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An exploration of emotional protection and regulation in nurse–patient interactions: The role of the professional face and the emotional mirror

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Summary
Introduction: While interpersonal styles of nurse–patient communication have become more relaxed in recent years, nurses remain challenged in emotional engagement with patients and other health professionals. In order to preserve a professional distance in patient care delivery however slight, nurses need to be able to regulate their emotions.
Aim: This research aimed to investigate nurses' perceptions of emotional protection and regulation in patient care delivery.
Methods: A qualitative approach was used for the study utilising in-depth semi-structured interviews and researcher reflective journaling. Participants were drawn from rural New South Wales. Following institutional ethics approval 5 nurses were interviewed and reflective journaling commenced. The interviews and the reflective journal were transcribed verbatim.
Results: The results revealed that nurses' emotional regulation demonstrated by a 'professional face' was an important strategy to enable delivery of quality care even though it resulted in emotional containment. Such regulation was a protective mechanism employed to look after self and was critical in situations of emotional dissonance. The results also found that nurses experience emotional dissonance in situations where they have unresolved personal emotional issues and the latter was a individual motivator to manage emotions in the workplace.

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Conclusion: Emotions play a pivotal role within nurse—patient relationships. The professional face can be recognised as contributing to emotional health and therefore maintaining the emotional health of nurses in practice. This study foregrounds the importance of regulating emotions and nurturing nurses' emotional health in contemporary practice.

Introduction

While nurse—patient communication has become more relaxed in recent years, professional codes of conduct remain of utmost importance (Australian Nursing and Midwifery Council, 2008). Although emotion is fundamental to nursing practice (Bulmer Smith, Profetto-McGrath, & Cummings, 2009), everyday practice can be professionally challenging particularly in relation to emotional engagement and therapeutic relationships. It is evident that emotional containment remains a professional expectation, whereby explicit signs of negative emotion such as distress, sadness or anger are considered contextually inappropriate (Hayward & Tuckey, 2011; Mann, 2005; Tracy, 2005). Emotional restraint can render expression invisible (Gray, 2009) and lead to emotional dissonance. Dissonance can occur when nurses struggle with the desire for unique emotional expression yet minimise their displayed emotions and therefore, appear emotionally inauthentic (Hayward & Tuckey, 2011).

Deliberate suppression of visible emotions is typified in the delivery of emotion work, specifically in circumstances of emotional labour (Gray, 2009; Hochschild, 1983; Tracy, 2005) or when nurses are confronted by personal unresolved emotional issues in patient interactions (Cecil, 2007). Therefore emotional engagement necessitates active reflection by nurses in order to develop a heightened awareness of the behavioural impact (Australian Nursing and Midwifery Council, 2008, 2010).

Emotional engagement in healthcare delivery is complex. Even though there is evidence of increased psychological freedom in nurse—patient interactions, the expected requirements for professional functioning may be perceived as 'double-faced emotion management' (Tracy & Tracy, 1998) where by nurses hold in tension, emotional authenticity and unauthenticity.

Although emotional containment has been primarily identified as challenging and at times problematic to nurses, it also has been reported as having positive benefits. This is most evident when nurses self-regulate emotions in the workplace and utilise the skill set of emotional intelligence (Akerjordet & Severinsson, 2007, 2008). Such strategies are attributed to positive emotional health and consequently workplace stress and pressure can be mitigated (Akerjordet & Severinsson, 2007; Billeter-Koponen & Freden, 2005; Georges, 2011; Glass, 2009).

Furthermore, by utilising a 'professional face' nurses are afforded emotional self-protection in difficult and complex interactions (Janlöv, Hallberg, & Petersson, 2011; Rowe & Sherlock, 2005; Savage, 2004; Severinsson, 2003). Most notably, an indicator of a professional face is a physical demonstration of a socially and professionally accepted level of emotion during nurse—patient interactions and therefore, one that conceals emotional depth.

Research overview

The paper reports on the findings from a qualitative research study. The aim of the study was to explore the psychological components of emotional protection and regulation. Specifically, the study was designed to investigate nurses' perceptions of a professional face, the situations where emotional constraint was utilised and nurses' management of unresolved emotional issues triggered by nurse—patient interactions.

Background literature

Searches

Searches were conducted with no limitations on language or publication type. The search engines used were: CINAHL, Blackwell Synergy, ProQuest and Google Scholar. The first broad search used the following keywords: 'emotions', 'intrapersonal awareness' 'professional face' and 'stress'. This search revealed an extensive amount of publications. The second search was specifically focused on nursing and as such, filtered the primary search by searching the keywords: nurse, nurses and nursing. The majority of available literature referred to stress in care delivery. Therefore, for this literature review, emotion work is contextualised within workplace pressure.

Workplace pressure and emotional effects

A main focus of healthcare administrators is increasing productivity with the latest lens highlighting quality improvement processes. Yet despite this focus there have not been improvements in quality patient care (Chassin & Loeb, 2011; Cunningham et al., 2012) because limited resources remains a dominant obstacle for frontline workers (Gauld et al., 2012; Pijl-Zieber et al., 2008; Tourangeau & Cranley, 2006).

It is evident that these above issues along with the expected provisions of emotional labour and emotional work have resulted in a steady in crease in occupational stress and potentially detrimental nurse—patient relationships (Cowin, Johnson, Craven, & Marsh, 2008; Pisaniello, Winefield, & Delfabbro, 2012; Wu, Chi, Chen, Wang, & Jin, 2010). Research on stress and burnout, poor working conditions and its impact on the emotional health of nurses continues to proliferate (Happell et al., 2013; Lamontagne, Keegel, Louie, Ostry, & Landsbergis,

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