

EMOTIONAL LABOUR AND OCCUPATIONAL STRESS AMONG NURSES AND DOCTORS IN THE UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY.

Nekpen Euodia OKHAWERE¹, PhD & Victoria EGWIM²

^{1 & 2} Department of Human Resource Management, Faculty of Management Science, University of Benin, Benin City, Edo State
nekpen.okhawere@uniben.edu; 07069979028

Abstract

The study empirically examines Emotional Labour (EL) and occupational stress among nurses and doctors in the University of Benin Teaching Hospital, Benin City. 245 copies of questionnaire were utilized to retrieve data from 73 doctors and 172 nurses for this study. The questionnaire was a pre-validated questionnaire with a 5-point Likert scale ranging from strongly agreed to strongly disagreed. Based on the ethics approval from the Health Research Ethics Committee of the University of Benin Teaching Hospital, data was collected on the practice of surface acting and deep acting and the extent of occupational stress among nurses and doctors in the hospital. With the aid of Statistical Package for Social Science SPSS version 22, data collected was analyzed using descriptive statistics of simple frequency count, percentages, and mean; while inferential statistics was regression analysis. Findings obtained from the analysis shows a relatively low level of EL practices amongst nurses and doctors with mean indexes of 3.35 for surface acting and 3.07 for deep acting. Also, with a p-value of .003 for surface acting and .000 for deep acting at a 0.05 significant level, indicate a positive significant relationship with stress. Based on the findings, the study recommends that the University of Benin Teaching Hospital should uphold policies and practices that promote flexible scheduling, adequate time off, and opportunities for self-care. This will reduce the stress that nurses and doctors experience.

Keywords: Emotional Labour, Surface Acting, Deep Acting, Occupational Stress, Nurse, Doctors, Hospital.

Introduction

Even though emotions are meant to reflect true feelings, emotional labour (EL) demands otherwise. Consequently, since health organisations require employees, especially nurses and doctors to practice EL in the delivery of healthcare, ethically the display of emotions by nurses and doctors should not be based on true feelings but on acted feelings (Kumar & Jin, 2022; Vetbuje & Olaleye, 2022). However, the practice of

EL has led to increased emotional dissonance among nurses and doctors. While it may be important that nurses and doctors put up emotions that prioritise health care delivery to patients, health care delivery organisations now record high rate of work exhausted nurses and doctors (Iliffe & Manthorpe, 2019; Nwosu et al., 2021). In addition, there is reduced motivation among nurses and doctors, increased depression, mental health issues, and cases

of health care workers fast becoming patients requiring the services of other health workers due to overwhelming work demands (Nwosu et al (2021). This situation appears to be a contributing factor in the increasing ineffective workforce in health organisations.

The concept of EL, which was introduced as far back as 1983 by Hochschild Russell has remained controversial in the light of its effect on organisations and individual employee. While the benefits of practicing EL for organisations has been loudly analysed and promoted by many researches such as Clarke et al. (2023), the threat posed to those who are required to practice EL still remains to be adequately explored. As it concerns satisfying or dissatisfying expected behaviours within an organisation. Hussain (2015), states that “sometimes the impacts of these behaviours leave a positive effect on others’ wellbeing and sometimes they harm in a manner that [the] lives of employees become surrounded by negativity and other harmful consequences”. Accordingly, in one of the investigations of the consequences of EL on those who practice, Okhakhu and Adekunle (2021) found that there is a positive relationship between EL and deviant behaviours.

To contribute to exploring EL among workers, this study focuses on investigating the relationship between EL and occupational stress among nurses and doctors in the University of Benin Teaching Hospital. The motive for investigating healthcare workers is that these set of workers are expected to despite their true feelings, ensure they display the emotions

that prioritise patients and their loved ones (Logan, 2016). However, since the expectations from healthcare workers are quite unrealistic, healthcare workers experience emotional dissonance, which means a disparity between actual and true feelings. Findings show that such disparity results in work difficulties, frustration and ultimately occupational stress (Nwosu et al., 2021).

The objective of the study therefore, is to determine how EL affects occupational stress and provide recommendations that would improve the wellbeing of workers. On the basis of this, the study asks the following research questions:

- i. To what extent is EL (surface and deep acting) practiced among nurses and doctors in the University of Benin Teaching Hospital?
- ii. How are EL dimensions of surface and deep acting relate to occupational stress among nurses and doctors in the University of Benin Teaching Hospital?

Consequently, the remainder of this paper is structured as follows: Section 2 reviews related literature review under the headings of conceptual, theoretical and empirical. Section 3 discusses the study data collection methods, Sections 4 and 5 present the results and discussion of the findings respectively and, Section 6 contains conclusion and recommendations.

Review of Related Literature

Conceptual Review

Emotional Labour

EL describes basic components of regulated, planned and purposeful display of business demanded emotions. It is

to emotional, physical, and mental exhaustion, which eventually ends in burn out (Maslach, Schaufeli, & Leiter, 2001). According to Hans Selye (1930s), to handle stress, people develop General Adaptation Syndrome, which explains reactions to stress. General Adaptation Syndrome proposes that when in stress, people first raise alarm about the stress and if the stress continues, they would make attempt to resist the stress. However, if the stress continues despite their resistance, people would get exhausted or burn out.

Emotional Labour and Occupational Stress.

To achieve competitive edge, organisations demand that their workers do whatever may be required to display appropriate behaviours and right emotional expressions while doing their jobs. However, conveying the expected emotions is not all the time easy for workers. Particularly, many workers in the health industry experience emotional dissonance, which happens when there is a contrast between one's true emotions and the acted emotions put up for the sake of performing a job (Grandey & Gabriel, 2015). The attempts and efforts put into ignoring true emotions and displaying expected emotions can be said to cause difficulties for workers. Research suggests that surface acting and deep acting results in emotional dissonance and subsequently, occupational stress (Grandey, 2015).

Theoretical review

This study utilise EL Theory developed by Hochschild (1983). The theory provides a platform for understanding the effects of EL on workers by emphasizing the emotional dissonance that workers are faced with when making efforts to display

expected work emotions. The theory explains that emotional labourers are made to display emotional expressions that are not the same with the emotions they actually feel. The theory further proposes that the process of surface and deep acting is fundamental to understanding the negative consequences of EL in the workplace. The proposition is that, in an attempt to display certain emotions, which one does not genuinely feel (surface acting) and the choice to modify internal emotions to align with the required display rules (deep acting) results to occupational stress.

Similar to other researches (e.g Riley & Weiss, 2016; Brook, 2009), this study employs the EL Theory to explain that even though workers know that their job requires them to display certain emotions, they still sometimes or most times find it difficult to do so. Particularly, this study draws from the EL theory to provide an understanding of emotional dissonance among nurses and doctors in the University of Benin Teaching Hospital.

Empirical Review

Among the studies with focus on EL, Rogers, Creed, and Searle (2014) investigated EL, training stress, burnout, and depressive symptoms among 349 lower cadre doctors in Australia in postgraduate years 1–4. The respondents provided data by filling out a web-based survey. The findings of the study indicated a positive relationship between surface acting, training stress occupational-related burnout. On the other hand, there was a negative association between deep acting and occupational-related burnout. Other findings indicated a positive association

feelings and expressions that workers assume in order to satisfy work ethics that represent professional standards (Bodenheimer & Shuster, 2020). EL is a requirement for workers in service industry such as health and hospitality industry. Such workers are required to provide service with a smile and suppress negative feeling that may arise while attending to service receivers (Okhakhu & Adekunle, 2021). For example, health workers are expected to most of the time put up positive feelings while dealing with patients even when there might be reasons to display negative feelings. This requirement is because health organisations believe that the practice of EL would contribute to improving patients' health (Vetbuje & Olaleye, 2022).

The study of EL has over the years assumes two approaches; namely, job focus and employee focus (Brotheridge & Grandey, 2002; Yin, 2015). While job focus is concerned with jobs in the service industry, employee focus relates to what employees experience while trying to meet with the job demands. The experiences employees go through, when different from expected job experience is referred to as emotional dissonance (Lee & Van Vlack, 2018). Employee focus is usually discussed in the light of the strategies used in regulated emotions, which are usually surface acting and deep acting.

Surface Acting: This is when employees regulate their emotions as a result of a negative perception of organisational expectations of what emotions should be displayed when dealing with customers/clients (Nauman et al., 2019). In this case, employees suppress actual

emotions and fake the expected emotions. The employee does not believe that expected emotions should be displayed and would therefore, present a counterfeit emotion.

Deep acting: In this case, employee has positive feelings about expected behaviours and would therefore willingly and happily modify present emotions to conform to organisational expectations (Wen, Huang & Hou, 2019). Unlike the surface acting, deep acting does not fake emotions but simply adjust to conform to expected behaviour. Deep acting actually comes in terms with situation of the client/customers and would therefore be genuinely involve in modifying to any expected emotions that would help deliver better service. While surface acting is merely displaying expected emotions without the intention to help the client/customer, deep acting experiences the expected emotions and makes efforts to display them (Grandey, 2000).

Occupational Stress

Stress is the tasking and overwhelming outcome of the relationship between an individual and his/her environment. It is the physical, psychological and social experience resulting from disparities between expectation and reality (Mazzola & Disselhorst, 2019; Moss, 2019). It is how an individual perceives and responds to pressure or unfavourable condition within or outside the workplace. Stress can be acute, chronic, traumatic, eustress and distress occupational. Occupational stress, which this study is focused, happens in the workplace. It is stress that results from overwhelming workload as well as discomfort arising from difficult work expectation. Occupational stress can result

between occupational-related burnout and depressive symptoms. There was a full mediation between EL, training stress, and depressive symptoms by occupational-related burnout.

Another study that focused on EL was Kumar and Jin (2022), that investigated the relationships between EL, job stress, and emotional exhaustion among nurses in Pakistan during healthcare emergencies. The research, which was a longitudinal study retrieved data from 319 nurses, who work in government hospitals. Utilising the experimental approach, the study data was analysed using SPSS-Amos and SPSS-process macro software. The findings of the study indicated that there was a full mediation by job stress on the relationship between surface acting and emotional exhaustion under the controlled phase but the mediation was partial under the intervention phase. Also, the intervention phase, instrumental support moderated and mitigated the positive effects of EL on job stress. In like manner, coaching leadership moderated and cut down the positive impact of job stress on emotional exhaustion.

Also, EL was investigated in a study titled: Relationship between EL, Job Stress and Burnout: Does coping strategy work? The study, which was authored by Vetbuje and Olaleye (2022), employed a cross-sectional design and used survey to draw data from 338 medical practitioners working in private hospitals in Nigeria. Partial least square structural equation modeling was used as the analytical methods to test the study hypotheses and examine the relationships among the variables. The objectives of the study were to investigate

the mediating effect of surface acting, deep acting, and job stress between emotional intelligence and burnout. The study also aimed at finding out the sequential mediation of surface acting-job stress and deep acting-job stress between emotional intelligence and burnout. Furthermore, the study explored the moderating role of mindfulness meditation as a survival means on the relationship between job stress and burnout. The result of the study showed that job stress significantly mediated between emotional intelligence and burnout while surface acting-job stress and deep acting-job stress partially mediated the relationship.

The above empirical review shows that the research on EL cuts across national boundaries. While the first reviewed research was carried out in Australia, the second was in Pakistan and the third was in Nigeria. Implicatively, the relevance of continuous research in EL cannot be overemphasized and hence, the need for more research on EL with varied respondents. Differing from the reviewed Nigerian study which drew data from health workers in private hospitals, this study therefore retrieved data from health workers in a public health institution, which in this case is the University of Benin Teaching Hospital. This study therefore does not only provide findings based on its noted objectives but can also allow for a comparison between EL in private health and public health centres.

Data and Methods

Pre-validated questionnaire adopted from Hopkins, Dowell & Flitton, (2023), was used for this study and this provided for the

validity of the research instrument. The study questionnaire had two sections: Section A and Section B. Section A provides data on respondents' demographics such as age, gender, marital status, level of education (See Table 1). Section B retrieved data on the practice of EL (surface and deep acting) as well on occupational stress among nurses and doctors in the University of Benin teaching Hospital. Section B questions were on five-point Likert questions ranging from strongly agree as 1 to strongly disagree as 5. The study employed Statistical Package for Social Sciences (SPSS) version 2022 for both descriptive and inferential analysis of retrieved data.

The population of the study is 960 comprising of 680 nurses and 280 doctors. Consequently, applying the Taro Yamane formula (Yamane, 1967) and proportion calculation of nurses to doctors, the sample size for the study was 245. 245 health care workers comprising of 73 nurses and 172 doctors were randomly selected. Retrieving of data was done using structured questionnaires, which were administered within the period of four weeks. This is in line with Okhakhu and Adekunle (2021)'s

time spent for the collection of data. In order to meet with ethical requirement for the collection of data within the University of Benin Teaching Hospital and since this study deals with humans, approval was sought from the Health Research Ethics Committee of the University of Benin, leading to the protocol number as ADM/E 22/A/VOL.VII/1483011866.

Data Analysis and Discussions of Findings

Tables 1, 2, 3, 4, 5 and 6 below present the analysis of the study data. Table 1 shows the demographics of the 245 respondents and Table 2 presents the practice of EL (surface and deep acting among the respondents. Table 3 present the occupational stress level of respondents and Table 4 shows the model summary of the effects of EL on occupational stress among the respondents. Table 5 indicates the Analysis of Variance (ANOVA) on the effects of EL on occupational stress of the respondents and Table 6 presents the regression output of the effect of EL on occupational stress among the respondents. Finally, discussion of the findings follows.

Table 1: Demographic Profile of the Respondents

S/n	Variables		Frequency (N)	Percentage (%)
1	Gender	Male	139	56.7
		Female	106	43.3
		Total	245	100.0
2	Age Range	20 – 30 Years	73	29.8
		31 – 40 Years	99	40.4
		41 – 50 Years	61	24.9
		Over 51 years	12	4.9
		Total	245	100.0
3	Marital	Single	72	29.4

	Status	Married	149	60.8
		Others	24	9.8
		Total	245	100.0
4	Educational qualification	ND	34	13.9
		HND/B.SC	69	28.2
		MASTERS	110	44.9
		PhD	32	13.1
		Total	245	100.0
5	Number of years worked	0-5years	27	11.0
		6-10years	32	13.1
		11-20years	122	49.8
		21years and above	64	26.1
		Total	245	100.0
6	Profession	Nurse	172	70.2
		Doctor	73	29.8
		Total	245	100.0

Source: Author’s Computation (2023)

From the table above, of the 245 respondents, there are 139 (56.7%) males and 106 (43.3%). On the age range distribution of the respondents, 99 (40.4%) of the total respondents were aged 31 – 40 Years, while 73 (29.8%) were aged 20 – 30 Years, 61 (24.9%) were aged between 41 – 50 Years, and 12 (4.9%) were aged over 51years. In terms of the marital status of the respondents, married respondents accounted for 149 (60.8%) of the total respondents while 72 (29.4%) were single and 24 (9.8%) fell under “others” category. For academic qualifications, 34 (13.9%) of the respondents have diplomas, 69 (28.2%) have a masters either in medical sciences or nursing science; 110 (44.9%) of the respondents are first-degree holders with either a HND or BSC, 32 (13.1%) of the

respondents, have acquired their PhD degrees. From the table, 27 (11%) of the respondents have 0–5 years of experience, 32 (13.1%) of the sample respondents have 6–10 years of work experience. Also, 122 (49.8%) have 11–20 year range of work experience of the sample respondents. Finally, 64 (26.1%) of the respondents have 21 years and above of experience. Based on profession and specialty, 172 (70.2%) of our respondents are nurses. On the other hand, there are 73 (29.8%) doctors. In terms of the number of years worked respondents had worked in University of Benin n Teaching Hospital, 85(70.2%) of the respondents have worked for 1 to five years, 25(20.7%) have worked for less than 1 year and 11(9.1%) have worked for 5 to 10years.

Table 2: Practice of EL Among Nurses and Doctors in the University of Benin teaching Hospital.

S/N	Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean
The practice of Deep acting							
1	I really try to feel the emotions I have to show as part of my job.	20 (8.2)	10 (4.1)	33 (13.5)	180 (73.5)	-2 (0.8)	2.45
2	I try to experience emotions that I must show.	85 (34.7)	15 (6.1)	32 (13.1)	113 (46.1)	- (-)	3.29
3	I make an effort to actually feel the emotions that I need to display to others.	88 (35.9)	17 (6.9)	33 (13.5)	107 (43.7)	- (-)	3.35
The practice of Surface acting							
4	I sometimes hide my true feelings about a situation.	83 (33.9)	22 (9.0)	22 (9.0)	118 (48.2)	- (-)	3.28
5	I sometimes resist expressing my true feelings when at work.	17 (8.2)	13 (4.1)	29 (13.5)	184 (73.5)	2 (0.8)	2.60
6	I pretend to have emotions that I don't really have	76 (35.9)	29 (6.9)	23 (13.5)	117 (43.7)	- (-)	3.45 3.45
	Average	69 (28.16)	16 (6.53)	30 (12.24)	129.5 (52.86)	0.5 (0.20)	3.07

Scale: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD).

Source: Author's estimation from SPSS 22, 2023.

The average mean value of 3.07 out of a possible maximum of 5 in Table 4.2 above, suggests a relatively low level of EL practices amongst nurses and doctors, specifically, majority of the respondents disagreed to the following statements: I often put up a smiling face even in stress periods (=2.45), I often put up a stern face

to appear serious (=3.29), I most times act good to people who hurt me because of my work (=3.35), and I do not mind patients' attitude when I discharge my roles (=3.28). It also clearly demonstrates that a significant majority of respondents (53.06%), of which 0.20% expressed strong disagreement and 52.86% stated

disagreement, on statements related to EL practices as stated in Table 4.2 above. In comparison, 34.69% disagreed (strongly

disagree + disagree) and 12.24% were undecided.

Table3: Stress Among Nurses and Doctors in the University of Benin teaching Hospital

S/N	Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean
1	I feel burnt out from my work.	132 (53.9)	14 (5.7)	38 (15.5)	61 (24.9)	- (-)	3.89
2	I feel used up at the end of a work day.	131 (45.3)	13 (5.3)	35 (14.3)	66 (26.92)	- (-)	3.85
3	I feel I'm working too hard on my job.	139 (56.7)	13 (5.3)	24 (9.8)	69 (28.2)	- (-)	3.91
4	I feel emotionally drained from my work.	144 (58.8)	16 (6.5)	24 (9.8)	61 (24.9)	- (-)	4.16
5	I feel frustrated by my job.	123 (50.2)	14 (5.7)	38 (15.5)	70 (28.6)	- (-)	3.78
6	I feel fatigued when I get up in the morning.	123 (50.2)	14 (5.7)	24 (9.8)	84 (34.3)	- (-)	3.72
	Average	132 (53.88)	14 (5.71)	30.5 (12.45)	68.5 (28.0)	- (-)	3.86

Scale: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD).

Source: Author’s estimation from SPSS 22, 2023.

The average mean value of 3.86 out of a possible maximum of 5 in Table 3 above suggests an agreement by the respondents to all the listed items in the research instrument. The result implies a negative implication of EL practices in Nigerian health centers. The data showed that the respondents agreed to feeling burnt out from their work (=3.89), they feel used up at the end of a work day (=3.85), they feel like they are working too hard on the job (=3.91), they are emotionally drained from

work activities (=4.00), they feel frustrated in their job (=3.78), and they feel fatigued while waking up in the morning (=3.72). The result also clearly demonstrates that on average, a significant majority of nurses and doctors (59.9%) agreed and strongly agreed on statements related to the consequences of EL among nurses as stated in Table 3 above, whereas, 28.0% disagreed; while 12.45% were undecided.

Test of Hypotheses

The research hypotheses were tested utilizing regression analysis in order to

achieve the current study's objectives. The hypotheses were evaluated with an Alpha level of significance of 0.05.

Table 4: Model Summary of the effect of stress on the EL among Nurses and Doctors in the University of Benin Teaching Hospital

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.896a	.803	.801	.52243	.803	491.837	2	242	.000	2.111

a. Predictors: (Constant), DA, SA

b. Dependent Variable: IMP

Source: Statistical Package for social Sciences v.22

The model summary result from the regression output is shown in the table above. The R square measures how well the independent variables (surface acting and deep acting) explain changes (variations) in the dependent variable (implication on nurses and doctors). The R square value of .803 shows that the explanatory variables account for about 80.3% of the variance in

the dependent variable. This is a strong explanatory strength. The Durbin Watson value indicates whether the model has an autocorrelation problem. According to its criterion, the value 2.111 is approximately equal to two (2), showing that the model has no autocorrelation problems. This suggests that the model's efficiency property is ensured.

Table 5: Analysis of Variance (ANOVA) of the effect of stress on the EL among Nurses and Doctors in the University of Benin Teaching Hospital

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	268.477	2	134.238	491.837	.000 ^b
	Residual	66.050	242	.273		
	Total	334.527	244			

a. Dependent Variable: IMP

b. Predictors: (Constant), DA, SA

Source: Statistical Package for social Sciences v.22

The table above displays the analysis of variance (ANOVA) result on implication of

the practice of the dimensions (surface acting and deep acting) of EL on nurses and

doctors. The F statistics value of 491.837 is significant at 0.000 (5% significance level). As a result, the explanatory factors (surface

acting and deep acting) are significant drivers of the dependent variable (implication on nurses and doctors).

Table 6 Multiple Regression Output of the effect of stress on the EL among Nurses and Doctors in the University of Benin Teaching Hospital
Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B		Collinearity Statistics		
	B	Std. Error				Lower Bound	Upper Bound	Tolerance	VIF	
1	(Constant)	.438	.118		3.724	.000	.206	.669		
	Surface acting	.202	.067	.200	3.012	.003	.070	.334	.184	5.422
	Deep acting	.685	.064	.711	10.687	.000	.559	.811	.184	5.422

a. Dependent Variable: IMP

Source: Statistical Package for social Sciences v.22

Hypothesis One

H₀: Surface acting has no positive significant effect on occupational stress.

The result from Table 6 above showed that surface acting has significant effect on occupational stress. The researcher therefore concludes that we fail to accept the null hypothesis and accept the alternative hypothesis because the p value of .003 was less than 0.05 (p-value = .003 < 0.05 & T-stat = 3.012 > 2).

Hypothesis Two

H₀: Deep acting has no positive significant effect on occupational stress.

The result from Table 6 above shows that deep acting has significant effect on occupational stress. The researcher therefore concludes that we fail to accept the null hypothesis and accept the

alternative hypothesis because the p value of .000 was less than 0.05 (p-value = 0.000 < 0.05 & T-stat = 10.687 > 2).

Discussion Of Findings

Although, other studies on emotional labour may have been in other health facilities besides the University of Benin, there are similarities between the findings of the current study and that of such other studies. One of such findings is that while it is expected that health workers should display a high level of emotional labour, the present reality shows that emotional labour is not as high as expected. This finding that the practice of emotional labour among health workers is low is similar to the findings of another research like Okhakhu & Adekunle (2021). Another finding of this study which is that healthcare workers frequently suppress or amplify their emotions to meet

job requirements correlates with the findings of Humphrey, Ashforth and Diefendorff (2015). This means that health workers do not freely practice emotional labour; instead, it requires a decisive effort to take on actions that help them deliver excellent services to patients.

Finally, the study revealed that both dimensions of EL (surface acting and deep acting) significantly affect occupational stress of health care practitioners. This corroborates the suggestion of Hochschild (2003) that surface acting results in stress. Individual who practice emotional do not ordinarily want to display emotions that they actually do feel and displaying fake emotions requires some unpleasant efforts. Moreover, Morris and Feldman (1996) also found a relationship between suppressed feelings and EL, which tends to result with the feeling of disparity. Despite the above findings of negative consequences arising from the practice of EL, Chu (2002), indicated that practising EL also has positive consequences. Chu (2002), posit that attention must be given to the fact that EL results in customer satisfaction and eventually improved organisational performance, which are all positive in

nature. However, negative consequences such as financial loss and stress among employees should not be ignored.

Conclusion and Recommendation

Based on this study, it thus becomes imperative to conclude that EL practice could either be surface acting or deep acting in dimension, and an employee could possibly practice both depending on individual and personal circumstances. Particularly, even though EL is practised among the nurses and doctors in University of Benin Teaching hospital, the rate at which it is practised is tilted more towards low (See Table 1; where average mean for the practice of emotional labour is 3.86). Accordingly, the relationship between EL and occupational stress among nurses and doctors in the University of Benin Teaching Hospital is significantly positive. Based on the findings, the study recommends that the University of Benin Teaching Hospital should improve on existing work policies in order to better promote flexible scheduling, adequate time off and opportunities for self-care. This will reduce the stress being experienced by nurses and doctors.

Reference

- Bodenheimer, G., & Shuster, S. M. (2020). Emotional labour, teaching and burnout: Investigating complex relationships. *Educational Research*, 62(1), 63-76.
- Brook, P. (2009). The Alienated Heart: Hochschild's 'emotional labour' thesis and the anticapitalist politics of alienation. *Capital & Class*, 33(2), 7-31.
- Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of vocational behavior*, 60(1), 17-39.
- Clarke, J. J., Rees, C. S., Breen, L. J., & Heritage, B. (2023). Managing emotional labour in the provision of psychotherapy—what matters most. *Clinical Psychologist*, 27(1), 104-116.

- Chu, K. H. (2002). The effects of emotional labour on employee work outcomes. An unpublished doctoral dissertation submitted to the Faculty of the Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- Grandey, A. A. (2000). Emotional regulation in the workplace: A new way to conceptualize emotional labor. *Journal of occupational health psychology*, 5(1), 95-110
- Grandey, A. A. (2015). Smiling for a wage: What emotional labor teaches us about emotion regulation. *Psychological Inquiry*, 26(1), 54-60.
- Grandey, A. A., & Gabriel, A. S. (2015). Emotional labor at a crossroads: Where do we go from here? *Annu. Rev. Organ. Psychol. Organ. Behav.*, 2(1), 323-349.
- Hochschild, A. R. (1993). *The managed heart: Commercialization of human feeling*. Twentieth Anniversary Edition. Berkeley and Los Angeles: University of California Press
- Hopkins, B., Dowell, D., & Flitton, J. (2023). Emotional labour and burnout among police officers. *Policing: An International Journal*, (ahead-of-print).
- Humphrey, R. H., Ashforth, B. E., & Diefendorff, J. M. (2015). The bright side of emotional labor. *Journal of Organizational Behavior*, 36(6), 749-769.
- Hussain, I. (2015). Deviant workplace behaviour: Examining the role of some antecedents and moderators. Unpublished doctoral thesis. Pondicherry University, Pondicherry
- Illiffe, S., & Manthorpe, J. (2019). Job dissatisfaction, 'burnout' and alienation of labour: undercurrents in England's NHS. *Journal of the Royal Society of Medicine*, 112(9), 370-377.
- Kumar, N., & Jin, Y. (2022). Impact of nurses' emotional labour on job stress and emotional exhaustion amid COVID-19: The role of instrumental support and coaching leadership as moderators. *Journal of Nursing Management*, 30(7), 2620-2632.
- Lee, M., & Van Vlack, S. (2018). Teachers' emotional labour, discrete emotions, and classroom management self-efficacy. *Educational Psychology*, 38(5), 669-686.
- Logan, T. R. (2016). Influence of teamwork behaviours on workplace incivility as it applies to nurses. *Creighton Journal of Interdisciplinary Leadership* 2(1): 47-53
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(1), 397-422.
- Mazzola, J. J., & Disselhorst, R. (2019). Should we be "challenging" employees?: A critical review and meta-analysis of the challenge-hindrance model of stress. *Journal of Organizational Behavior*, 40(8), 949-961.
- Morris, J. A.; Feldman, D. C. (1996). The dimensions, antecedents, and consequences of emotional labor. *Academy of Management Review* 21(4): 986-1010.
- Moss, J. (2019). Burnout is about your workplace, not your people. *Harvard Business Review*, 1(1), 1-10.
- Nauman, S., Raja, U., Haq, I. U., & Bilal, W. (2019). Job demand and employee well-being: A moderated mediation model of emotional intelligence and surface acting. *Personnel Review*, 48(5), 1150-1168.

- Nwosu, A. D., Ossai, E., Onwuasoigwe, O., Ezeigweneme, M., & Okpamen, J. (2021). Burnout and presenteeism among healthcare workers in Nigeria: Implications for patient care, occupational health and workforce productivity. *Journal of public health research, 10*(1), jphr-2021.
- Okhakhu, C. O., & Adekunle, S. A. (2021). Emotional Labour and Deviant Workplace Behaviour among Health Workers. *Acta Universitatis Sapientiae, Economics and Business, 9*(1), 115-132.
- Riley, R., & Weiss, M. C. (2016). A qualitative thematic review: emotional labour in healthcare settings. *Journal of advanced nursing, 72*(1), 6-17.
- Rogers, M. E., Creed, P. A., & Searle, J. (2014). Emotional labour, training stress, burnout, and depressive symptoms in junior doctors. *Journal of Vocational Education & Training, 66*(2), 232-248.
- Selye, H. (1976). The stress concept. *Canadian Medical Association Journal, 115*(8), 718.
- Vetbuje, B. G., & Olaleye, B. R. (2022). Relationship between Emotional Intelligence, Emotional Labour, Job Stress and Burnout: Does coping strategy work?. *Journal of Intelligence Studies in Business, 12*(1), 6-19.
- Wen, J., Huang, S. S., & Hou, P. (2019). Emotional intelligence, emotional labor, perceived organizational support, and job satisfaction: A moderated mediation model. *International Journal of Hospitality Management, 81*, 120-130.
- Yamane, T. (1967). An introductory analysis: *Harper and Row, New York*.
- Yin, H. (2015). The effect of teachers' emotional labour on teaching satisfaction: Moderation of emotional intelligence. *Teachers and Teaching, 21*(7), 789-810