 2 , surface acting was entered with emotional consonance and R<sup>2</sup>value was improved from 63.8 % which indicates that by introducing one more independent variable emotional consonance variable the variation is increased by .08 %.

**8. Conclusion**

From the above analysis, it is observed that the level of emotional labour is low in medical staff working in hospitals of Punjab. In private hospitals this level is significantly high than public hospitals which is supported by the study in which the strength of emotional labor of nurses was similar for all participants in spite of differences in age, position, and clinical career. Total score for emotional labor was 3.21, frequency of emotional labor 3.34, attentiveness of emotional display 3.41, and mismatch of emotions 2.87. Mismatch of emotions influenced job satisfaction (F=12.53, p <.001) R<sup>2</sup>=27%, intent to leave (F=8.51, p <.001) R<sup>2</sup> =19%, and nursing performance (F=5.80, p <.001) R<sup>2</sup> =15%. (Bila, 2012)<sup>22</sup>

Emotional labour dimensions surface acting, deep acting, emotional consonance, suppression were negatively correlated with the dimensions of job satisfaction i.e. personal, working conditions, social status, administration and monetary benefits.

There were significant differences among age groups, experience, designation but no significant differences between gender and marital status. There were significant differences on the dimensions administration and monetary benefits as Neenu Ann Mathew <sup>23</sup> (2013) found by applying chi square on pay and job satisfaction that the value of  $X^2(4) = 38.302$ ,  $p \leq 0.05$  (95% level of significance). Probability obtained is 0.000 which is less than 0.05. So the hypothesis, there is a significant relation between pay and job satisfaction is accepted. Torland <sup>24</sup> (2011) showed that deep acting had a statistically significant positive effect on adventure tour leaders' job satisfaction ( $\beta = .30$ ,  $p = .000 < .05$ ). This means that the more frequently adventure tour leaders applied deep acting as an emotional labour strategy on the job, the more satisfied they were with their job. While surface acting had a negative effect on adventure tour leaders' job satisfaction, as predicted, this impact was not statistically significant ( $\beta = .08$ ,  $p = .347 > .05$ ). **Grandy (2003)** Deep acting was associated negatively with job satisfaction ( $\beta = -0.21$ ). Surface acting was related significantly to job satisfaction ( $\beta = -0.37$ ) which is also shown in our study also (see table no.2)

As far as the dimensions of job satisfaction are concerned there are significant differences on the job satisfaction dimensions between public and private hospitals. Medical staff in private hospitals were more satisfied than public hospitals contrary to the findings of study conducted by Abushaikha and Saca-Hazboun <sup>25</sup> (2009) found that nurses working in the private hospitals of PALESTINE reported moderate levels of both job satisfaction and burnout. Significant differences were found between nurses reporting adequate and inadequate incomes on ability utilization ( $t = 2.41$ ,  $p < 0.001$ ), advancement ( $t = 2.60$ ,  $p = 0.01$ ), company policies and practices ( $t = 2.72$ ,  $p < 0.01$ ), compensation ( $t = 3.77$ ,  $p < 0.01$ ), responsibility ( $t = 2.18$ ,  $p = 0.03$ ), working conditions ( $t = 2.15$ ,  $p = 0.03$ ) and general job satisfaction ( $t = 2.14$ ,  $p = 0.03$ ). Years of experience had a significant effect on independence ( $F = 2.46$ ,  $p = 0.04$ ), while place of employment significantly affected several aspects of job satisfaction. Number of children affected security ( $F = 4.96$ ,  $p < 0.001$ ), while general satisfaction was affected by position ( $F = 4.16$ ,  $p < 0.001$ ) which is same as in our present study where the hypothesis of difference among different experienced groups is accepted. Tolich <sup>26</sup> (1993) indicates that while some forms of emotional labor can be tiring, they can also be rewarding. It may be that for Greek doctors and nurses repressing negative emotions (e.g. anger and hostility) are perceived as more organizationally normative when compared with the need to surface act. Seery & Corrigan <sup>27</sup> (2009) Surface acting for children/patients ( $\beta = -0.23$ ,  $p < .01$ ) was associated negatively to job satisfaction. **Satyanarayana** and Shanker <sup>28</sup> (2011) shows that emotional labour is correlated to job satisfaction ( $R = .449$ ). The adjusted R square is .119. This indicates that emotional labour accounts for only 19.9% variance in the dependent variable (job satisfaction). Job satisfaction is affected by several factors other than emotional labour. Further, a large percentage of employees who were emotionally exhausted were still satisfied with their jobs and enthusiastic about it. Matur et al.,<sup>29</sup> (2013) compares emotional labour of doctors. T-test was applied to measure the difference in the emotional labor of doctors and nurses. The t-value (1.180) was significant at 0.241, so null hypothesis is not rejected and it can be concluded that there is no difference in the emotional labor of doctors and nurses. In our study it was found that there was a significant difference among designation as far emotional labour is concerned. Nurses do more emotional labour than the doctors.

Ghazali et al.,<sup>30</sup> (2007) Overall 56% doctors were not satisfied with the level of their income. It is found that 92% of all the doctors were neither satisfied with the present service structure nor with the career prospects in Pakistan. Further, 78% of the doctors would like to serve abroad. Main factors contributing towards job satisfaction were designation and working environment whereas service structure turned out to be the source of dissatisfaction. Most of the doctors in all ranks and with different qualifications were not found satisfied with their job due to lack of proper service structure and low salaries. Our study gives contradictory results in comparison to this study as there was high job satisfaction among the medical staff although the public hospital staff complains about the working conditions only. Our study also found that the private hospitals were doing more emotional labour than public hospitals which is supported by comparative study of public and private sector banks by Kumar et al.,<sup>31</sup> (2010) in which they found that out of 35 executives 28 (80%) who reported to be more involved in performing emotional labor also reported to have more health problems in comparison to them who were less involved in performing emotional labor. So, it can be concluded that the more emotional labor adversely affects perceived health outcomes. On the other hand it was also found that the private sector bank executives perform more emotional labor as compared to public sector banks. Among 15 private sector bank executives 13 (87%) reported to perform emotional labor and out of 20 public sector bank executives only 15 (75%) reported to be involved in performing emotional labor.. Therefore, it can also be concluded that private sector executives perform more emotional labor as compared to public sector bank executives.

Sijuwade and White<sup>32</sup> (2011).found that there was a decreased job satisfaction for the older social workers (83.6) than the younger ones(85.3). Males had lower job satisfaction ( 83.0) than the female (86.0). Social workers in private practice had higher (89.0) than those working for an agency/organization(82.0). Job tenure effects job satisfaction in a curvilinear fashion.Social workers who were in present position for two years or less had a mean of 85.8 for those with 3-5 years. Job satisfaction was more in private hospitals,the upper age groups and experienced staff but no job satisfaction differences between gender and marital status which is opposite to the findings of Sharma et al.,<sup>33</sup> (2010) found by t-test analysis that male lawyers experienced significantly more job satisfaction than female lawyers with means being (77.09 v/s 66.25) and t-value being (4.61\*\*, p<.01). On depersonalization, females are significantly higher to that of males, means being (9.71 v/s 6.12), t-being (-3.07\*\*, p<0.01), and females have been found to be significantly higher on reduced personal accomplishment as compared to the males, means being (15.84 v/s 8.06), t-being (-4.93\*\*, p<0.01). It is clear from our study that the persons who are doing less emotional labour they are having job satisfaction as compared to those who do hard emotional labour and are less satisfied as Brotheridge and Grandey<sup>34</sup> (2002) suggests that fulfilling the emotional demands of teaching might boost feelings of competence and satisfaction with achievement. It should be noted, however, that the relationship between emotional labour and personal accomplishment was not robust and the strong negative associations observed with job satisfaction contradicts this argument.

## **9. Recommendations**

To improve the noble profession and to elevate the existing standard up to global standard following suggestion are made.

- The pay of nurses of public hospitals should be revised and indexed in conformity with galloping inflationary trends.
- The working conditions of the public hospital staff should be made compatible with private hospital staff.
- There should be regular and sufficient recruitment of nurses this will reduce their burden of duty, which will also reduce a patent source of job dissatisfaction.
- The working conditions and hygienic condition should be standardized, especially of public hospitals.
- Nurses should be facilitated by posting them at their native station, or comparatively near stations to their homes. If possible and their livelihood should be made compatible by providing fringe benefits like, residence, concession in travelling and utility charges especially to the nurses of the public hospital.
- Seminars and workshops should be conducted for nurses for making an emotional bond with patients. Techniques for showing appropriate emotions at right place and right time should be taught.

#### **10. Limitations and Future Scope**

This study focused on the effects of surface acting and deep acting on the job satisfaction of public and private hospitals and it also recognized that a variety of other factors could have an impact on job satisfaction, which could be incorporated into future studies. It is acknowledged that employees, in addition to performing surface acting or deep acting, have the option of displaying their genuine emotions during interaction with their clients Ashforth and Humphrey <sup>35</sup> (1993). This was not considered in detail in this study. Hence, future research could benefit from the inclusion of genuine emotion display as a factor to consider when examining the relationships between emotional labour and job satisfaction of public and private hospitals. As pointed out by Humphrey, Pollack, and Hawver <sup>36</sup> (2008), leading with emotional labour is a fruitful topic where more research could prove to be beneficial to workers as well as employers.

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