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Does Emotional Labour Influence Burnout?

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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 labou and burnout.*

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 doctors, nurses and paramedical staff (ratio 1:2:1) working in public and private hospitals .The total sample of 1193 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 burnout tool by Pines and Aronson (1988) was used to assess physical, mental and emotional exhaustion. Descriptive statistics was applied to check the level of emotional labour and burnout, correlation was applied for relationship study and regression was applied to find the influence of emotional labour on burnout.*

Results*: Results showed that medical staff in public and private hospitals was performing emotional labour on a low level but in comparison to public hospitals, it was more in private hospitals. There was a positive but a low correlation between emotional labour and burnout.*

Conclusion: *Emotional labour has not emerge as the significant predictor of burnout. It was observed from the descriptive statistics that the medical staff working in both type of hospitals were doing emotional labour on low level so their scores of burnout was not influenced by emotional labour. There might be the other reasons such as long working hours, frequency of interactions with the patients, demographic variables etc. that can contribute to the burnout.*

Indexing terms/Keywords: Emotional Labour, Burnout, Medical Staff and Hospitals

Academic Discipline & Sub Disciplines: Business Management, Human resource management

Subject Classification: Emotional labour, Burnout

Type (Method/Approach): Survey Method, Data Analysis

What is already known about the topic? *Researchers have found that there is a strong relationship between emotional labour and the burnout. As there is high demand of emotional labour hospital sector, the results the high amount of burnout among medical staff*

What this paper adds? *This paper adds that if the medical staff is doing emotional labour at the low level they are experiencing the burnout at the low level. Emotional labour in our study does not emerge as the significant influence creator.*

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INTRODUCTION

Human Resource Department is facilitating the organizations for the better utilization of humans as they are the most precious asset of all the organizations .Human beings has the capacity to direct the world. They have the power of logic, reasoning, mind and most important the emotions which separates him from the other living beings is his mind, and the other is his emotions. The development of the service sector and the increase in the level of interaction between the employees and the customers have made the emotions of the employees an important and the integral part of the labour which they do for their for the job. Over the last few years, India is experiencing a revolution in the hospital sector. The Indian hospital service are comparable with the western countries. The people living in other countries are coming to India for the best health care facilities at the cheapest rates. For providing best services to the patients the medical staff working in these hospitals has to undergo the emotional labour process which is faking of emotions and it results in negative terms such as burnout. Therefore this, empirical study is to conducted to find whether emotional labour predicts burn out.

Emotional Labour : '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[1] (1983).** Emotional labour is found in jobs that .Require face-to-face or voice-to-voice contact with the public; Require a worker to produce an emotional state in another person; 3. Allow the employer, through training and supervision, to exercise a degree of control over the emotional activities of employees. Ashforth and Humphrey [(2)](1993) Emotional labor occurs when "the laborer deliberately attempts to direct his or her behavior toward others in order to foster both certain social perceptions lf himself or herself and a certain interpersonal climate" Morris and Feldman [(3)] (1996) Emotional labor is "the effort, planning and control needed to express organizationally desired emotion during interpersonal transactions. 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. According to this perspective emotional labor is a characteristic of the job. Grandey ([4]) (2000) "Emotional labour is the process of regulating both feelings and expression for the organizational goals".A renowned sociologist Jessie Bernard [(5)] (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 can be considered as a subjective effort as there is capacity for self development.

Emotional Labour comprises of two types of acting that is surface acting and deep acting. **Surface 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. In this acting the employee puts on a "persona (a mask)" and shows as if the emotions are felt within. **Deep Acting**: 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. Hsieh and Yang [(6)] (2004) confirmed that Emotional labour was important for public service work and recently had gained significant attention from public administration scholars. Hennig *et al.*, [(7)] (2006) examined the effects of two facts of employee emotions on customers. They investigated the influence of the extent of the service employees, display of positive emotions and found that authenticity of employees emotional labor display directly affected consumers, emotional states. The smiles of employees did not influence customer emotions. here are many professions and jobs that call for the employees to rely on emotional labor. A few of the jobs involving emotional labour are Doctor, Nurse and Hospital Staff, Waitresses and Hospitality Professionals, Counselors and Therapists, Psychologists, Actors, Receptionists, Air-hostesses

Burnout: These days, due to the heavy workload, high competition, organizational role stress is pursuing the large number of qualified, energetic and productive employees in the flames of burnout. In the early 1980s, social psychologist Christina Maslach [(8)] (2001) with her colleagues began to explore the loss of emotional feeling and concern for clients among human services professionals. Wolfe [(9)] (1981) found burnout to be a pervasive and unbearable syndrome within the service professions. The causes of burnout were failure to meet the goals, work overload, role conflict and strategies for coping were suggested. Jonas [(10)] (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. Psychological and physical fatigue of a caregiver resulting in apathy and depression. The main dimensions of burnout are emotional exhaustion, depersonalization and personal accomplishment. Emotional Exhaustion: Specifically, emotional exhaustion refers to a depletion of emotional resources. Employees who are emotionally exhausted typically feel as though they lack adaptive resources and cannot give any more to their job. Depersonalization:- Depersonalization is also known as cynicism and disengagement in the literature. Depersonalization is an attempt to get distance between oneself and service recipients by actively ignoring the qualities that make them unique and engaging people. Personal Accomplishment: Finally, the third component of burnout is characterized by a tendency to evaluate one's behavior and performance negatively. Burnout is different from stress and depression. In stress we have over engagement ,emotions are over reactive, loss of energy, physical damage whereas burnout is characterized by disengagement, blunt emotions, loss of motivation, ideals, and hope, primary damage is emotional, produces helplessness and hopelessness. The main difference between burn out and depression is that burnout can be brought on by fits of depression or may lead to depression itself.

Burnout is 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 can also contribute to the problem. But burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including your lifestyle and certain personality traits.

Emotional Labour and Burnout: Emotional labour and burnout are indispensible terms. Grandey *et al.*, [(11)] (2004) found that both the frequency and stress, appraisal of customer aggression positively related to emotional exhaustion and this

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burnout dimension 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.*, [12] (2000) claimed that workers who perform 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.*, [13] (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 [14] (2011) showed that surface acting was positively associated with emotional exhaustion and depersonalization. The results also showed that work–family conflict mediated the relationship between emotional labor and burnout. **Kim *et al.*, [15] (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 labor were higher than the others. Brotheridge and Grandy [16] (2001) compared two perspectives of emotional labor as predictors of burnout beyond the effects of negative affectivity: job-focused emotional labor and employee focused emotional labor). Significant differences existed in the emotional demands reported by five occupational groupings. The used of surface-level emotional labor, or faking, predicted depersonalization beyond the work demands. Celik *et al.,*[17] (2010) found the the 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 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. 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 study are as follows:

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

HYPOTHESES OF THE STUDY

H_1: There is no significant difference in the level of emotional labour and burnout of employees in selected public and private hospitals of Punjab.

H_2: There is no significant relation between dimensions of emotional labour and burnout of employees in selected public and private hospitals of Punjab.

H_3: There is insignificant 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. This study is covering two dimensions i.e. emotional labour and burnout. Emotional labour comprises four dimensions surface acting, deep acting, emotional consonance and suppression and burnout comprises three dimensions physical exhaustion, mental exhaustion, 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 public and private 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 are with bed capacity 100 or more than 100 beds were taken 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 taken less as compared to nurses because they are less in numbers in the hospitals.

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, Burnout questionnaire. The Dutch Questionnaire on emotional labor (D-QEL) was used which is developed and validated by Geared Nearing, Mariette Briet and Andre Brower [(18)] (2005). The scale is a multidimensional scale consisting subscales surface acting, deep acing, emotional consonance and suppression. Responses are obtained on five point Likert scale. The reliability of the scale was .663. Burnout developed by Pines and Aronson [(19)] (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 .732

RESULTS

For result analysis SPSS 17.0 Version was used. Descriptive statistics, correlation and regression analysis was done. The following table presents the frequency distributions of demographic variables of the doctors, nurses and paramedical staff of hospitals.

Table 1: Demographic Variables (Hospital-wise)

Age	Groups	Public	Private	Total
	25-30	257 (42.3%)	297 (50.7%)	554 (46.4%)
	31-35	131 (21.6%)	111 (18.9%)	242 (20.3%)
	36-40	71 (11.7%)	97 (16.6%)	168 (14.1%)
	41-45	54 (8.9%)	44 (7.5%)	98 (8.2%)
	45 and above	94 (15.9%)	37 (6.3%)	131 (11.0%)
	Total	607 (100%)	586 (100%)	1193 (100%)
Gender	**Groups**	**Public**	**Private**	**Total**
	Male	221 (36.4%)	232 (39.6%)	453 (38.0%)
	Female	386 (63.6%)	354 (60.4%)	740 (62.0%)
	Total	607 (100%)	586 (100%)	1193 (100%)
Marital Status	Unmarried	193 (31.8%)	330 (56.3%)	523 (43.8%)
	Married	414 (68.2%)	256 (43.7%)	670 (56.3%)
	Total	607 (100%)	586 (100%)	1193 (100%)
Designation	Doctors	152 (25.0%)	167 (28.5 %)	319 (26.7%)
	Nurses	284 (46.8%)	293 (50.0%)	577 (48.4%)
	Paramedical staff	171 (28.2%)	126 (21.5%)	297 (24.9%)
	Total	607 (100%)	586 (100%)	1193 (100%)
Experience	0-5	251 (41.4%)	314 (53.6%)	565 (47.4%)
	5.1-10	142 (23.4%)	134 (22.9%)	276 (23.1%)
	10.1-15	72 (11.9%)	66 (11.3%)	138 (11.6%)
	15.1-20	51 (8.4 %)	39 (6.7%)	90 (7.5 %)
	20 and above	91 (15.0 %)	33 (5.6%)	124 (10.4%)
	Total	607 (100%)	586 (100%)	1193 (100%)

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

Type of hospital		SURFACE ACTING	DEEP ACTING	EMOTIONAL COSONANCE	SUPRRESSION	EMOTIONAL LABOUR	PHYSICAL EXHAUSTION	MENTAL EXHAUSTION	EMOTIONALM EXHAUSTION	BURN OUT
PUBLIC (N=607)	Mean	2.5628	2.9440	3.4077	2.9127	2.9568	2.9237	2.5983	2.7876	2.7699
	Std. Deviation	.63724	.84809	.95123	.85825	.48383	.65878	.66188	.38586	.45465
	Skewness	.129	.036	-.447	-.045	-.197	.653	.438	.270	.427
	Kurtosis	-.411	-.474	-.455	-.689	.129	7.778	.639	1.626	1.970
PRIVATE (N=586)	Mean	2.6939	3.0392	3.6092	3.1064	3.1122	3.0651	2.5914	2.8310	2.8292
	Std. Deviation	.74915	.82883	.90772	.83049	.52918	.58445	.75893	.49464	.53285
	Skewness	.035	-.214	-.663	-.137	-.249	-.169	.312	.134	.137
	Kurtosis	-.370	-.441	.110	-.298	.185	1.199	.071	.225	.305
Total (N=1193)	Mean	2.6272	2.9908	3.5067	3.0078	3.0331	2.9932	2.5949	2.8089	2.7990
	Std. Deviation	.69726	.83969	.93517	.84991	.51233	.62711	.71092	.44299	.49529
	Skewness	.116	-.086	-.550	-.097	-.178	.277	.363	.218	.280
	Kurtosis	-.324	-.485	-.227	-.516	.140	5.068	.338	.818	.957

The mean scores of public hospitals in the dimensions of emotional labour and burnout is less than the mean scores of private hospitals which results that in public hospitals the medical staff does less emotional labour so results in less burnout whereas in private hospitals if emotional labour is more than public hospitals so as the burnout. Overall the mean scores of burnout in both the hospitals were not high in our study as Patrick and Lavery [20] (2007) found in their study that Victorian nurses were not experiencing high levels of burnout and the vast majority was satisfied with their career choice. The study has also highlighted the importance of working manageable hours and that increasing years of nursing experience is likely to be beneficial for the worker.

Correlations

type of hospital		BURN OUT	SURFACE ACTING	DEEP ACTING	EMOTIONAL COSONANCE	SUPRRESS ION	EMOTIONAL LABOUR	PHYSICAL EXHAUSTION	MENTAL EXHAUSTION	EMOTIONAL EXHAUSTION
PUBLIC	BURN OUT	1	.185(**)	.057	-.112(**)	.044	.051	.749(**)	.759(**)	.954(**)
	SURFACE ACTING	.185(**)	1	.096(*)	.023	.258(**)	.497(**)	.193(**)	.078	.190(**)
	DEEP ACTING	.057	.096(*)	1	.115(**)	.188(**)	.610(**)	.058	.015	.078
	EMOTIONAL COSONANCE	.112(**)	.023	.115(**)	1	.065	.578(**)	-.006	-.189(**)	-.061
	SUPRRESSION	.044	.258(**)	.188(**)	.065	1	.643(**)	.015	.031	.078
	EMOTIONAL LABOUR	.051	.497(**)	.610(**)	.578(**)	.643(**)	1	.093(*)	-.046	.101(*)
	PHYSICAL EXHAUSTION	.749(**)	.193(**)	.058	-.006	.015	.093(*)	1	.153(**)	.678(**)
	MENTAL EXHAUSTION	.759(**)	.078	.015	-.189(**)	.031	-.046	.153(**)	1	.707(**)
	EMOTIONAL EXHAUSTION	.954(**)	.190(**)	.078	-.061	.078	.101(*)	.678(**)	.707(**)	1
PRIVATE	BURN OUT	1	.169(**)	.177(**)	.148(**)	.085(*)	.226(**)	.767(**)	.878(**)	.978(**)
	SURFACE ACTING	.169(**)	1	.324(**)	.144(**)	.116(**)	.588(**)	.170(**)	.123(**)	.157(**)
	DEEP ACTING	.177(**)	.324(**)	1	.338(**)	.080	.683(**)	.179(**)	.114(**)	.186(**)
	EMOTIONAL COSONANCE	.148(**)	.144(**)	.338(**)	1	.237(**)	.705(**)	.286(**)	-.008	.152(**)

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	SUPRRESSION	.085(*)	.116(**)	.080	.237(**)	1	.566(**)	.160(**)	-.001	.087(*)
	EMOTIONAL LABOUR	.226(**)	.588(**)	.683(**)	.705(**)	.566(**)	1	.316(**)	.084(*)	.228(**)
	PHYSICAL EXHAUSTION	.767(**)	.170(**)	.179(**)	.286(**)	.160(**)	.316(**)	1	.378(**)	.717(**)
	MENTAL EXHAUSTION	.878(**)	.123(**)	.114(**)	-.008	-.001	.084(*)	.378(**)	1	.857(**)
	EMOTIONAL EXHAUSTION	.978(**)	.157(**)	.186(**)	.152(**)	.087(*)	.228(**)	.717(**)	.857(**)	1

** Correlation is significant at the 0.01 level (2-tailed).

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

In public hospitals burnout is significantly positively correlated with surface acting which means that as the surface acting increases the burnout increases but significantly negatively correlated with emotional consonance which means that if a person hide the emotions easily the burnout decreases. Deep acting and suppression does not significantly correlate with burnout. In private hospitals the burnout is significantly correlated with all the dimensions of emotional labour. In public hospitals burnout has r=.051 correlation whereas in private hospitals the value of r is .224 which is greater than public hospitals. Ndetei *et al.*, [21] (2008) found that out of a sample of 530 nurses working in psychiatric hospitals ninety-five percent of the respondents reported low to high emotional exhaustion while 87.8% reported depersonalization. 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 of burnout. Relationships at work, with family and society were generally rated as average.

To study the influence of emotional labour on burnout the regression was applied for public and private hospitals separately. In public hospitals, the first model, includes the surface acting and the dimensions deep acting, emotional consonance, suppression were excluded because of the very high collinearity and it was observed that this variable was able to predict only 3.4 % variation in the dependent variable burnout which is very negligible In the second model surface acting, emotional consonance were taken and deep acting, suppression were excluded, Surface acting and emotional consonance were able to produce only 4.8 % variation in burnout. Again a insignificant difference. In private hospitals three models were fitted. In the first model deep acting was entered which tried to explain 3.1% in the dependent variable as in the second model along with deep acting surface acting was entered it increases the variation to 4.5% .In the third model deep acting, surface acting, emotional consonance was entered which results in 5.3 % variation in burnout. Kinman *et al.,* [22] (2011) reported that the teachers who reported more emotional labour were not only more emotionally exhausted and less satisfied with their work, they were also more likely to depersonalize their pupils. It is possible that teachers develop less sympathetic and more cynical attitudes towards their pupils. In our study the medical staffs in both the hospitals were doing emotional labour on low level so is the less burnout. This is also supported with the study conducted by Sutton [23] (2005) in which he found that teachers who performed more emotional labour tended to report higher rather than lower levels of personal accomplishment.

Model Summary

type of hospital	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
PUBLIC	1	.185[a]	.034	.033	.44718
	2	.218[b]	.048	.044	.44443
PRIVATE	1	.177[c]	.031	.030	.52488
	2	.213[d]	.045	.042	.52154
	3	.231[e]	.053	.048	.51982

a. Predictors: (Constant), SURFACE ACTING

b. Predictors: (Constant), SURFACE ACTING, EMOTIONAL COSONANCE

c. Predictors: (Constant), DEEP ACTING

d. Predictors: (Constant), DEEP ACTING, SURFACE ACTING

e. Predictors: (Constant), DEEP ACTING, SURFACE ACTING, EMOTIONAL COSONANCE

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Model Summary

type of hospital	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
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PRIVATE	1	.177[c]	.031	.030	.52488
	2	.213[d]	.045	.042	.52154
	3	.231[e]	.053	.048	.51982

a. Predictors: (Constant), SURFACE ACTING

b. Predictors: (Constant), SURFACE ACTING, EMOTIONAL COSONANCE

c. Predictors: (Constant), DEEP ACTING

d. Predictors: (Constant), DEEP ACTING, SURFACE ACTING

ANOVA f

type of hospital	Model		Sum of Squares	df	Mean Square	F	Sig.
PUBLIC	1	Regression	4.282	1	4.282	21.411	.000[a]
		Residual	120.983	605	.200		
		Total	125.265	606			
	2	Regression	5.963	2	2.981	15.094	.000[b]
		Residual	119.302	604	.198		
		Total	125.265	606			
PRIVATE	1	Regression	5.203	1	5.203	18.887	.000[c]
		Residual	160.893	584	.276		
		Total	166.096	585			
	2	Regression	7.519	2	3.760	13.822	.000[d]
		Residual	158.577	583	.272		
		Total	166.096	585			
	3	Regression	8.830	3	2.943	10.893	.000[e]
		Residual	157.266	582	.270		
		Total	166.096	585			

a. Predictors: (Constant), SURFACE ACTING

b. Predictors: (Constant), SURFACE ACTING, EMOTIONAL COSONANCE

c. Predictors: (Constant), DEEP ACTING

d. Predictors: (Constant), DEEP ACTING, SURFACE ACTING

e. Predictors: (Constant), DEEP ACTING, SURFACE ACTING, EMOTIONAL COSONANCE

f. Dependent Variable: BURN OUT

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Model Summary

type of hospital	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
PUBLIC	1	.185[a]	.034	.033	.44718
	2	.218[b]	.048	.044	.44443
PRIVATE	1	.177[c]	.031	.030	.52488
	2	.213[d]	.045	.042	.52154
	3	.231[e]	.053	.048	.51982

a. Predictors: (Constant), SURFACE ACTING

b. Predictors: (Constant), SURFACE ACTING, EMOTIONAL COSONANCE

c. Predictors: (Constant), DEEP ACTING

d. Predictors: (Constant), DEEP ACTING, SURFACE ACTING

Coefficientsa

type of hospital	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
PUBLIC	1	(Constant)	2.432	.075		32.305	.000
		SURFACE ACTING	.132	.029	.185	4.627	.000
	2	(Constant)	2.616	.098		26.738	.000
		SURFACE ACTING	.134	.028	.188	4.721	.000
		EMOTIONAL	-.055	.019	-.116	-2.918	.004
PRIVATE	1	(Constant)	2.483	.082		30.109	.000
		DEEP ACTING	.114	.026	.177	4.346	.000
	2	(Constant)	2.323	.099		23.559	.000
		SURFACE ACTING	.089	.030	.125	2.918	.004
		DEEP ACTING	.088	.028	.136	3.191	.001
	3	(Constant)	2.190	.115		18.979	.000
		SURFACE ACTING	.086	.030	.121	2.841	.005
		EMOTIONAL	.055	.025	.094	2.203	.028
		DEEP ACTING	.068	.029	.106	2.357	.019

a. Dependent Variable: BURN OUT

In our regression findings of public hospitals first model predicts that surface acting influences positively on burnout whereas in the second model although surface acting strategy influences positively burnout but emotional consonance does not positively influence the burnout which is supported by the study of Ghalandari and Jogh [(24)] (2012) that that surface acting strategy performed by emotional labor does not positively influence job burnout (t-value = 1.449; sig = 0.150) In the regression findings of private hospitals, first model predicts that deep acting is positively influences the burnout while as in second model deep acting along with surface acting produces the same result. In the third model the

surface acting, emotional consonance, deep acting produces the positive influence on burnout. Suppression has not contributed to the burnout as it was not included in the model as predictor which is same as the study by Ian *et al.,* [25] (2010)which confirms that expressing genuine positive emotions is associated with reduced emotional exhaustion, whereas contriving these emotions is a form of labour and increases emotional exhaustion. Suppressing negative emotions also constitutes labour and contributes to emotional exhaustion. However, suppressing these emotions was not perceived as psychologically taxing by this sample and did not contribute significantly to emotional exhaustion.

DISCUSSION

In the above result analysis we found that in our sample emotional labour has not emerge as the significant predictor of burnout. It was observed from the descriptive statistics that the medical staff working in both type of hospitals were doing emotional labour on low level so their scores of burnout was not influenced by emotional labour. There might be the other reasons such as long working hours, frequency of interactions with the patients, demographic variables etc. can contribute to the burnout. Out of the dimensions of emotional labour surface acting was the prominent predictor variable for predicting burnout Deep acting, emotional consonance were the second and third predictors respectively. As far as the type of hospitals is concerned the medical staff in public was doing emotional labour on very low level so the burnout level in relation to that was also very low as compared to private hospitals. In public hospitals suppression and deep acting were not appeared as predictor variable while as in private hospitals only suppression was not taken as predictor variable.

RECOMMMENDATIONS

In our findings it is clear that emotional labour is being done in hospital sector not matter at the low level. In the forth coming years, the sector is expected to get a boom and then to compete in the tough competitions. to fight with the fatal diseases the medical staff has to increase their level of emotional labour as the other service sectors employee are doing. As rightly said prevention is better than cure so we should recommend some guidelines for future. This study indicates that the effect of emotional labour on burnout is small but in future it will increase as the level of emotional labour will increase. The findings suggest hospitals need to take certain measures so employees are not negatively affected by the same. These medical staff members should be sent to training programmes to develop necessary skills and learn to deep act emotional labour. Hospitals also should use other methods helping the employees to feel less strain because of patient's behaviour. Management should create the environment where employees can openly discuss the frustration on their jobs when they are hurt or disturbed by patients. It helps in various ways. Firstly, it delivers a message to employees that the management is aware of and acknowledges the emotional contribution that employees put into jobs. This positive feedback can motivate medical staff to serve the society in better way. Definitely it will increase their productivity and be more committed to their services. Secondly, it provides an opportunity to ventilate employees' negative emotions caused by their jobs.

LIMITATIONS AND FUTURE RESEARCH

The present study has a number of limitations that need to be addressed in future. research. The sample consist of all of members medical staff so separate studies can be conducted individually on nurses, doctors and paramedical staff for 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. As emotional intelligence is the ability to understand own emotions and managing these emotions and understanding other emotions and managing these,

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