

# Emotional Labor of Nurses in Private Hospitals

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## Abstract

This study analyzes the nurses' concept of emotional labor, their work experiences, and how they respond to situations in hospital work settings. Participants in this study were 12 Filipino nurses working in both public and private hospitals in Metro Manila. This study extracted the data collected from six nurses employed in private hospitals using a purely in-depth qualitative research design. Focused interview results reveal that nurses described emotional labor as a wide range of emotions felt at work: resilience, compassion fatigue, happiness, gratitude, and anger. They arrived at the concepts from their experiences, such as interacting with various stakeholders, performing tasks simultaneously, witnessing recovered or dying patients, cooperating in the unit, and receiving tokens of appreciation. Their coping mechanisms include using communication, denial, remaining silent, and anger towards the current system. Despite their emotional labor experiences, nurses remained positive. They could adapt to challenges in their personal lives because of the lessons they learned in their profession. They appreciated the knowledge they acquired every day and genuinely accepted their roles as healthcare providers. Hospital management could respond to nurses' emotional labor experiences by taking into consideration how nurses envisioned their issues to be addressed – through open communication, granted requests for vacation leaves, opportunities for trainings/seminars, team buildings, and provision of a safe working environment.

**Keywords:** Emotional labor, Health workers, Hospital management, Commitment to profession, Nurses

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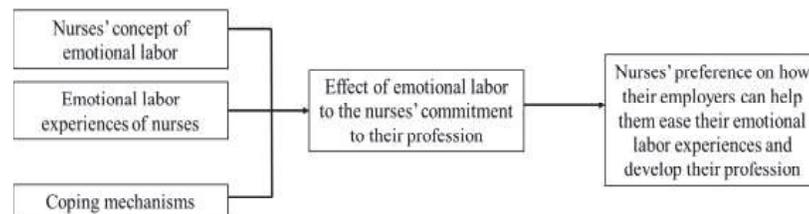
## Introduction

According to past researches, Hochschild (1983, 2012, as cited in Sia, 2016) coined the term emotional labor after noticing the flight attendants' conflict in feelings with the pilot's call for authentic emotions. From then on, various scholars studied emotional labor. Emotional labor refers to managing one's feelings for displaying organizationally desirable emotions (Bechtoldt et al., 2011; Sass, 2009; Shani et al., 2013; Yilmaz et al., 2015). For Gray and Smith (2008), emotional labor requires the induction or suppression of feelings to sustain an outward expression for others to sense that they are being cared for. Kaur (2019) explains how emotional labor requires face-to-face or voice-to-voice contact with the public and produces an emotional state in another person. It provides an avenue for the employer to exercise a degree of control over the employees' emotional activities through training and supervision.

The following are the specific questions this study attempted to address:

1. What is the concept of Filipino nurses about emotional labor?
2. What are the various experiences of nurses related to emotional labor?
3. How do nurses manage or cope with their emotional labor experiences?
4. How do their emotional labor experiences impact their commitment to their profession?
5. From the perspective of nurses, what should the hospital management do to respond to their emotional labor experiences?

## Conceptual Framework



The conceptual framework of this research begins with the variable concepts or the nurses' perceptions and definitions about emotional labor and their cognitions about how they viewed emotional labor. The nurses interviewed in public and private hospitals generally viewed emotional labor as emotions at work, resilience, connection with patients, compassion fatigue, situations in the work environment, and personal fulfillment.

Gross (1999) identifies two forms of emotion regulation: antecedent-focused and response-focused (as cited in Mesmer-Magnus et al., 2012). Antecedent-focused emotion regulation involves evaluating the source of the emotion of the individual. The results for antecedent-focused regulation are consistent. While energy initially expands to adjust felt emotion, it does not incur more energy once that emotion is in line. Meanwhile, response-focused emotional regulation involves altering facial and bodily expressions, behaviors, and emotion. This regulation masks the genuine emotion felt and relies on conformity to express the emotion. The unique characteristic of response-focused strategy is the discordance between felt and displayed emotions.

In this study, the researcher observed how response-focused regulation turned into antecedent-focused regulation for the nurses. The two forms of emotion regulation discussed by Gross are not entirely a disparity of emotions expressed by nurses but a continuum of emotions until they assimilated into their profession. At the onset of practising their profession, they expressed contrasting emotions from what they felt inside and what they manifested. This contrast of emotions enabled them to accept their roles as nurses.

After understanding the concepts emanating from the interviews with the nurses, the researcher identified the actual experiences they encountered in dealing with patients, fellow health workers, and patients' relatives. The study explains the nurses' various emotions as they encountered these experiences while performing their duties. According to Guy et al. (2008), some essential emotional labor skills for the employees are: active listening, contact with others, face-to-face interactions, monitoring, and social perceptiveness. Grandey et al. (2013) includes home health aide jobs as jobs that experience high emotional labor, similar to the nurses' duties and responsibilities.

The nurses' emotional labor, concepts, experiences, and coping mechanisms affect their commitment to their profession. Their

commitment could either be strengthened or weakened, anchored in the literature authored by Ju and Oh (2016) and Ruppel et al. (2013). Finally, the study intended to know the nurses' preference regarding how their employers could help them ease their emotional labor experiences to perform better in their jobs and the work organization.

### **Operational Definition of Major Variables**

- Emotional Labor - refers to the nurses' expression of feelings while carrying out their daily duties according to organizational rules. It requires control of emotions, both positive and negative, such as happiness, joy, sympathy, and disappointment, during interactions with patients and their relatives, and co-workers, such as supervisors, doctors, and nursing aides.
- Emotional labor experiences - pertain to nurses' events, activities/interactions they are involved in, and their emotions while performing their daily tasks. They involve expressing their emotions and manifesting behaviors while carrying out their work.
- Nurses - refer to those whose profession is within the health care sector, including individuals responsible for taking care of other people, families, and communities. They play a significant role in hospitals, clinics, and private practices. This study focuses on nurses with experience in a hospital with constant interaction with patients and relatives.
- Commitment to the profession as nurses - refers to the desire to stay in the profession and be loyal to the oath to serve and put their patients' safety. It pertains to having a sense of responsibility towards the profession's challenges and difficulties wherever they are in the world.
- Communication - refers to the exchange of messages, both verbal and nonverbal, between individuals or groups. Nonverbal communication involves all communicative behavior except the spoken word in which behavior can deliver messages and meaning. It is reduced to body languages.

### **Scope of the study**

This study was conceptualized in 2019 before the global pandemic broke out. Initially, data-gathering was face-to-face but due to the government-imposed lockdowns and community quarantines, the remaining data-gathering shifted online. Nevertheless, the pursuit for facts about the conditions of nurses continued as the topic became all the more urgent and relevant at an unprecedented level.

The researcher interviewed 12 nurses based in public and private hospitals in Metro Manila assigned in the following units: general nursing (GNU), intensive care (ICU), and surgery (SU). Of the 12 nurses, six were from the private hospital and six nurses were from the public hospital.

The respondents talked about their experiences based on their various exposures in the hospital settings. Although the researcher selected respondents with experience from various hospital departments or units, the study's unit of analysis focuses on the nurses. This research was exploratory; thus, selecting respondents from private and public hospitals aimed to have a wider understanding of nurses' emotional labor and experiences. This paper presents the data collected from six nurses from private hospitals only.

### **Methodology**

The research utilized a purely qualitative approach for its contribution towards "rounded and contextual understandings based on rich, nuanced and detailed data" (Mason, 2002). This approach is deemed fit for the study to acquire a better perspective on how nurses perceive and experience emotional labor. It used a semi-structured questionnaire and explored further through probing and follow-up questions. Upon building this researcher-interviewee relationship, the researcher extracted answers while gaining more information on what lied behind their answers, reasons, beliefs, and opinions.

Focused interviews were conducted face-to-face at the respondents' most convenient time in January - February 2020. However, during the implementation of enhanced community quarantine in March 2020, data gathering was put to a halt. When the National Capital Region shifted to general community quarantine, it was only then two surgery

unit nurses were interviewed via Zoom audio. Online interviews via Zoom were recorded, saved in data, and transcribed. After transcribing the responses, the data were coded and clustered into themes for processing and analysis. The researcher did observations during face-to-face interviews and incorporated personal insights into the study which is part of the essence of qualitative research. Some statements used the first person in discussing the results and analysis.

### *Profile of respondents from private hospitals*

Six respondents worked at the GSU, ICU, and SU in private Metro Manila hospitals. The average years of work experience of respondents was five years. Years of experience refer to the cumulative number of years they spent practising their profession as nurse. Three respondents had been working in the same hospital since their first employment. Other respondents had previous experiences in other work settings: as emergency rescue team member and company nurse. Two respondents are male and four are female.

The nurses' ages ranged from 25 to 30 years old. They were working and residing in Metro Manila. They belong to Generation Y, born between 1980 and 1994, or commonly called millennials. According to Gilbert (2011), millennials are different from other generations in the workplace because they seek challenges yet value work-life balance. They want to find steady and engaging jobs; they want to be healthy and live a purposeful life (Gallup, 2016). From their responses, the study was able to examine whether or not they found their chosen profession purposeful and engaging.

Most respondents rendered overtime work. For those with an 8-hour shift, average overtime working hours was two hours of extended duty twice a week. The nurses' work schedule changed constantly, either monthly or every two weeks. Some nurses were aware of other benefits they received on top of their salary due to their membership to their company's union. Thus, some received hazard pay, uniform allowance, educational allowance, and educational fund.

## **Results and Discussion**

### *Concept of emotional labor*

The nurses interviewed viewed emotional labor as emotions at work and situations in the work environment. While a nurse was unaware

of the concept of emotional labor, her idea of emotional labor emanated from experiences.<sup>1</sup>

Most dominant theme in the interviews is emotions at work. The male nurse, with prior experience as a volunteer, was an ICU nurse at Private Hospital A. He recalled his knowledge while still an undergraduate. He remembered the concepts, "*Transference at reverse transference. Yung transference, 'yung patient to nurse magkakaroon ng feelings. Tapos 'yung reverse transference, nurse to patient* (Transference and reverse transference. Transference is from patient to nurse. Reverse Transference is from nurse to patient)." According to Levy (2009), transference is the "tendency in which representational aspects of important and formative relationships (such as with parents and siblings) can be both consciously experienced and unconsciously ascribed to other relationships." Transference and reverse transference share a similarity with emotional labor wherein there is an involvement of feelings and relationships. The nurses could carry over personal relationships to their professional life and vice versa.

Another respondent viewed emotional labor as emotions at work due to the various emotions while carrying out her duties. She narrated how she managed to provide care to the patients: "*Kahit may mga days na, ikaw sa sarili mo hindi ka emotionally stable pa* (Even as you are not emotionally stable on some days)." She recounted that upon returning from her maternity leave, she went through a personal ordeal. Her struggle, along with the toxic environment in the hospital, urged her to explore other opportunities. She grabbed the offer as a company nurse for a BPO but eventually found her way back to bedside care.

The next theme is environmental condition. The environment is the surroundings and conditions in which an individual operates. A nurse realized the value of teamwork in their unit to stay in their roles amidst the challenges. She realized that teamwork is essential in their line of work: "*I think important din 'yung sa work, 'yung mga kasama mo, kung pa'no kayo mag-work. Kasi kahit sabihin nating toxic or mahirap 'yung work environment mo is okay.. magtatagal ka talaga or mage-excel ka talaga* (I think it is also important how you work with your colleagues even

<sup>1</sup>Prior to meeting the nurses face-to-face, I introduced myself to them through e-mail or text message and the topic of my research. Upon the start of the interview, I asked them about their concept of emotional labor. They responded with their initial understanding of the concept then I explained to them its meaning.

though it is toxic or in a challenging work environment. You will stay in the hospital for a long time or truly excel in your role)." She witnessed conflicts among her co-nurses; they affected her emotionally. Another nurse stressed the importance of the organization's culture and benefits in order for him to remain with his current employer.

Still another nurse mentioned that she was unfamiliar with emotional labor. From her narration about her emotional labor experiences, the researcher could infer that she viewed it as resilience. The nurse from the surgery unit of a private hospital repetitively mentioned to "take it one day at a time." She added that "no matter how tiring the job is, you have to do it." Despite the hardships she encountered in her professional and personal life, she persisted and persevered in her role as a nurse.

### *Emotional labor experiences of nurses*

Nurses' everyday experiences helped shape their understanding of emotional labor. Either in public or private hospital, encountering demanding patients and relatives was part and parcel of a nurse's life. Nurses understood this scenario because they put themselves in the relatives' shoes whenever there were misunderstandings or ambiguous instructions. Emotional labor experiences of respondents are cooperation in the unit, melancholic when patients expire, and interactions with patients and relatives, doctors, and co-nurses.

Nurses performed tasks simultaneously in their respective assignments. This was the daily reality of a nurse. A nurse managed his time efficiently due to effective teamwork in their area. Another nurse gave a clear picture of the usual duty hours in the ICU with his colleagues: "*Depende yan dun sa mga makakasama mo. Una, sa mga kasama mong doctor... Pangalawa, sa kasama mong nurse. Kasi kung okay kayo, kung nagsasaluhan kayo nu'ng trabaho* (It will depend on the people you work with. First, the doctors, then your co-nurses. If you get along well, you support one another in your work)." Teamwork was vital to their unit since patients were under close monitoring where tasks were done routinely and the unit could not be without a nurse's supervision.

One may think that nurses are accustomed to death, as it is inevitable in their profession. However, nurses still felt sadness when patients expired. On situations of death in their area of assignment, a nurse shared she would empathize with the patient's family while maintaining strength and composure. After a patient's death, she

needed to talk with the family to explain the succeeding procedures. *“Yung boses na nakikisimpatya ka pero kahit deep inside parang, ‘Shocks! ayoko na mangyari ‘to sa’kin.’ Pero usually, pagtalikod ko, papasok ako sa CR. Dun ako iiyak (I would sympathize with them, but deep inside I would say, ‘Shocks! I do not want this to happen to me.’ But usually, afterwards, I would go to the CR and cry there).”*

Another theme is interaction with various stakeholders. According to Budd (2010), work is shaped by experiences in social networks, social norms, and institutions. The nurses’ emotional labor experiences while interacting with each group of actors give us a better understanding of the dynamics in their relationships.

Nurses recounted encountering and managing demanding patients and relatives. A nurse experienced being yelled at because the patient’s family could not comprehend an existing hospital policy. She kept professional demeanor and tried to understand the perspective of the patient’s relatives. She did not answer back but instead explained the matter calmly.

Another group of stakeholders nurses commonly interacted with were the doctors. A nurse appreciated the knowledge he learned from the doctors. Meanwhile, another nurse experienced being shouted at by doctors while still an apprentice. He had to: *“Suck it all up. Kasi ‘yun mga doctor ko noon sumisigaw (Suck it all up, because my doctors then were shouting).”* He learned from his shortcomings and made improvements the next time.

The last group of stakeholders they interacted with were their colleagues, specifically the nurses and nursing aides in their respective areas. A nurse experienced the difficulty of witnessing grudges among her colleagues and lack of guidance from senior nurses. However, such adversities with their colleagues did not compromise their care for patients. It only proves how nurses could withstand hardship and continue with their work despite road blocks along the way.

#### ***Coping mechanisms of nurses with emotional labor***

According to Gray and Smith (2008), exploring emotional labor in the health setting includes studying the assessment of emotional regulation strategies of health professionals. It covers how nurses manage and come to terms with the intricate processes that are an unavoidable

aspect of patient care. In previous sections, nurses recounted their struggles as encountering patients' death, dealing with demanding relatives, and interactions with doctors and co-nurses. Thus, with the nurses' emotional labor experiences automatically came the responses.

The nurses acknowledged that emotions were an essential factor in their profession. They felt various emotions, such as happiness, contentment, sorrow, and disappointment – all these emotions contributed to the deep internalization of their role. Despite the roller coaster ride of emotions their work entailed, they continued to provide quality care to their patients.

They made use of communication and heartfelt understanding towards demanding patients and relatives. They tirelessly explained the standard operating procedures to their patients and persuaded them of the best solution to their dilemma. The nurse who needed to prioritize her patients explained: "*Nasa communication mo yan. Sasabihin mo na lang sa patient na, 'Ma'am, mayroon lang ako na ia-attend na mas emergency (It is how you communicate. You just tell your patient, 'Ma'am, I need to attend to more urgent matter).'*"

Nurses in the SU looked back on how they communicated with the doctors in their unit. The youngest among the nurses gained confidence in his three years as an operating room (OR) nurse. The resident shouted at his apprentices but he responded with, "*Shhh. Wag mong ganyanin yung bago ko (Hush, do not treat my rookies that way).*" While some respondents used communication from the giver's perspective, the shy nurse from the OR described communication from a recipient's standpoint. She acknowledged that being reprimanded was vital in her work to prevent any unfortunate incident. Hence, people should utilize proper communication skills to empower others and not degrade another person's self-esteem.

The nurses chose to stay silent and endure their working condition. The non-argumentative nurse recalled the management's treatment whenever they transferred nurses from one unit to another. From the nurse's narration, they did not receive any explanation whenever they got transferred to another department: "*Na kapag nagsabi ka sa authority, ang solution nila, revamp agad (If you say something to the authorities, their solution is to revamp).*" In the institution's jargon, revamp refers to the transfer of nurses from one area of assignment to another.

Nurses remaining silent whenever they encountered demanding stakeholders is not entirely new in the Filipino culture. Filipinos have a sense of propriety which refers to conformity to socially acceptable behavior or speech. This demeanor is carried not only in their personal but also in their professional life. They conformed to the socially accepted behavior of tolerating another person's negative disposition. They tried not to dwell on momentary situations and arguments which could hinder a collaborative relationship.

Nurses' roles are indeed challenging physically, mentally, and emotionally even before the global health emergency. Despite the demanding emotional situations they faced, they mostly remained silent and chose to focus their strength on taking care of their patients. This practice is expected in the profession of nurses and among other disciplines. With this, nurses showed their sense of propriety and professionalism. In conforming with the norm, they manifested resiliency. They let things be and went about their daily duties as nurses. However, conformity and resilience grow into worn-out emotions and contribute to more exhaustion, as nurse respondents from the public hospital experienced.

#### *Effects of emotional labor in their profession as nurses*

The antecedent-focused and response-focused regulations result in differentiated emotional strategies at the discordance-congruence continuum. Mesmer-Magnus et al. (2012) presented the outcomes of discordant and congruent states of emotional labor: health, attitudes, and performance. Discordant emotional states are the mechanisms, such as surface acting, emotional dissonance, and emotional suppression. Such states are aligned with response-focused regulation. They mask the genuine emotion felt and rely on conformity to express emotion. Surface acting occurs when an individual's true feelings are inconsistent with displayed feelings. Emotional dissonance and emotional suppression show inconsistency and detachment between true feelings and their expressed emotions.

Congruent emotional states are strategies, such as deep acting and emotional consonance. Such states are in sync with antecedent-focused regulation in which the subject may have adjusted to felt emotion. However, no energy is drained once the emotion is in line. Deep acting occurs when an individual internalizes the required emotion and, as a result, matches the outward expression. When felt and displayed

emotions are analogous, they resolve the initial emotional discordance. Emotional consonance does not expend any energy regulating emotions because natural emotions are parallel with job expectations.

In previous sections, nurses conceptualized emotional labor, the experiences and the responses that came with it. Thus, the study gave value to its effect on the nurses' encounters and coping strategies. The study observed how emotional labor resulted in who they were as individuals, not just as nurses. A respondent mentioned his gratefulness for what he had. Some, on the other hand, stated how they evolved into more confident and stronger individuals. In general, they expressed their commitment to continue and persevere in their profession despite the challenges they faced in their emotional labor experiences.

The nurses' experiences of emotional labor made them competent individuals. Private hospital nurses shared that they became more confident and assertive and made better judgments. A nurse considered herself as a unit manager of the area. When doctors did not execute their job properly, it was her duty as unit manager to call their attention. Hence, the nurse signified her leadership and accountability skills. She used to assist trainees in executing their jobs: "*Tuturuan mo kung ano yung tama... dun mo napa-practice yung leadership* (You teach the right thing to do...that is where you practise leadership)."

The youngest respondent shared his experience of getting shouted at by doctors and hearing gossips about him at work. Such made him anxious about becoming an excellent nurse: "*Inisip ko bakit pa ako nag nurse, palaging dina-down* (I was thinking about why I ever became a nurse, always being put down)." Nevertheless, such challenges did not stop him from pursuing to become a better and skilled health professional.

Respondents were able to accept their role as nurses. A nurse learned to accept her toxic working environment: "*Na-accept ko na ganito 'yung nature ng work ko, so imbes na ma-stress pa ko, just live with it na lang* (I have accepted the nature of my work. Instead of getting stressed, I just live with it)." In this study, environment pertains to the nurses' conditions, including the people they interact with and the organization's current state. Another respondent mentioned she accepted her job despite low income and scarce benefits. She realized: "*Ito yung pinili naming profession, so kailangan ma-survive namin yun* (This is the profession we chose, so we have to survive it)." She recalled her

perception of a nurse in her undergraduate years — she thought passing the board exams was the most crucial challenge to hurdle. From being an apprentice until becoming more experienced, her mindset as a nurse was: “*Gusto mo nang mairaos ‘yung shift mo [na] lahat sila safe* (You want to finish your shift with all of them being safe).”

The nurses’ experiences of emotional labor contribute to feeling a sense of fulfillment in helping others. The youngest nurse recalled: “*Makatutulong ako sa patients, sina-save ko ‘yun lives nila* (I can help patients. I am saving their lives).” There was a point he doubted that he could be a competent nurse due to gossips he heard from his colleagues. However, it did not hinder him from striving for improvement; he worked hard to show them that he deserved to be in the neurosurgery team.

The impact of emotional labor in the lives of nurses presents resilience and pride. The nurses’ daily realities are the service we receive which we often take for granted. According to Gray and Smith (2008), emotional labor is often swept under the carpet, associated as a natural nurturing facet. The respondents’ narration of how emotional labor affected them made me appreciate all their hard work even before the pandemic. They need the best compensation with their knowledge, firm will, and headstrong outlook in life. Nurses and other health professionals have been at the forefront as our society tries to win the war against COVID-19. Before the global pandemic, we turned a blind eye towards nurses’ sacrifices. Currently, we commend their strength to take care of patients.

#### *Nurses’ preference on how employers could ease their emotional labor experiences*

In the previous section, the nurses elaborated their coping strategies to adapt to their emotional labor experiences. They accepted their profession as nurses, even as the receivers took their service for granted. According to the entropy model (Mol, 2003), one should use corrective action when residual risk occurs to human resources’ system factors. It is when they become ill or tired while carrying out their work. On their end, employers should be receptive to their people’s needs, especially when their jobs entail regulating their own emotions. Richardson et al. (2008) define symmetrical communication as an organization’s willingness to respond to their employees’ concerns and interests. On

the other hand, if an organization practices asymmetrical organization, the employer is not open to sending and receiving messages with their subordinates. It often leads to workplace dissatisfaction.

Most consistent themes for the nurses are open communication, granted vacation leaves requests, trainings/seminars, team buildings, and safe environment. A nurse aspired for open communication in the workplace. While this was already being practised in their unit, another respondent aspired for such to happen: *"I think na kailangan open communication hindi lang between dun sa involved. Pati sa unit para maintindihan din nila na kung ano ba yung problema or kung paano iso-solve (I think open communication is needed not only between those involved but also in the unit to understand the problem and how to resolve it)."* She narrated that decision-makers tended to transfer nurses to other units without any explanation. They perceived that whenever a nurse disclosed any issue to the authorities, assigning the nurse to another unit was the solution. The situation created a stigma and fear that the penalty was a transfer whenever they informed the authorities of any issue. Thus, the non-argumentative nurse yearned for open communication in their unit.

Another respondent wished for management to grant their vacation leaves request to have a respite from their emotional and physical stress in their workplaces. He viewed team buildings, training, or seminars as necessary to develop confidence while interacting with patients.

A nurse mentioned her desire for a safe environment for the nurses. She described safety as exhibiting support to apprentices by senior nurses: *"Your seniors will be there for you whenever you need it, and not judge and criticize you."* As an apprentice in the unit, she experienced getting exhausted serving as the sole nurse while a procedure was ongoing. Now as a senior nurse, she realized: *"Fearing your senior is one of the best ways to learn, but I don't think that approach is for everybody."* Hence, she departed from this culture by not causing toxicity towards their fresh batch of nurses.

According to Guy et al. (2008), a new way to think about identifying and paying for emotional labor is pay-for-performance or skills-based pay. It refers to the compensation based on the range, depth, and skills of employees. It best applies to knowledge workers, managers, and service situations. There is a high level of customer satisfaction and their duties call for a one-stop service. In the study, the researcher

observed that the nurses did not mention anything on compensation unlike the public nurses. Private hospital nurses receive less than their peers in the public sector. The respondents from the public sector received salaries ranging from of PHP 22,000 to PHP 40,000. Nurses from the private sector received salaries ranging from PHP 12,000 to PHP 21,000.

The nurses' expectation from their organizations was effortless and straightforward. They hoped to achieve their expectations with the right mindset and cooperation among everyone. Compared to other professions that needed proper supervision to exhibit their emotions, the nurses developed expertise in controlling them. They created a deep internalization and acceptance of their roles.

***Emotional labor and the nurses' commitment to their profession:  
Do they remain committed to their profession?***

The nurses demonstrated commitment to their profession by relating and showing empathy towards their patients. In the macro perspective of Filipino values of compassion, we anchor the concepts on *Sikolohiyang Pilipino*, *pakikisama* at *pakikipagkapwa*. Lynch (1961; 1973, as cited in Pe-Pua et al., 2000) translated *pakikisama* as "smooth interpersonal relations." Meanwhile, *pakikipagkapwa* is rooted in Enriquez's concept of *kapwa* or shared identity, the core Filipino social psychology (Pe-Pua et al., 2000). He explains that having smooth interpersonal relations means understanding Filipinos are concerned with treating them as *kapwa* or a fellow human being. From *kapwa* or shared identity as the core value, Enriquez also emphasizes *pakikiramdam* or shared inner perception as the critical interpersonal value. *Pakikiramdam* is a request to feel or be sensitive. It is a shared feeling and a skill used in many Filipino social interactions. For this study, *pakikiramdam* is essential because nurses have to establish rapport with patients and their relatives. Whenever the patients were hesitant to acknowledge their pain, they must read between the lines and understand them through nonverbal cues. Whenever patients were too demanding, the nurses did not show anger or annoyance.

The nurses' commitment to their profession was reinforced through a shift in perspective from being a nursing student to an experienced professional: "*Kasi nga 'pag student ka, parang ang iintindihin mo lang, 'Gusto kong pumasa...' Pero kapag nurse ka na, iba na eh yung ano mo, yung level mo. Gusto mo nang mairaos yung shift mo eh. Lahat sila safe* (When

you are a nursing student, the only thing that matters is you want to pass. However, being a nurse is already at a different level. You want to finish your shift with all your patients being safe)." Her mindset to just pass the board exams changed when she started working as a licensed nurse. With this imbibed perspective, she learned that sacrifice was a big aspect of her profession: "*Yun sakripisyo, part yun ng work mo. Saka hindi ka rin matututo kung wala yung mga gano'ng experience, 'di ba?* (Sacrifice is part of your work. You will not learn without such experiences, will you?)." Amidst the challenges of being the sole nurse in her unit, she strove to surpass such challenges. She realized that every bump along the way contributed to her professional growth. She gained experiences from BPO companies, a hospital in the Philippines, and a hospital in Saudi Arabia.

A respondent witnessed her co-nurses quarrel and hold grudges against each other. Despite such experience, she accepted her role and the toxicity in her work: "*Kunwari office work, feeling ko hindi ako mag-e-excel kasi madali akong ma-bore or feeling ko like hindi ko kaya. At least kung nurse, kung nurse ka, everyday nag-iiba-iba. Parang feeling ko same toxicity, na-immune na ko eh na parang normal na lang siya* (For instance, office work, I feel like I would not excel, as I get bored easily or I feel like I would not be able to carry on. At least, if you are a nurse, every day is different. I have already gotten immune to the same toxicity, it has become normal)." Indeed, she was one of the nurses who had stayed with the same employer since passing the board.

For some, their commitment to the profession sprang from the organization they belonged. A respondent with six years of experience had stayed with the hospital despite the long commute from his residence. He had stayed, because "*Alam mong teaching hospital, so marami kang matututunan. May medical, may med school sila, marami ka talagang matututunan* (This is a teaching hospital. It has a medical school, so you will learn many things)." There were several hospitals near his residence but he chose to stay with his employer. From his narration as an ICU nurse, he appreciated the knowledge gained from doctors and fellow nurses. He manifested his commitment by continuously learning through his colleagues and the trainings the hospital provided. With his increased knowledge and expertise, he had been able to provide appropriate care to his patients.

Although I did not directly ask the level of their commitment during the interview, their nonverbal cues and emotional labor experiences

justified the deep internalization in their profession. They manifested their commitment by realizing the great sacrifice their work entailed and totally accepting the toxicity in their workplace. Commitment is evident in the change in their perspective from being a nursing undergraduate to being a professional. It sprang from the organization they belonged to. Thus, this presents the impact of the management's business decisions on the feelings of nurses about their profession.

### **Conclusion**

This study concludes that nurses' emotional labor experiences and their responses to these experiences align with the two forms of emotional regulation: antecedent-focused and response-focused. The former involves the individual initially adjusting to the felt emotion. However, no energy is drained once the emotion is in line. The latter, on the other hand, alters the facial and bodily expressions, behaviors, and emotions. The nurses' coping strategies regarding their emotional labor experiences affirm a response-focused towards antecedent-focused. At the beginning of their profession, they doubted their skills and worthiness as nurses taking care of other people. They were able to accept the toxicity in the workplace as part and parcel of their role. They continually improved themselves. There was no clear point in their journey as professionals when they assimilated into their roles. However, it was clearly shown that they were able to acknowledge and accept their roles as nurses; they sacrificed their personal time to perform all their duties as bedside care nurses.

Filipino nurses are indeed committed to their profession. Regardless of the unexpected challenges they face during their working hours, they remain persevering and faithful to their oath as nurses. They accept their workplaces as toxic and that their work is not always smooth sailing. They sacrifice themselves by going beyond the norm of merely looking out for their patients and their patients' community and families. From a cultural standpoint, commitment to their profession echoes the concept of *kapwa* (shared identity) and *pakikiramdam* from *Sikolohiyang Pilipino* on how Filipino nurses show compassion and build trust among their stakeholders.

### **Recommendations**

Future research can further upgrade and enhance the study methodologically. Such research can explore the differences in

emotional labor among male and female participants. It can consider other professions in the healthcare sector, such as medical technologists, physical therapists, and nursing aides, from different settings, such as clinics or private practice. This study does not involve hospital management's perspective, specifically on nurses' preference on how their employers could ease their emotional labor experiences. Hence, this researcher encourages future authors to involve the hospital management's perspective in their human resources' emotional labor experiences. Future undertakings can focus on a probability sampling method to gather sound data on the chosen locale.

In relating emotional labor to commitment to profession, future authors can further evaluate this through quantitative methods, such as surveys employing a Likert scale in the research instrument. It would enable readers to understand various levels of commitment of nurses, if any. On the qualitative side, authors can be more direct when probing about respondents' commitment to their profession.

### **Reflections**

As we live in a century gearing towards the services sector, we wonder if the nurses show that the services they render is authentic. Do they do it out of need? Or out of compassion and affection to the people around them? It is most likely the latter, as I have proven their steadfast dedication to their chosen field.

My exposure to a tertiary hospital for two years influenced this study. I was grateful for the experience, because it opened my eyes to the Filipino workers' struggles especially in the health care sector. They experience an erratic work schedule, difficulty requesting vacation leave, and compensation far from what they deserve. Most of the time, they render beyond their duty hours due to lack of manpower and report to work without proper rest.

Throughout this study, much has been said on the nurses' perseverance, commitment, and resilience in their work. For me, an outsider and mere researcher, their narration brought a different perspective on how one can look at themselves, their careers, and their lives. It is indeed challenging to be a nurse; taking full accountability and responsibility for a person's life (or death) is not easy. Unfortunately, some do not appreciate the hard work that takes a toll on the nurses if something unfortunate happens to their loved ones. Being a nurse requires not

only intelligence quotient but also emotional and affectivity quotient. It has been a privilege to learn about their stories firsthand, to know that they have been working beyond their duty hours. Most of them lack sleep, feel exhausted and unmotivated but carry on for their patients. If someone would ask me about the most important thing I have learned throughout the process of my research, I would say it would be appreciating what you have, and when you aspire for a goal, you work hard for it. I remain hopeful that my study can open other people's hearts, minds, and souls. Being a health professional is not just a job but also a vocation that entails showing compassion and service towards the whole community.

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