

Research Article

The Influence of Emotional Labor on Service Quality with Burnout as a Mediating Variable

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Abstract: The existence of inconsistent nursing practices in realizing quality services causes complaints experienced by both patients and nurses. This inconsistency can be attributed to various factors, two of which are emotional labor and burnout. Emotional labor, specifically deep acting and surface acting, plays a significant role in how nurses regulate their emotions to meet professional expectations, which may impact their perceived service quality. Meanwhile, burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a psychological response to prolonged work-related stress and is commonly experienced by nurses in high-pressure environments. This study aims to determine the effect of deep acting and surface acting on service quality, with burnout as a mediating variable. The research utilized a quantitative survey design. Respondents consisted of 249 nurses selected through cluster random sampling. Instruments used in this study included the Service Quality Scale, Emotional Labor Scale, and Burnout Scale. Mediation testing was conducted using Hayes' PROCESS macro to analyze the indirect effects. The analysis results showed that burnout significantly mediates the relationship between emotional labor and service quality. Specifically, burnout mediates the effect of deep acting ($b = 0.20$, 95% CI [0.05–0.37]) and surface acting ($b = 0.20$, 95% CI [–0.40 to –0.132]) on service quality. These findings indicate that both deep acting and surface acting influence service quality, either directly or through the mediating effect of burnout. Understanding these relationships is crucial for hospital management to develop strategies that reduce burnout and promote effective emotional regulation among nurses. Interventions such as emotional resilience training and supportive work environments may help enhance service quality by managing emotional labor more effectively and reducing the negative impact of burnout.

Keywords: emotional labor, burnout, deep acting, surface acting, service quality, nurses.

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1. Introduction

Efforts to maintain the quality of service in hospitals cannot be separated from the important role of services provided by nurses (Kadir et al., 2017). Nurses have the responsibility to provide health services with knowledge and skills based on ethics and patient safety (Azemian et al., 2021; Papinaho et al., 2022). Therefore, improving service quality is crucial in the internal context of the hospital (Kadir et al., 2017). In addition, service quality is also crucial in achieving the goal of sustainable development goals (SDGs) point three, namely ensuring a healthy life and improving well-being for all people (Fields et al., 2021).

Parasuraman et al. (1988) suggest that in improving service quality can be seen from tangible, reliability, responsibility, assurance and empathy. However, in nursing practice there are inconsistencies in realizing quality service to patients. One indicator or symptom that makes the low quality of hospital services is complaints (Supriyanto, 2010).

The results of a study by Benceković et al. (2018) reported that there were 45 complaints reported by patients, namely poor communication (40%), unprofessional behavior (31%), violation of patient rights (22%), and inappropriate care and behavior towards patients (7%). In addition, researchers conducted surveys and interviews with nurses and patients. The results of a survey of 34 nurses found that as many as 68% performed poor quality services.

The services provided are giving the wrong medicine, being unresponsive, not providing clear information to patients and not complying with SOPs. Then the researchers conducted interviews with four patients who provided information that nurses were less competent, less attentive to patient complaints, differences in treatment related to the selected treatment class and slow handling. Based on the description above, it can be concluded that there is a gap between the ideal standard and its implementation in the field of nurse service quality.

Devia et al. (2018) suggest that factors that affect service quality are physical appearance, dependability, responsiveness trust and good empathy. Other factors that can affect service quality are burnout, work involvement and emotional labor (Wang, 2019; Groth et al., 2009). Of the several factors put forward, this study focuses on burnout and emotional labor.

The results of Wang (2019) research explain that individuals who do deep acting can have a positive attitude towards their work so that they can improve service quality. Conversely, when individuals do surface acting, it will have a negative impact on service quality. This is in line with the initial data conducted by researchers on 37 nurses, it was found that as many as 81% of nurses hid their negative emotions when interacting with patients and as many as 66% of nurses showed expressions that did not match the emotions felt.

Based on several theories that have been described previously, there are indications of other variables that show that emotional labor does not directly affect the quality of nurse service. As revealed by Wang (2019) that burnout can mediate emotional labor strategies on service quality.

Initial data to 37 nurses showed that nurses indicated experiencing burnout because they had covered the dimensions of burnout, namely emotional exhaustion, cynicism and ineffectiveness. Based on the description above, it can be concluded that there is a gap between the ideal standard and the reality experienced by patients. The existence of patient complaints indicates a problem in service quality. This can occur due to several factors that affect service quality, namely emotional labor and burnout. Therefore, researchers assume that burnout can be a mediator of service quality.

2. Previous Research

Based on previous research, it shows that deep acting strategies have a positive influence on service quality compared to surface acting. Deep acting is associated with improved service quality dimensions such as reliability, assurance and responsibility. This indicates that individuals who show emotion will tend to be more satisfied in serving (Wang, 2019; Medler-Liraz & Seger-Guttmann, 2015). In line with the results of Im and Ahn's (2015) research which reports that the deep acting strategy has a positive effect on service quality while surface acting has no effect on service quality.

Sarshar et al. (2022) who proved that among the two types of emotional labor, only surface acting has a positive relationship with burnout. The results of this study are in line with Kim's research (2019) which also proves that surface acting is positively correlated with stress and burnout while deep acting is negatively correlated with burnout and naturally felt emotion is negatively correlated with burnout. In line with the research of Bakar et al (2022), it shows that burnout can be indirectly experienced by nurses despite using a deep acting strategy. In addition, the surface acting strategy has a direct influence on burnout.

The results of research by Hsu et al. (2020) show that employee burnout has a negative influence on service quality. The lower the burnout, the higher the service quality. These results are in line with Chen's research on librarians in public libraries. The results found that negative emotions can cause burnout, thus affecting service quality. Hanafi (2016) suggests that burnout has a negative influence on nurse service quality. In line with the results of research by Won et al (2020) which proves that service quality has a negative relationship with burnout in nurses in hospitals. Park and Ahn (2015) suggest that burnout is proven to affect service quality such as reliability and responsibility for employees in hotels.

The results of Yun and Kim's (2019) research also show that deep acting has a negative effect on burnout while surface acting has a positive effect on burnout. In addition, emotional labor has a positive influence on service quality. Based on the results of Wang's research (2019) which shows that deep acting is positively related to engagement thus improving service quality. Conversely, surface acting is positively related to burnout, thereby reducing service quality. Because of the description above, the researcher wants to examine deep acting and surface acting on burnout so that it can affect service quality.

3. Literature Review

Parasuraman et al. (1988) suggest that service quality is a comprehensive assessment of the services provided. The assessment arises because of the comparison between what the company should do and what customers expect. Cronin and Taylor (1992) suggest that service quality is the perception of performance against services. Ogi et al. (2018) suggests that service quality is a customer need that is perceived as good and satisfying. Bakar et al (2023) suggest that quality service is an effort that starts from understanding the mindset in serving consumers to the practice of interacting with customers.

Parasuraman et al. (1988) suggest that in improving service quality can be seen from tangible, reliability, responsibility, assurance and empathy. Tangible is a service that is shown through the physical appearance attached to service providers such as facilities, clothing and buildings. Reliability is the ability to provide the promised service so that it can be relied on by service recipients. Responsibility is a service that responds to the needs of others quickly and responsively. Assurance is the confidence of service recipients in the capabilities possessed by the service provider. Empathy is the service provider's concern for what others feel. Service quality will have an impact on satisfaction, performance and loyalty (Ali et al., 2021; Sopyan et al., 2023). Luarn et al. (2016) suggest that if there is low service quality, service recipients will spread negative word of mouth to warn others. Sofiati et al. (2018) suggest that improving service quality can have an impact on organizational culture.

Hochschild (1983) suggests that emotional labor is an emotion that is managed to show expressions that can be observed by others. Ashforth and Humphery (1993) suggest that emotional labor is the act of displaying emotions in accordance with organizational goals. Morris and Feldman (1996) suggest that emotional labor is an effort to manage emotions that the organization wants during interpersonal transactions. Grandey (2000) suggests that emotional labor involves managing emotions so that they can be in accordance with the appearance of the organization. Hochschild (1983) explains that the emotional labor strategy consists of two, namely surface acting and deep acting. Surface acting is an emotion that is suppressed in order to show the expression that the organization wants. Deep acting is the management of feelings to match the expression shown at work (Grandey, 2000). Well-managed emotional labor will have a positive impact on individuals and organizations. Individuals can improve performance and build good relationships with customers or others so as to build a harmonious work environment. However, if emotional labor is not managed properly, it will have an impact on psychological well-being and job satisfaction (Ramdhani, 2017).

Lubbadeh (2020) suggests that burnout is a condition that arises due to prolonged stress at work. Maslach and Jackson (1981) suggest that burnout is an individual response to emotional and interpersonal stress at work. Freudenberg (1974) suggests that burnout is an individual who works at the expense of the welfare and interests of others but does not get recognition and appreciation from the organization. Maslach and Leiter (2016) suggested that burnout has three aspects, namely emotional exhaustion, depersonalization and ineffectiveness. Emotional exhaustion is an individual who is physically and emotionally exhausted from interacting intensely with others. Cynicism is a negative attitude towards patients such as irritability and withdrawal. Ineffectiveness is a decrease in productivity and ability to cope with problems. Fonseca and Mello (2016) suggest that nurses who experience burnout will have an impact on performance and decreased nurse professionalism. Hanafi (2016) suggests that emotional exhaustion has a negative impact on service quality and even has a greater influence than emotional intelligence on nursing practice. In line with the results of Park and Ahn's research (2015) which proves that emotional exhaustion and depersonalization have a negative impact on service quality.

4. Research Methods

This research method uses a quantitative survey approach. this study consists of dependent variables, namely service quality, independent variables, namely emotional labor and burnout. the population in this study were nurses who served patients in hospitals. the sampling technique used cluster random sampling on nurses who served patients in Makassar and Maros hospitals. The number of respondents in this study amounted to 249 nurses through direct data collection. Data collection using three scales namely service quality scale, emotional labor scale and burnout scale. The collected data were analyzed using Hayes Process Macro model 4 with the help of SPSS.

5. Result

Table 1. Respondent demographic data

Demographic Data		Frequency	Percentage
Gender	Male	23	9,2%
	Female	226	90,8%
	Total	249	100%
Age	20-25 Years	19	7,6%
	26-30 Years	27	10,8%
	31-35 Years	86	34,5%
	36-40 Years	79	31,7%
	Diatas 40 Years	38	15,3%
	Total	249	100%
Last Education	D3 Nursing	104	41,8%
	D4 Nursing	2	0,8%
	S1	56	22,5%
	Nursing Profession	85	34,1%
	S2	2	0,8%
	Total	249	100%
Working Location	RSUD Dr La Palaloi	50	20,1%
	RS Dr Tadjuddin Chalid	49	19,7%
	RSUD Daya Kota Makassar	50	20,1%
	RS Tk.II Pelamonia Makassar	50	20,1%
	RS Ibnu Sina Makassar	50	20,1%
	Total	249	100%
Employment Status	PNS	93	37,2%
	Pegawai Tetap Non PNS	63	25,3%
	Pegawai Kontrak/Honorar	65	26,1%
	PPPK	25	10%
	Magang	3	1,2%
	Total	249	100%
Length of Work	6 Bulan-1 Tahun	15	6%
	2-5 Tahun	54	21,7%
	6-10 Tahun	65	26,1%
	>10 Tahun	115	46,2%
	Total	249	100%
Installation Type	Rawat Inap	218	87,6%
	Rawat Jalan	9	3,6%
	IGD	16	6,4%
	ICU/ICCU	6	2,4%
	Total	249	100%

Based on the table above, there were 23 (9.2%) male respondents and 226 (90.8%) female respondents. Based on the age range 31-35 years is the highest respondent, namely 86 (34.5%) while 20-25 years old is the lowest respondent, namely 19 respondents (7.6%). Based

on the latest education, respondents with D3 nursing education were the highest respondents, namely 104 (41.6%) while the lowest respondents were D4 nursing and S1 and S2 education as many as 2 (0.8%) each. Based on the location of work, respondents came from five hospitals Dr. La Palaloi Hospital, Daya City Hospital Makassar, TK.II Pelamonia Hospital and Ibnu Sina Hospital Makassar, each of which amounted to 50 respondents (20.1%) while Dr. Tadjuddin Chalid Hospital was 49 respondents (19.7%).

Based on employment status, respondents with civil servant status were the highest respondents as many as 93 respondents (37.2%) while the lowest respondents were apprentice status as many as 3 respondents (1.2%). Based on length of work, respondents with a length of work of more than 10 years were the highest respondents as many as 115 respondents (46.2%) while the lowest respondents worked in the range of 6 months to 1 year as many as 15 respondents (6%). Based on the type of installation, respondents who were hospitalized were the highest respondents as many as 218 respondents (87.6%) while the lowest respondents were respondents who were treated in the ICU/ICCU as many as 6 respondents (2.4%).

Table 2. Categorization of service quality

Categorization	Criteria	Frequency	Percent
Low	<49	0	0%
High	49-77	20	8%
Percent	>77	229	91,9%
Total		249	100%

Based on the table above, it shows that there are no respondents in the low category, 20 respondents in the medium category (8%) and 229 respondents in the high category (91.9%). Thus, the research respondents with the largest number were at a high level of service quality.

Table 3. Description of the tendency to use emotional labor strategies

Strategy	Frequency	Percent
<i>Surface Acting</i>	40	16,1%
<i>Deep Acting</i>	209	83,9%
Total	249	100%

Based on the table above, it shows that 40 respondents tend to use surface acting strategies while 209 respondents tend to use deep acting strategies. Surface acting and deep acting data are obtained through the calculation of the mean of the total filling in each item. The total mean value of deep acting has a high score compared to surface acting. Based on this statement, it can be concluded that respondents tend to use deep acting strategies compared to surface acting.

Table 4. Categorization of burnout

Categorization	Criteria	Frequency	Percent
Low	<54	229	91,9%
High	54-84	17	6,8%
Percent	>84	3	1,2%
Total		249	100%

Based on the table above, it shows that low category respondents totaled 229 respondents (91.9%), medium category respondents totaled 17 respondents (6.8%) and high category respondents totaled 3 respondents (1.2%). Thus, the research respondents with the largest number were in the low burnout level category.

Table 5. Influence of deep acting on service quality mediated by burnout

Antecedent	Consequence			
	M (BO)		Y (KP)	
	Coefficient	<i>p</i>	Coefficient	<i>p</i>
X (DA)	-0,80	0,01	0,43	0,04
M (BO)			-0,25	0,00

SA = surface acting, BO = burnout, KP = kualitas pelayanan

Based on the table above, it shows that low category respondents totaled 229 respondents (91.9%), medium category respondents totaled 17 respondents (6.8%) and high category respondents totaled 3 respondents (1.2%). Thus, the research respondents with the largest number were in the low burnout level category.

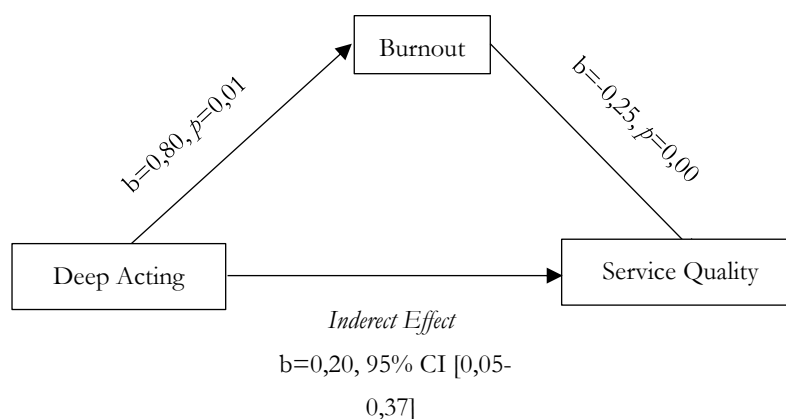


Figure 1. Hypothesis testing of deep acting strategy

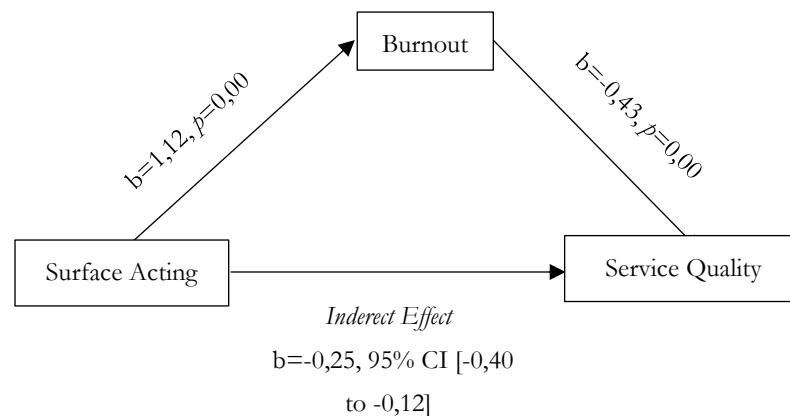
Based on the figure above, it shows that burnout as a mediating variable on the effect of deep acting on service quality has a significant effect ($b = 0.20$, 95% CI [0.05-0.37]), so H1 is accepted. Thus it can be concluded that there is a significant positive influence between deep acting on service quality with burnout as mediation. The data shows that the direct effect and indirect effect between deep acting and service quality have a significant effect, so the results show partial mediation. Partial mediation in this study implies that there is a positive influence between deep acting on service quality with or without going through burnout. Thus, increasing deep acting will improve service quality regardless of the presence or absence of perceived burnout conditions.

Table 3. Influence of surface acting on service quality mediated by burnout

Antecedent	Consequence			
	M (BO)		Y (KP)	
	Coefficient	<i>p</i>	Coefficient	<i>p</i>
X (SA)	1,12	0,00	-0,43	0,00
M (BO)			-0,22	0,00

SA = surface acting, BO = burnout, KP = kualitas pelayanan

Based on the table, it shows that surface acting has a positive effect on burnout ($b = 1.12$, $p = 0.00$) and a negative effect on service quality ($b = 0.43$, $p = 0.00$). Burnout has a negative influence on service quality ($b = -0.22$, $p = 0.00$). Thus it can be concluded that surface acting has a direct influence on service quality.

**Figure 2.** Hypothesis testing of surface acting strategy

Based on the figure above, it shows that burnout as a mediating variable on the effect of deep acting on service quality has a significant effect ($b = 0.20$, 95% CI [-0.40 to -0.132]), so H2 is accepted. Thus it can be concluded that there is a significant positive influence between surface acting on service quality with burnout as mediation. The data showed that the direct effect and indirect effect between surface acting and service quality were significant, so the results showed partial mediation. Partial mediation in this study implies that there is a positive influence between deep acting on service quality with or without going through burnout. Thus, an increase in surface acting will reduce service quality regardless of the presence or absence of perceived burnout.

5. Discussion

Based on the results of hypothesis testing, it is found that burnout partially and significantly mediates ($b = 0.20$, 95% CI [0.05-0.37]) the effect of deep acting on service quality so that the first hypothesis is accepted. The mediating role in this study explains that increasing deep acting will improve service quality regardless of the presence or absence of perceived burnout conditions. The results of this study are in line with Wang's (2019) research which found that there is a positive influence between deep acting on service quality mediated by burnout.

In addition, the role of mediation in the first hypothesis test can be reviewed by analyzing the direct effect between deep acting on service quality and burnout and the direct effect between burnout on service quality in the context of deep acting. Based on the direct effect test, it is found that there is a positive and significant effect ($b = 0.43$; $p = 0.04$) between deep acting on service quality. The results of this study reveal that the higher the deep acting, the higher the quality of service provided. The results of this study are in line with the research of Henning-Thurau et al (2005) and Groth et al (2009) who found that there is a positive

influence between deep acting on service quality. In addition, Grandey's research also suggests that a deep acting strategy will produce good service quality compared to surface acting. Im and Ahn (2015) also found that deep acting positively affects service quality.

Based on the direct effect, it is found that there is a negative and significant influence ($b=-0.80$; $p=0.01$) between deep acting on burnout. The higher the deep acting, the lower the burnout. In line with the results of Wang's (2019) research which proves that deep acting has a negative effect on service quality. In addition, Wu et al (2017) found that burnout has a positive influence on deep acting. Zhang and Zhu (2008) state that if individuals serve sincerely (deep acting) then the perceived burnout tends to be low. This is because individuals serve according to what they feel sincere in their hearts so that the level of burnout can be reduced.

Based on the direct effect, it is found that there is a negative and significant influence ($b=-0.25$; $p=0.00$) between burnout and service quality. The results indicate that the lower the burnout, the higher the service quality. This is in line with the results of Wang's (2019) research which proves that deep acting has a negative effect on service quality. This result is in line with previous research which also found that burnout has a negative effect on service quality (Pavianti et al 2022; Hidayati, 2023).

Regarding the effect of surface acting on service quality mediated by burnout, significant mediation was found. Hypothesis analysis revealed that burnout partially and significantly mediates ($b=-0.25$, 95% CI [-0.40 to -0.12]) between the effect of surface acting on service quality, so the second hypothesis is accepted. The mediating role identified in this study explains that an increase in surface acting has implications for reducing service quality both in the presence of burnout and not. The results of this study are in line with Wang's (2019) research which found that there is a negative influence between surface acting on service quality mediated by burnout.

In addition, the role of mediation in the second hypothesis test can be reviewed by analyzing the direct effect between surface acting on service quality and burnout and the direct effect between burnout on service quality in the context of surface acting. Based on the direct effect, it is found that there is a negative and significant influence ($b = 0.43$; $p = 0.00$) between surface acting on service quality. The higher the surface acting, the lower the service quality. The results of this study are in line with Wang's (2019) research which proves that surface acting has a negative influence on service quality. In addition, research by Jeong et al (2019) also proves that surface acting has a negative effect on the service to be provided.

Based on the direct effect, it is found that there is a positive and significant influence ($b = 1.12$; $p = 0.00$) between surface acting and burnout. The higher the surface acting, the higher the burnout. This is in line with the results of Wang's (2019) research which found that surface acting has a positive effect on burnout. The more often individuals pretend, the more tired they will be at work. Zhang and Zhu (2008) also prove that surface acting has a negative effect on burnout. Prajiantoro (2023) also found that surface acting has a positive effect on burnout.

Based on the direct effect, it is found that there is a negative and significant influence ($b=-0.22$; $p=0.00$) between burnout and service quality in the context of surface acting. This result is in line with the direct effect test between burnout and service quality in the context of deep acting. In addition, this study has similarities with the results of research by O'Neil and Xiao (2010) also suggested that burnout in the workplace can reduce performance and affect service quality. Sliter et al (2010) also proved that burnout negatively affects service quality.

Based on the direct effect, it is found that there is a negative and significant influence ($b=-0.22$; $p=0.00$) between burnout and service quality in the context of surface acting. This result is in line with the direct effect test between burnout and service quality in the context of deep acting. In addition, this study has similarities with the results of research by O'Neil and Xiao (2010) also suggested that burnout in the workplace can reduce performance and affect service quality. Sliter et al (2010) also proved that burnout negatively affects service quality.

The analysis of indirect effect findings is not only reviewed from the direct effect but also supported by the categorization of each variable and then crosstabs analysis is carried out to see the relationship between variables based on the categorization of emotional labor strategies, service quality and burnout. The majority of nurses tend to use deep acting strategies (83.9%) compared to surface acting strategies (16.1%). Individuals who tend to use deep acting will be more sincere to others than surface acting which can drain energy and affect individual well-being (Brotheridge and Grandey, 2002; Chen et al., 2022). Another

impact of the deep acting strategy is that it will provide a sense of satisfaction because it works with a better mood than surface acting which can increase stress and reduce satisfaction at work (Adnan et al, 2022; Bahali, 2022; Larson and Yao, 2005; Chen et al, 2022).

In terms of service quality categorization, it was found that 91.9% of nurses provided high service quality. Individuals who provide high quality services have a positive impact on patient satisfaction so that they can encourage re-use of health services in the future (Maghrobi et al., 2019). This is in accordance with the results of research which prove that there is a significant influence between service quality on patient satisfaction in hospitals so that it can increase patient loyalty (Setianingsih & Susanti, 2021; Dewi, 2016; Risky, 2018). In addition to patient satisfaction and loyalty, service quality can also have an impact on hospital image. In line with the results of Dewi et al's research (2023) which proves that hospital image can have a positive effect on patient satisfaction in receiving health services.

In terms of burnout categorization, it is found that the majority of nurses tend to use deep acting and have low burnout. Individuals with low burnout indicate that individuals can cope with all the demands that exist in the workplace (Fajriani & Sepriati, 2015). Mitchell et al (2024) prove that burnout has an impact on motivation and job satisfaction. The lower the burnout, the influence on job satisfaction and high motivation. Pavianti et al (2022) prove that the impact of low burnout is the provision of good service quality.

Based on the categorization, the researchers conducted the first crosstabs test to compare emotional labor strategies to service quality. The results show that there is a significant relationship between emotional labor strategies and service quality items. This relationship is evident in all aspects of service quality, namely tangibles, responsibility, empathy, assurance and reliability. Pada aspek tangible, semua perawat yang cenderung menggunakan deep acting (100%) memilih respon sesuai pada aitem berpakaian bersih saat bertugas dibandingkan perawat yang cenderung menggunakan surface acting (95%). Pada aspek responsibility, perawat yang cenderung menggunakan deep acting (97,6%) memilih respon sesuai pada aitem melayani pasien dengan cepat dibandingkan perawat yang cenderung menggunakan surface acting (87,5%). Pada aspek empathy, perawat yang cenderung menggunakan deep acting (98%) memilih respon sesuai pada aitem bersikap ramah saat melayani pasien dibandingkan perawat yang cenderung menggunakan surface acting (85%). Pada aspek assurance, perawat yang cenderung menggunakan deep acting (92,8%) memilih respon sesuai pada aitem memiliki pengetahuan untuk dapat menjawab keluhan dari pasien dibandingkan dengan perawat yang cenderung menggunakan surface acting (85%). Pada aspek reliability, perawat yang cenderung menggunakan deep acting (96,1%) memilih respon sesuai pada aitem memberikan pelayanan yang tepat waktu sesuai jadwal pelayanan dibandingkan perawat yang cenderung menggunakan surface acting (82,5%).

However, of the fourteen items that show that deep acting is higher than surface acting on service quality items, there is one item that has different results. One item shows high surface acting, namely item fourteen on the assurance aspect, which states that nurses who tend to use surface acting (85%) choose the appropriate response on the item "I provide a sense of security when interacting with patients" compared to nurses who tend to use deep acting (78.9%). The results of this study are relevant to the results of Susanti's interview (2023) which also showed that nurses are often faced with emotional situations of sadness and concern for patients but are required to show a calm attitude and provide a sense of security. Under these conditions, nurses need to use surface acting to fit the role required to calm the patient. Nevertheless, this finding indicates the need for further analysis to understand the relationship more deeply.

Based on the categorization, the researcher conducted a second crosstabs test to compare emotional labor strategies to burnout. The results showed a significant relationship between emotional labor strategies and burnout items. This relationship is evident in all aspects of burnout, namely exhaustion, cynicism and ineffectiveness.

In the exhaustion aspect, nurses who tend to use surface acting (25%) choose the appropriate response on the item feeling a reduced appetite due to fatigue at work compared to nurses who tend to use deep acting (12.3%). In the cynicism aspect, nurses who tend to use surface acting (2.5%) chose the appropriate response on the item delaying work compared to nurses who tend to use deep acting (1.4%). In the ineffectiveness aspect, nurses who tend to use surface acting (2.5%) chose the appropriate response on the item feeling insecure when providing services compared to nurses who tend to use deep acting (1.9%).

Based on the categorization, the researchers conducted the third crosstabs test to compare burnout to service quality. The results showed a significant relationship between emotional labor strategies and burnout items. This relationship is evident in all aspects of service quality, namely tangibles, responsibility, empathy, assurance and reliability.

In the tangibles aspect, all nurses who have low burnout (100%) choose the appropriate response on the neatly dressed on duty item compared to nurses who have high burnout (25%). In the responsibility aspect, nurses who have low burnout (97.7%) choose the appropriate response on the item serving patients quickly compared to nurses who tend to use surface acting (50%). In the empathy aspect, nurses who have low burnout (98.2%) choose the appropriate response on the item of being friendly in providing services to patients compared to nurses who have high burnout (75%). In the assurance aspect, nurses who have low burnout (80.6%) choose the appropriate response on the item giving a sense of security when interacting with patients compared to nurses who have high burnout (100%). In the reliability aspect, nurses who have low burnout (93.7%) chose the appropriate response on the item providing easy information according to patient needs compared to nurses who have high burnout (75%).

6. Conclusions and suggestions

Based on the results of the study, it can be concluded that deep acting has a positive and significant influence on service quality with burnout acting as a partial mediator which indicates that deep acting affects service quality with or without burnout. In addition, surface acting has a negative and significant influence on service quality with burnout acting as a partial mediator which indicates that surface acting affects service quality with or without burnout.

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