

Emotional Labour and Employee Quality Service Delivery among Tertiary Healthcare Providers in Sub-Saharan Africa

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Abstract: *Effective quality service hinges on managing employee behavior. This study examined the influence of emotional labor on employee quality service delivery among tertiary healthcare providers in Sub-Saharan Africa, specifically Bayelsa State, Nigeria. Adopting a positivist philosophical paradigm and a cross-sectional survey design, the study sampled 319 senior cadre employees using Taro Yamene's formula and stratified sampling technique. Data were collected through self-administered questionnaires, with 291 usable for analysis. The Spearman Ranked Order Correlation Coefficient statistical tool was employed. Findings revealed that emotional dissonance led to emotional exhaustion, burnout, depression, and job dissatisfaction. Conversely, emotional frequency fostered service confidence, enabling service personnel to better understand patients' true medical situations. The paper concluded that emotional labor, in the form of both emotional frequency and dissonance, enhances service personnel's work performance. The time spent with patients creates an atmosphere of trust, likeness, and respect between personnel and their patients. Tertiary healthcare facilities are urged to consistently monitor service personnel behavior to identify those who may be psychologically derailed by strenuous working conditions. Such monitoring can help these facilities better address the demanding nature of healthcare jobs and improve the quality of service offered to patients, ultimately reducing medical tourism.*

Keyword: Emotional dissonance, emotional frequency, employee reliability, employee responsiveness.

1. Introduction

The health of any nation is significantly influenced by the quality of services it provides to its population. Tertiary healthcare institutions play a crucial role in advancing this effectiveness, offering specialized medical consultations and treatments for complex ailments and diseases (Omoju & Kuti, 2021). However, tertiary healthcare institutions in Sub-Saharan Africa, particularly Nigeria, face numerous challenges and public criticism regarding substandard services, inadequate funding, poor infrastructure, shortages of manpower, poor remuneration, and weak policy implementation (Omoju & Kuti, 2021). Despite existing for over one hundred and thirty years since the first and second hospitals were built in Abeokuta and Calabar shortages of emergency drugs and vital consumables.

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The situation has placed unnecessary pressure on the few available healthcare workers, leading to patients spending significant amounts of time in clinics waiting to be attended to. This concerning situation may be one reason why many Nigerian healthcare professionals are leaving the country for better working conditions abroad. Indeed, every hospital service in Nigeria suffers from these shortcomings, compounded by extraneous factors such as poor government funding. Evidence shows that only about 4.3% of the 2021 national budget was allocated to the Federal Ministry of Health, which is far from what is needed to provide quality healthcare services to Nigerians (Omoju & Kuti, 2021). This allocation typically accounts for less than one percent of the nation's Gross Domestic Product (GDP). Therefore, adequately funding the tertiary healthcare sector for improved service to humanity becomes essential in Nigeria. Unfortunately, the underfunding of healthcare services limits the ability of tertiary institutions to expand their services, upgrade equipment, and invest in healthcare innovation. As a result, these hospitals often struggle to offer quality services to patients, leading to an over-reliance on medical tourism for specialized care.

In addition to the growing population and the burden of both communicable and non-communicable diseases, the capacity of tertiary healthcare providers in Nigeria is overwhelmed by the high prevalence of diseases such as malaria, tuberculosis, and HIV, alongside rising cases of diabetes, hypertension and cancer (FMoH, 2020). The dual burden of disease places additional pressure on already strained tertiary healthcare services, making it difficult to provide efficient and effective care to patients. Various policies and reforms have been initiated to alleviate the burden on tertiary institutions in Nigeria and improve tertiary healthcare services (Ogunleye et al., 2021). However, bureaucratic inefficiencies and poor implementation attitudes have hindered the effectiveness of these initiatives. Nevertheless, numerous studies have been done on quality service delivery in order to improve the narratives but much is still needed as empirical evidence proved that most of the listed studies only pay attention to how customers' needs and expectations of a service could be met as well as building loyal and retention of customers which is aimed at profit maximization, increased market share and productivity (Aremu, et al., 2018; Gobena, 2019; Osaiga & Onowe, 2014; Rajasekhara & Gift, 2018; Yudhistira, 2019); without critical emphasis on the service personnel and the service context in Prabha, et al. (2010). This neglected issue of quality service delivery among healthcare providers by most scholars remains the key to corporate survival because employees in the service domain are the ones offering their time, effort and energy that makes organizations to acquire the acclaimed profit maximization and or market share. Since quality service delivery in the health sector is not just about patients' satisfaction and expectation but also the personnel involved in the service transaction and the service settings, it therefore implies that the effort to promoting these services must be anchored on managing employees' behaviour (Okpu & Ule, 2023). This behaviour rather than emotions is the key component of emotional labour (EL).

The emotional labour concept as propounded by Hochschild (1983) is the management of feelings to demonstrate the required feelings of the organization and as a concept that captures the demand associated with working in the service domain, EL is characterized with direct interaction with clients. These interactions within the healthcare domain demonstrate the internal forces that drive personnel behavior towards creative thought, helping employees to control their emotions and establish positive relationships with patients (Okpu & Ule, 2023; Tepeci & Pala, 2016) at their facilities. These relationships in turn aid service personnel to present themselves in ways that could align with the expectation of their roles and as well shape patients experience and perception of the service expected. Hence, the study seeks to investigate the influence of emotional labour on

employee quality service delivery among tertiary healthcare providers. Tertiary healthcare facilities are chosen because they are the apex healthcare bodies responsible for the treatment of terminal ailments and diseases, as well as the last stage of medical referral before seeking medical tourism or care outside their domain.

2. Literature Review

2.1 Emotional Labour

Organizations' demanding expectations and required behaviors from workers have generated significant concerns. These concerns have engendered employees' to regulate their actual feelings in order to match with the demanding job requirement needed of them especially in the service organizations. This job requirement (labour) which is performed in terms of emotions was thus called emotional labour (Harini, 2013). Its origin is traceable to the seminal work of Hochschild in 1983. Emotions are feelings that individuals want to tell and or manage that emerge through human interface and are influenced by interpersonal, cultural and social conditions (Isayava, Yurcu & Kasalak, 2017). These conditions are central to emotions as well liable for managing feelings, social structures and institutions (Alsawalqa, 2020). Emotions have strong influence on human behaviour and are multifaceted phenomenon that involves changes in subjective experience, behaviour and physiology (Bailen, Green & Thompson, 2019; Lokman, Gulseren, Ayhan & Sadik, 2015). The emotional phenomenon in this context has become a subject of debate in academia. Workers are often expected to control their emotions to meet the demanding job requirements of organizations as they engage in emotional labor (Tao, 2016). The emotional labor construct, as perceived in the academic domain, is conceptualized differently by scholars. Some conceptualize it as job-focused, denoting the presence of emotional labor as an occupational demand (Ashforth & Humphrey, 1993; Brotheridge & Grandey, 2002), while others conceptualize it as employee-focused, denoting workers' management of emotions to meet work requirements (Eketu, 2017; Grandey, 2000; Morris & Feldman, 1996). Employee-focused is anchored on deep and surface acting, while job-focused is centered on the unique characteristics of the job, including emotional demands such as frequency of interaction, variety and intensity of emotional expression, duration of interpersonal interaction, and perceived display rules, which are expected parts of performance (Tepeci & Pala, 2016). The concept as coined by Hochschild (1983) implies the management of emotions to create a publicly observable bodily and facial display. What this depicts is that emotional labour has an exchange value that is sold for wage (Tengku, 2018). Edeh (2020) opines that emotional labour represents a behaviour where workers are required to put on smiling face to customers at all time even when they are not in the mood to do so. Because emotional labour possesses an aspect of control over the employee (de Castro et al., 2004; Grandey (2000) viewed it as the practice of controlling both feelings and expression in order to meet organizational goals. These feelings and expression remains the foundation of service interaction which is an inherent part of the frontline employee. The employee strive in their workplace to stick onto the rules through an attempt to adjust privately felt emotions with normative expectation thus bringing out expressions of emotions in line with inward experiences (Alsawalqa, 2020). However, owing to the myriad conceptualization of emotional labour component and the growing shift from mere satisfaction to value creation in order to increase customer loyalty and retention by organizations; the study therefore, define the concept "EL" as the moderation of internal and external feelings to create value for customers and clients while engaging in a service transaction within the service domain. This value creation takes into consideration the concerted effort exerted by service

personnel to moderate their true feelings in order to create a satisfying service climate for clients. In this way service personnel are enthused to promote goodwill while keeping to themselves their negative feelings (Glomb, Kammeyer-Mueller & Rotundo, 2004) and thought. Nevertheless, extant literatures on the changing nature of emotional labour tends to present several dimensions of emotions that embodies a broad spectrum of issues bothering on surface and deep acting (Hochschild, 1983); emotional attachment, emotive dissonance and emotive effort (Kruml & Geddes, 2000); emotional expression, emotional dissonance (Glomb & Tews, 2004), frequency of interaction, attentiveness to display rule, variety of emotional expression and emotional dissonance (Morris & Feldman, 1996). Also, duration of interaction, intensity, deep acting, frequency, surface acting and variety of emotional display (Brotheridge & Lee, 2003). This study therefore adopts emotional frequency and emotional dissonance as dimensions of emotional labour presented below.

2.2 Emotional Dissonance

The dissonance component of emotional labour has been unanimously accepted by scholars though widely contested as to whether it is a necessary condition (Glomb & Tews, 2004) for work as some argued that emotional labour is only present when workers tend to suppress or fake their emotions (Mann, 1999). As a behavioural outcome, emotional dissonance depicts a state of disagreement between individually felt emotions and organizationally desired emotions. This emerging behaviour results in a job demanding employee to perform assigned task inconsistent with their emotional feelings. Thus, the discrepancy arises when the individually felt emotions contradicts organizationally desired or expressed emotions (Hochschild, 1983).

2.3 Emotional Frequency

As an indicator, emotional frequency has been the most investigated element (Morris & Feldman, 1996) of emotional labour because it deals with a life occurring event involving both physical and mental energy on an individual job task. This frequency of interaction refers to how often employees are in contact with customers (Busoi, 2017) as service roles often involves intense and frequent interpersonal contacts with clients (Biron & Veldhoven, 2012). Thus Bailen et al. (2019) likened the component to “how many times an individual experience a particular emotion over a given period of time”. The frequent interaction between service providers and clients explains the rate of emotional labour occurrence and the length of time an emotional display is expected to last (Butler, Egloff, Wilhelm, Smith, Erickson & Gross, 2003; Morris & Feldman, 1996).

2.4 Employee Quality Service Delivery

As a focus of increasing managerial attention, employee quality service delivery represents a major concern to organizational performance. Thus, remains an important pursuit for service providers that ultimately seek to create and provide value to their teeming customers and organizations (Lodorfos et al., 2015; Umemezia & Akenzua, 2017). The future and continuity of business depend on customer’s level of satisfaction; therefore employee quality service delivery has remained one of the most significant factor for gaining competitive advantage and winning customer’s confidence (Al-Ababneh, 2017; Khan & Fasih, 2014). As an important issue in service management, quality service delivery has been conceptualized differently but still maintains the discrepancy between the actual service expected by customers and the perceived service performed by employee (Aremu et al., 2018; Rajasekhara & Gift, 2018). Parasuraman, Zeithaml and Berry

(1985) conceptualized quality service delivery as the measure of how well the service level delivered matches customer expectations. This means that service providers must provide service in conformity to customers' expectation consistently. Blery et al. (2009) on their part defined quality service delivery as the global assessment of customers overall impression of the service quality. Their definition by implication holds the degree to which customers' usage of a service influences the formation of their expectation. Asagba et al. (2019) perceived quality service delivery to be the positive outcome of supposed expected performance that entails the series of activities that makes customers to have a sense of happiness and satisfaction in respect of the value paid. Pakurar et al. (2019) viewed quality service delivery as how organizations meet or exceed customers' expectations. Al-Ababneh (2017) defined quality service delivery as what the customer get out and what is willing to pay for rather than what the supplier put in. Aremu et al. (2018) perceived quality service delivery to meeting the needs and expectation of the customers. Zeithaml and Bitner (2000) defined quality service delivery as the global judgment or attribute that relates to the superiority of a service.

In all of the above definitions, quality service delivery remains the extent to which the service fulfills the need and expectations of customers (Ezeokoli & Ayodele, 2014; Parasuraman, *et al.*, 1991). Thus, this study conceptualized employee quality service delivery as the perceived value customers derive or are expected to get from service personnel during interpersonal transaction in a service environment. This definition holds the view that it is the value that customers get from service personnel that propel the wholesome sense of satisfaction, loyalty and retention in any service transaction. Hence, the service attitude and the behavioural (outcome) of service personnel have significant effect on service quality especially when service givers are rendering services or facing customers (Kuo, 2015). Scholars have longed argued that service has always remained the constant practice of an on-going interaction between clients and service providers including a number of insubstantial activities provided as premium solution to clients' problem (Eketu, 2017; Khan & Fasih, 2014). These premiums remain the service key to gaining competitive advantage over rivals as firms who provide quality services to clients often stand the chance of reviving customers perception of the service received (Khan & Fasih, 2014). Several components have been scholarly identified to serve as indicators to quality service delivery. Parasuraman, *et al.*, (1985) had however, identified ten indicators that are useful for customers' evaluation of quality service delivery which include reliability, communication, responsiveness, credibility, tangibles, competence, service accessibility, courtesy, security and comprehension of the user. They later merged competency, credibility, courtesy, and security to be assurance while accessibility, communication and comprehension of the user to empathy (Parasuraman et al. 1991). Furthermore, Pollyn et al. (2017) identified accessibility, completeness, reliability, conformance and timeliness. Several other attempts to measure and operationalize quality service delivery have remained the use of (SERVQUAL) five primary items: reliability, assurance, tangibles, empathy and responsiveness (Blery et al. 2009; Ezeokoli & Ayodele, 2014; Tessera et al. 2016). These attributes measure service appearance, confidence, on-time provision, dependability and personal attention (Eketu, 2017) given to service receivers. This study therefore adopts the quality service delivery measures of reliability and responsiveness with its nine item scale because of the listed attributes as opined by Eketu (2017). These measures were adapted from the work of Parasuraman et al. (1991).

2.5 Emotional Labour and Employee Quality Service Delivery

The overwhelming shift from manufacturing industry to service organizations has resonated significant emphasis placed on the value of service interactions (Chu & Murrmann, 2006; Magnusson, 2005). This interaction has not only prompted the relevance of employee's emotional display but also given impetus to the management of individual feelings to suit the demanding requirement of employee's job tasks (Hochschild, 1983; Lee, Lee & Chung, 2019). The behaviour expected of these employees require that they moderate their true feelings to demonstrate the desired feelings of the organization (Hochschild, 1983) in a bid to offer quality service. In this way, service employees are enthused to display positive emotions in a manner that services the need of its customers and those of their organization because emotions in this context remained inseparable part of the organizational life (Carrasco, Martinez, Moliner, Peiro & Ramis, 2014; Schiopu, 2014). This view sustains the superior performance of the firm as it symbolizes the key feature to successful customer service delivery. Perhaps, the reason scholars maintained that successful service employee is one that displays acceptable emotions and as well suppresses the unacceptable feelings of frustration during interpersonal service transaction since service produced must be in conformity with customers' expectation (Andrew, 2016; Parasuraman et al. 1985). Thus, researchers believed that the positive display of emotions during service transaction convey friendliness that resonate customers intentions to return as well recommend others (Anan, 2021) for patronage because service quality remained significant to customers loyalty and retention (Andrew, 2016; Khan & Fasih, 2014). However, the expression of these emotions are geared towards the attainment of organizational goal (Grandey, 2000) and these goals only become attainable when adequate service is rendered to customers. Hence, Kuo (2015) and Parasuraman et al. (1994) hold strongly that service attitude and the behavioural outcomes of employee have significant effect on service quality since services are often produced and performed in the presence of customers. Hence, the study postulate the following null hypotheses to cross validate scholarly claims on the relationship between emotional labour and employee quality service delivery:

Ho₁: Emotional dissonance has no significant relationship with employee quality service delivery in the form of employee responsiveness among tertiary healthcare providers.

Ho₂: Emotional frequency has no significant relationship with employee quality service delivery in the form of employee reliability among tertiary healthcare providers.

2.6 Empirical Review

Mangi et al. (2021) empirically examined employee engagement using the role of emotional labour and cognitive dissonance with the mediating role of emotional intelligence among private school teachers in Khairpur and Sukkur districts of Pakistan. The stratified sampling technique was adopted with a working population of 500 school teachers. Data were collected through a closed ended questionnaire and subjected same to Structural Equation Modeling via the instrumentation of SPSS Amos version 21. The findings revealed that work engagement is positively impacted by emotional labour while cognitive dissonance had negative significant effect on work engagement. However, emotional intelligence mediated the relationship between emotional labour and work engagement and this relationship increases positively. Emotional intelligence equally decreases the negative correlation connecting cognitive dissonance and work engagement among the participants of the study. Ugur et al. (2012) carried out an empirical investigation to explore the

correlation connecting emotional dissonance and employee wellbeing. The study comprises 21 large ready-made clothing, restaurant and cosmetic chains in Turkey with a sample size of 239 participants. The result revealed that surface acting (emotional dissonance) correlate negatively with satisfaction but positively correlated to emotional exhaustion. Zhong (2018) empirically investigated the connection between emotional exhaustion, emotional dissonance and work family conflict among college teachers in China. The study makes use of questionnaire via an online channel (internet). These questionnaires were distributed among the college teachers and 330 were found useable for the study. The useable questionnaires were cleanse and coded into the SPSS using one way ANOVA and T-test statistics and the result indicated that emotional dissonance had positive relationship with work family conflict and emotional exhaustion. Also, emotional exhaustion positively correlates work family conflict and partially mediates the association linking emotional dissonance and emotional exhaustion. In a bid to test the veracity of scholarly claims that emotional labour has beneficial consequences and or give rise to increased job stress, emotional exhaustion, burnout and low job satisfaction, Okpu and Eke (2021) examined the correlation linking emotional labour to employees' job satisfaction in the 18 Nigerian deposit money banks. The study makes use of 221 permanent staff of the listed banks. These participants were issued self-report questionnaire and data collected were analyzed via the Spearman Ranked Order Correlation Coefficient. The outcome revealed that deep and surface acting dimensions of emotional labour had positive significant correlation with employee job satisfaction. Mehra and Badi (2018) in the Indian banking sector, empirically investigate the effect of emotional labour on organizational commitment using a sample population of 200 managers drawn from both private and public sector. The collected data were analyzed using T-test statistics, multiple regression and Pearson correlation. The result of the Pearson correlation indicated that all four dimensions of emotional labour significantly correlate to organizational commitment with deep acting having the strongest relationship, followed by suppression, emotional consonance before surface acting. Furthermore, the multiple regression reports that deep acting and suppression are significant predictors of organizational commitment in the Indian context. Hence it can be deduced that employee in the banking sector feel committed when they perceived that their emotional display do not match the situation at hand thus they make use of experience to articulate their proper emotions. Michele (2015) conducted a relationship study to empirically test the linkage between emotional labour and employee engagement in a large mid-western pediatric hospital. The study adopted deep acting, frequency of emotional display, hiding feelings, variety of emotional display, intensity of emotions and faking emotions as dimensions of emotional labour. The outcome revealed that faking and hiding feelings negatively correlate with employee engagement. Also, five of the listed six dimensions as adopted by this study had significant curvilinear (bend curve) relationship with employee engagement. Aspasia (2016) empirically explored emotional labour in relation to aggressive customer behaviour. The study adopted a mixed approach in its investigation which involves the use of both quantitative and qualitative methodologies in the data collection process. The outcome revealed that employees often engage in surface acting when they are in any interacting with aggressive clients. This behaviour often result in a number of negative consequences and these consequences can only be managed when employee engage in deep acting during the interaction process.

Table 1: Summary of Key Studies on Emotional Labour in Service Organizations

Author(s)	Title of paper	Methodology	Findings	Identified gaps
Baba (2021)	Emotional dissonance and exhaustion among library professionals during Covi-19.	Quantitative methodology with questionnaire obtained through online source.	Emotional dissonance gave rise emotional exhaustion	The studies presented here have conflicting results on how emotional labour impacts on quality service delivery to customers as well as increased employee's satisfaction. The reason hinges on the fact that most of these outcomes failed to acknowledge the effort employees exert during service transactions to customers. This behaviour denies tertiary healthcare personnel the effort they exert during service delivery to patients despite their conflicting emotions on the job. However, none of the listed studies focused on the service context and the effort service personnel put in place during service transactions which include the frequency of emotional display. These unattended issues constitute a gap this study seeks to address.
Eketu (2017)	Workers emotional labour and service delivery of leisure based firms in Port-Harcourt	Mixed methodology	Emotional labour correlates with the rate of customer patronage but with negative customer dissonance	
Hoekx et al. (2022)	Emotional dissonance and affective organizational commitment in family firm top management teams.	Quantitative methodology with results analyzed with regression	A negative significant correlation between emotional dissonance and affective commitment and CEO satisfaction	
Igbojekwe (2017)	Recognition of impact of emotional labour on quality service delivery: A study of some hotels in southeast, Nigeria	Mixed methodology	Deep acting positively correlate service quality and customer satisfaction while surface acting negatively correlate service quality and customer satisfaction	

Lee et al. (2019)	Research on how emotional expressions of emotional labour workers and perception of customer feedbacks affect turnover intention: emphasis on moderating effects of emotional intelligence	Quantitative methodology and data analyzed with SEM	Customers with good knowledge of emotional feelings often recuperate from emotional exhaustion when discrepancies ensued in their feelings.
Mangi et al. (2021)	Study of emotional labour, cognitive dissonance and employee engagement: A mediating analysis of emotional intelligence among private school teachers.	Quantitative methodology using stratified sampling technique with SEM analysis	Emotional labour had positive impact on work engagement.
Mehra and Badi (2018)	The effect of emotional labour on organizational commitment: An empirical evidence in Indian banking sector.	Quantitative Methodology using T-test statistics, Pearson correlation and Multiple regression	Emotional labour correlates with organizational commitment.
Okpu and Eke (2021)	The effect of emotional labour on workers' job	Quantitative Methodology with data analyzed with Spearman Ranked	Emotional labour in the form of deep and surface

	satisfaction in Nigerian money deposit banks.	Order Correlation Coefficient	acting correlates with employee job satisfaction
Zhong (2019)	Emotional dissonance, emotional exhaustion and work-family conflict: A study of college teachers in China	Quantitative methodology with online questionnaire collection and T-test statistic and ANOVA	Emotional dissonance positively correlate work-life balance and emotional exhaustion.

Source: Authors' Compilation.

Despite the numerous empirical works on emotional labour and their impacts on employee engagement in service organizations; most of the listed studies failed to capture how emotional labour in the form of emotional dissonance and emotional frequency increases employee work performance in terms of increased engagement amidst the demanding work schedule in sub-Saharan African context. These increased engagement are not just limited to tertiary healthcare personnel but extend to the service context where increasing conflicts ensues between what is demanded and what is offered by employees. This exchange transaction has given rise to increased pressure on service personnel in the healthcare domain. Aside the increased pressure occasioned by general lack of medical equipments and facilities, poor funding and lack of drugs, successive administrations in the region have failed in their responsibilities to put things right thereby preferring medical tourism as an enforced option to equipping what they have back home. This scenario is not devoid of the ill-treatment Nigerian healthcare personnel go through from the hands of their employers that has increased brain drain in the sector thus, the need to critically examine emotional labour and quality service delivery among tertiary healthcare providers in sub-Saharan African (Table 1).

2.7 Theoretical Framework

The theoretical framework of this study is anchored on (Ajzen, 1991) theory of planned behaviour. The theory holds the view that intentions are key predictors to understanding tertiary healthcare personnel behaviour as it relates to their service transactions with patients at their facilities. This behaviour is driven by emotions and these emotions are subject to an intention that influences personnel behaviour towards offering medical services to patients. Patients' evaluation of this action informs their intention to patronize (Ajzen, 1991; Zhang, 2018) the said facility. It therefore implies that individuals with strong intentions are likely to engage in behaviour than the ones with low intention (Tessera et al. 2016).

3. Methodology

The philosophical strand adopted in this study followed an ontological reality with epistemological positivism, human nature determinism and nomothetic methodology. This strand was chosen because the study is objective in terms of investigating reality concerning tertiary healthcare providers in Bayelsa State, Nigeria.

3.1 Study Design and Setting

The study adopted a cross-sectional survey research design, utilizing a survey research strategy. All participants were asked the same questions to obtain their individual perspectives regarding their emotional feelings and displays during interpersonal service transactions. This approach allowed researchers to measure what healthcare personnel knew about the emotions they displayed and what they thought these emotions were in relation to the values and preferences they attached to these feelings. The study was conducted in a natural work setting (non-contrived), meaning that researchers did not influence the outcome of the investigation. Employees' emotions were hidden from the physical eyes of the researchers, and the data for the study was gathered within a specified timeframe and at a snapshot.

3.2 Inclusion and Exclusion Criteria

The criteria for inclusion were contained in the ethical approval obtained from the facilities prior to the investigation which clearly states that only senior cadre employees will partake in the study. These participants are free to back out from the study once they sense any infringement on their fundamental human right which includes informed consent, veracity of the research, and respect for their autonomy, confidentiality and privacy. Junior healthcare attendants and those who are not doctors, nurses, pharmacists, laboratory scientists, or medical record attendants were excluded from participating in the study.

3.3 Population of the Study

The target population of this study cut across all tertiary healthcare workers in Bayelsa State but the accessible population were 1586 senior cadre employees as obtained from the preliminary investigations in the Administrative Departments of the selected facilities.

3.4 Sampling Procedure and Sample Size

From the accessible population of 1586 senior cadre employees, a sample size of 319 was drawn using Taro Yamane's formula and the sampling procedure was stratified sampling techniques.

3.5 Questionnaire Development

The questionnaire for this study was adapted from Zapf, Vogt, Seifert, Mertini and Isic (1999) for emotional dissonance, Brotheridge and Lee (2003) for emotional frequency and Parasuraman et al. (1988) for employee responsiveness and reliability. The scale adopted a five likert pattern such as Always (5); Often (4); Sometimes/once in a while (3); Rarely (2); Not at all (1).

3.6 Data Collection Method

The data was collected using self-report questionnaire and this questionnaire was structured into two parts with the first covering the demographic information of personnel and the second focusing on the study variables. The items raised on the questionnaire were responded by tertiary healthcare personnel at the various studied facilities depending on their individual feelings on each item statement as it relates to their emotions at work.

3.7 Data Analysis Procedure

The collected data were analyzed using quantitative technique. The technique involved the univariate analysis (frequencies and descriptive statistics) and bivariate analysis (test of hypotheses) using Spearman Rank Order Correlation Coefficient Statistical tool in Statistical Package for Social Sciences (SPSS).

3.8 Ethical Consideration

Ethical consideration such as informed consent, veracity of the research (truth telling), respect for autonomy, confidentiality and privacy of participants were strictly adhered to in order to protect personnel privacy against undue attack from their facilities.

4. Data Analysis

Table 2: Demographic Profile

	Frequency	Percentage (%)
Gender		
Male	120	41.2
Female	171	58.8
Age		
18-25 Years	12	4.1
26-35 Years	125	43.0
36-45 Years	97	33.3
46 Years/above	57	19.6
Marital Status		
Single	102	35.1
Married	171	58.8
Others	18	6.2
Academic Qualification		
OND/Equivalent	18	6.2
B.Sc/Equivalent	165	56.7
M.Sc/Equivalent	49	16.8
PhD	11	3.8
Others	48	16.5

Years of Medical Practice		
1-10 Years	135	46.4
11-20 Years	71	24.4
21-30 Years	50	17.2
31 Years and above	35	12.0
Staff Category		
Doctors	53	18.2
Nurses	142	48.8
Pharmacists	22	7.6
Laboratory Scientist	24	8.2
Medical Records	21	7.2
Others	29	10

Source: Field Survey, 2024

The demographic profile of participants revealed that 120 participants representing 41.2% are male while 171 representing 58.8% are female. Also, 12 participants representing 4.1% are within the age bracket of 18-25 years; 125 participants representing 43.0% fall within 26-35 years; 97 participants representing 33.3% fall within 36-45 years and 57 participants representing 19.6% fall within 46 years and above. The marital status of respondents revealed that 102 participants representing 35.1% are single while 171 participants representing 58.8% are married and 18 participants representing 6.2% fall within other category such as widows and widowers. On academic qualifications, the outcome revealed that 18 participants representing 6.2% had OND and its equivalent certification while 165 participants representing 56.7% had Bachelor's degree and its equivalent. Furthermore, 49 participants representing 16.8% had master's degree and its equivalent and 11 participants representing 3.8% had Doctorate degrees while 48 respondents representing 16.5% had other certifications to include Postgraduate Fellowships, MBBS, PGD, Registered Midwives (RM) and Registered Nurses (RN). Participants years of medical practice revealed that 135 participants representing 46.4% fall within 1-10 years working experience; 71 participants representing 24.4% had working experience between 11-20 years; 50 participants representing 17.2% had working experience between 21-30 years while 35 participants representing 12.0% had 31 years and above working experience. Staff categorization revealed that 53 participants are medical doctors, 142 participants are nurses and 22 participants are pharmacists. Also, 24 participants are laboratory scientists and 21 participants are medical record attendants while 29 participants are physiotherapist and optometrist categorized as others in Table 2.

4.1 Univariate Analysis

As presented in the tables below, the mean and standard deviations were used to analyze the response rate of participants. This was done to gather respondents' opinion by asking them to rate their individual feelings out of the five possible responses and sometimes average to give broad estimates of approval or disapproval which forms the basis of the findings. The study scale was anchored on a 5-point Likert scale with responses ranging from Not at all/never = 1, Rarely = 2, Sometimes/once in a while = 3, Often = 4, Always = 5 as presented which implies a weighted

mean of $5+4+3+2+1=15/5=3$ (criterion mean). Decker (2018) opines that any average value greater than the criterion mean value (3) of the scale is construed as overall approval that majority of the respondents supported the issue raised, while a value below 3 ($M < 3$) would represent disapproval or not supported (Table 3).

Table 3: Emotional Labour Dimensions				
Variable	Item statements	Mean	Standard Deviation	Cronbach Alpha Coefficient
Emotional Dissonance	I always have to suppress my emotions in order to appear neutral on the outside when executing my job task.	3.65	1.136	0.738
	I always display attitude that does not agree with my true feelings while carrying out my duty.	2.40	1.294	
	I always display attitude that does not agree with my actual feelings towards my patients	2.31	1.249	
	I always demonstrate pleasant attitude (friendliness) on the outside while actually not feeling okay inside when attending to patients.	3.32	1.383	
Emotional Frequency	I always display positive attitude required by my job.	4.30	.888	0.755
	I always adopt emotional confident approach required as part of my job.	4.16	.989	
	I always express unique emotions needed for my job.	4.19	.981	
	I always seek after the wellbeing of my patients.	4.25	1.089	
	The desire to always meet the needs of my patients has increased my workload.	3.09	1.389	

Source: Estimated.

Emotional labour as captured in the table above was operationalized with emotional dissonance and emotional frequency. The emotional dissonance component of emotional labour contains four item statements raised in order to ascertain the level of discrepancies between individually felt emotions and the organizationally desired emotions. The average responses on the four item statement revealed that dissonance behaviour is practiced among tertiary healthcare providers in the studied domain. Although, this behaviour does not conform with most employees true feelings because emotional dissonance gave rise to emotional exhaustion, burnout, depression, work alienation and job dissatisfaction owing to the mean values gotten from the four item statements. The reason being that employees in the tertiary healthcare facilities always demonstrate pleasant attitude on the outside while actually not felling the same inside when attending to patients at their facilities. This, they do by suppressing their emotions in order to appear neutral on the outside while rendering services to patients. On the other hand, emotional frequency five item statements were raised to investigate how often employees in tertiary healthcare institutions are in contact

with their customers. The average response rate as revealed from the mean values on the five item statement of emotional frequency indicated that all manifest items contribute significantly to building bond of trust, likeness, service confidence and satisfaction among tertiary healthcare personnel. Thus, emotional labour in the form of emotional dissonance and emotional frequency are common practice among tertiary healthcare providers as reported from the outcome of this investigation.

Table 4:Employee Quality Service Measures				
Variable	Item statements	Mean	Standard Deviation	Cronbach Alpha Coefficient
Employee Responsiveness	I am always willing to offer help to my patients.	4.41	.980	0.753
	I am never too busy to attend to patients' medical request.	3.65	1.321	
	My patients always receive prompt service from me.	4.37	.887	
	I always keep my patients informed about when service will be performed.	4.43	.893	
Employee Reliability	I promptly respond to taking care of patients.	4.29	1.133	0.873
	I always attend to patients immediately they come into the facility.	4.36	.995	
	I always show sincere interest in solving patient's problems.	4.48	.930	
	I always provide services at the required time/promise.	4.41	.922	
	I always provide correct and accurate information to patients.	4.47	.880	

Source: Estimated.

Employee quality service delivery was operationalized with employee responsiveness and employee reliability in order to ensure effective functioning of tertiary healthcare facilities in the studied domain. Employee responsiveness item statements were raised to measure employees' ability to provide the needed healthcare services to patients in a timely manner with promptness. The average response rate as seen from the mean values in the table indicates that service personnel in the tertiary healthcare facilities often provide timely service to patients especially when a life threatening situation occur at their facilities. Also, employee reliability item statements were raised to ascertain the extent to which service personnel provide the promised service to patients dependably and accurately. The outcome revealed that tertiary healthcare personnel put in consistent effort to offer dependable and accurate service to patients in their facilities owing to the fact that they are prompt in attending to patients' medical need. This they achieved by swiftly

responding to patients as soon as they visit the facility by showing sincere interest to solving their medical problems (Table 4).

4.2 Bivariate Test of Hypotheses

In order to ascertain the empirical relationship between emotional labour and employee quality service delivery among tertiary healthcare providers, the following hypotheses are tested below using Spearman Ranked Order Correlation Co-efficient (*rho*) Statistical tool (Table 5a).

Table 5a: Correlations

			Emotional Dissonance	Employee Responsiveness
Spearman's rho	Emotional Dissonance	Correlation Coefficient	1.000	-.040
		Sig. (2-tailed)	.	.500
		N	291	291
	Employee Responsiveness	Correlation Coefficient	-.040	1.000
		Sig. (2-tailed)	.500	.
		N	291	291

Hypothesis one was tested to examine the relationship between emotional dissonance and employee responsiveness among tertiary healthcare providers. The SPSS output reveals a negative and insignificant correlation among the variables where ($rho = -.040$ and $p = .500$), thus implying that emotional dissonance had no relationship with employee responsiveness. Based on this, the study therefore accepts the null hypothesis on the basis of the insignificant level of the correlation since the p-value (0.500) on the table above exceeded (0.05) level of significance. Hence, emotional dissonance had no significant relationship with employee responsiveness among tertiary healthcare providers in Bayelsa State, Nigeria.

Table 5b: Correlations

			Emotional Frequency	Employee Reliability
Spearman's rho	Emotional Frequency	Correlation Coefficient	1.000	.467**
		Sig. (2-tailed)	.	.000
		N	291	291
	Employee Reliability	Correlation Coefficient	.467**	1.000
		Sig. (2-tailed)	.000	.
		N	291	291

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

Source: Estimated.

Hypothesis two was tested to ascertain the relationship between emotional frequency and employee reliability among tertiary healthcare providers. The result shows that emotional frequency moderately correlate employee reliability as the correlation value ($rho = .467^{**}$ and $p = .000$) on the table above shows positive and significant relationship. The study therefore, accepts the alternate hypothesis and rejects the null hypothesis on the basis of the significant level of the correlation. Hence, the study holds that there is a significant and positive empirical link between emotional frequency and employee reliability among tertiary healthcare providers in Bayelsa State, Nigeria (Table 5b).

5. Discussion

The first hypothesis as proposed in this study was to examine the relationship between emotional dissonance and employee responsiveness among tertiary healthcare providers in Nigeria with specific emphasis in Bayelsa State. The outcome reveals that emotional dissonance has no significant relationship with employee responsiveness as the correlation value ($\rho = -.040$ and $p = .500$) indicating negative and insignificant correlation. However, the negative correlation stem from the fact that healthcare job requires concentration and mindfulness in a timely manner which is an underlying factor that propels employees to exhibit a given behaviour or perform tasks that would lead to a particular outcome. Unfortunately, employees in this service context often encounter psychological problems emanating from strict emotional terms and conditions that give them decreasing effort towards controlling their emotional burden on the job. This situation often make employees alienated from self and as such creates tension, burnout and inauthentic feelings thereby giving rise to decreasing responsiveness to patients medical need in a timely manner due to the discrepancies in the individual feelings and the ones required by the organization. This outcome is in consonant with the findings of Mangi et al. (2021) that cognitive dissonance (a component of emotional dissonance) had negative effect on work engagement. Also, Ugur et al. (2012) that surface acting (due to dissonance behaviour) is purely linked to emotional exhaustion and negatively correlates to satisfaction.

Furthermore, Zhong (2018) found that emotional dissonance had positive relationship with emotional exhaustion and work family conflict. These outcome remains as functions of an individual belief that their inputs would lead to results that are beneficial to both parties, provided employees are not at the detrimental end. Hence, the effort made towards understanding patient's true medical situation creates a sense of mindfulness that is stressful to the individual employee but rewarding to the organization. In this, employee's act of expressing these emotional discrepancies becomes much more strenuous and demanding since it involves greater skill to controlling these emotions that result into detrimental effect on them because it forces them to hide their true feelings due to organization required feelings (Gloms & Tews, 2004; Harini, 2013). Although, service employees are never expected to openly express their authentic feelings during service transaction because of the possibility of being at risk of acting unprofessionally to their clients by creating discomforting situations. Perhaps, the reason Okpu and Eke (2021) advocated for organizations to hold the services of employees who can manage their feelings despite contradictions (dissonance) since it would aid then in achieving their corporate objectives.

The second hypothesis was proposed to empirically examine the bivariate link between emotional frequency and employee reliability among tertiary healthcare providers. The result proved that emotional frequency moderately correlate employee reliability as the correlation value ($\rho = .467^{**}$ and $p = .000$) indicates positive and significant relationship. The significant association of these variables originates from the fact that tertiary healthcare job often require frequent contact with patient and this contact enable employees to build bond of trust, likeness and respect for their patients which in turn creates beneficial consequences for the organization and its workforce. Indeed, the result received empirical support from the work of Mehra and Badi (2018) whose study foretold a relationship between emotional labour and organizational commitment with deep acting and emotional suppression significantly predicting organizational commitment in the Indian context. Again, Michele (2015) in an empirical investigation conducted in a large mid-western pediatric hospital found that deep acting, intensity of emotions, variety of emotional display and frequency of emotional display had significant curvilinear (bend curve) relationship with employee

engagement whereas faking and hiding emotions negatively correlate employee engagement. Although, there are some conceptual variance in relation to the current study but there is a common trend of thought as reflected in the latter (Michele, 2015) findings, whose position gives credence to frequency of emotional display and how these displays enhanced employees engagement. Nevertheless, emotional frequency give rise to employee quality service delivery because frequent contact with patient contribute to effective service delivery as it enable employees to understanding the patient's pains. These pains give rise to aggressive tendencies and behaviour witnessed among patients in the tertiary facilities. Hence, Aspasia (2016) holds that employees often engage in surface acting behaviour when they are in any interaction with aggressive clients. This behaviour often results in a number of negative consequences and these consequences can only be managed when employees engage in deep acting behaviour during the interaction process. However, since aggressive behaviour among patients cannot be eradicated in the healthcare domain, it therefore rests on employees to subordinate their personal interest for the sake of their clients in order for them to be effective and reliable to patient wellbeing.

6. Conclusion

Drawing from the empirical findings of this investigation, emotional labor in the form of emotional frequency builds service confidence among employees and creates bonds of trust and likeness, enabling healthcare personnel to understand patients' medical needs. Conversely, emotional dissonance gives rise to emotional exhaustion, depression, burnout, work alienation, and job dissatisfaction, thereby decreasing employee responsiveness to patients' medical needs in a timely manner due to discrepancies between individual feelings and the required feelings of the organization. The study advocates for tertiary healthcare facilities and their management to consistently monitor their employees to identify those who are psychologically derailed due to strenuous working conditions, as healthcare jobs are inherently demanding. This behavior would not only encourage continued employee responsiveness to patients' medical needs but would also enable them to execute their tasks dependably and accurately. Additionally, tertiary healthcare facilities should encourage frequent personnel contact with patients in their facilities, as this behavior would enhance employee engagement and make them more effective and reliable in meeting patients' needs in a caring manner. Thus, the study concludes that emotional labor enhances employee quality service delivery due to the time spent with patients, which creates an atmosphere of trust, likeness, and respect between personnel and their patients.

6.1 Study Implications

The implication of these findings is that tertiary healthcare facilities in Nigeria and Sub-Saharan African nations need to brace up to their tasks and responsibilities of offering quality service to patients, thereby reducing medical tourism. Doing so will not only increase the revenue base of the nation but will also make leadership in these regions value what they have and encourage medical experts to remain in their homeland, enhancing the sector for improved performance and global recognition.

6.2 Limitations and Future Direction of the Study

A limitation of the study is that it was conducted in selected tertiary healthcare facilities in Bayelsa State, Nigeria, and cannot be generalized to the entire Sub-Saharan African region. Despite

acknowledging the value of quality service delivery, much is still needed in the healthcare domain where personnel are required to put in effort due to the emotional demands of the job.

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