Maciej Załuski, Marta Makara-Studzińska

Emotional labour in medical professions.
Review of literature from the period 2010–2017

Problematyka pracy emocjonalnej w zawodach medycznych.
Przegląd literatury naukowej z lat 2010–2017

Department of Health Psychology, Faculty of Health Sciences, Collegium Medicum of the Jagiellonian University, Krakow, Poland
Correspondence: Maciej Załuski, Instytut Pielęgniarstwa i Położnictwa, ul. Kopernika 25, 31-501 Kraków, tel.: +48 609 845 542, e-mail: maciej.zaluski@uj.edu.pl
Maciej Załuski, Institute of Nursing and Midwifery, Kopernika 25, 31-501 Krakow, Poland, tel.: +48 609 845 542, e-mail: maciej.zaluski@uj.edu.pl

Abstract

Introduction: The contact which occurs between a medical professional and a patient involves the occurrence of phenomena concerning the control of emotions, called emotional labour. **The aim of the paper** was to review specialist literature relating to emotional labour present in medical occupations. **Material and method:** With the use of EBSCO, Medline, ScienceDirect, Ovid MEDLINE databases and the PubMed search engine, relevant English-language full text articles published in 2010–2017 were selected. **Results:** Sixty-two articles were selected that complied with the assumed criteria for the description of the issue. The articles concerned four thematic groups: emotional labour occurrence in various medical professions, the intrapersonal aspects of emotional labour, the interpersonal and organisational aspects of emotional labour and the negative consequences of emotional labour. **Conclusions:** The number of review and source articles confirming the presence of emotional labour in medical professions is growing year by year. In the health care system, emotional labour is still not a widely acknowledged phenomenon, with hardly any specialist training courses aimed at employees, and few organisational changes that would favour constructive methods of copying with the negative consequences of emotional labour.

Keywords: emotional intelligence, empathy, care, occupational stress, burnout professional

Streszczenie

Wstęp: W trakcie kontaktu pracownika medycznego z pacjentem zachodzą zjawiska związane z regulacją emocji nazywane pracą emocjonalną. **Celem artykułu** był przegląd literatury fachowej dotyczącej pracy emocjonalnej występującej w zawodach medycznych. **Materiał i metoda:** Za pomocą baz danych EBSCO, Medline, ScienceDirect, Ovid MEDLINE oraz wyszukiwarki PubMed wybrano artykuły anglojęzyczne i pełnotekstowe opublikowane w latach 2010–2017. **Wyniki:** Wybrano 62 artykuły spełniające założone kryteria do opisu omawianego zagadnienia. Artykuły dotyczyły czterech grup tematycznych: występowania pracy emocjonalnej w różnych zawodach medycznych, intrapersonalnych aspektów pracy emocjonalnej, interpersonalnych i organizacyjnych aspektów pracy emocjonalnej oraz negatywnych jej następstw. **Wnioski:** Rokrocznie rośnie liczba artykułów przeglądowych i źródłowych potwierdzających występowanie pracy emocjonalnej w zawodach medycznych. Praca emocjonalna w służbie zdrowia jest zjawiskiem nadal zbyt mało upowszechnionym, brakuje specjalistycznych kursów adresowanych do pracowników oraz zmian organizacyjnych sprzyjających konstruktywnym metodom radzenia sobie z negatywnymi jej następstwami.

Słowa kluczowe: inteligencja emocjonalna, empatia, opieka, stres zawodowy, wypalenie zawodowe

INTRODUCTION

According to Hochschild's assumption, emotional labour (EL) is an emotion management process occurring in a professional that produces "the proper state of mind, […] the sense of being cared for in a convivial and safe place" (Hochschild, 2003, p. 7). EL occurs in all commercial and social services where emotion management shapes the service provider – service recipient relationship.

In the literature of the subject, EL is identified with a professional's mental effort, planning and control of emotions, which occurs during interpersonal contact, in order to show feelings desired by an employer and expected by a client or patient (Pisaniello et al., 2012).

EL at the surface level means that the professional controls and changes his/her emotional reactions so that the observer is not able to recognise what he/she actually feels (Grandey and Melloy, 2017). EL at a deeper level is usually of anticipatory nature, preceding emotions, inducing or modulating them. It allows sadness, joy or anxiety to be shown and experienced together with the patient, which considerably deepens the relationship and determines the level of satisfaction from the work performed. If only surface labour is used, a nurse or a doctor may experience disharmony between the emotions shown and those actually sensed. This state of mind is actually the third way in which EL may be understood, as it emphasises the consequences of emotional dissonance (Delgado et al., 2017). A lack of adequate reflection on EL is harmful to mental health and hampers the establishment of authentic relationships with the patient. The importance of popularising the subject of EL and taking it into account in the organisation of medical centres is growing (Broom et al., 2016; Brown et al., 2014).

AIM OF THE PAPER

The aim of the paper was to review specialist literature, published between 2010 and 2017, concerning the occurrence of EL in medical occupations.

MATERIAL AND METHOD

The available literature on the occurrence of EL in medical professions was reviewed. To this end, the following databases of scientific magazines were used: EBSCO, Medline, ScienceDirect, Ovid MEDLINE and the PubMed database search engine. Taking into consideration the differences between the way of indexing concepts, three types of keywords were used. In EBSCO, Medline and Ovid MEDLINE databases, the following concepts were indexed: EL, medical staff and EL/medical personnel, each word separated with the Boolean operator AND. In the case of the PubMed search engine and MEDLINE database, in which the MeSH language keywords are used, the following phrase was indexed: Burnout AND Professional AND Job AND Satisfaction AND Stress AND Psychological AND Emotions. The search produced 7,312 records. The pattern used is presented in Fig. 1.
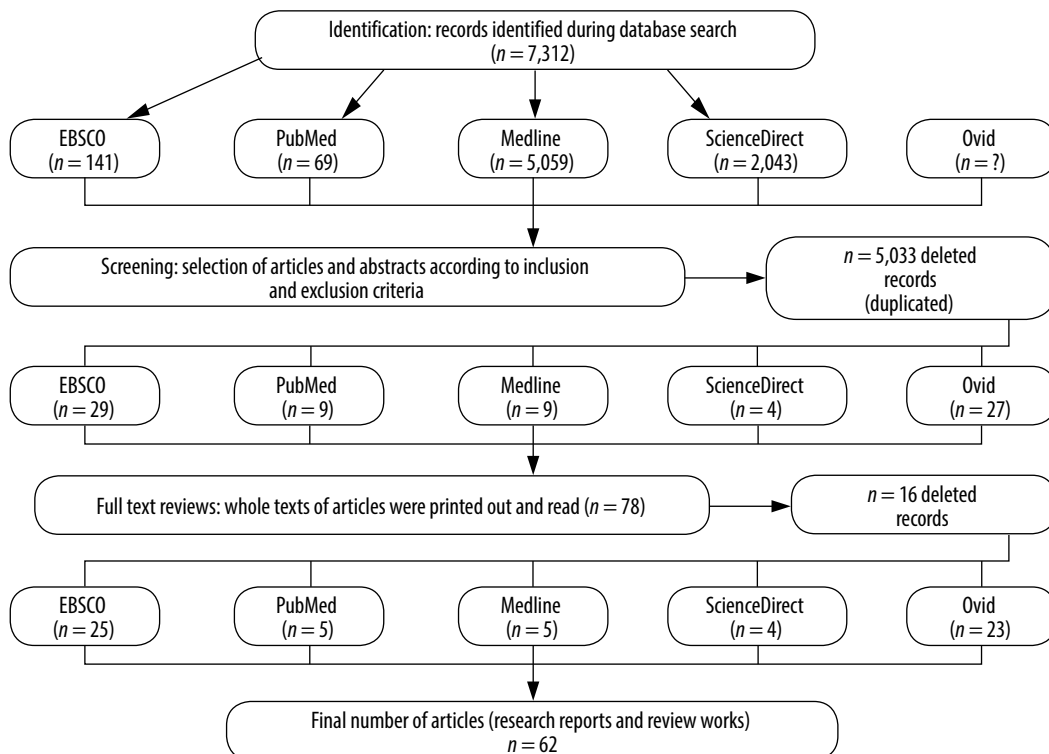

Fig. 1. Strategy used to select articles for the study

Inclusion criteria
1. The basic subject of the study was EL or labour with emotions.
2. There was a direct relationship between the content of the study with medical professions.
3. The study was a report or a review paper.
4. It included > 20 references, and it was written in English.
5. It was written between 2010 and 2017.

Exclusion criteria
1. A paper other than a study report or a review paper
2. The text was not written in English (only the summary)
3. The text was not directly related to work in medical services

Tab. 1. Inclusion and exclusion criteria of the studies used for analytical purposes

The first step involved accurate selection of records which were in compliance with the criteria included for the analysis. The criteria used are presented in Tab. 1.

Only those articles that complied with the mentioned criteria were selected, duplicated articles were deleted. Seventy-eight scientific articles in total qualified for further analysis. Another preliminary study was performed for the compliance with the inclusion and exclusion criteria, with 62 manuscripts ultimately selected for the study.

RESULTS

Sixty-two articles were analysed and systematised with regard to the following data: authors of the papers, country of their origin, year of publishing and the other criteria presented in Tab. 2.

The authors of the publications worked in 20 countries all over the world. The majority of articles were published by researchers from Great Britain (14), the US (13), Australia (12), then: Taiwan (5), Israel (3) and Italy, South Korea, Greece and Spain, Germany (2), China, Iran, Czech, Hungary and Poland (1). There were two types of publications: review studies (9) and literature reviews (4), and original research reports (49). The lowest number of studies – 5 – were published in 2010, and the greatest number – 12 – in 2016. The growth in the number of the publications was visible in 2012 – 7 – with 8–9 articles published in each consecutive year.

DISCUSSION AND CONCLUSIONS

Review papers

The review studies concerned the following professional groups: doctors, paramedics, nurses, e.g. Kerasidou and Horn (2016), Williams (2012), Codier and Codier (2015), researchers analysing care of terminally ill patients (Woodby et al., 2011). Three general issues were discussed in review articles. The first issue involved theoretical EL models (Grandey and Melloy, 2017) as well as the negative consequences of uncontrolled EL in direct (Kerasidou and Horn, 2016; Peate, 2014) and indirect contact with patients (analysis of the data from patient's interviews) (Woodby et al., 2011). The second issue concerned the disregard

Review studies and literature reviews
1. Discussed professional group
2. Discussed issues

Study reports
1. Research project and research methods used
2. Study group
3. Aim of study
4. Restrictions
5. Key conclusions

Tab. 2. Criteria used in order to explore the content of the reviewed studies

of the significance of EL in relation to the quality of the care of patients, rendered both in a clinical setting and other settings, e.g. Abbott Moore (2010), Howard and Timmons (2012). Publications from the third group involved education of medical staff and students in the scope of EL (transformational teaching, improving emotional intelligence skills – IE) (Codier and Codier, 2015; Hanson, 2013).

Literature reviews had the following purposes: 1) an analysis of the research involving EL performed by psychiatric nurses (Edward et al., 2017), 2) a description of the relationships between EL and personal traits and sex (Delgado et al., 2017), 3) a critical assessment of the EL issues in health care (types of surveys, research tools used, putting knowledge into practice, the role of support and training needs) (Badolamenti et al., 2017; Riley and Weiss, 2016). The conclusions from the discussed studies are presented in Tab. 3.

Articles of empirical nature

Quantitative research was used in the majority of papers (52%), e.g. Kovacs et al. (2010), Chou et al. (2012), Psilopanagioti et al. (2012), Chu (2013), Crego et al. (2013), and the most recent ones: Pandey and Singh (2016), Roh et al. (2016), Purcell et al. (2017), whilst 32% were qualitative studies, starting with Hogg and Warne (2010), to Lovatt et al. (2015) to Taylor et al. (2017), including: ethnographic (4%) (Bailey et al., 2011; Cricco-Lizza, 2014). The rest were: longitudinal studies (6%) (e.g. Drach-Zahavy et al. 2016; Martínez-Íñigo and Totterdell, 2016), phenomenological and interpretative studies (2%) (Shaw et al., 2014), case studies (2%), embedded cross-sectional studies (4%) (Drach-Zahavy et al., 2017; Golfenshtein and Drach-Zahavy, 2015) and one two-stage panel analysis (2%) (Kubicek and Korunka, 2015). Among the methods, questionnaires were the most commonly used (63%) tools,

1. EL is connected with EI and working environment climate.
2. Negative consequences of EL can occur in the form of: emotional exhaustion, symptoms of depression, withdrawal from contact with patient and staff flow.
3. There is a need for the promotion of knowledge about EL. Programmes developing personnel resources (supporting the working environment, EI, personal resilience) and further research on EL sources, its significance for the staff and patients, personal and organisational costs should be implemented.

Tab. 3. Conclusions included in review studies and literature reviews

followed by co-structured or in-depth interviews (33%), whilst the rest were participant observations (6%) (Bailey et al., 2011; Wittenberg-Lyles et al., 2011, the most recent study: Fitzgerald et al. 2013), and one case study (2%) (Johnson, 2015).

The following medical professions and groups of people were studied: doctors, emergency ward staff, nurses and male nurses, midwives, paediatric health specialists, social workers, speech therapists, clinical psychologists, physiotherapists, social health activists, biologists, health care assistants, chaplains, medical directors and managers, residents of nursing homes, patients of basic health care, members of patients' families, medical educators and medical faculty students.

Aim of the studies

The aims of the studies fell into four groups (see Fig. 2).

The first group of studies were ones geared towards confirming the occurrence of emotional labour in health care institutions, such as hospital wards, hospices, basic health care centres, specialist medical institutes, nursing homes, medical education institutions, as well as in local communities (community treatment). The ones on the intrapersonal aspects of emotional labour refer to its relationship with EI, and they include studies by e.g. Bechtoldt et al. (2011), Hong and Lee (2016), Kinman and Leggetter (2016), Wang and Chang (2016). Other topics were cognitive control and attribution processes – e.g. Schmidt and Diestel (2014), Golfenshtein and Drach-Zahavy (2015), identification with the patient – Cricco-Lizza (2014), engagement in labour – Debesay et al. (2014), Mróz and Kaleta (2016), Roh et al. (2016), professional reinforcement – Lou et al. (2010), a sense of fair exchange of labour with the patient (Martínez-Íñigo and Totterdell, 2016), empathising (Gountas et al., 2014; Hogg and Warne, 2010), flexible sensitivity for reinforcements (Schreurs et al., 2014), positive change of nurses self (Zamanzadeh et al., 2013), and performing EL after the completion of professional work (Hammonds and Cadge, 2014).

Interpersonal and organisational aspects of EL were covered by the studies on teamwork climate, e.g. studies by Cheng
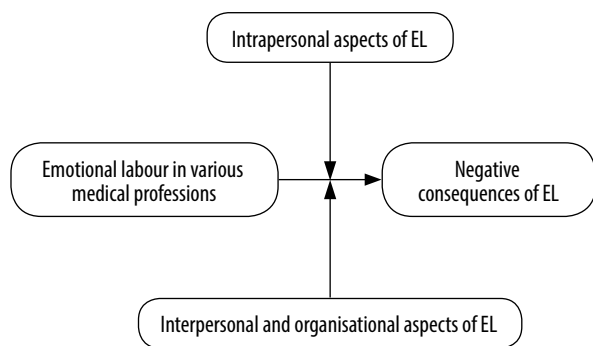
Fig. 2. Categorised aims of studies presented in the analysed empirical papers

Qualitative research projects using the interview method:
1. Problem involving the necessity to comply with the ethical rules of the study
2. Not enough time for the study ($M = 60$ min)
3. A small number of trials ($Me = 22$ persons)

Quantitative research projects using the questionnaire method:
1. Reporting bias and measurement errors related to intrasubject variability
2. Reversed causality error, no response, method variance, data limited to one source
3. Occurrence of third variables and cultural factors

Limitations common to all types of projects:
1. Sample homogeneity (usually women, personnel or patients coming from one health care institution)
2. Convenient selection for the sample group
3. No experimental studies
4. Difficulties with indicating relation direction (especially in cross-sectional projects, but also in longitudinal ones)

Tab. 4. Limitations of the analysed studies

et al. (2013), Shuck et al. (2013), Liang et al. (2016), support in the workplace – the latest study, by Hu et al. (2017), the transparency of professional roles and their appreciation: Lovatt et al. (2015), dissonance of emotional rules: Kubicek and Korunka (2015), the performed leadership roles and the professional position: Liang et al. (2016), high-performing organisational systems of work: Bartram et al. (2012), and, finally, relational and organisational EL: Pisaniello et al. (2012).

Among the negative consequences of EL, the following were considered: the presence of mental disorders (Lee et al., 2013; Schmidt and Diestel, 2014), stress and professional burnout – starting with famous studies by Grandey et al. (2012) and Diefendorff et al. (2011), to Cricco-Lizza (2014), Schmidt and Diestel (2014), Kubicek and Korunka (2015), Zamperini et al. (2015), to the latest ones: Hong and Lee (2016), Kinman and Leggetter (2016), Pandey and Singh (2016), Riley and Weiss (2016), Roh et al. (2016), absence at work and staff flow (Cheng et al., 2013; Hong and Lee, 2016; Pisaniello et al., 2012; Schmidt and Diestel, 2014), difficulties of undertaking a leadership role in community nursing (Haycock-Stuard et al., 2010), as well as emotional problems with prognostication in life-limiting diseases (Pontin and Jordan, 2013) and economic and ethical consequences of commodification of emotions (Johnson, 2015).

Limitations of the studies

The basic limitations of the studies were of a methodological background (see Tab. 4).

Basic conclusions of the studies

The main conclusions of the reviewed studies were categorised into four thematic groups (see Tab. 5).

Promotion of knowledge about EL, education, staff trainings	Preventing negative consequences of EL Organisational changes
Role of EL in improving contact with patients	Further research on EL elements and correlations

Tab. 5. Grouped conclusions from the analysed studies

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The authors identified a lack of sufficient knowledge about EL, both among medical staff and managing bodies. Hence, an inadequate number of training courses aimed at medical school students and practitioners. EL phenomenon has not been sufficiently analysed in scientific terms, in particular the directions of correlations occurring between personal traits, positive and negative effects of EL and organisational variables. The studies confirm the relationship between EL with the quality of contact with patient. The negative effect of EL on the professionals and patients may be limited by making relevant organisational changes.

Issues related to EL have a 30-year long history, initiated by Hochschild studies (2003) of commercial services employees (famous stewardess studies of 1983). In the 1990s, the research covered medical services, starting with nurses and then other professionals. Currently, EL is treated as an intrinsic part of routine nursing services, it is also identified with clinical empathising which is present in the doctor-patient relationship (Kerasidou and Horn, 2016; Smith, 2012). The expectations of patients and their families formulated towards medical staff are manifold. Apart from proficiency and responsibility in performing medical activities, the performed work requires from a medical professional the skill to enter into emphatic contact with patient, the ability to calm down and cheer up the patient, to minimise pain and discomfort, and even "be nicer than normal." Emotion showing patterns, included in display rules, determine which emotions should be hidden from patients and which should be manifested. Frequently, it is done contrary to authentically felt emotions, creating an emotional dissonance, harmful to mental health. EL also occurs between members of a medical team, when they exchange their knowledge and experiences acquired during contact with patients (Delgado et al., 2017). The universality of EL is one of the factors that mentally burden a medical professional. However, too many employers still place the onus of preventive activities on their employees. Consequently, the necessary education and organisational changes are missing.

According to Grandey et al. (2012), medical personnel work under the influence of specific interpersonal factors. Conflicting expectations of patients and their families force the doctor and the nurse to accumulate the emotions coming from the patient, suppress the emotions felt, and pretend or find the expected emotions. Care work requires individualized, trained and genuine emotional reactions that help manage the emotions of patients.

Currently, EL is treated as a term which covers the emotional expectations of patients, psychological processes of regulating emotions and adequate emotional expression during performed work. EL is a process related to the well-being of medical staff and the effectiveness of professional activities. It combines the predispositions and personal characteristics of medical staff with the emotional characteristics of their work and other psychological processes occurring in the professional environment (Grandey and Melloy, 2017).

Conflict of interest

The authors do not report any financial or personal connections with other persons or organisations that could adversely affect the content of the publication or claim rights thereto.

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