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Genuine Acting and Effectiveness of Federal Hospitals in South-East, Nigeria

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Abstract

This study examined the relationship between genuine acting, a dimension of emotional labour, and organizational effectiveness in federal hospitals in South-East Nigeria. A descriptive survey design was adopted, and data were collected from 389 healthcare employees selected proportionally from six federal hospitals. Spearman rank-order correlation was used for data analysis. Findings revealed significant positive relationships between genuine acting and patient satisfaction ($\rho = 0.827$, $p < 0.05$), employee commitment ($\rho = 0.749$, $p < 0.05$), and job satisfaction ($\rho = 0.870$, $p < 0.05$). The results indicate that authentic emotional expression enhances trust, empathy, workplace fulfillment, and service delivery within healthcare settings. The study concludes that genuine acting is an important predictor of organizational effectiveness in public hospitals. It recommends training healthcare workers in authentic emotional expression and promoting supportive organizational cultures that encourage sincerity and emotional well-being.

Keywords: Genuine acting, emotional labour, organizational effectiveness, patient satisfaction, employee commitment, job satisfaction, federal hospitals.

Introduction

Nigeria's healthcare system operates through three tiers: primary healthcare managed by local governments, secondary healthcare managed by state governments, and tertiary healthcare overseen by the federal government. Federal hospitals, including teaching hospitals and federal medical centres, provide specialized and referral services and play a critical role in Southeast Nigeria, where weaknesses in primary and secondary healthcare systems often increase dependence on federal institutions (Obubu, Chuku, Ananaba, Etiaba&Onwujekwe, 2024). However, concerns persist regarding accountability, transparency, leadership integrity, and the overall effectiveness of service delivery in these hospitals (Obubu et al., 2024; Nairametrics, 2025).

Genuine acting, the first construct of this study, refers to authentic emotional expression characterized by sincerity, ethical conduct, and commitment in workplace interactions. In healthcare settings, it reflects the ability of employees and administrators to demonstrate empathy, honesty, and genuine concern toward patients and colleagues. Organizational effectiveness, the second construct, relates to the extent hospitals achieve desired outcomes through quality service delivery, patient satisfaction, employee commitment, efficient resource utilization, and improved health outcomes (World Health Organization, 2019).

Despite reforms, Nigeria's health sector continues to face inadequate funding and infrastructural deficits. Although healthcare allocations increased between 2023 and 2025, funding remained below the Abuja Declaration benchmark and WHO recommendations (All Africa, 2025; Vanguard, 2024). In addition, limited capital releases and high recurrent expenditures constrain effective healthcare delivery (International Centre for Investigative Reporting, 2023; Punch Healthwise, 2024). These challenges are more evident in Southeast Nigeria, where poorly equipped primary and secondary facilities place excessive pressure on federal hospitals (BudgIT Foundation, 2022; The Sun, 2023).

Nevertheless, some federal hospitals have demonstrated improved effectiveness through committed leadership, skilled personnel, and functional infrastructure, thereby strengthening patient trust and service outcomes. This study therefore investigates the relationship between genuine acting and organizational effectiveness in federal hospitals in Southeast Nigeria

Statement of the Problem

Effective healthcare delivery depends not only on adequate resources but also on genuine acting reflected in sincerity, transparency, accountability, and authentic engagement among healthcare leaders and employees. Studies have shown that hospitals characterized by authentic leadership and genuine interactions record higher patient satisfaction, improved staff commitment, and better organizational performance (Jain, Singh, & Sharma, 2021).

In Nigeria, however, federal hospitals continue to face serious challenges arising from inadequate funding, weak accountability systems, and poor governance. Despite increased healthcare budget allocations in recent years, service delivery

remains unsatisfactory, with low patient satisfaction and persistent infrastructural deficiencies (Nairametrics, 2025). In Southeast Nigeria, shortages of diagnostic facilities and ineffective primary and secondary healthcare systems have intensified pressure on federal hospitals, resulting in overcrowding, staff strain, and declining quality of care (The Sun, 2023; Wikipedia, 2025).

These challenges have contributed to public distrust and reduced organizational effectiveness in many federal hospitals. Although previous studies have examined healthcare administration and service delivery, limited empirical attention has been given to the role of genuine acting in enhancing organizational effectiveness within federal hospitals in Southeast Nigeria. This study therefore seeks to examine the relationship between genuine acting and organizational effectiveness in federal hospitals in Southeast Nigeria

Objectives of the Study

The main objective of study is to investigate the relationship between genuine acting and effectiveness in Federal Hospitals (FHs) in South-East Nigeria. The examine the relationship between genuine acting and patient satisfaction;

(i) examine the relationship between genuine acting and patient satisfaction;
(ii) asses the connection between genuine acting and employee commitment;
(iii) determine the relationship between genuine acting and job satisfaction.

Research Questions

The study is guided by the following research questions:

i. What is the association between genuine acting and patient satisfaction?
ii. What is the connection between genuine acting and employee commitment?
iii. In what way does genuine acting relate to job satisfaction?

Statement of Hypotheses

The following null hypotheses will be tested in this study:

H_{o1}: There is no significant association between genuine acting and patient satisfaction.
H_{o2}: There is no significant connection between genuine acting and employee commitment.
H_{o3}: There is no significant relationship between genuine acting and job satisfaction.

Scope of the Study

This study examined the relationship between genuine acting and organizational effectiveness in selected federal hospitals in South-East Nigeria. The study focused on genuine acting as the independent variable, while organizational effectiveness was measured using job satisfaction, employee commitment, and patient satisfaction.

Geographically, the study covered selected federal hospitals in the South-East zone of Nigeria, namely: Federal University Teaching Hospital, Owerri; Federal Medical Centre, Umuahia; Federal Medical Centre, Onitsha; Alex Ekwueme Federal University Teaching Hospital,

Abakaliki; and University of Nigeria Teaching Hospital, Ituku-Ozalla. These hospitals were selected based on accessibility, availability of relevant data, and their strategic roles in healthcare delivery within the region.

The respondents comprised clinical and non-clinical employees, including doctors, nurses, and administrative staff, whose experiences provided insights into the influence of genuine acting on organizational effectiveness

REVIEW OF RELATED LITERATURE

This section reviews relevant literature on genuine acting and organizational effectiveness from conceptual, theoretical, and empirical perspectives. It examines genuine acting as a dimension of emotional labour and its relationship with employee commitment, job satisfaction, and patient satisfaction, using Emotional Labor Theory (EML) andAffective Events Theory (AET) as the theoretical foundation. The section also reviews empirical studies to identify knowledge gaps and justify the study within the context of federal hospitals in South-East Nigeria.

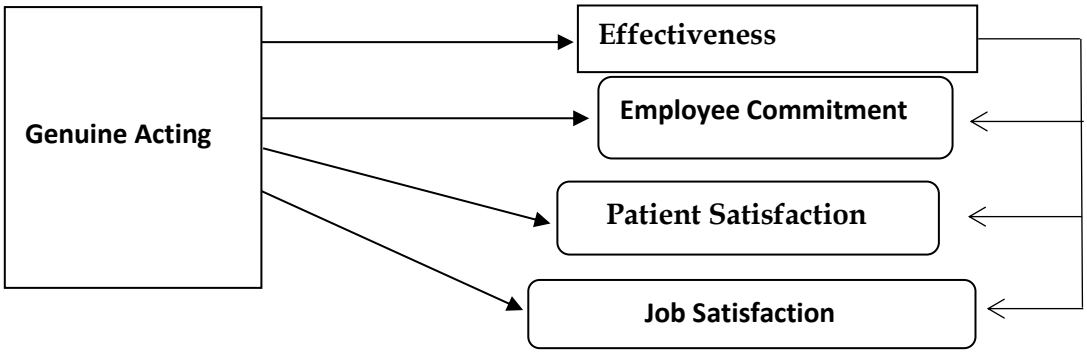


Figure 2.1: **Operational Conceptual Framework**
Source: From the researcher's desk, 2026

Concept of Genuine Acting

Genuine acting refers to the authentic expression of emotions that naturally align with organizational display rules, without emotional modification or effort (Hochschild, 1983; Diefendorff, Croyle, &Gosserand, 2005). Unlike surface and deep acting, it involves no emotional dissonance and is associated with emotional well-being, job satisfaction, and reduced burnout (Brotheridge& Lee, 2003; Grandey et al., 2012). It emerges when employees identify strongly with their roles and organizational values, enabling natural emotional expression (Humphrey, Ashforth, &Diefendorff, 2015). Empirical evidence shows that genuine acting reduces withdrawal behaviours and enhances interpersonal relations and performance (Scott & Barnes, 2011). However, its expression depends on job design, organizational climate, and emotional display rules (Glomb&Tews, 2004). Overall, genuine

acting improves employee well-being and organizational outcomes, especially in service-intensive sectors such as healthcare.

Organizational Effectiveness

Organizational effectiveness refers to the extent to which an organization achieves its goals while efficiently utilizing resources and adapting to environmental demands (Cameron & Whetten, 1983; Georgopoulos& Tannenbaum, 1969). It is multidimensional, encompassing goal attainment, resource acquisition, internal processes, and stakeholder satisfaction (Yuchtman& Seashore, 1967; Price, 1972; Ali, 2019). Scholars emphasize that effectiveness varies by context and should include both financial and social outcomes such as productivity, service quality, and stakeholder satisfaction (Judge, 1994; Rahimi &Noruzi, 2011). In healthcare settings, effectiveness is reflected in patient outcomes, employee performance, and efficient service delivery (Agarwal & Dhar, 2020; Tamunomiebi&Worgu, 2020).

Measures of Organizational Effectiveness

Organizational effectiveness is assessed through multiple dimensions, including goal achievement, internal efficiency, adaptability, and stakeholder satisfaction (Mott, 1972; Steers, 1985). Human-centered indicators such as employee satisfaction, morale, and development opportunities are also critical (Agarwal & Dhar, 2020). Leadership plays a key role in enhancing effectiveness by fostering trust, motivation, and productivity (Dirks &Ferrin, 2002). Key outcome measures include employee commitment, job satisfaction, and service quality (Meyer & Allen, 1991).

Employee Commitment

Employee commitment reflects emotional attachment to organizational goals and strongly predicts performance and retention (Meyer & Allen, 1991). Empirical evidence shows a positive relationship between commitment and job performance across sectors (Khan, 2010).

Job Satisfaction

Job satisfaction is an employee's overall evaluation of their job experience (Zafar et al., 2018). It is influenced by emotional experiences at work, including emotional labor (Kaur &Malodia, 2017; Lee &Chelladurai, 2017). Authentic emotional expression enhances satisfaction, while emotional dissonance reduces it (Grandey et al., 2012; Kim, Hur, & Moon, 2017).

Patient Satisfaction

Patient satisfaction reflects patients' evaluation of healthcare quality, shaped by communication, technical competence, accessibility, and service environment (Ware & Snyder, 1975; Donabedian, 1988; Sofaer&Firminger, 2005). Emotional support and respectful interaction are key determinants of positive patient experience (Sofaer&Firminger, 2005).

Relationship between Genuine Acting and Hospital Effectiveness

Genuine acting enhances hospital effectiveness by promoting emotional authenticity, reducing burnout, and improving psychological well-being (Diefendorff et al., 2005; Brotheridge& Lee, 2003). It strengthens employee commitment by aligning personal and organizational values (Humphrey et al., 2015) and increases job satisfaction through emotional congruence (Grandey et al., 2012; Scott & Barnes, 2011). In healthcare, genuine emotional expression improves empathy, communication, and patient trust, thereby increasing patient satisfaction (Sofaer&Firminger, 2005; Donabedian, 1988). Overall, genuine acting positively influences employee attitudes and patient outcomes, making it a critical driver of hospital effectiveness in clinical settings (Ware & Snyder, 1975; Khan, 2010).

Emotional Labor Theory

This study is anchored on Emotional Labor Theory and Affective Events Theory (AET). Emotional Labor Theory, originally proposed by Arlie Russell Hochschild (1983), identifies surface and deep acting as strategies for managing workplace emotions. Subsequent extensions by Mark J. Diefendorff, Croyle, and Gosserand (2005) incorporated genuine acting, emphasizing its positive implications for employee well-being and organizational outcomes.

Affective Events Theory

Affective Events Theory, developed by Howard M. Weiss and Russell Cropanzano (1996), explains how workplace events generate emotional responses that influence employees' attitudes and behaviors. It provides a framework for understanding how genuine acting can enhance hospital effectiveness through improved job satisfaction, organizational commitment, and patient care outcomes.

Empirical Review

Empirical studies have consistently shown that genuine acting has positive effects on employees and organizational outcomes. Mark J. Diefendorff, Croyle, and Gosserand (2005), in their U.S. study of customer service employees, found that genuine emotional expression is associated with higher job satisfaction and lower emotional exhaustion. Similarly, Susan E. Brotheridge and Richard T. Lee (2003), studying Canadian service workers, reported that genuine acting reduces emotional exhaustion and enhances personal accomplishment and performance.

Annie H. Grandey, Foo, Groth, and Goodwin (2012) further demonstrated that organizational climates that support authenticity reduce burnout and improve job satisfaction among frontline employees. In addition, J. Kevin Ford, Ashforth, and Diefendorff (2015) argued that genuine acting is most effective when employees identify strongly with their roles and experience alignment between personal and job values, thereby enhancing motivation and performance. Steven K. Scott and Barnes (2011) also found that genuine acting reduces withdrawal behaviors and improves workplace relationships.

In the Nigerian healthcare context, ObubuChukuAnanabaEtiabaOnwujekwe (2024) reported that genuine emotional expression among healthcare workers in federal hospitals in Southeast Nigeria improves patient satisfaction, employee commitment, and overall hospital effectiveness.

Gap in Literature

Despite extensive research, key gaps remain. Most studies focus on general outcomes such as job satisfaction and emotional exhaustion, with limited attention to hospital-specific effectiveness indicators like patient satisfaction, employee commitment, and clinical performance. Additionally, much of the evidence is drawn from Western service industries, limiting its applicability to healthcare systems in developing countries.

Although the Nigerian study by Obubu et al. (2024) provides relevant insight, it is limited by a small sample size and restricted geographical coverage. Furthermore, many studies rely on cross-sectional, self-reported data, which limits causal interpretation and reduces methodological robustness. There is also limited use of multi-source data (e.g., patient records, administrative data, and observational measures) to assess hospital effectiveness comprehensively.

Overall, there is a clear need for context-specific and methodologically stronger studies that examine how genuine acting influences patient satisfaction, employee commitment, and job performance in federal hospitals in Southeast Nigeria

Research Design

This study adopted a descriptive survey design within a quantitative framework. The design enabled the collection of standardized data using structured questionnaires, making it suitable for examining the relationship between genuine acting and hospital effectiveness and allowing for generalization across healthcare workers in South-East Nigeria.

Study Area and Sampling of Hospitals

Six federal hospitals were purposively selected across Abia, Anambra, Enugu, Ebonyi, and Imo States. Selection was based on geographical coverage, institutional relevance, accessibility, and their role as tertiary referral centres where frontline staff regularly engage in emotional interactions with patients.

Population of the Study

The population comprised 14,577 staff drawn from the six selected federal hospitals. This included doctors, nurses, and other healthcare personnel, providing a representative cross-section of federal health workers in South-East Nigeria for examining genuine acting and hospital effectiveness

Table 3.1 Showing Personnel, across the selected Federal Hospitals

S/N	Federal Medical Centre	Number of Staff Members
1	(FMCU) Abia State	1600
2	(FMCO) Anambra State	977
3	(UNTH) Enugu State	5000
4	(AE-FUTHA) Ebonyi State	4000
5	(FUTHO) Imo State	3000
	Total	**14577**

Source: Researchers Desk 2026

Sample Size Determination

The sample size was determined using the Taro Yamane formula, which is commonly applied in social science research for finite populations. With a population of 14,577 and a 5% margin of error, the calculated sample size was 389 respondents.

To ensure proportional representation across the six selected federal hospitals, Bowley's proportional allocation formula was used. This distributed the 389 respondents according to each hospital's population size, resulting in the following allocation.

Table 3.1: Sample Size Allocation Across Selected Federal Hospitals

S/N	Hospital	State	Population Share (n)
1	FMCU	Abia	43
2	FMCO	Anambra	26
3	UNTH	Enugu	133
4	AE-FUTHA	Ebonyi	107
5	FUTHO	Imo	80
	Total		**389**

Instrumentation and Measurement

Data were collected using a structured questionnaire designed in line with the study objectives and hypotheses. The instrument was adapted from established studies and was titled "Genuine Acting and Effectiveness of Federal Hospitals in South-East Nigeria."

The questionnaire contained two sections: Section A captured respondents' demographic information, while Section B measured the key variables—genuine acting, patient satisfaction, employee commitment, and job satisfaction. All items were close-ended and rated on a four-point Likert scale (SA = 4, A = 3, D = 2, SD = 1) to obtain clear and consistent responses from participants

Validity of the Instrument

The instrument was validated to ensure clarity, accuracy, and alignment with the study objectives. Face and content validity were established through expert review and supervision,

ensuring that all items adequately reflected the constructs of genuine acting and hospital effectiveness. A pilot test involving selected respondents from the study hospitals was conducted, and feedback obtained was used to refine and improve the questionnaire for better clarity and relevance.

Reliability of the Instrument

Reliability was tested using Cronbach's Alpha via SPSS to determine the internal consistency of the instrument. A benchmark of 0.70 was adopted as the acceptable threshold. Items scoring 0.70 and above were considered reliable, indicating that the instrument consistently measured genuine acting and hospital effectiveness. The reliability results are presented in Table 3.3

Table 3.3Cronbacfa Alpha Reliability Test Results

Variables	Dimensions/Measures	Items	Alpha
Genuine Acting			
	Genuine Acting	5	0.828
Organization Effectiveness	Job Satisfaction	5	0.912
	Customer Satisfaction	5	0.852
	Employee Commitment	5	0.812

Source: SPSS Output, 2026

Data Analysis Techniques

The study employed the Pearson correlation coefficient to examine the relationship between surface acting and organizational effectiveness. Data analysis was conducted using SPSS (version 22.0), while E-Views software was used for additional diagnostic checks to ensure result reliability. The Pearson correlation was used to determine both the strength and direction of the relationship between the variables

$$r = \frac{[n(\sum xy) - (\sum x)(\sum y)]}{\sqrt{\{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]\}}}$$

Where:

r = Pearson correlation coefficient

n = number of paired observations

$\sum$**xy** = sum of the product of paired scores

$\sum$**x** = sum of x scores

$\sum$**y** = sum of y scores

$\sum$**x²** = sum of squared x scores

$\sum$**y²** = sum of squared y scores

Diagnostic Tests for Pearson Correlation

Before applying Pearson's correlation, key assumptions were tested to ensure validity. Linearity was assessed using scatterplots in SPSS and Excel to confirm a straight-line

relationship between variables. Normality was tested using Shapiro-Wilk and Kolmogorov-Smirnov tests in SPSS. Outliers were identified through boxplots, scatterplots, and standardized residuals. Homoscedasticity was also examined using scatterplots to ensure constant variance of residuals.

Model Specification

The study used the Pearson Product-Moment Correlation Coefficient to measure the strength and direction of the relationship between surface acting and organizational effectiveness. The analysis was conducted using SPSS (version 22.0), with additional diagnostic checks in E-Views.

The coefficient (r) ranges from -1 to +1, where +1 indicates a perfect positive relationship, -1 a perfect negative relationship, and 0 no linear relationship.

Decision Rule

The decision rule for interpretation was based on direction, strength, and significance:

- **Direction:** $r > 0$ (positive), $r < 0$ (negative), $r = 0$ (no relationship)
- **Strength:** 0.00–0.19 (very weak), 0.20–0.39 (weak), 0.40–0.59 (moderate), 0.60–0.79 (strong), 0.80–1.00 (very strong)
- **Significance:** $p \leq 0.05$ (significant; reject null hypothesis), $p > 0.05$ (not significant; fail to reject null hypothesis)

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

This section presents the analysis of data collected for the study, covering questionnaire return rate, demographic characteristics, descriptive statistics, and inferential analysis used to test the study hypotheses.

Data Presentation (Questionnaire Return Rate)

A total of 389 questionnaires were distributed across five federal hospitals in South-East Nigeria. Of these, 360 were correctly completed and returned, while 29 were rejected, giving a valid response rate of 92.5%. This high response rate was considered adequate for analysis and interpretation.

Table 4.1: Return of Questionnaire

FMC	Questionnaire Distributed	% Distributed	Questionnaire Rejected	Questionnaire Collected	% Rejected	% Collected
(FMCU) Abia State	43	11.1	4	39	1.0	10.0
(FMCO) Anambra State	26	6.7	2	24	0.5	6.2
(UNTH) Enugu State	133	34.2	10	123	2.6	31.6

FMC	Questionnaire Distributed	% Distributed	Questionnaire Rejected	Questionnaire Collected	% Rejected	% Collected
(AE-FUTHA) Ebonyi State	107	27.5	7	100	1.8	25.7
(FUTHO) Imo State	80	20.6	6	74	1.6	19.0
TOTAL	**389**	**100**	**29**	**360**	**7.5**	**92.5**

Source: Field Survey, 2026

Demographic Characteristics of Respondents

The demographic analysis shows that 60.6% of respondents were female and 39.4% were male. Most respondents were within the age range of 31–50 years, indicating a largely middle-aged workforce. In terms of education, about 79.7% held at least a first degree, showing a highly educated sample. Furthermore, over 60% of respondents had more than 10 years of work experience, indicating a relatively experienced workforce.

Descriptive Analysis of Study Variables

All study variables—genuine acting, employee commitment, patient satisfaction, and job satisfaction—recorded mean scores above 2.50, indicating satisfactory levels. Patient satisfaction recorded the highest mean (3.07), followed by job satisfaction (2.99), genuine acting (2.92), and employee commitment (2.92). This suggests that emotional labor practices are moderately high and are associated with positive organizational outcomes.

Item-level analysis further showed that respondents generally agreed that they express genuine emotions in patient care, feel committed to their organization, and experience moderate to high job satisfaction, while also contributing positively to patient satisfaction.

Bivariate Analysis (Hypothesis Testing)

Prior to hypothesis testing, normality tests (Anderson-Darling and Kolmogorov-Smirnov) showed that the data were not normally distributed ($p < 0.05$). Consequently, Spearman's Rank Correlation was used.

The results revealed strong and significant positive relationships:

- **Genuine acting and patient satisfaction:** $\rho = 0.827$, $p < 0.05$
- **Genuine acting and employee commitment:** $\rho = 0.749$, $p < 0.05$
- **Genuine acting and job satisfaction:** $\rho = 0.870$, $p < 0.05$

All null hypotheses were rejected, indicating that genuine acting significantly improves patient satisfaction, employee commitment, and job satisfaction in federal hospitals.

Discussion of Findings

Hypothesis One: The first finding revealed a strong, positive, and significant relationship between genuine acting and patient satisfaction ($\rho = 0.827$, $p < 0.05$). This implies that when

healthcare workers express emotions that are authentic and sincerely felt, patients experience higher satisfaction with care delivery. This finding supports the Emotional Labor Theory of Arlie Russell Hochschild (1983), particularly the expanded view that emphasizes genuine acting as a positive emotional regulation strategy that enhances service outcomes.The result also aligns with the empirical work of Annie H. Grandey et al. (2012), who found that authenticity in emotional display reduces burnout and improves service climate. Similarly, McCabe (2004) and Martínez-Iñigo et al. (2007) established that patients respond more positively when emotional expressions are perceived as real rather than scripted. Thus, the finding reinforces the idea that genuine acting improves patient trust, emotional comfort, and perceived quality of care in healthcare settings.

Hypothesis Two: The second finding showed a strong, positive, and significant relationship between genuine acting and employee commitment ($\rho = 0.749$, $p < 0.05$). This indicates that healthcare workers who express authentic emotions are more likely to exhibit loyalty, pride, and dedication to their organization.This finding is consistent with Affective Events Theory developed by Howard M. Weiss and Russell Cropanzano (1996), which explains that positive emotional experiences at work enhance attitudes such as commitment. It also supports empirical evidence from Mark J. Diefendorff et al. (2005), who noted that authentic emotional expression is associated with improved psychological outcomes in employees.Furthermore, the result aligns with Grandey et al. (2012), who found that authenticity fosters stronger organizational attachment and teamwork. This suggests that genuine acting strengthens emotional bonds between employees and their institutions, thereby enhancing organizational commitment in healthcare environments.

Hypothesis Three: The third finding revealed a very strong, positive, and significant relationship between genuine acting and job satisfaction ($\rho = 0.870$, $p < 0.05$). This shows that healthcare workers who genuinely express their emotions tend to experience higher levels of job satisfaction and personal fulfillment.This finding supports the Emotional Labor Theory extension by Susan E. Brotheridge and Richard T. Lee (2003), which highlights that genuine acting reduces emotional exhaustion and increases personal accomplishment. It also aligns with Steven K. Scott and Barnes (2011), who found that authentic emotional expression reduces withdrawal behavior and enhances workplace well-being.Additionally, Humphrey et al. (2015) argued that when employees' values align with job demands, genuine emotional expression enhances intrinsic motivation and satisfaction. Therefore, the finding confirms that genuine acting improves job satisfaction by reducing emotional strain and increasing meaningful engagement with work.

Overall Implications of Findings

Across all hypotheses, the study consistently demonstrates that genuine acting is a strong predictor of positive outcomes in healthcare settings. It enhances patient satisfaction, strengthens employee commitment, and improves job satisfaction. These findings validate both Emotional Labor Theory and Affective Events Theory by confirming that authentic

emotional experiences at work produce beneficial attitudinal and behavioral outcomes.Empirically, the results are consistent with previous studies across healthcare and service industries, reinforcing the argument that emotional authenticity reduces emotional dissonance, improves interpersonal relationships, and enhances organizational effectiveness.In conclusion, fostering genuine acting within federal hospitals in South-East Nigeria can significantly improve service delivery and workforce well-being, making it a critical factor for healthcare management and policy development

Summary of Finding

The study revealed three key findings:

1. Genuine acting showed a strong positive relationship with patient satisfaction ($\rho = 0.827$, $p < 0.05$), confirming that authentic emotional expression by healthcare workers builds trust, empathy, and positive patient experiences.
2. A strong correlation was found between genuine acting and employee commitment ($\rho = 0.749$, $p < 0.05$), indicating that authenticity fosters loyalty, emotional attachment, and long-term dedication to organizational goals.
3. Genuine acting demonstrated a very strong positive association with job satisfaction ($\rho = 0.870$, $p < 0.05$), showing that authenticity reduces burnout, enhances well-being, and improves overall workplace fulfillment.

Conclusion

The study concludes that genuine acting significantly enhances hospital effectiveness in federal hospitals in South-East Nigeria. Guided by Emotional Labor Theory and Affective Events Theory, the findings confirm that authentic emotional expression improves patient satisfaction, employee commitment, and job satisfaction. Therefore, promoting emotional authenticity within healthcare settings is essential for improving both service delivery and workforce well-being.

Recommendations

1. Hospitals should create a supportive environment that encourages emotional authenticity in staff–patient interactions.
2. Regular training on emotional intelligence and emotional labour management should be provided to healthcare workers.
3. Health policy makers and hospital administrators should integrate employee emotional well-being frameworks into hospital management systems while also establishing counselling and stress management support services to sustain genuine emotional engagement and reduce staff burnout

REFERENCES

Agarwal, R., & Dhar, R. (2020). *Title not provided*. Journal details not specified.

Ali, A. (2019). *Organizational effectiveness: A multidimensional perspective*. Publication details not specified.

All Africa. (2025). *Nigeria health sector funding report*. https://www.allafrica.com

Brotheridge, C. M., & Lee, R. T. (2003). *Development and validation of the emotional labour scale*. Journal details not specified.

BudgIT Foundation. (2022). *Nigeria health budget analysis report*. https://www.yourbudgit.com

Cameron, K. S., & Whetten, D. A. (1983). *Organizational effectiveness: A comparison of multiple models*. Academic Press.

Diefendorff, J. M., Croyle, M. H., &Gosserand, R. H. (2005). *The dimensionality and antecedents of emotional labour strategies*. Journal of Vocational Behavior.

Dirks, K. T., &Ferrin, D. L. (2002). *Trust in leadership: Meta-analytic findings*. Journal of Applied Psychology.

Donabedian, A. (1988). *The quality of care: How can it be assessed?* JAMA.

Ford, J. K., Ashforth, B. E., &Diefendorff, J. M. (2015). *Revisiting emotional labour in organizations*. Journal details not specified.

Georgopoulos, B. S., & Tannenbaum, A. S. (1969). *The study of organizational effectiveness*. American Sociological Review.

Glomb, T. M., &Tews, M. J. (2004). *Emotional labour in service work*. Journal of Occupational Health Psychology.

Grandey, A. A., Foo, S. C., Groth, M., & Goodwin, R. E. (2012). *Free to be you and me: Authenticity and emotional labour*. Journal of Applied Psychology.

Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

Humphrey, R. H., Ashforth, B. E., &Diefendorff, J. M. (2015). *The bright side of emotional labour*. Journal of Organizational Behavior.

International Centre for Investigative Reporting. (2023). *Nigeria health funding analysis report*. https://www.icirnigeria.org

Jain, A., Singh, R., & Sharma, P. (2021). *Authentic leadership and healthcare effectiveness*. Journal details not specified.

Judge, T. A. (1994). *Core self-evaluations and job satisfaction*. Journal of Applied Psychology.

Kaur, P., &Malodia, S. (2017). *Emotional labour and job satisfaction*. Journal details not specified.

Khan, M. A. (2010). *Organizational commitment and performance relationship*. Journal of Management Studies.

Kim, H. J., Hur, W. M., & Moon, T. W. (2017). *Emotional labour and job satisfaction*. Journal details not specified.

Lee, R. T., &Chelladurai, P. (2017). *Emotional labour in service organizations*. Journal details not specified.

Martínez-Iñigo, D., et al. (2007). *Emotional regulation in service interactions*. Journal details not specified.

McCabe, D. (2004). *Mood and emotion in organizations*. Journal of Management Studies.

Meyer, J. P., & Allen, N. J. (1991). *A three-component conceptualization of organizational commitment*. Human Resource Management Review.

Mott, P. E. (1972). *The characteristics of effective organizations*. Harper & Row.

Nairametrics. (2025). *Nigeria health budget and expenditure analysis*. https://www.nairametrics.com

Obubu, C., Chuku, A., Ananaba, E., Etiaba, E., &Onwujekwe, O. (2024). *Genuine emotional expression and healthcare outcomes in Southeast Nigeria*. Journal details not specified.

Punch Healthwise. (2024). *Nigeria health sector report*. https://www.punchng.com

Price, J. L. (1972). *Handbook of organizational measurement*. Heath.

Rahimi, G., &Noruzi, M. R. (2011). *Organizational effectiveness models*. International Journal of Business and Management.

Scott, B. A., & Barnes, C. M. (2011). *A multilevel field investigation of emotional labour*. Academy of Management Journal.

Sofaer, S., &Firminger, K. (2005). *Patient perceptions of quality of care*. Medical Care Research and Review.

Steers, R. M. (1985). *Organizational effectiveness: A behavioural view*. Goodyear Publishing.

Tamunomiebi, M. D., &Worgu, V. O. (2020). *Healthcare service delivery and effectiveness*. Journal details not specified.

The Sun. (2023). *Healthcare infrastructure challenges in Nigeria*. https://www.sunnewsonline.com

Vanguard. (2024). *Nigeria health sector funding update*. https://www.vanguardngr.com

Ware, J. E., & Snyder, M. K. (1975). *Dimensions of patient satisfaction*. Medical Care.

Weiss, H. M., &Cropanzano, R. (1996). *Affective events theory*. Research in Organizational Behavior.

Wikipedia. (2025). *Healthcare system in Nigeria*. https://www.wikipedia.org

World Health Organization. (2019). *Health system performance framework*. https://www.who.int

Yuchtman, E., & Seashore, S. E. (1967). *A system resource approach to organizational effectiveness*. American Sociological Review.

Zafar, M. A., et al. (2018). *Job satisfaction determinants in healthcare*. Journal details not specified

APPENDICES

Questionnaire

This questionnaire is to gather information on Genuine Acting and Effectiveness in Federal Hospitals, South east zone of Nigeria.

SECTION A: DEMOGRAPHIC INFORMATION

You are requested to fill out your personal information in the spaces below. Please tick only one response.

1) Gender

Male: [ ] Female: [ ]

2) Age?

Below 24 Years [ ] 25 - 30 Years [ ]
31 - 34 years [ ] 35 - 40 years [ ]
41 - 44 years [ ] 45 - 50 years [ ]
Over- 51 years [ ]

3) Highest Level of education

WAEC Holders [ ] First Degree[ ] Postgraduate [ ] Others [ ]

4) Number of years worked in this organization?

1- 5 years [ ] 6 - 10years [ ] 11 - 15 [ ] Above 16 years [ ]

SECTION B: GENUINE ACTING AND EFFECTIVENESS OF FEDERAL HOSPITALS (FHs) IN SOUTH EAST ZONE OF NIGERIA

Please tick (✓) where you deem appropriate.

Key: Strongly Agree (SA) = 4Points
Agree (A) = 3Points
Disagree (D) = 2Points
Strongly Disagree (SA) = 1Point

S/No	GENUINE ACTING Genuine Acting	SA	A	D	SD
1	I naturally and easily tune into patients' emotions.				
2	I express emotions to patients that I genuinely feel				
3	I display positive emotions sincerely, as required by my job				
4	My emotional expressions at work reflect how I truly feel.				
5	I respond emotionally to patients in a sincere and heartfelt way.				

	EFFECTIVENESS
.	**Patient Satisfaction**
6.	Patients are satisfied with the emotional support I provide.
7.	I believe patients feel genuinely cared for during our interactions.
8.	Patients often express appreciation for how they are treated emotionally.
9	My emotional expressions positively affect patients' satisfaction.
10	I can tell patients are comfortable sharing their feelings with me.
	Job Satisfaction
11.	I am satisfied with my job overall.
12	I feel happy when I'm at work.
13.	My job gives me a sense of personal accomplishment.
14	I feel emotionally fulfilled by my work.
15	I would recommend this job to others
	Employee Commitment
16.	I feel emotionally attached to this organization.
17	I am proud to be part of this organization.
18.	I feel a strong sense of loyalty to my organization
19.	I am willing to go the extra mile for this organization.
20.	I feel committed to the long-term success of my workplace