Emotional labor: concept and practical categorizations in light of covid critical care nursing

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Abstract

This chapter considers the changing nature and recognition of emotional labor as a category of work. Over 40 years of scholarship have tracked and conceptualized emotion at work; marking those features that link or delineate one occupation from another according to task, performance and context. Utilizing research with Critical Care Nurses in the UK, this chapter illuminates the changing face of emotional labor. We show how and why emotional labor has come to be recognized, the different forms that it takes, its relation to reason and its impact on workers. We pay particular attention to the ways in which emotional labor is altered by contextual factors such as the site of enactment, temporality and embodied verses virtual encounters. In terms of its affects, we consider the ways in which emotional labor can act as a source of professional pride and occupational virtue, while also carrying the threat of dissonance, burnout and alienation. These affects draw attention to the obligations that might attend such categories of work. We conclude by noting that responsibilities for these affects are likely diffused, touching upon individuals, educators, occupational bodies and, perhaps most importantly, the managers, leaders and systems that constitute employers.

Introduction

Within masculine traditions of management and organization studies, emotion has long been placed in ontological opposition to reason (Ward and McMurray, 2016). Whether considered in terms of positivistic accounts of management research and practice (Shuler and Sypher, 2000) Weberian bureaucratic archetypes (Weber, 1946) or rationalizing processes (Taylor, 1911; Ritzer, 1993) reason was separated from and raised above emotion, downplaying the importance of the later in organized work. Preoccupations with abstraction, taxonomy, rules, efficiency and structure positioned emotion as inferior, invalid and unwanted when it comes to the workplace (Hancock and Tyler, 2001; Ward, 2019; Lawley and Caven, 2019). It encouraged us to forget that organizing and managing are primarily about seeing and working with people (McMurray and Pullen, 2019) and that emotions are central to such work.

By the turn of the twentieth century, scholars had established that which every laborer knew: emotion is ever-present in work and organizing (Hochschild, 1983; Fineman, 2001; Korczynski, 2009). As humor emotion is at the heart of entertainment industries; as aggression it is writ large in military campaigns; and as compassion it is central to health provision. Emotion may be formally recognized in the constitution of job roles and work tasks, or informally present in gallows humor and office intimacy. Depending

on context and audience, any given emotion can be framed as good or bad: to be encouraged or sanctioned. In this sense, emotion is central to organizing. Indeed, rather than eschewing emotions; managers now seek to control and commodify the feelings of workers in exchange for a wage. In short, our organizations, managers and customers require most of us to labor emotionally (Hochschild, 1983; Korczynski, 2001).

This chapter considers the conceptualization and categorization of emotional labor over the past 40 years. We begin by outlining emotional labor as a concept: as a class of that which is being represented and analyzed during categorization. Hochschild's (1983) foundational work in this area gives rise to a singular concept that usefully distinguishes between the performance of emotions for use and exchange value. From here it is possible to identify the enactment of different categories of emotional labor according to style and depth. We consider those categories by drawing on research with Critical Care Nurses working amidst the Covid-19 global pandemic.[1] Laboring at the extreme edge of medical and nursing care, Critical Care Nurses specialize in attending to those who are critically ill or suffering from life threatening conditions, while at the same time managing sorrow, anger, hope, despair, joy, death and recovery at the bedside of the patient. Nurses such as these are instructive in terms of their long association with emotions and emotional labor (see, for example, Katz, 1969; Abbott and Meerabeau, 1998; Bolton, 2001; Nelson and Gordon, 2004; Bolton, 2005; Kirkpatrick et al., 2005; Currie et al., 2008; Morgan and Ogbonna, 2008; Maben et al., 2009; McMurray, 2012) and our analysis extends understanding of the ways in which emotional labor not only describes a facet of occupational work, but also as a site of power, politics and contestation that informs personal positions and professional identities.

We proceed by defining emotional labor as a concept, before exploring the ways in which such work is categorized according to 'depth' of performance and the mediating effects of temporality and context. The third section considers how we might categorize different 'styles' of emotional labor and the interplay between them. As the chapter draws to a close, we consider the personal-professional effects of such labor and our collective duty of care.

Conceptualizing Emotional Labor

Writing about the work of flight attendants and debt collectors, Hochschild (1983) was among the first to consider the trend for employers to commodify not just our physical and mental capabilities but also our emotional capacities (Ward and McMurray, 2016). Her work shed light on the ways in which managers were increasingly concerned with controlling that which had been regarded as the private domain of individuals, namely, feelings. Identifying the root of emotional labor in her reading of Marx, Hochschild defined the phenomenon as:

> 'the management of feeling to create a publicly observable facial and bodily display; emotional labour is sold for a wage and therefore has *exchange*

[1] Critical Care Nursing data in this paper is part of a longitudinal study of their experience of working during the COVID-19 pandemic. Data is drawn qualitative interviews with 51 nurses in Ireland and the United Kingdom. Interviews were full transcribed and thematically analyzed by the authors.

> *value*… This labour requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others' (Hochschild, 1983, p. 7).

The above definition draws attention to the distinction between 'use' and 'exchange' value when it comes to feelings. Something can be said to have *use* value when it has utility to the individuals involved, is not compensated and the individual has sole discretion over the performances offered. Often grouped under the term emotion work, examples might include a joke between friends or pretending to like an unwanted gift from a much-loved aunt. In these contexts, the management of feelings is unpaid and intended to maintain a relationship in our private life and social spheres, including the workplace.

Emotional labor refers to feelings that are performed and traded for payment. It describes the requirement placed on employees to express organizationally desired emotions in order to complete tasks or deliver services in exchange for a wage (Morris and Feldman, 1996). Emotional labor takes place within organized relations informed by wider sets of feeling and display rules. Preferred emotional displays are encouraged by 'feeling rules' that circulate through an organization and are intended to encourage workers to offer performances that contribute to the collective good (e.g. the smile of the airline steward, the enthusiasm of the Disney performer or the empathy of the pallbearer). Feeling rules determine 'what is "due" in each relation, each role' (Hochschild, 1983, p. 18) and may be reinforced by training, mentoring, professional codes, guides to best practice, the implicit rules for 'getting on' in an organization, the expectations generated in advertising, relations between workers and, the traditions of interaction within a given context. Because these rules seek to prescribe what counts as an appropriate performance in terms of timing content and form, workers are often required to express emotions they do not feel: to suppress or fake that which is felt in return for a wage. This gives rise to different categories of emotional labor. Our first categorization pertains to the depth of emotional offering.

Categories: Surface and Deep Acting

The requirement to act or present that which one does not feel is labelled 'surface acting' by Hochschild (1983). Surface acting describes the practice of deceiving others about how we really feel while not deceiving ourselves. When surface acting, a worker complies with the service or relational requirement for which they are being paid by faking happiness, empathy or aggression as part of their attempt to manipulate an encounter. Examples might include the fast-food operative who wishes a rude customer 'a nice day', the bored lecturer faking excitement for a subject, or the bar tender who feigns interest in drunken stories and wears a 'wooden smile' (Seymour and Sandiford, 2005, p. 556) in hope of a better tip. Within the context of the covid pandemic and the work of Critical Care Nurses, surface acting manifests somewhat differently. For many, it took the form of masking feelings of stress, depression and burnout with a positive demeanor:

> ‘During Covid times, I really didn’t want to be there at all. The morale was just so low. It was just awful. .... And then feeling it yourself as well, but trying to be upbeat’ (CCN001).[2]

At other times workers may engage in what is known as deep acting. Going beyond the ‘smile that’s just painted on’ (Hochschild, 1983, p. 33) deep acting requires the worker to self-induce a real feeling (based on a past event or imagined scenario) that is then offered up in the new context of the service encounter. In essence, the worker learns to feel that which they perform, such that the customer is less aware of the socially engineered nature of the encounter. Years of enculturation within a given organization or field ‘mixed with a daily carrot-and-stick discipline, conspire to push corporate feeling rules further and further away from self-awareness. Eventually, these rules about how to see things and how to feel about them come to seem “natural”, a part of one’s personality’ (Hochschild, 1983, p. 155). Returning to the example of Critical Care Nurse above, we can see how on a ‘normal basis’ she had learnt to self-induce the identity of the upbeat person, this despite unwanted early starts:

> ‘Normally, I’m a really upbeat person, a positive person at work. Don’t get me wrong (laughs), nobody wants to get up at six o’clock in the morning and go to work, but as much as that was hard – that is hard on a normal basis – as soon as I got to work, I’d be fine… I know if you ask my colleagues what kind of nurse/person I am, they’d say the jolly one with a smile on her face all the time’ (CCN001).

In the above case, the routine of work initiated the performance of ‘a positive person at work’: a performance which the nurse had come to see as part of her natural personality. It was also a performance and identity which colleagues accepted and expected.

Temporality, intensity and depth

The ability to engineer deeper performances often takes time (Harness et al., 2020). Examining the work of hairdressers, Harness et al. (2020) note that temporality has the potential to impact performance depth. Where interactions recur over an extended period and affective relations flourish, deep acting may emerge as ‘faking’ becomes unnecessary (Price and Arnould, 1999). In the case of worker-client relations ‘commercial’ or ‘quasi’ friendships can develop that allow greater inter-personal sharing and even favors (Harness et al., 2020). Moreover, rather than being premised upon conformity with prevailing social norms and occupational display rules, the development of shared narratives may lead to the transgression of normal display rules (Bolton and Boyd, 2003) as worker and client share confidences, display unregulated emotion and reciprocate in the exchange of information over life events, confidences and personal details not usually shared as part of working interactions (Harness et al., 2020).

[2] Notation at the end of quotes (i.e. CCN 004) stands for anonymized participants in the research study. So, CNN 004 stands for Critical Care Nurse number 4 in the study.

There is, however, no simple linear relationship between the recurrence of interactions over time and the depth of emotional performance. Our work with Critical Care Nurses suggests that relatively brief relations (days or weeks) which are characterized by high intensity or extreme context can lead to the rapid development of deep acting which some nurses frame as an attachment to clients and their families:

> 'the emotional attachment… if you have the same patient that's very sick four nights in a row and then taking that home is very emotionally distressing… it's almost like you have this emotional attachment to them and to the family because you're constantly in contact with them' (CCN030).

Alternatively, a shift from surface to deep acting may not occur at all. Client or worker may resist the development of commercial or quasi friendships. Where interactions are fleeting, infrequent or one-off (as in the case of cabin crew, fast food counter staff, call center interactions) there is also less likelihood of developing shared narratives that impact on the depth of emotional labor. Within Intensive Care Units interaction may be limited by the condition of the patient (e.g. lack of consciousness). Alternatively, the avoidance of deep acting and attachment may form part of defense mechanisms designed to prevent nurses becoming too emotionally invested in a patient:

> 'you detach yourself. You've got to be able to detach yourself from the situation. You cannot think – like when I was a student, you cannot think, 'that could be my dad, that could be my daughter'. You can't do that. You just physically can't do it because it will drag you down… It's a strange thing. You've got to be able to sit there, wipe someone's poo up and then still go and have a butty [hot sandwich]' (CNN050).

In this last, case deep acting is resisted by the worker to reduce the possibility of burnout (see below). They resist the requirement to self-induce a real feeling (… you cannot think, 'that could be my dad, that could be my daughter'…) – as required by deep acting – because this level of emotional performance will 'drag you down'. As the last line of the quote suggests, you have to be able to deal with the issue and move on. For some nurses in some contexts this is best achieved through surface acting.

Thus far we have conceptualized emotional labor in terms of its relations to emotion work, wage and feeling rules. We have considered how performances might be categorized as surface or deep and the ways in which temporality, intensity and coping mechanisms might alter performance depth. We turn now to how we might categorize different 'styles' of offering.

Categories: Styles of Emotional Labour

This section considers how different types of emotions are suppressed or performed according to the particularities of a given context. We focus on three distinct styles of performance: empathy, neutrality and antipathy.

Empathy

Workers employed in front-line service roles or caring professions are often expected to offer up positive *empathetic* displays (Rafaeli and Sutton, 1987; Korczynski, 2003) that leave others feeling safe, valued and comfortable. Empathy describes an ability to understand and experience the position of another and respond appropriately (Moudatsou et al., 2020). We see this in the work of cabin crew (Hochschild, 1983; Taylor and Tyler, 2000) resort workers (Van Maanen, 1991; Tracy, 2000) and nurses (Bolton, 2000; Chiapetta-Swanson, 2005).

Nursing are an interesting case in point because, in addition to their technical competencies, empathy (and its counterpart compassion) are often identified as central components of their professional identity and values (Chowdhry, 2010; RCN, 2021; Wu, 2021) with the performance of empathy being linked to more efficient role fulfilment and the ability to deliver quality patient centered care (Moudatsou et al., 2020). Broadly, such performances are about understanding the plight, fears, pain and condition of the patient. It manifests in a caring demeanor and, often, the attempt to evoke a positive or stable frame of mind in those they treat. There is also empathetic care of patient's friends and family who may be 'distressed' in 'turmoil' or 'screaming' as they fear for the wellbeing of loved ones:

> 'We just talk to them and try to comfort them (family), try and get whoever I need to get to speak to that person, if it's a doctor, if they want to speak to the doctor a bit more. Just obviously assess how they are and what they're saying. Just be there for them, really, and comfort.' (CCN002).

While empathic performances are associated with positive work they can be problematic in terms of occupational identity. Within nursing, associations with empathy have contributed to a narrative that positions nursing as something less than the 'science' of medicine (Katz, 1969; Raelin, 1985; Kirkpatrick et al., 2005; Currie et al., 2008; Maben et al., 2009; McMurray, 2012). The empathy offered by nursing was said to be based in 'knowledge which everyone ought to have' whereas the doctor was privy to 'medical knowledge, which only a profession can have' (Nightingale, 1860 preface). Humanism and emotion were thus placed in subservient opposition to science and rationalism: nurses as the 'servants of medicine, surgery and hygiene' (Holliday and Parker, 1997, p. 487). The result is that nurses have repeatedly found themselves in a position of material, social and political disadvantage as compared to members of the medical profession (Abbott and Wallace, 1998; Nelson and Gordon, 2004). Worse still, nursing itself appears trapped by apparently irreconcilable binaries which recursively question whether its members believe in extending competencies or caring compassion. The reality is that they, like other professions, combine both. They also practice other categories of emotional labor, including emotional neutrality.

Neutrality

As a form of emotional labor, *neutrality* describes a position in which the absence of facial or bodily emotion is itself a performance (Smith and Kleinman, 1989; Ward and McMurray, 2011). The worker dons a mask of impartial disinterest to conceal their true feelings such that swan like serenity on the surface belies emotional tumult below. The archetypal example would be the Weberian bureaucrat whose performance of rule bound impartiality and rational objectivity in the face of anger, sadness, suffering or joy describes a matter-of-fact approach to work encounters. Other examples might

include the receptionist, bar tend or ticket inspector who is sworn at or abused by an irate customer. In their private life, the worker might retaliate with equal vigor, giving free reign to their own anger at being so sorely abused. Within the context of a service encounter in which feeling rules are shaped by a presumption of consumer sovereignty (Korczynski, 2001) such a response is denied to the laborer. Where empathy is inappropriate and aggression denied, the only course left is the performance of emotional neutrality. In such cases the absence of emotion masks the laborer's own feelings of hurt, rage, fear, sadness or disappointment. As considered below, maintaining a neutral professional mask in the face of abuse is far from easy:

> 'The level of abuse that, you know, you would receive from either the patient or their family, and that was obviously exceptional because there were some difficult times (pandemic) and I accept that, you know, aggression and anger would be an emotion that anybody would show in those difficult times, but that was a very difficult part of my job' (CCN007).

Within neutrality the response is to understand rather than condone outbursts, anger and violence. In a context of care and death, professionals labor to understand the root of the unwanted emotion before then speaking to, explaining and ideally defusing the situation:

> 'Again, they were experiencing so much anger and frustration and because all they'd wanted to do is just come and be with their relatives and they can't do that [due to covid hospital restrictions]… so we just tried to explain that to them: this is just unfortunately what the situation is' (CCN030).

In the above cases aggression flows from the consumer or client toward the worker. There are however cases where the flow is deliberately reversed.

Antipathetic

The final category to be considered here is *antipathetic* emotional labor (Korczynski, 2003). This may be observed in the work of the soldier, bouncer or debt collector (Hochschild, 1983; Sutton, 1991; Ward and McMurray, 2016) who, through facial, verbal and bodily display work to discomfort or subjugate the would-be combatant, argumentative drunk or debtor. At a surface level, such workers may be required to summon-on-command aggression that they do not feel, while suppressing their own fears, pain, anxiety or excitement (Ward et al., 2020). This is the least researched style of emotional offering: most attention being given over to empathetic performances. This relative neglect reflects the unacceptability of open aggression in most workplaces coupled with the presumption that antipathetic displays are antithetical to the notion of consumer sovereignty. Finally, the stereotypical association of emotion and emotional labor with women's work has served to shift focus away from antipathetical labor; this despite efforts to disrupt and deconstruct dualistic normative assumptions that erroneously associate occupations, tasks and performances with a particular sex. That said, it is difficult to locate examples of antipathetic labor within caring professions such as nursing. Where anger is evident, as in verbal or written outbursts at managers or colleagues ('I wrote an email in anger to some of the seniors… and it was putting my true thoughts down and thinking I'll get this off my

chest because actually you've really annoyed me' (CCN 046)) the emotion in question is felt and raw. There is no masking or performing.

It is worth noting that most occupational members are called upon to offer more than one style of emotional performance. Accordingly, while the soldier may exhibit aggression in the face of the enemy this is replaced by empathy in the face of the refugee, and neutrality in the face of a commanding officer. The Critical Care Nurse may switch between empathy and neutrality depending on a patient's condition, the behavior of families or the norms for interaction with other occupations such as medical doctors. This emotional switching depends on the specifics of the task, changes in context or client, the skills of the laborer, and an on-going assessment of what is 'due' in a given set of relations (Ward and McMurray, 2011).

By now it should be clear that, as a concept, emotional labor can inform our understanding of the nature of occupational roles and tasks. Its performance can be categorized in terms of the depth and the style of emotional offering, the exact nature of which being determined by the particularities of the given context. We draw the chapter to a close with a consideration of the effects of such work on those who undertake it.

Emotional labour and its effects

There has been a long concern over the negative effects of emotional labor. Personal effects tend to be described in terms of the dissonance, burnout and alienation that are said to arise from the attempt – under capitalism – to commodify emotions. Dissonance occurs where workers are coerced into performing organizationally desired emotions that they do not feel in return for a wage (Morris and Feldman, 1996). The inauthenticity this evokes is said to estrange the worker from self and, where workers are required to maintain the pretense for an extended period of time, it may engender the sort of exhaustion associated with burnout.

Burnout describes a condition under which 'workers in jobs with high levels of emotional demands eventually lose the ability or energy to meet the demands of the job' (Briner et al., 2008, p. 2). Burnout is comprised of three dimensions: emotional exhaustion, lack of personal accomplishment and depersonalization (Maslach and Jackson 1986). The first of these dimensions is generally seen as the most important (Byrne et al., 2013) and is linked to experiences of tiredness and overload. Individuals perceive their job to be excessively burdensome such that they may feel 'at the end of their tether' (Friedman, 2000. p. 597). Lack of personal accomplishment (second dimension) is indicative of feeling incompetent or ineffective when dealing with others, while depersonalization (third dimension) suggests negative or cynical feelings towards clients that is closely linked to alienation and a sense of estrangement from self and others. Nurses working at a time of crisis exhibit many of these negative effects. One nurse offered a heart wrenching account of her own struggles:

> 'I just felt like really, I had no energy at all, I couldn't get out of bed, I just felt really depressed, I just felt, like I was just living in these moments, of these patients, and then it got to such a point that…. The second week was more nightmares and flashbacks about my patients… I felt I kind of failed my patients and I wanted to be with my patients, and I couldn't find any way out of these

> thoughts all the time. I basically threatened to kill myself and my daughter by driving into a wall. I was sectioned twice over the summer' (CNN 036).

The above is an extreme case that demonstrates the emotional impact of working in extreme environments. The sense of being at the end of one's tether, of somehow failing personally and of estrangement was common to many working during the pandemic (and many in other times and occupations). It reminds us that work and life cannot be separated, and that our categories have the power to explain and assess the impact of work on real people. It reminds us that work and how it is managed has consequences.

Hochschild herself denies that there was any necessary emphasis on the damaging and alienating consequences of emotional labor in her original conceptualization, going as far as stating that 'one can enjoy emotional labour immensely… providing one has an affinity for it and a workplace supports that affinity' (Hochschild, 2013, p. 25). Indeed, there is a growing body of research that points to the ways in which workers might take pride, pleasure and satisfaction in difficult emotional labor as part of positive identity work (Tyler, 2012; McMurray and Ward, 2014). Even so, for many workers emotional labor is all too often part of a 'tragic cycle' (Hochschild, 2013) in which 'one might take great pride in caring for others through emotional labour performances but the organizations in which this work is carried out demonstrates very little by way of care for those employed' (Ward, 2019: 26). As in the case above, our organizations can ask too much.

Finally, our work with Critical Care Nurses also highlighted the ways in which the denial of emotional labor, or its distortion due to a change in context, can have negative effects on workers. Being unable to physically personally comfort the relatives of those who were ill or dying was particularly hard on nurses. This was brought about by the exclusion – on health and contagion grounds – of relatives and friends from hospital wards. The lack of access had the effect or removing the possibility that nurses could labor to deal with and manage the emotions of family and friends in person. What had at one time been an important, and occasionally annoying, part of the role – speaking with and comforting relatives at the bedside of the patient and learning about the life of the patient – was now denied to workers as an embodied practice. The impact for many was a sense of personal professional failure and regret:

> 'Families, saying goodbye via FaceTime, that was just horrific, I mean how do you ever give them back that? How do you…?' (CCN039).

For Critical Care Nurses this was a very specific effect of the isolation and exclusion brought about by the COVID-19 pandemic. It led to difficult conversations for nurses:

> 'we had to tell the relatives of the people that they couldn't see their relatives again because we couldn't allow them in the hospital. That was bad. That will never leave me. I'm in counselling now for little things like that' (CC029).

As was the case for so many during the pandemic, virtual contact was substituted for physical interaction. In terms of emotional labor, the substitute was generally perceived to be an inadequate one:

> ‘We pride ourselves on looking after relatives and communicating with relatives and we weren't able to do that. Things like patients dying over FaceTime is just not something [pause]… I am all for technology but having to hold an iPad to someone’s face while they are dying to their relative is just awful – absolutely awful. You’d hear cries from one end of the unit to the other from wives who knew their husband was dying effectively, and, I can still hear one particular relative’s screams, she was inconsolable, hysterical as you would be, and the whole unit just went deathly quiet. All we could hear is this lady. I can still hear her now. We just felt so frustrated that we could not do what we like to do, what we should be doing…There is just a much dignity in saving someone’s life as helping them die with dignity and it just didn’t feel like we were able to do that. We were overwhelmed with emotions’ (CNN0023).

In circumstances such as these the performance or denial of emotional labor can have profound and lasting impacts on workers. At its most positive it defines a category of complex work that is a source of pride. It stands alongside technical competencies, discrete tasks and role responsibilities as a defining feature of personal and professional identity. Where such labor is taken to the extreme – to points at which workers can no-longer cope with all that is heard, seen, felt, performed and masked – it threatens the immediate and long-term well-being of those involved.

Conclusion

Emotional labor and the performance of specific categories of labor, such as empathy, not only describe a facet of occupational work, but also the relation of a profession to its clients, other professions and wider systems (Chowdhry, 2010). It emerges as a site of power, politics and contestation at work. It informs personal and professional identity. Moreover, its value shifts depending on the context of its application.

We have seen the ways in which emotional labor is to be differentiated from emotional work, and can vary in both depth and type of performance. Emotional labor is altered by contextual factors such as the site of enactment, temporality and embodied verses virtual encounters. In terms of its affects, emotional labor can act as a source of professional pride and occupational virtue. It can also result in harm through dissonance, burnout and alienation. These affects draw attention to the obligations that might attend such categories of work. Responsibilities are likely diffused, touching upon the individual, educators, occupational bodies and, perhaps most importantly, the managers, leaders and systems that constitute employers. If emotional labor is an increasingly important category of work, then is it equally important that employers support and care for those who are paid to undertake that work, whether that is the labor of the prison guard or of the nurse who, in the midst of a pandemic, dares to care.

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