

## Association between Emotional Labour and Psychological Well-Being: With Special Reference to Doctors Working at COVID - 19 Treatment Units in Gampaha District, Sri Lanka

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**Abstract:** In the context of Sri Lanka, the significance of the health industry to the country's GDP is highlighted. Because the country's social health protection and quality health care have an impact on economic growth and development. As a result, the health sector is one of the most important industries in Sri Lanka. This study aimed to examine the effects of emotional labour on the psychological health of outstanding reference doctors employed by Covid 19 treatment facilities in the Gampaha District Sri Lanka. The independent variable was emotional labour, and the dependent variable was psychological well-being. Doctors employed by Covid 19 treatment facilities in the Gampaha district were chosen as the population and simple random sampling method was utilized to select the sample. Questionnaires were used to gather information from the 97 doctors that made up the sample. The doctors' response rate was 100 percent. Statistical Package for Social Sciences (SPSS) version 21.0 was used to analyze the data. For univariate analysis, the mean score and standard deviation for each variable were analysed, and the correlation coefficient was employed for bivariate analysis. The impact of the independent variable on the dependent variable was examined using multiple regression. Doctors' emotional labour and psychological health have changed depending on their gender, level of education, experience, employment history, and marital status. The study's findings indicates that emotional labour has an impact on psychological well-being reference to the surface acting and psychological well-being, deep acting and, genuine acting. According to the Pearson correlation analysis values and regression analysis values surface, deep, genuine acting with psychological well-being hypotheses were tested. It can be concluded that there is an impact emotional labour on psychological well-being. This paper also makes suggestions for future research, including the need for a more quantitative approach to producing better results and the need to add more statistical analytical tools to the study's currently chosen base with different cultured societies on psychological well-being.

**Keywords:** *Emotional labour, Psychological well-being*

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### Introduction

According to sociologist Arlie Hochschild, emotional labour is the regulation of emotions to produce a publicly visible face and physical

appearance in service work. The three processes Hochschild described for controlling emotions are cognitive, bodily and expressive (Hochschild, 1983). The goal of mental emotion



work is to alter images, ideas, or thoughts to alter the feelings associated with them. For instance, one might associate a family photo with happiness and think of it whenever they want to feel upbeat. Bodily emotion work involves trying to alter physical symptoms to elicit the desired mood. When to reduce anger, for example, one could try deep breathing (Cheung & Lun, 2015; Hochschild, 1983). One tries to change expressive movements to change interior sentiments in graphic emotional work, such as smiling to feel cheerful. Emotional labour jobs may entail face-to-face or voice-to-voice contact with the public, need the worker to induce an emotional state in another person, and allow the employer to exert some control over employees' emotional labours through training and monitoring (Dias & Bhadra, 2014).

The 2019 Coronavirus disease pandemic (Covid-19) has significantly altered social and professional contexts in several ways. Social isolation rules, mandatory lockdowns, isolation periods, fear of getting sick, the cessation of productive activities, financial loss, and worry about the future all affect residents' and employees' mental health (Giorgi, 2020). Whether or not the epidemic positively affects people's mental health can depend significantly on workplace conditions. Research has shown that emotional labour significantly affects each employee's psychological behaviour. As a result, the effectiveness of each task depends on how emotionally invested each employee is in it. Further discussion of these points is essential because the

Covid-19 dilemma primarily impacts workers in the service sector, notably those in the health field. Thus, this study will enable us to discuss how emotional labour affects workers' psychological health. Psychological well-being (PWB) explains how positive sentiments influence daily life. It combines a positive sense of well-being with the capacity for a more efficient labour. People are not required to be satisfied; feeling unhappy or unsatisfied is a regular aspect of life. For long-term well-being, it is essential to have the capacity to control these negative feelings.

Additionally, negative emotions that people experience daily hinder a person's capacity for real-world action. Numerous mental states in an employee's line of work might be used to determine their well-being. The evaluation of intellectual health determines the breadth and kind of psychological well-being. It has also developed into a reliable index. 335 (Fredrickson, 2003). Like physical well-being, PWB can be defined as a person's level of mental health, which encompasses enjoyment of life and emotional fulfillment (Huppert, 2009). PWB is a person's whole outlook on life, which encompasses identity, personality, social connections, life happiness, and physical health. An ideal viewpoint would acknowledge the inherent relationship between psychological and physical well-being (World Press, 2021).

PWB is defined differently by different types of researchers. Due to additional studies, there are several viewpoints when looking at the structure of PWB psychological well-

being. Ryff's model proposed a multi-model of psychological well-being with six psychological well-being characteristics that show how effectively an individual is coping with existential issues in their lives (Ryff, 2001). Higher scores imply better psychological health, and lower total scores imply worse psychological health. In recent years, organizational emotions have drawn increased attention from academics and practitioners. Employees that perform emotional labour, sometimes referred to as emotional work, must express feelings that the organization wants to see (Ashforth & Hymphrey, 1995; Brinder, 1999). The idea of "emotional labour" is based on an act of expressing feelings that are deemed to be acceptable by society (Ashforth & Hymphrey, 1993). When people attempt to restrain their emotional outbursts from comporting themselves in a way that is consistent with the expectations of their employer, this is when employees are connected with mental work. These expectations cover numerous emotions' duration, frequency, and strength (Morris & Feldman, 1996). Sociologist Arlie Russel Hochschild initially used the phrase "emotional labour" to manipulate emotions to create an outwardly appealing face and body (Hochschild, 1983,p.7). Emotional labour, defined as the requirement of a job that requires changing labour following job requirements, can be explained as the effort required from employees to manage their inner and outer emotional displays or change their inner and outer feelings for organizational effectiveness. He also described the three aspects of a career involving emotional labour. Fast

communication with the public, the desire to evoke an emotional response from others, and a system of ongoing or implicit rules governing the kinds of emotional displays that are acceptable and appropriate all contribute to the need for such standards (Hochschild, 1983, p.147).

Different academics have different definitions of emotional labour. Due to diverse study histories, there are many viewpoints when examining the organization of emotional labour. The frameworks of emotional labour can generally be divided into surface acting and natural acting, two dimensions, and three dimensions. By changing their appearance when portraying necessary emotions, employees who engage in surface acting imitate feelings that are not felt (Chua & Murrmann, 2006,p.1182). Employees regulated their emotions and feelings in opposition to their inner feelings due to commitments related to their jobs and the organization. Various authors provide definitions of surface acting, deep acting, and managing internal feelings and sentiments to match mandatory display requirements (Brotheridge & Grandey, 2002). Employees adapted their emotional feelings in addition to the demands of their jobs and the organization.

Additionally, the following definitions of deep acting are provided by other authors. Employees with emotional experiences are consistent with their expressed feelings and meet performance standards. Real actions taken by workers in response to their needs are also taken into account (Chua & Murrmann, 2006, p.1182), as are naturally arising emotions that

follow the rules of expression. It takes little effort to experience naturally occurring feelings (Ashforth & Hymphrey, 1993). They also achieve an emotional balance of intended and real emotions (Zapt, 2002). Most people who interacted with customers felt that if they did not provide them with the proper care and compassion to enable them to go on and live happier lives, they would not feel like they were performing their jobs. In response to stressful circumstances, surface and deep acting are more common than the study implies, and expressing genuine emotions is more often than the analysis suggests. It relates to how players must control their emotions when interacting with a demanding consumer and express them through deep acting (Hu et al., 2017). Additionally, when people express their true feelings, improved service quality results from sincerity (Diefender et al., 2005; Sohn & Lee, 2012).

There has been extensive research on the relationship between emotional labour and employee psychological health and well-being. It was found that, emotional labour affects psychological well-being, a sign of psychological health (Gao et al., 2017). Sociologist Hochschild contend that pretending to feel good to make others feel good will cause workers to become emotionally estranged, harming their psychological health (Hochschild, 1983). According to Goode's stress hypothesis for many roles, when new work is added to social labour with numerous demands and challenges, it is terrible for the person's psychological health (Goode, 1960). As a result, frontline workers

sometimes demonstrate patients' entitlement through their labour and should report the same emotional and physical effects (Kaukiainen et al., 2001). Psychological unrest has an impact on the well-being of the workforce. Burnout and detrimental effects on one's health might result from mental stress. Employees similarly unintentionally control their emotions and uphold deceptively positive emotional expressions. People become irritable at work due to this restriction, which makes them dissatisfied with their employment (Grandey, 2000). The nursing staff's daily work environment has been found to have a significant impact on each individual's PWBW, and shift work and a constant emotional solid attachment to patients (emotional labour) are two prominent work-related pressures features that are connected with that environment (Dall'Ora et al., 2016). According to one study, emotional labour adversely affects healthcare workers' mental health (Vermaak et al., 2017). Individuals with more significant emotional strain will also have mental flaws categorized as well-being (Kinman & Leggetter, 2016). Others, however, contend that despite these favorable effects on businesses, emotional labour can have either positive or negative effects on employees' well-being depending on how the organization succeeds (Brotheridge & Grandey, 2002). The study downplays the negative impact of emotions on employee well-being. Studies on emotional acting have found that deep acting is positively correlated with well-being, as opposed to emotion-focused coping employees' surface acting, which is negatively

correlated with well-being (Gao et al., 2019; Gupta & Rathore, 2021; Hymphrey et al., 2015; Johnson & Spector, 2007). On the other hand, emotional labour is not always detrimental to psychological health. Additionally, when performing emotional labour, engaging with both the audience and the center of attention while realizing that one's effort is chartable by nature, all of these things bring some inherent rewards to one's line of work. Additionally, Grandey was quoted in 1993 by Ashforth & Humphrey, who said that emotional labour is like a two-edged sword with both positive and negative outcomes.

A research framework evidence was obtained from earlier researchers as assistance in studying the connection between emotional labour and psychological health/well-being. This can be explained by factors such as culture and society, organizational expectations for emotional expressions, inner feelings, environmental impacts, experimental settings, etc.

## Research Problem

In today's culture, psychological well-being has emerged as a distinct sub-topics across various industries and demographic groups. Employee well-being is a concern for businesses since it significantly impacts things like performance, attrition, and satisfaction. Approximately two-thirds (2/3) of the adult population works over their lifetime (Jayasinghe, 2017). The workforce's health becomes a crucial factor for predominantly service-based (health-focused) businesses. Emotional labour increases

feelings of job stress, lower job satisfaction, and heightens sorrow. Self-focused emotional control has been the most pervasive negative impact (Pugliesi, 1999).

Furthermore, organizations are increasingly worried about their employees' psychological health and well-being (Savoie, 2012). The results show that nurses who undergo more emotional strain experience emotional fatigue, one of the burnout symptoms categorized as well-being (Kinman & Leggetter, 2016). Employees' psychological well-being might be impacted by mental discontent. Mental exhaustion and negative impacts on one's well-being might result from mental stress (Maxwell, 2017).

Additionally, in a Covid 19 pandemic, frontline workers (such as physicians and nurses) would experience more tremendous suffering than other professionals (such as software engineers) (Kumar & Nayar, 2020). As a result, individuals who engage more frequently with clients or patients immediately impact each employee's psychological well-being through their emotions. However, no literature on these two phenomena pertains to the Covid 19 medical practitioners in the Gampaha District in Sri Lanka. In this context, it has been crucial for medical practitioners to communicate well with Covid 19 patients. Most Covid 19 health professionals must be able to work 05 days a week, 24 hours a day, and deal with emotions in every circumstance honestly. Health care workers get mentally unsatisfied when there are too many Covid 19 patients. As a result, medical professionals' concentration on their work has been

dramatically weakened, impacting their psychological health. Medical practitioners must therefore arrive in a cheerful state of mind regardless of the circumstance, even when the patient is not feeling well. The healthcare employees will not be able to provide their service properly if they are not psychologically well. Hence, the main research question of the study can be mentioned as: *What is the impact of Emotional labour on Psychological well-being of doctors working at Covid 19 treatment units in Gampaha district?*

The sub-questions can be mentioned as follows.

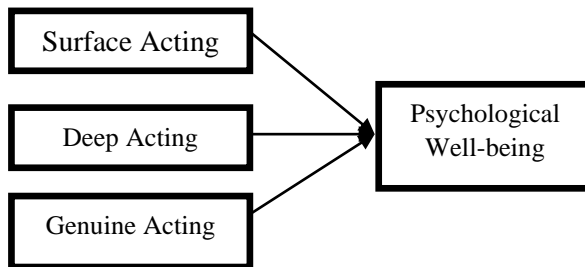
1. What is the impact of Surface Acting on Psychological Wellbeing of Doctors engaged in Covid 19 patients in Gampaha district?

2. What is the impact of Deep Acting on psychological Wellbeing of Doctors engaged in Covid 19 patients in Gampaha district?

3. What is the impact of Genuine Acting on Psychological Wellbeing of Doctors engaged in Covid 19 patients in Gampaha district?

### Conceptual Framework

Based on the literature, this research concentrates on the conceptual framework on the impact of emotional labour on PWB. Those based on the literature, the conceptual framework of the study can be developed as follows.



**Figure 01: Conceptual Framework**

Source : Cheung and Lun, 2015

According to Cheung and Lun (2015) each emotional labour style has a different relationship to various well being results. The findings and conclusions are based on a segmented approach of the three techniques as surface acting, deep acting, and true acting also it addresses the fundamental yet unresolved topic of

whether employees engage in more than one sort of emotional labour at work. It also investigated the psychological profiles (i.e., class) of employees' deployment of emotional labour techniques and how these profiles connect to three latent classes found, and the findings revealed that employees with these distinct profiles

reported significantly varied degrees of PWB. These findings lend credence to a citizen approach to understanding the outcomes of emotional work (Cheung & Lun, 2015).

Surface acting arises from impersonal emotion, which stifles positive consumer connection. As a result, both the client and the employee experience adverse effects. Employees' well-being is impacted by the stress caused by adverse reactions like fury, contempt, and dissatisfaction (Smith, 2013). Due to its negative correlation with PWB, surface acting as a component of emotional labour impacts PWB (Cheung & Lun, 2015; Gupta & Rathore, 2021; Hymphrey et al., 2015; Rifaya & Dayarathna, 2019). These empirical results can be used to develop the first hypothesis.

*H1: There is an impact of surface acting on the psychological well-being of Doctors working at Covid 19 Treatment units.*

Deep acting arises from pleasant emotional expressions, which leads to favorable consumer relationships. As a result, the client and employee have a cordial and advantageous connection. As a result of the employee's perception that these interactions are fulfilling, their general well-being is enhanced (Hilsheger & Schewe, 2011). Deep hence has an effect and is favorably connected with PWB (Cheung & Lun, 2015; Gupta & Rathore, 2021; Rifaya & Dayarathna, 2019); Smith, 2013). This evidence led to the development of the following hypothesis.

*H2: There is an impact of deep acting on the psychological well-being of Doctors working at Covid 19 Treatment units*

Genuine acting arises when individuals express real feelings and emotions without faking. As people act honestly without acting, they express their true feelings and emotions. Communicating feelings at work could need some effort. People must firmly restrain their genuine emotions from upholding their societal obligations, which could harm their psychological well-being (Gupta & Rathore, 2021). Genuine acting, a component of emotional labour, is thus positively connected with PWB (Cheung & Lun, 2015; Diefender et al., 2005; Martinez-Inigo et al., 2007). Real express effects on PWB can have both beneficial and adverse effects, according to Glomb & Tews (2004). Based on this empirical data, the third hypothesis can be created.

*H3: There is an impact of genuine acting on the psychological well-being of Doctors working at Covid 19 Treatment units.*

## **Population**

The entire class of people, activities or exciting things the researcher wants to investigate is the population, a collection of elements (Momoh, 2021). In this deductive quantitative study, the target group has access to physicians treating Covid 19 patients in the Gampaha District. In Covid units, roughly 130 permanent government doctors are employed (General Health Service SL, 2020).

## Sample and Sampling Techniques

Sampling is a technical tool for organizing data collection and choosing an acceptable small number of elements, people, or circumstances (Momoh, 2021). In this study, a sampling technique was simple randomly sampling method for selected group. According to the Morgan Table, 97 physicians were selected as a sample for the study out of around 130 physicians. This sample represents the doctors treating Covid-19 patients in the Gampaha District. The sample represents about 75% of the population.

## Data Collection and Analysis

Ryff (1989) scale has used to measure the psychological well-being. Ryff (1989) has developed six dimension based 20-item scale, summarized 9-scale and 3-scale to measure

psychological well-being. Most of the researchers have used this scale in order to measure the level of psychological well-being in their studies (Landa, 2010; Bhullar et al., 2012). Due to the time constraint, the researcher has used the 3- item scale in order to measure the level of psychological well-being. The questionnaire consists of 18 questions with 6 scales. (1- “Strongly Disagree”, 2-“Disagree Somewhat”, 3- “Disagree Slightly”, 4- “Agree Slightly”, 5- “Agree Somewhat”, 6- “Strongly Agree”). Furthermore, the instrument consists of both positive and negative rated statements. The standard questionnaire developed by Smith (2013) was utilized to measure emotional labour.

The researcher used Statistical Package for Social Sciences (SPSS) version 21 for analysis.

**Table 1: Definitions of theory – guided dimensions of wellbeing**

Self-Acceptance	High Scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life.
	Low Scorer: Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.
Autonomy	High Scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.
	Low Scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.



Environmental Mastery	High Scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.
	Low Scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world
Personal Growth	High Scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self knowledge and effectiveness.
	Low Scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.
Positive relations with others	High Scorer: Has warm satisfying, trusting relationships with others; Is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.
	Low Scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.
Purpose of life	High Scorer: Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.
	Low Scorer: Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

**Source:** Ryff, *Happiness Is Everything, or Is It? Exploration on the Meaning of Psychological Well- Being (1989)*

## Analysis and Results

**Table 2: Results of Normality**

Variables	N	Skewness	Std. Error of Skewness
Surface Acting	97	-0.750	0.245
Deep Acting	97	-0.598	0.245
Genuine Acting	97	0.064	0.245
Psychological well-being	97	-1.015	0.245

*Source: Survey Data (2022)*

This study used a residual scatter plot to test for linearity. It can be assumed that the research variables have linear correlations if the scatter plots are covered with a trend line. It can be assumed that the variables had no linear correlations because the residual plots show that the observed residuals do not have a straight line.

### Reliability

This section analyzes the questionnaire's internal consistency, which was utilized to gauge the study topics. Cronbranch Alpha was utilized to gauge the construct's dependability. The Cronbranch Alpha Values of the Independent Variable Emotional Labour (Surface acting, Deep acting, Genuine acting) and the Dependent Variable are displayed in Table 3; psychological well-being.

**Table 3: Reliability Statistics**

Variable	No.of items	Cronbranch's Alpha Value
Surface Acting	05	0.711
Deep Acting	05	0.701
Genuine Acting	03	0.831
Psychological Well-being	06	0.728

*Source: Survey Data (2022)*

According to the above table, the Cronbranch Alpha values of all the dimensions range between 0.701-0.831, which are greater than 0.7

emphasizes that all the measurements are at an acceptable level in respondents.

**Table 4: Demographic Profile of the Respondents**

<b>Factor</b>	<b>Frequency value</b>	<b>Percentage (%)</b>
<b>Age</b>		
25-29	76	78.3
30-34	21	21.7
35-39	-	
Above 40	-	
<b>Experience</b>		
Less than 2 years	83	85.6
2-4 years	11	11.4
4-6 years	2	2
More than 6 years	1	1
<b>Academic Qualifications</b>		
Bachelors	80	82.5
Master	17	17.5
M.Sc. MPhil	-	
PhD	-	
<b>Gender</b>		
Female	82	84.5
Male	15	15.5
<b>Marital Status</b>		
Married	39	40.2
Unmarried	58	59.8

*Source: Survey Data (2022)*

When examining the gender distribution of the doctors seen during the study, Table 4 reveals that the majority (84.5%) are female, and the minority (15.5%) are male. Most respondents were in the 25–29 age range, which accounts for 78.3 percent of all respondents; the 30-34 age range accounts for 21.7 percent. The majority of responders in Gampaha, or 59.8%, were single.

Moreover, 40.2% of people were married. The most excellent respondents, 85.6 percent, have less than two years of job experience, and the lowest respondents, 11.4 percent, have two to four years of work experience. Regarding educational background, most respondents (82.5%) and master's degree holders (17.5%) hold bachelor's degrees. A descriptive analysis was carried out to

determine the fundamental characteristics of the study's variables. The dependent and independent

variables' means and SDs were also computed. The results are displayed in Table 5 below.

**Table 5 Descriptive Statistics**

Variables	N	Mean	SD
Surface Acting	97	4.7856	0.2400
Deep Acting	97	4.7485	0.2635
Genuine Acting	97	4.3162	0.3979
Psychological well-being	97	4.6522	0.2639

*Source: Survey Data (2022)*

The mean values of all the parameters ranged from 4.30 to 4.80 when considering the Covid 19 Treatment units in the Gampaha District, as shown in Table 5. The highest mean is displayed by Emotional Labour (EL), while the lowest mean, 4.3162, is displayed by Genuine behaving. Values for Standard Deviation (SD) are less than 1. Additionally, the mean score for psychological well-being (PWB) is 4.6522. The standard deviation (SD) number, which is 0.2639, is below one. That makes it evident that all respondents received similar information about each variable.

The one-way ANOVA was used to determine the effects of respondents' characteristics on their psychological well-being, including gender, age, marital status, education, and experience. Table 6 presents the results.

The table's ANOVA results show a substantial difference between the psychological well-being of doctors and respondents' gender levels. ( $F=12.303$ ,  $P=0.001<0.05$ ). Additionally, the age does not indicate

that respondents' psychological well-being is significantly different based on their age ( $F=0.649$ ,  $P=0.423>0.05$ ).

Additionally, marital status results did not influence any variation in psychological well-being ( $F=2.689$ ,  $P=0.073>0.05$ ). When qualification, psychological well-being did not change ( $F=0.002$ ,  $P=0.964$ ). Finally, the respondents' experiences indicate a negligible difference in psychological well-being. ( $F=1.026$ ,  $P=0.385>0.05$ ).

The psychological well-being of people differs by gender rather than by age, experience, education, or marital status, according to the ANOVA results of the above table. The correlation table demonstrates the relationships between each variable and other variables, including the dependent variable. A correlation matrix can therefore aid the researcher in determining whether or not there is a connection between each variable and between each independent and dependent variable. Since the data set was regularly distributed, the correlation was tested using the Pearson Correlation Coefficient.

**Table 6: Results of ANOVA Test**

Covid 19 Treatments Units Doctors						
		Sum of Squares	df	Mean Square	F	Sig.
<b>Gender</b>	Between Groups	.766	1	0.766	12.303	0.001
	Within Groups	5.916	95	0.062		
<b>Age</b>	Between Groups	0.045	1	0.045	0.649	0.423
	Within Groups	6.637	95	0.070		
<b>Marital Status</b>	Between Groups	0.362	2	0.181	2.689	0.073
	Within Groups	6.320	94	0.067		
<b>Qualification</b>	Between Groups	0.000	1	0.000	0.002	0.964
	Within Groups	6.682	95	0.070		
<b>Experiences</b>	Between Groups	0.214	3	0.071	1.026	0.385
	Within Groups	6.468	93	0.070		

Source: Survey Data (2022)

**Table 7: Correlations between Emotional Labour and PWB**

Variable	Pearson Correlation	Sig.( 2-tailed)
PWB	1	-
Surface Acting	.506	.000
Deep Acting	.500	.000
Genuine Acting	.326	.001

Correlation is significant at the 0.01 level (2 tailed)

Source: Survey Data (2022)

It can be identified that established factors like surface acting, natural acting, and deep acting are related to psychological well-being. Consequently, the association between the variables above was 99 percent certain, and the Pearson correlation value for Surface Acting (SA) and Psychological well-being (PWB) was 0.506. Both variables are necessary at the 0.01 level since the significant value in the preceding table is 0.000 (P 0.01). Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically. At the 99 percent confidence level, the Pearson correlation between Deep Acting (SA) and Psychological Well-Being (PWB)

was 0.500. Both variables are necessary at the 0.01 level because, as seen in the preceding table, the sig value is 0.000 (P0.01). Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically. Genuine acting (SA) and psychological well-being (PWB) had a Pearson correlation value of 0.326, and there was a 99 percent confidence in the association between the two variables. Both variables are necessary at the 0.01 level because the sig value is 0.000 (P0.01) in the table above. Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically.

**Table 8: Results of Multiple Regression**

<b>Covid 19 Treatment Units Doctors</b>				
<b>R = 0.662</b>	R square = 0.438	Adjusted R square = 0.420	Sig. = 0.000	Durbin Watson =2.155
<b>Model</b>	Unstandardized coefficients B	Standardized coefficients Beta	T	Sig.
<b>Constant</b>	.382	.503	.759	.450
<b>SA</b>	.446	.104	.406	.000
<b>DA</b>	.243	.095	.242	.012
<b>GA</b>	.227	.053	.343	.000

**Dependent Variable = PWB**

*Source: Survey Data (2022)*

According to the table above, it can be mentioned that established factors like superficial acting, natural acting, and deep acting are related to psychological well-being.

Consequently, the association between the variables above was 99 percent certain, and the Pearson correlation value for Surface Acting (SA) and Psychological well-being (PWB) was

0.506. Both variables are necessary at the 0.01 level since the significant value in the preceding table is 0.000 (P 0.01). Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically. At the 99 percent confidence level, the Pearson correlation between Deep Acting (SA) and Psychological Well-Being (PWB) was 0.500. Both variables are necessary at the 0.01 level because, as seen in the preceding table, the sig value is 0.000 (P0.01). Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically. Genuine acting (SA) and psychological well-being (PWB) had a Pearson correlation value of 0.326, with 99 percent confidence in the association between the two variables. Both variables are necessary at the 0.01 level because the sig value is 0.000 (P0.01) in the table above. Since there was a substantial correlation between surface acting and psychological well-being, it can be concluded statistically.

R-value in this instance is 0.662. The fact that the model fits the data at a 66.2 percent accuracy implies a good prediction. How much of the total variance in the dependent variable can be explained by the independent variables is indicated by the R square value. The results above show that the independent variables in model 1 accurately defined 43.8 percent of emotional labour. Additional variables outside the scope of the study were used to describe the remaining 56.2 percent. Indicating no autocorrelation issues and a significant positive association between the independent

and dependent variables, the Durbin-Watson coefficient was 2.155, closer to 2. In addition, the significant value was 0.000 (P 0.001) when considered. The significant correlation between the independent and dependent variables serves as its representation. In other words, it is possible to model the influence of psychological well-being using at least one of the three acting variables—surface acting, deep acting, and actual acting. Three variables are significant at 0.05, as shown in the table. Surface acting (SA), deep acting (DA), and genuine acting (GA) are statistically significant (P 0.05), according to the data. The variables are all recognized.

It can be guaranteed that the information in the table above has allowed us to confirm our hypotheses.

Surface acting has an effect on psychological well-being, as seen in table 8 above. The Sig. value is less than 0.05. Because of this, we can be confident that surface behaving significantly affects psychological well-being. This finding supported the study's initial hypothesis (H1), according to which there is a surface effect on psychological well-being.

Deep acting affects psychological well-being, as seen in Table 8. The sig value is below 0.05. Therefore, we can be confident that deep action affects psychological well-being. This finding supported the study's second hypothesis (H2), according to which there is a profound effect on psychological well-being.

Genuine labour affects psychological well-being, as seen in Table 8. The sig value is below 0.05. Additionally, the

Beta value is below 0.50. We may therefore be confident that deep acting significantly impacts psychological well-being. This finding supported the

study's third hypothesis (H3), according to which real acting affects psychological well-being.

**Table 9: Hypotheses Testing Summary**

Hypothesis	Type of Test Analysis		
	Regression		
	Coefficient(B)	Sig. value	Result
H1: There is an impact surface acting on Psychological well being.	.446	.000	Accepted
H2: There is an impact deep acting on Psychological well being	.243	.012	Accepted
H3: There is an impact genuine acting on Psychological well being	.227	.000	Accepted

*Source: Survey Data (2022)*

The tables show that the correlation coefficient values for all independent variables are 0.000 (Sig value of SA, DA, and GA = 0.0000.005). As a result, psychological well-being is impacted by Surface acting, Deep acting, and Genuine acting. Therefore, it may be inferred that there is an effect on psychological well-being and emotional labour. Finally, the study's overall findings confirm that emotional labour has an effect on psychological well-being, with particular reference to doctors working at COVID - 19 treatment units in Gampaha District, Sri Lanka. In this research study, there are three hypotheses. The effects of independent variables on the dependent variable were examined in all three hypotheses. Also, overall association between emotional labour and PWB. The results of the correlation and regression analyses were therefore taken into account.

## Discussion and Conclusions

This study aimed to investigate how emotional labour affects psychological well-being. A structured questionnaire was employed to collect information from the intended respondents for the abovementioned goal. The findings suggest that acting in all its forms—surface acting, deep acting, and genuine acting—significantly affects psychological health. H1, H2, and H3 can be accepted based on Pearson correlation analysis and regression analysis also there was an impact emotional labour on PWB . The study's findings, which support the findings in the literature, demonstrated that there is also an impact on psychological well-being in other sectors (Cheung & Lun, 2015; Gao et al., 2019; Gupta & Rathore, 2021; Hochschild, 1983; Hymphrey et al., 2015). The study's founded that surface acting significantly impact on PWB



reference sample group. The field's prior empirical research has shown that surface acting directly impacts psychological well-being. The study's findings, which corroborated those in the literature, demonstrated that surface acting has a detrimental effect on psychological health (Cheung & Lun, 2015; Gao et al., 2019; Gupta & Rathore, 2021; Hochschild, 1983; Hymphrey et al., 2015; Johnson & Spector, 2007; Rifaya & Dayarathna, 2019). The study's findings that deep acting and genuine acting significantly impact on PWB references same segment. Additionally, the study's findings indicated that deep acting has a favorable effect on psychological well-being (Cheung & Lun, 2015; Fredrickson, 2003; Gao et al., 2019; Gupta & Rathore, 2021; Hochschild, 1983; Johnson & Spector, 2007; Rifaya & Dayarathna, 2019). On the other hand, deep acting focuses on a person's inner emotion. It modifies their thinking to the cognitive assessment system, creating a balance between internal and external emotions and a resource acquisition strategy that lowers emotional disease (Zapt, 2002). Last but not least, sincere labour improves psychological well-being (Cheung & Lun, 2015; Hu et al., 2017; Zapt, 2002). Additionally, a large body of research (Ashforth & Hymphrey, 1993; Brotheridge & Grandey, 2002; Dall'Ora et al., 2016; Hochschild, 1983; Kinman & Leggetter, 2016, p. 2013; Vermaak et al., 2017) demonstrated the effect of emotional labour on psychological well-being. For patients to take a more objective perspective in their efforts to change, doctors should constantly report on

the objectives and results of their initiatives. This study demonstrates how much emotional labour affects psychological well-being. The health/medical sector and employers in the private and public sectors can benefit from the study's findings. The researcher findings depend on the reliability of information given by the respondents. Also there are may have plenty of independent variables but in this research only considering three variables. This study is limited to employees who are working as Doctors engaged to Covid 19 patients in Gampaha area in Sri Lanka , and the findings also generalizable to health sector. The researcher who do not identify the other medical employees may have more emotional labour issues as they are facing more competition, the relevant data were collected by the questionnaire technique to conduct this study.

Conclude of this study helps doctors working at Covid - 19 treatment facilities overcome the challenges associated with employee psychological well-being by giving them a fair that results in a successful psychological well-being process. The recent study will raise the bar for psychological health in the medical field. The researcher discovered that authentic, deep, and surface acting are crucial factors that raise psychological well-being. This study also serves as a model for all additional research on the subject in the future. This research also helps the health sector's human resource management practices. According to the implications the health sector management is working harder to keep patients satisfied by sustaining

psychological health. In the end, organizations can enhance the psychological well-being of their exceptional practitioners and the emotional labour / mental health of their physicians.

The study offers some suggestions for the psychological health and emotional labour of the doctors employed by Covid 19 Treatment facilities in the Gampaha District. The study's findings demonstrated that emotional labour significantly impacts psychological well-being. For doctors who reside in the neighborhood, work there, or are going through a difficult time, the psychological well-being of patients is crucial. Lessening daily environmental or mental pressures and preventing and treating mental and laboural problems must be prioritized to improve psychological well-being. Despite being in an excellent position to spot and prevent psychological issues like melancholy and anxiety in vulnerable populations, doctors' mental health and the demanding situations, they deal with daily significantly impact how well they execute their jobs. As a result,

emotional labour and psychological health are highly valued by doctors. Therefore, taking good care of a doctor's mental health significantly impacts how well they can serve their patients. According to Bodenheimer and Sinsky (2014), the triple target (better patient experience, raise population health, and reduce costs) should be expanded to include a fourth objective of enhancing the work-life balance between psychological well-being and emotional labour for medical professionals. Healthier and longer lives are more likely for those who are psychologically well-adjusted.

Additionally, they are more inclined to live at a higher living level. Less social issues are related to greater psychological well-being. The tension of the doctor is reduced with time. According to a study, people in good psychological health are less likely to commit crimes or abuse drugs and alcohol. Additionally, higher levels of psychological well-being are associated with higher wages and more pro-social labour, including volunteering.

## **Conflict of Interest Statement**

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