



Impacts of Emotional Labour on Employee Retention in The Health Sector

Jerry Oppong Darko^{1*}, Veronica Asare Bediako¹, Hanson Opoku Tawiah¹

¹ St. Joseph's College of Education, Ghana

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Abstract

The health sector is one industry where a human-oriented approach predominates and interpersonal relationships are more intense. According to research, these professionals must display the appropriate emotions when dealing with patients and their families. Employees must, therefore, put in their emotional labour in addition to their cerebral and physical labour to meet these demands, although there aren't many studies in this field. The study aimed to investigate the effect of emotional labour on employee retention in the Ghanaian health sector using professional health workers at Bechem Government Hospital in the Tano South Municipality as the unit for analysis. The study was conducted at the Bechem Government Hospital in the Tano South Municipality of Ghana. The basic random sample method was used to choose the research participants. A sample size of 110 professional health workers was used. The major data collection instrument utilised by the researcher was a questionnaire. A descriptive statistic and an inferential statistic (such as an independent t-test) were used to run the data acquired using the study questions. From the findings, it was revealed that professional health workers, on average, exhibited high levels of emotional labour. Also, among the findings, it was revealed that emotional labour affects health workers' retention. The study concludes that emotional labour is crucial in determining employees' work outcomes. Therefore, it is recommended that management of health institutions should often discuss and offer advice on the individual's professional development, explaining how this position will meet that demand.

Keywords *Emotional Labour, Employee Retention, Effect, Health Workers, Gender Difference*

INTRODUCTION

Budhiraja and Rath (2022) claim that controlling employees' actions or emotional outbursts ensures service quality. Since the communication between the organisation and its clients is core to customers' satisfaction, however, when a person experiences a dissonance between their felt and expressed emotions, their emotional regulation, or "emotional labour," can become dysfunctional (Bechtoldt et al. (2011) as reported in Schlegel (2020)). However, the employees in the Ghanaian health sector are required to exhibit this emotional labour. Most attention has not been drawn to their emotional and psychological challenges (Asumah et al., 2019; Javed et al., 2020).

Mitchell (2015) state that healthcare professionals, especially doctors and nurses, generally are not required to display their intense emotion. Rather, their positive emotions are encouraged, while the negatives are frowned upon. For instance, while talking with patients and their families, hospital staff members are taught to display attention, care, and sympathy while concealing or repressing sentiments of disdain, annoyance, misery, worry, dread, grief, and suffering. Healthcare personnel frequently have to reassure and soothe patients and their families in order to make patients feel cared for and safe (Chi & Chen, 2019).

Healthcare staff are required to express the right emotions and show empathy while speaking with patients and their relatives. Emotional labour is the term used to describe this effort to control their genuine sentiments and emotions. Hochschild (2020) suggested that by putting on a front and holding back their actual emotions, professionals might provide a caring and secure

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Corresponding author's email: odjerry05@joscobechem.edu.gh

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atmosphere. According to research, emotional labour may cost an individual money on both a personal and a professional level. Among these costs include stress, burnout, mental exhaustion, emotional alienation, health issues, lowered organisational commitment, and physical issues (Fernandes & Pinto, 2019).

Research has shown that managing their emotion can yield psychological strain, loss of emotional control, and depletion of energy. All these can lead towards feelings of emotional distance from others and feelings of inefficacy in their work performance (Hülshager & Schewe, 2011; Indregard et al., 2018). Emotional labour outcomes have also been linked to absenteeism and turnover. This has an effect on both the organisation and patient treatment. According to research by Hülshager and Schewe (2011), emotional labour can gradually deplete personnel, leading to absenteeism and attrition. However, according to other experts, engaging in emotional labour really has benefits (Hwa, 2012; Kim, 2008). For instance, according to some nurses, emotional labour is a necessary and essential element of their job.

Although there have been important studies on emotional labour, most of them were not linked to retention rate. For example, Asumah et al. (2019) and Torland (2013) linked emotional labour to job satisfaction, whilst Hülshager and Schewe (2010) and Lee et al. (2015) linked it to performance. Again, the majority of the empirical research that investigated emotional labour (e.g., Asumah et al., 2019; Hur et al., 2015; Lee & Chelladurai, 2017) were done in the manufacturing, banking, education, tourism, and hospitality sectors.

The health industry, on the other hand, is one of the industries where a human-centred approach prevails, and interpersonal ties are more intense. As a result, in order to meet these expectations, employees must put in emotional as well as mental and physical labour. However, only a few studies have been conducted in the industry (e.g., Awan et al., 2013; Karimi et al., 2020; Mitchell, 2015). Of those few studies done in the sector, none was done in Ghana. This raises the question as to whether their finding could be generalised since the condition of service for Ghana might be different for developed countries. As a result, this study attempted to investigate the impact of emotional labour on employee retention among Ghanaian professional health professionals. The study seeks to examine the effect of emotional labour on employee retention in the Ghanaian health sector using professional health workers at Bechem Government Hospital.

The study was directed by the following research questions to fulfil the study's goals;

1. What emotional labour do health workers experience at Bechem Government Hospital?
2. Is there any gender difference in emotional labour among health workers in Bechem Government Hospital?
3. What is the influence of emotional labour on employee retention in Bechem Government Hospital?

LITERATURE REVIEW

Theoretical framework

There are numerous theoretical frameworks that are useful in this study. Among them, the researcher anchors the study on one major theory, namely the Dramaturgical theory.

Dramaturgical theory

Based on Hochschild's dramaturgical approach to emotion management, several scholars have developed ideas regarding emotional labour. This corroborates Grandey's (1999) claim that a dramaturgical theory of emotional labour might shed light on how emotion is controlled. Understanding this type of process and how it relates to other work outcomes, it is imperative for one to know the process and methods employees use in managing their emotions. In emotional management, according to Agyemang (2017), employees utilise various acting tactics (such as

surface acting, deep acting, or real acting) to change their outer looks or interior emotional states to manage emotional expression as the circumstance demands. According to [Hochschild's \(1979\)](#) dramaturgical approach to emotional labour, this entails the purposeful use of surface and deep acting to match display expectations. Surface acting entails repressing one's feelings and mimicking desired emotions. Based on Hochschild's acting approach, as stated in [İplik et al. \(2014\)](#), Kruml and Geddes' study established two aspects of emotional labour: emotive dissonance and emotive effort. [Chu \(2002\)](#) defined emotional dissonance as the extent to which workers' stated emotions match their actual feelings. Emotional dissonance, according to [Hochschild \(2022\)](#), is the distinction between real and fake feelings. Surface emotion and true, deep emotion can be seen as two opposed extremes of a continuum in the dimension of emotional dissonance.

Emotional Labour and Its Impact on Employee Retention

Employees must satisfy several requirements in terms of exhibiting emotions since serving customers is a crucial aspect of running a facility or business ([Springer & Oleksa, 2017](#)). People experience, understand, consider, express, and control their emotions. These come about through social contact and are impacted by situational, interpersonal, cultural, and societal factors. We frequently discover ourselves repressing emotions and showing a more socially acceptable emotion in circumstances throughout our everyday lives that are judged more properly.

In the past, studies on emotional labour have concentrated on how employees in service sectors engage with customers ([Grandey & Gabriel, 2015](#)). However, recent research (e.g., [Becker & Cropanzano, 2015](#); [Becker et al., 2018](#)) contends that peers and leaders within an organisation use emotional regulation to the same or greater extent as they do in interactions with patients, clients, and other external parties. The few studies that have been conducted on emotional labour among peers imply that additional study is needed. Deep acting in teams with better deep acting convergence improves job performance and pleasure while decreasing emotional tiredness, according to [Becker and Cropanzano \(2015\)](#). On the other hand, surface acting by leaders decreases perceived information exchange, lowers work satisfaction and involvement of followers, and raises emotional weariness ([Hu & Shi, 2015](#)).

According to [Ogunsola et al. \(2020\)](#), surface acting refers to receptive actions that are internally directed and superficially convey an intended emotional presentation. Deep acting is taking concrete actions to create the feelings one wants to project in order to adhere to accepted standards of emotional presentation. People purposefully engage in thoughts and behaviours to feel desirable emotions in an effort to express this type of emotion ([Ogunsola et al., 2020](#)). Acting styles tend to have diverse effects on outcomes and behaviour. According to research, surface acting typically results in unproductive job behaviour and causes emotions of contradiction and tension ([Agyemang, 2017](#)). Deep acting, on the other hand, can be advantageous to workers by lowering the risk of work withdrawal, raising job satisfaction, and enhancing job performance ([Wagner et al. 2014](#)).

Surface acting and turnover intentions have been found to have a positive association in two research that looked at the link between emotional labour and those intentions ([Agyemang, 2017](#)). Deep action typically produces greater results for people and organisations than surface acting. [Becker et al. \(2018\)](#) investigated the relationship between emotional labour and perceptions of team support, extra-role conduct, and intentions to quit. Both studies' multi-level findings revealed that the degree of peer deep acting within the team altered the correlations between individual deep acting and outcome components.

Deep acting happens when an employee's feelings are inappropriate for the circumstance; they then draw on their past experiences to create the proper sensations. Deep acting, as opposed to surface acting, entails changing inner sentiments by doing more than just changing one's

appearance. Deep acting is consciously altering one's emotions in order to elicit the desired emotional response. Since deep acting entails attempting to alter one's own emotional states to conform to organisational norms, it is viewed as a constructive activity. Grahamey (2003). Deep acting involves changing feelings from the "inside out," as opposed to surface acting, which alters sentiments from the "outside-in" (Ogunsola et al., 2020). Ogunsola et al. (2020) defines deep acting as either (1) exhorting feeling, which is the intentional attempt to evoke or suppress an emotion, or (2) trained imagination, which is the intentional invocation of thoughts, images, and memories to evoke the associated emotion (e.g., picturing a wedding to feel happy or a funeral to feel sad). Deep acting involves the purposeful production, repression, or shaping of emotions.

Gender Difference in Emotional Labour

Hafiz (2015) states that a variety of individual and environmental elements have an impact on how people conduct emotional labour. Research demonstrates that there are variations between men and women in many facets of the workplace, from their fundamental methods of operation to their potential for financial reward (Lee et al., 2019). Fay (2010) asserts that males are seen as more acceptable for expressing stronger emotions like rage than women are, whilst women are seen as more acceptable for expressing warmer emotions like pleasure. It's important to remember that these gender standards apply to the workplace as well. It is acceptable to assume gender variations when it comes to emotional labour based on research on gender roles and expectations.

One of the categories by which a person might define themselves is gender. The association that a person has with a gender category (such as male or female) is referred to as gender identity. According to research on gender identification, people who identify strongly with one gender are more likely to follow the associated gender norms than people who identify strongly with another (Lee et al., 2019). Regardless of how they are feeling, those who strongly identify as female are more likely to adhere to feminine emotional expression standards, whilst those who strongly identify as male are more likely to adhere to masculine norms.

Even while emotional labour is not always gender-specific, the vast majority of research has found that women perform more emotional labour and are vulnerable to expectations that they will. Women are expected to provide the majority of family care despite the fact that there is no natural reason for one sex to take on these responsibilities over the other, especially when it comes to caring for elderly relatives. The gendered aspects of emotional labour and family care have been exposed and stated by (Lacy et al., 2020), who discovered that women are not only expected to supply the majority of both but also do so.

RESEARCH METHOD

Research Design

A descriptive survey was thought to be a good design to utilise. The descriptive survey, according to Denscombe (2017), is an effort to gather information from members of the population in order to establish the population's present condition with regard to one or more variables. In contrast to what is generally achievable in laboratory or field trials, it enables the researcher to examine many factors simultaneously. We gathered information from the population's members and assessed its present condition in light of one or more characteristics.

Sample and Sampling Technique

The study's accessible population was 213 professional health professionals at Bechem Government Hospital in Ghana's Tano South District. A sample size of 110 was employed in the investigation. According to Asamoah-Gyimah and Duodu (2007), a sample size of 10% to 30% of the available size is suitable for quantitative research. As a result, 110 persons (52% of the available

population) were evaluated.

The research participants were chosen using a basic random sample method (Taherdoost, 2016). In this procedure, numbers given to professional health workers were written on slips of paper, completely mixed in a container, and pulled one by one in a lottery fashion until the necessary number of responders was attained.

Data Collection and Analysis

The researcher physically brought the surveys to each workplace over a four-week period so that the professional health workers could complete them. This came when the Director of the Hospital requested and received authorisation, and a letter of recommendation from the Department of Business Studies at the University of Cape Coast served as support.

All of the sample members received the instruments, which were then collected from the responders two days later. The participants were given adequate time to finish the instruments properly, ensuring that the instruments were completed satisfactorily. Since 5 of the completed surveys could not be collected from respondents, the instrument's return rate was 96%.

Following data collection from the respondents, it underwent data reduction by human categorisation in accordance with questionnaire items and the use of frequency distribution tables and percentages.

The scales for the research questions were flattened as we prepared to evaluate the data. The researcher trichotomised the original 5-point scale of questionnaire responses on emotional labour experienced by health workers, gender differences in emotional labour among health workers, and the impact of surface and deep acting on employee retention (1=Never, 2=Rarely, 3=Sometimes, 4=Frequently, 5=Always) to create a 3-point scale. By combining replies for 1 and 2, we get 1 as a seldom category, 2 as a sometimes category, and 4 as an often category: 1=ra. The researcher additionally trichotomised the initial 5-point scale of questionnaire replies (1=strongly disagree, 2=disagree, 3=undecided). (Responses 1 and 2 are grouped as disagrees, 3 are categorised as undecided, while responses 4 and 5 are grouped as strongly agree). This three-point scale was designed with the goal of improving data interpretation.

In order to determine the frequencies, percentages means, and standard deviations for each answer, as well as inferential statistics like the independent samples t-test and regression, we employed descriptive statistics.

Issues of Validity and Reliability

Because of the nature of the investigation and its multiple advantages, the questionnaire was utilised as a data-collecting device in the study. The instrument was designed based on the works of experts in the field, such as Deng et al. (2016), Ogunsola et al. (2020) and Zhao et al. (2020). In order to ensure the instruments' validity, we gave drafts to one Professor from the University of Cape Coast and one colleague at St. Joseph's College of Education for their expert judgments, which helped in proving the validity of the instruments.

At the Bechem Government Hospital, the instruments were pilot-tested on 15 healthcare professionals who weren't part of the research population. With the use of SPSS version 20, the questionnaire's internal consistency was evaluated. According to Kothari (2017), a Cronbach's alpha score of 0.9 is considered exceptional, an alpha score of 0.8 is good, an alpha score of 0.7 is acceptable, a score of 0.6 is doubtful, a score of 0.5 is subpar, and an alpha score of 0.5 is unsatisfactory. Using this Cronbach's alpha score guideline, the study instrument's reliability test results yielded a satisfying 0.72.

FINDINGS AND DISCUSSION

Research Question 1: What emotional labour do health workers experience at Bechem Government Hospital?

In response to the first research question, the study used a questionnaire to collect data on the emotional labour faced by health professionals at Bechem Government Hospital in Tano South Municipality. Table 1 presents data gathered in response to that effect.

Table 1. Descriptive Statistics of The Emotional Labour Among Health Workers

Items	R f (%)	S f (%)	O f (%)	M	SD
1. Display of specific emotions.	44 (41.9)	10 (9.5)	51 (48.6)	2.07	0.95
2. Adopting emotions.	10 (9.5)	31 (29.5)	64 (61.0)	2.51	0.67
3. Expressing intense emotions.	73 (69.5)	28 (26.7)	4 (3.8)	1.34	0.55
4. Expressing a variety of emotions	31 (29.5)	44 (41.9)	30 (28.6)	1.99	0.77
5. Expression of feelings.	10 (9.5)	64 (61.0)	31(29.5)	2.20	0.60
6. Pretended emotions.	41 (39.0)	54 (51.4)	10 (9.6)	1.70	0.63
7. Emotional display	25 (23.8)	15 (14.3)	65 (61.9)	2.38	0.85
8. Hiding true feelings.	17 (16.2)	44(41.9)	44 (41.9)	2.26	0.72
9. Emotional expression on the job.	53 (50.5)	38 (36.2)	14 (13.3)	1.63	0.71

Source: Field data **Key:** f-Frequency, %-Percentage, M-Mean, SD-Standard Deviation R-Rarely, S-Sometimes, O-Often

As shown in Table 1, the mean scores of health workers varied from 1.34 to 2.51, with a standard deviation of 0.55 to 0.95. This is an indication that professional health workers in Bechem Government Hospital, on average, experienced some form of emotional labour. For instance, with a mean score of 2.51 and a standard deviation of 0.67, 64 (61.0%) of the health workers confessed that they frequently adopt specific emotions as part of their employment, whereas 31 (29.5%) of them occasionally do so. The remaining ten (9.5%) health workers, on the other hand, stated that they seldom adopt particular emotions as part of their employment. This suggests that the majority of health personnel adopt specific emotions as part of their employment.

Research Question 2: Is there any gender difference in emotional labour among health workers in Bechem Government Hospital?

In relation to the second research question, the study aimed at testing a null hypothesis: There is no significant difference in emotional labour among male and female health workers in Bechem Government Hospital. This hypothesis looked for a difference between two groups: Male health workers and female health workers experience emotional labour at Bechem Government Hospital. Table 2 illustrates the variability between the male health workers' and female health workers' experience of emotional labour in the questionnaire administered.

When using an independent t-test to examine data, it is preferable to focus on the mean and standard deviation. The two categories (male and female health workers) are represented by relevant descriptive data in Table 2.

Table 2. Group Statistics of Health Workers' Emotional Labour

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Health Workers	Males	40	29.63	1.06	0.38
	Females	65	29.41	1.91	0.12

The analysis of the group means shows that male health professionals ($M=29.63$, $SD=1.06$) demonstrated a greater degree of emotional labour than female health workers ($M = 29.41$, $SD = 1.91$), as shown in Table 2.

Table 3. Independent Samples T-Test of Health Workers Emotional Labour

Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
F	Sig.	T	Df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	Lower	Upper	
Equal variances assumed	2.90	0.09	0.31	103	0.75	0.21	0.68	-1.12	1.55

An independent samples t-test was done with an alpha level of 0.05 to assess if the observed difference in mean scores between male and female health professionals is significant or not. The variation in means between the two groups is seen in Table 3.

Table 3 shows that there is no statistically significant difference between the emotional labour scores of female health workers ($M = 29.41$, $SD = 1.91$, $N = 40$) and male health workers ($M = 29.63$, $SD = 1.06$, $N = 65$), with a $t(103) = 0.31$, $p = 0.75$. Between male and female health professionals, there was an average difference in emotional labour of 0.21. Since there is no discernible difference in the emotional work performed by male and female healthcare providers at Bechem Government Hospital, the researcher maintains the null hypothesis. The 95% confidence intervals for the emotional labour mean difference between male and female health professionals ranged from 1.12 to 1.55. The hypothesis of variance homogeneity was evaluated and validated using Levene's test for variance equality with $p > 0.05$.

Research Question 3: What effect does emotional labour have on staff retention at Bechem Government Hospital?

In regard to the third research question, the study used a questionnaire to analyse the impact of emotional labour on staff retention at Bechem Government Hospital in Tano South Municipality. Table 4 presents data gathered in response to that effect.

Table 4. Descriptive Statistics of Employee Retention

Items	D f (%)	U f (%)	A f (%)	M	SD
1. If given an offer to join another sector in Ghana, I would not take it.	53(50.5)	38(36.2)	14(13.3)	1.63	0.71
2. The remainder of my career in the health industry would make me extremely pleased.	44(41.9)	39(37.1)	22(21.0)	1.79	0.77
3. I don't believe I could readily attach myself to another industry the way I have to this one.	10(9.5)	64(61.0)	31(29.5)	2.20	0.60
4. I am committed to the goals and objectives of the health sector of Ghana.	85(81.0)	10(9.5)	10(9.5)	1.29	0.63
5. I am involved in achieving the wider health sector goals and objectives.	17(16.2)	44(41.9)	44(41.9)	2.26	0.72
6. I am involved in the activities of the hospital.	33(31.4)	18(17.1)	54(51.4)	2.20	0.89

7. I am loyal to the values of the health sector 48(45.7) 9(8.6) 48(45.7) 2.00 0.96

Source: Field data; **Key:** **f**–Frequency, **%**–Percentage, **M**–Mean, **D**: Disagree **U**: Undecided
A: Agree, **SD**–Standard Deviation

According to Table 4's findings, the mean scores for health workers varied from 1.29 to 2.26, with a standard deviation between 0.60 and 0.96. In particular, 38 (36.2%) of the health professionals were unsure, with a mean score of 1.63 and a standard deviation of 0.71, while 14 (13.3%) stated they would decline an offer to work in another field in Ghana. Nevertheless, the remaining 53 (50.5%) health workers disclosed that if given an offer to join another sector in Ghana, they would take it. This indicates that the majority of health workers are ready to join another sector if given an offer.

In order to answer the study issue, emotional labour (surface and deep acting) was employed in a multiple regression analysis as a predictor of workers' retention. Table 5 presents the results as follows:

Table 5. Multiple Regression Model Summary for Emotional Labour and Employee Retention

Variable		Sum Squares	of Df	Mean Square	F	Sig.
Surface Tension	Regression	683.45	1	642.18	3.42	0.00 ^b
	Residual	4208.38	104	322.44		
	Total	4891.83	105			
R = 0.74						
R ² = 0.76						
Adjusted R ² = 0.69						
Std. Error of the Estimate = 3.23						
a. Dependent Variable: Employee Retention						
b. Predictors: (Constant), Surface and Deep Acting						
Source: Field data (2020)						

According to Table 5's multiple regression results, the variables surface-acting and deep-acting explained 76% of the variance in employee retention, which was determined to be statistically significant [F (1, 104) = 3.42, p = 0.00] at the 0.05 alpha level. Therefore, the results suggested that all the two variables added predicted employee retention significantly. Based on this, the researcher concludes that emotional labour affects health workers' retention in Bechem Government Hospital in Tano South Municipality of Ghana.

The coefficient table in multiple regression provides the necessary information to predict employee retention from emotional labour (surface and deep acting). Table 6 presents the coefficient results for the variables as below:

Table 6. Standardised and Unstandardised Coefficients for Emotional Labour and Employee Retention

Model	Unstandardised Coefficients		Standardised Coefficients		Collinearity Statistics			
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF	
1	(Constant)	48.24	6.02		3.90	0.00		
	Surface Acting	0.72	0.21	0.35	1.45	0.00	0.84	1.05
	Deep Acting	0.92	0.25	0.82	7.12	0.00	0.94	1.08

Dependent Variable: Employee Retention

Predictors: (Constant), Emotional Labour: Surface and Deep Acting

The results in Table 6 disclosed that surface acting as an emotional labour ($\beta = 0.72, p=0.00$) contributed statistically significantly to employees' retention in Bechem Government Hospital. Also, the coefficients were statistically significantly different from zero. It could be inferred that surface acting is a good predictor of employee (health workers) retention at Bechem Government Hospital. Again, it was evident from Table 9 that deep acting as an emotional labour ($\beta = 0.92, p = 0.00$) contributed statistically significantly to employees' retention in Bechem Government Hospital. And that the coefficients were statistically significantly different from zero. It could be inferred that deep acting is a good predictor of employee (health workers) retention at Bechem Government Hospital.

Discussion

According to the study's findings, professional health professionals in Bechem Government Hospital faced some type of emotional labour on average. This is quite usual since health workers are required to attend to clients (patients), which forms a significant part of the core mandate of a health institution. In view of this, health workers are therefore required to meet patients' numerous demands in terms of displaying emotions (Springer & Oleksa, 2017). Accordingly, feelings that individuals experience, analyse, consider, express, and control and that result from social contact are referred to as emotions (Chu, 2002; Van Kleef, 2017). These sentiments are impacted by social, cultural, interpersonal, and environmental factors. We frequently discover ourselves repressing emotions and showing a more socially acceptable emotion in the circumstances throughout our everyday lives that are judged more proper. In this study, it was found that the majority of health workers often adopt certain emotions as part of their job.

The outcomes of the study revealed that the majority of the health workers who participated occasionally claimed to feel emotions they did not. People often attempt to feel emotions that are in conformity with a certain social setting and recognised standards. Emotion arousal and experience are reliant on a variety of social circumstances. According to Liu and Cho (2018), jobs requiring emotional labour have three characteristics: they call for employees to interact with the public face-to-face or verbally, they require them to elicit an emotional response from clients or customers, and they give employers a chance to exert some control over employees' emotional behaviours. This is prevalent in the professional life of workers in line with their institutional requirements. This supports the claim made by Liu and Cho (2018) that emotional labour is primarily the purview of workers in the service sector since they regularly engage with clients and represent the institution in encounters with clients.

Emotions also play a significant role in work in the public sectors, such as health, where a high level of bureaucracy appears to be associated with the suppression of emotions (Meisler & Vigoda-Gadot, 2014), and among those in professions that demand the development of specific relationships with clients, the display of high moral standards, and the provision of high-quality services, such as those held by physicians, psychologists, nurses, or teachers. This is consistent with the study findings, which discovered that the majority of health professional participants frequently make an attempt to genuinely experience the emotions that I need to portray toward others.

When performing emotional labour, men and women have been found to employ distinct displays. According to Fay (2010), males are seen as more acceptable for expressing stronger emotions like rage than women are, but women are deemed more acceptable for expressing warmer emotions like pleasure. It has been discovered that men and women use different displays when undertaking emotional work. Fay (2010) claims that whereas women are considered more acceptable for expressing warmer feelings like joy, men are perceived as more acceptable for expressing harsher emotions like fury. Simpson and Stroh (2004) asserted, using self-report

measures of emotional expressiveness and emotional dissonance, that people who exhibit feminine display patterns (repressing painful feelings and expressing positive emotions) felt more inauthentic. Individuals who portray emotions in a male-like manner by concealing good feelings and expressing negative emotions, on the other hand, report lower degrees of inauthenticity. Males were far more inclined to bury good sensations than females, whereas females were a lot more likely to bury unhappy sentiments, according to [Simpson and Stroh \(2004\)](#).

According to the study's findings, the majority of healthcare professionals frequently strive to instil feelings in themselves when interacting with patients that conform to the desired professional image. When an employee's sentiments are out of line with the scenario, they engage in deep acting, in which they generate the proper emotions based on their education or prior experience. Deep acting, as opposed to surface acting, is affecting inner emotions by doing more than just changing how you seem. Deep acting is altering one's emotions on a conscious level in order to elicit the desired emotional response. As a result, deep acting is seen as "acting in good faith" since it entails making an effort to alter one's internal emotional states in order to conform to organisational standards ([Grandey, 2003](#)).

Individual deep acting, according to [Springer and Oleksa \(2017\)](#), is positively associated with job happiness, organisational commitment, job performance, and customer satisfaction. It was shown that the majority of the participating health professionals frequently try to convey happy feelings to patients. Positive affective experiences and favourable views toward one's employment have been linked to lower turnover, according to research conducted outside the field of emotional labour. For instance, [Posthuma et al. \(2005\)](#) discovered that happy moods were adversely correlated with intent to make a turnover, and it was demonstrated that satisfaction was a key component in many turnover models. Deep acting should produce pleasant feelings corresponding with the targeted positive emotional expressions; therefore, employees who apply it in customer service situations should have more positive affect at work and be less likely to develop a desire to quit their present position.

CONCLUSIONS

From the study, it was discovered that professional health workers in Bechem Government Hospital, on average, experienced some form of emotional labour. It was again discovered that most of the health workers' participants sometimes pretend to have emotions that they do not really feel. Once more, it was determined that there was no appreciable variation in the emotional labour between male and female healthcare professionals at Bechem Government Hospital.

The study concludes that emotional labour (surface and deep acting) affects health workers' retention in Bechem Government Hospital. This indicates that emotional labour has a significant impact on how well individuals perform at work. Because of this, institution management must continually pay attention to the labour requirements of its staff. To aid the company in achieving its goals and fostering its expansion, management must constantly make it a policy to keep its capable and dedicated employees. Employee unhappiness with their occupations may manifest itself as a problem with labour retention. A framework can be provided by sound, equitable, and consistent rules and processes to help manage the issue of labour turnover. Employers may gain insight into the reasons for retention by looking at the age, competencies, abilities, and knowledge of workers in their chosen careers.

Based on the study findings, we recommend that the management of health institutions often discuss and offer advice on employee career development, highlighting how this job will cater for that need.

LIMITATION & FURTHER RESEARCH

Despite accomplishing its goals, the study, like previous research endeavours, falls short of the ideal. The study concentrated on a single municipality-selected health facility. As a result, the findings may differ from those of other health facilities within the same town. We argue that since this study employed quantitative methods, future researchers in this field should employ mixed-method approaches to further explore the 'why' of quantitative findings.

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