Impact of Emotional Labor on Job Satisfaction: A Study Among Nurses in Kerala

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Abstract: *Background: Nurses play a crucial role in the healthcare system, providing care, support, and empathy to patients in various settings. However, the nursing profession is often associated with high levels of emotional labour, as nurses must manage their emotions while providing care, even in challenging situations. This study aims to investigate the impact of emotional labour on job satisfaction among nurses, recognizing the potential implications for both individual well-being and the quality of patient care.*
Methods: A comprehensive research approach was employed, involving a cross-sectional survey administered to a sample of registered nurses from diverse healthcare settings. The survey included standardized measures to assess emotional labour strategies, job satisfaction. Data were analysed using statistical techniques, including correlation analysis and multiple regression.
Results: The results of this study revealed a significant relationship between emotional labour and job satisfaction among nurses. Specifically, nurses who reported higher levels of surface actingtended to report lower levels of job satisfaction, and higher levels of deep acting results into higher levels of job satisfaction.
Conclusion: This research provides valuable insights into the impact of emotional labour on job satisfaction among nurses. The findings underscore the need for healthcare organizations to recognize the emotional demands placed on nurses and implement strategies to support their emotional well-being. By addressing these emotional labour challenges, healthcare institutions can enhance job satisfaction among nurses, potentially leading to improved patient care outcomes and overall healthcare quality. This study contributes to the growing body of literature on healthcare professionals' emotional labour experiences and their implications for job satisfaction and well-being

Keywords: Deep Acting, Surface Acting, Emotional Labour, Job Satisfaction

I. INTRODUCTION

Nurses are the compassionate caregivers at the heart of the healthcare system, dedicated to providing vital care and solace to patients in times of vulnerability and need. Their role is multifaceted, demanding not only clinical expertise but also emotional resilience. Within the demanding environment of healthcare, nurses are confronted with an array of emotions from patients, families, and themselves, necessitating them to manage their own emotions while delivering care. This phenomenon is encapsulated by the term "emotional labour," which encompasses the effort required to regulate emotions as part of one's job.

Nursing has its share of ups and downs at work, just like any other profession. Nursing is the foundation of any healthcare system and is essential to the health and wellbeing of all nations (Abou, 2017). Nurses are now faced with overwork stress due to a rise in workplace bullying, overtime work, and double shifts, which affects morale, results in emotional exhaustion, and reduces happiness (Islam and Chaudhary, 2022; Ahmad et al., 2023). Emotional labour (EL) is the outcome of all of these factors, which can force nurses to appear joyful in order to meet organizational demands (kim 2018). Particularly in the realm of nursing, EL is regarded as an essential component of the work of the healthcare practitioner (Zamanzadeh et al., 2013).

Worldwide, hospital nurses are very susceptible to job burnout, decreased job satisfaction, and high levels of job stress, all of which have a negative impact on nursing outcomes (aikenlh 2018). Emotional Labour is a salient aspect of the

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nursing profession, as nurses consistently navigate emotionally charged situations, ranging from comforting distraught patients to coping with the loss of lives under their care. This unique and demanding emotional landscape can significantly influence nurses' job satisfaction, affecting both their individual well-being and the quality of care provided to patients.

Understanding the complex interplay between emotional labour and job satisfaction among nurses is of paramount importance. A satisfied nursing workforce is more likely to be engaged, provide higher-quality care, and exhibit reduced turnover rates, all of which are critical factors for the overall success of healthcare organizations and, ultimately, patient outcomes.

In order to perform professional duties, it is crucial for nurses to regulate their emotions. Only a small number of research have, to date, linked emotional labour's status in India to the factors affecting nurses' job satisfaction. The relationship between emotional labour and job satisfaction among nurses is investigated in this study. The current study seek to shed light on the difficulties nurses encounter in controlling their emotions while providing care for others and investigate potential negative effects on their own job satisfaction through rigorous examination and analysis. By uncovering the nuances of this relationship, the researcher aspire to provide valuable insights that can inform healthcare organizations and policymakers on strategies to support nurses' emotional well-being, ultimately enhancing both the job satisfaction of nurses and the quality of patient care.

In the sections that follow, researcher will outline the methodology used in this study, go over the findings, and draw conclusions that add to the growing body of knowledge about emotional labour in the nursing profession and how it significantly affects the happiness of those who shoulder this weighty responsibility.

II. LITERATURE

According to Hochschild (1983), emotional labour is the control of emotions to produce desired visual and physical expressions for organizational norms. Surface Acting (SA) and Deep Acting (DA), two distinct emotional labour methods, were introduced by Hochschild in 1983. According to Arlie (1983), surface acting is the act of "putting on a mask" to hide or reveal emotions. Service providers work to alter their emotions through DA in order to more closely meet the demands of the organization (Arlie, 1983; Grandey, 2000). When providing care for patients, nurses put themselves in the position of the patients and their family. This enables them to create EL, which has a significant impact on the job satisfaction of nurses (Kim and Jang, 2018).

The links between emotional labour techniques and other aspects such as personal and job-related well-being, emotional dissonance, emotional weariness, psychological illness, and job satisfaction have been the subject of numerous research in service occupations, including nursing. (Diefendorff et al., 2011; Gountas et al., 2014) They have shown that surface acting has a negative correlation with job satisfaction. On the other hand, job satisfaction has a positive correlation with deep acting (Brotheridge and Lee, 2003). Furthermore, research by Gabriel et al. (2015) and Yeh et al. (2000) has demonstrated a negative correlation between SA and job satisfaction.

However, deep acting, in which nurses actually feel the emotions associated with their roles, has been shown to improve job satisfaction (Hülsheger and Schewe, 2011; Wu et al., 2018). Nurses frequently have increased job satisfaction when they can emotionally relate to their patients. However, contradictory findings by researchers suggest that there is no connection between Deep acting and nurse work satisfaction (Shao et al., 2016; Yin and Wang, 2018). According to a study by (Gountas et al.,2014) deep acting did not demonstrate any relationship with job satisfaction.

2.1 Objectives
The purpose of the current study is to investigate how emotional labour affects nurses' job satisfaction in Kerala. This study will specifically investigate how surface acting and deep acting relate to job satisfaction.

2.2 Hypotheses of the Study
H1: There is a significantly negative impact of Surface acting on job satisfaction
H2: There is a significantly positive impact of Deep acting on job satisfaction

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III. METHODOLOGY

This study included a cross-sectional survey. The participants in this study are the healthcare workers employed in various hospitals located at Kozhikode district, Kerala. Participants were recruited through convenience sampling. Inclusion criteria include being currently employed as a nurse in a hospital setting and being at least 1 year experience. Data for this study were gathered using a questionnaire designed by the researcher, The survey was distributed using WhatsApp, and the responses were gathered using a Google Form. To ensure everything is ethical, the assurancewas given to participants that their information would be kept private and used only for the purpose of the research. There were two sections in the questionnaire. In the first portion, questions about the respondents' demographics were asked, and in the second, questions about their emotional labour and level of job satisfaction. The emotional labour items were taken from the Emotional Labor Scale (ELS), which was created by Diefendorff et al. (2005). A Likert scale with a 1-to-5-point range was used to score each item. The emotional control techniques of surface acting and deep acting—both of which are utilized in emotional labour—are evaluated using the scale. The following were taken from the Job Satisfaction Survey (JSS) (Spector, 1994) as measures of job satisfaction: The JSS is a 36-item scale that assesses nine aspects of job satisfaction, such as salary, promotion, supervision, and communication, as well as demographic data like age, gender, and years of experience. A 5-point Likert scale, ranging from 1 (extremely unsatisfied) to 5 (very satisfied), is used in the survey.

Data were analysed using SPSS 20.0. Correlation and regression analysis were conducted to examine the relationship between emotional labour and job satisfaction.

IV. ANALYSIS AND RESULT

4.1 Demographic Profile

Total 125 respondents who presently working in hospitals were included in the study. Out of 125 nurses, 102 nurses (81.6 percent) were female and 23 (18.4 percent) nurses were male. Their average age was 27 years, however their ages ranged from 20 to 48. The average length of nursing experience was 5.5 years ranges from 1 to 29 years. The majority of participants (66.9%) worked an average of 50 to 60 hours per week, followed by 42 to 49 hours (23.1%) and 32 to 40 hours (10%). Approximately 75% of participants provided 5 to 12 hours of patient care per day.

Table -1 scale reliability

Category	Number of items	Cronbach's alpha
Surface Acting	7	0.75
Deep Acting	4	.72
Job satisfaction	8	0.795

Table shows the Cronbach's alpha values for Surface Acting- 0.75, Deep Acting 0.72, and job satisfaction 0.795 all are above 0.7, which indicates that the measures are reliable. These results suggest that the measures used in the study are consistent and reliable, which enhances the validity of the study's results.

Table 2: Correlations between Surface acting (SA), Deep acting (DA)and job satisfaction (JS), (n=180).

Variables	SA	DA	JS
Surface Acting (SA)	1	-.506	-.743
Deep Acting (DA)		1	.675
Job Satisfaction (JS)			1

Correlation is significant at the 0.01 level,

Table 2 indicates the relationship of nurses' job satisfaction with Surface Acting and Deep acting. Result indicated a negative correlation of job satisfaction with Surface acting (r = -.743, p <0.001). The result also showed that job satisfaction of nurses in positively correlated with Deep acting (r = -.675, p <0.001). these results indicates that emotional labour is significantly contributing to the employee performance.

Testing of hypothesis

Researcher applied multiple regression analysis to test impact of Emotional labour on Employee performance.

Table 3 Model Summary

Model	R	R Square	Adjusted R Square	F	P-value
1	.820[a]	0.673	0.669	182.105	0.000

Predictors: (Constant), Surface Acting, Deep Acting

Dependent variable: Job satisfaction

In the regression analysis, Surface acting and Deep acting were used as a predictors of outcome variable employee performance. $F_{(2,177)} = 182.105$, p=0.001, shows that the predictors strongly predict the job satisfaction.it means that the surface acting and deep acting have significant effect on Job satisfaction. The Adjusted R^2 indicates that 66.9% of the variation in job satisfaction can be explained by both predictors – Surface acting and Deep acting.

To determine the impact of each component on the outcome variable (Job satisfaction), coefficients were further evaluated.

H1 assesses whether the Surface acting has a significant negative impact on Job satisfaction. According to the result of the study, Surface Acting has significant negative impact onJob satisfaction (B =-.801, t = -10.844, p =.000). Therefore,H_1 was supported. These findings are consistent with those of (Diefendorff et al., 2011; Gountas et al., 2014). They came to the conclusion that the Job Satisfaction was negatively affected by Surface acting.

According to the findings, the Deep Acting significantly and positively affects Job satisfaction (B =.437, t = 8.065, p =.000). This confirms that H2 is supported and Deep acting has significant positive impact on Job satisfaction, which is in line with previous studies(Brotheridge and Lee, 2003).

Table 4 Hypotheses results

The results are presented in table

Hypothesis	Regression weights	B	t	p-value	Results
H1	SA→ JS	-.801	-10.844	0.000	Supported
H2	DA→ JS	.437	8.065	0.000	Supported
Adjusted R^2	0.669				
F (2,177)	182.105				

Note: $p<0.05$, SA: Surface Acting, DA: Deep Acting, JS: Job Satisfaction

V. CONCLUSION

The study's primary objective was to investigate the influence of emotional labour on job satisfaction, with a focus on two distinct variables: Surface Acting and Deep Acting. The research findings revealed noteworthy relationship between these variables and job satisfaction.

Specifically, the study unveiled a significant negative correlation between Surface Acting and Job Satisfaction, suggesting that an excessive reliance on surface acting tends to diminish overall job satisfaction levels. Conversely, the research findings indicated a significant positive correlation between Deep Acting and Job Satisfaction, implying that an increase in the practice of deep acting is likely to result in higher job satisfaction levels, particularly among nurses.

In light of these significant findings, it is recommended that efforts be made to encourage nurses to limit their engagement in surface acting behaviours. Instead, they should be encouraged to adopt deep acting as a more favourable approach to emotional labour, as this shift in strategy has the potential to contribute positively to their overall job satisfaction. Ultimately, by improving emotional labour practices among nurses, there is a promising opportunity to enhance their job satisfaction levels.

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