INFLUENCE OF EMOTIONAL LABOUR ON BURNOUT IN SELECTED HOSPITALS OF PUNJAB: A STRUCTURAL EQUATION MODELLING APPROACH

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Abstract *Over the last few years, India is experiencing a revolution in healthcare sector. Due to increase in 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 employees have to undergo through emotional labour and burnout. 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 total sample comprises 1193 doctors, nurses and paramedical staff (ratio 1:2:1) from hospitals. The Dutch Questionnaire on Emotional Labor (D-QEL) developed and validated by Nearing et al. (2005) and burnout tool by Pines and Aronson (1988) were used to assess physical, mental and emotional exhaustion. Descriptive statistics was applied to check the level of emotional labour and burnout, structural equation modelling technique was applied to find the influence of emotional labour on burnout. Results showed that employees in selected hospitals of Punjab had moderate level of emotional labour and burnout. There was a positive significant correlation between emotional labour and burnout. Emotional labour emerged as the significant predictor of burnout as standardized regression coefficient of emotional labour and burnout was 0.74. Hospital authorities should provide emotional assistance to their employees by providing their employees with recreational clubs, yoga training, seminars, etc.*

Keywords: *Emotional Labour, Burnout, Employees, Hospitals*

Introduction

Human Resource Department is facilitating the organisations for the better utilisation of human potential as they are the most precious asset of all the organisations. Human resources have the capacity to direct the world. They have the power of logic, reasoning, will and most important the emotions which separate them from the other living beings. Development of the service sector and an increase in the level of interaction between the employees and the customers have made emotions of employees an important and integral part of labour which they have to do for their job. Over the last few years, India is experiencing a revolution in the healthcare. Indian hospital services are at par with western countries. The people living in other countries are coming to India for the best health care facilities at the cheapest rates as medical tourism. For providing best services to the patients, employees of these hospitals have to undergo through emotional labour process which results in negative terms i.e. burnout. The present empirical study is conducted to find the influence of emotional labour on burnout.

Emotional labour had been used in describing emotion as part of work. Emotional labour was the control of the behaviour to display the appropriate emotions. Hochschild (1983) found that emotional labour was required in jobs that involved face-to-face or voice-to-voice contact with the public; required a worker to produce an emotional state in another person; allowed the employer, through training and supervision, to exercise a degree of control over the emotional activities of employees. Ashforth and Humphrey (1993) defined that "emotional labour occurred when labourer deliberately attempted to direct his or her behaviour towards others in order to foster both certain social perception uncertain interpersonal climate. Morris and Feldman (1996) defined emotional labour as an effort, planning and control needed to express organisationally desired emotion during interpersonal transactions. They proposed that emotional labour had four dimensions: (a) frequency of interactions, (b) attentiveness (intensity of emotions, duration of interaction), (c) variety of emotions required and, (d) emotional dissonance. According to this perspective, emotional labour was a characteristic of the job. Grandey (2000) defined emotional labour as the

process of regulating both feelings and expression for the organisational goals. Bernard (1981) admitted that these days the expression mainly used in service sector are "labour of love", and "labour with a smile", "comforting labour". Emotional labour could be considered as a subjective effort as there is capacity for self-development.

Emotional labour had two types of acting i.e. surface acting and deep acting.

Surface Acting

Surface acting involved "painting on" an affective displays or faking of emotions. In surface acting an employee would be presenting his or her emotions without actually feeling them. He put on a "persona (a mask)" and pretend as if the emotions were felt within.

Deep Acting

Deep acting referred to two different emotional actions. First was to exhibit the actual emotions that one could feel. The second method could allow past emotional experiences to encourage real emotion that one might not have felt otherwise.

Hsieh and Yang (2004) confirmed that emotional labour was important for public service work and recently had gained significant attention from public administration scholars. Hennig *et al.* (2006) examined the effects of two facts of employee emotions on customers. They investigated the influence of these display of positive emotions on service employees and found that authenticity of emotional labour of employees directly affected consumer's emotional state. The smiles of employees did not influence customers' emotions.

Many professionals like hospitality professionals, counselors and therapists, psychologists, actors, receptionists, air-hostesses had emotional labour as integral part of their profession.

These days, due to heavy workload, high competition and organisational role stress, a large number of qualified, energetic and productive employees are in the flames of burnout. Burnout was first coined by American psychiatrist Freudenberger in 1970s. Burnout could be considered as a feeling of emotional and physical exhaustion attached with a deep sense of frustration and failure. A social psychologist Christina Maslach (2001) with her colleagues began to explore the loss of emotional feeling and concern for clients among human services professionals. Burnout was primarily a work-related illness caused by an imbalance in an individual's personal goals, ideals, and needs as related to their job, but sometimes stresses and factors outside the workplace could also contribute to the problem. Wolfe (1981) found burnout to be a pervasive and unbearable syndrome within the service professions. The causes of burnout were; namely failure to meet the goal; work overload, role conflict and strategies for coping were suggested. Jonas (2005) in Mosby's Dictionary of Complementary and Alternative Medicine defined burnout as a state that occurs when energy is used up faster than it is restored. The main dimensions of burnout were emotional exhaustion, depersonalisation and personal accomplishment. Emotional exhaustion could be referred as a depletion of emotional resources. Emotionally exhausted employees typically felt as though they lack adaptive resources and could not give any more to their job. Depersonalisation was also known as cynicism and disengagement in the literature. Depersonalisation was an attempt to get distance between oneself and service recipients by actively ignoring the qualities that made them unique. The third component of burnout was characterized by a tendency to evaluate one's behaviour and performance negatively.

Review of Literature

Researchers have confirmed that job demand, job control and job burnout were very much high in employees who were performing emotional labour in comparison to those who were not performing it. Following are the few studies advocating the above said: Grandey *et al*. (2004) found that stress, appraisal of customer aggression was positively related to emotional exhaustion and this mediated the relationship of stress appraisal with absences. Surface acting was used by those employees who felt threatened by customer aggression and deep acting was used by those who were less threatened. Warhurst *et al*. (2000) claimed that workers who performed emotional labour under conditions of low job autonomy or high job involvement were more at risk of emotional exhaustion than others who did not perform this. Mohammedyfar *et al*. (2009) expressed that emotional intelligence and occupational stress were explained 43.9% of variance of mental health in Indian teachers sample. The teachers who had reported higher emotional intelligence had better mental health. Emotional intelligence and burnout explained 13.5% of variance of physical health. Noor and Zainuddin (2011) showed that surface acting was positively associated with emotional exhaustion and depersonalisation. The results also showed that work–family conflict mediated the relationship between emotional labour and burnout. Kim *et al*. (2002) showed that the mean values of job satisfaction, job insecurity, and the level of depressive symptoms of the employees who were working in the area of emotional labour were higher than the others. Brotheridge and Grandy (2001) compared two perspectives of emotional labour as predictors of burnout beyond the effects of negative affectivity: job-focused emotional labour and employee focused emotional labour). Significant differences existed

in the emotional demands reported by five occupational groupings. Surface level emotional labour (faking) predicted depersonalisation beyond the work demands. Celik *et al.* (2010) found relationship between the emotional labour and burnout displayed by the nurses, the employees of one of the career groups in which high level of interaction with the human beings occur. It had been determined that there was a correlation between emotional labour with its sub-dimensions, and burnout with its sub-dimensions.

Need of the Study

Due to the technological advancement and global competition the electronic gadgets, mobiles, air and water pollutions have increased the diseases like cancer, Hepatitis A, B, C, AIDS, brain hemorrhage, strokes etc. To meet the requirements of the patients, doctors and nurses have to do tough jobs in hospitals. 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 emotional exhaustion which leads to conflicts at home and this vicious circle starts developing the syndrome of burnout. In the present study, the researcher finds whether there is any influence of emotional labour on burnout. This study is an attempt to provide insights to manage emotions and burnout.

Objectives of the Study

The main objectives of the present study are as follows:

1. To study the relationship between emotional labour and burnout in selected hospitals of Punjab.
2. To find out the influence of emotional labour on burnout of employees in selected hospitals of Punjab.

Hypotheses of the Study

H_1: There is a significant relation between dimensions of emotional labour and burnout of employees in selected hospitals of Punjab.

H_2: There is a significant influence of emotional labour on burnout of employees in selected public and private hospitals of Punjab.

Research Methodology

Research Design

The present study is descriptive-cum-empirical in nature.

Independent variable: The present study has one independent variable, i.e. emotional labour. Emotional labour comprises four dimensions; surface acting, deep acting, emotional consonance and suppression.

Dependent variable: Burnout is the dependent variable in the present study. It comprises three dimensions physical exhaustion, mental exhaustion and emotional exhaustion.

Scope of the Study and Sample Size

Scope of the study is confined to cover emotional labour, and burnout of employees in selected hospitals of Punjab. The total population is 1193 which comprises of doctors, nurses and paramedical staff of six public hospitals (total sample = 607, doctors = 152, nurses = 284, paramedical staff = 171) public and six private hospitals (total sample = 586 with doctors = 167, nurses = 293, paramedical staff = 126) of Punjab. The respondents were taken from those hospitals which have bed capacity of 100 or more. A sample of doctors, nurses and paramedical staff has been chosen from a sample frame of hospitals using stratified random sampling in the ratio of 1:2:1. The ratio of doctors and paramedical staff is lower less as compared to nurses because they are less in numbers in the hospitals.

Sampling Technique and Sample Design

Primary data were collected through stratified random sampling technique. Data were collected from three strata of doctors, nurses and paramedical staff on random basis. Secondary data were collected from books, magazines, journals, periodicals and libraries.

Description of Tools

The questionnaire was divided into two sections; **Section A** constituted demographic details such as: name of the hospital, age, gender, marital status, designation, years of experience, type of the hospital. **Section B** constituted emotional labour questionnaire, burnout questionnaire. The Dutch Questionnaire on Emotional Labor (D-QEL) was used which was developed and validated by Nearing *et al.* (2005). The scale was a multidimensional scale consisting subscales surface acting, deep acing, emotional consonance and suppression. Responses were obtained on five point Likert scale. The reliability of the scale was 0.663. Burnout developed by Pines and Aronson (1988) was used to assess physical, mental and emotional exhaustion. The 21 stress related items were asked on Likert scale. The reliability of burnout scale was found to be 0.732

RESULTS

Descriptive statistics, correlation and regression analysis was done on SPSS 17.0 version. Table 1 presents the frequency distributions of demographic variables of the doctors, nurses and paramedical staff of hospitals.

Table 1 has given complete description of the respondents on demographic variables namely: age, gender, marital status, designation and years of experience.

Descriptive statistics for emotional labour and burnout is given in Table 2. Mean score of emotional labour is 3.03 and for burnout is 2.86 which means that emotional labour and burnout are on the moderate level among employees of selected hospitals of Punjab. The results were in line with those of Patrick and Lavery (2007). They found Victorian nurses were not experiencing high levels of burnout and the vast majority was satisfied with their career choice.

Also, Ndetei *et al*. (2008) found that out of a sample of 530 nurses working in psychiatric hospitals, 95% of the respondents reported low to high emotional exhaustion while 87.8% reported depersonalisation. Low accomplishment was reported by only 38.6% while 61.4% reported average to high personal accomplishment. Several work- and non-work-related factors including young age, number of own children, number of years worked, heavy workload and low morale were positively associated with various syndromes

Table 1: Demographic Variables of Respondents

Age	Groups	Total
	25-30	554 (46.4%)
	31-35	242 (20.3%)
	36-40	168 (14.1%)
	41-45	98(8.2%)
	45 and above	131 (11.0%)
	Total	1193 (100%)
Gender	Male	453 (38.0%)
	Female	740 (62.0%)
	Total	1193 (100%)
Marital Status	Unmarried	523 (43.8%)
	Married	670 (56.3%)
	Total	1193 (100%)
Designation	Doctors	319 (26.7%)
	Nurses	577(48.4%)
	Paramedical staff	297(24.9%)
	Total	1193(100%)
Years of experience	0-5	565 (47.4%)
	5.1-10	276 (23.1%)
	10.1-15	138 (11.6%)
	15.1-20	90 (7.5 %)
	20 and above	124 (10.4%)
	Total	1193 (100%)

Table 2: Descriptive Statistics for Emotional Labour and Burnout

Variables	Emotional Labour	Burnout
Mean	3.03	2.86
Median	2.95	2.81
Mode	3.00	3.00
Skewness	0.184	0.238
Correlation	.59	

Table 3: Index Criteria Model

Index	Criteria Values
GFI	0.80 ≤ value < 0.90; acceptable ≥0 .90 ; good
AGFI	
NFI	
CFI	0.90 ≤ value < 0.95; acceptable ≥ 0.95 ; good
RAMESA	0.05 < value ≤ 0.08; acceptable ≤ 0.05; good
LO90	
Chi square	Smaller the better
Chi square associated p value	P>=0.05
Chi square\Degree of freedom	≤ 2 ; ≤ 3; ≤ 4

of burnout. Relationships at work, with family and society were generally rated as average.

To examine the influence of emotional labour on burnout structural equation modelling technique was applied. For this, measurement model for emotional labour and burnout was evaluated separately. In the measurement model, critical ratio of standardised regression weight of each variable has been checked to establish whether it was significant or not at the established confidence level. Afterwards model fit was determined. Goodness of fit statistics produced by AMOS software was used to evaluate whether or not the measurement model fit the data.The final stage of statistical analysis is Structural Equation Modelling (SEM), a statistical process that assesses how well the collected sample data fit to the theoretically driven developed model as shown in Table 4.

Assessing Structural Model Validity

SEM was applied to explore the relationship between the unobserved variables within the structural model. The structural model showed the influence of emotional labour i.e. surface acting, deep acting, emotional consonance and suppression on burnout.

Goodness of Fit Statistics for the Model

Table 3 shows the model fit statistics (Chi-square value, CFI (.952), GFI (.969), AGFI (.934), NFI (.947), RMSEA (.087), LO90 (.070) and all the values are within the acceptable range which is clearly indicative of the fact that model is a moderate fit.

The main values for measurement models were CMIN, CFI, RAMESA, and HOLETAR. The values of CMIN should be near to value 3 approximately and value of CFI should be greater than .90 and RAMESA and HOLETAR should be approximately equal to .05. In the above measurement model CMIN value is 3.049, CFI is .982, RAMESA was .041 and HOLETAR was .05 which satisfied the required criteria for measurement model. This model was best fit. Standardized factor loadings of all the indicator variables were within the range of 0.625 to 0.941 (>0.50). All factor loadings and correlations between measurement error terms were statistically significant at p ≤ 0.05 as they should be.

Assessing Structural Model Relationships and Testing Hypothesis

Checking the critical ratio of standardized regression weight of each indicator and structural path between variables demonstrates that all factor loadings of latent constructs and structuralpaths from both emotional labour to overall burnout are significant at p< 0.05. The sign of the standardized path coefficients are all positive which means that they are in the right direction.

Table 4: Model Fit Summary for Emotional Labour

GFI	AGFI	CMIN/DF	CFI	NFI	RMSEA	LO90
.982	.977	3.049	.982	.974	.041	.035

The measurement model of emotional labour had shown excellent fit to the obtained data in terms of all the selected goodness-of-fit statistics. All factor loadings and correlations between measurement error terms were statistically significant at p ≤ 0.05.

The measurement model of other organisational stresses showed moderate fit to the obtained data In terms of all the selected goodness-of-fit statistics.

The main values for measurement models were CMIN, CFI, RAMESA, and HOLETAR. The values of CMIN should be

near to value 3 approximately and value of CFI should be greater than .90 while RAMESA and HOLETAR should be approximately equal to .05. In the above measurement model CMIN value was 1.441, CFI was .862, RAMESA was.072 and HOLETAR was .05 which satisfied the required criteria for measurement model. This model was moderate fit.

Fig. 1: Measurement Model

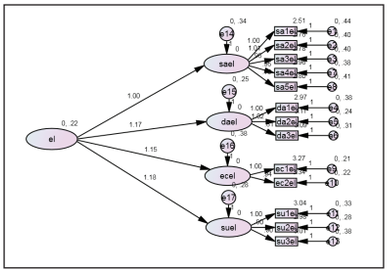


Fig. 2: Measurement Model

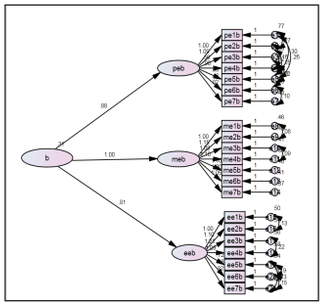
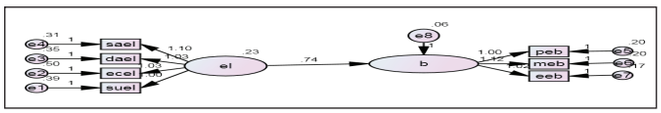


Table 5: Model Fit Summary for Burnout

GFI	AGFI	CMIN/DF	CFI	NFI	RMSEA	LO90
.900	.867	7.197	.892	.877	.072	.068

Fig. 3: Measurement Model



Structural Equation Modelling

Structural equation modelling was applied to develop a relationship among independent variable i.e. emotional labour and dependent variable i.e. burnout. The results of AMOS output proved that there was a positive correlation between emotional labour and burnout. The regression coefficient of emotional labour in burnout was 0.74. From Table 7, it was found that all the dimensions of burnout had a positive regression coefficient i.e. which indicated that if the emotional labour increased then burnout also increased. For 1% change in emotional labour there would be .74% change in burnout.

For the relationship between burnout and its dimensions it was found that emotional consonance and suppression had less influence on burnout.

Testing Hypotheses

H_1: There is significant influence of emotional labour on burnout According to the model, emotional labour had been a significant predictor of burnout. For the endogenousvariable of overall burnout, results from the SEM showed that emotional labour was positively and significantly related to burnout, as anticipated by the study theory, with standardized regression weights of 0.74. It means that emotional labour has positive effect on burnout.

Major Findings and Discussions

- The findings of the present study supported the hypothesis that there is a significant influence of emotional labour on burnout of the employees in selected hospitals of Punjab.
- Emotional labour was positively related with burnout.
- Out of various dimensions of emotional labour: surface acting and deep acting had emerged as major cause of burnout.

The results of present study were in line with those by Kinman *et al.* (2011). They reported that the teachers who reported more emotional labour were not only more emotionally exhausted and less satisfied with their work but they were also more likely to depersonalize their pupils. It was possible that teachers developed less sympathetic and more cynical attitudes towards their pupils. In current study, employees of selected hospitals had moderate level of emotional labour and burnout. This was also supported by Sutton (2005). He found that teachers who performed more emotional labour, tended to report higher rather than lower levels of personal accomplishment.

Surface acting strategy influenced burnout positively but emotional consonance did not positively influence the burnout which was supported by the study of Ghalandari and Jogh (2012) which endorsed that surface acting strategy performed by emotional labour did not positively influence job burnout (t-value = 1.449; sig = 0.150) Regression findings predicted that in private hospitals, first model predicted that deep acting positively influenced the burnout while as in second model deep acting along with surface acting produced the same result. In the third model the surface acting, emotional consonance, deep acting produced the positive influence on burnout. Suppression had not

contributed to the burnout as it was not included in the model as a significant predictor which is same as the study by Ian *et al.* (2010) which confirmed that expressing genuine positive emotions was associated with reduced emotional exhaustion, whereas contriving these emotions was a form of labour and increased emotional exhaustion. Suppressing negative emotions also constituted labour and contributed to emotional exhaustion. However, suppressing these emotions was not perceived as psychologically taxing by this sample and did not contribute significantly to emotional exhaustion.

Recommendations

From the findings of current study, it was found that emotional labour had a positive significant influence on burnout. In the forthcoming years, hospital sector is expected to get a boom and then a surge to compete is predicted in the tough competitive environment. To fight with the fatal diseases, employees have to increase their level of emotional labour as the other service sectors i.e. hospitality sector, air crews sector are doing for their survival. As rightly said, prevention is better than cure. Following are some recommendations to be followed to avoid burnout.

- Since heavy work load has made employees helpless to spend time with their families so management should introduce recreational clubs, fun activities for employees and their families on every alternate weekend to give them a break from their monotonous and perceived boring schedules.
- It has been observed that employees also feel physically exhausted. They feel tired, wiped out, sleepy and less energetic.To improve their physical fitness: their work load should be minimised. If it is not possible, then employees can choose a time during the day to shut out the outside world and indulge in some meditative music. Doing some deep breathing, visualisations and positive affirmations can help them to get rid of fatigue.
- It is observed that employees in hospitals also feel mental exhaustion. So it is recommended that that they should be trained to do yoga and meditation. For this, workshops on yoga should be arranged.
- From the findings, it has been found that employees sometimes feel depressed and anxious. They see themselves in trouble and feel trapped. The best way to reduce emotional exhaustion among employees is to provide them emotional support from their colleagues, management and from the relatives of the patients.
- The hospital management should support the decisions of their employees in critical and difficult situations so that they feel emotionally supported.
- Employees should be sent to training programmes to develop necessary skills to adopt deep acting.
- Hospitals authorities should help their employees to deal with eccentric behaviour of patients as difficult and threatening patients are also a source of burnout.
- Management should create cohesive environment where employees can openly discuss their frustrations caused by patients and their relatives.

Limitations and Future Research

The present study has a number of limitations that need to be addressed in future research. The sample consist of employed doctors, nurses and paramedical staff, so separate research can be conducted on nurses, doctors and paramedical staff to have in depth insight into the variables and their effect. Future studies also need to examine the impact of emotional labour on employees' well-being and their performance. The researchers also need to explore the moderating effect of emotional intelligence on the relationship between emotional labour and emotional exhaustion. Emotional intelligence is the ability to understand own emotions and managing these emotions so its mediated role should be considered,

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