



A Qualitative Study on Emotional Labour and its Consequences in Healthcare Sector

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Abstract

Over the years, there has been a tremendous growth of healthcare sector that has brought along tough competition in this sector. The quality of the healthcare services are not merely evaluated in terms of the services provided but it includes the overall patients' satisfaction and experience as well. Thus, the healthcare institutions expect their healthcare professionals, particularly the nurses, who are in constant communication with the patients and their attendees, to regulate their emotions so as to keep the patient satisfaction level as high as possible thereby performing emotional labour. This study has been conducted to explore the thoughts and experiences of nurses related with the concept of emotional labour as well as to identify its individual and organizational consequences. This is a qualitative study where 20 nurses designated at intensive care unit department were interviewed. 10 Semi-structured, open ended questions were asked. Following main themes were emerged based on the explanations served by the professional nurses: emotional labour, individual and organizational consequences. Appropriate expression and control of emotions has become an inseparable part of healthcare service culture. However, more studies are needed to be conducted at different healthcare departments where more intense emotional labour is performed.

Keywords: Emotional Labour, Healthcare sector, Qualitative study.

I. INTRODUCTION

The healthcare sector in India is growing tremendously along with the global trend. The typical characteristics of the jobs in this service sector demands extensive emotional competence on the part of their employees as they are generally guided by a compassionate humanitarian touch to be displayed in every service interactions. The health-care employees work with the objective to provide care and support to the patients. Though there exists a pronounced difference in respect of the appropriate emotional display by the healthcare professionals, however the emotional status of the nurses are very important as they constantly communicate with the people receiving the service (Gray & Smith, 2008). The crucial nature and pressure of displaying appropriate emotions during service interactions can overlay and exacerbate the effects of Emotional Labour on the nurses as they are expected to keep the patient satisfaction level as high as possible by constantly regulating their emotions (McClure & Murphy, 2007 ; Tracy, 2005).

The term Emotional Labour was first introduced by Hochschild (1983) as a form of emotion regulation. She stated that when the displayed emotions of the employees were incongruent with their real inner feelings, they were still supposed to express positive emotions, thereby performing emotional labour. Ashforth and Humphrey (1993) defined the concept of Emotional Labour as the act to express appropriate emotion at workplace

Previous studies have revealed that Emotional Labour has been linked to burnout, lower service performance (Schaubroeck & Jones, 2000; Brotheridge and Grandey, 2002), emotional dissonance and job dissatisfaction (Hochschild, 1979; & Grandey, 2003). Morris & Feldman (1997) contended that experience of extensive amount of Emotional Labour causes estrangement from one's real feelings. However, empirical researches have also found contradictory results (Wharton, 1993).

Wharton (1993) found that workers who perform Emotional Labour report greater job satisfaction than workers who don't perform emotional labour. Rafaeli & Sutton (1987) suggested that appropriate display of emotion will have a positive effect upon customers' perceptions of service and their repurchase intentions. Ashforth & Humphrey (1993) argued that Emotional Labour may help the employees to psychologically distance themselves from unpleasant situations at work. Hochschild (1983) argued that healthcare employees particularly the nurses are expected to express certain emotions which they might not be actually feeling at that particular moment. In such situations they may start losing touch with their own inner states. Unacknowledged emotions- whether personal or of others, when suppressed or denied may result in serious psychological consequences (Judge, Woolf & Hurst, 2009).

Gray and Smith (2008) in their study carried an in- depth interviews with 16 nursing staff of pediatric unit to examine the concept of emotional labour. The participants identified the concept of emotional labour with motherhood role and stated that performing emotional labour is an integral part for their profession. Dunne, Sullivan & Kernohan (2005) also mentioned that department like psychiatry, oncology units where patients and their family members are in constant interaction with the nurses right from the diagnosis to loss of the patient; these nurses experience emotional dissonance and perform an intense emotional labour which needs to be further explored.

This study was intended to explore the nature, experiences and challenges of Emotional Labour as perceived by the nurses designated at intensive care unit department. The purpose of this study was to inquire about the subjective emotional experiences of the employees while engaging in Emotional Labour and to identify its antecedents and consequences.

II. METHOD

This study is qualitative in nature which was conducted to get the opinions and experiences of nurses, who regularly perform Emotional Labour as a part of their jobs. In this study, one of the main objectives was to have a deeper understanding of the process of Emotional Labour by exploring the concept, antecedents and consequences of Emotional Labour at individual and organizational levels. Thus, in order to understand the complexity of how healthcare professionals perceive their own emotional experiences in different situations and thereby to make interpretations about their behavior and experiences, an interview method was considered appropriate.

2.1 Sample

Purposeful sampling method was used for the interviews. Purposeful sampling method helps in obtaining in –depth information about the cases (Polic & Beck, 2012). The study was conducted on 20 nurses working in an intensive care unit department of a private hospital located in the city of Prayagraj. The criterion for the selection of the participants for the interviews was that they must have the experience of working in the ICU department for at least one year.

2.2. Measures

Semi–structured, open–ended interviews were conducted. A preliminary pilot study was conducted in which 5 nurses were randomly selected for the interview. The data obtained from the preliminary pilot study was used for structuring the questions for the final interviews. In accordance with the interview data obtained, the final interview schedule was prepared .The interviews were conducted in English and Hindi.

The Interview Schedule comprised of the following questions: “What attracted you to the service profession?”, “Are you familiar with the term Emotional Labour? If so, then what does it mean to you?”, “Could you narrate some of your service experiences related with emotional labour (both pleasant and unpleasant) and how it affected you”, “What factors facilitated you to deal with the challenges of Emotional Labour?” and “Does your personal and professional life get affected? If so, how?”

2.3. Procedure

For the purpose of data collection, prior appointments were taken from the Organization. All the participants were being personally approached to be interviewed at their workplace. The purpose of the study was explained to the participants and their consent was obtained. The researcher proposed that the interviews be recorded, but the participants were hesitant. Thus, to avoid any kind of discomfort to the participants, the researcher sought permission to take notes during the interviews, which was granted. The interview varied in length and ranged from 10 to 15 minutes. At the end of the interviews, the nurses were thanked for their participation and cooperation.

III. RESULTS

Qualitative Content analysis was used for the analysis in the study (Jirojwong, Jobson , & Welch, 2014). On the basis of the Content analysis of the data obtained through the interviews, the initial number of categories emerged which were further re-grouped and interpreted within the frame of certain concepts and themes. Results of the study were gathered under three major themes. These themes were (1) Understanding of the concept Emotional Labour; (2) Antecedents of Emotional Labour; and (3) Consequences of Emotional Labour as reported by the nurses. The major themes related to Emotional Labour, its antecedents and consequences have been presented in the tables below.

Table No. 3.1.: Showing global themes and sub-themes related with the understanding of Emotional Labour.

S.No	Themes	Sub-themes
1	Masking Emotions	Hiding real feelings, concealing emotions, portraying another emotion.
2	Emotional control	Staying calm ,expressing little emotion, suppressing real feelings
3.	Display of positive emotions	To feel happy and content, being sensitive to others feelings
4	Projection of artificial emotions	Faking emotions, unreal emotions

The above table presents four global themes related to the understanding of the concept emotional labour. Participants have reported Masking emotions, Emotional control and suppression, Display of positive emotions and Projection of artificial emotions as their understanding of the concept.

Table 3.2: Showing global themes and sub themes related to the Antecedents of Emotional Labour

S.N	Themes	Sub-themes
1	Personality	Being Calm and composed, having a positive attitude, high in patience and self-tolerance, capacity and willingness to learn, good communication skills, Adaptability and empathy
2	Identification with the Job	Identifying with the job requirements, Personal desire and motivation,
3	Relationship with Coworkers/ supervisors	Healthy interaction with colleagues, Team harmony, Able to discuss problems, Social bonding, Receiving feedback.
4	Previous work experience	Exposure to work, Handling of difficult situations

The above table represents four global themes and subthemes related with the antecedents of Emotional labour. Most of the participants reported Personality, Job Identification, Social Relationship, and Previous work experience as the antecedents of Emotional Labour.

Table No. 3.3: Showing global themes and sub-themes related with the Consequences of Emotional Labour.

S.N.	Themes	Sub-themes
1	Emotional exhaustion	Experience of stress and burnout, Emotional drain, Emotional over-burdening
2	Experience of Negative emotions	Experience of anger, frustration, annoyance and aggression
3	Emotional Indifference towards self	Indifference towards one's self, segregation, keeping oneself aloof from the reality.
4	Withdrawal behavior at work	Avoiding situations, skipping, blaming others, intention to leave the job, shifting to a new place

The above table represents four global themes and subthemes related with the consequences of Emotional labour. Participants have reported Emotional Exhaustion, Experience of negative emotions, Emotional indifference, and Withdrawal behavior as the major consequences of performing Emotional Labour.

IV.DISCUSSION:

4.1. The first objective of this study was to understand the concept of Emotional Labour from the perspective of nurses.

Though the term ‘Emotional Labour’ was relatively new to the participants, they said that they frequently perform it as a part of their job. All the nurses participated in the study reported that Emotional Labour refers to a deliberate attempt on their part to mask, suppress and control their emotions during customers service interface. It involves projection of positive emotions to others. Nurses have reported that controlling emotions during customer interactions is necessary and sometimes they have to suppress their real emotions and have to make patients feel comfortable, safe and at home.

Consistent with other researches with nurses (Hochschild, 1983; Van Maanen & Kunda, 1989), it was reported that nurses describe the concept of emotional labour as an ongoing communication where they have to regulate their emotions and provide feeling of trust and warmth to the patients. Emotional Labour has become an inseparable part of health service and they frequently perform it through masking, hiding and suppressing their true feelings. However they control and manipulate the expression of their real emotions as per the situations demands.

“I experienced disgust and anger on a patient’s relative whose behavior was very rude. However, I pretended to be calm and composed during the experience. I had to be very cautious so that people wouldn’t realize my actual feeling”. (Interview 3)

“I try and hear what the patient is truly upset about, without interrupting them. I often express empathy and show them that I understand their frustration, however while doing all this I have to very firmly control my true feelings”.(Interview 7)

4.2. Second objective of this study was to uncover the underlying determinants of Emotional Labour:

Number of antecedents of emotional labour among the nursing staff has been reported in the previous studies (S., Kaur, & Luxmi 2014; Grandy, 2000). Accordingly most of the nurses have reported that their sociable personality, emotional stability, maturity, self- tolerance and emotional expressivity help them in performing the various aspects of customer service jobs related with Emotional Labour.

“I am an emotionally stable person. Sometimes patients depend upon us as their family members and share many things with us. At times, I feel their emotions and provide them with emotional support. Now I have emerged as an emotionally flexible person.” (Interview 9).

Another antecedent factor reported by the nurses was related to the Organizational policies. This antecedent condition was reflected in nurses’ statement and they have recognized that they have to strictly follow the organizational norms related with the emotional expression and that they had to feel and express emotion that would foster patient satisfaction.

“We are supposed to follow the hospital service protocol which states that we should not talk much to the patients’ attendees. We have to deal with them very carefully.”(Interview 18)

Job identification was another antecedent factor identified by the nurses .They reported that they were attracted to this service industry as they had a pre- existing desire and motivation to work in health care sector. During the exploratory interviews, some participants reported that they wanted to work in a particular healthcare department as they were able to strongly associate themselves with the job requirements that demand care and support for others.

“I feel satisfied rendering services to the needy. I can relate to their sufferings”. (Interview 15)

Another antecedent factor identified by the burses was related with the social support at workplace. Most of the nurses reported that they receive favorable support from their colleagues and co- workers while some have reported lack of it. Some participants stated that it is only due to the social support they receive from their workplace, they were able to segregate their personal life and were able to enjoy their life away from their family members. However, during any negative experience at the workplace, they do miss their family and their support.

“It becomes difficult to work when you have differences of opinion with your colleagues. Everyone has his/her own style of working but too much interference could lower your interest to continue in the Organization.” (Interview 19)

4.3. Third objective of this study was to identify the consequences of Emotional Labour:

It is quite evident from the previous researches, that the experience of Emotional Labour has both positive and negative consequences. Due to emotional labour, nurses commonly reported the experience of emotional exhaustion, stress and burnout. (Karimi, L., Leggat, S. G., Donohue, L., Farrell, G., & Couper, G. E., 2014; G., Kinman , & S. Leggetter , 2016.)

Most of the nurses have reported that they feel estranged from their true self, particularly in those situations in which they were pretending to show positive emotions. Experiencing indifference towards one's own feeling after a conversational episode is consistent with Hochschild's (1983) original conceptualization of Emotional Labour. Further, it was also stated that they experience tension and worries due to the troublesome behavior of some of the patient's attendees, and they manifest it through responses like anger, shame, guilt, suppression and feelings of humiliation. All these negative experiences often lead to withdrawal from social interactions.

In this regard, previous literature on emotional labour has suggested that employees working in jobs that demand high level of emotional control often lead to withdrawal behavior (Gray, 2009, Hülshager, U. R., & Schewe, A. F., 2011). Most of the nurses have reported that suppression and control of emotions over a long run often lead to psychological arousal, which in turn result in withdrawal behaviors like leaving the workplace, shirking responsibilities and absenteeism.

"I once expressed my annoyance over a customer's inappropriate use of language. My face became red and I openly expressed my anger to him." But I still felt that her verbal expression should comply with organizational display rules."(Interview 20).

V. CONCLUSION:

This study aimed to provide insights into the phenomenon of Emotional Labour with the specific focus on exploring the understanding of the concept of Emotional Labour from the perspectives of nurses, and to identify its antecedents and consequences in the context of healthcare service sector. It is evident from the results of the interviews that there are certain antecedents which facilitate in lowering down the experience of Emotional Labour among the nurses. The consequences of experiencing Emotional Labour through controlling and constraining real emotions reflected the organization's interests of promoting high-quality health service thereby demanding the health professionals to suppress negative emotional outbursts during customers' interface. Emotional labour had emerged as an obligatory practice for the healthcare professionals to deliver sustainable and desirable care, thus, it become essential to take necessary precautions and to make regulations in those departments where extensive emotional labour is performed.

Emotional labour has gained its relevance in the organizational scenario; however, number of studies related with understanding the complexity of Emotional labour in healthcare sector is limited. In this regard, more studies are needed to be conducted in different healthcare departments.

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VII. REFERENCES

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