Chapter VII
DISCUSSION AND CONCLUSION

This chapter includes the summary, contribution of the current study, managerial implications followed by the limitations of the current study and directions for future research. The chapter then ends with a conclusion

Table 7.1 Summary of results

<table>
<thead>
<tr>
<th>Statement of hypotheses</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nurses will be involved in deep acting (modifying feelings) with stronger display rules in the organization</td>
<td>Supported</td>
</tr>
<tr>
<td>2. Nurses will be involved in surface acting (modifying expressions) with less stronger/weak display rules in the organization</td>
<td>Supported</td>
</tr>
<tr>
<td>3. Nurses will be involved in deep acting (modifying feelings) with more closeness of monitoring</td>
<td>Supported</td>
</tr>
<tr>
<td>4. Nurses will be involved in surface acting (modifying expressions) with little or less monitoring</td>
<td>Supported</td>
</tr>
<tr>
<td>5. Nurses will be involved in surface acting (modifying expressions) with more job autonomy.</td>
<td>Not supported</td>
</tr>
<tr>
<td>6. Nurses will be involved in deep acting (modifying feelings) with little or less job autonomy.</td>
<td>Not supported</td>
</tr>
<tr>
<td>7. The intention to leave the organization will be greater if</td>
<td>Not supported</td>
</tr>
</tbody>
</table>
the nurses perform deep acting.

8. The intention to leave the organization will be less if the nurses perform surface acting. | Not supported

9. Nurses will experience greater degree of burnout if they perform deep acting | Supported

10. Nurses will experience lesser degree of burnout if they perform surface acting | Supported

11. Emotional intelligence will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout | Supported

12. Supervisor and co-worker support will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout. | Supported

### 7.1 Discussion of results

In the following section, the results have been discussed with explanation.

**Table 7.1.1: Hypothesis 1-SUPPORTED**

| Nurses will be involved in deep acting (modifying feelings) with stronger display rules in the organization | Supported |
This hypothesis was supported which stated that nurses will be involved in more deep acting when there are stronger display rules imposed on them in the organization. This is in line with the studies by Chu (2002), Bartram et al (2012), Sohn and Lee (2012) and Allen et al 2014. As the rules for displaying emotions become stronger in the organization, nurses start to modify their feelings which help them to create a match between their felt emotions and displayed emotions.

**Table 7.1.2: Hypothesis 2-SUPPORTED**

| Nurses will be involved in surface acting (modifying expressions) with weak display rules in the organization | Supported |

This hypothesis was supported which stated that nurses will be involved in surface acting when there are weak display rules imposed on them in the organization. As the rules for displaying emotions become weaker in the organization, nurses start to modify their expressions only. This alone will help them complete the task for the time being. This result is in line with studies by Grandey 2000 and Mitchel and Smith 2003.

**Table 7.1.3: Hypothesis 3-SUPPORTED**

| Nurses will be involved in deep acting (modifying feelings) with more closeness of monitoring | Supported |

This hypothesis was supported which stated that nurses will be involved in deep acting with more monitoring. The more strict and stringent the monitoring is, the nurses find themselves


obeying orders, reporting to the supervisors attending formal meetings etc. Rules ensure that the work is done properly and the apt emotions are displayed. This leads the nurses to modify their feelings which help them to create a match between their felt emotions and displayed emotions. Henderson had pointed out about the same in his studies.

Table 7.1.4: Hypothesis 4-SUPPORTED

| Nurses will be involved in surface acting (modifying expressions) with little or less monitoring | Supported |

Employees always try to get away with little or no monitoring by their supervisors. The same is the case for nurses. When there is very little monitoring done by the supervisors, nurses tend to get their job done by displaying the emotions superficially. In such case modifying the expressions or surface acting helps them finish their jobs.

Table 7.1.5: Hypotheses 5 and 6- NOT SUPPORTED

| Nurses will be involved in surface acting (modifying expressions) with more job autonomy. Nurses will be involved in deep acting (modifying feelings) with little or less job autonomy | Not supported |

Since both these hypotheses were not supported, it can be concluded that the choice of acting strategies differ as proposed with levels of job autonomy. Job autonomy gives a certain degree of freedom to the nurses at their workplace. Chou et al (2012) had proposed that
employees get involved in deep acting with more job autonomy and vice versa. Job autonomy gives a sense of freedom and space to the employees hence they can easily relate to their work. Hence employees choose to modify their feelings completely so that there is little discrepancy between the felt and the expressed emotions.

**Table 7.1.6: Hypotheses 7 and 8 - NOT SUPPORTED**

<table>
<thead>
<tr>
<th>The intention to leave the organization will be greater if the nurses perform deep acting.</th>
<th>Not supported</th>
</tr>
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<td>Not supported</td>
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These two hypotheses were also not supported. The reason for the same might be that nurses look for leaving the organization once they experiencing more emotional labour. This means, nurses start looking to conserve their resources when they are subjected to perform more surface acting as it lead to a continuous modification of the expressions.

**Table 7.1.7: Hypothesis 9-SUPPORTED**

| Nurses will experience greater degree of burnout if they perform deep acting | Supported |
Burnout consists of three distinct states in which employees/nurses feel emotionally “spent” (emotional exhaustion), display a detached attitude toward others (depersonalization), and experience a low sense of efficacy at work (diminished personal accomplishment) (Maslach & Jackson, 1986). Burnout in nurses will automatically increases if the nurses continuously keeps modifying the feelings to match with the requirements of the job. This prolonged acting phase will take a toll on their physical and mental health.

### Table 7.1.8: Hypothesis 10-SUPPORTED

| Nurses will experience lesser degree of burnout if they perform surface acting | Supported |

Nurses will suffer from lesser degree of burnout if they perform surface acting. Modifying the expressions will help them to complete the work and will also help them to achieve the targets set by the organizations.

### Table 7.1.9: Hypothesis 11-SUPPORTED

| Emotional intelligence will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout | Supported |

Supported
Emotional intelligence is defined as a trait which enables individuals to evaluate their emotions as well as the emotions of others. When a nurse is well aware of her emotional state as well as is able to understand, assess and evaluate the emotions of the patients, it becomes very easy for her to display the emotion which is needed to display at the particular situation. For e.g., if a nurse is able to understand the reasons for the cause of any patients’ disgust, she or he might be able to help the patient calm down. This in turn helps in the healing process of the patients as well as prevents the nurses to be a prey of external emotional demands. They experience lesser burnout. The intention to leave the organization too decreases as emotionally intelligent people are satisfied with their jobs.

**Table 7.1.10: Hypothesis 12-SUPPORTED**

<table>
<thead>
<tr>
<th>Social support will moderate the relationship between emotional labour and (a) intention to leave and (b) burnout</th>
<th>Supported</th>
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</table>

Social support acts as a buffer in most of the stressful situations. With help from the doctors, co-workers and supervisors, the nurses are able to complete the rather emotionally demanding task in a much easier manner. The stress levels are also much lower compared to situations when the nurses have to carry out the task all by themselves. A friendly working environment also means low attrition rates of nurses.
7.2 Contributions of the study

Emotional labour still stays implicit inside healthcare sector; it is once in a while being perceived or taught or inadequately understood (Smith and Gray, 2001, p 45). As a result, emotional labour is not given the importance it deserves in most healthcare organizations. Most of the times, the reason for the high attrition rate of nurses are attributed to other factors other than emotional labour. With this study, it becomes clear that helping nurses to control their emotions in turn will also help the organizations to a larger extent. In the event that emotional labour keeps on increasing, then the wellbeing of both healthcare staff and patients will be very high. This study helped to study the variables that have an effect on emotional labour of nurses as well as to understand how one can control the effect of emotional labour and minimize its negative consequences. It laid the foundation for more empirical research in this area in the Indian context. The findings will help the medical industry and may be used at the time of recruitment. Happy and satisfied nurses will always be able to provide the best services to the otherwise “moody” patients of the hospitals. Such patients are likely to rate the hospital services positively contributing to the credibility and brand image of the hospital. And since medical tourism is at its peak now in India, such positive image will boost up the number of patients visiting the hospitals and in turn increase their profits.

7.3 Implications for the healthcare industry

This theoretical framework will primarily affect the administrative practice. The point of healthcare administrators in appreciation of emotional labour would be to decrease its negative results whilst holding the positive results for both patient and staff. Numerous nurses feel that these aptitudes are best gained vicariously from more experienced associates as “there are very
experienced staff here . . . and basically what you do is you learn from them” (McCreight, 2004, p 98). But since it takes time to learn from others, the learning process can be designed in such a way that it teaches the nurses through suitable training programmes about managing emotions. Training modules can be designed to suit the needs of each hospital so as to reduce the burnout among nurses which in turn would also help to retain the nurses in the hospitals. As results have shown how social support helps in decreasing the negative effects of emotional labour, policies pertaining to supporting the nurses in terms of work pressure and other factors too can be designed. Happy or satisfied nurses thus will be able to provide the best services to the otherwise “moody” patients of the hospitals. Such patients are likely to positively rate the hospital services contributing to the credibility and brand image of the hospital. And since medical tourism is at its peak now in India, such positive image will boost up the number of patients visiting the hospitals and in turn increase their profits.

7.4 Limitations for the current study

Although this research tried to make significant contribution to the body of literature of emotional labour, it has some limitations described as follows.

Data was not collected from government hospitals as it was felt that it would not match with the objective of the study

Data was also not collected from the branches of the private hospitals which are situated in other cities and towns of India for similar reasons
7.5 Recommendation for future research

First, sample has been collected from the private sectors of the healthcare industry. The same study can be taken further and examined after collecting responses from nurses from government hospitals and to find out whether the results vary.

Second, the study can also be further expanded and examined among nurses who currently work in the same private hospitals but whose centres are in other cities and towns barring the metros. Chances are there that there can be a difference as patient footfalls could be comparatively less and so are the demands of work.

Thirdly, a longitudinal study can be done to check whether the nurses actually leave the organizations or not. Data can be collected from the hospital staff and can be carried forward for analysis.

Fourthly, one can also check whether emotional labour might have some kind of mediating effect in the entire process and can conduct more research in the relevant area.

7.6 Conclusions

Through this study and research model, much effort has been given to study the essence of emotional labour in nurses. With the findings of this study, the hospitals and the nurses can be benefitted with the introduction of certain elements in the training modules. Future research will only add more value to this body of work. Training modules can be designed to suit the needs of each hospital so as to reduce the burnout among nurses which in turn would also help to retain
the nurses in the hospitals. As results have shown how social support helps in decreasing the negative effects of emotional labour, policies pertaining to supporting the nurses in terms of work pressure and other factors too can be designed. Happy or satisfied nurses thus will be able to provide the best services to the otherwise “moody” patients of the hospitals. Such patients are likely to positively rate the hospital services contributing to the credibility and brand image of the hospital. And since medical tourism is at its peak now in India, such positive image will boost up the number of patients visiting the hospitals and in turn increase their profits.