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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

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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.

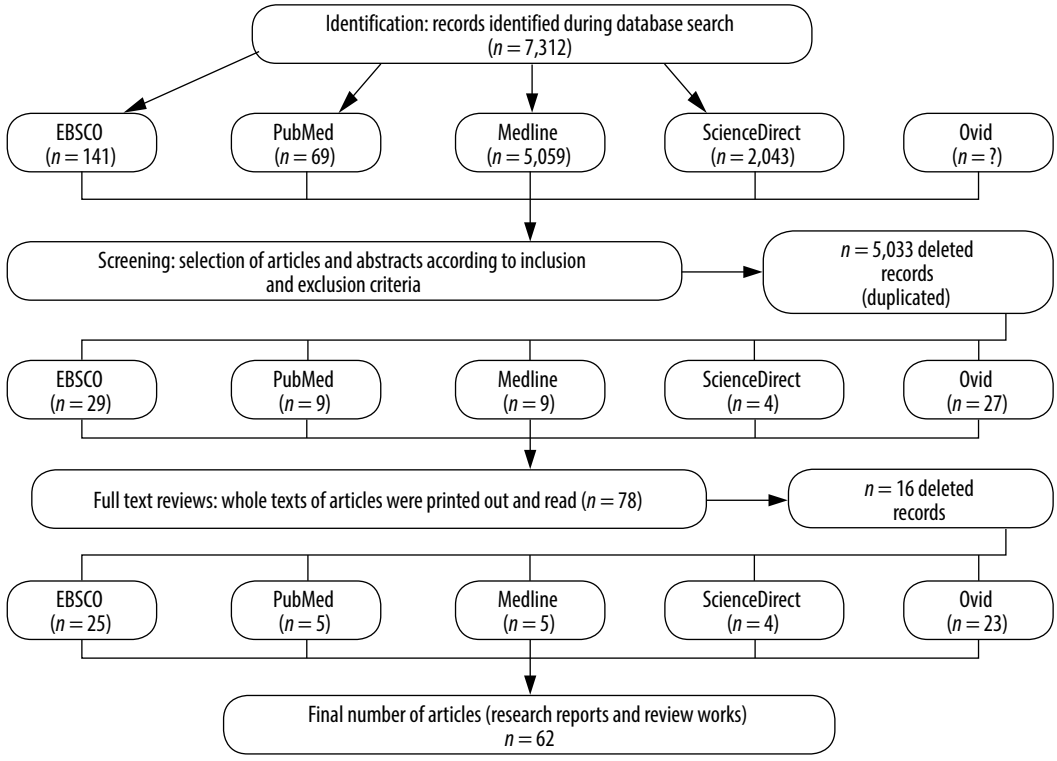

Fig. 1. Strategy used to select articles for the study

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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 impelemented.

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

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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 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).

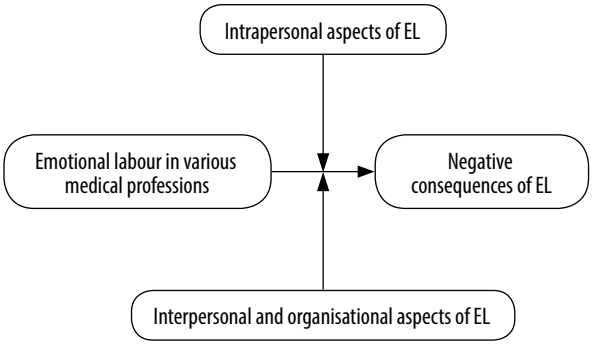

Fig. 2. Categorised aims of studies presented in the analysed empirical papers

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

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

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.

References

Abbott Moore L: Being empathetic: benefits and challenges for the clinician and client. Top Stroke Rehabil 2010; 17: 20–29.

Badolamenti S, Sili A, Caruso R et al.: What do we know about emotional labour in nursing? A narrative review. Br J Nurs 2017; 26: 48–55.

Bailey C, Murphy R, Porock D: Professional tears: developing emotional intelligence around death and dying in emergency work. J Clin Nurs 2011; 20: 3364–3372.

Bartram T, Casimir G, Djurkovic N et al.: Do perceived high performance work systems influence the relationship between emotional labour, burnout and intention to leave? A study of Australian nurses. J Adv Nurs 2012; 68: 1567–1578.

Bechtoldt M, Rohrmann S, De Pater IE et al.: The primacy of perceiving: emotion recognition buffers negative effects of emotional labor. J App Psychol 2011; 96: 1087–1094.

Broom A, Wong WK, Kirby E et al.: A qualitative study of medical oncologists' experiences of their profession and workforce sustainability. PLoS One 2016; 11: e0166302.

Brown B, Crawford P, Gilbert P et al.: Practical compassions: repertoires of practice and compassion talk in acute mental healthcare. Sociol Health Illn 2014; 36: 383–399.

Cheng C, Bartram T, Karimi L et al.: The role of team climate in the management of emotional labour: implications for nurse retention. J Adv Nurs 2013; 69: 2812–2825.

Chou HY, Hecker R, Martin A: Predicting nurses' well-being from job demands and resources: a cross-sectional study of emotional labour. J Nurs Manag 2012; 20: 502–511.

Chu CI: The impact of hospital nurses' emotional labor on job satisfaction and burnout. Taiwan Journal of Public Health 2013; 32: 266–278.

Codier E, Codier D: Do emergency nurses have enough emotional intelligence? Emerg Nurse 2015; 23: 26–29.

Crego A, Martínez-Iñigo D, Tschan F: Moderating effects of attributions on the relationship between emotional dissonance and surface acting: a transactional approach to health care professionals' emotion work. J Appl Soc Psychol 2013; 43: 570–581.

Cricco-Lizza R: The need to nurse the nurse: emotional labor in neonatal intensive care. Qual Health Res 2014; 24: 615–628.

Debesay J, Harsløf I, Rechel B et al.: Dispensing emotions: Norwegian community nurses' handling of diversity in a changing organizational context. Soc Sci Med 2014; 119: 74–80.

Delgado C, Upton D, Ranse K et al.: Nurses' resilience and the emotional labour of nursing work: an integrative review of empirical literature. Int J Nurs Stud 2017; 70: 71–88.

Diefendorff JM, Erickson RJ, Grandey AA et al.: Emotional display rules as work unit norms: a multilevel analysis of emotional labor among nurses. J Occup Health Psychol 2011; 16: 170–186.

Drach-Zahavy A, Buchnic R, Granot M: Antecedents and consequences of emotional work in midwifery: a prospective field study. Int J Nurs Stud 2016; 60: 168–178.

Drach-Zahavy A, Yagil D, Cohen I: Social model of emotional labour and client satisfaction: exploring inter- and intrapersonal characteristics of the client–provider encounter. Work Stress 2017; 31: 182–208.

Edward KL, Hercelinskyj G, Giandinoto JA: Emotional labour in mental health nursing: an integrative systematic review. Int J Ment Health Nurs 2017; 26: 215–225.

Fitzgerald RP, Legge M, Frank N: When biological scientists become health-care workers: emotional labour in embryology. Hum Reprod 2013; 28: 1289–1296.

Golfenshtein N, Drach-Zahavy A: An attribution theory perspective on emotional labour in nurse-patient encounters: a nested cross-sectional study in paediatric settings. J Adv Nurs 2015; 71: 1123–1234.
Gountas S, Gountas J, Soutar G et al.: Delivering good service: personal resources, job satisfaction and nurses' 'customer' (patient) orientation. J Adv Nurs 2014; 70: 1553–1563.
Grandey AA, Melloy RC: The state of the heart: emotional labor as emotion regulation reviewed and revised. J Occup Health Psychol 2017; 22: 407–422.
Grandey A, Foo SC, Groth M et al.: Free to be you and me: a climate of authenticity alleviates burnout from emotional labor. J Occup Health Psychol 2012; 17: 1–14.
Hammonds C, Cadge W: Strategies of emotion management: not just on, but off the job. Nurs Inq 2014; 21: 162–170.
Hanson J: From me to we: transforming values and building professional community through narratives. Nurse Educ Pract 2013; 13: 142–146.
Haycock-Stuard E, Kean S, Baggaley S: Emotional labour within community nursing leadership. Community Pract 2010; 83: 24–27.
Hochschild AR: The Managed Heart. Commercialization of Human Feeling with a New Afterword. University of California Press, Ltd., London 2003.
Hogg C, Warne T: Ordinary people, extraordinary voices: the emotional labour of lay people caring for and about people with a mental health problem. Int J Ment Health Nurs 2010; 19: 297–306.
Hong E, Lee YS: The mediating effect of emotional intelligence between emotional labour, job stress, burnout and nurses' turnover intention. Int J Nurs Pract 2016; 22: 625–632.
Howard A, Timmons S: Emotional labour: the challenges of working with children and cancer. Nurs Child Young People 2012; 24: 14–18.
Hu WC, Flynn E, Mann R et al.: From paperwork to parenting: experiences of professional staff in student support. Med Educ 2017; 51: 290–301.
Johnson EK: The business of care: the moral labour of care workers. Sociol Health Illn 2015; 37: 112–126.
Kerasidou A, Horn R: Making space for empathy: supporting doctors in the emotional labour of clinical care. BMC Med Ethics 2016; 17: 8.
Kinman G, Leggetter S: Emotional labour and wellbeing: what protects nurses? Healthcare (Basel) 2016; 4: E89.
Kovacs M, Kovacs E, Hegedu K: Emotion work and burnout: cross-sectional study of nurses and physicians in Hungary. Croat Med J 2010; 51: 432–442.
Kubicek B, Korunka C: Does job complexity mitigate the negative effect of emotion-rule dissonance on employee burnout? Work Stress 2015; 29: 379–400.
Lee CY, Hsiech PC, Su HF: The relationship between emotional labor and mental health among nurses in Catholic hospitals in Taiwan. Taiwan Journal of Public Health 2013; 32: 140–154.
Liang HY, Tang FI, Wang TF el al.: Nurse characteristics, leadership, safety climate, emotional labour and intention to stay for nurses: a structural equation modelling approach. J Adv Nurs 2016; 72: 3068–3080.
Lou JH, Yu HY, Chen SH: Factors affecting the career development of male nurses: a structural equation model. J Adv Nurs 2010; 66: 900–910.
Lovatt M, Nanton V, Roberts J et al.: The provision of emotional labour by health care assistants caring for dying cancer patients in the community: a qualitative study into the experiences of health care assistants and bereaved family carers. Int J Nurs Stud 2015; 52: 271–279.
Martínez-Íñigo D, Totterdell P: The mediating role of distributive justice perceptions in the relationship between emotion regulation and emotional exhaustion in healthcare workers. Work Stress 2016; 30: 26–45.
Mróz J, Kaleta K: Relationships between personality, emotional labor, work engagement and job satisfaction in service professions. Int J Occup Med Environ Health 2016; 29: 767–782.
Pandey J, Singh M: Donning the mask: effects of emotional labour strategies on burnout and job satisfaction in community healthcare. Health Policy Plan 2016; 31: 551–562.
Peate I: Compassion fatigue: the toll of emotional labour. Br J Nurs 2014; 23: 251.
Pisaniello SL, Winefield HR, Delfabbro PH: The influence of emotional labour and emotional work on the occupational health and wellbeing of South Australian hospital nurses. J Vocat Behav 2012; 80: 579–591.
Pontin D, Jordan N: Issues in prognostication for hospital specialist palliative care doctors and nurses: a qualitative inquiry. Palliat Med 2013; 27: 165–171.
Psilopanagioti A, Anagnostopoulos F, Mourtou E et al.: Emotional intelligence, emotional labor, and job satisfaction among physicians in Greece. BMC Health Serv Res 2012; 12: 463.
Purcell C, Cameron S, Lawton J et al.: The changing body work of abortion: a qualitative study of the experiences of health professionals. Sociol Health Illn 2017; 39: 78–94.
Riley R, Weiss MC: A qualitative thematic review: emotional labour in healthcare settings. J Adv Nurs 2016; 72: 6–17.
Roh CY, Moon MJ, Yang SB et al.: Linking emotional labor, public service motivation, and job satisfaction: social workers in health care settings. Soc Work Public Health 2016; 31: 43–57.
Schmidt KH, Diestel S: Are emotional labour strategies by nurses associated with psychological costs? A cross-sectional survey. Int J Nurs Stud 2014; 51: 1450–1461.
Schreurs B, Guenter H, Hülsheger U et al.: The role of punishment and reward sensitivity in the emotional labor process: a within-person perspective. J Occup Health Psychol 2014; 19: 108–121.
Shaw JA, Connelly DM, McWilliam CL: Enacting fall prevention in community outreach care. Qual Health Res 2014; 24: 901–912.
Shuck AL, Shuck B, Reio TG Jr: Emotional labor and performance in the field of child life: initial model exploration and implications for practice. Child Health Care 2013; 42: 168–190.
Smith P: The Emotional Labour of Nursing Revisited: Can Nurses Still Care? 2nd ed., Palgrave Macmillan, London 2012.
Taylor J, Smith P, Taylor J: A hermeneutic phenomenological study exploring the experience health practitioners have when working with families to safeguard children and the invisibility of the emotions work involved. J Clin Nurs 2017; 26: 557–567.
Wang ML, Chang SC: The impact of job involvement on emotional labor to customer-oriented behavior: an empirical study of hospital nurses. J Nurs Res 2016; 24: 153–162.
Williams A: Emotion work in paramedic practice: the implications for nurse educators. Nurse Educ Today 2012; 32: 368–372.
Wittenberg-Lyles E, Oliver DP, Demiris G et al.: Sharing atrocity stories in hospice: a study of niceness message strategies in interdisciplinary team meetings. Prog Palliat Care 2011; 19: 172–176.
Woodby LL, Williams BR, Wittich AR et al.: Expanding the notion of researcher distress: the cumulative effects of coding. Qual Health Res 2011; 21: 830–838.
Zamanzadeh V, Valizadeh L, Sayadi L et al.: Emotional labour of caring for hematopoietic stem cell transplantation patients: Iranian nurses' experiences. Asian Nurs Res (Korean Soc Nurs Sci) 2013; 7: 91–97.
Zamperini A, Paoloni C, Testoni I: [The emotional labor of nursing: critical incidents and coping strategies]. Assist Inferm Ric 2015; 34: 142–148.