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Emotional Labour and its Outcomes Among Nurses at a Tertiary Hospital – A Proposed Model

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Abstract: Emotional labour is a crucial aspect of nursing, involving the management of emotions to meet organizational and societal expectations. Limited research exists on understanding emotional labour and the outcomes of emotional labour among nurses, which can range from positive outcomes like job satisfaction and patient satisfaction to negative outcomes like emotional exhaustion and job exhaustion. This study aims to assess emotional labour and its outcomes among nurses. It contributes to a better understanding of its impact and informs interventions to enhance nurses' well-being and job performance. To assess the emotional labour performance among nurses, to assess the emotional conflict among nurses, to determine the positive and negative outcomes of the emotional labour performance among nurses and to propose a model for emotional labour performance in healthcare a descriptive study was conducted among a sample population of approximately 270 nurses from Sri Ramachandra Hospital G-Block (Chennai, Tamil Nadu, India). Subjects were recruited from the nursing department, and after obtaining their consent, they were given a questionnaire to collect demographic data and evaluate emotional labour and its outcomes. Additionally, direct observations using the Observed Emotion Rating Scale were conducted. The study utilized systematic random sampling. The sample size was determined to be 270 nurses, with a final response rate of 87%. The reliability of the questionnaire was assessed using Cronbach's alpha, which yielded satisfactory results. The primary data collected was analyzed using Microsoft Excel and SPSS software with appropriate statistical tools. The findings are emotional labour performance; deep acting was more prominent than surface acting among nurses. Emotional harmony was found to be higher than emotional dissonance and emotional excess in emotional labour conflicts. Positive outcomes of emotional labour were more prevalent than negative outcomes. Deep Acting and surface acting significantly affected positive and negative outcomes. This study highlights the significance of emotional labour in nursing and its impact on nurses' well-being and job performance. By prioritizing nurses' emotional well-being and implementing interventions to mitigate the negative outcomes of emotional labour, healthcare organizations can create a supportive work environment that enhances both nurse satisfaction and patient care.

1. Introduction

Emotional labour, the management and regulation of emotions in the workplace, is an integral aspect of nursing practice, given the demanding and emotionally charged nature of healthcare settings (Hochschild, 2019). Nurses play a crucial role in providing patient care, requiring them to demonstrate clinical expertise and engage in emotional labour by displaying empathy, compassion, and professionalism (Henderson, 2001). While emotional labour is essential for effective patient care, it can significantly affect nurses' well-being and job satisfaction (Jordan et al., 2006). Thus, the study aims to contribute to the existing body of knowledge by proposing a comprehensive model that elucidates the

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emotional labour performance and its outcomes. By assessing emotional labour performance, evaluating emotional labour conflict, and determining the outcomes associated with emotional labour, this study seeks to provide valuable insights into the complex dynamics of emotional labour in the nursing profession. Understanding the implications of emotional labour in nursing is crucial for promoting the well-being of nurses and optimizing patient care. By addressing the outcomes associated with emotional labour and proposing effective interventions, healthcare organizations can support their nursing workforce and ensure the delivery of high-quality, compassionate care (Mahato and Kumar, 2012). Ultimately, this research tries to contribute to the development of supportive work environments, interventions, and policies that promote nurses' emotional well-being and enhance the overall quality of care provided in healthcare settings.

Emotional labour, a concept pioneered by Adelmann (1995), has become a significant research focus in understanding its implications on job stress and overall job satisfaction. This literature review synthesizes findings from various studies that investigate the facets of emotional labour, exploring its impact on employees across diverse occupations. This qualitative study, based on data from 44 US employees across various occupations, revealed that emotional labour can contribute to job stress, leading to feelings of exhaustion, frustration, and inauthenticity. Exploring the dispositional factors influencing emotional labour at work, (Liu et al. 2014) defined emotional labour as the process of managing one's emotions to fulfil job requirements. This quantitative study, involving 193 employees from various US occupations, revealed positive associations between emotional intelligence and emotional stability with emotional labour, while emotional exhaustion and job dissatisfaction exhibited negative correlations. Mann (2005) synthesized previous research on emotional labour in healthcare settings to propose a new model that elucidates the antecedents and consequences of emotional labour in this context. The model distinguishes between types of emotional conflict and outlines the specific positive and negative implications of emotional labour performance in healthcare. Jordan et al. (2006) successfully validated the Emotional Labour Scale (ELS) and demonstrated its cross-cultural applicability across various occupations, including healthcare, education, and hospitality.

In addition to the foundational research discussed earlier, this work aims to build upon and integrate insights from key studies that delve deeper into the emotional labour landscape, particularly within nursing. The following studies provide valuable perspectives that further fortify the objectives of this study:

Delgado et al. (2017) integrative review on nurses' resilience and the emotional labour of nursing work is pivotal to understanding how the interplay between resilience and emotional labour influences the well-being of nursing professionals. By incorporating insights from this review, this research seeks to unravel the nuanced dynamics shaping emotional experiences and coping mechanisms among nurses. Gray's (2009) exploration of the emotional labour of nursing, particularly in defining and managing emotions, offers valuable conceptual insights. This research aims to incorporate and extend these conceptualizations, shedding light on how emotional labour manifests in specific job roles and the implications for the emotional well-being of professionals. Badolamenti et al. (2017) narrative review provides a comprehensive overview of emotional labour in nursing. By integrating findings from this review, the study aims to enrich its understanding of the varied dimensions of emotional labour within the nursing context, contributing to a more nuanced analysis of the emotional demands faced by healthcare professionals. Fernández-Basanta et al. (2023) meta-ethnography on the link between task-focused care and emotional labour in nursing care is crucial for understanding the nuanced aspects of emotional labour in the caregiving context. By integrating insights from this meta-ethnography, the study aims to deepen its understanding of emotional labour's implications on the quality of patient care. Kumar and Jin's (2022) investigation into the impact of nurses' emotional labour amid the COVID-19 pandemic and the moderating role of instrumental support and coaching leadership adds a temporal and contextual dimension. This study aims to integrate these temporal factors to explore how external events and leadership styles influence the emotional labour experiences of nurses.

Yu et al. (2022) study on the relationship between professional identity, organisational justice, emotional labour, and job performance among Chinese hospital nurses contributes valuable insights. Considering these factors, the research explores the intricate interplay between organizational dynamics, professional identity, and emotional labour outcomes. Meacham et al.'s (2023) exploration of high-involvement work practices, supervisor support, and employee resilience in supporting the emotional labour of front-line nurses provides a foundation for understanding organizational factors. This research aims to integrate organizational perspectives to

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explore how workplace practices and support structures influence the emotional labour experiences of nurses. Öz, Karadas and Baykal's (2023) qualitative study on the emotional labour behavior of nursing students add a developmental perspective. By considering the experiences of future professionals, the study aims to explore how emotional labour is shaped during the early stages of a nursing career, providing insights into the training and education aspects of emotional labour.

Collectively, these studies illuminate the multifaceted nature of emotional labour and its impact on employees in diverse occupational settings. From qualitative explorations to quantitative analyses and cross-cultural validations, the literature reviewed underscores the need for a comprehensive understanding of emotional labour's role in shaping individuals' emotional experiences and well-being in the workplace.

2. Statement of the Problem

Despite the well-recognized importance of emotional labour in nursing, there is a lack of comprehensive understanding of its impact on nurses' well-being and the quality of care provided**.** This gap in knowledge stems from the current state of research's inability to fully capture the complexities of emotional labour among nurses, the conflicts that arise from it, and its associated positive and negative outcomes. Additionally, there is a need for a model that can effectively guide the management and optimization of emotional labour in the healthcare industry. To address these shortcomings, this study aims to investigate emotional labour performance among nurses thoroughly, identify the emotional conflicts they face, and elucidate the positive and negative consequences of emotional labour on their well-being and job performance. Moreover, the study proposes a model for emotional labour performance in healthcare that encompasses the various factors influencing emotional labour and provides a framework for effectively managing and optimizing emotional labour in nursing practice. By addressing these gaps in knowledge, this study seeks to contribute to the field and provide valuable insights that can inform strategies for supporting nurses' emotional well-being and enhancing the quality of care in healthcare settings.

3. Materials and Methodology

This study adopts a descriptive study design to explore emotional labour and its outcomes among nurses in a hospital setting. The choice of a descriptive study design is apt for this investigation, aiming to provide a comprehensive depiction and understanding of emotional labour performance, emotional conflict, and the positive and negative outcomes experienced by nurses within the hospital environment. The study involves approximately 270 nurses from Sri Ramachandra Hospital, Chennai recruited from the nursing department G-block.

3.1 Sampling and participants

The study encompasses the population of nurses in Sri Ramachandra Hospital G-Block, totalling around 900 nurses. Using systematic random sampling, a sample size of 270 nurses was selected to achieve a representative sample. The inclusion criteria involve working nurses with at least six months of work experience, while those with less than six months of experience were excluded. Systematic random sampling was employed to ensure an unbiased representation of the nurse population. The sampling interval was determined as every third posted nurse per shift, resulting in a final sample size of 270 nurses across different wards and shifts. The estimated sample size was 270 nurses, yielding a confidence interval of 95% with a margin of error of ±5%. Ultimately, 235 nurses responded, achieving an 87% response rate.

3.2 Measurement of variables

Data were collected through structured questionnaires and direct observations. The questionnaires encompassed demographic information, Schaubroeck and Jones' (2000) 10-item questionnaire, Berk et al. (2005) 4-item questionnaire, Li et al. (2014) 2-item questionnaire, and the modified 10-item Jiyeon Hong, Oksoo Kim (2018) Emotional Labour Scale for Nurses. Additionally, Lawton et al. (1999) used the Observed Emotion Rating Scale for direct observations. Questionnaire reliability was assessed using Cronbach's alpha. The questionnaire demonstrated high reliability, with a Cronbach’s alpha of 0.846 for the first 10 items, 0.727 for the next 6 items, and 0.843 for the last 10 items.

3.3 Method of data collection

After obtaining informed consent, participants received the questionnaire, including Likert-scale items and categorical response options. Simultaneously, direct observations were made using the Observed Emotion Rating Scale to assess emotional expressions during interactions.

3.4 Data analysis

MS Excel was used for preliminary data organization, while SPSS facilitated comprehensive statistical analyses. ANOVA was employed to analyse differences among means, and regression analysis explored relationships between dependent and independent variables, enhancing the depth of understanding in this research.

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Ethical issues: There were no ethical issues in this study. The institutional ethical approval was obtained with Ref. No: CSP/23/MAY/128/443.

4. Results

Out of 235 participants, the descriptive statistics of the demographic data showed the age distribution of the respondents showed that 66 percent were between 20-25 years old, 15 percent were between 26-30 years old, and 6 percent fell into each of the following age groups: 31-35 years, 36-40 years, and above 40 years. The gender distribution of the data revealed that 15 percent of the respondents were males, while the majority, accounting for 85 percent, were females. The distribution of job positions among the respondents shows that 0.42 percent were Deputy Nursing Superintendents (DNS), 1.27 percent were Senior Nursing Superintendents (SNS), 0.85 percent were NS, 0.85 percent were Assistant Nursing Superintendents (ANS), 0.42 percent were Junior Assistant Nursing Superintendent (JANS), 2.12 percent were Nursing Supervisor (NSV), 0.85 percent were SI, 5.1 percent were Senior Ward In Charge (SWI), 2.97 percent were Ward In Charge (WI), 3.4 percent were Junior Ward In charge (JWI), 5.1 percent were Senior Staff Nurse (SSN), 43.82 percent were Staff Nurse (SN), 32.34 percent were Junior Staff Nurse (JSN), and 0.42 percent were Auxiliary Nurse and Midwife (ANM). The distribution of years of experience among the respondents shows that 43 percent have 0.5 to 1 year of experience, 35 percent have 1 to 5 years, 11 percent have 5 to 10 years, 4 percent have 11 to 15 years, and 18 percent have more than 15 years of experience. The descriptive statistics of the Observations under the observed rating scale showed, the mean and standard deviation of pleasure emotion among the respondents are 1.93 (M=1.93, SD=0.93), anger emotion is 1.26 (M=1.26, SD=0.64), anxiety/fear emotion is 1.72 (M=1.72, SD=0.85), sadness emotion is 1.79 (M=1.79, SD=0.96), and general alertness emotion is 4.36 (M=4.36, SD=0.77). The mean for emotions pleasure, anger, anxiety/fear, sadness, and general alertness varies across different age groups, with respondents between 31 to 35 years showing the highest mean values for pleasure (2.13) and general alertness (4.67) emotions, and respondents between 36 to 40 years displaying the lowest mean values for sadness (1.2) and general alertness (4.47) emotions.

Null Hypotheses (H1): No significant relationship exists between years of experience and emotions observed.

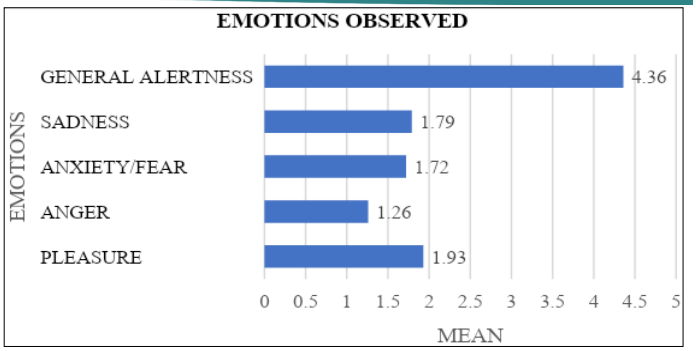

Figure 1. Emotions observed for nursing professionals

Table 1. Emotions observed Vs. experience

Experience	Mean					P-value	F- value
	Pleasure	Anger	Anxiety/fear	Sadness	General alertness		
Less than 5 years	1.9	0.00696	2.8661	1.83	4.3	0.00696	2.8661
5-10 years	1.87	1.21	1.63	1.96	4.3		
11-15 years	2.08	1.32	1.68	1.56	4.6		
16-20 years	1.6	1.2	1.5	1.33	3.8		
More than 20 years	2.3	1.4	1.33	1.4	4.67		

Source: Primary data

The research hypothesis (H1) stating that there is a significant relationship between years of experience and observed emotions was supported, as indicated by the F test with a p-value less than 0.05. Consequently, the null hypothesis was rejected. Table1 summarizes the analysis demonstrated that the number of years of work experience influences the emotions individuals express.

Objective 1: To assess the emotional labour performance among nurses.

Descriptive statistics of the items for the emotional labour performance strategies deep acting and surface acting showed nurses exhibit a higher mean of 3.7 for deep acting and a mean of 3.5 for surface acting.

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Table 2. Mean value for deep acting

Deep Acting	Mean	S.D.
When things are going badly, I am the one who conveys "silver lining" to others	3.06	1.19
I express a wide range of emotions to others at work	2.44	1.27
To be successful at work, I need to convey a sense of enthusiasm to others	3.69	1.26
I try to be kind to patients genuinely from my heart.	4.26	1.06
I try to change my emotions to the positive forms patients expect.	4.08	1.01
I try to adjust my emotions and attitude depending on patients' emotion change.	3.98	1.09
I express my emotions to maintain continuous rapport with patients.	3.91	1.14
I manage my expression and way of speaking with professional attitude to maintain patients' trust.	4.2	0.97

Source: Primary data

Table 2 states the descriptive statistics of the 8 items for the emotional labour performance strategy deep acting, which showed nurses a range of means from 3.06 to 4.20, with corresponding standard deviations ranging from 0.97 to 1.27.

Table 3. Mean value for surface acting

Surface Acting	Mean	S.D.
I have to 'put on happy face' at work even when I do not want to	3.42	1.39
I often have to suppress my emotions at work (i.e., anger and excitement)	2.96	1.4
Generally, I keep my emotions to myself-it's better that way	3.3	1.42
I show the same feelings to clients that I feel inside	2.59	1.4
I have to cover up my true feelings when dealing with patients	3.69	1.23
I have to suppress emotions in order to appear "neutral" on the outside" when dealing with patients.	3.61	1.25
I try not to show patient's the emotions, I truly feel inside	3.6	1.22
I exaggerate expressions of interest in patients.	3.6	1.12
I pretend to feel what I don't feel when I deal with patients (e.g., empathy, interest, friendliness, delight, etc.).	3.6	1.2
I consciously control my facial expression, attitude, and way of speaking when interacting with patients.	4.09	1.01

Source: Primary data

Table 3 describes the 9-items for the emotional labour performance strategy surface acting showed nurses a range of means from 2.96 to 4.09, accompanied by standard deviations varying from 1.01 to 1.42.

Table 4 summarizes the mean scores of the items for the emotional labour conflicts emotional dissonance, emotional harmony and emotional excess are 3.11, 3.70, and 3.12.

The means and standard deviations of the 7 items related to emotional dissonance in the emotional conflicts are as 3.42±1.39, 2.96±1.40, 3.30±1.42, 2.59±1.40, 3.69±1.23, 3.61±1.25, and 3.60±1.22.

Table 4. Mean value for emotional dissonance

Emotional Dissonance	Mean	S.D.
I have to 'put on happy face' at work even when I do not want to	3.42	1.39
I often have to suppress my emotions at work (i.e., anger and excitement)	2.96	1.4
Generally, I keep my emotions to myself-it's better that way	3.3	1.42
I show the same feelings to clients that I feel inside	2.59	1.4
I have to cover up my true feelings when dealing with patients	3.69	1.23
I have to suppress emotions in order to appear "neutral" on the outside" when dealing with patients.	3.61	1.25
I try not to show patient's the emotions, I truly feel inside	3.6	1.22

Source: Primary data

Table 5 states the means and standard deviations of the 8 items related to emotional harmony in the emotional conflicts are as 3.06±1.19, 2.44±1.27, 3.69±1.26, 4.26±1.06, 4.08±1.01, 3.98±1.09, 3.91±1.14, and 4.20±0.97.

Table 5. Mean value for emotional harmony

Emotional Harmony	Mean	S.D.
When things are going badly, I am the one who conveys "silver lining" to others	3.06	1.19
I express a wide range of emotions to others at work	2.44	1.27
To be successful at work, I need to convey a sense of enthusiasm to others	3.69	1.26
I try to be kind to patients genuinely from my heart.	4.26	1.06
I try to change my emotions to the positive forms patients expect.	4.08	1.01
I try to adjust my emotions and attitude depending on patients' emotion change.	3.98	1.09
I express my emotions to maintain continuous rapport with patients.	3.91	1.14
I manage my expression and way of speaking with professional attitude to maintain patients' trust.	4.2	0.97

Source: Primary data

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Table 6 shows the means and standard deviations of the 3 items related to emotional excess are as 2.72±1.36, 3.49±1.26, and 3.17±1.27.

Table 6. Mean value for emotional excess

Emotional Excess	Mean	S.D.
Sometimes the emotions that I experience at work carry over to home	2.72	1.36
I feel extremely sad after attending patients with worse conditions.	3.49	1.26
I feel overly stressed after attending patients with worse conditions	3.17	1.27

Source: Primary data

Objective 3: To determine the positive and negative outcomes of the emotional labour performance among nurses.

Table 7 states the mean of positive outcomes in emotional labour performance is 3.9, while the mean of negative outcomes is 3.09.

The mean and standard deviation of the 7 items representing positive outcomes in emotional labour performance are as 3.11 (SD: 0), 4.26 (SD: 1.06), 4.08 (SD: 1.01), 3.98 (SD: 1.09), 3.91 (SD: 1.14), 4.20 (SD: 0.97), and 4.14 (SD: 1.07).

Table 7. Mean value for positive outcomes

Positive Outcomes	Mean	S.D.
I give a lot emotionally on my job	3.11	0
I try to be kind to patients genuinely from my heart.	4.26	1.06
I try to change my emotions to the positive forms patients expect.	4.08	1.01
I try to adjust my emotions and attitude depending on patients' emotion change.	3.98	1.09
I express my emotion to maintain continuous rapport with patients.	3.91	1.14
I manage my expression and way of speaking with professional attitude to maintain patients' trust.	4.2	0.97
It makes you feel you are doing your job well	4.14	1.07

Source: Primary data

Table 8 shows the mean and standard deviation of the 6 items representing negative outcomes in emotional labour performance outcomes are as follows: 3.0 (SD: 1.31), 2.84 (SD: 1.26), 2.72 (SD: 1.36), 3.49 (SD: 1.26), 3.17 (SD: 1.27), and 3.29 (SD: 1.35).

Table 8. Mean value for negative outcomes

Negative Outcomes	Mean	S.D.
I feel emotionally drained after work	3	1.31
I experience emotions on my job such as anger and excitement	2.84	1.26
Sometimes the emotions that I experience at work carry over to home	2.72	1.36
I feel extremely sad after attending patients with worse conditions.	3.49	1.26
I feel overly stressed after attending patients with worse conditions	3.17	1.27
It makes you feel false and exhausted in job	3.29	1.35

Source: Primary data

Objective 4: To propose a model for emotional labour performance in healthcare.

Multiple regression for emotional labour performances and outcomes:

Null Hypothesis(H2): Emotional labour performance has no significant effect on the outcomes.

Dependent variable: Emotional Labour performance Outcomes-Positive and Negative outcomes

Independent variable: Emotional labour performance-Deep acting and Surface acting.

Table 9 states that the multiple regression revealed deep acting has a significant effect on emotional involvement in job ($P < 0.001$), kindness in treating patients ($P < 0.001$), fulfilling patient expectations ($P < 0.001$), gaining patient's interest ($P < 0.001$), relationship building with patients ($P < 0.001$), and job satisfaction ($P < 0.001$). On the other hand, surface acting shows a significant effect on emotional involvement in job ($P < 0.001$), kindness in treating patients ($P < 0.0001$), fulfilling patient expectations ($P < 0.007$), gaining patient interest ($P < 0.001$), gaining patient's trust ($P < 0.001$) and job satisfaction ($P < 0.001$).

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Table 9. Emotional labour performance and positive outcomes

Independent Variables	Dependent Variable	Multiple R	R-Square	Remarks Variance	Remarks Correlation
Deep acting	Emotional involvement in the job	0.425	0.181	18%	+ve Very weak
Deep acting	Kindness in treating patients	1	1	100%	+ve Very strong
Deep acting	Fulfilling patient expectations	1	1	100%	+ve Very strong
Deep acting	Gaining patient's interest	1	1	100%	+ve Very strong
Deep acting	Relationship building with patients	1	1	100%	+ve Very strong
Deep acting	Gaining patient's interest	1	1	100%	+ve Very strong
Deep acting	Job satisfaction	0.510	0.260	26%	+ve moderate
Surface acting	Emotional involvement in the job	0.412	0.170	17%	+ve moderate
Surface acting	Kindness in treating patients	0.519	0.269	27%	+ve moderate
Surface acting	Fulfilling patient expectations	0.672	0.452	45%	+ve strong
Surface acting	Gaining patient's interest	0.579	0.335	34%	+ve moderate
Surface acting	Relationship building with patients	0.629	0.396	40%	+ve strong
Surface acting	Gaining patient's interest	0.734	0.539	54%	+ve strong
Surface acting	Job satisfaction	0.500	0.250	25%	+ve moderate

Source: Primary data

Table 10 revealed the multiple regression of deep acting has a significant effect on Emotional Exhaustion ($P < 0.001$), Experiencing of negative emotions on job ($P < 0.001$), Carrying over of emotions ($P < 0.001$), Sadness in nurses ($P < 0.001$), Stress in nurses ($P < 0.0001$), and Job Exhaustion ($P < 0.001$). Similarly, surface acting shows a significant effect on Emotional Exhaustion ($P < 0.001$), Experiencing negative emotions on job ($P < 0.001$), Carrying over of emotions ($P < 0.005$), Sadness in nurses ($P < 0.007$), Stress in nurses ($P < 0.0001$), and Job exhaustion ($P < 0.032$).

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Table 10. Emotional labour performance and negative outcomes

Independent Variables	Dependent Variable	Multiple R	R-Square	Remarks Variance	Remarks Correlation
Deep acting	Emotional exhaustion	0.322	0.104	10%	+ve weak
Deep acting	Experiencing negative emotions on job	0.419	0.175	17%	+ve moderate
Deep acting	Carrying over of emotions	0.370	0.137	13%	+ve weak
Deep acting	Over sadness	0.376	0.127	12%	+ve weak
Deep acting	Overstress	0.202	0.041	4.1%	+ve weak
Deep acting	Job exhaustion	0.439	0.193	19%	+ve moderate
Surface acting	Emotional exhaustion	0.441	0.196	20%	+ve moderate
Surface acting	Experiencing negative emotions on the job	0.513	0.264	25%	+ve moderate
Surface acting	Carrying over emotions	0.463	0.214	21%	+ve moderate
Surface acting	Over sadness	0.530	0.281	28%	+ve moderate
Surface acting	Overstress	0.419	0.176	18%	+ve moderate
Surface acting	Job exhaustion	0.505	0.255	26%	+ve moderate

Source: Primary data

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in emotional labour performance compared to surface

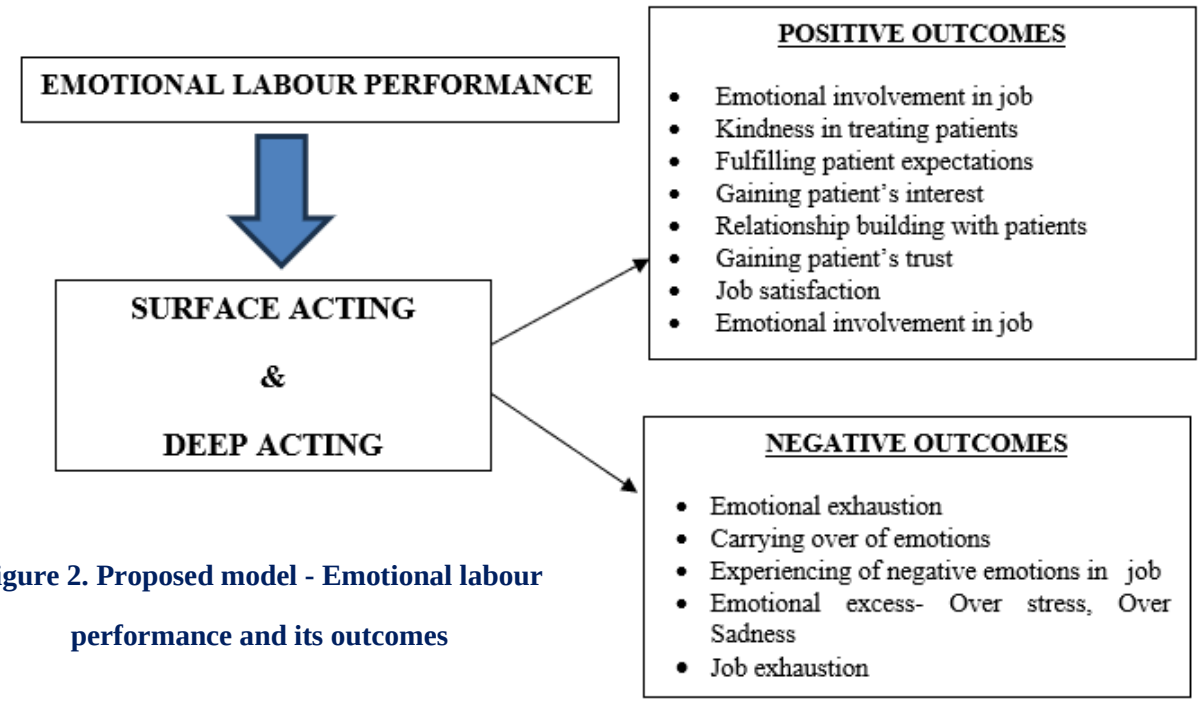

Figure 2. Proposed model - Emotional labour performance and its outcomes

Encompassing the assessment of emotional labour performance, emotional labour conflict, and their subsequent outcomes, this study aims to establish a comprehensive model for emotional labour performance in healthcare settings. This model (Figure 2) will serve as a framework for elucidating the complex interplay between emotional labour and its multifaceted consequences.

5. Findings and Research Discussion

The study's results revealed that deep acting has a significant effect on positive and negative outcomes. There is a higher association between positive outcomes and deep acting than the negative outcomes. There is a significant effect of surface acting on the positive and negative outcomes; there is a higher association between positive outcomes and surface acting than with negative outcomes. Deep acting has a stronger association with positive outcomes than surface acting and surface acting has more association with negative outcomes than deep acting. The positive emotion General alertness is high among the nurses when compared with the other positive emotion pleasure. The negative emotions such as sadness, Anger and Anxiety/fear are expressed during the work; more are less equal to the positive emotion of pleasure. The mean of emotions observed with the emotions rating scale is as follows: General alertness > Pleasure > Sadness > Anxiety/fear > anger. The number of years of work experience significantly impacts the emotions expressed during the work. Deep acting is high acting among nurses. In emotional labour conflicts- Emotional harmony > Emotional dissonance > Emotional excess. In emotional labour performance outcomes, positive outcomes are greater than negative outcomes.

5.1 Discussion

This study brings novel insights into the complex landscape of emotional labour experienced by nurses in healthcare settings, contributing to the existing body of knowledge in several keyways.

The proposed model for emotional labour performance in healthcare builds upon established theoretical frameworks such as Hochschild's concept of emotional labour and Ashforth and Humphrey's typology and incorporates elements of organizational support highlighted by Mann (2005). This integration of various theoretical perspectives enriches our understanding of emotional labour in the healthcare context. By assessing emotional labour performance, emotional conflict and outcomes simultaneously, this study offers a comprehensive understanding of the emotional experiences of nurses. It goes beyond the singular focus on emotional labour to explore the intricate interplay of emotions, conflicts, and outcomes within the healthcare setting. While aligning with previous research that emphasizes the prevalence of emotional labour in nursing (Adelmann, 1995; Brotheridge and Lee, 2003), this study validates and extends these findings by delving into specific emotional expressions and their impact on nurses' well-being and patient care.

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A noteworthy contribution lies in the emphasis on the relative strength of associations between emotional labour strategies (deep acting and surface acting) and both positive and negative outcomes. This nuanced perspective explains how different emotional labour approaches impact nurses' job satisfaction, well-being, and patient care quality.

The practical relevance of this study extends to both the well-being of nurses and the quality of patient care within healthcare settings. In terms of emotional labour performance, this study aligns with previous research highlighting the prevalence of deep acting over surface acting among nurses (Brotheridge and Lee, 2003; Zapf et al., 1999; Kim and Ham, 2015).

Consistent with previous research (Smith and Hughes, 2018; Grandey et al., 2005), our study reveals that nurses experience a range of emotions during their work. The prevalence of negative emotions such as sadness, anger, and anxiety/fear are in line with findings from studies conducted in various healthcare settings (Gelsema et al., 2005).

The emphasis on genuine emotional expression and empathy in nursing practice reflects the value placed on patient-centred care and the need for authentic emotional connections with patients. These findings support the notion that deep acting is associated with more positive outcomes for both nurses and patients, notably job satisfaction and patient satisfaction (Ju and Oh, 2016; Hülsheger et al., 2013). The observed emotional labour conflicts, with emotional harmony being more prevalent than emotional dissonance and emotional excess, correspond with previous studies (Hochschild, 1983; Ashforth and Humphrey, 1993; Grandey, 2000).

The novelty of this study lies in its theoretical contributions, comprehensive approach, and nuanced understanding of the practical implications for nurses and healthcare organizations. By bridging theoretical frameworks and offering actionable insights, this study holds significance for the healthcare profession's academic and practical aspects.

6. Implications of the study

Since nurses experience a range of negative emotions during their work, providing them with adequate support and resources to manage and cope with these emotions is important. This can include implementing stress management programs, offering regular debriefing sessions, and providing access to counselling or mental health services.

Recognizing the significant impact of work experience on emotions expressed during work, healthcare organizations can design targeted interventions for newly qualified nurses or those with limited experience. Mentorship programs, preceptorship, and ongoing professional development can help nurses develop effective emotional regulation strategies and minimize the negative impact of emotional labour.

The finding that emotional harmony is greater than emotional dissonance and emotional excess in emotional labour conflicts suggests that healthcare organizations should prioritize creating a supportive and empathetic work environment. Encouraging open communication, providing opportunities for self-care, and fostering a culture that values emotional well-being can help mitigate emotional conflicts among nurses.

Given the significant impact of deep acting on positive outcomes, organizations can invest in training programs that promote authentic emotional expression and empathetic caregiving. Recognizing and appreciating nurses' emotional labour can also increase job satisfaction and improve patient outcomes.

While the impact of deep-acting and surface-acting on negative outcomes is less significant, addressing the potential negative consequences of emotional labour is still crucial. Implementing strategies to reduce emotional exhaustion and burnout, such as providing adequate rest periods, offering emotional support resources, and promoting work-life balance, can help minimize the negative impact of emotional labour.

Since there is a significant positive association between deep acting and positive outcomes, organizations should encourage employees, especially nurses in this context, to engage in deep acting strategies. Deep acting involves genuinely experiencing emotions, which can lead to more positive outcomes for the employees and the patients they interact with. Training programs and workshops can be designed to help nurses develop emotional intelligence and authentic emotional expressions.

Although there is a significant association between surface acting and both positive and negative outcomes, the relationship is stronger with positive outcomes. It is important to recognize that surface acting might be necessary in certain situations to maintain professionalism, but it should be managed strategically. Continuous reliance on surface acting can lead to emotional exhaustion and burnout. Organizations should provide support systems for nurses to cope with emotional challenges, such as offering counselling services and creating a supportive work environment.

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7. Limitations

The study's focus on a single hospital, Sri Ramachandra Hospital G-Block, may restrict the applicability of its findings to nurses in other healthcare settings. Contextual factors unique to this specific hospital could limit the generalizability of the proposed model for emotional labour performance.

8. Conclusion

This study on emotional labour and its outcomes among nurses has shed light on the emotional experiences of healthcare professionals in the healthcare setting. The findings highlight the prevalence of emotional labour and the various dimensions of emotional conflict that nurses encounter in their daily work. The study also emphasizes the importance of deep acting as a predominant emotional labour strategy among nurses and its positive impact on outcomes such as job satisfaction and patient satisfaction. Furthermore, the proposed model for emotional labour performance in healthcare provides a valuable framework for understanding and addressing nurses' emotional challenges. It emphasizes the significance of organizational support, training, and policies in creating a supportive work environment that enhances nurses' emotional well-being. The study's findings have important implications for healthcare organizations, emphasizing the need to prioritize nurses' emotional well-being, promote authentic emotional expression, and develop strategies to mitigate the potential negative outcomes associated with emotional labour. Overall, this study contributes to the existing body of knowledge on emotional labour among nurses and provides valuable insights into the emotional dynamics within the healthcare setting. Morris and Feldman's (1996) framework of emotional labour, consisting of four dimensions and their antecedents, posits that emotional display frequency, attentiveness, variety and emotional dissonance, contribute to emotional exhaustion, while only dissonance affects job satisfaction, with implications for future research. By acknowledging and addressing the emotional labour experienced by nurses, healthcare organizations can create a nurturing and supportive environment that enhances both the well-being of nurses and the quality of patient care. Further research in this area is recommended to deepen our understanding of the factors influencing emotional labour and explore additional strategies for effectively supporting nurses in managing their emotional experiences.

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10. Conflict of Interest

The authors state that they do not have any known conflicting interests in the work.

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