Title:

What Do We Know about Emotional Labour in the Nursing Profession? A Literature Narrative Review

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Abstract

Nurses have to manage their emotions and the emotion expressions to perform best care, and their behaviours pass through emotional labour (EL). However, EL seems to be an under-appreciated aspect of caring work and there is not a synthetic portrait of literature about EL in the nursing profession. Hence,this review was conductedto synthesize and to critically analyse the literature in the nursing field related to the emotional labour (EL). Twenty-seven papers were included and analysed with a narrative approach, where two main themes was found: (a) EL strategies and (b) EL antecedents and consequences. Hence, EL is a multidimensional, complex concept and it represents a nursing competence to perform the best caring. Moreover, nurses have a highawareness of EL as a professional competence, which is a fundamental element to balance engagement with an appropriate degree of detachment to accomplish some tasks aimed to perform the best behaviour, and to achieve good results for the patients' caring.

Introduction

The pith of nursing is caring for others (Watson, 2005; Wu & Cheng, 2006). Nurses face human suffering in their work daily, and they must provide the best care possible to soften patients' distress rather than simply perform technical tasks (Bolton, 2005). The literature about nursing profession shows that most nurses perform emotional labour(EL), as they recognize that their feelings are not congruent with the caring emotions they should experience professionally (Smith &Lorentzon, 2005). According to Hochschild's theory (1983), EL is the process by which workers have to manage their feelings in accordance with organizationally defined rules and guidelines to produce *'the proper state of mind in others…the sense of being cared for in a convivial and safe place'* (Hochschild, 2003: 7). In other terms, EL refers to a worker's endeavour to display emotions according to embedded social and cultural norms rather than according to what he or she actually feels (Huynh et al., 2008). According to the original conceptualization of Hochschild work, EL is an occupational requirement of waged work environments, that induces the outward expression of certain emotions during the interactions and that implies the management of feelings/emotions (Hochschild, 1983; 2003). From this first conceptualization different disciplines (e.g. sociology, psychology, medicine, management), in over 30 years of research on this topic, adopted different research perspectives and different ways to conceptualize and investigate the EL. Moreover, the literature regarding EL is very lively in relation to the different samples, methods and instruments to measure it.

Background

EL is the work service agents do to express emotions that match the organization's desires during service encounters(Hochschild, 1983). Thus, EL refers to workers' expenditure of energy in suppressing and/or substantially changing their emotions to comply with organizationally defined rules and regulations and to display feelings that convey to others a sense of being cared for (Wharton, 2009). The first studies that aimed to describe EL focused on flight attendants. Their job

is to deliver a service, to enhance the status of the customer and to be 'nicer than natural' (Hochschild, 1983). From these studies, Hochschild first defined the concepts of surface acting(SA) and deep acting(DA). Most EL conceptualizations suggest that to display appropriate emotions at work, individuals sometimes must hide or fake felt emotions (SA) or try to experience the desired emotion (DA). Thus, SA and DA may be considered compensatory behaviours that individuals use when they cannot spontaneously display the appropriate emotions. According toHochschild's theory, a job requires EL when its performance involves the following:

- making voice or facial contact with the public

- producing an emotional state in the client or customer

- working for an employer that has the opportunity to control workers' emotional displays

Although the first EL studies explored the phenomenon in association with flight attendants, in the last fifteen years, the literature has demonstrated a growing interest in the description of the phenomenon in other professionscharacterized by the duty to follow organisational emotions-display rules, with particular attention being given to the nursing profession (Smith, 1992; Kelly et al., 2000; Henderson, 2001; Mann &Cowburn, 2005; Gray, 2009a).Smith (1992) conducted the first study to explore EL in the nursing field. She performed her study in the nursing undergraduate educational context, concluding that it was necessary to further investigate EL since emotional work is a paramount skill in the nursing profession and yet is an invisible skill among different nursing aptitudes. Thus, exploring EL in nursing involves a tacit and rather than codified competence (Smith, 1992; 2012).

Various studies highlight the importance for nurses to manage their emotions. According to Bolton the term EL doesn't capture the complexity of nurse' emotional work, since the nurses must offer authentic caring behaviours as "a gift" to the patient (Bolton, 2000; 2001; 2005). Theodosius criticizes the conceptual limits of Hochschild's theory, because it doesn't capture the interactive and relational nature of emotion work and the important function of unconscious emotion processes

(Theodosius, 2006). McClure & Murphy conversely contest the dominance of emotional labor in the nursing profession(McClure & Murphy, 2007) and suggest a more robust construct of nurses' emotional work which may describe the *'complex emotional role behaviours and demands of professional nurses'* (McClure & Murphy, 2007: 101).

Nurses often have to follow professional and organizational rules when they care for their patients in order to ensure high levels of quality (Rafaeli& Sutton, 1987;Diefendorff&Grosserand, 2003;Diefendorff& Richard, 2003). Therefore, they often engage in EL to show emotions in accordance with embedded social and cultural norms (Hochschild, 1983; Morris & Feldman, 1996). Indeed, interactions with patients stimulate a series of emotional demands that nurses have to manage (Hochschild, 1983; Morris & Feldman, 1996). Nurses—as well as other professionals involved in delivering services to customers— requireto provide their work with a smile (Grandey et al., 2005). Balancing emotions is necessary to suppress negative emotions (e.g. anger or frustration) and to display behaviour and emotions that conform to organizational rules (e.g. kindness or good humour in the interpersonal relationship with the patient).

The literature also reveals the association of EL with aspects of poor physical and mental wellbeing, including such as stress, emotional exhaustion, depersonalization and burnout (Abraham, 1998; Abraham, 1998a;Schaubroeck& Jones, 2000;Brotheridge&Grandey, 2002; Bono e Vey, 2005), with work satisfaction (Van Maanen&Kunda, 1989;Ashforth& Humphrey, 1993;Tolich, 1993), work performance (Baumeister et al., 1998;Totterdell& Holman, 2003; Goldberg &Grandey, 2007) and turnover intentions (Côté& Morgan, 2002; Chau, 2007; Chau et al., 2009).When nurses' EL engages with patients at a personal level has been reported to be also satisfying, and job satisfaction is also achieved when feedback of appreciation is given by patients. Otherwise, when nurses' EL is a demanding work, it could lead to burnout(McQueen, 2004).

In recent years, nursing literature has shown a growing interest in this type of emotional work and its physical and psychological implications (Leka& Jain, 2010). The following description, from Reed (2004), fully captures the meaning and potential implications of EL for a nurse: <<*To be a*

good nurse, you need to be compassionate, empathetic, and caring. As a human being, you may not be quite up to the task every day. I remember one such day, when I thought that this world wasn't a good place and that maybe I'd be better off not being in it. The word "suicide" didn't quite break into my consciousness, but you know it was what I was thinking. The only thing holding me back was obligations—because you see, I take obligations very seriously. That's a strong trait in nurses. We feel obligated to be and do what's expected of us. No matter how I was feeling inside, I felt obligated to go to work that day>>(Reed, 2004: 48).

Hence, EL is skilled and demanding work for nurses. According to Reed (2004), nurses have to manage their own emotions and to understand those of their patients, thus EL is a competence and an asset to provide best care. However, it is not easy to understand what is really known about EL in the nursing field, considering that literature is rich of empirical studies that conceptualize EL in different way, but there are very few synthesis of knowledge. Furthermore, a synthesis and a critical analysis of the EL in nursing field could provide a useful and an integrated approach for the future study of EL in the nursing field. For this reason, the aim of this study is to synthesize and critically analyze the literature in the nursing field related to the emotional labour (EL).

Method

A narrative review was conducted. This type of review is useful where the aggregation of data is difficult. In this case, aggregation was challenging because several studies used different conceptualizations of EL (Slavin, 1995).

In December 2014, a comprehensive and Boolean literature search (Figure 1) was undertaken of the CINAHL, PubMed and PsycINFO databases, using the search terms 'nursing', 'emotional labor', 'emotional labour', 'emotional consonance', 'emotional dissonance', 'emotional work', 'emotional suppression' and 'emotional demands'. A manual recursive search of relevant sources was included. Searching covered the period from January 1990 to December 2014. A thorough search of the grey literature (e.g. Google)was also undertaken.

A graduated linear approach to searching was adopted whereby 'emotional labor' was used as the primary keyword in the initial search strategy, with further keywords such as 'deep acting' and 'surface acting' also used. A list of inclusion and exclusion criteria was identified.

The inclusion criteria were as follows: (a) EL was the main focus of paper; (b) there was a direct/ indirect relationship to the nursing profession; (c) the paper was an empiricalstudy (d) containing over 20 references, (e) and published over the last 15 years.

The exclusion criteria were as follows: (a) the paper was written in a non-English language, (b) it is not an empirical study, (c) or a validation study about tool to measure the EL.

Over 300 papers and 18 doctoral thesis were retrieved. Of these, 58were read in full, and 27 were included in the final review, following the search strategy shown in Figure 1. The broader nursing sciences literature reported a limited number of empirical studies. All papers were appraised (Greenhalgh, 1997) using quantitative (Cochrane, 2006) and qualitative synthesis (Popay et al., 2006) frameworks, with additional scrutiny placed upon secondary data sources in the latter. Key focus of the appraisal was EL theories applied in the nursing field. All papers had to be in line with the inclusion/exclusion criteria.

Researchers used a data extraction form on the key elements of research projects or literature reviews (Burns & Grove, 2001). Moreover, all included papers (n = 27) were reviewed independently by two reviewers using the data extraction template developed by Greenhalgh et al. (2005). According to this methodology, we extracted data from all sections of the included papers. Regular meetings were held to verify emerging findings, and in case of disagreement, the reviewers met for a consensus discussion.

Results

The 27 included papers were heterogeneous due to different approachesin conceptualizing and measure EL (Table 1). Fifteen papers were qualitative and twelve were quantitative. Considering the different methodologies, we used an overarching narrative technique to synthesize the findings

and gain deeper insight and a broader view of the conceptual development of the extracted data (Popay et al., 2006). Thematic analysis demanding a constant comparative approach (Glaser & Strauss, 1967) was applied to the data to synthesize EL theories, results, relationships and general robustness (Popay et al., 2006). All authors participated in the synthesis of the findingsThe narrative synthesis of the 27 included paper showed two main themes: (a) EL strategies and (b) EL antecedents and consequences.

EL strategies

Literature shows that nurses must conform to norms and standards of behaviour indicatingwhich emotions are appropriate in certainsituations according to their organizational display rules. Extant models of EL conceptualize the process of managing emotions and feelings as the core of emotional labor. The most studied EL strategies are deep acting (Table 2) and surface acting(Table 3) (Hülsheger&Schewe, 2011).Surface acting consists of forging or altering the external expression of emotion while the inner feelings remain unchanged (Grandey et al., 2013), such as maintaining a friendly attitude and a pleasant smile in front of a verbally aggressive patient. Deep actingconsists of showing emotions really felt by nurses in line with the organizational demand as result of a process of emotional regulation. This behaviour involves empathy during the process of emotional regulation.

The literature shows that surface acting and deep acting are two different dimensions of EL. Surface acting is related to emotional exhaustion and depersonalization, while there are no significant associations between deep actingand emotional exhaustion (Hülsheger&Schewe, 2011). The review by Bono and Vey (2005), which involved all working occupations, confirmed these relations.

EL Antecedents and consequences

The main EL antecedents considered in literature are as follows:

1. Social factors

2. Factors related specifically to employment's working demands (e.g. Emotion Organizational Requirements, Display Rules)

3. Organizational factors (e.g. organizational display rules, 'service with a smile')

4. Interaction characteristics (e.g. jobs requiring frequent contact and frequent interactions with clients) (Morris & Feldman, 1996)

5. Job characteristics that influence the development of the organizational display rules (Grandey et al., 2005a)

6. Situational factors, the rules of emotion manifestation that provide the ground rules for interactions between workers and clients (Rafaeli& Sutton, 1987)

7. Work intensification

8. Personality traits: Neuroticism, extraversion and emotional expressivity are considered EL antecedents (Friedman et al., 1980). Other traits that could play roles as EL antecedents are conscientiousness (Witt et al., 2004), pleasantness (Diefendorff et al., 2005), positive and negative affectivity, self-control (Diefendorff et al., 2005), political skills (Liu et al., 2004), psychoticism (Tan et al.,2003) and the ability to display emotions (Cowie et al., 2002).

The literature also shows two main families of EL consequences: positive and negative. The negative consequences highlighted in the literature are as follows:

- emotional dissonance

- worker dissatisfaction

- worsening memory performance

- emotional exhaustion

- depersonalization

Emotional dissonance is a feeling of unease that occurs when someone perceives an emotional experience to be a threat to his or her identity. Thus, emotional dissonance comes from the conflict between experienced emotions and emotions expressed to conform to display rules (Hochschild,2003). Worker dissatisfaction involves employees' feeling of discontent with their

jobs. There is also growing evidence that certain strategies of emotion regulation may lead to worsening memory performance (Richards & Gross, 1999). Emotional exhaustion is a chronic state of physical and emotional depletion, and can be linked to EL (Martínez‑Inigo et al., 2007), especially as a result of depersonalization of patients (Hunter& Smith, 2007).

The positive consequences highlighted in the literature are as follows:organizational consequences (e.g. better performance and quality of care, when nurses' EL engages with patients at a personal level or they have the perception of a patient improvement due to their EL) (Grandey, 2003; Grandey, 2005b; Totterdell& Holman, 2003; Hülsheger&Schewe, 2011); individual consequences (e.g. better well-being, job satisfaction, self-efficacy, when nurses' EL engages with patients at a personal level) (Grandey, 2000; Mann, 2005; Rubin et al., 2005; Holman et al., 2008;Hülsheger&Schewe, 2011).

Discussion

It is clear that nurses not only experience strong emotions during their work but also consciously use those emotions to hone, refine and improve their practice. EL is a high-level competence which requires great honesty and perseverance. Interpersonal relationships with patients and their families are a significant source of emotional stress for nurses; the main relationship management strategies are avoidance strategies, including communication techniques such as changing the subject of conversation, limiting the information provided to family members or moving away from the patient to focus on performing technical tasks (Stayt, 2009).

Nurses learn some emotion-management strategies through the education, training and supervision processes because EL is considered to a nursing professional competence. Another way to achieve good emotion management skills involves tacit trainee observation of organizational rules aimed to achieve good emotion management skills. Considering this, Townsend (2008) highlighted three levels of organizational demands: management's expectations, colleagues' expectations and workers' expectations. Indeed, management tries to integrate workers into the organizational

culture, encouraging workers to fellow certain rules, and colleagues also encourage participation in organization-led behaviours. Eventually, workers encourage themselves behave in line with organizational demands,using EL as the strategy to achieve the best behaviour they have to perform(Smith & Gray, 2001b). Thus, the characteristics of the job and the observable expressions of employees EL are defined as EL (Morris & Feldman, 1997).

The organizational display rules can also reside within wards in the different clinical context. Bartel and Saavedra (2000) have shown that the rules concerning the expression of emotions are strongly supported within working groups and wards.Work group members experience group moods when they can detect and display mood information through observable behavioural expressions. Bartel and Saavedra (2000) study results show how convergence in members' moods was positively associated with task and social interdependence, membership stability, and mood regulation norms.

Helping professionals have very high levels of frequency, intensity and duration in episodes of managing their emotions, and they have to face high demands for the best control of emotions and a good level of deep acting (Brotheridge&Gandey, 2002: 31). In clinical contexts, nurses engage often in deep acting when they perceive their patients as less responsible for their condition or when their patients' behaviours are likely to change. Nurses use surface acting especially when they hold patients responsible for their own condition or when they feel they that they cannot help their patients to change behaviours.

It is not easy find a unique lens through which to identify the antecedents and consequences of EL because the literature discusses different conceptualizations. Hochschild suggests the emotional labour *requires one to induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others'* (Hochschild, 2003: 7). This kind of work, the voice to voice or face to face delivery of service where smiles are a part of it, *'calls for a coordination of mind and feelings and ...the worker can become estranged or alienated from an aspect of self'* and over the long run can lead to strain (Hochschild, 2003: 7). Thirty years of research about the antecedents and consequences of EL explore and expand the first observations about EL. According

to the literature on the stress, both job characteristics and individual characteristics contribute to workers' reported levels of overall stress(Leka, Griffiths & Cox, 2003; European Agency for Safety and Health at Work, 2009). For professional workers, organizational rules have less impact on EL than do the social norms prescribed by professionalism (Kramer & Hess, 2002). It seems that there are some job peculiarities that are antecedents of EL. For example, job autonomy could be an EL antecedent; when nurses work in an autonomous environment, the voluntary rather than the involuntary performance of emotional displays suggests that the service provider has discretion in either superseding acceptable organizational norms or modifying unacceptable display rules to conform to experienced emotions.

For some authors, EL is deeply linked to gender identity; women, being culturally connoted as more willing to become involved emotionally and bring their emotions into play, are culturally considered more suitable to 'look after the patients' than men; thus women are more exposed to EL (Guy & Newman, 2004). However, other authors do not share this assumption (Martin, 1999; Boyle, 2005).Most professionals in female-dominated occupations are expected to employ emotional skills to bring about organizational ends, whereas professionals in male-dominated occupations are not. Timmons (2005), studying qualitatively female operating theatre nurses, highlighted scrub nurses' feeling that one of their main competence was to 'care' for surgeons during operations, bearing their bad moods and trying to anticipate their needs. In Timmons's paper, nurses identified the theme of 'caring for surgeons' as an organizational display rule, so they had to manage surgeons' emotions, and they described themselves as 'hostesses' during surgery (Timmons& Tanner, 2005). All the interviewed nurses were female, which is common in EL qualitative literature. Although EL is not necessarily gender-specific (Goleman, 1998), the overwhelming majority of studies show that women provide more EL and are subject to expectations that they will do so (Martin, 1999). According to Simpson, *'notions of traditional (gender typical) and non traditional jobs are not static concept and vary over time'* (Simpson, 2009: 5). When Nightingale established that nursing is a female occupation, based on belief that

nursing care is an extension of women's natural caring, she didn't consider the progressive input of men in traditionally female occupations. In the past years men often gravitated towards mental health underlining an historic and "masculine" role for the custodialism or for emergency (Squires, 1995; Williams, 1995). The literature highlights that little is known about how men negotiate the potential mismatch between the female nature of EL and the gendered identity.

In the nursing literature, role identification as a helping professional is considered an EL antecedent. Nurses' role identification, coupled with their experience and commitment to working with frail patients, helps to shape nurses' EL (Huynh et al., 2008).There are different aspects related to nurses' role identification that could shape nurses' EL, such as open communication with patients or personalised care. These aspects emphasize the importance of nurse–patient relationships and represent emotional demands for nurses' work. Nurses get to know their patients as individuals and experience emotional responses to their suffering, but they have to show only the "right" emotions, according to organizational norms.

The literature has shown that individual differences are important in the EL process. The main individual differences involve motivation (Diefendorff&Grosserand, 2003), personality traits, (Buss, 1989; McCrae & John, 1992) and self-efficacy, acting as a determinant of behaviour and performance (Bandura, 2012). For example, some studies have shown that negative affectivity, considered as a personality variable, is positively related to surface acting, while positive affectivity, also considered as a personality variable, is negatively related to surface acting, and neither affectivity variable is related to deep acting. (e.g., Brotheridge&Grandey, 2002). These associations suggest that how individuals feel relates to whether they fake emotions at work, but not to whether they directly modify their feelings.

A recent meta-analysis by Kammeyer and Mueller et al. (2013) explored EL antecedents, trying to differentiate workers' psychological profiles as antecedents to explain different EL behaviours, such as deep acting and surface acting. Perceptions of the organizational display rules (Diefendorff&Grosserand, 2003) and the traits of positive and negative affectivity (Scott & Barnes,

2011; Kammeyer–Mueller et al., 2013) have also been recently investigated as EL antecedents. Among EL antecedents, the organizational need to display only positive emotions and hide negative emotions is particularly important in explaining the EL burden (Ashforth& Humphrey, 1993;Dieferndorff&Grosserand, 2003).

The processes of emotion regulation also have important interpersonal consequences. One must consider both intrapsychic and interpersonal aspects because the manifestation of emotions has significant effects on the behaviour and attitude of the 'others' (Van Kleef, 2009), such as the patients nurses have to care or even colleagues. Indeed, the expression of emotions has important regulatory functions in interactions between people. What an individual perceives about others' emotions gives him or her important information about behaviours he or she should engage in; for example, if a worker understands the emotions of his supervisor, this can affect the way the worker manages his emotions and his behaviour (Sy et al., 2005).

The literature reveals contradictory results regarding EL consequences. While psychologists propose that emotional dissonance is an EL antecedent (Mann, 2005; Rubin et al., 2005), other researchers believe that emotional dissonance is a negative consequence of EL, being the effect of surface acting (Bono & Vey, 2005).These different approaches probably have an effect in the empirical researches, underpinning the different results regarding EL consequences.

The impact of EL on organizational performance raises the question of how one manages EL. When nurses' EL engages with patients at a personal level, it is self-fulfilling, thus it could have positive consequences on performance or individual well-being (Meier et al., 2006). However, job dissatisfaction could be a consequence of EL, when nurses' EL becomes a demanding and skilled work to perform. Morris and Feldman (1997) reported a significant relationship between EL and global job satisfaction. EL could improve job satisfaction when nurses understand that their EL is aimed to achieve better outcomes for their patients (e.g. better satisfaction with nursing care) and they have the perception to have achieved an improved outcome.

Conclusion

EL is a multidimensional and complex concept, which refers to the management of expressions and manifestation of emotions in interpersonal relationships according to workplace demands. The literature review shows a substantial convergence about EL strategies and consequences but the different existing theoretical approaches lead to different operationalisations of the concept. This could explain why findings coming through EL studies are sometimes contradictory (Hülsheger&Schewe, 2011). It seems that there is a lack of an integration between EL theorizations in the nursing field, especially when EL have to be measured. For this reason, it is difficult to compare the results coming from different studies, and the framework provided by the literature search is not unique in the nursing field.

Moreover, previous studies have often disagreed on the definition and operationalisation ofEL (Glomb&Tews, 2004). For instance, Henderson (2001) stated that EL is a very important and under-appreciated aspect of caring work. Huynh et al. (2008) argued that EL is so important that itshould be introduced into preregistration programs. This is likely because more theoretical clarity is need in a field in which EL is an essential aspect of good caring.Even though, nurses have a highawareness of EL as a professional competence needed to balance engagement with an appropriate degree of detachment to accomplish some tasks aimed to perform the best behaviour to achieve good results from the patients' caring (Cereda, 2014; Gray, 2009b).

This review is not intended to be comprehensive or cumulative about the literature related to EL, but it was designed to describe what is known about EL in the nursing field, analysing the literature over the last fifteen years. The findings of this review could help to identify a consensus related to EL strategies and EL antecedents and consequences. Moreover, a shared EL definition coming from the nursing field and supported by empirical research could help to gain more theoretical clarity and more importance in considering EL importance in all nurses' workplace settings and educational

programs. Nurse leaders and managers should consider the importance of EL and useful strategies for its management into all work settings and nurse educators should also consider to introduce it into nursing educational programs as a specific professional skill. The recognition of the existing of EL into work settings plays a basic role in promoting nursing well being. Besidesemotions management is a specific and unique nursing skill and not an underlying and unappreciated aspect of caring work. Nurse managers in health service and nurse educators in educational programs should be aware of the complexity of emotional skills required to nurses and should activate programs to identify and manage it.

Table 1. Overview synopsis of papers included

First author	Title	year	Country	Design	Journal	Results
Bolton S.C	Changing faces: nurses as emotional jugglers	2001	UK	Qualitative study	*Sociology of Health & Illness*	This study highlights three different faces which the nurses are able to manipulate and resist some of the emotional demands: professional face, smiley face and humorous face.
Henderson A.	Emotional labor ad nursing: an under-appreciated aspect of caring work	2001	Canada	Qualitative study	*Nursing Inquiry*	This paper discusses the theme of emotional engagement versus emotional detachment as a component of everyday practice and the concept of care and EL. Nurses consciously use emotions to bone, refine and improve their practice.
Morgan J.M.	Bending the rules of "professional" display: emotional improvisation in caregivers performance	2001	USA, Iowa	Qualitative study	*Journal of Applied Communication Research*	It describes how nurses and medical staff manage emotionally demanding situations in a cardiac care center using emotional improvisation (such us "detached concern")
Smith P.	Reassessing the concept of emotional labour in student nurses education: role of link lecturers and mentors in a time of change	2001a	UK	Follow-up qualitative study	*Nurse Education Today*	EL is a routine part of nursing with the patient, it is regarded an integral part of the culture of care but it remains largely implicit. It discuss also the role of mentors in student nurse's learning experience.
Smith P.	Emotional labour of nursing revisited: caring and learning 2000	2001b	UK	Qualitative study	*Nurse education in practice*	Nurses and students see EL as vital to care and part of NHS culture of care. It is "part and parcel of the normal routine of nursing" that touch upon psychological aspects of care such as "friendship", "being more intimate and building trust with patient".
Brotheridge C.M.	Emotional labor and burnout: comparing two perspective of "people work"	2002	USA, Canada	Cross-sectional study	*Journal of Vocational Behavior*	EL is an antecedents of employee burnout. Human service professionals report the highest levels of EL. Surface acting is significantly related to emotional exhaustion.
Georges J.J.	Being a palliative care nurses in a academic hospital: a qualitative study about nurses' perceptions of palliative care nursing	2002	Netherlands	Qualitative study	*Journal of Clinical Nursing*	Two main themes emerge: "striving to adopt a well-organized approach" and "striving to increase the well-being of patient". Coping with emotional aspects is a leading theme. Concentrating on the tasks

						and adopting a rational attitude can allow to avoid emotional problems
Zammuner V.L.	Regulation of emotions in the helping professions: nature, antecedents and consequences	2002	Italy	Cross-sectional study	Chapter in Morrow L., Verins I. & Willis E.(eds)(2002) *Mental Health and Work Issues and Perspectives.*	Emotional labour dimensions have significant relations with burnout dimensions. In particular Surface acting is positively associated with both emotional exhaustion and depersonalization whereas deep acting displays a positive correlation with depersonalization, and a negative one with Social Desirability. The kind of ward has no significant effects on EL. Workers who spend much time listening to patients, have the highest frequency of Surface acting.
Skilbeck J.	Emotional support and the role of clinical nurses specialists in palliative care	2003	UK	Qualitative study	*Journal of Advanced Nursing*	Developing supportive nurse-patient relationship involves a complex process through the effective use of communication skills and the management of emotional component of care (EL), such us feeling of loss after patient's death
Mazhindu D.M.	Ideal nurses: the social construction of emotional labour	2003	UK	Qualitative study	*The European Journal of Psychotherapy, Counselling & Health*	It explores different types of EL and challenges the view that all EL is concerned with negative emotions. El is explored as a social construction of caring and it can lead to feel the emotional cost of being unable to act the social construction of the "ideal nurse"
Brunton M.	Emotion in health care: the cost of caring	2005	New Zealand	Qualitative study	*Journal of Health Organization and Management*	The management of emotion or EL govern the communication with the client group and it is a critical component among health professionals because its importance it is not always recognized
Grosserand R.H.	Emotional display rules and emotional labor: the moderating role of commitment	2005	USA	Cross-sectional study	*Journal of Applied Psychology*	It explores the role of motivation and commitment in EL. Commitment to emotional display rules is associated with more use of emotion regulation strategies (i.e. surface acting and deep acting) and better positive delivery
McCreight B.S.	Perinatal grief and emotional labour: a	2005	Ireland	Qualitative study	*International Journal of*	Emotional work is not fully visible for nurses working in

	study of nurses' experiences in gynae wards				*Nursing Studies*	gynaecological units. The emotional needs of nurses need to be acknowledged because the management of emotions play a role in the construction of professional competence
Montgomery A.J.	Emotional labour at work and at home among greek health-care professionals	2005	Greece	Cross-sectional study	*Journal of Health Organizations and Management*	EL for nurses is a predictor of burnout. For nurses, surface acting at work and hiding emotions at work is significantly related to spillover from family to work.
Timmons S.	Operating theatre nurses: emotional labour and the hostess role	2005	UK	Qualitative study	*International Journal of Nursing Practice*	The "hostess" role of female nurses with surgeons is a kind of EL, but performed with coworkers rather than patients.
Zammuner V.L.	The relationship with patients: emotional labor and its correlates in hospital employee	2005	Italy	Cross-sectional study	Chapter in Hartel C.E.J., Zerbe W.J. &Ashkanasy N.M. (2005) *Emotions in Organizational Behavior*	Surface acting ad emotional consonance have significant relationship with burnout dimensions. Personal and job variables, such as empathic concern and relational time spent with patients, play a mediating role.
Mikolajczak M.	Explaining the protective effect of trait emotional intelligence regarding occupational stress: exploration of emotional labour processes	2007	Belgium	Cross-sectional study	*Journal of Research in Personality*	When confronted with EL, high trait EI individuals experience lower levels of burnout and somatic complaints, mediated by the choice of different EL strategies
Wilson S.C.	Emotional competence and nursing education: a New Zealand study	2008	New Zealand	Qualitative study	*Nursing Praxis in New Zealand*	Emotional competence is a key component of fitness to practice and transforming caring into good practice.
Yang F.	Emotional labour, job satisfaction and organizational commitment amongst clinical nurses: a questionnaire survey	2008	Taiwan	Cross-sectional study	*International Journal of Nursing Studies*	Some dimensions of EL are related to job satisfaction. Emotional Display rules are negatively correlated to job satisfaction. Surface acting is not significantly correlated to job satisfaction but negatively correlated to organizationalcommitment. Deep acting is positively correlated with job satisfaction.
Gray B.	Emotional labour and the clinical settings of nursing care: the perspectives of nurses in East London	2009c	UK	Qualitative study	*Nurse Education in Practice*	It explores the role of EL and the different way in which EL is performed in different clinical settings (primary care, mental health and children's oncology). Reflections on EL add value and help in sustaining a caring environment between nurses ad patients

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Rose J.	An investigation of emotional wellbeing and its relationship to contemporary nursing practice	2009	Australia	Qualitative study	*Collegian*	Community nurses who provide palliative care describe their emotional well-being into two themes: "feeling balanced" (being self aware, adopting coping strategies, feeling spiritually enriched and negotiating setting boundaries) and " out of balance"
Seery B.L.	Emotional labor: links to work attitudes and emozionaexaustions	2009	USA	Cross-sectional study	*Journal of Managerial Psychology*	Surface acting is related to negative work outcomes such as lower job satisfaction, lower affective commitment, higher turnover intentions and higher emotional exhaustion.
Lazanyi K	Lazanyi K (2010) Emotional labour and its consequences in health-care setting	2010	Hungary	Cross-sectional study	*'10 Symposium for Young Researchers*	Surface acting and repressing of genuine emotions shows positive correlations with the dimension of burnout.
Bechtoldt M.N.	The primacy of perceiving: emotion recognition buffers negative effects of emotional labor	2011	Germany	Cross-sectional study	*Journal of Applied Psychology*	The impact of EL hinges upon worker's ability to correctly identify emotions in patients. Emotion recognition moderates the relationship between EL and work engagement; workers with low emotion recognition engaging in EL report lower work engagement.
Diefendorff J.M.	Emotional display rules as work unit norms: a multilevel analysis of emotional labor among nurses	2011	USA	Cross-sectional study	*Journal of occupational health psychology*	Display rules can be represented as shared unit-level beliefs. Unit-level display rules are associated to burnout indirectly trough individual-level display rule perceptions and emotion regulation strategies
Hayward R.M.	Emotions in uniform: how nurses regulate emotion at work via emotional boundaries	2011	Australia	Qualitative study	*Human relations*	Nurses use different emotion regulation strategies to manipulate the intensity and duration of emotions. The use of emotional boundaries, a way to regulate anticipated or felt emotion, is a mechanism necessary for professionalism to influence the nature, intensity and duration of emotions at work.
Mathur G.	An emotional antecedents to stress at work in health care	2013	India	Cross-sectional study	*Advances in management & applied economics*	EL is positively correlated to job stress both in doctor and nurses. They don'tdiffer significantly in EL as well as in work stress.

Table 2. Deepactingdefinitions

AUTHORS	CONCEPT'S DEFINITION
Spencer &Rupp, 2009	"an antecedent focused strategy…..that concern modifying internal affect so that it matches with outward expressions" (p.249)

Johnson &Spector, 2007	"deep acting corresponds with managing underlying feelings to actually feel the emotion required by the display rules" (p.319)
Hochschild, 2003	"Sometimes we try to stir up a feeling we wish we had, and at other times we try to block or weaken a feeling we wish we did not have" (p.43)
Zapf, 2002	…when "not only the expressive behavior but also the inner feelings are regulated…deep acting refers to the case where the employee has to spend effort to regulate emotions" (p. 244)
Brotheridge&Grandey, 2002	"deep acting is the process of controlling internal thoughts and feelings to meet the mandated display rules. Emotions involve psychological arousal and cognitions and deep acting working on modifying arousal or cognitions…"(p.22)
Grandey, 2003	"Deep acting, or working on inner feeling to appear authentic to customers was found to have a positive influence on observed interactions with customers". (p.93)

Table 3. Surface acting definitions

AUTHORS	CONCEPT'S DEFINITION
Zapf, 2002	"Surface acting means that employees try to manage the visible aspects of emotions that appear on the surface and which can be noticed by the interaction partner to bring them in line with organizational display rules while the inner feelings remain unchanged" (p. 244)
Spencer & Rupp, 2009	"response-focused strategy..that result when an individual displays the appropriate emotion even though it is not consistent with his or her true feeling" (p.429)
Karatepe&Aleshinloye, 2009	"surface acting occurs when employees fake their emotions by changing their outer demeanor to conform with the organizational display rules while their inner feelings remain unchanged" (p.349)
GlasØ&Einarsen, 2008	"the management of feeling to create a publicly observable and desiderable emotional display as part of a job role" (p.484)
Hochschild, 2003	"in surface acting we deceive others about what we really feel, but we do note deceive ourselves. Diplomats and actors do this best…" (p.33)
Brotherige&Grandey, 2002	"In surface acting, employees modify and control their emotional *expressions*. For example, employees may enhance or fake a smile when in a bad mood or interacting with a difficult customer." (p.22)

Figure 1 Search strategy flow chart
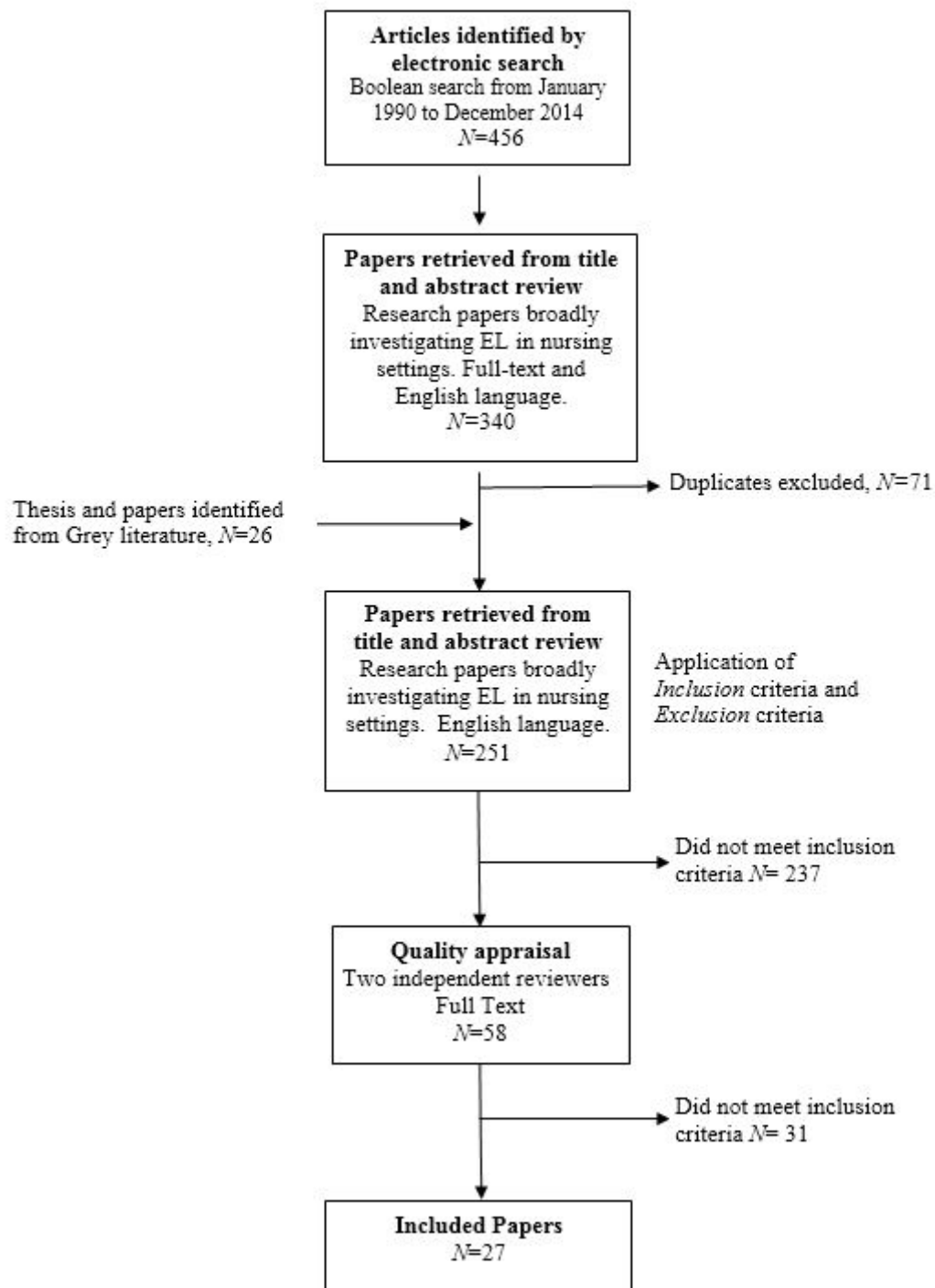
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