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Introduction

* Concepts that illuminate the stress nurses experience
  * Compassion fatigue (CF)
  * Burnout (BO)
  * Secondary Post Traumatic Stress Disorder (SPTSD)
  * Moral Distress (MD)
* Focus on outcomes.
* In contrast, Secondary Emotional Labor stems from emotional labor and describes a process.
Compassion Fatigue: “The emotional, physical, and spiritual exhaustion from witnessing and absorbing the problems and suffering of others.


Studies also focus on individual qualities

Age, gender, education

work related independent variables

years in profession,
Hrs. worked/week,
lengths of shift,
and finally a mention of manager support.

Nursing literature mentions management as a buffer to CF, BO, MD, and SPTSD.

Focus on the aftermath of the condition and how nurses can individually prevent it. For example...

- Nurses lack of self-care
- What signs to watch for
- The associations with various nurse specialties
- The association of these experiences with nurse turnover
- Treatment once CF, BO, MD, and SPTSD has occurred
**Emotional Labor:** a process by which one suppresses one’s true feelings to bring about a desired state of mind in one’s patient. (Hochschild, 2012)

* Involves skill that can support and inspire positive patient outcomes
* Can be rewarding to nurses and is required for nursing care

**Secondary Emotional Labor:** interactions in which super-ordinates discourage RNs from discussing and processing their EL

* It is a process and does not focus on the individual but rather on interactions between clinicians and their supervisors within a context
  * RN tries to talk about their EL and they are teased or denigrated
  * The leader interrupts to focus on documentation in the patient chart/Interrupting the expression of EL
  * Reinforces EL as negative
This study

- Hospice IDG meetings: all disciplines review patient care plans, death of patients & bereavement actions
- The only opportunity that RNs and SWs have to share their EL with peers and supervisors.
- Data collected from 6/2014-present in a suburban medical center with a home care/ hospice program
  - field-notes from 40+ IDG meetings (2-3 hr. weekly)
  - 20 depth interviews with physicians, nurses, social workers and administrators
The salient theme that emerged was that the purpose of IDG meetings is in contention:

- Some administrators direct the use of meetings exclusively for review of instrumental issues
  - patient services, instrumental care, regulatory guidelines
- Others make time for discussions that reflect the frustrations and challenges experienced by nurses as they engage in EL.
Expression of Emotional Labor

After reviewing the criteria for a patient’s eligibility for re-certification, the nurse talked about her experiences with a family:

“The patient has said that she ‘is ready to go.’ The parents are ready to let her go but her sister... she keeps resuscitating her. We hope that at some point the sister won’t be around when [the patient] stops breathing. She is in terrible pain but [medication] would reduce her respirations so [the sister] won’t give her enough [morphine]. They are suffering... I have to be supportive. I feel very torn whenever I am there... but I have to be careful not to make it worse or they may not let us [come back]. Then where would [the patient] be.” (Discussion of EL)
Expression of Emotional Labor

The administrator let the nurse speak and encouraged others to make suggestions. She then added,

Supervisor “You’re doing good work…it is there choice and hopefully it will be over soon…they are so frightened…”

Nurse: I know, I know…it’s just hard… I dread visiting them.

Supervisor “Maybe (the SW) has some insights to manage your next visit.”

Social Worker: “I just visited and the mother knows that the sister is a problem and she appreciates our support…she knows it was time for [the patient] to go.”

Nurse: “Well (long Pause) at least we are helping.”
Facilitating the discussion of EL supports and rewards this effort and provides supervisors with opportunities to reinforce its importance and to educate those with less experience.
Nurse to MD:
What do you think... she lost some weight and she gained some? The family is assuming that she will stay on hospice. I have avoided telling them that she might not be eligible [for another recertification period].

MD: If she isn’t losing weight we can discharge her and then if she declines we can take her back.
Nurse: But what we did for her was control her pain? If we discharge her then her pain won’t be managed, she will stop eating and she will deteriorate and then we will take her back but she will suffer a lot and so will the family. I don’t think I can stand that… it is... (Attempt at Discussion of Emotional Labor)

The administrator speaking cheerfully interrupts: “Put on your big girl pants... we will take her back if she losses weight... its 10:00 and we are only half way through the list... these meetings are too long and I want to be done by 10:30... whose next?” (Administrator Enforces Secondary Emotional Labor.)
Hospice nurses engage in emotional labor for the sake of their dying patients and their families.
  * The process can be rewarding
  * It also takes a toll

Discussion of EL to receive support and reward for this essential work bolsters the capacity to continue these efforts and provides supervisor with opportunities to support and teach for those with less experience.

In contrast, the enforcement of secondary emotional labor can have the same outcomes as the other mentioned conceptualizations but here we show the process and what it looks like.
Following the collection of most of the data, follow-up data was collected when the hospice program spontaneously increased the time for talk of EL during IDG meetings:

* A decrease in turnover
* A decrease in requests for sick time

**A caveat:**

Supervisors and administrators are under incredible pressure to increase the productivity of patient care settings—the top administrators of hospital systems must recognize the actual cost to their own productivity of enforcing SEL on their nurses and other health care providers.