



Supporting Emotional Labor in Nursing

Barbara DiCicco-Bloom, PhD, RN
Qualitative Research, Ethnography, Grounded Theory, Relationships among Health Care Professionals

Recently, I spent an afternoon and evening in the Emergency Department (ED) of my local hospital with my son who was having severe abdominal pain, never previously experienced, and with my physician husband who, knowing the possibilities (appendicitis, volvulus, ulcer), was displeased with our long wait. As a nurse researcher, I am currently studying emotional labor, which is the suppression of a caring professional's own feelings to maintain a demeanor that brings about a therapeutic response in a patient. So while in the ED I took special notice of the triage nurse who engaged in controlling her actual feelings, which I assume was annoyance at my husband's behavior (based on her eye role with a colleague as I passed her on my way to the restroom), as he progressed from gentle reminders about the length of our wait to posting himself by her desk and drumming his fingers. By this point, I would have understood if the nurse, in her frustration, became upset with my husband. There were other patients who were also waiting. But instead, she restrained her own feelings and increased the chances of a positive outcome for my son by coming over to him several times to comfort him, and for my husband by maintaining a calm demeanor, informing him regularly about when my son might be seen, and apologizing for the inconvenience. It felt genuine. It took many hours for my son to be seen, and yet we left feeling well cared for.

For most of the public, hospital administrators, supervisors and even nurses themselves, the important or salient aspects of our visit would have been the interactions with the nurse practitioner and the physician once my son was seen to be evaluated for his pain. However, during most of our time in the ED we were actually cared for by the triage nurse who engaged in emotional labor over the course of hours to comfort us by ensuring my son's safety and attempting to allay my husband's anxiety. In a current project, my co-investigator, Dr. Benjamin DiCicco-Bloom, and I present data that suggests the importance of emotional labor as a component of nursing care, along with the need to create forums that support and enhance this skill. How did the ED nurse develop

her skills to engage effectively in emotional labor and does she have a forum to share the stress of emotional labor to obtain support and feedback? As a nurse whose background is hospice, I can attest to the reality that the most important care given by nurses is not just psychomotor clinical care, which receives most of the attention, resources and acknowledgement in health care and nursing, but emotional labor, the work of suppressing one's own grief, anxiety, and frustration when caring for sick and dying patients to bring about a desired response in the patient and their family. Yet, nurses seldom have a forum in which to express and process these experiences, and when forums do exist, participants are sometimes discouraged from processing their emotional labor in favor of reviewing regulatory procedures to ensure reimbursement and other instrumental issues because emotional labor is not considered worthy of the time and resources. My colleague and I have coined the term *secondary emotional labor*, the suppression of emotions by caring professionals when they are discouraged from sharing the challenges of their client oriented emotional labor with their supervisors. Emotional labor experiences with clients are often stressful but the suppression of emotions for the sake of the patient is a vital and central feature of a nurse's work. In contrast, *secondary emotional labor* does not serve the client or the professional, and beyond robbing nurses of important emotional and informational support, it can increase the chances of burnout and undermine the organization's goals for quality care in favor of the perceived expedience of supervisors and administrators.

The care that my son received from the nurse practitioner and the physician when he was evaluated for his pain was essential, but so was the care my family received from the triage nurse. Her effort with us was probably more stressful and required as much skill and experience as that of the nurse practitioner and the physician and it deserves to be sustained through support and opportunities for improvement-similar to the psychomotor clinical skills that are so valued.