Review

Nurses' resilience and the emotional labour of nursing work: An integrative review of empirical literature

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ABSTRACT

Background: The emotional labour of nursing work involves managing the emotional demands of relating with patients, families and colleagues. Building nurses' resilience is an important strategy in mitigating the stress and burnout that may be caused by ongoing exposure to these demands. Understandings of resilience in the context of emotional labour in nursing, however, are limited.
Objectives: To investigate the state of knowledge on resilience in the context of emotional labour in nursing.
Design: Integrative literature review.
Data sources: CINAHL, Medline, Scopus, and PsycINFO electronic databases were searched for abstracts published between 2005 and 2015 and written in English. Reference lists were hand searched.
Review methods: Whittemore and Knafl's integrative review method was used to guide this review. The constant comparative method was used to analyze and synthesize data from 27 peer-reviewed quantitative and qualitative articles. Methodological quality of included studies was assessed using the Mixed Methods Assessment Tool.
Results: Emotional labour is a facet of all aspects of nursing work and nurse-patient/family/collegial interactions. Emotional dissonance arising from surface acting in emotional labour can lead to stress and burnout. Resilience can be a protective process for the negative effects of emotional labour. Several resilience interventions have been designed to strengthen nurses' individual resources and reduce the negative effects of workplace stress; however they do not specifically address emotional labour. Inclusion of emotional labour-mitigating strategies is recommended for future resilience interventions.
Conclusion: Resilience is a significant intervention that can build nurses' resources and address the effects of emotional dissonance in nursing work. There is a need for further investigation of the relationship between resilience and emotional labour in nursing, and robust evaluation of the impact of resilience interventions that address emotional labour.

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What is already known about the topic?

- Without adequate supports, emotional labour can lead to stress and burnout in nurses. Consequentially, this can negatively impact nurses' well-being, their job performance, and the quality of their care delivery.
- Building nurses' resilience through personal and professional development and education can increase their capacity to deal with workplace stress and burnout.

What this paper adds

- This review explores resilience in the context of the emotional labour of nursing work.
- Emotional labour is a characteristic of nurse-patient/family and collegial interpersonal interactions, and the emotional

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dissonance arising from the surface acting in emotional labour can lead to nurses' stress and burnout.

- Resilience interventions have been designed to strengthen and build nurses' individual resources and reduce the negative effects of workplace stress. Inclusion of emotional labour-mitigating strategies is recommended for future interventions.

1. Introduction

Resilience in nursing has been identified as a personal capacity that aids nurses to deal with workplace adversity and demands (Hart et al., 2014; McDonald et al., 2013). These demands include the emotional challenge of witnessing human suffering and distress, and interpersonal difficulties and conflict with other staff (Jackson et al., 2007). This can be particularly demanding for nurses, involving the emotional labour of managing self and others' negative emotions (Theodosius, 2008). Without adequate support and resources, these workplace demands and related emotional labour can have significant negative effects on nurses' well-being and job performance over time, potentially leading to high levels of stress and burnout (Karimi et al., 2014; Melvin, 2015). Building nurses' resilience has potential to strengthen their capacity to address the effects of emotional labour on their well-being and work (McDonald et al., 2012, 2016; Sorensen and Iedema, 2009). To date, however, there have been no reviews of resilience in the context of emotional labour in nursing.

2. Background

2.1. Resilience and nursing

The broader literature defines resilience as a trait, process or outcome depending on which context the concept is applied to (Fletcher and Sarkar, 2013). Masten (2015) asserts that resilience can be understood as the capacity to positively and successfully adapt to challenging circumstances or adversity, and can occur in individuals, families, or other dynamic systems. In nursing, resilience has been explored primarily in relation to individuals, and conceptualized variously as an ability or attribute, a set of characteristics, or innate life force (Grafton et al., 2010; Hart et al., 2014; Jackson et al., 2007), or a contextual and dynamic process between individuals and their environment involving internal and external protective factors (Aburn et al., 2016; Gillespie et al., 2007). Internal resilience-promoting factors are characterized by individual personal/intrapersonal attributes including optimism, sense of purpose, faith/belief, sense of self, empathy, insight, self-care (Buikstra et al., 2010; Edward, 2005), hope, self-efficacy, coping, control, flexibility, adaptability and emotional intelligence (Gillespie et al., 2007; Hart et al., 2014). External or environmental resilience- promoting factors relate to protective mechanisms that are external to the individual and include social networks and supports, workplace supports and resources, and role-models (Cusack et al., 2016; Garcia-Dia et al., 2013; McPhee, 2011). These factors have been attributed to strengthening resilience in nurses, and have formed the basis of resilience-building strategies focused on building and enhancing nurses' internal and external resources to help them overcome and adapt to the challenges of nursing work (Jackson et al., 2007; McAllister and Lowe, 2011).

High levels of resilience in nurses have been associated with increased overall well-being (Ablett and Jones, 2007), psychological health (Mealer et al., 2012a), improved work relationships (McDonald et al., 2013), professional quality of life (Hegney et al., 2015), and increased job-satisfaction (Matos et al., 2010). Accordingly, resilience has been correlated to wellbeing, and prevention of conditions such as stress and burnout, compassion

fatigue, vicarious trauma and psychological or physical ill-health arising from workplace stress and demands (Craigie et al., 2016; Mealer et al., 2014; Potter et al., 2013). This is significant in the context of the emotional labour of nursing work, as these adverse conditions can also occur from the potential negative effects of emotional labour on nurses' well-being and their interpersonal work (Melvin, 2015; Sorensen and Iedema, 2009).

2.2. Emotional labour and nursing

The term 'emotional labour' was initially coined by sociologist Arlie Hochschild in her seminal work in 1983. She defined it as "the management of feeling to create a publicly observable facial and bodily display" (Hochschild, 2003, p.7). That is, workers manage their feelings and emotional expressions in exchange for a wage guided by feeling rules (Hochschild, 2003). Feeling rules are the norms in which people are socialized into how, when and what emotions are expressed in various contexts, such as social or work contexts (Grandey et al., 2013; Hochschild, 2003; Theodosius, 2008). Within these rules, people manage their emotions through the strategies of 'deep' and 'surface' acting. 'Deep' acting refers to self-inducing 'real' emotions, or attempting to experience and express a required genuinely felt emotion. 'Surface' acting is the suppression of genuine felt emotions, or simulating unfelt emotions in order to demonstrate a professionally appropriate response (Hochschild, 2003). Since Hochschild's work, the concept of emotional labour has continued to be explored and applied in various fields, including sociology, psychology, organizational behaviour, and nursing (Grandey et al., 2013). In the nursing context, Hochschild's concept of emotional labour was developed further and applied by Theodosius (2008) who identified three types of emotional labour in nursing; therapeutic, collegial and instrumental. Therapeutic emotional labour refers to interpersonal relationships and interactions between nurses and patients and/or their families. Instrumental emotional labour refers to nurses' interpersonal communication skills and confidence in performing clinical tasks to minimize patients' pain or discomfort, or patients/ families' concerns relating to clinical processes and procedures. Collegial emotional labour refers to interpersonal relationships and interactions between nurses and their colleagues where the exchange of information informs and promotes effective nursing care.

All three types of emotional labour involve interactive interpersonal processes within the nurse-patient/family/colleague relationship (Theodosius, 2008). Within these relational processes, nurses manage their emotions and emotional expressions, through the strategies of deep and surface acting, to display behaviours that are conducive to others feeling cared for (McQueen, 2004; Theodosius, 2008). Both deep and surface acting can be emotionally demanding (Debesay et al., 2014), and both strategies can be incorporated into a single interaction (Mann and Cowburn, 2005). Deep and surface acting however have different effects. Deep acting is associated with positive aspects of emotional labour, such as job-satisfaction, increased sense of connection with patients, and patient satisfaction (Chou et al., 2012; Golfenshtein and Drach-Zahavy, 2015). Conversely, surface acting has been associated with emotional dissonance, where there is a discrepancy between authentic felt emotions and the required emotional expression (Cheng et al., 2013; Karimi et al., 2014). Surface acting can result in negative impacts including emotional exhaustion, stress and burnout, and psychological and physical ill-health (Schmidt and Diestel, 2014). Managing the emotional demands of nursing work can include care-outcomes that result in a positive emotional experience; however for nurses emotional labour is more often related to managing the suffering, vulnerabilities and negative health outcomes of patients (Humphrey et al., 2015;