Emotional Labor as a Mediator between the Relationship of Public Service Motivation and Job Performance of Registered Medical Technologists

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Abstract

The status of level of commitment of registered medical technologists (RMTs) may be expressed in relation to emotional labor, which eventually affected job performance and delivery of laboratory results, more so, during a time of pandemic. A total of 106 Metro Manila-based RMTs participated in this descriptive correlational study that determined if emotional labor (EL) is a mediator between the relationship of public service motivation (PSM) and job performance (JP). The online survey questionnaire included identified Demographic Profile variables, Emotional Labor Scale, revised PSM Scale, and Individual Work Performance Questionnaire. Descriptive statistics, Pearson Product-Moment Correlation and ANOVA were utilized. Results showed that RMTs have average EL in terms of surface acting and high in terms of deep acting, naturally felt emotions, and emotional termination. In terms of PSM, the respondents have an average attraction to policy making and compassion, and have high levels of commitment to public interest, and self-sacrifice. The RMTs have very high JP in terms of task performance and contextual performance, and high counterproductive work behavior. Significant relationships were found among EL, PSM, and JP. However, EL and PSM are not found to be predictors of JP, hence, EL is not a mediator between PSM and JP. The results may serve as a basis for revision of laws or formulation of additional policies beneficial to healthcare workers. Formulation of programs or workshops engaging RMTs on training could reinforce service motivation, emotional stability, and job performance. Results could be a basis for revision of the BSMT curriculum that may include courses on understanding EL, PSM and JP.

1. Introduction

In a health care setting, interaction occurs between a health care practitioner and a patient, which includes the development of one's management of emotions. While emotions are a common characteristic of human beings, each person differs widely in "the capacity to control one's own and others' feelings and emotions, to differentiate between them, and to use this knowledge to direct one's thoughts and behavior [1]".

Studies regarding emotional labor being a mediator to PSM and JP are limited. Literature regarding medical technologists as respondents of this type of study is also scarce since present studies regarding the concept of PSM had mostly associated respondents that worked in the field of public administration [2] [3] [4] [5]. The commitment to provide patients with timely and reliable laboratory results distinguished the Medical Technology profession as one grounded on public service. Training and preparation are needed for precise and accurate execution of different types of laboratory procedures. This level of commitment led RMTs to engage in emotional labor, which affected job performance in the laboratory as well as the drive to deliver reliable laboratory results rapidly. Emotional labor among RMTs could be a promising research study since this group of respondents has rarely been a topic of literature that concerns emotional labor, PSM, and job performance. The study presented the importance of emotional labor in healthcare settings and job performance outcomes. Amidst the on-going pandemic, medical professionals have a hard time coping with the extended work hours, lessened break time, lack of sleep, and patient interaction, which will affect the way they handle their jobs.

The findings of this study will discern if the respondents' motivation affects the way they interact with patients. This could aid hospitals and other institutions in assessing how to increase RMTs' job performance and allow them to manage their emotional labor.

Emotional labor (EL) is paid work, governed by the employer in compliance with the display regulations of the organization, and is an essential dynamic in the delivery of public service [6]. Emotional labor demands workers to give genuine and consistent emotions to work role expectations [7]. It is also defined as "the process of regulating one's emotions to produce organizationally-desired emotional displays". The emotional labor display of emotions requires either the

expression (surface-level acting) or perception of the ideal emotions in addition to the expression (deep-level acting). Surface acting includes "putting on a mask" to display or falsify feelings rather than feel them. It is the effort to manage the emotions visible and shown to others, which are called surface aspects, mainly facial expressions, tone of voice, etc., which do not mainly reflect the person's inner feelings. On the other hand, deep acting is where service providers seek to honestly change emotional feelings to meet those needed by the job or organization. It is when a person puts the "role" that they are demanded, required, or expected [8].

Public service motivation (PSM) is an individual's predisposition to respond to motives grounded primarily or uniquely in public institutions and organizations [9]. This coincided more with the fact that PSM had been primarily associated more with public organizations or the public sector in general. Consequently, PSM has a prevalence among employees in the public sector compared to those in the private sector [3]. The Public Service Motivation Theory states that individuals with strong public service orientation are attracted to jobs in the government sector, as individuals with high PSM recognize similarities between their values and the values promoted by the public organization; thus, perceiving a sense of "fitting in".

Job performance (JP) is the measure of when an individual's objective corresponded with the result they produced [10]. In another study, job performance is defined as the amount of hard work a person is willing to put in for a job [11]. In theory, it is how much effort an individual was willing to put into their profession and whether or not it met a specified level set by the association. Job performance can be influenced by different factors including social, cultural, demographic, and job conditions [12]. In support to this statement, the condition of a workplace was most likely a reason for high staff turnover rate, poor satisfaction as well as job performance [13]. It was also mentioned that encouraging work conditions and environment leads to better work performance.

In testing if EL is a mediator, the researchers wanted to determine if the PSM of RMTs influences their usage of EL that can then impact their JP. Thus, this study sought to explore emotional labor as a mediator between the relationship of public service motivation and perceived job performance of registered medical technologists (RMTs). Based on the main problem, the study had the following objectives:

- Describe the demographic profile of RMTs;
- Describe RMTs in terms of emotional labor, public service motivation, and job performance;
- Determine if there is significant correlation between:
  - emotional labor and public service motivation,
  - emotional labor and job performance,
  - public service motivation and job performance;

- Determine if emotional labor and public service motivation predicts job performance;
- Determine if emotional labor is a mediator between the relationship of public service motivation and job performance.

The study is divided into seven sections. The first section, the Introduction, outlines the background and rationale of emotional labor, public service motivation, and job performance. The second section is the Conceptual Framework. The third section consists of the Methods which explains the research process. This section also contains the instrument used, and how the data were analyzed and interpreted. Results and Discussion is the fourth section which contains the presentation and discussion of the data collected through the survey questionnaires. The fourth section is further subdivided into seven more sections: the demographic profile, the description of the respondents, the relationship between EL, PSM, and JP, whether EL and PSM are predictors of JP, and finally, whether EL is a mediator. The fifth section is the conclusion of the study. The sixth and seventh sections are the Recommendations and Limitations of the study, respectively.

2. Conceptual Framework

The framework shown on Figure 1 depicted the concept of the study. The variables were the emotional labor, public service motivation, and job performance of RMTs working in the public sector. Emotional labor was correlated with public service motivation, as indicated by the upward, single-sided arrow, and with job performance, as indicated by the downward, single-sided arrow. The double-sided arrow represented the correlation between public service motivation and job performance. With this design, the researchers were able to determine if emotional labor and public service motivation are predictors of job performance.
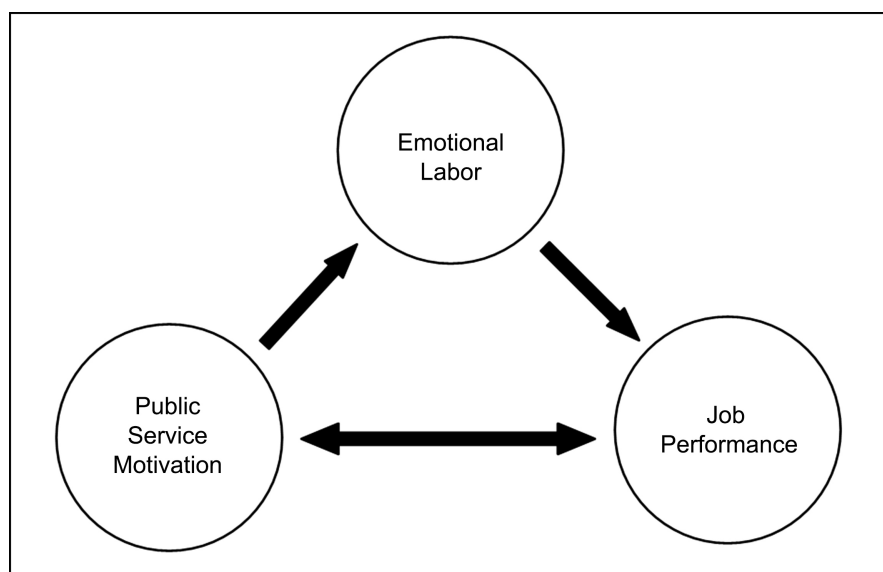
Figure 1. Research paradigm.

3. Methods

3.1. Research Design

The study utilized a descriptive correlational design in which the researchers were able to describe and interpret the current status of the RMTs based on their emotional labor, public service motivation, and job performance. Moreover, the relationship among the previously mentioned variables was also identified.

3.2. Subjects and Study Site

The study involved 106 male or female, registered medical technologist (RMT) with 2 - 20 years of work experience under any type of medical institution in the government/public sector in Metro Manila. Purposive sampling was used in selecting the respondents of the study.

3.3. Data Gathering

Medical institutions were emailed the link and QR code of the online survey questionnaire, which they subsequently disseminated to their RMTs. The link was also sent to the RMTs who agreed to participate in the study through social media. The informed consent form was distributed along with the questionnaire.

The principle of voluntariness, and confidentiality were used to prioritize the data privacy and freedom of choice of the participants. An informed consent was obtained from the participants who are all of legal age. The researchers also eliminated any type of personal contact to reduce the potential transmission of infections inside and outside the healthcare facility. The participants of the study only revolved around humans. This study has been approved by the Faculty of Pharmacy Research Ethics Committee of the University of Santo Tomas with an approval number of FOP-ERC-2021-02-164, and the Tondo Medical Center Research Ethics Committee with an approval number of REC Code 046-04-21.

3.4. Instrumentation

The research instrument was a four-part questionnaire.

Part A included a variety of questions regarding the age, gender, civil status, years of practice, and type of medical institution (private or public) the respondent is working in.

Part B is the emotional labor scale (ELS), a 16-item self-report questionnaire developed by Yang *et al.* (2019) [14] that examined the emotions used by the respondents during work hours with a 5-point Likert type scale. It measures the four dimensions of emotional display in the work setting.

Part C is the revised 12-item Public Service Motivation (PSM) scale of Kim (2008) [15] that measured the PSM of the respondents. It is an improved version of Perry's PSM scale which revised the questionnaire of the attraction to policy making into a more significant and reliable one. It is a reliable measure of PSM

since it provided support for convergent and discriminant validity of the four-factor model. This questionnaire measured four factors, with a 5-point Likert type scale.

Part D is the Individual Work Performance Questionnaire (IWPQ) version 1.0, an 18-item generic instrument developed by Koopmans *et al.* (2013) that measures or detects changes in work performance at the individual level with a 5-point rating scale, which is suitable for blue, pink, and white-collar workers. IWPQ version 1.0 has shown improved targeting for two out of three scales and was proven to measure workers at all levels of ability, discriminate between workers at a wider range on each scale, and detect changes in IWP more reliably compared to its previous versions [16].

The questionnaires used were subjected to a pilot testing to check the reliability of its results. The Emotional Labor Scale (ELS), revised Public Service Motivation (PSM) scale, and Individual Work Performance Questionnaire (IWPQ) got a 0.903, 0.851, and 0.898 in Cronbach's alpha, respectively. The overall reliability statistics of the questionnaires were 0.941 which suggest an excellent internal consistency in Cronbach's alpha interpretation.

3.5. Data Analysis

To describe the emotional labor, public service motivation, and job performance of the RMTs, weighted mean, standard deviation, and percentage were utilized. The test interpretation guides for ELS, PSM, and IWPQ scores are shown on Table 1. The researchers utilized Pearson Product-Moment Correlation to determine the significant relationships among EL, JP, and PSM, while ANOVA was used to determine if EL and PSM are predictors of JP. Additionally, the causal steps approach outlined in the classic work of [17] and [18] was used to determine if EL is a mediator between the relationship of JP and PSM. All statistical computations in the study were performed using MS Excel and SPSS ver. 21.

4. Results and Discussion

4.1. Demographic Profile of Registered Medical Technologists

Table 2 presents the demographic profile of the respondents using frequency and percentage. It shows that the majority of the respondents belong to the 26 - 30 (54.72%) age range and the majority is female (60.4%). The civil status of the respondents was mostly single (79.2%). Moreover, in terms of the years of practice, the majority of the respondents have 4 years of practice (17.9%) followed by 5 years (17.0%).

4.2. Description of RMTs in terms of Emotional Labor, Public Service Motivation, and Job Performance

As presented in Table 3, the respondents have an average emotional labor in terms of surface acting (WM = 2.95) wherein they put on a mask to express

Table 1. Test interpretation guides for ELS, PSM, and IWPQ scores.

Test Interpretation for ELS and PSM Scores	
Interpretation	**Scores**
"Very low"	1.0 - 1.79
"Low"	1.8 - 2.59
"Average"	2.6 - 3.39
"High"	3.4 - 4.19
"Very high"	4.2 - 5.0

Test Interpretation Guide for IWPQ Scores			
Interpretation	**TP**	**CP**	**CWB**
"Very low"	≤1.83	≤1.37	≤0.40
"Low"	1.84 - 2.16	1.38 - 1.87	0.41 - 0.79
"Average"	2.17 - 2.99	1.88 - 2.87	0.80 - 1.59
"High"	3.00 - 3.32	2.88 - 3.24	1.60 - 1.99
"Very high"	≥3.33	≥3.25	≥2.00

Table 2. Demographic profile of registered medical technologists.

Age	f	%	Years of Practice	f	%
21 - 25	25	23.58	2	10	9.4
26 - 30	58	54.72	3	11	10.4
31 - 35	10	9.43	4	19	17.9
36 - 40	6	5.66	5	18	17.0
41 - 45	7	6.60	6	13	12.3
Total	106	100.00	7	6	5.7
Sex	**f**	**%**	8	6	5.7
Female	64	60.4	9	7	6.6
Male	42	39.6	10	5	4.8
Total	106	100.0	11	1	0.9
Civil Status	**f**	**%**	12	1	0.9
Married	21	19.8	14	1	0.9
Single	84	79.2	15	1	0.9
Widowed	1	0.9	16	1	0.9
Total	106	100.0	18	1	0.9
			19	2	1.9
			20	3	2.9
			Total	106	100.0

Table 3. Emotional labor of RMTs.

Dimensions of Emotional Labor		
Surface Acting	**WM**	**VI**
I fake the emotions that I must show to the customers.	2.59	Low
I put on a "mask" in order to express the right emotions for my job.	3.01	Average
I just pretend to have emotions I need to display for my job.	2.62	Average
I put on an act in order to deal with patients in an appropriate way.	3.56	High
Overall Weighted Mean (SA)	2.95	Average
Deep Acting	**WM**	**VI**
I try to actually experience the emotions that I must show to the customers.	4.09	High
I make an effort to actually feel the emotions that I need to display towards others.	4.42	Very High
I work at developing the feelings inside of me that I need to show to customers.	3.58	High
I work hard to feel the emotions that I need to show to customers.	4.42	Very High
Overall Weighted Mean (DA)	4.13	High
Naturally Felt Emotions	**WM**	**VI**
The emotions I express to customers are genuine.	4.11	High
The emotions I show customers come naturally.	3.72	High
The emotions I show customers match what I spontaneously feel.	4.11	High
Overall Weighted Mean (NFE)	3.98	High
Emotional Termination (Suppression)	**WM**	**VI**
When there is disagreement with the customer, I will serve according to the customer's requirements without any emotional change.	3.48	High
When I cannot communicate with customers normally, I will choose not to communicate and without any emotions.	3.43	High
I have no feelings when customers' demand is too much or difficult to satisfy.	3.49	High
When customers disapprove of my service, I will choose silence.	3.49	High
When customers ask for too much, I just work by the organizations' rules without emotions.	3.48	High
Overall Weighted Mean (ET)	3.48	High

emotions (WM = 3.01) and pretend to have emotions needed for the job (WM = 2.62). In contrast, the respondents have a high emotional labor in terms of deep acting (WM = 4.13) wherein they try to make an effort and work hard to actually feel the emotions needed to display to the patients (WM = 4.42). Furthermore, the respondents have high naturally felt emotions (WM = 3.98) wherein the emotions they show to customers are natural (WM = 3.72) and genuine (WM = 4.11). Lastly, emotional termination or suppression of the respondents are also high (WM = 3.48) wherein the respondents communicate with patients without showing any emotions especially when the patients have high demands and are not satisfied with the service (WM = 3.49).

RMTs attempt to actively express the emotions and behavior that they actually feel on the outside. Employees select DA over SA since it acquires positive outcomes, while SA suppresses the impact of work pressures and demands within the individual [19]. Moreover, the emotions that RMTs express when responding to patients are genuine and come out naturally. They are able to express natural emotions at work and do not exert extra effort to exhibit a required work behavior [20]. The RMTs also tend to suppress or terminate emotions when facing problems while communicating with patients. This suggests that specific interpersonal factors such as conflicting expectations of patients force the accumulation and suppression of the emotions felt by medical personnel [21].

Table 4 shows that, on the average (WM = 2.95), the respondents are attracted to policy making; thus, they are interested in making public programs beneficial for the country (WM = 2.64), share views on public policies (WM = 3.25) and are deeply involved in seeing people get benefits from public programs (WM = 2.94). In terms of commitment to public interest, the RMTs was also found to be high (WM = 4.05), as they consider public service meaningful, important and a civic duty (WM = 4.03). RMTs prefer seeing public officials do what is best for the whole community even if it harms personal interest (WM = 3.68). As to compassion, RMTs on the average (WM = 3.14) find difficulty in containing feelings when they see people in distress (WM = 2.85), are reminded of their dependence on one another (WM = 3.32), and are feeling sympathy for the underprivileged (WM = 3.25). In terms of self-sacrifice, it is found high (WM = 3.86) as RMTs were prepared to make enormous sacrifices (WM = 3.81) for the good of the society, and putting duty before self (WM = 3.79); thus, making a difference in society.

This suggests that RMTs respond to causes that have altruistic themes and those that are beneficial to public interests. It should also be noted that all respondents are working in the public or government sector. Individuals with higher levels of PSM are more likely to choose work in the public sector as its motives and values resonate more with them [2]. Employees who are part of the nonprofit and government sector had higher engagement in most formal and informal volunteering activities compared to those working in the private sector [3] [22].

Table 4. Public service motivation of RMTs.

Dimensions of Public Service Motivation		
Attraction to Policy Making	**WM**	**VI**
I am interested in making public programs that are beneficial for my country or the community I belong to.	2.64	Average
Sharing my views on public policies with others is attractive to me.	3.25	Average
Seeing people get benefits from the public program I have been deeply involved in brings me a great deal of satisfaction.	2.94	Average
Overall Weighted Mean (APC)	2.95	Average
Commitment to the Public Interest	**WM**	**VI**
I consider public service as my civic duty.	4.03	High
Meaningful public service is very important to me.	4.44	Very High
I would prefer seeing public officials do what is best for the whole community, even if it harms my interests.	3.68	High
Overall Weighted Mean (CPI)	4.05	High
Compassion	**WM**	**VI**
It is difficult for me to contain my feelings when I see people in distress.	2.85	Average
I am often reminded by daily events how dependent we are to one another.	3.32	Average
I feel sympathetic to the plight of the underprivileged.	3.25	Average
Overall Weighted Mean (C)	3.14	Average
Self-Sacrifice	**WM**	**VI**
Making a difference in society means more to me than personal achievements.	3.97	High
I am prepared to make enormous sacrifices for the good of society.	3.81	High
I believe in putting duty before self.	3.79	High
Overall Weighted Mean (SS)	3.86	High

Table 5 presents the job performance of RMTs in terms of task performance, contextual performance, and counterproductive work behavior. The respondents were able to separate their main issues from their side issues during work hours (WM = 4.25) and they were able to optimally plan their work so that everything was done on time (WM = 4.34) with minimal time and effort (WM = 4.02); thus, the respondents have a very high job performance in terms of task performance (WM = 4.15). The respondents took on challenging tasks and extra responsibilities

Table 5. Job performance of RMTs.

Dimensions of Job Performance		
Task Performance (TP)	**WM**	**VI**
I managed to plan my work so that it was done on time.	4.34	Very High
My planning was optimal.	3.75	Very High
I kept in mind the results that I had to achieve in my work.	4.39	Very High
I was able to separate main issues from side issues at work.	4.25	Very High
I was able to perform my work well with minimal time and effort.	4.02	Very High
Overall weighted Mean (TP)	4.15	Very High
Contextual Performance (CP) Scale	**WM**	**VI**
I took on extra responsibilities.	3.92	Very High
I started new tasks myself when my old ones were finished.	3.89	Very High
I took on challenging work tasks when available.	3.95	Very High
I worked at keeping my job knowledge up-to-date.	4.27	Very High
I worked at keeping my job skills up-to-date.	4.32	Very High
I came up with creative solutions to new problems.	4.05	Very High
I kept looking for new challenges in my job.	3.98	Very High
I actively participated in work meetings.	3.85	Very High
Overall Weighted Mean (CP)	4.03	Very High
Counterproductive Work Behavior (CWB) Scale	**WM**	**VI**
I complained about unimportant matters at work.	2.09	Very High
I made problems greater than they were at work.	1.5	High
I focused on the negative aspects of a work situation instead of on the positive aspects.	1.52	High
I spoke with colleagues about the negative aspects of my work.	2.32	Very High
I spoke with people from outside the organization about the negative aspects of my work.	2.04	Very High
Overall Weighted Mean (CWB)	1.89	High

whenever it was available (WM = 3.95), all the while keeping their skills (WM = 4.32) and knowledge (WM = 4.27) up-to-date. Furthermore, the respondents were actively joining in work-related meetings (WM = 3.85) and also learning new ways to tackle new problems or challenges (WM = 4.05); thus, the respondents have a very high job performance in terms of contextual performance (WM = 4.03). Lastly, it was found that respondents complained about unimportant matters (WM = 2.09) and made problems greater than they actually were at

work (WM = 1.5). The RMTs spoke with people such as their colleagues (WM = 2.32) and people from outside their work (WM = 2.04) regarding the negative aspects of their work; thus, the respondents have a high job performance in terms of counterproductive work behavior (WM = 1.89).

Individuals who have high PSM tend to perform their tasks better and more efficiently, especially if they work in the public sector that is "characterized by attributes such as high task significance and providing public services [23]". However, the RMTs concentrate more on the negative side of their work rather than the positive side. This suggests that the respondents are not performing well in terms of CWB and this may be due to multiple reasons [24]. A high frequency of CWB may result in a decrease of the quality of productivity of an employee and may produce lower than expected outcomes [24].

4.3. Significant Relationship between Emotional Labor and Public Service Motivation

Table 6 shows the relationship between emotional labor and PSM. A significant correlation was found between deep acting and commitment to public interest (r = 0.429 at 5% level of significance). It is deduced that RMTs consider serving the public an important responsibility, which is why they would want to genuinely feel the feelings that are needed of them during their work. DA tends to emerge directly from a person's desire to make a difference in other people's lives [25]. This statement further supports that by providing genuine service, the RMTs are able to fulfill their duty towards their patients. However, one study mentioned that DA is not necessarily associated with CPI [6]. This is because high levels of CPI will lead to more emotional labor efforts only if the worker believes that the efforts are to the community's interest which cannot be relied on consistently as customers may only represent specific or special interests.

Table 6. Test of significant relationship between emotional labor and public service motivation.

Variables	Attraction to Policy Making	Commitment to the Public Interest	Compassion	Self-Sacrifice
Surface Acting	0.085 ($p = 0.388$)	0.019 ($p = 0.854$)	0.204[a] ($p = 0.036$)	0.022 ($p = 0.819$)
Deep Acting	0.167 ($p = 0.088$)	0.429[a] ($p = 0.000$)	0.113 ($p = 0.250$)	0.157 ($p = 0.109$)
Naturally felt emotions	0.0726 ($p = 0.460$)	0.019 ($p = 0.849$)	0.021 ($p = 0.829$)	0.038 ($p = 0.698$)
Emotionally Termination (Suppression)	0.141 ($p = 0.149$)	0.0729 ($p = 0.458$)	0.095 ($p = 0.332$)	0.020 ($p = 0.839$)

[a]Significant at 0.05 level (two-tailed).

Another significant correlation is found between surface acting and compassion (r = 0.204 at 5% level of significance). It is inferred that RMTs put on an act to deal with patients appropriately despite feeling sympathetic to the patient. By emotionally detaching oneself to the patient, one will be able to support and guide the patient in their treatment [26]. In addition, being emotionally involved with patients can lead to over-treating which puts patients at more risk. And, not being able to show the required emotions is seen as unprofessional. Moreover, those who fake emotions (SA) in their job are prone to experience compassion fatigue [27]. High levels of SA are associated with compassion fatigue and burnout [28].

4.4. Significant Relationship between Emotional Labor and Job Performance

Table 7 presents the relationship between emotional labor and job performance, wherein it was found that there is a correlation between surface acting and CWB (r = 0.359 at 5% level of significance). This suggests that when employees put on an act while interacting with patients, they complain and discuss the negative aspects of their work to coworkers as well as people outside the organization. Utilization of SA promoted work deviance behavior by increasing the experience of negative emotions and decreasing the experience of positive emotions [29]. Studies have found that SA and CWB are significantly correlated [30] [31]. Employees would strive to fulfill their organizational mandate; thus, would engage in dramaturgical "thought and act" [4]. These employees experience emotional labor as a result, which would then affect their job performance.

4.5. Significant Relationship between Public Service Motivation and Job Performance

Table 8 shows the relationship between public service motivation and job performance.

Table 7. Test of significant relationship between emotional labor and job performance.

Variables	Task Performance	Contextual Performance	Counterproductive Work Behavior
Surface Acting	0.036 ($p = 0.711$)	0.020 ($p = 0.837$)	0.359[a] ($p = 0.000$)
Deep Acting	0.170 ($p = 0.080$)	0.158 ($p = 0.106$)	0.057417 ($p = 0.559$)
Naturally Felt Emotions	0.019 ($p = 0.843$)	0.018 ($p = 0.856$)	0.069 ($p = 0.484$)
Emotional Termination (Suppression)	0.082 ($p = 0.403$)	0.080 ($p = 0.417$)	0.090 ($p = 0.359$)

[a]Significant at 0.05 level (two-tailed).

Table 8. Test of significant relationship between public service motivation and job performance.

Variables	Task Performance	Contextual Performance	Counterproductive Work Behavior
Attraction to Policy Making	0.257[a] ($p = 0.007$)	0.093 ($p = 0.343$)	0.206418[a] ($p = 0.034$)
Commitment to the Public Interest	0.446[a] ($p = 1.67 \times 10^{-6}$)	0.390[a] ($p = 3.61 \times 10^{-5}$)	0.033 ($p = 0.736$)
Compassion	0.047 ($p = 0.630$)	0.041[a] ($p = 0.041$)	0.257[a] ($p = 0.008$)
Self-Sacrifice	0.441[a] ($p = 2.23 \times 10^{-6}$)	0.417[a] ($p = 8.49 \times 10^{-6}$)	0.035 ($p = 0.719$)

[a]Significant at 0.05 level (two-tailed).

In the correlation between attraction to policy making and task performance (r = 0.257 at 5% level of significance), it is deduced that a person's desire to serve the public is increased when he or she performs well at work. When an individual's task performance was effective, he or she would feel more convinced to serve the public [32]. In addition, when an individual is motivated, they desire to be more involved in policy making, and if they are demotivated, their performance is negatively affected [33].

A significant correlation between attraction to policy making and CWB (r = 0.206318 at 5% level of significance) is found. This indicates that the respondents want to be involved in the policy making of public programs as they may be aware of the negative aspects of their work situation, especially concerning the conditions of their patients. There is very limited research concerning significant correlation between attraction to policy making and CWB. Individuals engage in policy making or policy formation due to the reinforcing factor it gives to one's self-esteem, and being an influence to a public policy is a "central motive" within attraction to policy making [33]. Additionally, CWB is a deviant behavior wherein not only the job performance of the individual is affected, but the overall efficiency of the organization is affected as well [34].

A significant correlation was found between commitment to public interest and task performance (r = 0.446 at 5% level of significance). It is deduced that when respondents provide service for the public, they perform better in terms of task performance. Employees' who are more engaged in their work tend to perform better and have "extra-roles" which indicates that there is a positive correlation with work engagement and job performance [35]. In addition, committed employees guarantee an overall better service, higher productivity and usually generate higher profit margin [36].

The significant correlation between commitment to public interest and contextual performance (r = 0.390 at 5% level of significance) suggests that when an

individual considers serving the public as an important duty, they would be motivated to constantly hone their skills in order to better serve their clients. The contextual performance of an employee depends on their predispositions and volition, which indicates that if the employee is altruistic in nature, they will naturally have a tendency to refine their skills [35]. Commitment as a variable is crucial in the building of a strong contextual work performance [37].

Compassion and the contextual performance of RMTs is shown to have a significant relationship (r = 0.041 at 5% level of significance), as supported by other studies as well [38] [39]. This suggests that a compassionate individual is more motivated in performing at their job. Contextual performance depends on an individual's compassion towards others [39]. Additionally, the willingness of RMTs to be dependent on other people by sharing their suffering and encouraging their colleagues motivates them to perform better at work [40].

The results show a significant correlation between compassion and counterproductive work behavior (r = 0.257 at 5% level of significance). It is inferred that RMTs have a difficulty in containing their feelings especially concerning the underprivileged; thus, they often focused and talked about the negative aspects of their work. High workload and stress in the workplace lead to CWB and loss of compassion among employees in the medical field [41]. High physical and emotional demands of the workplace also lead to CWB and compassion fatigue [42].

The results of this study also showed a significant relationship between self-sacrifice and task performance (r = 0.441 at 5% level of significance). It is inferred that by putting their duties first before themselves, RMTs were able to perform their work well with minimal time and effort. Going above and beyond one's own self-interest (self-sacrifice) may help achieve a cooperative goal [43] [44]. Self-sacrificial leadership has also been discovered to be a key predictor of enhanced performance [45]. It has been proven that self-sacrificial leaders are more likely to elicit trust and positive behaviors, such as increased work motivation, task performance, and organizational citizenship behavior [46].

A significant relationship between self-sacrifice and contextual performance (r = 0.417 at 5% level of significance) indicates that when RMTs give up their own interests to help others, their contribution to the overall well-being of their collective, team or group increases. Public service motivation positively impacts organizational effectiveness [47]. Organizational effectiveness could be translated to effective contextual performance as a collective; thus, people with high PSM have significant self-efficacy and perceived importance to do public service, motivating them to self-sacrifice in order to benefit the collective good.

4.6. Emotional Labor and Public Service Motivation as Predictors of Job Performance

As can be gleaned from Table 9, the Model 1 is not significant for regression and mediation analyses; thus, showing that the public service motivation is not a

Table 9. ANOVA of the predictor variables with mediating variable, emotional labor.

		ANOVA[a]				
		SS	Df	Mean Square	F	Sig.
	Regression	0.410	1	0.410	1.401	0.239[b]
1	Residual	30.697	105	0.292		
	Total	31.106	106			

[a]Dependent Variable: Job Performance; [b]Predictors: Constant: Public Service Motivation (Attraction to Policy Making, Commitment to the Public Interest, Compassion, Self-Sacrifice).

predictor of emotional labor (F = 1.401, p = 0.239). It follows that there is no need to test the significance for regression of Model 2 (with public service motivation and emotional labor as predictors of job performance). Hence, public service motivation and emotional labor are not predictors of job performance.

However, this contradicts what other studies have found. One study shows that emotional labor is an important predictor of job performance [48]. It inferred that, among regular employees, those who are skilled at controlling and displaying emotions are more likely to perform well. SA and DA have different effects on job performance. SA has a negative effect on job performance while DA strategy has a positive effect [49]. Other studies also states that public service motivation influences job performance [4] [50] [51]. Furthermore, other studies also stated that PSM is a good predictor of employees' work performance in public institutions [52] [53].

4.7. Emotional Labor as a mediator on the relationship between Public Service Motivation and Job Performance

Since the causal variable, which is the PSM, was not found to be a predictor of the mediator, which is the EL, the mediation analysis was no longer continued. Hence, emotional labor is not a mediator on the relationship between the public service motivation and job performance.

However, a study by Adam and Kim (2020) states otherwise wherein emotional labor, particularly deep acting, significantly mediates the relationship between PSM and job performance. Deep acting is suggested to complement PSM in order to increase an employee's job performance. In comparison, this study utilized more recent questionnaires in measuring the involved variables compared to Adam and Kim (2020). However, a smaller sample size composed of RMTs was used in this study, compared to the larger sample size of civil servant respondents of Adam and Kim (2020) [4].

There is limited research regarding the mediating role of emotional labor on the relationship between PSM and job performance. However, there are studies about emotional labor being a mediator between the relationship of other variables [54] [55] [56].

5. Conclusion

The results of this study may contribute to the construction and improvement of future test instruments for directly measuring the relationship of the three variables, yielding more generalizable findings that are acceptable to any degree of inquiry. Results may also serve as a basis for revision of laws concerning employee rights and work hours, and for policy formulations of hospitals that take into account the amount of emotional fatigue RMTs experience on a daily basis. Implementation of training or workshops by hospitals and other institutions, with the results of this study as basis, can further refine the factors that may lead to better performance of RMTs. The assessment of job performance and personal motivations of RMTs can be improved through the findings of this study, by knowing the factors that influence an individual's performance. Universities may also take note of the findings of the study by modifying curriculums to include courses that impart knowledge about the emotional factors a student needs to monitor to produce quality performance once they become RMTs.

6. Recommendations

Future researchers are recommended to increase the number of respondents and area of coverage to increase the generalizability of results, find a more accurate way to measure job performance, as the study only provided a subjective evaluation of the job performance of the respondents, and use the same set of questionnaires to measure the variables to limit disparity in results. Future researchers may also check for other variables that influence the usage of the different strategies that may affect emotional labor.

7. Limitations

This study has various limitations, such as the study's area coverage, the participants' years of practice, and the insufficiency of sample size due to the current pandemic situation.

The study's respondents were limited to RMTs who had 2 - 20 years of practice and were working in public or government medical institutions in Metro Manila during the duration of the study. Responses collected among the respondents may have been different due to differences in work experience and load. The research ran from August 2020 until June 2021. The data gathering coincided with the COVID-19 pandemic; thus, repeated pleading to the institutions and to RMTs was done in order to accommodate the questionnaire of this study. In mediation analysis, an inadequate sample size may not have the statistical power to detect a practical effect size, leading the researchers to mistakenly infer that an effective intervention is ineffective [57]. Thus, the number of respondents may have affected the result, but then, it is the present work condition which made it difficult to obtain a higher number of respondents.

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Conflicts of Interest

The authors declare no conflicts of interest.

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