Is That Acting or Are You Just Being a Nurse: An Ethnographic Interpretation of Nurse Managers Performing Emotional Labour

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ABSTRACT

This paper outlines the results of a qualitative study which investigated the performance of emotional labour by nurse managers. The study combines constructs from the literature regarding leaders’ emotional labour with the emotional labour in nursing literature to explore how nurse managers use deep or surface acting. Ethnography inspired participant observation was used to gain access to what nurse managers actually do rather than what they report on surveys or are required to do. The research challenges some of the underlying assumptions about the nature of deep and surface acting and emotional display in professional settings.

Keywords: Emotional labour, nurse manager, participant observation

This paper outlines the results of a qualitative study which investigated the performance of emotional labour by nurse managers. In particular, this paper reports on nurse managers preferences to use to use deep acting or surface acting, when performing emotional labour. The emotional effort expended by workers in performing their role at work was recognized by Hochschild (1983) in a study of the work of flight attendants. Hochschild (1983) explains that where workers are required to manipulate their feelings and emotions to display an organisationally required facial expression or verbal tone, they are engaged in “emotional labor”. Some authors (Callahan and McCollum, 2002; Hochschild, 1983; Wharton and Erickson, 1993) have sought to make distinctions between emotion work and emotional labour. In this discussion, the term emotional labour refers to the emotional effort that is required in the context of paid employment, in circumstances where it is either stipulated by the organisation or where the employee initiates the requirement to perform it.

The aim of this paper is to explore how nurse managers manipulate their emotions to display organisationally desired emotions as part of their work. Given the nature of emotional labour there has been some concern that nurse managers do not recognise that they are performing emotional labour and therefore do not report this activity on traditional survey tools. This paper seeks to expose what nurse managers are actually doing as part of their work role and to identify whether they prefer to use deep acting or surface acting when portraying the emotions required of them at work.
This research combines constructs from the emotional labour and leadership literature with the emotional labour in nursing literature to explain how nurse managers perform emotional labour. The paper then outlines the methodology used in the study, describes the preliminary results of the study and presents issues raised about the nature of deep and surface acting within the emotional events observed, challenging some of the assumptions presently found in the literature and the nature of professional practice.

BACKGROUND

Leaders and Emotional Labour

There is now a body of literature examining emotional labour and leadership (Brotheridge, 2006; Brotheridge and Lee, 2008; Humphrey, 2008; Humphrey, Kellert, Sleeth and Hartman 2008; Humphrey, Pollack and Hawver, 2008; Van Kleef, et.al. 2009) George (2000) summarises the leadership literature on emotions and acknowledges that a number of authors, from a range of perspectives and approaches, are challenging the established rational view of leadership, arguing that emotions are an integral part of effective leadership. Numerous authors have studied the relationship between emotional intelligence of the leader and organisational performance (Langhorn, 2004; Prati et al, 2003; Sosik and Megerian, 1999; Taft, 2006). For example, Prati et al (2003) postulate that, given recent research findings, it is reasonable to expect that the emotional intelligence of team members will predict the level of team performance. Langhorn (2004) found that in a study of hospitality managers, emotional intelligence was related to team satisfaction and manager performance.

The emotional responsiveness of leaders to workplace issues has also been recognised as contributing to leader effectiveness. For example, the findings in a study undertaken by Sosik and Megerian (1999) supported the view that emotional awareness is a key indicator of managerial efficacy. In particular, the study highlighted leader self-awareness as a key factor in the performance of transformational leadership behaviours. Kellert, Humphrey and Sleeth (2006) demonstrated that the leader’s level of emotional abilities was a predictor of the effectiveness of both their relations and task performance. Creating an emotionally supportive environment is a key aspect of being accepted as a leader. Kellert,
Humphrey and Sleeth (2002) found that, where individuals were able to display empathy with the emotions of others, they were more likely to be perceived as a good leader. The emotional labour of leaders has received less attention despite it being reasonable to assume that it forms part of a leader’s role in an organisational context.

**Emotional Labour in Nursing**

Intuitively, there would seem to be a link between emotional labour and nursing because nurses are involved with others emotions and caring is central to the discipline of nursing (Staden, 1998). The reality, however, is that there has been a tendency to focus on the felt emotions of nurses (Henderson, 2001), rather than the organisational requirements for nurses to demonstrate particular emotions in given circumstances. As mentioned previously, it is the rules or requirements of the organisation for employees to display particular emotions which differentiate emotional labour from other emotional activities. In the nursing context, de Raeve (2002) explains that the organisational requirements for emotional labour are closely aligned to the professional requirement to demonstrate care. It is difficult for nurses to differentiate between their professional duty to respond to patients and the display rules of the organisation (Bolton, 2000). Bolton (2000) argues that that the emotional labour performed by nurses is not being recognised as such, because the employee has internalised their professional duty as part of their socialisation process and believes it is part of their persona rather than a work requirement. Similarly, nurse managers, in their leadership roles, may not recognise the level of emotional labour they perform because they may hold the belief that they should be caring towards their staff.

**The Performance of Emotional Labour**

Grandey (2000) contends that the emotional effort required to perform emotional labour can be enacted in one of two ways by the employee – deep acting or surface acting. When an employee merely alters their facial or vocal appearance, they are said to be surface acting. The employee is not actually experiencing the emotions required by the organisation on a personal level. On the other hand, deep acting requires workers to actively alter their emotional state to achieve the required
expression. Grandey (2003) explains this further as the two dramaturgical strategies that employees can use to portray a required emotion. Research to date has concentrated on the impact of deep acting and service acting on the employees own emotional state and other factors such as job satisfaction (for example, Totterdell and Holman 2003)

Further, Smith and Lorentzon (2005) describe the ethical concerns associated with faking emotions in the context of the trust in a nurse - patient relationship and argue that deep acting on the part of the nurse is more detrimental to the relationship because the nurse is deceiving themselves as well at the patient. Smith and Lorentzon (2005) ameliorate their ethical concerns by explaining the parallel drawn between character acting in the performing arts and the emotional labour of the nurse. A nurse’s preference to use deep acting or surface acting is related to the way they intellectualise the situation rather than the emotions they are experiencing at the time and therefore, at the end of the interaction, the nurse feels pride in the way they handled the situation (Bolton, 2000).

An alternative view is provided by Beal et al (2006), who postulate that surface acting is more difficult than deep acting because it requires the employee to continue to work in a state of emotional dissonance, which is tiring. The end result is that the employees, whose preference is to engage in surface acting, are less likely to persist with this activity over time or as a career.

In summary, although emotional labour is now a recognised component of many occupations and the prescription of organisationally desired emotions is an accepted part of organizational life, little is understood about how, when and why individuals undertake deep and surface acting within their organizational role. This paper examines whether nurse managers, who are required to demonstrate a particular emotion in the context of their work, will appraise the situation and alter their emotions (deep acting) or merely attempt to pretend to have the emotions (surface acting), with an aim of gaining a better understanding of the emotional events that form a part of nurse managers daily working life.
METHODOLOGY

Ethnography considers social phenomena in their natural state. Gill and Johnson (2002) argue that ethnography offers access to what people actually do rather than what they report on surveys or are required to do. Grandey (2008) advocates the use of actual events in emotions research and as one of the researchers is a nurse manager, we have access to clinical environments where nurse managers interact with their staff. The use of participant observation for data collection allowed us to be a part of the enactment of emotional labour by the nurse manager and to understand and report the nuances of what was happening.

The observation framework developed by Spradley (1980) was used to provide structure to guide our observations to ensure that descriptions were as thorough as possible. At the conclusion of the episode of emotional labour, we then engaged in dialogue with the nurse managers to clarify whether they were using deep or surface acting. Again to ensure completeness, a prepared list of questions was used to guide these interviews. In some instances the interviews were recorded on audiotapes. Following transcription, the field notes and ethnographic interviews were verified by the participants for authenticity.

The study was conducted with the managers and staff across four sites in a national healthcare organisation, an aged care setting and a public sector office. The 17 episodes of emotional labour were observed in 10 different clinical units over a six month period. At two sites, we were able to observe the same manager perform three separate episodes of emotional labour and at another three sites we observed two episodes by the same manager. Of the 10 managers observed, only two were male. The clinical settings included operating theatres, cardiac catheter laboratory, medical and surgical wards and a mental health facility.
OBSERVATIONS

This study has provided an opportunity for the researchers to observe the performance of emotional labour and for the participants to reflect upon the ways they respond emotionally at work. In terms of the nature of the interactions observed, eight of the episodes were planned events and nine occurred spontaneously. The planned episodes included four meetings and three discussions regarding work performance. The eighth episode was caring for a dying patient. Of the unplanned episodes, four related to poor subordinate performance and two involved the manager responding to a complaint. Only three of the unplanned episodes had a neutral emotional tone in that they were an interaction or exchange with another person.

For ethical reasons, we had explained what we would be observing situations which were emotionally charged. The first observation was an awakening of awareness of emotional labour as the nurse managers recognised what they were doing when interacting with staff and peers as emotional labour. It appeared that prior to our discussion with them to obtain consent for the research, they considered that part of their work as intuitive rather than an active process. After, the observation and discussion session, the managers then acknowledged that this was a large part of their role.

The second major observation relates to the surprisingly broad range of situations in which nurse managers are required to perform emotional labour. It was expected that managers would perform emotional labour with their subordinates in one on one interactions. Interestingly, five of the episodes involved the manager manipulating their emotions in an interaction with their peers and on six occasions the group consisted of three or more people. The following observation demonstrates the complexity of the emotional labour being enacted by the nurse manager - see The Lioness. In this situation, both deep acting and surface acting formed part of the emotional event. The nurse manager was required to remain controlled and rational while peers demonstrated anger and she suppressed her feelings of anger about the lack of response from her peers in an effort to obtain a satisfactory outcome for the future.
In a second episode, the manager enacted concern and support towards another health professional to ensure that the patient had the best outcome. In this example a cardiologist calls into the department unexpectedly – see The Bait. The manager stopped what he was doing and gave the cardiologist a tour of the department and behaved in a welcoming manner. The manager hoped that this introduction to the department will encourage the cardiologist to bring more of his work to the department.

Surface Acting

The debriefing after the events revealed that there were four episodes of surface acting and two of these managers felt that surface acting was easy to perform. One manager said it was like “lying as a child, there are no consequences”. This can be contrasted with another manager who indicated that they preferred to perform deep acting because they found surface acting too stressful. That manager

The Lioness

In this situation, the manager was required to follow up on a complaint made by the staff regarding the way the transfers back from theatre had been co-ordinated on the evening before. The metaphor of a lioness protecting her cubs springs to mind because she listened to and empathised with the staff on the ward and then went to the hospital manager and the manager of the post-anaesthetic care unit to point out the difficulties with the process as it had happened. Having discussed the situation, she then returned to the ward to explain the outcome to the staff and to ensure that they felt the matter had been addressed.

The situation was emotionally complex for the manager. She felt angry at the staff because they had not dealt with the situation better at the time and she hid this emotion (surface acting). She felt frustrated by the hospital manager because she would not listen and would not accept any responsibility for the events (surface acting) of the evening. She felt sorry for the staff because they had such a dreadful shift, but above all she had to remain calm when she was delivering the message to the other managers (deep acting). She was performing both surface acting and deep acting in this scenario. This manager had a strong sense that the organisation had provided guidelines for her emotional displays. She cited specific courses like management of workplace aggression and more general courses like frontline management as the basis of how to respond emotionally at work. The lioness reported that she was tired at the end of a day because she had put so much effort into her role. She was unable to distinguish the extent to which emotions contributed to this. It was disappointing to hear that she believed that she was performing poorly as a manager because she felt that she was too emotionally attached to the workplace.

The Bait

The emotional labour of the manager was the bait to attract business to the unit. Despite having little regard for this doctor, the manager put on a friendly and welcoming persona to attract the doctor to bring his work to the unit. The manager hid his dislike for the doctor and faked his emotional display (surface acting).

Motivation for faking this emotion was driven by organisational requirements. This manager was very clear that his role was to increase the business in the unit and that convincing doctors to bring their work to the hospital is the only way to do that. The display rules for this situation are clearly articulated by the general manager at the hospital. This particular manager is new to the role and had no difficulty suppressing his felt emotions to fake the required emotions. Interestingly, the manager had neither positive or negative effects from performing this emotional labour because he put it “its just part of my job”.

Surface Acting

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found it difficult to keep track of the fake emotions expressed and to maintain them. In one episode the manager was clearly suppressing anger towards the subordinate as well as portraying a calm exterior – see The Angry Ant.

The Angry Ant

Any interaction between this manager and these staff always conjures feelings of anger in the mind of the manager. The manager admits to having a “snappy temper” and has difficulty dealing with these staff because they are often negative and complain frequently. The manager has to actively suppress her anger towards these staff, hence the angry ant analogy. The task for the manager is to give the roster to the staff and the manager anticipated that they would respond negatively. She approached the situation hiding her true feelings of agitation and anger and acted pleasant and interested in what they had to say. The manager explained that she didn’t always use surface acting, however, with these particular staff she was unable to convince herself to have empathy towards them. When asked about why she felt the need to suppress her anger, she responded that she felt that being in the nurse manager position required her to behave professionally and if she did not the staff may claim that she had harassed them. At the end of the interaction, the staff appeared satisfied that the manager had delivered the roster appropriately and the manager did not report any negative effects from the interchange.

Deep Acting

There were seven examples of deep acting observed and many of the nurse managers involved in this research have indicated they prefer to use deep acting when performing emotional labour. In each of these situations, the manager reported having congruent felt emotions and achieved their intended emotional expression with their emotional display. Two of these managers reported that their emotional display made them feel good and enhanced their job satisfaction – see The Sting. This can be contrasted with one manager who reported feeling stressed about having to deep act their emotional labour.

The Sting

There are two players in this scenario, both attempting to get the best deal for their company. The sales representative is attempting to lock in the sale of equipment he has loaned to the hospital. The manager arranged the trial of the equipment so that she could use it for a particular event. Now that the event was completed she was happy to give back the loan equipment. The sting was that she did not intend to purchase the equipment when the loan was arranged. The manager felt very satisfied that she was able to achieve her goal and related very easily to the sales representative. She acknowledged that the sales representative would also deceive her if he felt it necessary, however, they interacted amicably.

It was clear to this manager, that there were high expectations regarding her emotional displays at work. She understood that she was expected to display empathy, loyalty to the company, support for the team and the company and she needed to display a positive approach to work. She felt she was also expected to have control over her negative feelings such as anger. The manager did not believe that the organisation had provided her with any guidance on how to respond emotionally, but that she had learnt it over her life. In terms of outcomes of emotional labour, it was a win/win situation and that gave the manager a positive feeling.
A number of the nurse managers indicated that their emotional responses were automatic. They explained that because they were experienced in their position that they easily able to respond to the situation and that it took little effort. When questioned they admitted to genuinely feeling the emotions they were displaying – see The Wise Old Owl.

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<th>The Wise Old Owl</th>
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<td>This manager spends her day watching over the happenings of the operating theatres to ensure that everything runs smoothly. She is the wise old owl who has a solution for every possible problem and her watchful eye gives comfort to the staff and surgeons working there. On this particular day, there were two surgeons who had difficulty with how the day was progressing and an anaesthetist who had sworn with displeasure. Without getting flustered herself, the manager spoke with the doctors concerned and they settled down and proceeded with the work of the day. This manager was very experienced with these sorts of situations and explained her emotional labour as “an automatic response”. She explained that when she was much younger she became quite upset when the surgeons became demonstrative about their frustration. Now, these sorts of displays don’t affect her at all. She said that if she were to respond to the situation, the surgeons would know that they had “got to her”. The manager attributed her ability to remain calm to her years of experience in the role rather than particular organisational requirements.</td>
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There were three episodes where the manager was performing surface acting and deep acting simultaneously. In two of the situations, the deep acting was in relation to the work persona of friendly and positive and the surface acting was to suppress anger or frustration and display rationality.

There were two instances where the managers did not respond appropriately to the situation. We have not attempted to define these as surface or deep acting because by definition, they were not examples of emotional labour – see The Shark. Disciplinary action was taken against one of the managers because of their emotional outburst.
DISCUSSION

Issues Raised

The preliminary findings challenge a number of the current underlying assumptions about emotional labour. These are outlined as follows:

*Simultaneous use of deep and surface acting.* The study found that nurse managers use both deep acting and surface acting when performing emotional labour, sometimes simultaneously. The range of emotions experienced by nurse managers requires that they can genuinely experience some emotions and at the same time be actively suppressing another emotion to portray an organizationally required persona. In these situations, it is difficult to ascertain which is more effortful as they are performed concurrently. Separating one form of acting as damaging to the actor or more ethical does not appear to be as clear cut as the literature suggests.

*Automatic response.* There is a need for better understanding of when and how emotional labour becomes an automatic response. In the situations where the nurse manager felt that they were performing emotional labour automatically, it would seem that the process of actively reappraising the...
situation to genuinely feel the emotions had been performed so frequently that the nurse manager had become so proficient at it that they had internalized the emotion. What is not clear is whether this is internalized deep acting thus still having at least some of the potential impacts found in the literature. Alternatively, it could be argued that this was no longer emotional labour but rather ‘automatic’ response for the nurse manager which appears to be incorporated within their perception of their leadership role.

**Uncontrolled emotion** The literature on emotional labour has paid little attention to uncontrolled emotional display and its relationship with deep and surface acting. There were two instances where the managers did not respond appropriately to the situation. We have not attempted to define these as surface or deep acting because by definition, they were not examples of emotional labour – the organisation did not require or endorse the managers’ emotional display. This raises the question, what is occurring when managers are expressing genuine emotion which is not endorsed by the organisation? Is this uncontrolled emotion or could this be strategic use of negative emotions to elicit responses from employees? In both circumstances of inappropriate emotional displays, the managers understood the organisational requirements for emotional displays of managers and they had been observed as being proficient at manipulating their own and others emotions, however, they ignored all of those influences and showed their true negative feelings to the staff members. Although this emotional expression has been explained in the literature regarding interpersonal conflict, it is interesting that the emotional labour literature is largely silent about this type of emotional display.

**Practical Implications**
The issues raised by this study can be applied to enhance nurse managers’ performance of emotional labour. At the individual level, the notion that deep acting and surface acting are performed simultaneously can assist nurse managers to choose which method of acting will achieve the result they desire and that both can be effective. This research has also identified that experienced nurse managers perform emotional labour automatically. By unpacking this process nurse managers can further appreciate the detail of what they are required to do at work. This is also beneficial for the
orientation of nurses new to the management role. At the group level, the insights of this paper can inform nurse managers through the development of management education which explains how nurse managers can use emotional labour to elicit optimal organizational performance. By explaining the organisation’s expectation of emotional displays and the ways nurse managers use both deep acting and surface acting to achieve the desired result, management training can enhance practitioner’s skills in this area. At the organisational level, this research highlights the level of complexity of emotional labour for nurse managers and the need to monitor performance in this area. The display of uncontrolled emotions by nurse managers may be a symptom of organisational failure or it could be the critical event which prompts organisational change and improvement.

**Future Research**

From the theoretical perspective, this research has begun to explore what is happening in relation to nurse managers’ emotional labour, however, it also raises many research questions. The idea that nurse managers perform emotional labour automatically raises concerns about the amount of influence the organisation can have over the process. If nurse managers develop these skills as part of being a manager, rather than in response to any particular requirements by the organisation, then, this may have implications for the definition of emotional labour in the management context. Further research is required to determine the extent to which the organisation can influence the nurse managers’ emotional display.

**CONCLUSION**

This paper has explored the preferences of nurse managers to use either surface acting or deep acting when they perform emotional labour. Through the use of participant observation, the nuances of what the nurse managers are actually doing at work to display the required emotions. The observations raised a number of issues which can provide valuable insights for management practice, theory and research.
REFERENCES


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