# EMOTIONAL LABOUR IN NURSING- A REVIEW OF LITERATURE

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*Abstract:* Hospital Nurses have to manage with their emotions and the emotional expressions to provide care to patients, and their behaviour and actions pass all the way through emotional labour (EL). However, EL appears to be a less appreciated aspect of caring work. But with increasing contribution of service sector, the aspect of emotional labour is getting more importance. Emotional labour in nursing is a multi factorial aspect that is been surrounded by various antecedents and consequences that in turn impact the functioning of nursing professionals. The present paper aims at understanding the multidimensionality of the concept of Emotional Labour and its applicability in Nursing profession.

Keywords: nursing, emotional labour.

#### 1. INTRODUCTION

Though emotions in organizations existed for a long time, organizational behavioural frameworks started giving acceptance and consideration to this only recently (Brief and Weiss, 2002). This is an indication of the lack of concrete evidences in this research field and helps to bring in uniqueness to this field of study. Emotions have gained extensive recognition with the growth in contribution of services sector; restructuring in organisations and increasing emphasis on team based structures and increasing levels of interdependence amongst the various departments and employees.

Emotional Labour (EL) refers to an individual's endeavour to exhibit emotions according to rooted social and cultural norms rather than according to what he or she truly feels (Huynh et al., 2008). According to the main conceptualization of Hochschild work, EL is an occupational prerequisite of salaried work environments, that persuade the outward expression of certain emotions while interacting at the work place and that imply the management of feelings/emotions (Hochschild, 1983; 2003).

Emotional Labour (EL), as advocated by Arlie Hochschild is all about 'the management of feeling to create a publicly observable facial and bodily display for a wage'. Emotional labour research started exploring role related aspects first. The role based research considered "role sending" and "receiving" and the psychological presence of the employee during the actual performance in the role and the action becomes a major determinant in deciding the effectiveness of the role outcomes.

Emotional Labour (EL) is the work that service agents do to put across their emotions that match the organization's requirements during service encounters (Hochschild, 1983). Thus, Emotional Labour (EL) refers to workers' efforts towards suppressing and/or significantly changing or moulding their emotions to act in accordance with the organizationally defined rules and regulations and to exhibit feelings that convey to others a sense of being cared for (Wharton, 2009). The first studies that aimed to describe EL focused on flight attendants, their job is to deliver a service, to enhance the status of the customer and to be 'nicer than natural' (Hochschild, 1983). From these studies, Hochschild first defined the concepts of surface acting (SA) and deep acting (DA). Most EL conceptualizations suggest that to display appropriate emotions at work, individuals sometimes must hide or fake felt emotions (SA) or try to experience the desired

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emotion (DA). Thus, SA and DA may be considered compensatory behaviours that individuals use when they cannot spontaneously display the appropriate emotions. According to Hochschild's theory, a job requires EL when its performance involves the following:

- making voice or facial contact with the public
- producing an emotional state in the client or customer
- working for an employer that has the opportunity to control workers' emotional displays

#### EL Antecedents and consequences:

The main EL antecedents considered in literature are as follows:

1. Social factors

2. Factors related specifically to employment's working demands (e.g. Emotion Organizational Requirements, Display Rules)

3. Organizational factors (e.g. organizational display rules, 'service with a smile')

4. Interaction characteristics (e.g. jobs requiring frequent contact and frequent interactions with clients) (Morris & Feldman, 1996)

5. Characteristics of the Job that influence the growth of the organizational exhibit rules (Grandey et al., 2005a)

6. Situational factors include the rules of emotion expression that provide the ground rules for interactions between workers and clients (Rafaeli& Sutton, 1987)

7. Work intensification

8. Personality traits: Neuroticism, extraversion and emotional expressivity are considered EL antecedents (Friedman et al., 1980). Other traits that have a roles as EL antecedents are conscientiousness (Witt et al., 2004), pleasantness (Diefendorff et al., 2005), positive and negative affectivity, self-control (Diefendorff et al., 2005), political skills (Liu et al., 2004), psychoticism (Tan et al., 2003) and the ability to display emotions (Cowie et al., 2002).

The literature also gives evidence about two main families of EL consequences: positive and negative. The negative consequences highlighted in the literature are as follows:

- 1. Emotional dissonance
- 2. Worker dissatisfaction
- 3. Worsening memory performance
- 4. Emotional exhaustion
- 5. Depersonalization

Emotional Dissonance is a situation where an individual feels uncomfortable and uneasy as a consequence of emotional experience that is a threat to his or her identity. Thus, emotional dissonance is a result of a conflict between experienced emotions and actual expressed emotions to conform to exhibit rules (Hochschild, 2003). Employee dissatisfaction involves the feeling of discontent with their respective jobs. Literature provides significant evidence that few strategies of emotional regulation may result in worsening memory performance (Richards & Gross, 1999). Emotional exhaustion is a chronic condition of physical and emotional depletion, and can have a relationship with EL (Martínez-Inigo et al., 2007), specifically as a result of feeling of detachment within self in patients (Hunter& Smith, 2007).

The positive consequences emphasized in the literature are as follows: organization related consequences (e.g. improved performance and quality of care, when EL of nurses engage with patients at a personal level or they perceive that a patient's improvement is because of their EL) (Grandey, 2003; Grandey, 2005b; Totterdell& Holman, 2003; Hülsheger&Schewe, 2011); individual related consequences (e.g. better well-being, job satisfaction, self-efficacy, when EL of nurses engage with patients at a personal level) (Grandey, 2000; Mann, 2005; Rubin et al., 2005; Holman et al., 2008;Hülsheger&Schewe, 2011).

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Although the initial studies on EL investigated the phenomenon in association with flight attendants, in the last two decades, the literature has confirmed a growing interest in the exploration of the phenomenon in various other professions that are characterized by the duty to pursue organisational emotions display rules, with meticulous attention being given to the profession of nursing (Smith, 1992; Kelly et al., 2000; Henderson, 2001; Mann &Cowburn, 2005; Gray, 2009a). Smith (1992) carried out the first study to explore the concept, relevance and application of EL in the nursing field. The study was undertaken on the nursing undergraduate educational context and concluded that there is an important need to further investigate EL since emotional work is a principal and primary skill in the nursing profession and yet is an undetectable skill among different nursing aptitudes. Thus, exploring EL in nursing involves a tacit and rather than codified competence (Smith, 1992; 2012).

## 2. EMOTIONAL LABOUR IN NURSING

Various studies have focussed on the importance of management of emotions by nurses. According to Bolton the term EL doesn't confine the complexity of nurse' emotional work, since the nurses must render indisputable caring behaviours as "a gift" to the patient (Bolton, 2000; 2001; 2005). Theodosius criticizes the conceptual theory given by Hochschild, because it doesn't focuses on the relationship and interaction between emotion and work and the significant function of unconscious emotion processes (Theodosius, 2006). On the other hand McClure & Murphy contradicted the view point and explained the dominance of emotional labor in the nursing profession (McClure & Murphy, 2007) and suggest a more vigorous construct of nurses' emotional work indulgence which may describe the 'complex emotional role behaviours and demands of professional nurses' (McClure & Murphy, 2007: 101). At work place, nurses are bound to follow professional and organizational rules while providing care to their patients in endeavour to ensure high levels of quality (Rafaeli& Sutton, 1987;Diefendorff & Grosserand, 2003;Diefendorff & Richard, 2003). Therefore, they engage in EL many times to show emotions in harmony with deep rooted social and cultural norms (Hochschild, 1983; Morris & Feldman, 1996). Indeed, continuous and long interactions with patients stimulate a series of emotional demands that nurses have to manage (Hochschild, 1983; Morris & Feldman, 1996).

The essence of nursing is caring for others (Watson, 2005; Wu & Cheng, 2006). Nurses experience human pain and suffering in their daily work, and they must provide the best possible care to reduce patients' distress rather than merely perform technical tasks (Bolton, 2005). The literature regarding nursing profession provides evidence that most nurses perform emotional labour (EL), as they are aware about the fact that their feelings are in contradiction with the caring emotions they should experience professionally (Smith & Lorentzon, 2005). During their work, Nurses experience strong emotions as well as consciously use those emotions to polish, refine and improve their practice. EL is an advanced aptitude which requires great sincerity and perseverance. Relationships among nurses and patients and their families are a significant cause of emotional stress for nurses; the most important relationship management strategies include avoidance strategies, communication techniques such as altering the theme of conversation, restraining the information given to family of patients or maintaining distance from the patient to perform all technical tasks (Stayt, 2009).

Nurses identify and work on some emotion-management strategies through the learning, training and administration processes because EL is considered as a competence in nursing professional. Managing emotions involves realization of implicit and unstated organizational rules.

Townsend (2008) focussed on levels of organizational demands: expectations of management, colleagues and workers. He emphasized on the fact that Management tries to amalgamate the interest of workers into the organizational culture and encourage them to participate in organization- led behaviour and eventually, workers persuade themselves to act in line with organizational demands, using EL as the strategy to achieve the best behaviour they have to perform (Smith & Gray, 2001b).

## 3. CONCLUSION

The concept of EL is highly complex and multidimensional, as it deals with management of expressions and manifestation of emotions in interpersonal relationships at the workplace. The literature review shows a considerable connection between EL strategies and its consequences but the existence of different theoretical approaches lead to different operationalisations of the concept. This is the rationale behind contradictory results and findings coming from different EL studies (Hülsheger&Schewe, 2011). The conceptualization of EL in nursing lacks integration that makes Page | 405

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measurement of EL in nursing more complex. With knowledge about EL antecedents and consequences, nursing managers can formulate EL strategies to manage nursing professional's emotions at workplace. Moreover, a shared EL definition coming from the nursing field and supported by empirical research could help to gain more theoretical clarity and more importance in considering EL importance in all nurses' workplace settings.

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