

**Work intensification and emotional labour of nursing staff at King
Edward VIII Hospital**

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**This thesis is submitted in fulfilment of the
Masters of Social Science majoring in Sociology
in the School of Social Science,
College of Humanities,
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DATE.....

DECLARATION

I, Machoko Franscina Phatela declare that;

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2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Signed.....

DEDICATION

Firstly, I dedicate this work to the Lord God Almighty, thank you Lord for guiding and protecting me throughout my academic life.

Secondly, to my mother for her ongoing love and support and to my late Dad, Makoae Phatela, who could not see this thesis completed. I wish you had lived longer so that we could celebrate this great achievement together.

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ABSTRACT

This study investigates Work Intensification and Emotional Labour of nursing staff at King Edward VII Hospital. The study submits that previous studies that have explored the phenomenon of emotional labour tended to be moralistic and have focused much on the unprofessional groups like the petrol attendants, security guards, and domestic workers, with a handful, focused on the professional groups. Against this backdrop, this study extends the discourse of emotional labour and work intensification by drawing insights into the lived experiences of the professional workers, nurses in particular. This is because many people associate nursing as a woman's profession especially in African societies. These key findings are in reminiscent with literature provided by Boxall and Macky (2009) as well as Chowolhry (2014). The authors maintain that work intensification has made nurses to become alienated and stressed with their work and therefore nurses may find it difficult to recognize and challenge excessive levels of emotional labor that are associated with their work. Grounded on the interpretivist paradigm, this qualitative study conclusively holds that work intensification leads to emotional labour in the nursing profession. The study also provides a fascinating thought which indicates that work can likewise be bracing, fulfilling and fiscally useful. The main argument herein is that emotional labour has an impact on the physical, psychological, as well as stimulating emotions of the human being. On this note, the study engaged with the two elements of emotional labour, namely, surface and deep acting which are the core components of emotional labour. In order to provide a sociological lens to the phenomenon, the study draws insight from Goffman's (1990) dramaturgical theory. The performativity anchored in this theory is a reflection that nurses at King Edward VII Hospital do not allow them to be genuine but just to appease the patients and the management by suppressing their real emotions.

LIST OF ACRONYMS AND ABBREVIATIONS

ANC	African National Congress
CHW	Community Health Workers
DA	Deep Acting
EL	Emotional Labor
ILO	International Labor Organization
KZN	Kwazulu-Natal
MERI	Mann's Emotional Requirements Inventory
MDGs	Millennium Development Goals
PSI	Private Security Industry
PSIRA	Private Security Industry Regulatory Authority
SA	Surface Acting
RSA	Republic of South Africa
WHO	World Health Organization
USA	United States of America

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents an overview and the background of the study on work intensification and emotional labour. As applied in the context of this study, work intensification demonstrates an increasing workload in different hospital wards. This chapter is grounded on Du-Toit's (2012) exploration of work intensification. The author articulates that work intensification leads to emotional labour where nurses suppress their emotions and display friendliness in order to follow the organizational rules and regulations. The subsequent part of the chapter provides the rationale of the study, which outlines the significance of emotional labor. Coupled to the significance of the study is an exploration of the range to which emotional labour emanate from the escalating variations and work environment of the nurses, the advantages and disadvantages of such emotional labour as well as work intensification. As evidenced in this chapter, the aforementioned sentiment finds complementarity in Huynh *et al's.* (2008) assertion that the intensification in emotional laboring is mainly a result of the discriminating intensification of the health processes. The last part of this chapter provides a statement of the problem that outlines the reasons for conducting the study, as well as research questions and objectives. As shall be explored throughout this chapter, this study seeks to explore how work intensification leads to the emotional labour of nurses working at King Edward VIII Hospital. In order to unpack the study's main objective, 5 research objectives are clearly outlined in this chapter.

1.1 Background of the study

This research presents the narratives of nurses at King Edward VIII hospital. The main aim is to evaluate the occurrence of emotional labor and the extent to which the phenomenon is growingly becoming part of the work of nurses in hospitals. In addition, this research seeks to investigate the extent to which emotional labor emanates from the intensifying changes and work environment of the nurses, the advantages and disadvantages of such emotional labor. Taking a cue from Huynh *et al.* (2008), this study maintains that the rise in emotional laboring is mainly a result of the

heightened intensification of the health processes, worsened by the numerous and sometimes contradictory demands of several stakeholders.

The South African health care systems is in a state of crisis whereby health care professionals, particularly nurses, are moving out of the country in search for greener pastures abroad; the shortage of competent nurses; nurses are working long hours, sacrifice their tea and lunch breaks for the benefit of patients, due to staff shortages; existence of thousands of vacant nursing positions in public hospitals and that most of the employed nurses are over the age of 40 (Pillay, 2009 cited in Beukes and Botha, 2013).

Nurses plays a pivotal role in sustaining the country's health care system. It is argued that the nursing is a noble profession but not always an easy job. Work overload, few resources, limited promotion and development opportunities have a negative impact on the sustainability of the profession. Despite all these challenges facing professional nurses, most employees, are now required by organisations to express certain socially acceptable artificial displays of emotions, as part of their work role (Beukes and Botha (2013). This process whereby nurses are required by organisations to express certain socially acceptable artificial displays of emotions as part of their work role, is known as emotional labour.

Work determination differs, not only in its measurement but in its intensity, the speed, and work-related pressures. The main argument advanced by this study is that highly exhaustive work conveys both costs and benefits. To put into perspective, too many workloads in workspaces often lead to high accidents, sickness and in some cases absenteeism or workers. In addition to the above key submission, of interest to this study is a philosophical presumption which outlines that excessive workloads are coupled with long working hours which increase work-related deaths. The effects of excessive workload have a far-reaching effect on the wellbeing of nurses. Falstead *et al.* (2012) is of the view that too much work load comes as a result of work intensification are visible when workers work for long hours with very little remuneration and when they have lost control of their profession and job descriptions. Nurses at King Edward VIII hospital face similar problems.

Through an investigation of the labor process of nurses, this research seeks to broaden existing scholarship on work intensification. The main aim in this regards is to contribute to a growing literature of emotional labor. An exploration of emotional labor is key to this research because it assists in analyzing some of the challenges nurses face directly or indirectly that affect them as employees. Different occupations require the expression and display of appropriate emotions and nursing is no exception. In the workplace, hospitals in particular, there exist emotional display rules that dictate the emotions that nurses are required to show to achieve the desired goals of the hospital. Noon *et al.* (2013) maintains that emotional labor is the unhealthiest job especially in cases where one's emotional expressions on the job are not an authentic representation of one's personal beliefs. This study concurs with the author and adds that emotional labor as experienced by nurses at King Edward VIII hospital because their work is associated with stress, emotional exhaustion and lower level of general well-being.

There is a close relationship between the changing emotional requirements and the dimensions of work intensification on the labor of the nurses. Fried (2011) argue that the intensification of work, supported by administration activities make practically identical measures of execution, show up to be a wellspring of worry. It is, therefore, crucial to explore how nurses cope with a changing and dynamic structure in their workplace. Traditionally nursing has performed badly during economic downturns, revealing the susceptibility of the female workforce to marketplace forces (Lewis *et al.*, 2012). This social construction discourse explains why nurses become victims for the reported loss of sympathy, compassion and caring relationships at the forefront of care. Against this backdrop, this study examines the nursing profession as represented through popular and professional rhetoric to the notion of emotional labour as a component of caring and learning to care.

Smith (2011) highlights that the nurses still care but the efforts, skills and organizational support are required to ensure they can make a positive difference to carers and the cared for through those "little things" that count so much. Lewis *et al.* (2012) however argues that emotional labour is rendered invisible because no matter how hard the nurses can work, focus and be effective at work does not give them results and finances of which the aspect of care could be supported by the sector nurses are working for. The authors add that although the engagement in the practicalities

of bodily caring and curing is a critical element of nursing and the labour of nurses is inherently emotional and requires the nurse to partake emotionally with patients.

As informed by Huynh *et al.* (2008), this study submits that nurses need more than ever the support and obligation of leaders who set on emotionally caring tone and encourage an organizational and educational system subtle to the complex and financially driven world of the 21st century. Furthermore, Smith's (2011) research into the emotional labour of North American maternity nurses also provides a context-specific insights into the phenomenon. The author opines that in the USA, maternity nurses provide much of the hands-on care during labour so their emotional experiences are in some ways similar to those of midwives. The author focused on what she calls the "care deficit" in US maternity care, whereby the emotional maintenance features of labour care are devalued and maternity nurses are engaged to focus on dropping costs and enhancing the use of technology in the name of effectiveness.

Emotional labour in health care has considerable significance for the patient who often experiences pain, fear, anxiety or even panic. The nurse who performs emotional labour is able to manage the reaction of her patient by both providing reassurance and allowing an outlet for their emotions, thus directly affecting their psychological, physical well-being and recovery (Huynh *et al.*, 2008). Nurses themselves acknowledge the centrality of emotional labour to the concept of caring within their job role. Anecdotal evidence on nurses' experiences of emotional labour provided by Smith (2011) indicates that the majority of nurses identified emotional labour as a key part of the nurse's role in making patients feel safe and comfortable. The author adds that one student nurse explained that 'a part of nursing is to show you care for them, even if you are having a terrible day and are fed up yourself'. Many nurses in Smith (2011) study pointed out that emotional labour makes the nurse and patient contact easier in 'moving things along' and in 'oiling the wheels of nursing work. Emotional labour, they said, is the 'almost invisible bond that the nurse cultivates with the patient', and many nurses felt that their emotional labour performance even helped the patient to manage disclosures of an emotional nature. Fried (2011) concurs with the Bones' pronouncements and describe nurses as gifted social performers and multi accomplished emotion managers. The author maintains that nurse's continuous self-control efforts to manifest in several forms of psychological strain, such as somatic complaints and depressive symptoms are major elements that are causing serious health problems in the work of nurses. Consequently, Baumeister *et al.* (2006) is of the

view that the hostile effects of frequent self-control and recurrent resource depletion do not only limit to immediate impairments of well-being. It constantly manifests in psychological strain over longer time periods, especially when certain circumstances, such as regular demands on self-control, prevent recovery of the limited resource capacity.

The study conducted by Fried (2011) highlights that meeting emotional labour demands is not always associated with high levels of job strain and impaired well-being. Such negative outcomes do only emerge when nurses tend to adopt surface acting as a preferred strategy and when they have low control resources at their disposal. Deep acting is obviously not harmful to nurses and even the adverse influence of surface acting is protected by high amounts of control resources as indicated by low cognitive control deficits. The idea that the capacity for self-control can be improved is therefore of considerable practical importance, not at least in the field of nursing. Besides such interventions, field studies on emotional labor have identified several organizational and personal variables which buffer the adverse effects of emotional labor demands on job strain and well-being, such as emotional support from supervisors and colleagues (de Jonge *et al.*, 2008) or emotional competence of employees (Giardini and Frese, 2006; Smith *and Gray.*, 2009). Consequently, both factors provide additional starting points for the development of preventive interventions.

However, Fried (2011) argues that since individuals differ in their control capacity and thus in the ability to exert control, low control capacity can amplify the adverse effect of control demands on strain and well-being. Emotional labor is an integral part of the role of nurses. In performing emotional labor, two strategies are used in order to meet organizational rules of displaying certain emotions and hiding or suppressing others. The two strategies are surface acting and deep acting. In line with the assumption that surface acting puts higher demands on limited self-control resources than deep acting, it was found to be stronger in relation to burnout, depressive symptoms, and absenteeism, especially when nurses' cognitive control resources are small.

1.2 Significance of the study

As suggested earlier, there are both positive and negative consequences of emotional labour. Through an investigation of the labor process of nurses, this research aims at broadening existing literature simultaneously responding to the recent calls contributing to a growth of emotional

labour. Moreover, the research explores how hospital management features affect the manner in which the nurses perform emotional labour. An exploration of emotional labour is key to this study because it assists in analyzing pertinent challenges nurses face directly or indirectly that affect them as employees. With specific reference to nurses at King Edward VIII hospital, this study attempts to extend the knowledge base of contemporary literary works on work intensification and emotional labor.

Results of this study will assist hospital authorities by offering insights to re-evaluate policies, practices, and procedures aimed at improving the health sector in South Africa. The practical measure to problems related to the nursing profession is to appraise policymakers, the state, and different organizations about existing issues. This can be achieved through obtainability of knowledge base provided by this study. In this regard, key findings drawn from this study will assist policymakers to implement programs that nurses can be assisted to understand the nature of their work and emotional labour intricate in it and they can also be advised with the coping mechanisms they can adapt. To this end, results drawn from this study will provide health departments and decision makers at the hospital with recommendations and credible actions that can resolve eventual problems generated by working conditions of nursing staff in South African public health hospitals. To this end, results of this research will at most effect policy-making process thereby benefiting the South African economy at large.

Furthermore, this study provides recommendations that if implemented correctly will help upgrade the welfare of nurses working in hospitals. As an illustration, findings drawn from this study will assist in identifying nurses who might need counseling owing signs of stress and emotional exhaustion bedeviling them. The researcher was able to liaise with the relevant hospital authorities in ensuring that the study participants are taken through the internal counseling support structures (that are offered within the hospital) given prevailing deep-seated emotions that nurses often display during patient encounters. To this effect, this study will also provide feedback to hospital management with the aim to improve the health sector.

Lastly, this study will benefit nurses, patients at King Edward VIII hospital and community at large. Healthcare research is the end result of an intricate interaction between the nurses, patients

and the healthcare system. In this respect, this kind of research on emotional labour may identify superior interventions that may help patients, change the behaviour of healthcare providers and the community at large.

1.3 Problem Statement

This research seeks to explore work intensification of nursing staff at King Edward VII Hospital by trying to assess how nurses work under increasing workloads. In public hospitals, such as King Edward VIII, nurses work in spaces that can be construed as dynamic, characterized by long working hours, under-staffing, bullying, viciousness, inadequate administration, and poor work association. As shall be argued in this research, these spatial characteristics tend to change nurses' emotions and attitudes towards the work they do and as a result, they feel stressed on top of physical work strain. From a health perspective, this exacerbates stress levels owing muscle pressure, migraines and interminable undeniable irritation, shoulders, arms, and backs. Stress can likewise aggravate existing wounds and agony (Boxall and Macky, 2009). The intensity of the work can most likely lead to emotional labor. This research seeks to further explore the notion of emotional labor with specific reference to nurses at King Edward VIII hospital.

In a working environment (especially in the hospitality business), representatives are for the most part asked for to indicate positive expression by demonstrating a grin and signifying amicable circle so as to keep up a decent relationship, especially with clients, which is patients. This positive expression is resolved, not debatable for a wide range of good clients, kind clients, great client, unfriendly clients, inconsiderate clients, terrible clients, unreasonable clients et cetera. Organizations put passionate requests on workers in view of the expectation that the representatives will have more alluring communications with clients (Buckner, 2012). At the point when the organizations manage their representatives in this way, it implies they need their workers to perform passionate work (Cheng *et al.*, 2013). This is the case with staff nurses in hospitals. Their employers expect them to always be friendly to the patients and show a willingness to perform their duties no matter how rude the patients can become.

In health care professions a growing number of people now say that the simply personal and relational skills of healing are squeezed out in training, and seriously underestimated in favour of mechanistic skills. For nurses, especially those who are working in public hospitals, this is an enormous damaging shift away from that fundamental pledge to human dignity (Coovadia *et al.*, 2009). The main argument herein is that nurses have to adapt to the core values of their profession. Although, these values might be in contravention with their individual personalities that this study would view as intrinsic to an individual.

The particular highlights of South Africa's history that account for the present health issues incorporates racial and sexual orientation segregation, wage imbalances, migrant labour, the demolition of family life, and insistent violence crossing numerous hundreds of years. However, combined with politically sanctioned racial segregation in the twentieth century. There has been a notable lack of advance in executing the center wellbeing policies developed by the African National Congress (ANC), and some sad policy selection (Deranty and MacMillan, 2012). The World Health organization (1983) recommends that to meet the Millennium Development Objectives, it is important to address the inadmissible levels of income inequality, enhance admittance to the full scope of social services, present a comprehensive extending development policy, and advance gender equity. To this end, the post-apartheid policies, in particular, those that are politically driven have far-reaching effects on the welfare of nurses. As an illustration, under apartheid command, health care was distributed inequitably (WHO, 1983). Ginneken *et al.* (2010) concurs and states that South Africa has an ironic history of Community Health Workers (CHW) ventures that multiplied throughout the repressive regime of apartheid.

The issue of inadequate stewardship and usage is available in all divisions in South Africa and can be found in the trouble of building up a unitary vision over scope of various segments with various societies and needs, and maybe more so in the inability to recognize the need to request individual responsibility. The issue lies with the conviction that individuals are a result of their past; in this way, is it reasonable to consider people responsible for activities and qualities that have been prepared through apartheid oppression. However, this is not the case in the health sector because individuals are still guided by rules and regulations of the institution.

There is a knowledge gap that traces the expanse of emotional labour from the perspective of professional workers. Inasmuch as renowned scholars like Du-Toit (2012), Sefalafala *et al.* (2010)

have researched the phenomenon of emotional labour on the unprofessional groups like the petrol attendants, security guards and domestic workers, very few have focused on the professional groups. A focus on the professional group is of paramount importance in broadening existing scholarship of the labour processes. Building on the works of Chowdhury (2014), this study argues that nurses are alienated and stressed by work intensification and therefore may find it difficult to recognize and challenge excessive levels of emotional labor that are associated with their work. This can be seen in the hospital place because nurses undertake a wide range of disparate tasks like helping patients with consultations, researching about new diseases that might affect people, management and counseling of the patients. Nurses work in such conditions and they interact with patients on a daily basis hence studying emotional labour and work intensification is worthwhile.

1.4 The Main Research Objective

To explore how work intensification leads to the emotional labour of nurses working at King Edward VIII Hospital?

1.4.1 Research Objectives

- To explore emotional labour by analyzing the challenges nurses face directly or indirectly that affect their work as hospital employees.
- To explore how the hospital management features lead to emotional labour among nurses
- To understand how nurses' professional allegiance impact on their emotional labour in the process of discharging their responsibilities.
- To provide recommendations on how hospital management can reduce emotional labor among nurses.

1.5 Research Questions

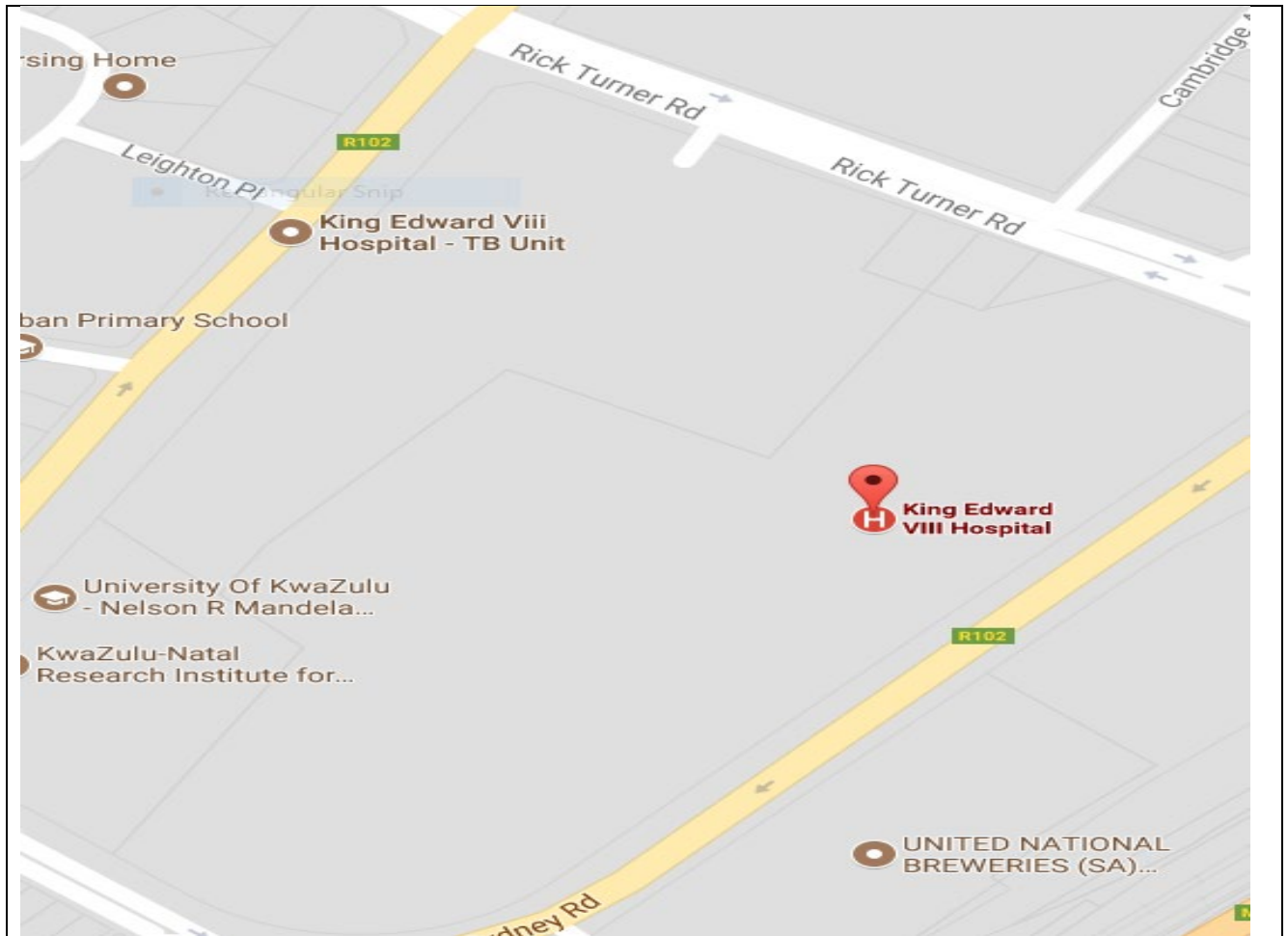
This study used the following research questions to capture the key demands of the main objective.

- What are the challenges nurses face that lead to emotional labour in the process of discharging their duties?
- How does hospital management dynamics lead to emotional labour among nurses?

- How does nurses' professional allegiance affect their discharge of duty and subsequently emotional labour?
- What can be done to reduce emotional labour among nurses?

1.7 Study Area

According to the Department of Health (2017), King Edward VIII hospital has an interesting history which dates back to 1936. Hospital infrastructure at King Edward VIII hospital is deplorable compared to other hospitals in the province. The buildings and the services at the hospital highlight its shameful history where most of the other institutions that started as white are in good condition than King Edward VIII. The hospital is constructed on a large site of about 42 acres. The hospital accommodates a great heritage of both Zulu and British royal families. The hospital is termed after King Edward VIII, who relinquished the sovereignty only one week since the founding. As shown on the map below, the hospital is situated in one of the old residences of King Shaka which is currently known as Kwakhangela- Amankengane.



Maps of King Edward VIII Hospital

The main mission of the hospital is to provide a prominent and innovative quality service and assuring good health to the people leading by a great spirit of Ubuntu.

1.7 Structure of the thesis

This study has six (6) chapters aimed at addressing the subject matter. The comprehensible structure of the study is as follow:

Chapter 1: Introduction. This chapter provides a background presentation and sample area of the study. In particular, it presents a nuanced explanation of the research problem, the knowledge

gap and foregrounds the significance of studying emotional labour in the health sector. The research approach and contribution made by the study into the board of knowledge will be explored further in this chapter.

Chapter 2: Literature Review. This chapter also provides a background and context of the research. It analysis existing literature, identifying a diverse range of limitations of past and current research simultaneously providing an entry into the conventional debate of emotional labour from the perspective of the public hospitals in South Africa.

Chapter 3: Theoretical framework. This chapter discuss the two theoretical underpinnings of the study. In particular, the chapter explore the self-monitoring theory developed by Snyder (1974) and the development of the theory by Mehra and Schenkelw (2008).

Chapter 4: Research Methodology. This chapter presents the methodology of the study, steps and practical research methods used in data collection.

Chapter 5: Data Presentation. This chapter thematically presents findings obtained from the fieldwork and the analysis of results. This chapter also examines and evaluate pertinent issues that provide an explanation of the conclusions drawn from data collected. It will also provide a theoretical significance of data collected.

Chapter 6: Summary and Conclusions. This chapter precisely recaps the research results and presents final comments on the most significant points of the study. At its concluding stage, this chapter explores contributions made by the research into the board of knowledge, recommendation that is context-specific and suggestions for further research.

1.8 Conclusion

This chapter has presented the background of the study. In order to provide a vibrant background understanding of the study, this chapter explored the traditional evolution of the profession of nursing. Smith (2011) stimulated that traditionally nursing has fared badly during economic recessions, revealing the vulnerability of the female staff to marketplace services. However, over the centuries, males were integrated to work in the nursing profession. In this reverence, the section discourses that work intensification generates countless challenges and uncaring state of well-being of the nurses as it distracts their emotions and health. As presented in this chapter, the key

objective of this study is to explore emotional labour by analyzing the challenges nurses face directly or indirectly that affect their work as hospital employees. By and large, the chapter discussed the challenges faced by nurses who are working in public hospitals that are characterized by long working hours, increased workloads and so on. In this respect, this chapter concludes that the work intensification of the nurses working in public hospitals encounters a plethora of challenges that include health problems, emotional exhaustion and minimal opportunities to discharge their duties without suppressing their emotions but rather have to follow rules and regulations of the organization. The selection of King Edward VIII hospital as the research site is clearly explained in this chapter.

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

The initial part of the chapter provides conceptual considerations of the terms used in this study, which is work intensification and emotional labor. Central to this chapter is an exploration of the imperceptible and historical view of emotional labor. Moreover, this chapter discusses the consequences of emotional labor by including empirical studies, which shows that emotional labor has both positive and negative impacts in the workplace. The foregoing chapter engages with Choi and Kim (2015) with the intention of providing an understanding of the nature of emotional labor. In addition, the chapter provides a gender dimension of emotional labor, breaking down the conventional thought that regards nursing as a feminine job. In order to give a context-specific approach to the understanding of emotional labor in South Africa, this chapter draws insights from the works of Du-Toit (2012) as well as Sefalafala and Webster (2014). Although the aforementioned authors focused on the unprofessional side, discourses provided in their theorizing offer a solid foundation to the understanding of emotional labor in contemporary scholarship. It is, therefore, the main thrust of this academic exploration to contribute to the board of knowledge and contemporary debates on emotional labour with specific reference to nurses. The penultimate part of this study is a discussion of literature on emotional labor of nurses.

2.1 Work Intensification

Boxall and Macky (2009) highlights that working hard can be testing, upsetting and exorbitant, yet it can likewise be invigorating, fulfilling and fiscally useful. The authors add that work intensification interferes employee's emotional labor through workplace stress, therefore improving existing work strain conditions and making new work strain issues. Work effort varies, not only in its length but also in its intensity, that is, the speed and pressures under which the work performances are undertaken. Highly intensive work carries both costs and benefits (Falstead *et al.*, 2012). In this respect, excessive workloads can lead to more accidents, high absenteeism and sickness levels, an increase in family breakdowns and even a rise in work-related deaths. These costs fall on workers, employers, and government. Such an assertion finds complementarity in Falstead *et al.* (2012). The authors postulate that the aforementioned problems are at peak

especially when high work effort is not bringing adequate benefits, or when accompanied by low levels of job control. Contrary to the above pronouncements, this study opines that despite problems associated with work intensification, working hard bring plausible benefits, through reasonably higher wages and/or enhanced promotion opportunities, higher economic output, increased tax receipts and a reduction in welfare expenditure that will consecutively enhance social and class mobility.

Hsieh *et al.* (2009) contents that work intensification creates an assortment of feelings, some positive and others negative. In this respect, this study argues that there is need to trace the expanse of the idea of work intensification in the context of work increase among nursing staff at King Edward VIII hospital that has remained invisible in global scholarship. There is a link between the changing emotional requirements and the dimensions of work intensification on the labor of the nurses. On this note, Fried (2011) concurs that the intensification of work, supported by administration activities make practically identical measures of execution, that show up to be a wellspring of worry as well as the hierarchical manual for required emotional labor. This study builds upon Fried's (2011) contention in order to explore how nurses cope with a changing and dynamic structure in their workplace. In order to understand the nature of nurse's work and work intensification, one has to understand the following literature that provides definitions and nature of emotional labor that intensifies the work of nurses.

2.1.1 Conceptualizing Emotional Labor

A sociologist Arlie Russell Hochschild coined the term emotional labor in 1983, in her groundbreaking text "*The Handled heart: Commercialization of Individual Sensation*". The author's understanding of the concept is grounded on the pretext that emotional labor entails the management of feelings to make an open face and physical show. Hochschild (1983) further clarifies that the aforementioned definition goes beyond to include management of feelings aimed at creating a publicly observable facial and bodily display. Although Hochschild's literature is outdated, the author provides pertinent views that are context specific to the neo-classical debates of emotional labor. In this respect, the analysis of more recent scholar such as Levine- Brown (2011), Du Toit (2012) and Jaskani *et al.* (2014) anchor on the works of Hochschild and there is

not recent scholar that has unleashed a convincing conceptualization of emotional labor. This makes Hochschild's (1983) work relevant to this study. Hochschild's definition emerged following empirical studies in service-orientated occupations such as nursing, flight attendants, hospitality services and *inter alia* (see Levine-Brown, 2011; Du Toit, 2012; Jaskani *et al.*, 2014). Building on the aforementioned scholars, the foregoing study, therefore, argues that the performativity of workers is one way through which a work-related scenario is in contravention with individuals' feelings.

Du Toit (2012) conceptualize emotional labor as the modification of emotional expression that may involve faking and suppressing of one's emotions in order to display friendliness. Grandey *et al.* (2007) adds that organizations provide workers with scripted client interaction, thus controlling their inter-personal emotions. Building on the definition provided by Du Toit (2012) and Grandey *et al.* (2007), this study opines that the act of faking and suppressing individual feelings makes it clear that nurses become alienated from their work owing loss of autonomy and work intensification. Chowdhury (2014) who confidently asserts that nurses find it difficult to recognize and challenge excessive levels of emotional labor that are associated with their work further informs this argument.

Wharton (2009) provides propositions that explain emotional labor. The first proposition foregrounds that emotional labor helps to understand the organization, structure, and social associations of service jobs. The second proposition emphasizes individuals' efforts to express and control emotion and the consequences of those efforts. These propositions will be utilized and provide solid background that assists the researcher to understand the management strategies and how nurses feel when interacting with patients in different spaces of their work. This means that service providers are required to regulate or manage their feelings, emotions and display those emotions for commercial purpose. These display emotions have economic value, which they receive in the form of salaries, wages, and/or tips. Levine-Brown (2011) and Du-Toit (2012) further argue that at the workplace, workers display particular emotional states as part of their job demonstrations for which they receive remuneration and in accordance with organization rules.

Inasmuch as the concept of emotional labor has motivated a tremendous amount of research, it has been much less helpful in providing theoretical guidance for the integration of the results generated by these bodies of work, especially in the health sector. Wharton (2009) then conceptualizes emotional labor as the process by which workers manage their feelings in accordance with organizationally defined rules and guidelines. The expression of appropriate emotions during face-to-face or voice-to-voice is a job requirement for employees in many service sectors. Evidence can be drawn from petrol stations where the petrol attendants are required to always put a smile on their face when providing service to the customers (Du Toit, 2012). This is a setting where employees interact with customers on a daily basis. This is the same service provided by nurses in the health department. Nurses are required to help all the patients regardless of their behavior or attitudes. Noon *et al.* (2013) adds that different occupations require the expression and display of appropriate emotions and nursing is no exception. In the workplace, there exist emotional display rules that dictate the emotions that workers are required to show to achieve the desired goals of the organization. On this note, Noon *et al.* (2013) and Xanthopoulou *et al.* (2007) opines that emotional labor is the unhealthiest job especially in cases where one's emotional expressions on the job are not an authentic representation of one's personal beliefs. This implies that emotional labor is associated with stress, emotional exhaustion and lower level of general well-being.

A comparative study was done by Huynh, Alderson and Thompson (2008) on the emotional labor of the nurses. This study concludes that emotional labor is a process whereby nurses adopt a work persona to express their independent, surface or deep emotions during patient encounters. Antecedents to this acceptance of a work persona are proceedings occurring during patient–nurse encounters. This study concurs with the idea that the resultant feature of emotional labor includes longtime health problems that may affect nurses. Emotional labor is an integral yet often unrecognized part of employment that involves contact with people. Emotional labor demands an individual to have a degree of control over the emotional activities of the labor, thereby commodifies employee's feelings (Smith and Lorentzon, 2007; Hunter and Smith, 2007). To this end, this study argues that the health setting, in which emotional labor is an important part, needs reviewing in terms of its exterior controls and emotional divisions of labor between professions.

2.1.2 The Nature of Emotional Labor

In explicating the phenomenon of emotional labor, there is a need to understand the nature of emotional labor. This study argues that the nature of emotional labor is not static but dynamic depending on the profession. As an illustration, Buckner (2012) postulates that in the hospitality industry, employees show positive expression by showing a smile and denoting friendly sphere in order to maintain a good relationship with customers. On the same note, Hunter and Smith (2007) opine the idea that emotional labour was seen as part and parcel of the normal routine of nursing. In this respect, emotional labour is identified as social, in so far as it is related to making patients feel at home. In addition, Berry and Cassidy (2013) argue that university lecturers are performing relatively high levels of emotional labor compared even to other occupations where emotional labor is required particularly prevalent. To this end, the levels of emotional labor vary. In illustrating more on the nature of emotional labour, this study draws insights from Buckner (2012). The author highlights the positive expressions that determine the relationship between the employees and the customers. He argues that companies place emotional demands on employees based on the hope that the employees will have more desirable interactions with customers. When companies regulate their employees in this manner, it means they want their employees to perform emotional labor (Tucker, 2011).

Emotional labor demands the workers to produce an emotional state in the client or customer and they allow the employer, through training and supervision, to exercise a degree of control over the emotional activities of employees (Choi and Kim, 2015). Hochschild's perspective on emotional labor was an outgrowth of the dramaturgical perspective made in 1959 by Irvin Goffman. The dramaturgical perspective on behavior in organizations focuses on customer interactions as providing the performance stage for employees' impression management skills (Choi and Kim, 2015). Employees' efforts to manage their emotions appropriately for their respective organizational roles are performances on the organizational stage. From the above literature, this study argues that emotion management is a dominant part of the employee's job performance and meanings towards meeting organizational goals.

Choi and Ken (2015) contend that there is no agreed conceptual definition of emotional labor, and there have arisen conceptual differences due to a matter of perspective. The point that preceding researches commonly claim is that individuals can regulate their emotional expressions at work. Choi and Ken (2015) also came up with their own definition of emotional labor. They argue that it involves active strategies to modify, create, and alter the expression of emotions in the context of paid employment. According to them, emotional labor is the process of regulating the expression of emotions for the achievement of organizational goals and the employee receiving payment for this labor. Building on the works Choi and Kim (2015), this study argues that this definition focuses more on describing the nature of emotional labor. This study further argues that emotional labor is an operative tool for an employee to perform better at the workplace. The emotions in the work are a vital element in almost jobs. Workers are required to comply with rules by regulating their emotions appropriately and managing their emotions according to administratively defined commandments and guidelines. The manner in which one shows emotions has a strong impact on the support excellence communications, the application of the public environment, and the encounter of emotions itself. While the concept of emotional labor is concerned with the required expression or suppression of emotions, it does not indicate whether other forms of emotional display will be acceptable. Employees engage in emotional display in three separate roles namely as sender, as the recipient, and as an observer. As argued by Mayer *et al.* (2008), this implies that emotional expression is clearly a significant requirement in many aspects of organizational life.

2.1.3 Elements of Emotional Labor

Grandey *et al.* (2013) argues that emotional work is a close all-inclusive piece of each activity, and frequently it is simply called being gracious. In any case, the degree to which one acts has an important effect. Grandey *et al.* (2013) likewise features that a man can act in a way that is in accordance with his or her center qualities and convictions at work or act generally. Two emotional labor techniques are employed in order to understand the two elements of emotional labor, which are Surface Acting (SA) and Deep Acting (DA). This section discusses the above-mentioned elements of emotional labor in the view of providing a meaningful understanding of the phenomenon.

2.1.3.1 Surface Acting (SA)

Grandey *et al.* (2013) conceptualize Surface Acting (SA) as an element of emotional labor that involves employees faking emotions contrary to their feelings, by altering their external, appearances (that is, outward appearance, motions, or voice tone) while displaying required feelings. Utilizing the SA system, individuals adjust the outward articulation of feeling in the administration of moving their internal sentiments. By changing facial or real articulations, for example, drooped shoulders, bowed head, or hanging mouth suppressing is a mechanism for inner feelings to be in a corresponding state. An employee fake or pretend to have an emotion by using unnatural and artificial body language and verbal communication. Therefore, the SA technique helps to show how individuals suppress their feelings in order to cope with the prevailing situation, portraying an identity that Goffman would view as 'front stage'.

In addition, Grandey *et al.* (2013) argue that the propensity to take part in this last part of enthusiastic work accompanies genuine expenses to the individual and the association. At the point when individuals routinely inspire the worry of surface acting, they will be more inclined to despondency and tension, diminished occupation execution, and burnout. This affects others, as well. For instance, pioneers who surface act at work will probably be injurious to their representatives, by disparaging them and attacking their security. Likewise, work pressure can excess into home life.

2.1.3.2 Deep Acting (DA)

DA happens when representatives' sentiments do not fit the circumstance. DA includes changing internal sentiments by adjusting something more than outward appearance. DA includes control of inner feelings, guiding them to trust that you really are cheerful and getting a charge out of the collaboration with the other individual (Grandey *et al.* 2013). Hochschild (1983) characterized DA as a feeling whereby one effectively endeavors to summon or smother a feeling and prepared creative energy, whereby one effectively conjures considerations, pictures, and recollections to incite the relaxed feeling. This examination contends that profound acting reflects poor

associations with presentations of lessened occupation mentalities and prosperity. It shows positive associations with enthusiastic execution and consumer loyalty.

Literature provided by Davis (2010) shows that the fittingness of the emotional response of workers relies upon the degree to which they are legitimized. To put into perspective, a representative who is furious or restless around an issue that is not esteemed noteworthy, for example, an innocuous joke or minor changes will not get much sensitivity or even sympathy. The previously mentioned proclamations show that impression of foul play are frequently exceedingly abstract and trigger distinctive enthusiastic reactions. Supervisors may view nervousness over approaching changes as unjustifiable, though representatives or association authorities may have diverse discernments. Expanding on crafted by the previously mentioned researchers, an end is that the vital impacts of enthusiastic work may vary from those of the enduring, long-haul impacts. In spite of the fact that individuals expect for the short-and long-run impacts of the surface following up on occupation fulfillment to be comparable, this examination contends that the impacts of DA are all the more transiently particular though representatives are potentially aware of their inauthenticity as they surface act. To this effect, at such minutes when clashes between one's very own necessities and inclinations and the activity's requests are most notable and employment disappointment most elevated.

2.1.4 Organizational Process of Emotional Labor

Lazanyi (2010) highlights the elements of emotional labor, exploring and identifying ways by which organizational processes affect employees' emotional labor. Feelings have an effect on the working of associations and additionally, associations have an impact on feelings. This section discusses the impacts of organizational processes on Emotional Labor viz-social process and organizational identity.

2.1.4.1 Social Processes

Regularly, analysts of emotional labour disregard the effect of authoritative and social procedures that may have on feeling control forms and conduct reactions (Lazanyi, 2010). The author contends that one of the conceivable reasons is that social correspondence about feelings is for the most part

understood. The social part of feelings regularly passes unnoticed, and shows itself mechanically, with a possibility to make surprising circumstances in authoritative life. A precedent is a wonder called 'passionate disease' where, without to such an extent as experiencing an intellectual assessment process, a specific hierarchical part's feelings, regardless of whether repugnance for changes or dread from the obscure future, or 'irresistible' giggling, are anticipated on to the entire association. Formal pioneers or different people of power with a serene and made conduct may direct or keep the engendering of such serious feelings by indicating passionate presentations with a message in opposition to influence individuals to understand the feelings being referred to.

2.1.4.2 Organizational Identity

Human beings create a persona, which placed them in a more ideal light. Lazanyi (2010) notes that workers can make overwhelming highlights of the association their own and build up a hierarchical personality or persona, or distinguish (themselves) with their association. For workers with a hierarchical character, authoritative enrollment will convey positive esteem and produce positive feelings, (for example, pride and euphoria). In this regard, Lazanyi (2010) presumes that the individuals who can relate to their association will encounter positive feelings. The association gets acknowledgment, while the representatives do not get any advancement or get any good working conditions. Consequently, this will make connections simpler with a customer with an ideal disposition towards the association. Through the specialist's mentality, the customer himself or herself will enable the worker to get into an enthusiastic state affirmed by the association.

2.1.5 Monitoring Emotional Labor

Du Toit (2012) contends that supervisors generally give workers a pre-built up content, which states how they should direct and show feelings while communicating with clients. The author further establishes that supervisors personally train workers on things that benefit clients, which centers on the nature and general attributes of their activity. Du Toit (2012) adds that the reward for engaging in the specific type of labor is a wage as well as other possible rewards, such as tips from customers or bonuses from managers. Petrol attendants, for example, get rewards for not only physical work but also their emotional labor. They are required to be friendly towards customers

and provide a service to them. In essence, employers always monitor emotional labor by giving the employees rules and regulations on how to conduct themselves at work. In addition, the use of surveillance cameras at the petrol stations also monitors the employee's behavior.

2.1.6 The Implications of Emotional Labor on Service Employees

In order to examine the implications of emotional labor, this study builds on the literature provided by Noon *et al.* (2013). The authors are of the view that the dramaturgy perspective perceives social life as a series of scripted performances in which people are actors. The pronouncements put forth by the abovementioned authors to some extent are in contravention with the behavior of agents given that individuals are not objects but act different scripts in different social situations to present a certain image about themselves. However, this study does not wholly condemn the assertion provided by Noon *et al.* (2013). It also concurs with the authors on the idea that people perform script to impress other people (audience) but their performance depends on the setting (front stage). The same way the emotional work done by the nurses by not expressing their inner feelings but rather discharging their duties and providing good service to the patients.

Building on the works of Noon *et al.* (2013) this study confidently asserts that there is a positive correlation between dramaturgy and emotional labor. In particular, the study argues that emotional labor is not an expression of real emotion but of displayed or performed emotions, that which this study view as '*phony performativity*'. This concept means performing actions and/or emotion that are not genuine just to appease customers and responsible authorities. Du Toit (2012) added petrol attendants perform emotional labor as part of their job routine in which they have to help customers according to certain prescribed rules. These rules involve the regulation of emotions such as being friendly. This assertion shows that it is much easier for employees to use this strategy to manage their emotional displays. Moreover, Noon *et al.* (2013) developed Hochschild (1979)'s idea that the capability to manage emotions according to the rules of the situation emphasizes the necessity to acknowledge the power of the social, as socialized beings and not actors that try to pay tribute to official definitions of situations with no less than their feelings. However, in order for an employee to be able to assess the situation correctly and produce the expected feelings, social guidelines are required, for example, a set of shared rules (Bolton, 2000). The interaction between

an employee and a customer depend on their mutual definition of the setting (organizational norms).

Emotional display rules are shared norms governing the expression of emotions at work. In hospitals, nurses work in different units of the hospital system. In these units, there are shared display rules and unit-level beliefs. Additionally, controlling for the influence of dispositional affectivity, individual-level display rule perceptions, and emotion regulation. Grandey *et al.* (2011) found that unit-level display rules are associated with individual-level job satisfaction. They also argue that it showed that unit-level display rules relate to burnout indirectly through individual-level display rule perceptions and emotion regulation strategies. Finally, unit-level display rules also interacted with individual-level dispositional affectivity to predict employee use of emotion regulation strategies.

2.1.7 Precursors of Emotional Labor

Choi and Kim (2015) identified three factors that can affect emotional labor. These are emotional contagion, individual characteristics, and job characteristics. The variables related to individual characteristics are emotional contagion, empathic concern, and job emotion. Emotional contagion is a congenital sensitivity of natural assimilation with the emotion expressed by others, where a process of cognitive interpretation is not involved in sharing the emotion with others. People with emotional contagion easily empathize with others emotionally because they express their emotion easily. Empathic concern refers to individuals' self-centered acceptance of and response to other's emotion. Although individuals with empathic concern do not agree with the emotion of others, they understand the emotion of others through a cognitive process and express their own emotion (Choi and Kim, 2015).

Choi and Kim (2015) outlined another variable related to individual characteristics as job emotion, which refers to the degree to which employees express their emotion during job performance and refers to the empathy occurring while performing their job. If employees empathize more while performing their job, it is more likely that they express their emotion. As a result, they are more likely to perceive the difference between the emotional display rule required by the organization.

Thus, the emotions of employees have a positive effect on emotional labor, which indicates the difference between the emotions they feel and the one the organization requires.

2.1.7.1 Job Characteristics

In order to examine the subsequent precursor of emotional labor, Choi and Kim (2015) provided a clear definition of concepts that formulate job characteristics as another processor. The authors argue that job characteristics are autonomy, task identity, skill variety, feedback, mutual contact, friendly relationship, task significance, autonomy, and feedback. Skill variety refers to whether a job requires a variety of activities, such as functions, talents, knowledge, and skills. If a job itself can help employees diversely use skills or talents or frequently use or develop them, the employees find their jobs meaningful and can experience more meanings as they use a higher level of functions. To this end, this study finds this argument very relevant because nursing requires skills and knowledge of the profession in order for nurses to provide a good service.

Choi and Kim (2015) further identify another aspect of job characteristic, which is task identity. It refers to the degree to which a job requires completion of a whole job or a part of the whole job. Organizational members think their jobs as more meaningful when they can perform their job as a complete unit, rather than being responsible for some part of the job. The other characteristic is task significance, which refers to the degree to which the job performed by individuals has a significant impact on the lives and works of other people both inside the organization and outside the organization. In the health sector, nurses significance is to help patients when undergoing the treatment of their illnesses, therefore, nurses also combine their knowledge and wisdom in order to make an impact on people's health. Another job characteristic is autonomy, which refers to the degree to which the job provides freedom, independence, and discretionary authority to individuals while performing the task.

The last characteristic of a job as articulated by Choi and Kim (2015) is by feedback, which is the degree to which clear information on how effective the job performed by an individual is provided to the individual. That is, a feedback effect is an outcome of an individual performing task and that could obtain information on the outcomes of their performance from the job itself, supervisors, co-

workers, and subordinates during the process of job performance. Feedback is the degree to which individuals clearly know the outcomes of their job in a direct and indirect manner. With the feedback, employees can continue to think how can they be effective in their jobs, and through the process of performance feedback, employees are more likely to find their own job methods or processes without asking their supervisors. Applying this concept into the context of this study, it can be argued that nurses create their own emotional management skills required for the job without following written rules and guidelines but can still produce good feedback.

2.1.7.2 Organizational Characteristics

Choi and Kim (2015) contend that there are also organizational characteristics, as the antecedents of emotional labor, they include organizational support system, social support, and performance pressure and job satisfaction. Goldberg and Grandey (2007) suggested that the organizational support system creates an environment where a more predictable job environment is provided and co-workers can give help to each other, reducing the stress of the members.

2.1.8 New Models of Emotional Labor

The health framework associated with social, psychological and sense-making accounts that draw on patients and nurses' stories plays a key role in understanding the professional relationship in the hospital environment (Gray and Smith, 2008). The authors add that denial of emotional labor prevents the possibility of opening up new approaches of debate that may in turn influence democratic alternatives of clinical practice. For instance, nurses can also express their genuine feelings and emotions to patients and therefore, being able to impair one's sense of job performance and job satisfaction. From the foregoing, this study maintains that to move in the direction of a narrative, evocative medical sociology is to give more room to the sense-making struggles of people whose illusions of prediction and control have been interrupted by illness or death. Taking a cue from the aforementioned contributions, this study argues that there is a need to reconstruct the role of nurses with an eye to permit pertinent human worries such as suffering and emotional labor at a workplace environment.

Building on the aforementioned scholarly views, this study argues that the new models on emotional labor are in contravention with the conservative thought that work protects employees from problems that arose from emotional labor. As a remedy, employers and management should rather focus on organizing workshops that enhance a better understanding of the emotional labor aspect at the workplace rather than perpetuating the denial of existing problems and challenges bedeviling service workers. This presupposition requires one's willingness to be uncomfortable and vulnerable along the way. In this way, individuals are better acquainted with existing knowledge about emotional labor. Such analysis also finds complementarity in Deranty and Macmillan (2012). The authors postulate that effective organizational performance is due to a lack of communicative skills between workers and the management at large. Against this backdrop, this study investigates profound through which contemporary scholarship understand challenges associated with emotional labor in a public health care setup. In this respect, this study argues that making emotional labor clear and more visible in nursing practice stretches nurses a better chance of managing adequately with the emotional pressures, stresses, and strategies involved in patient care.

2.1.9 Consequences of Emotional Labour, Setting the Context

Bakker and Demerouti (2007) postulate that there are pros and cons of emotional labor, which include organizational level productivity and cheerful environment. The positive consequences on the organizational context benefit employer or leadership given the fact that it increases caring competency, creating an enabling environment that promotes the highest level of quality nursing care and patient safety. In this regards, nurses' aspects have either negative or positive consequences of emotional labor. The positive aspects include rewards that come in the form of salaries and wages. Drawing from the above literature, this study argues that the negative consequences overweigh the positive ones, which make employees' work more stressful, causing emotional exhaustion, general well-being like undeniable pain in shoulders, arms, backs, muscle pressure and more.

Huynh *et al.* (2008) argue that the concept of emotional labor is considered as one of the preregistration programs. Nurses also need to have time and a supportive environment to reflect, understand and discuss their emotional labor in caring for difficult patients to deflate the central

discourse about problematic patients. Huynh *et al.* (2008) establish that nurses' emotional exhaustion has shown to result in the depersonalization of patients. In this respect, the emotional labor concept may differentiate the ideal emotions and thoughts that nurses should theoretically feel and those that they actually experience but cannot express in practice.

Huynh *et al.* (2008) notes that emotional exhaustion refers to the depletion of arousing emotional states, for example, a nurse feeling too emotionally drained to care for patients. On the same note, Bakker and Demerouti (2007) conclude that the nature of nurses work reduces performance feedback, and also reduces the effects of physical demands on the emotional labor among nurses faced with emotionally challenging situations from patients. Applying the above literature into the context of this study, it can be argued that nurses are involved in situations where they interact with patients hence they have to manage their emotions in order to follow emotional display rules.

Although Steinberg and Cormier's (2013) study focused more on teachers provides relevant ideas to this study given that the two distinct studies (that is teachers and nurses) unearthed common philosophical discourses grounded on the professional side of emotional labor. Pertinent to this study is the idea that an exploration of the emotional labor of nursing staff requires intense investigation in the field of social science. Taking a cue from Steinberg and Cormier's (2013) study on teachers, it is important to note that there are subject to changes in assessment policies and experience emotional chaos. In this respect, teachers invest a great deal of emotional energy in trying to cope with all the changes. Such changes brought many attempts that individuals have to attempt and cope with, in order to be able to fulfill their moral purposes (Steinberg and Cormier, 2013). Steinberg and Cormier (2013) opines that teachers create certain emotional rules regarding feedback on assessments, which focused mainly on giving constructive feedback to all learners, irrespective of their performance in their tasks so that learners feel better about their performance.

This commitment was emotionally laden, leading to teachers involved in emotional labor, especially when students did not achieve (Steinberg and Cormier, 2013). The concerted effort of teachers to control and keep their emotions in was not an easy task for teachers, especially when learners were not working to their full potential and did not achieve well (Steinberg and Cormier, 2013). Therefore, teacher emotions are also involved in assessments. Contrary to the belief that

assessments are “neutral” and does not have an effect on teacher emotions, Steinberg’s study revealed that assessments do involve teacher emotions with teachers becoming angry and upset when their pupils fail for the reasons that could have been controlled (Steinberg, 2008).

In addition, Steinberg (2008) argues that teachers express negative emotions when pupils fail and they are to blame for students’ unpleasing performance. Taking a cue from the aforementioned school of thought, this study argues that teachers display negative emotions when students’ performance is not satisfactory given that they are accountable for poor results. On this note, Steinberg (2008) provided an insightful revelation in explicating the phenomenon of accountability. The author postulates that standardizing the performance testing to some extent limits students’ effectiveness in the classroom. These negative emotions cause teachers to feel vulnerable and demoralized about their job. This analysis has portrayed not to be in harmony with the assertion put forth by Turner (2009) that ignoring teachers’ feelings and emotions towards reforms, implies that these are not important, yet teaching and learning are deep-seated in emotional experiences.

In exploring the phenomenon in the context of teachers, Lee and Yin (2011) are of the view that since there are too many human elements associated with educational changes, emotion is certainly one part of the pledge that teachers bring to the alteration process. The author contends that most educators and researchers underestimate the complexity of educational change by focusing on the external, rational elements and ignoring people’s emotional experiences of change. To this effect, the author proposes the idea that teachers’ emotional lives play a key role throughout the change process. The study of teachers’ emotions provides a backdrop through which an understanding of how teachers make sense of the change process. O’Connor (2008) concurs with this school of thought and adds that since teachers’ commitment towards their profession is strong and personal hence it is with their emotions that they personally interpret the demands placed on them. O’Connor (2008) supports the idea of analyzing teacher emotions when implementing reforms. For this reason, they claim that this provides a way of understanding how teachers experience their work and educational change at a much deeper level.

Bolton (2009) contends that emotional labor remains a helpful portrayal for an entrepreneur work prepare that depends intensely on feeling work. It stresses how the feeling is an asset for capital and along these lines conveys regard for endeavors to bridle its potential through the division of work and the use of innovations. Building on the works of Bolton (2009), it seems logical to argue that lecturing as a career has got implications on the emotions of lecturers as they provide a service to students. Despite the unequal social exchange of an organization encounter, emotional work highlights how constrained scripts and incomprehensible targets make a reshaped association between customer and authority community. Regardless, it is a thought that ought to integrate with mind especially in the way it jumbles the control, regulation, and motorization of enthusiastic work with a potential 'robotization' of themselves (Bolton, 2009). This is a result of the totalizing slants of using one thought to get the multifaceted way of feeling work all through different work frames.

There are emotional displays that are suitable for any given circumstance. In order for an employee to be able to assess the situation correctly and produce the expected feelings, social guidelines such as a set of shared rules are used (Bolton, 2009). Wharton (2009) concurs and further mention that the ability to manage emotions according to the rules of the situation emphasizes the need to acknowledge the power of the social. To this end, as socialized beings actors try to pay tribute to official definitions of situations with no less than their feelings (Bolton, 2009). Against this backdrop, this study confidently argues that emotional display expressed by the nurses in their workplace in situations where they interact with patients concerning their behavior, depends on the set rules or regulations in the hospital, depending on different nurses and the treatment they give to their patients. Such conceptual convictions epitomize Jaskani *et al.* (2014) approach to emotional labor. The author suggests that emotional labor includes the display of organizationally preferred feelings. It is generally recognized that there can be either good or bad consequences for those performing this labor, based on how it is conducted. To this effect, Jaskani *et al.* (2014) suggest that emotional performance may accomplish task efficiency by controlling interaction and obviating public problems; emotional work may accomplish self-expression by allowing one to customize part endorsement. Increased emotional labor masks widespread discontent and dissatisfaction within the university lecturer community, but enabling them to meet changing occupational and organizational expectations (Berry and Cassidy, 2013).

Despite the high job satisfaction that emotional labor brings, there is a downside that makes the work risky. Those workers who are not capable of managing their emotions and managing the emotional state of others are vulnerable to burnout (Mastracci *et al.* 2012). Intense exposure to protracted emotion stress can result in post-traumatic stress as well as vicarious trauma. Both of these result in diminished effectiveness on the job. Those who manage agencies where emotional labor is essential for job performance are wise to take steps to mitigate this risk. Vicarious trauma is the term for the emotional toll experiencing horrific events secondhand (Mastracci *et al.* 2012). This impact of the situation still affects workers even though they are not victims. Burnouts may occur from performing emotionally intense work without dealing with the vicarious trauma that accompanies it (Mastracci *et al.* 2012). To this end, emotional labor may trigger emotional dissonance and damage a person's sense of own self (Jaskani *et al.* 2014).

Salleh and Liyushiana (2014), concurs with the thought and adds that burnout is a persistent, negative work-related state of mind in 'normal' individuals, primarily characterized by emotional exhaustion and accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviors at work. To this end, the effects of burnout are not limited to the individual's subjective experience, but also to various organizational outcomes. Consequently, Burnout, however, first emerged as a social problem, not as a scholarly construct.

Jaskani *et al.* (2014) suggest that supervisors take the problem of burnout very importantly, as it can lead to destruction in the service quality required and appears to promote job revenues, absenteeism, and low spirits. The author maintains that emotional performance may accomplish task efficiency by controlling interaction and obviating public problems. In other words, emotional work may accomplish self-expression by allowing one to customize part endorsement. Building on the works of the abovementioned scholars, this study argues that emotional labor may trigger emotional difference and damage a person's sense of own self.

Saiden (2010) opines that there are two phases in constructing the burnout. The first stage is called the pioneering phase, where the initial concept of burnout was formed by pragmatic rather than academic concerns. The second stage, namely empirical phase, is where burnout research became

more systematic and quantitative in nature (Sadien, 2010). To this end, burnout has known as three dimensions' construct, which consists of emotional exhaustion, depersonalization and personal accomplishment (Davis, 2010 and Sadien, 2010). Emotional exhaustion includes feelings of strain, particularly chronic fatigue resulting from overtaxing work, because of the tension on the individual and its characteristics include by feeling tired and emotionally drained.

Saiden (2010) conceptualizes depersonalization as a negative response that indicates the disillusionment and a growing lack of compassion on the part of the burned-out professional. Lastly, personal accomplishment is the unique dimension of burnout because there is a need to flip over it to put the same direction with burnout as negative outcomes. In order to create the similar position with the previous two facets, Sefalafala and Webster (2014) puts negative pre-word resulting the term 'lack of personal accomplishment' or 'diminished personal accomplishment' or 'reduced personal accomplishment' which refer the feelings of insufficiency, reduced feelings of competence and unsuccessful achievement. In their research on the security guards industry, they found out that security guards work long working hours with very few partaking admittances to social benefits. Personal achievement captures an individual's feeling of capability and accomplishment in working with others. However, security guards feel this low-status occupation make them feel stigmatized and lack social recognition (Sefalafala and Webster, 2014).

Despite the fact that emotional labor is the main cause of burnouts, Briner *et al.* (2008) discuss other factors that contribute to the emergence of burnouts. Gender shows inconsistent and sometimes no association with burnout. The relationships found between gender and burnout concurs that there may be confounding of gender and occupation as it maybe that jobs where higher levels of burnout are found also happen to be predominantly female. The majority of burnout studies do not examine personality as a cause or correlate of burnout those that do find consistent relationships. In particular, negative affectivity has been shown to be fairly strongly correlated with burnout though the mechanisms underlying this relationship are unknown. In addition, Briner *et al.* (2008) note that the relationships between burnout and traditional job stressors are in a number of studies. Role conflict and role ambiguity are consistently associated with burnout. Workload, general psychological demands, and control are associated with burnout and emotional exhaustion. Social support is inversely associated with burnout though this finding is not consistent

across studies with some finding relations with only some dimensions of burnout and others no relationship at all.

Emotional labor has a spillover effect. In the first study into the possible “spillover” effect of emotional labor, Sefalafala and Webster (2014) interviewed security guards to assess whether spillover was a problem and, if so, what the consequences were for family life. They found that people who perform emotional labor at work also do emotional work at home because working for long hours has consequences for the job and family life balance (Sefalafala and Webster, 2014). This is in contravention to the International Labour Organization (ILO)’s primary goal of promoting opportunities for decent and productive work, in conditions of freedom, equity, security, and human dignity. In this respect, it is evident that these implications are punitive on women who are doing double-barreled jobs. The long-term effects of emotional work are associated with lower well-being.

2.2 Feminization of Emotional Labor

This study acknowledges the existence of the ‘glass ceiling’ owing patriarchal nature and gender imbalances in Africa. Applying this phenomenon in the context of this research, this study draws insights from the works of Noon (2013). The author postulates that emotional labor reflects gender imbalance because the majority of those doing emotional labor for a living are women. This behavior portrays an image that women are naturally born servants. Most emotional labor jobs involve women workers, thus emphasis is on aspects of their feminine qualities in applying their sexuality as a way of keeping the customer happy. Noon (2013) further argued that gender implications of emotional labor could act to reinforce gender stereotypes in the workplace.

Many scholars such as Berry and Cassidy (2013) as well as Diefendorff, *et al.* (2011) have argued that women working in service jobs that demand this kind of emotional engagement (such as manicurists and waitresses) are centrally responsible for emotional work within all kinds of relationships. Berry and Cassidy (2013) opine that women in many work roles demand emotional labor. The analysis of two specific roles, flight attendants (mostly female) and bill collectors (mostly male) indicated that the nature of emotional labor also depends on gender, with the former

usually being required to suppress their anger and irritation while the latter is at times required to express it (Diefendorff *et al.*, 2011). This study argues that women do not need to engage in more forms of emotional labor than men do. Taking a post-structural feminist approach to emotions in organizations, it can be argued that power relationships are under control of men who have seen women cast as marginalized actors who participate only in certain dimensions of organizational life.

There are also gender imbalance is in the teaching profession where there is a big difference between the male and female teachers and lecturers respectively. As argued by Berry and Cassidy (2013), the differences in levels of emotional labor between male and female university lecturers were not significant, the difference was approaching significance and a medium effect size reported, with females reporting higher levels of emotional labor than males. For the context of this study, the gender stereotype of nursing is certainly double-edged and creates a dynamic tension. Findings drawn from Berry and Cassidy's (2013) study shows that the female student nurses think the stereotype is a useful mechanism in making patients feel at ease as well as thinking it is a devaluing to nursing as a profession.

A study by Briner (2008) on nursing staff found that the emotional labor connected to these groups are visible and better valued by reflection and discussion with the teacher. Barriers to emotional labor stereotypical images of nursing, which portray nurses as 'angels' and natural caregivers, touch on nature/nurture debate and form gender inequalities in the health services (Briner, 2008). Stereotypical images of nursing were noted by interviewees to present barriers to emotional labor in health, in so far as the emotional labor of nurses was not recognized as a professional occupation and was instead depreciated as part of 'women's work'. All the nurses interviewed had at one time or other experienced barriers to emotional labor that embrace gender inequalities of wider society and are largely reflected in the health services (Briner, 2008).

However, emotional labor is not peculiar to women only. Gender stereotypes also made many male nurses feel uncomfortable with close physical and emotional contact. A study that was done by Noon *et al.* (2013) shows that nearly all respondents perceived mental health as part of male nursing. The authors conclude that women were natural emotional laborers in general nursing,

while men contained the emotional disturbances and physical aggression of mental health patients. Gender barriers presented problems in nurses' specialisms, as far as stereotypes of male and female nurses related to clinical practice areas. Building from the works of the aforementioned scholars, this study argues that patients might feel uncomfortable about a male nurse washing, cleaning and looking after them, especially a female patient.

Harris and Ogbonna (2007) conducted a study on emotional labor on university lectures in the UK. He uncovers that as far as the degree to which passionate work is key to the work procedure of college instructors, unequivocal outcomes risen up out of the information. The discoveries show that without provoking amid each of the 54 interviews they made, people depicted more than three separate cases of enthusiastic work. Harris and Ogbonna (2007) then conclude that emotional work is seen by college instructors to be a regular event in their work procedure. It also does not show the different perspectives on the views of males and female lecturers, which can bring more understanding of how the two genders are affected.

There were also inter-professional barriers to emotional labor. Some of the nurses had very strong opinions regarding the poor quality of interpersonal contact that doctors provided to their patients. In general, Deranty and MacMillan (2012) opine that the conception of work is too restricted. This is because the International Labor Organization (ILO) guides many occupations and workplaces towards striving for equality in the bargaining relationship and employment generating economic growth. It is clear that both men and women in this post-structural era, are having equal access to job opportunities but our communities are still regarding the gendered occupations.

2.3 Emotional Labor in the Context of Nursing Profession

A pathway to understanding emotional care and nurses' role in providing emotional support have been closed down by social and political factors in academic and clinical contexts. Emotional labor traditionally has been identified with 'women's work' and the mother's role in the family. This is especially significant, given that images of nursing still focus on the caring female, particularly with the prototype of Florence Nightingale (Gray, 2009) who argue that the portrayal of emotional

care as an entirely natural activity for women is relative to the devaluation of emotional labor in cultural, gender and economic terms.

Even today, research and nursing practice tends to be concentrated on the more visible aspects of care and palpable outcomes of medicine, such as the acquisition of clinical skills and knowledge. Science, viewed as a purely rational and objective enterprise, cannot tolerate the irrational and subjective components of human feeling (Gray, 2009). Some might suggest that many are scared by emotions and unwilling to acknowledge the difficult and sometimes painful feelings that are often part of caring for patients.

Emotions are critical patterning the present and an impersonal approach of medicine to staff, colleagues, patients and wider society (Hochschild, 1983). This professionalization is certainly one strategy to cope with difficult medical experiences, particularly death and dying. It shows that there are social and political components of emotional care. The transmission of ideas since time immemorial as appropriate and inappropriate intimacies in nursing transmitted from the past and facilitates thinking to the current nursing staff and the profession itself. Therefore, this study argues that there is a hidden and largely unwritten history of emotions in society and emotional labor in nursing that is waiting to be rediscovered (Gray, 2009). To this effect, this study argues that the nurse professional allegiance is also another factor which determines and guide nurses on how to perform their duties at work.

Hunter and Smith (2007) highlight that emotional labour is seen as part and parcel of the normal routine of nursing. Emotional labour is recognized as social, in so far as it related to making patients feel at home', nurtured a ward environment that was based on the model of a sort of family, and involved talking about how staff and patients felt. Emotional labour also touches upon psychological aspects of care such as 'friendship', 'being more intimate and building up trust with the patient' and 'showing the patient a little bit of love'. At its simplest, the emotional labour of nursing is 'just making a gesture to the patient and holding their hand to make them feel better'. These social and psychological aspects of emotional labour are viewed as a routine part of nursing that helps maintain the running of everyday work in clinical areas (Hunter and Smith, 2007).

Emotional labour was is making nurse and patient contact easier and ‘moving things along’. In the above extract, emotional labour is an almost invisible bond that the nurse cultivates with the patient. Emotional labour, although it is tacit and goes unrecognized by records, is acknowledged by the nurse and patient. Intimacy and more informal relations are said to help in the running of daily life on the ward (Smith and Lorentzon, 2007). The emotional labour of the nurse is helping the patient to manage disclosures of an emotional nature which facilitates information sharing, democratic and patient-centered practice and the production of holistic care plans that take into account the patient’s views (Smith and Lorentzon, 2007). Building on the works of the above scholars, this study argues that nursing profession is associated with the traditional images, gender stereotypes, nurse and patient expectations of interpersonal contact, and the foundations of nursing as a caring profession. In a study conducted by Zapf and Holz (2006) highlighted that group discussion in the seminars, the images associated with nursing as a caring profession were articulated. For example, patient expectations were thought by nurse respondents to be shaped by conventional images of nursing. Examples were given that shows that nurses felt that they were obliged to put emotions into nursing work because nursing was portrayed as the work of an ‘angel’.

Emotions in health organisations tend to remain implicit and in need of clarification. Often, emotions are made invisible in nursing and reduced to part and parcel of ‘women’s work’ in the domestic sphere. Smith and Lorentzon (2007) conducted a qualitative study over a period of twelve months to re-examine the role of the emotional labour of nursing. Their report indicated that the majority of respondents tends to nurture meanings of emotional labour; the standard parts of passionate work in nursing; conventional and current pictures of nursing; and sexual orientation and expert boundaries that include emotional labour in health work.

By examining the causes of poor nursing care in hospitals, and potential solutions. A “think tank” was convened which incorporated widespread discussion with national, regional and local stakeholders. It was found that there are no widespread systems of staff support that help nurses working in hospitals to cope with the emotional component of their work (Smith and Lorentzon, 2007). This is one element that contributes to nurses providing poor care. A number of approaches to staff support have been developed that warrant further study. If episodes of poor care are to be prevented it is necessary for hospital boards to recognise the importance of supporting nurses in

managing the emotional labour of caring. The introduction of routine systems of staff support should be considered. In addition to highlighting and condemning poor care, it is important to seek solutions.

Smith and Lorentzon (2007) applied the notion of emotional labor to a study of nursing. They concluded that further research was needed. They draw attention to the similarities and differences between emotional and physical labor. Emotional labor requires an individualized but trained response that helps to manage patients' emotions in the everyday working life of health organizations (Smith and Lorentzon, 2007). Gray (2009) adds that emotional labor is intended to highlight the similarities as well as differences between emotional and physical labor, with both being hard, skilled work requiring experience, affected by immediate conditions, external controls and subject to divisions of labor'.

On one hand, Smith and Lorentzon (2007) also highlight that the image of the nurse as a natural carer was seen to 'put patients at ease' with a familiar 'mother figure'. Their findings suggest that some student nurses linked the nursing of patients to a mother nursing her child. The image of nurses as natural carers was said to be an automatic help in 'breaking down emotional barriers' between nurse and patient and to assist in establishing 'more informal' relations necessary to nursing. On this study by Smith and Lorentzon (2007), the conclusion is that nurses do not show clearly the factors that lead to their impatience when they help the different patients. They conclude that the consequences of this impatience are exhaustion and ineffectiveness at work. This study, therefore, concludes that factors causing difficulty for nurses to suppress their emotions especially when they are working with stressful patients have very negative consequences on the nurses 'work.

Work intensification threatens the quality of professional practice and impacts on the interaction of the nurses and the patients on a daily basis. This escalation is integral to the adjustments in nurses' work and it reflects more broad work environment patterns, from which the wellbeing segment is not safe or ensured. Patterns, for example, expanding work requests and limitations on laborers are the inescapability of a business the board arranged structure with attention on marketization. These imperatives have all been demonstrated as influencing attendants. In addition, the unique requests of being required to work in the healing center condition for the future

in a quickly changing and globalized world through their outstanding tasks at hand are not decreased to typical. In this manner, there is no work fulfillment.

To a great extent, hidden oral history maybe identified with the intangibility of emotional labour, its uncoded and gendered nature, and its downgrading in financial and social terms. The dedication that medical caretakers appear toward passionate work with patients, their families and partners, features the restorative significance that attendants connect to their enthusiastic work. Attendants are occupied with doing 'ladies' work' and sexual orientation work, which is at times portrayed as a 'messy' or crafted by an 'other' (Bolton 2009). Attendants' reflexive narrating, describing their encounters and feelings, sits in sharp difference and is maybe a type of political protection from the more objective and bio-therapeutic model and talks of prescription. Talking about passionate work is an essential asset for improvement and for keeping up the running of well-being administrations. To an expansive degree, enthusiastic work is imperceptible and not esteemed in financial terms. This implies enthusiastic work regularly goes unnoticed. To some extent, this might be clarified by the way that nursing and the job of ladies in the residential circle are connected.

2.4 Conclusion

This chapter part provided in-depth literature on emotional labour and work intensification. The chapter draws insights from the works of Du-Toit (2012), Sefalafala, and Webster (2014). Although the aforementioned authors focused on the unprofessional side, central ideas provided in their theorizing offer a solid foundation to the understanding of emotional labour and work intensification in contemporary scholarship. This chapter also builds on Fried's (2011) contention in order to explore how nurses cope with a changing and dynamic structure in their workplace. The author maintains that the intensification of work, supported by administration activities make practically identical measures of execution, that show up to be a wellspring of worry as well as the hierarchical manual for required emotional labor.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.0 Introduction

This study employs two theories namely Goffman's dramaturgical theory and Self-monitoring theory. Comaroff (2015) argues that theory is a set of suppositions, suggestions, or acknowledged certainties that endeavors to give a conceivable or objective clarification of circumstances. Honneth (2007) adds that theory is considered to be an ability to diagnose the ills of society and form part of the process of understanding and explanation that has implications for the transformation of existing relations, while its insights have also been deployed in such areas as acknowledgment and respect. This study used Goffman's dramaturgical theory to explain how nurses work at the hospital by performing the front and backstage in order to function. Self-monitoring theory is the second asserts regularities of nurses' behavior to guide them while performing their work. It shows the difference between high and low self-monitors in the level of how individuals suppress their feelings and work in accordance with rules and regulations of the profession.

3.1 Goffman's dramaturgical theory

This study applies Erving Goffman's dramaturgical perspective to the exploration of how work intensification leads to emotional labour of nurses working at King Edward VIII Hospital. The literature discussed in the previous chapter indicates that work intensification leads to emotional labour where nurses suppress their emotions and display friendliness in order to conform to organizational rules and regulations. In this regard, it is of paramount importance to examine their context of interaction at workplace making recourse to different types of dramatic acts performed by nurses in daily life. Dramaturgy is a sociological theory, which views the world as a theatre wherein individuals perform multiple roles which make sense of their identity (Holstein and Gubrium, 2000). The discoursed theory notes that human personalities are dynamic and often change to best fit the current situation.

This perspective seemed to be the best sociological theory to this study for the reason that the study aims at examining the society from the viewpoints of different people involved and different roles performed. Thus a dramaturgical perspective assists this study to provide meaning to various situational factors, interactions, nurses' behaviours and the expression and display of appropriate emotions at a workplace. Dramaturgy perspective is embedded in the symbolic interactionism framework. The main argument of the discourses perspective is that the society is made up of individual performance and for this reason, social actions are anchored on meanings ascribed to them. These meanings are performed and modified through the course of human interaction.

Goffman views the social world as a theatre in which human beings perform different acts to appease the audience. Holstein and Gubrium (2000) maintain that in Goffman's dramaturgical theory, social interaction is analogous to a theatrical performance. From the foregoing, this study confidently asserts that people engage in scripted behaviour, gauge reactions of behavior and change it to construct the desired impression for viewers. Based on data collected through in-depth interviews this study used dramaturgical analysis to scrutinize social interactions of nurses at King Edward VIII Hospital. Informed by Holstein and Gubrium (2000), the study explores how impressions of effective care are created by these nurses during clinical in fear of negative publicity. The dramaturgy theory has several themes. This research will only utilize the front stage and backstage.

3.1.1 Front stage

Goffman (1990) conceptualize the notion of 'front stage' as that part of the actor and or group's performance where habitual functions are fixed and performance takes place before the audience. Whiteside and Kelly (2016) concur and adds that collective fronts or expectations become institutionalised in such a way that the audience and performers are conversant with patterns and responsibilities. To put in plain words, performance occurs in public environments in which people interact. A nurse, for example, will suppress his/her feelings, display friendliness to customers and keep a cheery disposition when dealing with patients, even bad-tempered ones when his/her morale is low or when not feeling well. This implies that the front stage behaviour mirrors internalized expectations and norms for human behaviour that are largely shaped by the work environment or setting. Thus individuals have no choice than to behave in a way they are expected to.

3.1.2 Backstage

Dramaturgy perspective views social action as a process in which individuals manage their actions, develop and perform impressions constructed in the backstage in order to produce appreciative images. Goffman (1990) notes that backstage is a space where preparation for performance takes place. This is where rehearsals take place and in some instances, costumes and necessary equipment used by nurses in their everyday activities are stored there. According to Goffman (1990), this is a space where specific illusions and impressions are openly constructed. Certain tensions are openly displayed and performers step out of their character. Applying this concept to the context of this study, backstage can be viewed as a place or space where only nurses or members of the same team are allowed and patients or non-members of the staff are not allowed to enter. Such places include the changing room, staff room, green rooms, storage room and so on. In this area or space, suppressed emotions and facts make an appearance without the audience.

3.1.3 Application of dramaturgy perspective to work intensification and emotional labor scholarship.

As discussed above, there are predetermined characteristics of this theory that are relevant to this study. Goffman (1990) describes the performance as ‘a pre-established pattern of actions which is unfolded during a performance’. In addition, the author views social performances as ‘the more theatrical and contextual kind, the nonverbal, presumably unintentional kind’. Such proclamations were used in this study to describe the nature and purpose of nurses’ work as playing a role in the making and unmaking of their identity. This implies that nurses either do false performances or sincere performances depending on their work environment. Thus Goffman’s (1990) dramaturgical theory provides sociological lenses through which work intensification and emotional labour can be understood. Goffman’s theory discussed above provides close insights into the nurse’s behaviour and organisational culture.

The following section provides the theory that best explains the behaviour of nurses in the hospital and the issues they consider appropriate and inappropriate to do when giving the service to the patients. It correlates well with the first theory that explained the individual performances and self-monitoring theory explains how individuals control their appearances.

3.2 Self-monitoring theory

Self-monitoring theory was developed by Snyder (1974). The theory contends that self-observing measures are the fundamental aspects through which people watch, direct, and control the all-inclusive community appearances of self that they appear in social associations. According to self-observing speculation, individuals change in their capacity to adjust and in the ability to modify their direct to the essentials of the situation. In this way, people should acclimate themselves with the states of their work and most significantly, they ought to be guided by their hardworking attitude towards other individuals.

This study employed the self-monitoring as a theoretical framework given that nurses are part of the service employees where the patients are an essential part of their work to be monitored for the evaluation of the service quality and their relationship. The role that interactions play in service encounters include the issues of individual capacity to adjust behavior in changing the environment, consequences of emotional labour, and most importantly how nurses express and monitor themselves to patients in order to provide a good service.

At the heart of self-monitoring theory is the recommendation that people vary genuinely in the degree to which they can do and take part in the expressive control for the formation of fitting self-presentations. The degree to which individuals screen the appearances of self that they show out in the open settings and relational connections could be an important indicator of talking up conduct. In addition, Mehra and Schenkelw (2008) maintain that there is a proceeding which confirms that people contrast in the degree to which they can do, develop and extend open appearances crosswise over settings and relational experiences. Surely, self-monitoring has appeared to anticipate ones position inside a work environment informal community, and both high and low self-screens appear to effectively partake in the development of their social universes at work (Burke *et al.* 2017).

In spite of the aforementioned contention, there has been a developing enthusiasm among hierarchical researchers as to the pretended without anyone else's input checking in molding representative conduct. For instance, Mehra and Schenkelw (2008) have demonstrated that high self-monitors (with respect to low self-monitors) will probably develop as leaders. In addition, Epstein *et al.* (2008) contend that there is still a desire for advancing methods for enhancing

clinicians' ability to self-monitor amid the clinical practice, and, by extension and change of the nature of care that the clinicians convey. Singular contrasts in self-observing may likewise be an indicator of speaking up. Thus, self-monitoring is an individual level variable that has appeared to affect behavioral options in both social associations and relational connections. Experimental confirmation proposes that self-monitoring joins one's considerations to one's activities thereby offering the guarantee of clarifying representative's self-administrative practices (Epstein *et al.*, 2008).

Levine (2018) attests that identity alludes to regularities and secure qualities in the conduct of people in the movement of their lives. These regularities and textures are frequently material in settings with various circumstances. For instance, people who are bossy at work might be diverse when they are home. The conduct spaces of such predictabilities should separate people from one another and render their activities unsurprising crosswise over settings between areas. To this effect, Snyder (1983) contends that the ramifications of these suggestions for the investigation of identity and social conduct are considered in the particular instance of the mental build of self-monitoring and in the general instance of understanding the proportional impacts of people and their social universes. As an issue of the act, in healing centers, medical caretakers' practices vary over the specific circumstances and their regularities are controlled by the guidelines and directions that are managing them at work.

As indicated by self-monitoring hypothesis, two sorts of data are accessible to people to manage these exercises: data got from situational and relational details of conduct fittingness, and data accrued from people's very own internal states, mentalities, and manners. Moreover, as indicated by oneself checking detailing, people vary definitively in the degree to which they depend on either wellspring of data to manage their activities in social settings (Levine, 2018).

From the above literature, this study argues that for those people who screen and manage their conduct decisions based on situational data (high self-monitoring people), the effect of situational and relational prompts of social fittingness should be impressive. These people should show extensive circumstance-to-circumstance specificity in their social conduct. Besides, for these high self-monitoring people, the correspondence between social conduct and fundamental qualities, miens, states of mind, and another individual ascribes should be negligible. Levine (2018) also asserts that people who screen or guide their social decisions based on data from important internal

states (low self-observing people) should be less receptive to situational and relational particulars of conduct suitability. Applying this theory to the context of this study, it can be argued that nurses should be able to identify sensitive people who come for the service so that they learn different personalities and do not be shocked by any incidences that may happen as a result of people's behaviour at work.

Their social conduct should indicate considerable cross-situational consistency and fleeting security. These low self-monitoring people, the co-variety between social conduct and hidden qualities, manners, states of mind, and other individual credits should be generous. Exact proof has upheld these hypothetical suggestions (for an audit, see Snyder, 1979). The development of self-monitoring is estimated by Oneself Observing Scale, an inside steady and transiently stable arrangement of 25 genuine false self-clear explanations (Snyder, 1974).

High-self monitors are particularly sensitive to social and interpersonal cues to situational appropriateness, however, their attitudes and behaviour are virtually uncorrelated with each other. This state of affairs suggests a strategy for predicting and understanding their behaviour in social contexts. To predict and understand their actions, one should seek information about the characteristics of their situations. It is as if the psychology of high self-monitoring Individuals is the psychology of their social situations and interpersonal surroundings. By contrast, in regulating their social behaviour, low self-monitoring individuals are relatively dispositionally guided individuals. Their social behaviour typically is a reflection of corresponding social attitudes, affective states, and personal dispositions. At the same time, they are relatively unresponsive to situational specifications of behavioural appropriateness.

Likewise, one ought to embrace a somewhat unique technique for understanding the social conduct of low self-observing people. It ought to be conceivable to anticipate their future conduct from proportions of applicable states of mind, characteristics, and manners. It seems as though the brain research of low self-observing people is the brain research of their mentalities, auras, and other notable and significant internal states. The mental build of self-observing gives a method by which classifications of moderately dispositional (that is, low self-monitoring) people and generally situational (i.e. high self-monitoring) people might be recognized.

Mills and Hogan (1978) argue that self-monitoring theory does not only show the tool for classifying groups of individuals who have contradictory estimate strategies to be applied. This

study, argues that among others, actions of accomplishment regulate apprehension of nurses who work with different individuals on a daily basis. Mills and Hogan (1978) add that emotional androgyny has an effect of sensitization and self-consciousness on people. This study, therefore, concludes that one has to be proven by their ability to distinguish between the comparatively dispositional persons from reasonably situational individuals as nurses' work in behavioural areas precisely interacting with patients and other public on daily basis.

In the normal progression of people's lives, individuals frequently have significant self-determination to select where they want to be, the time they want to be there and who they want to be with. However, this is not the case with the nurses as they are supposed to be in the specific work environment which is the hospital. Consequently, the public settings and social contexts in which people find themselves (these are the situations that may affect their behaviour situations) might be partly of their own selecting. Snyder (1981) also adds that there are situations in life that are directed by selections of collective situations like nurses who are working in the same space. In general, this research argues that the life choices that individuals make may reflect one's attitudes and beliefs.

Sasovova *et al.* (2010) are of the view that drawing on the impression the executives' custom initiated by William James and Erving Goffman, the hypothesis of self-monitors concerns the forms by which people effectively plan, authorize, and control their conduct decisions in social circumstances. On the same note, the theory of self-monitoring concerns the methods by which individuals adequately structure, establishment, and guide their social choices in social conditions (Snyder and Cantor, 1980).

Like great performers, high self-screens painstakingly control their expressive practices for proof that proficient stage on-screen characters will, in general, be high self-screens (Snyder, 1974). Gangestad and Snyder (2000) discovered that high self-monitors can precisely pass on an assortment of planned feelings through vocal and facial channels of appearance. Not just do high self-monitors deliberately control their expressive practices, they are exceedingly receptive to prompts of situational fittingness (Harris, 1989).

3.3 Conclusion

This chapter has discussed the theoretical underpinnings of the study. As discussed above, the study is informed by Goffman dramaturgy theory and Self-monitoring theory developed by Snyder (1974). Key concepts of the dramaturgy theory viz 'front stage, the 'backstage' as well as the application of perspective to work intensification and emotional labor scholarship is clearly discussed in the chapter. The second part of this chapter discusses the self-monitoring theory. This theoretical framework is also important in this study given that nurses are part of the service employees where the patients are an essential part of their work to be monitored for the evaluation of the service quality and their relationship. At the heart of self-monitoring theory is the recommendation that people vary genuinely in the degree to which they can do and take part in the expressive control for the formation of fitting self-presentations.

CHAPTER FOUR

RESEARCH METHODOLOGY AND METHODS

4.0 Introduction

This chapter discusses the methodology, research design, methods used to collect data and the study population which were nurses at King Edward VIII hospital. The study is purely qualitative and it is anchored on the interpretivist paradigm. A qualitative method was used to answer the broad research objective: To explore how work intensification leads to the emotional labour of nurses working at King Edward VIII Hospital? This chapter also unpacks the sampling technique and problems that the researcher faced in data collection. As shall be discussed in this chapter, inclusion, and exclusion criteria were incorporated in order to determine the eligibility of the participants at the hospital. The concluding part of this chapter deliberates thematic analysis description. This last part explores the way in which data was analysed using themes and how research ethics were applied during data collection in order to keep information and data confidential.

4.1 Research Design

Bless *et al.* (2013) argues that the main aim of the research design is to answer the study objective and the research question. Two research approaches viz qualitative and quantitative techniques are equally important in social science. Hopkins (2008) postulates that quantitative research design deals more with numerical analysis and is able to determine the research variable. The author adds that the research designs in quantitative studies are either experimental or descriptive. Thus, the main reason why the researcher chooses qualitative rather than quantitative is based on the nature of the study. The study aims to unpack the narratives and subjective experience of nurses at King Edward VIII hospital. These subjective experience and narratives cannot be quantified and only qualitative research will provide a nuanced explanation on the phenomenon.

As indicated by Bless *et al.* (2013), the main aim of any research is to specifically address the key research question and/or the main objective. This study utilized a qualitative method owing to its salient features that best explain people's actions in different social settings. Glaser (2017)

maintains that the qualitative research design follows a very flexible research design. This is because social behaviour is uniformities and responses to social influences and the researcher can always shape the study the way she or he wants to. This argument is informed by Bless *et al.* (2013) who argue that qualitative research enables the researcher to examine an issue from respondents' perspective and therefore using the respondent's own words and the records of participants' behaviour. Silverman (2016) adds that qualitative research provides bona fide descriptions of situations and behaviour of customers such that substantial support which targets the desired population is provided.

The concentration of such an investigation is always to figure out what respondents think and feel about a specific wonder or issue. This is because as far as emotional labour investigate, the suggestions for researching into intellectual learning with regards to proficient practice and professional learning, the work experiences of nurses are worth examining using the qualitative method in order to get the richness of the needed data. This argument finds complementarity in Tracey (2011) who argues that in qualitative research, researchers' study people within the context of their past experiences and the current situations in which they find themselves.

From the foregoing, this qualitative study was able to determine the factors leading to the emotional labour of nurses at King Edward hospital VIII. The study was able to unpack the challenges faced by nurses that results to emotional labour, how they manage their emotions to make sure that they can perform at a high level, examine the coping strategies they employed in order to cope with the rules and regulations of their profession and *inter alia*.

Basically, the salient features of qualitative methodology like probing the respondent were used to extract information, understanding the work intensification and emotional labour performed by nurses as it is detailed above. The interviews were conducted face-to-face given that it is important to connect with the key informants to clarify a portion of the questions that participants may not understand. Vignettes were utilized as a method for going down the interview and escalating the concentration from individual encounters to more extract issues for solid data. This was done by noting some information in the exercise book in order to capture the recurrent themes that emerged during the interview process.

Given the nature of the work of nurses, it was very difficult for the researcher to finish the interviews without any disturbance as respondents were mostly interviewed during their lunch and break times. This is the time that they are supposed to rest and communicate freely on their mobile phones other than when they are at work. In some wards, nurses were interviewed while they are still working because of how busy the nurses were, so the interviews had to be paused for a certain time until the respondents are ready to continue with the interviews.

4.2 Study site and population

The study site for this research is King Edward VIII hospital, located in the province of KwaZulu-Natal, Durban. King Edward VIII hospital is very close to the researcher's university so it is the most suitable and accessible place for this research. Moreover, King Edward VIII is the nearest public hospital that can establish an immediate rapport with the respondents, the researcher was also able to collect data directly that best suits the study interests and with very low travel costs. Babbie and Mouton (2008) conceptualise population of the study as that gathering of individuals whom the scientist needs to make inferences about. Furthermore, Hill (2012) contends that the main reflection in qualitative research is choosing a sample to adequately answer the research questions. To this effect, qualitative research requires a sample from whom the collection of the complete and saturated description of these experiences can be collected to enrich the understanding of the experience (Greener, 2008).

4.3 Sampling Procedure

Bless *et al.* (2013) postulates that qualitative sampling is aimed at finding the depth and richness of data to be collected. This research employed a non-probability purposive sampling method which involved concentrating on a particular group of individuals who can give applicable data and King Edward VIII nurses were appropriate. Purposive sampling was used in this study and it assisted the researcher to specifically choose participants who best fit the study and other people working at the hospital and who did not form part of the study were deliberately excluded from the data collection process. The way in which purposive sampling was administered in this study is informed by Palys (2008) who notes that the techniques enhance one to have more focus on the study objectives.

Bless *et al.* (2013) contents that a sample is a small subsection of the entire populace examined by the specialist on account of the subjective research. The features are not to be summed up to the whole populace as this only applies in quantitative studies. Sampling is portrayed by Bless *et al.* (2013) as the procedure of selecting a smaller, more manageable number of people to take part in the research. Therefore in this study, the sample size of fifteen participants was selected respectively. Blackstone (2016) opines that purposive inspecting consigns representatives to the secondary significance and advances the nature of information as the real concern. Given the scope of the study, the research design and the key question that were subjective in nature, purposive sampling proved to be efficient in the data collection process. Owing to the fact that the principal investigator utilized her own judgment in process of selecting the study participants, she was only able to have direct contact with those nurses who availed themselves at the hospital during the data collection process.

Bless *et al.* (2013) adds that purposive sampling occurs where a selection is made according to a known characteristic. In this research, the real concern was to understand the work of the nurses at King Edward VIII hospital and the coping strategies they employ to cope with emotional labour. Purposive sampling is basic in choice on the premise of the scientist's information about the populace and a forecaster starts on account of specific points of view that he or she wishes to look at and afterward searches out research members who cover that full scope of viewpoints, its elements and the nature of the research aims (Blackstone, 2016).

Corbin and Strauss (2008) maintain that the selection of participants should be those participants that have lived through the experience and this provides significant accounts of the experience under the investigation. This could provide substantial contributions to the investigation and enrich the understanding of the experience. Given that the quality of the data that was collected in this study depends on the quality of the research sample, the research sample too was purposively selected. By using purposive sampling, the researcher was able to focus on the right people to provide relevant information to the study.

The appointments were first made with the nursing manager, and the other meeting was scheduled in order for the researcher to meet the other nursing managers for different departments in the

hospital. To schedule available time for the interview was difficult to keep the scheduled appointments because nurses were very busy. Those who were available in the offices at the time of data collection were interviewed. One point for consideration is that the interview tried to balance both sexes: males and females but there were few males in the wards and most of them did not agree to be interviewed, so many respondents were women.

4.4 Data Collection methods

In-depth interviews were used in this study. Brinkmann (2014) postulates that there are different variations of interviews ranging from formal to interactive interviews. Willing (2008) contends that an in-depth interview is a private and protected dialogue between an interviewer and an interviewee. Using a thoroughly structured interview guide, the researcher made sure that the dialogue remains focused on the main questions and the purpose of the study. This method was appropriate in this study given that the main thrust of this study was to gain insights into the lived experience of nurses at King Edward VIII hospital. As such, this requires interpersonal skills which put respondents at ease while noting down the respondent's responses without disturbing the conversation flow (Blackstone, 2016). This research used the interview guide to facilitate the interview and the recorder was used to capture the voices, furthermore, a notepad was used to write down some important themes that were reoccurring while conducting the different interviews.

4.5 Data analysis

This study employed a thematic analysis. Norreklit (2017) contends that data analysis requires logical expertise and the ability to have a deep understanding of data obtained. Hunter and Kelly (2008) add that working with qualitative data is an intricate process since the researcher is seen as the key instrument for the collection and analysis. In this study, the thematic analysis approach to data analysis was being carried out. Consequently, for an in-depth understanding of the data that was collected, the analysis consisted of taking the data apart to determine the ideas, thoughts, and meanings of individual responses. This was followed by identification of common words or phrases that arise from the different participants which were achieved by coding the data. Coding has been characterized by (Braun and Clarke, 2006) as the interpretation of question responses and respondent data to particular classifications with the end goal of investigation and analysis.

In the first step of the analysis, transcriptions were done as this is absolutely a crucial part of qualitative research. It is through this process that the interview data is made available for analysis (Hill, 2012). Transcriptions of the conversation commenced as soon as the researcher finished data collection. It includes removing the true names and physical addresses of the respondents for confidentiality. Data coding was the next step trailed whereby data was categorized into different parts that had the same characteristics and recurring themes.

Coding allowed the researcher to interpret data in relation to the key questions and objectives of the study. Following Norreklit (2017), as soon as the interviews were conducted, the orally generated data was transformed into written texts through transcription. Although this was a time-consuming exercise, it was necessary since these written accounts allow for a detailed reading that is required during analysis.

The respondents were subsequently offered the chance to peruse the interview transcripts with the point of investigating and remarking on them, so as to ensure that what is written down accurately represented what was told by the participants. The participants were asked to contact the researcher if they want to clarify and/or amend the meaning of any written text. The participants were encouraged to make corrections and additions if they deemed necessary. This process is also called ‘member checking’ and is very important in qualitative research. After feedback, Jirojwong *et al.* (2017) recommend that immersion of the researcher within the data is necessary for the researcher to become familiar with the data as this allows the researcher to make sense of the information supplied by the participants in the study.

4.6 Research Ethics

O’Brien (2009:30) argues that “qualitative research poses minimal risks to participants and ethical review of the research by research ethics is unnecessary”. However, this study argues that the sociologists have some moral issues to be taken into genuine contemplation for research. For Wiles (2012), research ethics is a familiarity with having the obligation to secure the real consent and enthusiasm of every one of those included in the investigation. This examination, consequently, will be led on the premise of these ethics, before continuing with the interviews in the study. The

gate keeper's letter was granted by the Research Manager at King Edward hospital and the other one from the research committee at the ministry of health (KwaZulu-Natal province). Once the permission was granted, the papers were endorsed by the University of KwaZulu-Natal ethical committee and full ethical clearance was done and the letter granted. Then the researcher went to King Edward VIII hospital to the senior nursing manager to make arrangements for data collection. Meetings were arranged with other nursing managers and the researcher was introduced so that the nursing managers would not be surprised to see the researcher in their different wards.

The examination of learning about different wards and how nurses work was held fast to moral standards of doing great (beneficence) and doing no mischief (malfeasance) because the participants were told that this research is aimed at understanding their work and the researcher will give the feedback to the hospital management so that the work conditions are improved .

Initially, in this study consent forms were signed by the participants after all the explanation was done about the research to understand that participation is voluntary and anyone who felt uncomfortable about responding was free to withdraw and none of the study participants has been named but referred to as 'Participant 1, 2' etcetera. The reason for the exploration was well disclosed to the participants. Classification and anonymity were guaranteed in the research; members were guaranteed that data will not be made accessible to any individual who is not straightforwardly included in the investigation. They will not be forced to answer questions and that they are allowed to withdraw from the interview process if they wish to. All participants were approached with deference and equity. There was no segregation on the premise of sex, race, ethnicity, religion, and sexuality.

4.7 Inclusion and exclusion criteria

Mattson (2010) argues that the criteria should include details of all relevant descriptors necessary for eligibility centers or participants to be included. This criterion includes the set of predefined features utilized to identify participants.

4.7.1 Inclusion

Mattson *et al.* (2010) argued that inclusion criteria are characteristics that are the participants must have if they are to be incorporated in the study. This principle involves the selection of attributes of subjects for their selection by removing the influence of specific confounding Variables. The inclusion of respondents in this study was based on the permanent nursing staff at King Edward VII hospital in Durban, South Africa. Being a permanent nursing staff, in this case, means a nurse who is not working part-time or anybody doing practical's in the hospital.

4.7.2 Exclusion

It involves excluding the characteristics that disqualify prospective subjects from inclusion in the study. For this study, there were nurses in the labour ward that were from the other hospital that the researcher met during data collection. The researcher informed them about the study and the sample, however, the nurses indicated that they are from Albert Luthuli hospital and they are at King Edward VIII hospital for only a few days so they were excluded from participating in the study. The other criteria for this study were to interview only permanent staff, as a matter of fact, there were some participants who were student nurses and they were willing to be interviewed, but they were excluded since they did not meet the inclusion criteria.

4.7.3 Description of participants

The nurses that were interviewed for this study illustrated good work experience in nursing. They were very excited to share their stories from their nursing practice. Nurses and social care training is worried about the training of grown-ups who require long-lasting preparation and basic reasoning capacity, important to create familiarity with changes in knowledge and necessary abilities and new advancements in practice this is why the researcher aimed at interviewing permanent staff nurses.

Furthermore, the researcher included data collection of all the wards in the hospital, so the targeted nurses were the ones who were doing day-shifts so that the researcher could do administrative procedures day-shifts in the presence and knowledge of the nursing managers. A non-probability

comfort sample of fifteen was picked as a representative among nurses who were at the facilities during data collection, principally on the grounds that they are a characterized gathering of individuals, they were females and they were not selected based on gender but the researcher noticed that all her respondents were females. However, there were male nurses in different wards during data collection (even though they were few) but they said they do not like interviews and the researcher was so disappointed because she felt like she could have gotten a different perspective of how male nurses suppress their emotions as opposed to female nurses. Three nurses were interviewed in one ward respectively. The participants were enrolled from the labour ward, general medicine ward, surgery ward, and neuro-medicine ward. This was done in order to maintain a good balance for representatives in different wards. All the participants were female nurses with an average of five to twenty-five years of working experience.

4.8 Dependability and trustworthy

Carole *et al.* (2008) argues that dependability and trustworthy are key indicators of the quality of the data that the researcher gathered during fieldwork. The process of depending on specific respondents and trusting the information that they provide forms a large part of focusing on reducing unnecessary errors in the research process. In order to ensure that dependability and trustworthy was achieved the researcher used inquiry audit, in which an outside person (the supervisor in this regards) was used to examine the research process and the data analysis. The main aim was to ensure the consistency of findings is consistent.

4.8.1 Trustworthy

Trustworthy involves the degree to which the explanation of fieldwork results are warranted. This is subjective in the sense that it depends on the intents and motives of the researcher and the research process. Trustworthy of the study defines whether the principal investigator truthfully and accurately measures the intended aspects, christening what O'Brien *et al.* (2009) view as the absolute way to hit “the bull’s eye” of the study objectives. The researcher was able to determine the validity of the instruments by asking logical questions that are anchored on the objectives of the study.

4.8.2 Dependability

The researcher used a digital recorder so as to capture detailed information. In general, the trustworthy and dependability in this study justified the integrity of this study and ensures the credibility of the findings. In this research, data were originally gathered for a different purpose which is answering a research question. As suggested earlier, the study relied on primary data only. After the research was completed, data was stored in a password protected file and after considerable years it will be securely disposed of by destroying it physically, using general waste incineration. Recorded material will be deleted after the submission has been made in the relevant departments and files will be overwritten to make sure that they cannot be accessed at all. Electronic devices like memory sticks and cards that have been used will also be destroyed physically so that the data cannot be recovered.

4.9 Conclusion

This chapter discussed the methodology, research design, methods used to collect data and the study population which were nurses at King Edward VIII hospital. This study is qualitative in nature and only one instrument, that is, in-depth interviews were used to capture the narratives and success stories of nurses at King Edward VIII hospital. As argued in this chapter, qualitative research design follow a very flexible research design and this is because social behaviour are uniformities and responses to social influences and the researcher can always shape the study the way she or he wants to. Purposive sampling which is a form of non-probability was used. Thematic analysis was used and coding allowed the researcher to interpret data in relation to the key questions and objectives of the study. The chapter also discussed ethical issues that were considered in this study to make sure that both the researcher and participants are not at risk.

CHAPTER FIVE FINDINGS, ANALYSIS, AND DISCUSSIONS

5.0 Introduction

The previous chapter has discussed the methodological implications of this study. In this respect, the previous chapter located the study with a qualitative interpretivist framework in an attempt to unpack the subjective experience of the study participants. This chapter presents the findings of the data collected from the nursing staff at King Edward VIII hospital. The initial part of this chapter provides an overall understanding of emotional labor from the narratives of the discourses of participants. The underlining premise of the submission made by the penultimate part of the foregoing chapter discourses the positives aspects of emotional labour as well as strategies employed by nurses at King Edward VIII hospital to cope with challenges posed by the phenomenon. The chapter systematically evaluates anecdotal evidence, categorize recurring themes and breaking them into different elements of work intensity and emotional labor of nurses. The main thrust of using this technique is to unearth interrelationships of different expressions, views, and sentiments given by the respondents to explain emotional labor. In order to bring a bonafide sociological opinion, this chapter draws insights from pertinent literature and Goffman's dramaturgical theory. For the avoidance of doubt, the chapter augments the abovementioned theory, relevant literature, and participants' thoughts and ideas. These are analyses to reach and develop an actual sense of respondent's understanding of emotional labour.

5.1 Nurses' understanding of emotional labour

This section provides an overview of emotional labour from the perspectives of nurses at King Edward VIII hospital. There is no literature known to the researcher that has provided deep insights into the personal views of nurses at King Edward VIII hospital particularly exploring ways in which individual emotions are regulated. What this study retain in this regards is that is critical to understand how the nurses regulate their emotions making recourse to how they cope by choosing not to do so. During the interview process, Mrs. V. provided an entry point as to how nurses understand emotional labour. She recounts that:

Empathizing with the patient who has a problem whether socially, mentally, physically or psychologically. This means understanding what the patients are

here for and helping them to get better and well soon. However, because of the circumstances of our work, more especially on how we talk with the patients because of their different personalities and behaviour, our work then becomes very emotional. Again, many people believe nurses are rude, unhappy and not willing to perform duties well but we meet so many challenges especially those caused by the patients and then our moods changes.

Adding to Mrs. V.'s sentiments, Mrs. L. elucidates that emotional labour entails the suppression of feelings and helping the patients. She laments that:

One has to suppress their emotional feelings because even if I am overworked, tired and sometimes needing more resources to help us with our work, which is nothing to do with the patient. We still need to render the services, I am overworked, the work itself is stressful, but helping a patient is still my number one priority. I also think emotional labour is about the job that we do. It is emotional because patients are mostly not the happy people because of their illnesses and sometimes we are so depressed to handle patients who are too sick and therefore we become very emotional and our health is also affected.

Contrary to the above narratives offered by Mrs. V and F., Ms. Y.'s provides a fascinating thought of emotional labour. Her philosophy is premised on the basis of workers themselves. She proclaimed that:

My general understanding of emotional labour is that our work is too hard, but I do not have to yield my emotions on the patients, I also think that emotional labour is about not showing the patients negative emotions even if I might not be happy with what they are doing to me. This means whether they are rude, shouting, crying, I have to calm them down, understand their problems and then help them.

The synergies shown from the above narratives does not detract from comparable views provided by Diefendorff *et al.* (2011) and Du Toit (2012). Instead, these findings confirm the literature provided by these two authors. Diefendorff *et al.* (2011) postulate that nurses are faced with high

emotional labour demands due to the type of work that they perform at the hospitals. Seemingly, comparable evidence provided by Du Toit (2012) suggests that emotional labour is the modification of emotional expression that may involve faking and suppressing of one's emotions in order to display friendliness. What this study retain is in unison with the abovementioned scholars. To this end, this chapter conclusively holds that nurses at King Edward VIII hospital, like any other service workers, cannot express themselves the way they want at work because they suppress their feelings in order to provide a good service to the patients. This means they also have to respond in an accordance manner even if they are angry with the patients because they cannot express their feelings. In essence, the discourses nurses engage in emotional labour throughout their profession because they interact with many people in the hospital environment, this includes colleagues, patients, families, and friends of the patients. As a matter of fact, they regulate their emotions in different ways in order to perform their different tasks.

5.2 Factors associated with emotional labour

There are different factors that determine the nurses' expression of emotions. The majority of participants reiterated three factors viz poor working conditions, short-staffing, and emotional exhaustion

5.2.1 Poor Working conditions

Poor working conditions are the overwhelming circumstances that destroy the morale of the nurses while performing their duties at the hospital. Understanding the importance of continually developing the moral responsibilities of the nursing staff in the hospital could wholly be attributed by getting enough support, needed resources, and a healthy environment to work at. At King Edward VIII hospital nurses believe these can be done by relevant stakeholders like the hospital management working hand in hand with the department of health. This will provide professional growth and the nurses would like to continue working in the hospital environment. However, this is not the case at King Edward VIII hospital. In their complaints about the working conditions, nurses share their different sentiments.

Mrs. X. recounts that:

I am not satisfied, working hours are fine and normal because I arrive here at 8.00a.m and go home at 4 p.m. But the workload is too much, working hours are okay, not happy with the workload. I do work which is supposed to be done by 3people that is how I feel every day. I go home very exhausted every day. It is hard because I am a mother and when I get home I still have to go house chores and take care of the children and my husband.

In addition to Mrs. X.'s sentiments, Ms. Y. provides an insightful revelation on the working conditions of nurses. In her words, she states that:

For me, the working hours are fine because I believe they are standard working hours and at least I have time for lunch. The workload differs with days but most of the days it is too much. So I go home very tired, sometimes I worry that this will affect my health in the long run.

Contrary to the abovementioned view on the working conditions, Mrs. P. argues that the working hours are fine however, she is also not happy with the workload:

I am satisfied with the working hours but not the workload. The other thing that I am not satisfied with is the environment that I am working near. You see that sewage is passing just next to our window and it's smelling very much. Sometimes I do not even enjoy lunch because this smell is just too much.

Bakker and Demerouti (2007) argue that the negative consequences of emotional labour outweigh the positive ones, which makes the nurses' work more stressful, causing emotional exhaustion, unscrupulous general well-being like an undeniable pain in shoulders, arms, backs, muscle pressure and more. However, the other respondents (Mrs. P.) did not complain about the hours at work. She actually justifies that it is the standard employment hours for all public workers but because of the workload in public hospital other nurse's complaint about the long hours.

This study, therefore, has crucial ramifications for nursing management particularly human resources in public hospitals because the workload is too much. The data collected indicates that nurses are at the hazardous position because of having work-related pressures that cause them stress

and depressive indications. This confirms studies done by Yoon and Kim (2013). The authors establish that the deeper understanding of emotional work is needed by all wards nursing managers, work-related stress, and depressive indications experienced by nurses should be recognized. To this effect, interventions that can forestall pressure and depressive side effects ought to be made. At King Edward VIII hospital nurses complains that nursing managers are aware of their poor working conditions but they always complain about the budget that they get from the department of health. Instead, nursing managers should fight for their workers in the department so that they reduce their stress and emotional labour. This will also help by enhancing their effectiveness and happiness at work.

5.2.1.1 Consequences of poor working conditions: Nurses experiences

Emotional labour in the professional groups appears to be generalizable as it is shown on the following data collected. Nurses at King Edward VIII hospital had driven expectations before starting their work as nurses. There are so many factors that contribute to the poor working conditions of the nurses at King Edward hospital. However, this study prioritized the importance of analyzing individual experiences of the nurses that are caused by the poor working conditions. The individual experiences are well explained in the following narratives. Ms. W. proclaimed that:

I expected the hospital environment to be the clean, warm and welcoming place for the patients who come here to get the services but I thought all this existed in all hospitals before I started working as a nurse. However, the work conditions in this hospital are not good. We are working near the smelling place, work overload, short staff and we are demotivated. Most of the time, we have many patients who are not happy with the service they receive from when they arrive at the hospital, let alone long ques because already this is the public hospital. So helping people who are already not happy makes our work very difficult, the conditions of our work are not improving but becoming worse on a daily basis.

The other element of emotional labour is illustrated by Mrs. P. who deliberates on the cause of assorted consequences

One thing that makes me so emotional in this ward is when the mother loses her baby. We need to provide emotional support to her, to the husband and even the family members who come to the hospital. For this reason, I am not blaming the hospital for this because it is part of my work but I am making you understand the strain in the work that I do. As a matter of fact, after dealing with issues like this, I wish I take a break and ease up my mind, but because there is a shortage of hands in this ward and at the same time I have to help the other patients and so far, I can explain my working conditions as poor. The suffering is just too much but the funny thing is that I am now used to these poor conditions and it does not surprise me that the management believes we are coping just fine.

Miss V. share the same opinions with Mrs. P. and Ms. W. They all complained about poor working conditions. In her view, she opines that:

The work conditions differ every day. Other days' work is fine but other days' work is too much. Also, I feel like our department of health should increase the nurse's salaries because our work is really too much. But the bottom line is that we feel very tired every day from work and I can say our conditions of work are not making us happy workers at all.

Taking a cue from the above narratives pertaining poor working conditions of nurses at King Edward VIII hospital, this study argues that there is a need to restructure the role of nurses with a sense to permit related nurses concerns about a lot of suffering at their working place and try to minimize their emotional labour by solving the main problems that establish poor working conditions at their workplace environment. From the above narratives, this study concludes that poor working conditions consist of all the other elements that contribute to work increase and emotional labour of the nurses, so the hospital is supposed to listen to the nurses complaints and concerns so that they can provide an enabling environment for the nurses and the working conditions can really have and reduce the emotional labour.

5.2.2 Short-staffing

At King Edward VIII hospital, short staffing appeared to be the most unsatisfactory working condition faced by nurses in all wards. A comparable study done by Salleh and Liyushiana (2014) confirms this key finding. Too many workloads and tiredness lead to burnout as a persistent, negative work-related state of mind in nurses. This is predominantly characterized by emotional exhaustion and conveyed by suffering, a sense of ineffectiveness, diminished motivation, and the development of dysfunctional attitudes and behaviour at work. Nurses at King Edward VIII face the same challenges. The said challenges faced at the workplace are believed to have a far-reaching effect on their emotional wellbeing. Below are three distinct narratives of nurses at King Edward VIII hospital that support the above-mentioned recurring theme.

We face many problems at this hospital as nurses. These problems include working with few people in this big ward as you can see, so my work becomes too much. The proportion of patients that are coming here are way more than the number of nurses that are supposed to be in this ward. We are always crying to our managers about the shortage of hands but instead of employing new people, they rather bring other nurses like those from Albert Luthuli hospital. They also come for a few days and go back to their work. The other thing that affected us, is the recent storm that caused major damage at this hospital because patients had to be moved to the other hospitals and nurses were shifted every day. Another problem is that of my health issues because I have pneumonia, and sometimes it gets very cold in the ward, if we were many I would run outside to rest for a few seconds but it is very impossible to do so, so sometimes I become too tired and go home very late and my health is not improving. (Ms. N.)

Shortage of hands sisi, it would be better if we know we are enough and our patients will not have trouble being assisted by a tired person. We have been complaining about this issue for a long time in this ward, we thought maybe the management will try to employ more nurses but no, most of the time they just

bring nurses from other hospitals who come and go. Secondly, the other patients do not listen and that makes me very frustrated because I care about delivering a healthy baby. So assistance from other nurses would really be appreciated as it will make our work easier and less stressful. (Ms. U.)

The main problem of this hospital is short staffing. I am not the only who complains about this, but we know that management does not really do much to help us as they always say the main problem comes from their budget. Sometimes when we keep on complaining we feel like it does not help so we have just given up and admitted that this is the way things are operating in this hospital. (Ms. V.)

The above trichotomy narratives that are drawn from Mrs. N., Ms. U. and Ms. V. respectively confirm studies done in comparable areas. As an illustration, Gallagher and Gormley (2009) found that nurses at Paediatric BMT medical center in the Mid-western United States of America reflect short -staffing as one of the most stressful elements of their job because they become too tired at work and performing too many tasks that they are supposed to. Racio-Saucedo *et al.* (2015) adds that short staffing is connected with the worse results which include patients leaving the hospital without being seen, no care and no satisfaction of the patient. In other cases, there are high mortality rates and poor experiences of the patients in emergencies departments as a result of short staffing.

Short staff does not only hinders the ability of nurses to meet the patients care needs, but it also makes it their work less satisfactory as well as their career. Aiken *et al.* (2013) maintains that across the world nurses remain dissatisfied with crucial elements of their working conditions. Many nurses intend to leave their work and this justifies concerns about shortages of staff in many public hospitals. However, there is still hope for nurses who continue working that there will be an improvement of national economies and good budgets will be given to hospitals and the working conditions will change. It is, therefore, necessary for hospital management to curb the crises of a shortage of staff. This may be accomplished if employers find alternatives to ensure adequate staff to keep nurses satisfied at work. Short-staffing is one of the bigger challenges at King Edward VIII hospital. The above narratives suggest that nurses at King Edward VIII hospital are few in most of

the wards and patients are many. This is a serious problem because they are stressed, feeling overworked, exhausted and therefore all this contributes to health problems.

From the foregoing, this study conclusively asserts that short-staffing does not only affect nurses' health and/or work but it has significant effects on the patients because they also suffer the consequences. Thus short-staffing can be viewed as key factors that cause emotional labour in the nursing industry owing to the fact that it creates job dissatisfaction, emotional exhaustion, fatigue and many other health problems for the nurses.

5.2.3 Emotional exhaustion

Findings drawn from this study indicates that emotional exhaustion is one of the key elements experienced by the nurses and it has proved to have far-reaching effects in their daily performance and also affect the quality of care given to patients. In order to provide a bonafide contribution to contemporary scholarship, this study augments the views of Lim *et al.* (2010) and the study's anecdotal evidence. Lim *et al.* (2010) is of the view that emotional annoyance contributes to the development of emotional exhaustion as a primary feature of professional turnout, but that resilience may act as a protective factor against emotional exhaustion of the nurses. Contrary to this presumption, the study found that nurses at King Edward VIII hospital have successfully displayed fewer signs of emotional exhaustion especially when they are more aware of their strengths and weaknesses. Nurses feel emotionally exhausted when they encounter emotionally challenging situations like helping too much ill people, sometimes when they have to deal with dying patients. It is always sad for them to be bad news bearers and this does not make their work any easier. On this note, Mrs. Y. recounts that:

The main problem is when helping vulnerable groups, like people with disabilities and children because sometimes I feel like I could take their pain so that is emotionally draining. Some people who come to this hospital most of the time are people who do not afford private hospitals, so the disabled also use old wheelchairs that need manpower in order to function well. It is really emotionally draining when such patients get admitted at the hospital and having to move around helping them to get better treatment is stressful. As I mentioned

earlier that sometimes helping young children who are very sick is very emotional. I mostly wish I can take their pain so our work needs someone strong and very understanding.

Mrs. X. also added that:

There are patients who will just get to you, and make me feel like they can even do my job better than me. They shout at us and tell us how incompetent we are with our work so that is emotional and makes us feel like they do not even appreciate what we are doing for them. Sometimes, in fact, most of the times patients do not follow instructions. They will even tell us about how things are done in other hospitals and that does not make our work enjoyable or any easier. They cause us a lot of mood swings and I really become emotionally depressed.

Ms. Y's views are not different from Mrs. X. and Y.'s views as she comments that:

Challenges in this ward include telling bad news to the patient like when a person lost the baby, it's so emotional and a painful situation to the mother, so yes, being bad news bearer is never easy even having to tell the family that comes with the hope of finding a baby. Secondly, when the patient has complications, I always wonder what will happen next and I do not have to show my worries or emotions but assuring the person that she can pull through.

The above sentiments shows that the nurse's performance is very low when the nurses are emotionally exhausted, no matter the pain, the worries or any expressions they may need to show at that time when helping the patients, they cannot display their real emotions as they are trying to assure patients that there is still hope for their lives.. This research, therefore, contends that it is very crucial for public hospitals to help nurses to cope with different factors that contribute to their emotional exhaustion to ensure high performativity and the wellness of the nurses by looking at the factors that contribute to the nurses' emotional exhaustion.

As suggested earlier, emotional exhaustion is not a new finding in this study. This recurring aspect confirms studies done by Huynh *et al.* (2008). The authors provide insights about emotional exhaustion by envisaging that it contains the depletion of arousing emotional states, for example, a nurse feeling too emotionally drained to care for patients. Bakker and Demerouti (2007) concurs with these submissions and adds that the nature of nurse's work reduces performance feedback, and also reduces the effects of physical demands on the emotional labour among nurses faced with emotionally challenging situations from patients. This study thus builds from the abovementioned literature and argue that nurses at King Edward VIII are involved in situations where they interact with patients hence they have to manage their emotions in order to follow emotional display rules but they remain emotionally exhausted.

5.2.4 Daily clash faced by nurses: rationality analysis

There are many different challenges that nurses face in different wards when providing the services to the patients. Nurses face considerable challenges across hospital wards at King Edward VIII. This section analyses the general challenges that nurses at King Edward VIII face on daily basis and the seeming and how the management has normalized these predicaments. Commenting on the daily challenges faced by nurses at the discourses hospital, Mrs. Y. from the labour ward argues that:

Challenges in this ward include telling bad news to the patient like when a person lost the baby, it's so emotional and a painful situation to the mother, so yes, being bad news bearer is never easy even having to tell the family that comes with the hope of finding a baby. Secondly, when the patient has complications, I always wonder what will happen next and I do not have to show my worries or emotions but assuring the person that she can pull through.

Mrs. Q. argues adds that:

The main challenge is working with patients who do not listen, some days work is too much that I become very sick and tired and I wish patients could just understand our pressure. So yes my main challenges are my own health because I believe it makes a bad impact on the job that I do but still this illness is due to

this hard work that I am doing. So the patients who do not listen are the ones who always think they know their rights, they know how I am supposed to do my work so they never follow anything you are telling them to do and most of the time, they are the ones who waste a lot of time while we are doing our work in the wards.

Ms. Z agrees with Mrs. Y. and Mrs. Q. on the challenges that they meet as nurses which mostly hinders enjoying their work and encountering a plethora of challenges. Ms. Z comments that:

We have a lack of resources, therefore, it makes it very difficult for us to provide good services to the patients. The other challenge is the shortage of staff. Sometimes I Wish I had four hands. I also become so stressed when I see people on the queue and waiting for a long time. I think the hospital management should start taking us seriously because, by the look of things, it's like they do not do anything with our challenges because it is not like we hide them but we do not see the improvement. This is very painful for us and makes us be demotivated to do our work and now the public always complain that nurses are rude.

The above narratives shows daily challenges faced by nurses at King Edward VIII hospital. These challenges include working long hours, working in unhealthy conditions, shortages of staff and these exacerbates stress and body pains. By examining the causes of poor nursing care in hospitals, and potential solutions. A “think tank” was convened which incorporated widespread discussion with national, regional and local stakeholders. It was found that there are no widespread systems of staff support that help nurses working in hospitals to cope with the emotional component of their work (Lorentzon and Smith, 2007). This is also the same problem that prevails at King Edward VIII hospital as the nurses argued that this is one element that contributes to nurses providing poor care. If episodes of poor care are to be prevented it is necessary for hospital boards to recognize the importance of supporting nurses in managing the emotional labour of caring. The introduction of routine systems of staff support should be considered. In addition to highlighting and condemning poor care, it is important to seek solutions.

5.2.5 Mental and physical tiredness

Baker and Nussbaum (2011) argue that tiredness is an element that has long been associated with the degrading in healthcare workers especially nurses. As a matter of fact, nurses' work may particularly be vulnerable and numerous proportions of fatigue. The nurses' performance is therefore linked to the safety of the patient because nurses have to be active to avoid many medical errors. In altering the working environment, nurses at King Edward VIII hospital nurses believe that it is possible to reduce mental and physical tiredness. Employing more staff is a good example reiterated by the majority of study participants. Nurses at King Edward VIII hospital believed that this can be a panacea to problems such as short staffing. There is no doubt that mental and physical tiredness contributes to the poor services at the public hospitals because patients stand on the queues for a long time. Nurses at King Edward VIII hospital complain of stress and their painful bodies because of a lot of work that they do. On this note Mrs. R. articulates that she is:

Overworked, this job is also stressful, I come to work already knowing for sure that I have to help so many people while we are only a few in a ward. I start thinking about the long queue which mostly affects my daily duty because I feel so tired after work. I have been working at this hospital for 19 now and what I can tell you is that work is too much for a nurse working at the public hospital, I have a knee problem so my health is really affected because some days I feel like just resting so that I can heal my kneel but still I have to work. So as you see that I am now a "gogo", meaning a grandma in isiZulu; I no longer remember everything as I used to in the past when I was still younger because sometimes I forget where I put some of the things I need to use so already it affects my work because most of the time my mind would be tired because of working all day.

Mrs. T. also added that:

Problems include working with few people in this big ward as you can see. Another problem is that of my health issues because I have pneumonia so sometimes I become too tired and go home very late and my health is not improving while I am a caregiver helping other people and I feel like I should be receiving the treatment as well. This place is cold, although my illness started before I work here, the environment is now making it worse. I believe they need

to renovate this place so that it becomes better to work at. Like any other person, I do forget things sometimes but I guess when you talk of mental state, you mean being able to handle matters here at work, so yes sometimes my mind because too tired because of the things that are happening here, noises, people crying and many more.

Mrs. M. also comments that the conditions of work cause exhaustion. She recounts that:

I just do my work but sometimes I become very exhausted that that high performance is very difficult to achieve. I just say my primary goal is to help the patients so that they leave this place feeling well or better than when they come. So for now, physically I am still fit because I do not have any chronic illness but tiredness is my main worry all the times. You know I arrive at home, I just always wish I can have a massage, eat and sleep but now my children are staying far from me.

Briner *et al.* (2008) concurs with the above sentiments and argues that the relationships between burnout and the work of the nurses is a problem in hospitals where people have a lot of work, this is evident due to the views provided by the nurses. Role conflict and role ambiguity are consistent to be associated with burnout. Workload, general psychological demands, and control are associated with burnout and, in particular, mental and physical tiredness. Social support is inversely related to tiredness, however, this conclusion is not consistent across studies with some finding relations with only some dimensions of burnout and others no relationship at all.

5.2.6 Work-Family Overlap

The nurses do a lot of work because during the working hours they are doing professional work but also they have to nurture their families at home. All the nurses interviewed are females and they have the work and family imbalance. Naturally, women are caregivers and in their families, they are expected to help the sick, nurture children and the old, so the nurses have the double burden if they work too much at work and also work too much again when they get at home. This is evident

by their responses in the interview when they were explaining their different views on the challenges that are brought by the work and family overlap. In her response, Mrs. Y. argues that:

I go home very exhausted every day and it is hard because I am a mother and when I get home I still have to do house chores and take care of the children and my husband. So I just wish the hospital management can always remember that we have roles at home as well, not let us suffer like this. One of the reasons that patients think we are rude, inconsiderate and not caring is because of this load of work that affects us, sometimes I come to work very tired and we are very few in the ward, I just stick to doing my work and I cannot sacrifice anytime to do extra job that I am not supposed to do.

The very same thoughts are shared by Mrs. T. who relates that:

I think our work is too much especially here at public hospitals, therefore, making us very tired, also getting too tired some other days so much that we do not work well that's why people always complain about the public hospital. When I get home, I wish I could just eat and sleep but unfortunately, that is not the case because my children are still young and I am the only one who supposed to cook. I feel like sometimes I do not spend enough quality time with them teaching them other things in life because we really do not have much of the time. Other than that, sometimes when I am on leave, they are still going to school and still do not spent enough time I want to spend with them during the day. So yeah, nursing is a very challenging work itself and it becomes worse when you work in the public hospital like this.

There were also nurses who are still single and do not have to take care of children and family members because they are staying alone. This is demonstrated by Ms. Z. who she recounts that:

I do send money to my family every month but I am staying with them so I am able to rest when I get home. But sometimes I still have to cook, clean or do my laundry. However, some of the things I am not complaining about like working hours are fine because those are standard hours for the employment sector, the

people that I work with are good people because we have a good working relationship but my workload is too much to handle. I go home very tired every day and sometimes sick with a headache, most of the time my feet become very sore.

Based on the above narratives, this study acknowledges the existence of the ‘glass ceiling’ owing patriarchal nature and gender imbalances in Africa. Applying this phenomenon in the context of this research, this study draws insights from the works of Noon *et al.* (2013). The author postulates that emotional labour replicates gender imbalance because the many people who work jobs that are associated with emotional labour are women. This is also evident because all the nurses interviewed at King Edward VIII hospital were women and it is not only in hospitals but mostly service workers like flight attendants and people working in restaurants. This behaviour portrays an image that women are naturally born servants. Most emotional labour occupations encompass women workers, thus emphasis is on characteristics of their feminine abilities in applying their sexuality as a technique of keeping customer glad. In essence, this study argues that women do double-barreled work because they work at home nurturing the family; taking care of the old, the sick, the children, cleaning the house and cooking. On the other hand, they are employed and doing paid jobs like nurses, then this is too much for women to be in both private and public spheres as workers.

5.3 Positive Consequences of Emotional Labour

Four positive effects of emotional labour of nurses at King Edward VII hospital viz sincerity, adaptation of rules and regulations, efficiency and professionalism were found in this study. The four consequences are discussed below in depth.

5.3.1 Sincerity

The following analysis focus on the sincerity of nurses who are guided by rules and regulations of the hospital. Sincerity could be an aimed achievement of a goal through honesty, transparency as well as self-reflexivity. This study found that the overall goal of nurses at King Edward VIII hospital is to help the patients to get better and recover from any sort of illness. In other words,

this kind of sincerity means being genuine, setting a goal as well as the role one plays at his or her work to maintain authenticity. Nurses at King Edward VIII hospital are approachable and friendly rather than being snobbish and self-important. In essence, nurses are individuals who are expected to consider not only their needs at work but rather they are expected to be kind and empathetic and sympathetic to the patients. The majority of nurses at King Edward VIII hospital argue that rules form part of their work because they have to abide by, be sincere and focus on their work. They all agreed that rules are good and brings order to the hospital. On this note, Mrs. O. recounts that:

Rules are fine because they are in accordance with the nursing practice, rules are not the problem but the conditions are. Understanding and knowing the role that I have to play here as a nurse, also I know my work ethics which makes it very easy for me to know what is expected and what is not expected of me, therefore making it easy for me to follow the rules.

Mrs. Z agrees with Mrs. O.'s view in relation to the stated rules and regulations. She contends that:

Rules and regulations are well stated and they are good because they are directly related to our nursing pledge understanding my work and doing what is expected of me. It is always about knowing your work and knowing people that I work for. Nursing it's a very straightforward profession where I already know work ethics and there is really nothing much to adopt in order to know the rules.

Ms. R also added to the above statements, agreeing that rules and regulations are not a problem or a challenge to their profession. Ms. R. proclaims that:

Yeah, rules and regulations are okay and in fact, they make us stick to helping and caring for the sick and avoiding troubles with people. I learned rules and regulations of the nursing profession when I was still a student so since being employed here at the hospital, it is just the matter of applying what I know and knowing exactly what is expected of me which is to provide good service to the people.

The above sentiments confirm studies done by Abbasi *et al.* (2016) in the comparable discipline. The author's contents that at a global level, nurses working in public hospitals complain of poor working conditions and they argue that regardless of poor working conditions, nurses explain their

sincerity in working in the environment where rules and regulations are a guide to them. In a comparable study done at Shahid Beneshti hospital, Abbasi *et al.* (2016) conclude that nurses' sincerity at work helps them to provide holistic care, moralization, and respect for their beliefs of patiently nursing patients. From the foregoing, this study maintains that nurses do not have any problem following the rules and regulations of the hospital. Instead, they view these rules as guidelines that are helping them to stick to their work, they also help them to keep their work ethic and therefore performing their tasks and providing care and healing of the patients. Building on the above literature and fieldwork evidence, it can be noted that the concept of sincerity is now a new finding in nurses and emotional labour research. In this respect, the importance of sincerity is indisputable given that it creates prolific working relations and good networking with both workmates and patients. These connections depend heavily on respect and trust.

5.3.2 Adaptation of Rules and Regulations

Rules and regulations are guidelines of every institution that guide the employees to obey their work and do as they are expected to do. This is no exception in the nursing profession. The rules help nurses to interact with patients in a professional way, however, the above analysis provided insights on the sincerity of nurses because of following rules and regulations of the hospital as an institution. However, this part of the study investigates the adaptation of the rules and regulations that are enforced at King Edward hospital and how easily nurses adapt to them which is closely related with the above-analyzed theme of sincerity. Mrs. L. notes that:

Understanding and knowing the role that I have to play here as a nurse makes me adapt very easily to the hospital's rules and regulations. Also, I know my work ethics which makes it very easy for me to know what is expected and what is not expected of me, therefore making it easy for me to follow the rules. I never had any problem even as a new employee at this hospital to adapt to any of the rules because I am practicing what I am already taught before.

On one hand, Ms. Z added to Mrs. L.'s sentiments. She outlines that:

I learned rules and regulations of the nursing profession when I was still a student so since being employed here at the hospital, it is just the matter of

applying what I know and knowing exactly what is expected of me which is to provide good service to the people.

Mrs. P. also agrees to Mrs. L. and Ms. Z.'s opinions about the adaptation of rules and regulations. She recounts that:

I just make sure that my relationship with the patients and their families remains professional. The other thing is that during my training as a nurse, we were taught about professional competence so I just remain calm and focus on doing my job.

From the sentiments provided by the nurses, it is clear that in the nursing profession, nurses learn about work ethics when they are still in practice. This makes it very easy for nurses to identify and familiarize themselves to the rules and regulations of the hospital when they get to work. This adaptation also helps them to focus on their work because they know the expectations of the patients, wards managers and hospital managers in general.

5.3.3 Efficiency

Efficiency is another positive effect of emotional labour. The nurses at King Edward VIII hospital still preserve effectiveness and efficiency at work regardless of the many challenges that they are experiencing at work like short staffing, shortage of resources to help them perform. However, they try by all means to be effective and cope with the conditions of their work. Commenting on how they on their effectiveness, Mrs. P. articulates that:

I am overworked, this job is also stressful, I also feel unappreciated by the management, there is a lot, but I think those are the main ones. However, I try all means to be active at work because I am getting paid for it. There are a lot of people who have unpleasant and stressful jobs that pay even more less than what I earn. So somehow, I told myself to be grateful to god and be happy for what I have, I am a Christian and I believe people are destined for different things so I love nursing, I have a passion for my job and I really love it. Of course, there are so many challenges like the ones I told earlier but I know every

journey has a challenge, so I work hard so that I can provide for my family- no one said it will be easy.

Mrs. S. also adds that:

I can say most of the time its tiring job, too much work, but sometimes it is normal because I already know my daily routine, it's not like it's something new to do. Shortage of staff is my main problem here. The place is also smelling too much, therefore, risking our health. But however, I know that I am working for my children and I have to do my best. It is very important for us to focus on helping the people who come for service here at the hospital because everything else that affects us with the poor working conditions does not have anything to do with them but the hospital.

Mrs. O. also highlights that:

The instrument that is using is the output, as long as the babies are alive, we are satisfied and also the satisfaction of the patient makes me cope better even if we had a misunderstanding in the process. I ignore rude patients and just focus on providing the service. Most of them have the mentality that nurses cannot tell them everything they should do, so they choose to listen where they want and it does not stress me anymore. Employment of the new staff and improvement of the buildings because they are old but all this is not patients' fault and nurses on the other hand concentrate on providing the best service that we can.

The above sentiments shared by the nurses proves that nurses at King Edward VIII prefer to stay keen in order to do their work. No matter the circumstances that they face, they do their work wholeheartedly and this promotes efficiency at work. Borrowing from Goffman dramaturgy theory, human personalities are dynamic and often change to best fit the current situation. In this regard, nurses have to perform their duties and portray a good image to the patients and everyone they provide the service to at the hospital even if they are not happy with the conditions of their work. Whiteside and Kelly (2016) concur and adds that collective fronts or expectations become institutionalized in such a way that the audience and performers are conversant with patterns and responsibilities. As a matter of fact, nurses act in a way that the hospital expects them to.

5.3.4 Professionalism

Ohbu (2012) contends that professionalism is a practice of ethical community grounded on the work-related association. This shared identity is formed and replicated through work-related and specialized exercise and professional experiences and by the affiliation of qualified associations based on (resident, nationwide, provincial and worldwide) and societies where experts improve and preserve a communal work culture. The effects of professionalism can be traced back from when nurses are still in training. These changes manifest as a result of understanding the uncertainty about things that are legitimately expected at work from professionals. This is linked to a logic that the public trust in nursing has shown misplaced especially by the patients. The nurses take a pledge before they start working, so this forms part of their profession understanding. On this note, Mrs. P. articulates that:

Making sure that I do not talk back to patients in a harsh way because I know patients believe they can say and do whatever they want. I inspire myself in a way that even if I am angry, I keep calm and remind myself that I am only here to provide a service to the people because that is what I swore to do. It helps me to remain calm at work because I know the challenges and problems that my profession relates to. I have been working at this hospital for so many years now and people do not respect the nursing profession. When I say people sisi, I am talking about patients, their family members and other people who come at the hospital to get help from us because most people have the perception that nurses are rude and angry people. It is like all nurses are the same according to how people look at us, they do not treat us as individuals who have different characteristics at all.

Mrs. X. also adds that:

I just make sure that my relationship with the patients and their families remains professional. The other thing is that during my training as a nurse, we were taught about professional competence so I just remain neutral and focus on doing my job. This means I do not engage in unnecessary arguments with the

patients. The nursing profession itself it's a challenge because people come at the hospital with different expectations and sometimes when they do not get what they expected, they become too emotional, so as a nurse I have to understand that I am dealing with different people, from different backgrounds and families.

Mrs. V's views were also not different from Mrs. P. and X. as they all stick to being professional no matter the circumstances that they encounter. Mrs. V. recounts that:

I control my temper and always remind myself that I am at work. I try by all means not to stress myself about work but sometimes it difficult not to think about problems here that we meet. I also motivate myself that I provide a service and at least I know that month end I will have a salary to provide for my family. The other thing is that I really love my profession that's why it is easy for me to say no matter the circumstances at work, I try by all means to remain professional.

From the above, this study concludes that nursing is the occupation that the core component is the work that depends on knowledge and skills. No matter the unfavorable working conditions in public hospitals, nurses still do their duties. It is indeed the practice in which information of some division of science or learning, or the act of workmanship established on it, is utilized as a part of the service to others. This is mostly demonstrated by nurses working in the same wards and help each other with challenges and problems they encounter while on duty. It is the individual's entitlement and a guarantee to their skill, honesty, profound quality, compassion, and the advancement of well-being to the general population they are working for. These duties frame the premise of a social contract between a calling and society, which consequently allows the professional self-governance the benefit of self-direction.

Demonstrable skill is the premise of the solution's agreement with society. Nurses help everyone who came for a service even those patients who are not cooperative, and sometimes not listening well to what the nurses tell them to do. Ohbu (2012) make conclusive revelations that open trust is fundamental to that agreement, and open trust relies upon the respectability of both individual experts and the entire profession. The preface to this vital symposium incorporates meanings of professions and of healing. In addition, it incorporates discourses of proportional selflessness,

irreconcilable circumstances in medicinal social orders, the hypothesis of intellectual disharmony, and the moral fundamentals of professionalism. To this end, this study concludes that these are the reasons nurses remain calm and perform their duties even when working conditions are unfavorable.

5.4 Coping strategies

There are different techniques and coping strategies that nurses employ in order to cope with emotional labour. This helps the workers to handle situations and therefore reducing emotional labour. The coping mechanisms are the conscious determinations to the reduction of stress. In order to cope with stressful situations, nurses can use perceived control as a crucial resource. The strategies shield people from the destructive effects of prejudgment and discrimination to having possible costs. Nurses at King Edward VIII hospital gave different ways in which they cope with stress.

Mrs. O. opines that:

I tell myself that what is work as usual so I always take it easy no matter what challenges, problems or conditions of my work. Also, I try by all means that I understand different personalities of people and then I just do my work. It is difficult at times to ignore those difficult patients who do not listen but I just tell myself that I should ignore them and do my work.

Ms. Z. also adds that:

Treating people with respect so that they will also do the same. Sometimes I talk to my colleagues about challenges that I meet from patients, and we just laugh about them and avoid stressing ourselves. I also learned to avoid some situations so that I do not make unnecessary arguments with patients. What I imply here is that I prevent some situations from happening, as they say, prevention is better than cure so I make sure that no matter how angry the patient can be, I keep my cool and talk to them calmly.

Mrs. R. had a different view that her focus is on the output of her work. She comments that:

The instrument that is using is the output, as long as the babies are alive, we are satisfied and also the satisfaction of the patient makes me cope better even if we had a misunderstanding in the process. Sometimes because there are a lot of emotions shared in this ward, when a baby or a mother dies, I do console the family and I have to act strongly in front of them, however, I sometimes feel the pain and it affects me so badly that I go to the toilet where I know I will be alone and cry, and then come back carry on with my work because duty calls. However, I cannot say crying is the coping strategy for emotional work, but it helps sometimes to ease the pain.

After unpacking the concept of emotional labour of the nurses at King Edward VII hospital, this research concludes that nurses familiarize themselves with the coping style of avoidance. It is a situation where an individual envisages a stress-free milieu. For this reason, the likelihood of any change of behavior, perception and/or emotional response is minimal. The positive way the nurses can use as a tool is for them to keep themselves busy and freeing themselves from trying to deal with difficult situations. Avoidance can likewise effect from a notion that though the condition is certainly stressful, it will never change as the nurses wish or at least it will change after a long period of time.

In general, the nurses at King Edward VIII hospital use different individual mechanisms in order to cope with emotional labour. The nurses mentioned many different troubling emotions that are caused by different factors in their workplace. This includes problems and challenges that are caused by the patients. However, their strategies include talking with the other nurses in order to share their experiences and how they avoid getting in to unnecessary arguments with the patients, others share their burdens with the family members when they get home and get tips on how to handle other situations, others just avoid some of the challenges and stick to doing their work. Professional coping is one of the elements that need the managers to provide to t nurses, like giving materials and resources in order to ease the nurse's work. Most of the wards, nurses contend that they cope by motivating themselves by concentrating on the positive aspects of their work like output, in the labour ward where nurses worry about delivering a healthy baby.

5.5 Reduction of Emotional labour

Emotional labour is the core element of nurses' work because their labor includes constant contact with other people on daily basis. There are challenges, problems, and consequences which influences the work of the nurses. These include effectiveness, the satisfaction, and the dissatisfaction of their work. There should be a way to reduce emotional labour among nurses. Based on the nurses' personal analysis at King Edward VIII hospital, there are different views and ideas on how emotional labour can be reduced. Nurses want to see the hospital management to work hand in hand with the department of health at Kwazulu-Natal so that they can address factors that affect their work especially employment of more staff to overcome the problem of understaffing, buying enough and new resources that will make their work functional. On this note, Ms. U. opines that:

Employment of more staff, this issue is very serious sisi because we do not have adequate staff and this increases our workload in the wards. The management should improve our work conditions so that we understand that emotional labour is not only bad but also about the satisfaction that we get when performing our work well and achieving good and improved outcomes that benefits the patients. When I talk of improvement in the work environment I am including things like a good and clean environment. The other thing that could help in reducing emotional labour is getting enough and effective resources that will help us to perform our work well. I am saying this because some of the materials we use here are very old. I mean they do try their best with cleanliness but still, it is embarrassing to show the patient the uncomfortable bed with old torn sheets

Mrs. Q. also shared the same sentiments with Ms. U. She adds that:

There should be enough resources that are provided to make sure that we do our work well, we need more staff and I hope this will solve so many of our problems like health issues and being too tired at work, who knows? We might even enjoy

this work. It is a very painful thing that I think the hospital management should always remind the department of health about that there is a very high rate of unemployment in this country, it gives more opportunity for other young people not stay at home after school and training but to help the patients and save lives. I wish they could just remember that it is not okay for us to work like we are slaves.

However, Mrs. W.'s sentiments were a bit different from Mrs. Q. and Ms. U.'s sentiments because she sarcastically narrates that:

Nothing much can be done to reduce emotional labour here because we always complain about the management not employing more staff, which we know, we are not going to get because they always say there is no budget and at the end of the day we know we will not get what we want. Management should concentrate on the staff's needs because even if you hire more staff, and still do not know what the nurses need, we cannot go forward.

From all the literature analyzed above, there are affirmative and undesirable impacts of emotional labour analyzed. However, undesirable impacts are the ones that form the main interest of this study. It can be concluded that emotional labour and the intensity of the work of nurses are the main factors that influence the burnout. The burnout in nursing includes tension, exhaustion, stress, weariness and other poor health conditions like mental and physical tiredness. All these factors contribute to poor working conditions of the nurses at King Edward VII hospital as well as having bad impacts on the nurses' general well-being. This means they are affected emotionally, physically and psychologically.

5.6 Conclusion

The phenomenon of emotional labour is not a new philosophy in the health sector. The nurses who work with the patients on a daily basis encounter this problem. This study concludes that most nurses at King Edward VIII hospital do not wholly view emotional labour as a serious problem because they do not really understand the core elements of emotional labour. They do understand that they have emotions that they need to control while they are at work. They also understand that their work ethics requires them to obey the rules and the regulations but they do not really take in to account what emotional labour is, the positive and negative aspects of emotional labour. This study, therefore, argues that it is necessary to establish a new structural culture at the hospitals through which emotional labour education programs are taught at the organizational level, the management should also consider identifying main elements that cause emotional labour and the high intensity of work at the hospitals to reduce nurses' emotional labour. The analysis also deduced that in the hospital environment, nurses use surface acting, which is the strategy that does not cause any harm to the well-being of the employees because it is greatly related with good performativity of the job being done, the patient's satisfaction and the nurse's commitment of their job. Most nurses did show opting for faking emotions (surface acting) as a better option to their emotional labour because they stressed that they avoid reacting to their emotions by staying happy, avoiding unnecessary arguments with the patients as well as avoiding other personalities that might tempt them to react negatively towards the patients.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This last chapter draws key conclusions and recommendations based on a reflection of the research objectives, research questions, and the study findings. This study focused on exploring work intensification and emotional labour of nurses at King Edward VIII hospital. It precisely builds on the works of Boxall and Macky (2008), Sefalafala *et al.* (2010), Du-Toit (2012) and Noon *et al.* (2013). From the foregoing, this study established that studies that have explored the phenomenon of emotional labour has tended to be moralistic and have focused much on the unprofessional groups like the petrol attendants, security guards and domestic workers, with a handful focused on the professional groups. Against this backdrop, this study aims to extend the discourse of emotional labour and work intensification by drawing insights into the lived experiences of the professional workers, in particular, nurses at King Edward VIII hospital. Owing to the nature of the study, conclusion drawn from the findings cannot be universally applicable (generalizability) as they are definitive to work intensification and emotional labour of nurses working at King Edward VIII hospital.

6.1 Summary of findings

This qualitative study utilized a micro-level approach to investigate work intensification and emotional labour of nurses working at King Edward VIII hospital. The study conclusively argues that work intensification leads to emotional labour in the nursing profession. These key findings are in reminiscent with literature provided by Boxall and Macky (2008) as well as Chowlhry (2014). The authors maintain that work intensification has made nurses to become alienated and stressed with their work and therefore nurses might find it challenging to identify and test extreme levels of emotional labor that are associated with their work. This study extends this argument by drawing insights from the subjective experiences of nurses working at King Edward VIII hospital. In this respect, the study establishes that work intensification is upsetting and exorbitant in that the discoursed nurses feel stress and excessive workloads cause not only physical harm but emotional

and psychological disturbances. However, during the interviews, there were no nurses who needed help with emotional or psychological disturbances.

Taking a cue from Chowdhry (2014), work intensification has made nurses to become alienated and stressed with their work and therefore nurses may find it challenging to recognize and test extreme levels of emotional labor that are related to their work. Seemingly, these philosophical thoughts proved to be in unison with anecdotal evidence of nurses at King Edward VIII hospital. The aforementioned nurses undertake a wide range of disparate tasks like helping patients with consultations, researching about new diseases that might affect people, management and counselling of the patients. Nurses are employees and they interact with patients on a daily basis on which this research is going to focus on.

Based on the findings, the study denounces emotional labour as the unhealthiest job because it affects the lives of individuals in many ways. The study establishes that emotional labour has an impact on the physical, psychological, as well as stimulating emotions of the human being. In order to substantiate this precept, the study engaged with the two elements of emotional labour namely surface and deep acting which are the core components of emotional labour. Surface acting is the element of emotional labour where individuals fake and suppresses their emotions as an instrument to be in the conforming state at their workplace. This is the technique that is adopted by the respondents of this study (nursing staff) so that they abide by the rules and regulations of the hospital.

The nurses at King Edward VIII hospital stressed that they feel at ease when they use the unnatural body language because even if they are angry, they cannot show their anger to the patients or anyone they have to interact with while they are still at work.

In order to provide a sociological lens to the phenomenon, the study draws insight from Goffman (1990) dramaturgical theory. The theory holds that the rudiments of human interactions are reliant on time, place, and audience. In particular, the study utilized the front and backstage distinct areas outlined by Goffman (1990). These ideas assisted the study to explain the behavior of nurses at King Edward VIII hospital. Goffman (1990) theorize the front stage identity as the way in which

actors or a group of individual's characteristics are fixed and they perform to an audience who do not actually know the actor's inner feelings. As the theory suggests, emotional labour of the nurses in hospitals is just a performance because and work that they do does not give them the freedom to act in a manner preferred by them, this includes the communication they have with the public and their expressions. From the foregoing, this study maintains that nurses at King Edward VIII work under harsh circumstances where they have to abide by the rules, suppress their feelings and not show their inner feelings so that they perform well. The effects of such emotional labour are always demonstrated by the unfruitful consequences that are discussed in this chapter. This includes the effects of emotional labour on their body like causing them too much body and emotional exhaustion, stress, pain in the arms and shoulders, swollen feet, headaches because of working too many workloads and many more.

As much as the nurses adapt easily at work because of understanding their profession, they also meet a lot of challenges and problems that hinder their work. The main ones being shortage of staff at King Edward VIII hospital, shortage of materials and resources to use, working with inpatient and patients who do not listen to their instructions, smelling environments where sewage is passing next to the offices they are working in, management always promising to improve on the conditions of work they complain about but they never keep their promises. On the other hand, the backstage is a social action where individuals rehearse, perform and develop impressions in the backstage and the performance is done in the backstage where there is no audience (Goffman, 1990). Applying this notion into the context of this study, backstage positions the nurses at King Edward VIII hospital to make an appearance without the patients but rather other nurses by sharing their experiences, sometimes this happens in their changing rooms, in the toilets and the storage rooms where sometimes they deal with their expressed emotions. For example, they can cry, laugh or even rest without the fear of being seen.

Depending on the profession, this study concludes that emotional labour is dynamic and not static. This presumption finds complementarity in Hunter and Smith (2007) and Buckner (2012). This study extends the ideas of these scholars and establishes that emotional labour is a social phenomenon which can be understood by drawing insights into the subjective experience of the

study participant and it denounces the use of objective parameters utilized to measure the intensities of emotional labour.

The subjective narratives of the study participants reveal that emotional labour is a serious issue because nurses are emotionally drained and they have a depletion of arousing feelings. As an illustration, the study found that in the majority of the ward, nurses complain about the shortage of staff and this factor seems to be the one leading to a high level of emotional labour in the hospital. In this regards, the study concludes that the only proactive way to reduce their emotional labour is through the intervention of management by employing more staff in order to reduce workload. They should liaise with the Department of Health and show the biggest predicament they are facing as an institution so that nurses can perform to the best of their capabilities.

The study establishes that the discourse of emotional labour is highly feminized. This is because many people associate nursing as a woman's profession, especially in African societies. However what is apparent in this discourse is that African women face a plethora of challenges often anchored in patriarchal structures and gender imbalance (Berry and Cassidy, 2013). In addition, jobs such as nursing are often associated with women. The majority of participants in this study were women. Only 3 men were available for interviews and they also confirmed that the majority of nurses at King Edward hospital are women. However, these men did not give away insights on how emotional labour affects them at work as they all did not like to be interviewed.

All the respondents were women and they shared common comments regarding the challenges and problems at work as a result of emotional labour. This, ignited the researcher to reflect on the phenomenon of feminization of emotional labour. From the foregoing, the study concludes that the feminization of emotional labour still exists to a greater extent and the gender implications of emotional labour still act as reinforcing for gender stereotypes in the workplace.

The study also provides a counter precept which indicates that work and can likewise be bracing, fulfilling and fiscally useful. The main argument herein is that work, as performed by nurses at King Edward VIII hospital, can be intensifying because of many factors, like the introduction of new technology or advancement on the materials and the resources that nurse's use. This transition

creates an assortment of feelings because new technology comes with its pros and cons as well. In this respect, it detracts the key submissions made by Sefalafala *et al.* (2010), Du-Toit (2012) and Chowolhry (2014) who appear to dwell much on the dark side of technology vis-à-vis work intensification.

Unlike the previously said scholars, like Du Toit (2012), Sefalafala *et al.* (2010) and Noon *et al.* (2013), this study confidently assert that work intensity has both advantages and disadvantages in spite of the fact that the researcher focused more on negative impacts of work intensification owing to the nature and scope of the study. This implies that the argument of the positive aspects of emotional labour was intentionally left out in the analysis.

In conclusion, this study gathered that there is a lot of literature covering the aspect of emotional labour in South Africa, including the scholars that are aforementioned in this study like Du-Toit (2012) and Sefalafala *et al.* (2010), but none of these scholars covered the professional group. This study, therefore, contributes to the scholarship of emotional labour by focusing on the professional group who are nurses. Emotional labour, as indicated in the previous chapter, is not expressed as a real emotion by the respondents (nurses at King Edward VIII hospital) but the displayed and the performed emotions christening the dramaturgical perspective established by Goffman (1990). This performativity and displaying fake emotions by the nurses do not allow them to be genuine but just to appease the patients and the management by suppressing their real emotions.

6.2 Recommendations

The recommendations of this study focus on the reduction of emotional labour among nurses in public hospitals. This is because the main thrust of the study is to unpack the phenomenon of emotional labour on the professional group and to help encourage future research on how to reduce emotional labour. In this respect, the recommendations of this study are in twofold.

Firstly, the study recommends that the hospital management should try and engage more with their staff so that they can understand the challenges and problems they meet at work that lead to the intensity of work and therefore leading to high levels of emotional labour. This implies that any initiative aimed at addressing the challenges of emotional labour should be 'bottom up'. Secondly, the foregoing study submits that the importance of health facilitators is indisputable. For this

reason, it would be very important to include emotional labour in one of the courses that they provide during the nurses' training at their institutions. This will help the nurses to comprehend the notion of emotional labour well as part of their work, the causes of such emotional labour and the consequences of emotional labour. This will likely make it easier for nurses to distinctively differentiate between the causes of emotional labour brought about by the interaction between the nurses and the patients and all the involved parties in the environment they work at and those consequences that are brought by their conditions of work and the way management would be dealing with the matter at the time. A nuanced analysis of this phenomenon opts to be prioritized in contemporary scholarship to help the nursing profession improve, to help the nurses to enjoy and understand their work better.

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Appendix A:

INTERVIEW SCHEDULE FOR NURSING STAFF:

“Work intensification and emotional labour of nursing staff at King Edward Hospital.”

BIOGRAPHICAL INFORMATION

1. Name
2. Recommended pseudo name
3. Age
4. Gender
5. Occupation

GENERAL QUESTIONS

1. How long have you been working at King Edward Hospital?
2. Are you satisfied with the working conditions, for example, working hours and work load?
3. What is your general understanding of emotional labour?
4. Based on your personal reflection and experience, how do you describe your working conditions?
5. Are you satisfied with the structured rules and regulations that are instituted by the hospital management?
6. In the process of providing your services to the public, what challenges do you face as nurses? If any.
7. What problems do you face in working with patients on daily basis? If any.
8. How do cope with your emotions as nurses to ensure high levels of performativity?
9. What coping strategies have you employed in order to adapt to the rules and regulations of your profession?
10. Based on your personal analysis, what can be done to reduce emotional labor among nurses?

THANK YOU!

Appendix B: Informed Consent



Informed Consent Form
Consent Form for Participation of Human Subjects in Research
University of Kwa-Zulu Natal

PROJECT TITLE: *“Work intensification and emotional labour of nursing staff at King Edward VIII Hospital.”*

RESEARCHER: Ms. Manchoko Phatela

STUDENT NUMBER: 216073977

The Department of Sociology (Society and Social Change)
University of KwaZulu-Natal, Durban, South Africa.

DURATION: Please note that the interview will require (20) twenty minutes of your time.

Dear Participant

I am a Sociology Masters student at the University of KwaZulu-Natal. I am engaging in a Master’s Research project, titled; *“Work intensification and emotional labour of nursing staff at King Edward Hospital.”* The aim of the study is to explore emotional labour by analyzing the challenges nurses face directly or indirectly that affect their work as hospital employees.

I kindly request your participation in this study. Participation is voluntary. This means that one can choose to take part in the study or decline participation. Anyone who chooses to take part in the study can withdraw at any point should they feel the need to withdraw. If there are any questions that one wishes not to respond to during the interview, one should please let me know. For those who participate, the researcher and the supervisor will be aware of your participation in the study. Pseudonyms will be used in the research report, to protect your identity. The interviews will be recorded and the data may be used at a later stage in the research report. Attached below is a consent section. Please fill in the blank spaces on this form and do not hesitate to ask any questions regarding the study (now, and during the course of the interviews and or after the interviews).

Name of researcher:	
Signature of researcher:	
Date:	

PERMISSION FROM PARTICIPANT TO BE INTERVIEWED

I, _____ (full name) on this day of _____ (date) agree to be interviewed for the above research project. I understand that I will be asked questions that the researcher finds relevant for the purpose of this study. I also understand that the interview will be recorded and the data may be used at a later stage in the research report. I understand that I can withdraw at any time.

Name of participant:	
Signature of participant:	
Date:	

PERMISSION FOR AUDIO-RECORDED INTERVIEWS

I _____ (full name) on this day of _____ (date) hereby consent / do not consent to have this interview recorded.

Name of participant:	
Signature of participant:	
Date:	

I CAN BE CONTACTED AT:

The School of Social Sciences,
University of Kwa-Zulu Natal,
Howard College Campus,
Durban.

Contact details of researchers:

Email: slovophatela@gmail.com

Mobile: 0710426978

SUPERVISOR:

Mr. Mduduzi Mtshali
The University of Kwa-Zulu Natal.
The School of Social Sciences,
Howard College
Durban

Contact details:

Email: mtshalim@ukzn.ac.za

Phone number: (031) 260 7347

HSSREC Contact Details:

The Humanities and Social Sciences Research Ethics Committee
Mariette Syman University of Kwa-Zulu Natal.
Research Office.

Email: Snymanm@ukzn.ac.za

Phone number: (031) 260 8350/4

Please tick the appropriate box:

YES

NO

I consent to participating in the semi-structured interview in a place that is convenient to me.		
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I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in this research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

.....
Signature of Participant

.....
Date

.....
Name of Participant

THANK YOU FOR YOUR CONTRIBUTION