

Emotional vs. Physical Labor

The demand of using emotions as a job duty.

? I've been feeling emotionally drained lately. Why is it usually worse after working a busy shift?

While direct patient care is often recognized as physically hazardous, the emotional demand on nurses is generally taken for granted or underestimated. A patient's emotional well-being is considered an essential aspect of health. But for nurses, emotional well-being is often overlooked because emotional involvement with patients and families is regularly assumed to be part of the job. What is it about caring for patients that causes emotional distress for nurses?

A. R. Hochschild first described the concept of "emotional labor" in the book *The Managed Heart* as "the management of feeling to create a publicly observable facial and bodily display." Jobs that include direct interaction with the public, require bringing about a certain emotional state in another person, and allow the employer or management to dictate employee emotions require emotional labor. It involves either adjusting emotional expressions or modifying one's actual emotions. Typically, a desired emotion is expressed to benefit the patient and not the nurse in order to meet organizational goals.

Because emotional labor

requires effort to create expressions or to change feelings to meet employer or job expectations, it's an occupational demand on workers and can alienate them from their own true feelings, creating a sense of inauthenticity. The energy needed to maintain emotional labor throughout one's career can lead to job stress, dissatisfaction, and burnout. Some work shifts may be more emotionally challenging than others. For example, interactions with angry, hostile, or uncooperative patients are emotionally charged and pose a greater demand on

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nurses to suppress or alter their emotions.

Nurses must often face emotional labor on the job. Boosting the spirits of patients with serious illnesses or consoling family members given news of a poor prognosis requires the use of emotions. Patients and their family or friends commonly rely on nurses for emotional support. And health care organizations—as well as society—have come to expect this from nurses. The emotional skills of nurses have been characterized as just as important as clinical skills. Further, nurses may also have to deal with the emotional aspects of working with other health

care professionals. They may be bullied by coworkers or verbally abused by supervisors. Often enough, nurses accept abusive situations in the workplace as simply being "part of the job" and put their own emotions aside in response to such incidents, whether the source is a patient or a coworker.

While the physical rigors of patient care or working in the health care setting are clear, the emotional demands for nurses are commonly overlooked. Although emotional labor may not be explicitly stated in a nursing job description, the implicit requirement exists. Consequently, the impact of emotional labor on nurses' well-being is not fully realized or appreciated.

How can the effects of emotional labor be counteracted? Nurses must first be aware of their emotions in response to patients and coworkers, whether positive or negative. Also, nurses must recognize how they may be adjusting or altering their emotions or expressions to meet organizational expectations or the needs of others. Nurses can support each other by listening and validating emotional experiences. Some staffs or units create opportunities to allow discussion of difficult, emotionally charged situations or incidents. Also, employers and supervisors must recognize the occupational demand of emotional labor and accept that it can be psychologically harmful to worker well-being. ▼

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