# Emotional Labour of Professional Nurses Working with Synergistic Epidemic Disease Patients: A Case Study of Professional Nurses at a Private Hospital in Durban, KwaZulu-Natal, South Africa

**Manchoko Francina Phatela**

**216073977**

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**Supervisor**

**Professor Mariam Seedat-Khan**

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## DECLARATION

I, *Manchoko Francina Phatela (216073977)* declare that the research reported in this thesis, except where otherwise indicated, is my original work. This thesis has not been submitted for any degree or examination at any other university. Further, the thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons. The thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, their words have been re-written, but the general information attributed to them has been referenced. Where other persons' exact words were used, these are italicised and inserted inside quotation marks, and referenced. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the thesis and in the References section.

**Signature** **Date**



## DEDICATION

I dedicate this work to the Lord Almighty. Thank you, Lord, for guiding and protecting me throughout my academic life. I was encouraged by 1 Thessalonians 5:16-18 “Rejoice always, pray continually, give thanks in all circumstances; for this is God’s will for you in Christ Jesus”.

To my beloved daughters, Ropafadzo and Tinotenda Mhandu, I want you to know that “If you can dream it, you can do it” (Walt Disney). I wish you great times ahead as you embark on your schooling journeys, and I hope that one day we will celebrate your graduations together. This is Mummy’s greatest achievement, and you were the pillars of my strength throughout.

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ARV** | Antiretroviral |
| **BP** | Blood Pressure |
| **COVID-19** | Corona Virus Disease 2019 |
| **DA** | Deep Acting |
| **DPME** | Department of Performance Monitoring and Evaluation |
| **EL** | Emotional Labour |
| **GDP** | Gross National Product |
| **HIV** | Human Immunodeficiency Virus |
| **HPCSA** | Health Professions Council of South Africa |
| **ICAS** | Independent Counselling and Advisory Services |
| **ICU** | Intensive Care Unit |
| **KZN** | KwaZulu-Natal |
| **PPE** | Personal Protective Equipment |
| **SA** | Surface Acting |
| **SANC** | South African Nursing Council |
| **TB** | Tuberculosis |
| **TV** | Television |
| **UKZN** | University of KwaZulu-Natal |
| **USA** | United States of America |
| **WHO** | World Health Organization |

## ABSTRACT

This study examines the emotional labour of professional nurses at a Netcare private hospital in Durban, South Africa. It explores how nurses manage the emotional demands of their roles amid high workloads, long hours, and institutional expectations for regulated emotional expressions. Using a qualitative approach, data were gathered through using in-depth interviews with purposively selected participants nurse participants drawn from different hospital wards. These were complimented with non-participant observation as a data collection method. The research is framed by Lazarus' (1991) Cognitive-motivational-relational theory and Goffman's (1949) Dramaturgical theory. These two theories provide valuable perspectives on how nurses assess and cope with emotional stressors while maintaining professionalism in emotionally charged environments. Data were thematically analysed to uncover patterns related to emotional regulation, dissonance, coping strategies, and institutional support. The findings indicate that emotional labour is a fundamental and ongoing aspect of nursing practice. Nurses are often required to suppress genuine emotional responses and convey calmness, empathy, and composure, despite their internal feelings. Several coping strategies were identified that included peer support, emotional detachment, maintaining professional boundaries, building resilience, and engaging in faith and leisure activities. Although emotional labour can lead to job strain, participants also linked their emotional efforts to professional pride, fulfillment, and rewards, particularly in relation to salaries and supportive work environments. The study concludes that emotional labour is integral to professional nursing and necessitates targeted institutional support alongside the development of emotional intelligence and coping strategies. These findings emphasize the need to recognise and address emotional labour as a crucial aspect of nurses' wellbeing and professional effectiveness in the private healthcare sector.



KEYWORDS

Coping mechanisms, Emotional labour, Patients, Private hospital, Professional nurses, Synergistic epidemic disease

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# CHAPTER ONE:
# INTRODUCTION AND BACKGROUND

## 1.1 Introduction

More than two decades into the new dispensation, the healthcare system in South Africa continues to encounter significant challenges, driven by the ongoing burden of infectious diseases, limited resources, and the emotional strain on healthcare workers. As frontline staff, nurses play a vital role in maintaining the continuity and quality of patient care. Within this profession, professional nurses are particularly crucial, especially in managing patients affected by synergistic epidemic diseases such as HIV/AIDS, tuberculosis (TB), and, more recently, coronavirus disease 2019 (COVID-19). This study explores the emotional labour experienced by professional nurses in a private hospital in Durban, the economic hub of KwaZulu-Natal. The study focuses on nurses' work with patients who suffer from the interconnected conditions under the umbrella of synergistic epidemic diseases.

The focus on professional nurses stems from their unique responsibilities. Unlike enrolled or auxiliary nurses, professional nurses are registered with the South African Nursing Council (SANC) as the highest category of nursing practitioners. They are responsible for clinical decision-making, care coordination, and supervising junior staff. Their roles often place them in high-pressure situations that require not only technical skills but also considerable emotional labour—managing their emotions to meet professional and organisational expectations. Professional nurses frequently need to suppress their genuine feelings, maintain composure, and display empathy and compassion, even in emotionally charged or ethically challenging scenarios.

The emotional burden that professional nurses endure is especially significant when dealing with synergistic epidemic diseases, which present both clinical challenges and social stigma, along with patient vulnerability. While enrolled nurses and nurse assistants play important roles in patient care, they typically handle more routine tasks and have limited involvement in clinical decision-making and therapeutic interactions. In contrast, professional nurses serve as the backbone of the healthcare team, addressing both the physical and emotional aspects of care. Their frequent exposure to trauma, patient suffering, and loss, along with their responsibilities for care planning and emotional support, makes them particularly vulnerable to emotional strain and burnout.

Thus, this study focuses on the emotional labour of professional nurses to explore the psychological and emotional aspects of their work, the coping strategies they use, and the systemic and personal resources that either support or hinder their emotional wellbeing. By concentrating on this specific group, the research aims to provide deeper

insights into the intersection between emotional labour, professional identity, and resilience within the nursing profession.

### 1.2 Background of the study

As outlined above, this study explores the emotional labour of professional nurses at a private hospital in Durban. Nurses should be skillful, knowledgeable and competent to regulate and manage their job demands (Yin, 2015). Wharton (2009) highlights that the examination of emotional labour in professional groups such as nursing, teaching, law and others has created a need for more research, which is why this study explores the emotional labour of professional nurses working with synergistic epidemic disease patients. There are both positive and negative effects of emotional labour in organisational jobs and nursing is no exception. Nursing is a profession characterised by a deep awareness and sympathy in relieving the suffering of patients (Kinman and Leggetter, 2016). These authors argue that job satisfaction is one of the positive elements of emotional labour. On the one hand, they argue that nurses who connect positively with their job, do so for philanthropic reasons such as true love for their job, getting paid good salaries and wages as well as love for promoting the welfare of others. On the other hand, Kinman and Leggetter (2016) also note that those who are affected negatively are mostly inexperienced nurses who struggle with the demands of their job and eventually experience emotional exhaustion and fatigue, stress as well as burnout. Moreover, the authors postulate that job resources are crucial in enabling an individual to cope in the environment in which they work. The emphasis herein is that available and useful resources help nurses to fulfil their job demands and thus enhance their physical and psychological wellbeing. However, those with less resources are always suffering from burnout and are not able to manage their workload or meet their patients' demands.

#### 1.2.1 Nursing as a profession

Nursing is a profession that must provide compassion and competence that brings hope to those receiving the service – mainly patients for healing or betterment purposes. Clarke (2020) argues that there were concerns in many parts of the world regarding the scarcity of medical equipment, which made nurses' work a concern. This was further explored by Chaudnary, Priyanka and Chamotra (2021) who highlighted that the burden of healthcare workers in countries such as India gave more responsibilities and task to its government to educate healthcare workers about taking care of different kinds of patients. These include those who should be isolated, which therefore proved that healthcare workers were mostly physically and mentally affected by their job. Clarke (2020) also added that in most parts of the United States of America, the intersection of home and work balance is still a matter of importance to determine the key role that shows whether good service delivery is a catalyst for improved

job satisfaction among healthcare workers. Clarke (2020) study which indicated that nurses were failing to maintain a good attitude and energy that could have helped them to focus more on increased and good service delivery at their work. He concluded that employees must enhance their physical and mental wellbeing by drawing boundaries between their home life and work life.

In South Africa, just like any other countries in the world, the nursing profession is essential yet demanding, playing a crucial role in the healthcare system. Nurses are the backbone of healthcare service delivery, especially in a setting with limited resources and a high disease burden (Di Paola and Vale, 2019). However, this important role comes with significant challenges, including workforce shortages, emotional labour, and systemic inequalities that affect nurses in the profession. In South Africa, the nursing profession has been the heart and soul of care work, which consequently has a two-fold system of private and public sectors. Most people use public healthcare facilities as prices are mostly cheaper or even subsidized (Wissing, 2013). The work of nurses shows that there are diverse workloads increment in different hospital wards deliberating how nurses in hospitals manage to work under increasing workloads. Therefore, the nursing profession in South Africa exists at the crossroads of significant challenges and essential contributions.

Nurses are key to healthcare delivery in the country, particularly in tackling the high rates of HIV/AIDS TB and COVID-19 (Di Paola and Vale, 2019). It is vital to address the systemic challenges that nurses face while equipping them with the resources and support necessary for their success. Empowering nurses is crucial for the sustainability of South Africa's healthcare system and can help create a more equitable and resilient healthcare sector that effectively serves all citizens. This study concurs with Du-Toit's (2012) exploration of emotional labour. The author articulates that emotional labour is where employees suppress their actual feelings and display friendliness to follow the relevant organisational rules and regulations. This study explores the experiences of professional nurses at a private hospital (to establish whether they are also able to align with the rules and regulations governing hospitals). It aims to understand nurse participants' coping mechanisms as they discharge their duties in different wards.

### 1.2.2 Nurses working with synergistic infectious disease patients

This study explores the emotional labour of professional nurses working with synergistic epidemic disease (specifically HIV/AIDS, TB and COVID-19) patients. The focus is on professional nurses employed at a private hospital in Durban, KwaZulu-Natal (South Africa). The emotional labour undertaken by professional nurses

caring for patients with synergistic epidemic diseases is deep and complex. These illnesses frequently occur together, intensifying clinical challenges and thereby requiring nurses to navigate both medical intricacies and the emotional and psychological aspects of patient care. Given the significant stigma associated with HIV/AIDS, TB and COVID-19, patients often face feelings of isolation, shame, and fear.

Nurses are tasked with delivering compassionate care while also addressing these emotional needs, which adds further complexity to their emotional labour. They play a vital role in the management and care of patients with synergistic infectious diseases, particularly HIV/AIDS, TB and COVID-19. These diseases are often described as a "syndemic" due to their high prevalence, interdependence, and compounded effects on individuals and healthcare systems (Ticha, Bimerew and Phetlhu, 2022). Nurses are at the forefront of the challenge to address synergistic infectious diseases, providing both clinical and emotional support in a difficult environment. Globally, South Africa has one of the highest rates of HIV and TB, with a significant co-infection rate where TB is the leading cause of death among individuals living with HIV (World Health Organization, 2019). This intersection presents unique challenges for nurses, who must manage complex treatment protocols, deliver holistic care, and address the socio-economic and psychological dimensions of these diseases. They are responsible for integrating antiretroviral therapy (ART) for HIV with TB treatment, often under resource-constrained conditions.

Caring for patients with HIV and TB requires considerable emotional labour. Nurses are expected to cope with the emotional toll of caring for severely ill patients, often having to deal with stigmatisation by patients, families and communities. Stigma is particularly prevalent in rural and underserved areas, where misconceptions about these diseases linger (Baluku, Katusabe, Mutesi and Bongomin, 2023). This stigma does not only affect patients but also adds the emotional burden that nurses endure. Further, these nurses may experience criticism or isolation due to their work with patients suffering from synergistic infectious diseases. In this context, emotional labour frequently involves surface acting, where nurses suppress or mask their own feelings to provide compassionate care. For example, a nurse may maintain a calm and empathetic demeanour while feeling frustrated by resource shortages or systemic inefficiencies. This disconnects between internal emotions and outward expression can lead to emotional exhaustion and burnout if not properly managed.

The South African healthcare system is marked by significant resource constraints, which intensify the challenges of managing HIV, TB and COVID-19 care. Nurses often work in underfunded clinics and hospitals with insufficient staffing, limited medication supplies, and inadequate diagnostic tools. High patient-to-nurse ratios

further strain their ability to deliver quality care, creating a high-stress environment that impacts both care quality and nurses' wellbeing. The Corona Virus Disease 2019 (COVID-19) pandemic has further exposed vulnerabilities in the healthcare system. The added burden of managing COVID-19 cases alongside ongoing HIV and TB care has placed unprecedented stress on nurses, stretching already limited resources and intensifying the emotional and physical demands on healthcare workers.

The research therefore presents conclusions emanating from interviews with professional nursing staff to assess the occurrence and intensity of emotive labour and the degree to which such emotional labour progressively becomes part of the work of nurses in private hospitals. Moreover, this study follows an investigation on the level that emotional labour is consequent from the intensifying variations and work milieu of professional nurses. This study seeks to explore both the positive and negative impact of emotional labour. Bolton (2001) contends that emotional labour is indispensable particularly by management in specifying the set rules and guidelines to enable appropriate functioning and maintaining a respectable relationship between professional nurses and the patients that use private hospitals and receive care. Phatela (2018) contends that emotional labour is not an expression of real emotion but displayed or performed emotions, and coined the term ‘phony performativity’, which means the workers do not display their actual and real feelings. Moreover, this study aims to scrutinise whether the nurses working with synergistic infectious disease (specifically HIV/AIDS, TB and COVID-19) patients always receive sufficient resources to provide excellent nursing services. This study examines the significant demands of the patients and the care that professional nurses offer within this context. The latter part of the chapter outlines the study rationale and the problem statement, which clearly articulate the need for this study, the gaps in the literature and how this study contributes to generation of new knowledge on the emotional labour of professional nurses which is the focus of this study. The last part of this chapter presents the research questions and objectives, a description of the study area and the structure of the thesis.

### 1.2.3 South African healthcare system

South Africa's healthcare system functions within a dual structure of public and private sectors, mirroring the country's socio-economic inequalities. Although there have been considerable advancements in tackling health issues, the system still fraught with ongoing structural and operational challenges (Abrahams, Thani, and Kahn, 2022). The country’s health systems that cannot provide balanced healthcare that meets quality international healthcare standards for all its citizens. Rabie, Rabie and Dinkelmann (2020) assert that South Africa can produce enough healthcare nurses every year but most of them have been recruited internationally, seeking greener pastures. In their study, they found out that newly graduated nurses were struggling to meet the demands of their

work. They indentifed factors such as the lack of confidence and independence, huge workloads, as well as transitioning problems, which cause a strain for the older nurses. However, nurses from other African countries have been migrating to South Africa seeking better opportunities and improved working conditions (Abrahams, Thani, and Kahn, 2022). There are many elements to be considered in the current study to generate new knowledge about the Netcare facility and professional nurses' experiences of emotional labour. The interest in this study emanates from the fact that in South Africa there is a belief that private hospitals or Netcare facilities provide better healthcare and treatment to their patients. However, as argued by Sawbridge and Hewison (2013), both private and public hospital nurses have reported increasing stress levels and burnout because of the emotional demands associated with their work. Consequently, the rules, regulations and pathways for public and private professional nurses differ and this is what separates the two settings of workplaces.

In summary, the South African healthcare system reflects the country's broader socio-economic challenges, marked by a significant divide between public and private healthcare. Although there have been notable advancements in areas such as HIV/AIDS care, substantial systemic issues remain. Tackling these challenges demands ongoing investment, effective policy enforcement, and a dedication to equitable healthcare access. It is crucial to transform the system into one that is inclusive, well-resourced, and centered on patient needs to enhance the health and wellbeing of all South Africans.

### 1.2.4 Emotional labour: Setting the context

It is of paramount importance to understand the term emotional labour. It was coined by Hochschild (1979) and in 1983 she defined emotional labour as an effort to manage one's own emotions to display a happy face while also suppressing the actual feelings (Hochschild, 1983). Smith (2011) also added that emotional labour is a useful skill in a healthcare setting to act in accordance with the institutional demands for their caring roles and being able to recognise others' emotions. According to Coetzee, Klopper, Ellis and Aiken (2013), in both private and public hospital nurses' practice, the environment plays a crucial role in the job that they do. The workload of the nurses also adds to their emotional work, burnout, job satisfaction as well as quality of care and the safety of the patient – these are all contributing factors to emotional labour of nurses in different ways. Riley and Weiss (2016) concur with the pronouncements that in healthcare settings, professional nurses use emotional labour as their skill to manage their emotions and those of others by understanding their environments and all the factors associated therewith. In their findings, they highlighted that in the healthcare setting, whether in private or public hospitals, emotional labour should be appreciated and recognized. The rationale herein is that professional nurses should be

ensured support, enabling supervision to be in place and coming up with organisational strategies enabling them to cope with various emotional demands in their workplace. The nurse's job is associated with so many health problems that both affect them directly and indirectly. Yvonne and Hewison (2013) concur with the above statement and highlight that emotional labour also contributes to exhaustion, psychological strain, depressive symptoms, back pains and many other chronic illnesses after longer periods of time. Some of these elements may result in job dissatisfaction, factors also associated with anxieties and inability to care (Yvonne and Hewison, 2013) and some of the difficulties they face when dealing with sick or dying patients- the trauma they go through. The above sentiments indicate the health problems that nurses face that may take short or longer time periods depending on work settings and its demands which affects them differently. The crucial point herein is that nurses need institutional help to recognise their emotional labour and their coping mechanisms so that they can cope perfectly at their workplaces.

The two coping techniques associated with emotional labour are: surface and deep acting. Gao (2020) articulates that surface acting is an act of showing a different emotion than the actual feelings that one is truly experiencing. In other words, the employee can be smiling while providing the service while in fact, they may feel angry therefore displaying emotions which do not match the emotions felt. It is how the service providers display their emotions publicly as they express themselves to the recipient of the service. The other element of emotional labour is deep acting, Gao (2020) argues that employees attempt to regulate their feelings by changing their thinking patterns. Her argument is that (in terms of deep acting) employees make it easy to shift their emotions and imagine their role as someone providing a special experience to the individual or family they are helping. This study will therefore also focus on elements of emotional labour on professional nurses and assess which coping mechanisms they usually adopt in other to cope with their job demands.

### 1.2.5 Thematic areas in emotional labour

There are many broad themes that authors focus on pertaining to emotional labour but this study will focus on four main themes and this will help the researcher to answer the main questions and fulfil the key objectives of this study. Firstly, the study seeks to understand the professionalisation of emotional labour and its gendered features, in the case of professional nurses. This study seeks secondly, to analyse the interpersonal characteristics of emotional labour by understanding how professional nurses who work in the environment of people who have two infectious diseases (HIV/AIDS, TB and COVID-19), manage their emotions. Thirdly, this study seeks to identify the institutional sources of nurses' emotional labour – in this regard, this study will seek answers to determine whether professional nurses are given enough useful resources to cope with their work. Lastly, this study

seeks to determine whether nurses are given enough and necessary support and training to enhance their capabilities so that they can perform their job. The authors emphasise the high workload, scarce resources and limited opportunities for career advancement which have severe ramifications on the sustainability of the nursing profession. Despite these quandaries bedevilling professional nurses, they are obligated to express optimistic socially acceptable synthetic displays of emotions, as part of their roles (Beukes and Botha, 2013).

In general, nurses' work is characterised by caring roles through their skills involvement and recognising their workplace setting and emotions of everyone in their space. Riley and Marjorie (2015) argue that nurses are expected to manage the emotions of others. This includes all people they are providing their services to, such as patients, relatives and friends. Their main argument is that nurses should release the involvement of emotional labour by recognising and valuing it. They concluded by indicating that continued support and management should always be in place to enhance nurses' capability to cope immensely with fluctuating demands of their job. In contrast, in any organisational environment, employees should remember to modify their emotions. This was first extracted from Hochschild's (1983, 2003) book where she emphasis that employers expect employees to feel and act in a manner which is per organisational demand. Her emphasis therein is that individuals should acknowledge their feelings and they should remember that everything which is communicated has adverse influence in many ways that are socially constructed. She called these "feeling rules" which direct any behaviour displayed in any social context.

### 1.2.6 HIV and AIDS epidemic diseases in South Africa

The HIV/AIDS epidemic in South Africa represents one of the most significant public health challenges in the country. As of 2023, South Africa has the largest population of people living with HIV (PLHIV) globally, with approximately 7.5 million individuals affected (AIDSinfo, 2024). Despite notable advancements in managing the epidemic, it remains a pressing issue, deeply intertwined with social, economic, and healthcare inequalities. HIV prevalence in South Africa is exceptionally high, with around 19.5% of adults aged 15 to 49 living with the virus (AIDSinfo, 2024). The epidemic disproportionately impacts specific groups, including women, young people, sex workers, and men who have sex with men (MSM). Women are particularly affected, with young women aged 15 to 24 being three times more likely to contract HIV than their male peers, largely due to socio-economic vulnerabilities and gender-based violence (Singh, Prasad, Balasubramanian, and Gupta, 2020).

The co-epidemic of TB further complicates the HIV crisis, as TB is the leading cause of death among individuals living with HIV in South Africa (Ticha et al., 2022). HIV weakens the immune system, making patients more susceptible to opportunistic infections like TB, which complicates treatment and disease management. The WHO

(2005) noted in 2005 that South Africa had reported AIDS as the largest cause of death in the country at the time. However, there has been a drastic change in mortality as people started understanding the importance of taking ARVs in recent years. This dated back from early 2000s until 2008 where many scholars embarked on different researchers and campaigns across the country to educate people about the disease. There are moral matters associated with HIV and AIDS as infectious diseases. According to Relf, Laverreire, Devlin, Salerno (2009), matters to do with these infectious diseases are complex and have plethora of challenges which includes stigma, lack of basic knowledge pertaining the transmission issues as well as fear. The authors argue that there is code of ethics that guide and are principles that guide nurses when discharging duties at work. Even though code of ethics had been issued and it is the responsibility of every nurse to ensure patients' confidentiality, informed consent in cases where researchers may need information regarding the patients and their illnesses. However, at that time the authors noted that people still felt that their information was inappropriately handled and that they still had a belief that nurses disclose their information regarding their illness without their consent. In this regard, Relf et al. (2009) concluded that based on the findings, ethical principles guiding professional nurses about HIV and AIDS epidemic still need guided experiences to enable de-stigmatisation and allow ethical procedures of nursing to function well in their practice by educating their patients on ethical issues.

Following the prevalence of HIV/AIDS in South Africa between 2009 to 2013, there was an argument that HIV/AIDS contributes to massive impact on many healthcare facilities in Sub- Saharan Africa, triggering higher workloads and increased stress level among healthcare workers (Delobelle, Rawlinson, Ntuli, Malatsi, Decock, Depoorter, 2009). The researchers therefore concluded that it is of paramount importance to hold training on both rural and urban staff nurses to advocate for wider application for universal protection against contagion of the disease as well as postexposure availability and both private and public hospitals in Southern Africa (Delobelle et al., 2009).

In recent years, things started changing and nurses had slightly different attitudes towards helping HIV/AIDS and TB patients around this period (Smith, 2005). As the topic and awareness of HIV/AIDS through campaigns became popular, nurses' fears and frustrations were put to ease. They further argued that sympathy towards patients with HIV/AIDS also improved due to this awareness. After 2010, a study by Heunis, Wouters, Kigozi, Engelbrecht, Tsibolane, Van der Merwe and Motlhanke (2011) also proved that nurses were almost losing contagion fear as many of professional nurses attended Aids-specific workshops and they were mostly fully aware of necessary precautions for preventing the risks of the HIV transmission occupationally. Around the 2020s and after, the results are seen on HIV/AIDS education as more and more nurses reported knowledge that help to remove the HIV contagion fear which was almost non-existent among healthcare workers (Tieney, 1995). Delobelle et

al., (2009) concluded that the state of knowledge and education, training and its impact among nurses was tremendous at that period and the same pattern was seen in other developing countries. The authors concluded that there was a great consideration of nurses' views of the fight against patients and stigma, and discrimination when helping HIV/AIDS patients. Sissolak, Marias and Mehtar (2011) argue that South Africa is categorised as one of the countries with the highest co-infection of TB/HIV as these are growing multidrug-resistant. The authors however noted that hospitals play a vital role in managing the transmission of both TB and HIV. Their study concluded that many nurses expressed their great concern of possible transmission risk to both nurses and staff. The study 's results showed increasing potential transmission from staff, who stated that they have adequate TB training, and Personal Protective equipment (PPEs) in their working place. They argued that this helps them to reduce TB/HIV transmission concerns and reduce fear which could lead to possible stigma towards patients.

In essence, the HIV/AIDS epidemic in South Africa remains a formidable challenge, deeply rooted in social and structural inequities. However, the country's robust ART programme, prevention strategies, and policy frameworks have transformed the epidemic's trajectory. Sustained investment, innovative approaches, and a focus on equity are essential to achieving long- term success and ensuring that the gains made in combating HIV/AIDS are not only maintained but expanded.

### 1.2.7 Emotional labour and synergistic epidemic diseases (HIV/AIDS TB and COVID-19)

In the context of this study, synergistic diseases refer to co-occurring or overlapping infectious conditions that collectively intensify the clinical and emotional burden on healthcare providers, particularly professional nurses. Traditionally, the term has been applied to the intersection of HIV/AIDS and tuberculosis (TB), given their biological interaction and the social determinants that fuel both epidemics in South Africa. However, the emergence of COVID-19 has added a new layer of complexity, both medically and psychosocially. Although distinct in pathology, COVID-19 shares commonalities with HIV/AIDS and TB in terms of its widespread public health impact, associated stigma, high mortality risk, and the emotional toll on frontline healthcare workers. As such, this study conceptualizes COVID-19 not as an isolated phenomenon but as a third component within the broader framework of synergistic epidemic diseases. This inclusive definition recognizes the compounded emotional labour required of nurses who manage patients affected by one or more of these interrelated conditions, often within resource-constrained and emotionally taxing healthcare settings.

The emotional labour required of healthcare professionals in South Africa, especially nurses, is significantly influenced by the epidemic of HIV/AIDS, TB and COVID-19. These interconnected diseases, which

disproportionately impact the South African population, pose unique challenges to the healthcare system and the emotional wellbeing of those providing care (Baluku et al., 2023). This part examines the relationship between emotional labour and the HIV/TB syndemic in South Africa, focusing on the demands placed on healthcare workers, the socio-cultural factors that intensify these challenges, and potential strategies for alleviating their effects. In South Africa, HIV/AIDS and TB are closely linked, forming what is often referred to as a synergistic epidemic or syndemic (Bhatt, Syed and Singh, 2023). TB is the leading cause of death among people living with HIV (PLHIV), as the compromised immune systems of those with HIV make them more vulnerable to TB. With an estimated 7.5 million individuals living with HIV, South Africa has one of the highest rates of HIV prevalence in the world, alongside a significant TB burden that particularly affects rural and underserved communities (AIDSinfo, 2024). The syndemic nature of these diseases complicates clinical management and heightens the psychosocial and emotional challenges faced by healthcare workers, particularly nurses, who are often the primary point of contact for patients.

Emotional labour, as defined by Hochschild (1983), involves managing one's emotions to meet the emotional and relational demands of a professional role. For nurses caring for patients with HIV/AIDS and TB, this often means providing compassionate care amidst stigma, high mortality rates, and resource limitations. Nurses frequently engage in surface acting, suppressing their own emotions to maintain a calm and empathetic demeanour, even when they experience frustration, grief, or burnout (Cline, Roberts, Werlau, Hauser, and Smith-Miller, 2022). This emotional regulation is particularly challenging in the context of HIV/AIDS and TB care, as nurses often develop long-term relationships with patients, witness the progression of their illnesses, and manage the psychological impacts of stigma and discrimination faced by their patients (Kumar and Jin, 2022).

Stigma surrounding HIV/AIDS and TB remains widespread in South Africa, further exacerbating the emotional strain on healthcare workers. Patients with these conditions often encounter social isolation, discrimination and shame, which can discourage them from seeking timely treatment (Craig, Daftary, Engel, O'driscoll, and Ioannaki, 2017). Nurses must navigate these socio-cultural dynamics while providing a supportive and non-judgmental approach to patient care. This dual role of caregiver and advocate increases the emotional burden on nurses as they also confront societal biases and work to uphold their patients' dignity and rights (Clarke, Rees, Breen and Heritage, 2023). Literature on emotional labour and professional nurses has focused on their adaptation and resilience. Delgado, Upton, Ranse, Furness and Foster (2017) maintain that the emotional labour of professional nurses requires the management of their emotional demands and building resilience in mitigating their stress levels. Literature provided by Hart, Brannan and De Chesnay (2014) and McDonald, Jackson, Wilkes

and Vickers (2013) concur that this resilience can be identified as an individual measurement that supports nurses to cope with workplace demands. As such, building nurses' resilience develops their wellbeing at work and strengthens their capacity to address a plethora of issues affecting them (McDonald, Jackson, Vickers and Wilkes, 2016; Sorensen and Ledema, 2009).

Sorensen and Ledema (2009) opines that professional nurses are not only supported by workplace structures but their families as well. The authors argue that professional nurses are often supported by families and their grief is recognised when they display emotions, such as crying. Such lines of thought find complimentarily in McCreight (2005), Stayt (2009) and Cricco-Lizza (2014) who argue that nursing work is related to emotional labour in caring and displaying of emotions following breaking bad news and feeling unprepared for the task. Grandey, Diefendorff and Rupp (2013) indicate that workers perform diligently following their prescribed roles, guided by the principles of their profession. Reddy, Sandfort and Rispel (2015) dispute that researchers tend to avoid areas of scholarly debates on HIV/AIDS and TB. The authors advocate for researchers to become actively involved in policymaking, advocacy as well as community engagement, to advance and develop scholarship in the field of emotional labour. The key objective herein is to recognise the need for a distinct clinical intervention to support health professionals and patients.

Churchyard, Mametja, Mvusi, Ndjek, Hesseling, Reid and Babatunde (2014) maintain that TB remains one of the key universal health threats. South Africa is amongst the worst affected by HIV/AIDS and TB. Churchyard et al. (2014) contend that it must be acknowledged that South Africa has adequate resources to counteract TB transmission rates to HIV/AIDS-positive patients. Patients who are HIV/AIDS positive are not always affected with TB. However, the two diseases are infectious, and it remains imperative to explore whether nurses have recognised the role of emotional labour, its challenges, and unique problems associated with executing professional duties in patient care delivery connected to patients who have these two diseases. The comprehensive understanding of mechanisms and coping strategies employed to counteract the impact of emotional labour was investigated in this study.

Conclusively, several measures in the health system regarding the work of nurses who help HIV/AIDS, TB and COVID-19 patients in hospitals in South Africa have been contextualised in different dimensions such as possible risk factors, fear of contagion of these diseases as well discrimination and stigma however, there is dearth literature on emotional labour of nurses working with these synergistic epidemic disease patients and thus this study is worth conducting.

## 1.3 Problem Statement

Professional nurses working with patients affected by synergistic diseases specifically HIV/AIDS, tuberculosis (TB), and COVID-19 are routinely exposed to emotionally demanding situations that require sustained psychological resilience and compassion. These overlapping epidemics not only pose clinical challenges but also heighten the emotional labour required of nurses, who must suppress or manage their own emotions to provide empathetic, non-judgmental care in high-pressure environments. While emotional labour is a critical component of nursing practice, it is often unrecognised in institutional structures, under-researched in academic literature, and inadequately addressed in workplace policies.

In the South African context, where the burden of HIV/AIDS and TB has long strained healthcare systems, the onset of COVID-19 has further intensified the emotional and ethical complexities of care. Nurses in private hospitals are expected to maintain high standards of professionalism and emotional control, even as they contend with patient suffering, high mortality rates, stigma, and fear of infection. This sustained emotional burden can lead to burnout, affect family life, and compromise the mental wellbeing of nurses.

Despite its relevance, emotional labour remains a marginal theme in research on the professional experiences of nurses dealing with synergistic diseases. Existing studies often focus on clinical outcomes or system-level inefficiencies, overlooking the personal and emotional realities of care providers. The emotional labour required to manage their own feelings while offering empathy and support to patients is often overlooked, yet it is a crucial aspect of their role (Boudjalis, 2022). Despite the vital contributions of nurses in alleviating the burden of HIV/AIDS, TB and COVID-19, there is limited understanding of how emotional labour affects their mental health, job satisfaction, and professional effectiveness (Fouquereau, Morin, Lapointe, Mokounkolo, and Gillet, 2019). Additionally, the socio-cultural stigma surrounding these diseases, combined with systemic challenges such as understaffing, inadequate resources, and heavy patient loads, intensifies the emotional and psychological strain on nurses (Craig et al., 2017). This lack of knowledge hinders efforts to support healthcare workers, address burnout, and maintain high-quality care.

This study aims to investigate the emotional labour experienced by nurses caring for HIV/AIDS, TB and COVID -19 patients in South Africa. It seeks to understand the psychological challenges they encounter, the coping strategies they employ and the broader systemic and societal factors that shape their experiences. Professional nurses play a central role in patient care augmenting South Africa's private healthcare system. However, Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Laschinger, and North (2012) reported that professional

nurses in South Africa have the highest attrition rates compared to other professions. The authors reported that the current policies do not address the psychosocial stresses among South African nurses and therefore many nurses leave their jobs immediately after starting, for better prospects in other parts of the world. Beukes and Botha (2013) as well as Noon, Blyton, and Morrell (2013), echo the noble profession of nursing alongside its complexities and demands. The authors emphasise the high workload, scarce resources and limited opportunities for career advancement which have severe ramifications on the sustainability of the nursing profession. Despite these quandaries bedevilling professional nurses, they are obligated to express optimistic socially acceptable synthetic displays of emotions, as part of their roles (Beukes and Botha, 2013). In different occupations, employees can mobilise the job resources to buffer the impacts of job demands but this is not the case in nurse's work in South Africa. As expected in the environment where nurses work, nurses are expected to include individuals utilising resided resources to enhance care and healing and professional nursing staff should know how to do teamwork and advance their team levels with all the possible effective interaction with others however, this depends on the hospital which they work for. Schaufeli and Taris (2014) argued that the occupation of nursing is popularly known to display undesirable reflection of team resource. They highlighted that such oversight shows that nurses need workshops and more training about teamwork.

Breier (2009) argues that South Africa has been working hard to enhance the nursing profession to upgrade the quality standards of care. The author highlights that the South African Department of Health initiated a programme called Batho Pele (people first) to change and adopt useful measures to persuade Caring Staff in hospitals to work harder. This initiative played a great role in stimulating existing approaches in the health department such as the white paper on public service (1997), which introduced an approach that pressurised professions like nursing to adopt attitudes, behaviour as well as procedures that re-oriented good service delivery in the patient's favour. From the above sentiments, the author stresses that the image of South African nurses has changed drastically, especially because of incidents that include the abuse of patients and the shortages of nursing throughout the different hospitals (both private and public) in South Africa. Churchyard et al. (2014) maintains that TB remains one of the key universal health threats. South Africa is amongst the worst affected by HIV/AIDS and TB. Churchyard et al. (2014) contend that it must be acknowledged that South Africa has adequate resources to counteract TB transmission rates to HIV/AIDS-positive patients. Patients who are HIV/AIDS positive are not always affected by TB. It remains imperative to explore whether nurses have recognised the role of emotional labour, its challenges, and unique problems associated with executing professional duties in patient care delivery. The comprehensive understanding of mechanisms and coping strategies employed to counteract the impact of emotional labour will be investigated by this study. According to Ndirangu, Sarki, Mbekenga and Edwards (2021),

the image of nurses has been a great concern and has resulted in adverse impacts on this profession. The authors noted several reasons related to the image of nurses and the way such image affects the outcome of their work in patients' care.

Many factors are notably the result of not having the autonomy to undertake decision-making in the healthcare facilities they work at. The factors include bullying done by other nurses, hostile work environments which lacks skills for good management and motivation for work, bad behaviour and treatment of patients, family members to nurses and thus affecting patient care and bad performance when discharging their duties. There is a popular believe that working conditions at private hospitals are more favourable than in public hospitals, however, workers are still faced with increasing demands as the hospital management is always aiming for profit maximisation (Govindsamy, 2018). These however follows a lot of negative consequences of emotional labour which includes family conflicts, strains of mental and physical power which result to marital problems, emotional strain as well as many clinical mistakes when employees are discharging their duties (Tay, Earnest, Tan and MingNg, 2014). The statement concurs with Khamisa's (2019) statement, which indicates that South African nurses experience high burnout as compared to Africa's other developing countries. All in all, for nurses to balance their professional work and outside life, they should provide a great performance and ensure that the population is not suffering.

Conclusively, Sorsdahl, Petersen, Myers, Zingela, Lund and van der Westhuizen (2023) argue that there is still a large gap in the need for care specifically in mental health and infectious disease's related illnesses. They highlight those other factors such as poverty, substance use as well as poor childhood experiences, that have an adverse burden in health conditions and increase nurses' burden in the healthcare system which directly relates to the need for this study. This study addresses this gap by examining the lived experiences of nurses at a private hospital in Durban, focusing specifically on how emotional labour shapes their professional, personal, and familial lives, and what coping mechanisms and institutional supports are necessary to sustain their wellbeing.

### 1.4 Research Questions

The research objectives and questions were formulated to help the researcher to address the perceived knowledge within the area of nursing as a field of study specifically, the researcher aimed at understanding the emotional demands of professional nurses' work, their coping mechanisms as well as the strategies and systematic support they need to cope with their emotional labour. This was crucial to unpack the knowledge investigation so the following specific objectives and questions were formulated to gain the precise answers on this specific topic of

study:

i. How do professional nurses experience and navigate the emotional labour involved in caring for patients with synergistic diseases (HIV/AIDS, TB, and COVID-19) at a private hospital in Durban, South Africa?
ii. What strategies and systemic support enable professional nurses to manage the impact of emotional labour on their professional practice, personal wellbeing, and familial life?

**1.5 Research Objectives**

i. To explore the daily lived experiences of professional nurses as they perform emotional labour while caring for patients with synergistic diseases.
ii. To identify the coping mechanisms and emotional management strategies employed by nurses in the clinical setting.
iii. To examine the familial and personal implications of sustained emotional labour among professional nurses.
iv. To assess the institutional and policy-related needs identified by nurses for improving their emotional wellbeing and work environment.
v. To contribute to the development of contextualised interventions and policies aimed at supporting the emotional resilience of nurses.

**1.6 Significance of the Study**

In South Africa, two main healthcare systems characterise the healthcare institution. The first one being the public sector where citizens get cheaper access to healthcare services and there is also a subsidy provided to the unemployed persons who cannot pay for themselves (Wissing, 2013). The authors also articulate that the majority of the people in South Africa are served by the public sector. Certain communities are left with no choice but to tolerate the long ques where they have to wait long hours to receive healthcare services. They added that this sector is characterised by staff attitudes that are poor and sometimes lack of thorough examination by the Doctors as patients sometimes do not get to meet them. This is seen in public clinics where Doctors only come on certain days and attend on only few specific patients as determined by the clinic management.

On the other hand, there is a private sector which mostly make people pay more as their clients and the private sector is accessible to people who use medical aids or insurances. As a result, this study seeks to understand the professional nurses whose scope of work targets and caters for those private clients. It seeks to understand their compassion and competence for the ability to identify key elements that the profession requires to deliver effective

care. The study extends its scope to understand the professional nurse's performance in providing the service work to the patients, friends and family members who interact with them during the service, and it seeks to understand what they go through in regards to both physical and emotional labour.

This study explored different techniques and mechanisms that nurses employ when talking and consulting with patients and their families. Moreover, the aim to understand how nurses adopt specific emotional exhibits to assure organisational leaders that they are performing their professional duties within the prescribed guidelines. The exploration of nursing feedback and reporting concerning job satisfaction is significant in the exploration of emotional labour (Gray, 2009). The examination of the adverse impact of emotional labour and the long-term consequences on the emotional wellbeing of nurses is significant to this study. Nurses' understanding of the concept of emotional labour and their association with their professional commitment when discharging their responsibilities. This study is significant as it addresses a crucial yet underexplored aspect of healthcare in South Africa: the emotional labour of professional nurses caring for patients with synergistic epidemic diseases, particularly HIV/AIDS and TB. These diseases continue to pose a substantial public health burden, and the emotional, psychological, and professional toll on nurses at the forefront of care is immense. Understanding and addressing these challenges are essential for the sustainability and effectiveness of healthcare delivery in the country. While much research has focused on the clinical management of HIV/AIDS and TB, there has been limited exploration of the emotional and psychological challenges faced by nurses who care for the patients who suffer from HIV/AIDS and TB.

This study aims to fill this gap by examining how emotional labour influences nurses' mental health, job satisfaction, and caregiving effectiveness. It emphasises the intersection of healthcare provision and emotional wellbeing – an area often overlooked in public health discussions. The findings from this study will offer valuable insights into the emotional and psychological needs of nurses, informing the development of targeted support systems such as mental health resources, peer-support programmes and training in emotional regulation. These initiatives can help mitigate burnout and enhance resilience among nurses. By understanding the impact of emotional labour on nurses, healthcare organisations can implement strategies to create more supportive work environments. This, in turn, will improve nurses' ability to provide compassionate, high-quality care to patients. Addressing nurses' wellbeing is crucial for maintaining a healthier, more empathetic workforce capable of sustaining long- term caregiving relationships critical for managing chronic diseases like HIV and TB. Additionally, the study's findings can guide policymakers in designing and implementing interventions that address systemic issues exacerbating emotional labour, such as understaffing, limited resources, and stigma.

Evidence-based policies can ensure that the healthcare system better supports its workers, ultimately improving outcomes for both patients and caregivers. The study also holds societal implications by highlighting how stigma surrounding HIV/AIDS and TB affects both patients and nurses. This can inform awareness campaigns and educational programmes aimed at reducing stigma, fostering a supportive healthcare environment, and promoting more empathetic societal attitudes. Given the global relevance of HIV/AIDS and TB, especially in resource-limited settings, the findings of this study can contribute to the broader understanding of emotional labour in healthcare. Insights gained from the South African context may inform strategies in other countries facing similar challenges. Furthermore, by amplifying the voices of nurses, the study recognises their vital role in managing epidemic diseases, which can empower them, boost morale, and foster a sense of professional pride essential for retaining a workforce in such a demanding field.

### 1.7 Structure of the Dissertation

The study has nine chapters and the comprehensible structure is set out as follows: Chapter One provides background and explanation of the experience of emotional labour. It correspondingly presents the outline and objectives of the area of research. Specifically, offering a unique understanding of the research problem, It also discussed problem statement which concisely describe the main challenges of the emotional labour of nurses, the gap that is existing in the health sector in relation to nurses' work and the desired goals of this study, furthermore, the significance of the study is discussed which outlines the broader themes concentrating on the knowledge creation that provides the impetus of this study and lastly, this chapter provided the structure of the whole dissertation. Chapter Two provides the context of the research. It analyses existing literature, categorising various ranges and identifies limitations from preceding and contemporary research concurrently specifying an indispensable deliberation of understanding the effects of the emotional labour of professional nurses working with infectious disease patients in the South African context. Chapter Three essentially concerns the theoretical framework of emotional labour and professional nurses at a private hospital. Specifically, reconnoitring cognitive-motivational- relational theory by Lazurus (1991) and Goffman's (1949) dramaturgical theory.

Chapter Four presents the distinctive phases of the study, and the research paradigm is discussed, the chapter further outlines qualitative research design owing its features which best describe people's actions. The chapter also includes a brief description of the research site where data was collected, credibility and reflexivity of the study is discussed as well as ethical considerations that were considered during data collection and lastly, the

chapter ends by discussing the challenges encountered during data collection and how the researcher overcame the challenges. Chapter Five discusses the overview of the lived experiences of professional nurses in relation to patient care. Chapter Six presents challenges and unfavourable conditions that nurses encounter at work and the last part of the chapter indicates some of the mechanisms they adopted to cope with the demands of their emotional labour. Chapter Seven also provides an analysis of the research results and presents final rationalisations on the fundamental themes of the study specifically, the emotional component of professional nursing in epidemic disease care. Chapter Eight provides an analysis of emotional labour of professional nurses. Mainly, the key aspects which constitute the way nurses behave at work and the acts of managing their emotions at work as they interact with different people. Chapter Nine provides conclusions and recommendations of the study. It also provides a summary of the key findings from all the analysis chapters and it also discusses the contribution of this study. Lastly, the recommendations of this study are provided in two folds; how the conditions of the nurses can be improved by both the hospital management and the Department of Health and the last recommendations are for future research.

## 1.8 Conclusion

This chapter provided an introduction about emotional labour of nursing as a career, it was followed by the background of the study which gave an overview of private and public hospitals in South Africa, followed by the unfavorable conditions that nurses face daily as they discharge their duties as well as understanding the two elements of emotional labour, namely, surface and deep acting. Moreover, the understanding of nurses' who work for HIV/AIDS, TB and COVID-19 patients was discussed. The chapter presented the significance of the study, problem statement, research objective and questions. The last part of the chapter provided the structure for the whole thesis.

# CHAPTER TWO:
# LITERATURE REVIEW

## 2.1 Introduction

This chapter critically reviews the literature on emotional labour within the nursing profession, focusing specifically on nurses caring for patients with synergistic epidemic diseases such as HIV/AIDS, Tuberculosis (TB), and COVID-19 in South Africa. While emotional labour is vital in nursing, it is often overlooked as a legitimate form of professional work. The chapter is organised thematically to ensure a coherent flow of ideas and to clearly situate the current study within the wider research context. It begins by establishing the theoretical and conceptual foundations of emotional labour, then explores its specific manifestations in nursing, discusses its consequences, and examines the gendered and racial dimensions, sectoral differences in the South African healthcare system, and concludes with coping strategies and support mechanisms.

## 2.2 Emotional labour: A history

Emotions are ubiquitous among humans and often expressed during social interactions through communicative expressions and behaviours. Emotional labour is a concept that has evolved over time, rooted in the understanding of the management of emotions in professional settings (Morris and Feldman, 1996). The concept first emerged in sociology and the term "emotional labour" was first introduced by the American sociologist Arlie Russell Hochschild (1983). Emotional labour has been defined and understood by authors in various ways. However, the central theme of the concept related to controlling and managing emotions with others as part of a work role. In her early work, Hochschild (1983) uses the example of flight attendants to illustrate the concept where she describes that as part of their job performance, flight attendants are required to display certain emotions such as being welcoming, cheerful, patient, and always convey a sense of safety. Specifically, Hochschild (1983) associates emotional labour with the jobs that require employees to have, firstly, face-to-face, or voice-to-voice contacts with the public, secondly, whose jobs require them to produce an emotional state in another person because of their interactions and thirdly, to tolerate others' supervision and control over their emotional activities through training, policy, and supervision. In line with this description, emotional labour can be defined as the process of managing one's own emotions, sensing the emotions of others, and using that knowledge to respond appropriately, based on one's job (Cherniss and Goleman, 2001).

### 2.2.1 Conceptualising emotional labour

Emotional labour is the 'emotional' effort that an individual must apply to get a specific job done. Hochschild

(1983) explains that there are emotional rules, which may include both feeling rules and expression rules, within our societies. The feeling rules specify the appropriate feeling in each given social setting, including work settings. On the other hand, the expression rules are the guidance of one's overt expression and display of the appropriate feeling in the given social setting. It has been argued that emotional labour is considered to be more about observable behaviours than the internal management of emotions (Ashforth and Humphrey, 1993). Therefore, social actors (who may also be employees) need to adjust their emotions and emotional displays following the rules required in that social situation. Failure to do so, will result in labelling as emotional deviants (Thoits, 1990). As such, to avoid becoming emotional deviants, one must try to change and manage one's emotions and emotional display appropriately. In some instances, this performance requires workers to suppress their private undesirable feelings, to show desirable work-related emotion. Suppressing or managing one's own feelings requires effort, which is the capacity to exert emotional labour. Emotional labour is typically associated with jobs that involve regular interaction with others, particularly where the worker's role is to maintain emotional control while interacting with clients, patients, or customers (Biron and Van Veldhoven, 2012). It is most discussed in service-oriented roles such as nursing, teaching, social work, customer service, and hospitality, where employees are required to show empathy, warmth, or happiness regardless of their personal feelings (Bhave and Glomb, 2016).

In the nursing profession, for instance, emotional labour is essential as nurses often work with vulnerable patients in emotionally charged environments. They are expected to maintain professionalism and exhibit emotional responses such as empathy, compassion, and care, even when dealing with stressful, traumatic or life-threatening situations (Clarke et al., 2023). The emotional demands on nurses are particularly high in settings such as hospitals as they must deal with patients who suffer from infectious diseases and who may experience fear, uncertainty, and grief arising therefrom. Conceptualising emotional labour through both surface acting and deep acting highlights the complexity of managing emotions in the workplace, particularly in professions that involve caring for others (Funk, Peters and Roger, 2017). While emotional labour is a necessary and often rewarding part of professions like nursing, it is also emotionally taxing and can lead to significant psychological challenges such as burnout, compassion fatigue and emotional exhaustion (Choi and Kim, 2015). A deeper understanding of emotional labour helps in recognising the importance of supporting workers emotionally, ensuring that their wellbeing is prioritised alongside their professional duties.

### 2.2.2 A two-pronged approach to emotional labour

Building on the above presentation, emotional labour has been conceptualised into two distinct veins: job-focused and employee-focused. Job-focused emotional labour relates to the frequency, intensity, and expectations associated with the performance of emotions on the job (Brotheridge and Grandey, 2002; Kwon et al., 2021). Job-

focused approach focuses on the characteristics of the relevant job and includes emotional demands from the occupation such as frequency of interactions with customers, the variety and intensity of emotional expressions, duration of interpersonal interactions and perceived displayed rules (Fu, 2015). Job-focused approach indicates the presence of emotional labour in one's job. Specific jobs particularly those in the service industry are emotionally laden compared to other occupations. Organisations providing services to clients' desire to standardise the emotional expressions of employees to provide and maintain customer satisfaction. As such, display rules are expected part of employee performance, which involve showing and hiding emotions. For example, when applied to healthcare workers in general, job- focused emotional labour is influenced by long working shifts, the frequency of patient appointments, and the severity of patients' illness and the intensity of topics tackled during interactions with patients and their families. Job-focused emotional labour dimensions of frequency of interactions and intensity of expressions are positively related to emotional exhaustion and depersonalisation (Tepeci and Pala, 2016). This is because in contexts demanding a high level of job-focused emotional labour, employees show positive emotions and hide negative emotions at work to meet the expected standards of their roles.

Whereas job-focused emotional labour relates to occupational expectations within an organisation, employee-focused emotional labour is specific to each employee and emphasises an employee's emotion management processes (Brotheridge and Grandey, 2002; Kwon et al., 2021). Employee- focused emotional labour entails individualised and active management of work emotions whereby employees manage their emotions to fulfil their professional responsibilities. This concept typically involves employees controlling their emotions to meet organisational expectations, often to improve customer service or maintain a professional atmosphere. This act of emotion management is called emotion work and is achieved through two mechanisms, surface acting and deep acting (Hochschild, 1983).

Over time, scholars have conceptualised emotional labour in various ways, leading to the emergence of two distinct perspectives in literature: job-focused and employee-focused emotional labour (Kwon et al., 2021). These perspectives enhance our understanding of how emotional labour affects both job performance and the individual carrying it out, each emphasising different aspects and implications for organisational outcomes and employee wellbeing (Tepeci and Pala, 2016). In the nursing context, both job-focused and employee-focused dimensions are essential. For instance, a nurse may need to exhibit empathy and positivity towards a patient (job-focused), which can become emotionally taxing if it conflicts with the nurse's genuine feelings (employee- focused) (Kwon et al., 2021). This emotional dissonance can lead to burnout, emotional exhaustion, and reduced job satisfaction, ultimately affecting the nurse's capacity to provide quality care in the future. For healthcare organisations,

recognising the distinction between job- focused and employee-focused emotional labour is crucial for fostering an environment that meets job demands while supporting employees' emotional health (Delgado et al., 2017). By providing appropriate tools, resources, and emotional support, organisations can help balance the external emotional pressures with the internal emotional needs of nurses, thereby mitigating negative outcomes such as burnout and compassion fatigue. Both job-focused and employee-focused emotional labour are vital for understanding the emotional experiences of nurses, especially in challenging and emotionally charged settings like those caring for HIV/AIDS and TB patients in South Africa (Ahlberg, Hamed, Bradby, Moberg and Thapar-Björkert, 2022). Acknowledging the dual aspects of emotional labour can lead to more comprehensive strategies for supporting nurses, enhancing their job satisfaction, and addressing the emotional challenges of their work. It also underscores the necessity for healthcare organisations to provide support that considers both the external demands of the job and the emotional needs of their employees.

### 2.2.3 Surface acting

Surface acting involves fabricating or superficially changing expressed emotions through overt behaviours and appearance without changing one's internal emotions (Hochschild, 1983; Mann and Cowburn, 2005). For example, when an employee displays warm and friendly body language through facial expression, gestures, or voice tone, despite their internal anger or discomfort they are displaying surface acting. In surface acting the individual only adjusts his/her external emotional expression and hides their real feelings. In this case, individuals or employees pretend to feel with their outward expression of emotion although they do not, in reality, feel these emotions (Ashforth and Humphrey, 1993; Basim, Begenirbas and Can Yalcin, 2013). Lee and Brotheridge (2011) categorised the surface acting dimension into two separate forms including hiding emotions and faking emotions. Hiding emotions refers to efforts to suppress emotions that would not be acceptable according to the norms of a given context. Faking emotions, on the other hand, is the fabrication and presentation of emotions that are not experienced (Glomb and Tews, 2004). As will be explored further below, both surface acting and deep acting are intended to make one's emotional expression meet organisational requirements. However, the difference is that there is no substantial change in the feelings of individuals when they perform surface acting, while the inner feelings of individuals are consistent with the external emotions when they perform deep acting (Hochschild, 1983).

Surface acting an essential concept in emotional labour involves expressing emotions that do not reflect one's true feelings (Glomb and Tews, 2004). This process requires individuals to suppress or mask their genuine

emotions and instead display those deemed appropriate for their professional roles. In the context of this study, surface acting is a significant component of the emotional labour experienced by nurses caring for patients with HIV/AIDS and TB in South Africa (Basim et al., 2013). Nurses are expected to convey empathy, compassion and professionalism, even in difficult circumstances. For those managing HIV/AIDS and TB patients, this often entails maintaining a calm and supportive demeanour while dealing with emotional fatigue, frustration, or despair. Surface acting enables them to fulfil the emotional demands of their role, helping to create a sense of trust and safety for their patients, many of whom face stigma and marginalisation (Lee and Brotheridge, 2011). In South Africa, both HIV/AIDS and TB are heavily stigmatised, and nurses frequently encounter patients who experience shame, discrimination, and social isolation (Craig et al., 2017). In these situations, nurses may resort to surface acting to provide non-judgmental care, even when they themselves feel overwhelmed by societal attitudes toward these diseases. For instance, they might suppress feelings of frustration when patients delay seeking treatment due to stigma or when facing criticism from families or communities about their work.

A significant challenge of surface acting is the emotional dissonance it creates and the mismatch between expressed emotions and internal feelings. Over time, this dissonance can lead to psychological strain, contributing to stress and burnout (Cline et al., 2022). Nurses in resource- constrained environments, such as many areas in South Africa, are particularly susceptible, as they often work under immense pressure with high patient loads, limited resources, and systemic inefficiencies (Kumar and Jin, 2022). Engaging in surface acting under these conditions exacerbates the emotional toll, leaving nurses feeling unrecognised and unsupported in their professional and emotional efforts. While surface acting can help maintain professionalism and emotional composure, it may also have unintended consequences for patient care. Patients might sense the inauthenticity of emotional expressions, which could undermine the therapeutic relationship (Allande-Cusso et al., 2022). For those with HIV/AIDS and TB, who often require long-term care and emotional support, this can impact treatment adherence and overall outcomes. Thus, while surface acting serves as a necessary coping mechanism, it must be balanced with authentic emotional engagement to ensure effective caregiving. The socio-cultural context of South Africa adds another layer of complexity to surface acting in this study. Nurses may feel pressured to conform to cultural norms surrounding caregiving, which often emphasises selflessness and emotional resilience (Bhave and Glomb, 2016). In this context, surface acting may also be shaped by nurses' personal beliefs about HIV/AIDS and TB, as well as their own experiences with stigma and discrimination.

Therefore, surface acting is a central element of the emotional labour experienced by nurses caring for HIV/AIDS and TB patients in South Africa. While it allows them to meet their professional responsibilities, it also poses

risks to their mental health and wellbeing. Understanding its impact and addressing its challenges is crucial for sustaining the wellbeing and effectiveness of professionals like nurses.

### 2.2.4 Deep acting

Deep acting refers to the internal modification of genuinely felt emotions. In deep acting an employee or individual carries out a series of internal psychological activities and aligns their feelings with their outer expression (Hochschild, 2012). For example, modifying and internally reshaping one's anger into genuinely positive emotions. Deep acting involves an individual's efforts to try to actually feel those emotions that he/ she is required to feel because of the rules of behaviour. In deep acting, emotions are actively encouraged or shaped (Basim et al., 2013). This means that the individual tries to feel that behaviour. Hence, unlike surface acting, deep acting involves changing feelings from the inside out (Hochschild, 1993). To achieve deep acting, employees may use their training or past experiences to help invoke appropriate emotions or responses for a given scenario (Kruml and Geddes, 2000). The two strategies of deep acting and surface acting have a common ground in that they both are a kind of complementary emotional labour strategy that employees use when they cannot naturally express their emotion (Diefendorff, Croyleand and Gosserand, 2005). However, some scholars have argued that there is a third facet to emotional labour, genuine emotions. This facet involves displaying authentic emotions and naturally felt emotions, not relying upon acting or internalising the emotions (Ashforth and Humphrey, 1993).

Deep acting (a concept introduced by Arlie Hochschild in her framework on emotional labour) involves the genuine alignment of internal feelings with outward emotional expressions. Unlike surface acting, which involves simply masking emotions, deep acting requires individuals to actively modify their internal emotional state to authentically convey the emotions necessary for their roles (Ashforth and Humphrey, 1993). For nurses caring for patients with HIV/AIDS and TB in South Africa, deep acting is essential for navigating the complex emotional demands of their work. Nurses are expected to express empathy, compassion and patience, particularly when working with vulnerable populations affected by HIV/AIDS and TB. Deep acting enables nurses to cultivate genuine emotional connections with their patients, which is crucial for building trust and promoting treatment adherence (Allison, 1999). By genuinely feeling the empathy they project, nurses can provide more effective and meaningful care, leading to positive outcomes for patients who often face societal stigma and discrimination. Given the chronic nature of HIV/AIDS and TB, therapeutic relationships are typically long-term. Patients may require ongoing emotional and psychological support as they deal with the stigma and isolation associated with their conditions (Serpa and Ferreira, 2018). Deep acting allows nurses to authentically empathise with their

patients, fostering a sense of safety and acceptance that encourages open communication. This emotional authenticity can significantly enhance patient engagement and adherence to treatment plans.

Deep acting involves emotional regulation strategies that help nurses align their internal feelings with the emotional tone required by their professional roles. For example, nurses might consciously reframe challenging situations, viewing a difficult patient as someone in need of compassion rather than frustration. This intentional regulation of emotions can contribute to resilience by instilling a sense of purpose and fulfilment in their work, even amid systemic challenges such as high patient loads and resource limitations (Goffman, 1990). While deep acting can yield positive effects, it also presents challenges. The emotional investment required can be draining, especially for nurses in resource-limited settings who face high levels of stress and burnout. The ability to engage in deep acting may depend on personal factors such as emotional intelligence and the presence of professional support systems. Without adequate institutional backing, the emotional effort involved in deep acting can lead to compassion fatigue and emotional exhaustion over time. The stigma surrounding HIV/AIDS and TB in South Africa creates unique challenges for nurses. Deep acting enables nurses to address the biases and fears that patients may experience by fostering an environment of nonjudgmental care (Craig et al., 2017). For instance, nurses might actively seek to understand the socio-economic and cultural factors influencing a patient's health behaviours, cultivating genuine empathy rather than frustration. This emotional engagement not only benefits patients but also helps nurses find meaning and purpose in their roles, despite the stigma and discrimination they may encounter themselves.

Deep acting enhances the quality of care by enabling nurses to form authentic emotional connections with their patients. This is especially crucial for patients living with HIV/AIDS and TB, who often require more than just clinical intervention. Emotional support and understanding can empower patients to take charge of their health, adhere to treatment regimens, and overcome the psychological challenges associated with their diagnoses. The South African context adds complexity to the practice of deep acting. Cultural norms around caregiving often emphasise emotional self-sacrifice, which can motivate and strain nurses as they strive to connect genuinely with their patients (Atay, Sahin and Buzlu, 2021). Additionally, the high burden of HIV/AIDS and TB means that nurses frequently encounter emotionally charged situations, such as caring for terminally ill patients or addressing patients' social and economic hardships. Deep acting can help nurses navigate these situations with greater emotional resilience.

In summary, deep acting is a vital aspect of emotional labour for nurses working with HIV/AIDS and TB patients

in South Africa. It enables them to provide authentic, compassionate care that fosters trust and improves patient outcomes, particularly in the context of stigma and long-term care. However, the emotional demands of deep acting necessitate strong support systems to prevent burnout and promote emotional wellbeing.

### 2.2.5 Surface and deep acting vis-à-vis emotional management

Among employees, the right choice of emotional labour strategy can help reduce negative emotions and effectively meet emotional job demands. Scholars argue that surface acting results in negative emotional labour and deep-acting results in positive emotional labour (Ngcobo, Chiwawa and Wissink, 2022; Hochschild, 1983). Surface acting is closely associated with negative emotional labour because it involves the suppression of genuine emotions and the display of emotions that are not truly felt. This discrepancy between internal feelings and outward expressions can create a significant amount of psychological strain, leading to various negative outcomes such as work stress and emotional dissonance (Brotheridge and Lee, 2002; Grandey, 2000). Surface acting is linked to lower job satisfaction because the effort to manage emotions can detract from the overall enjoyment and fulfilment derived from work (Bhave and Glomb, 2016). Deep acting is associated with positive emotional labour because changing internal feelings to align with organisational expectations reduces the psychological strain associated with emotional dissonance. Employees internalise the emotions required by their roles, making the emotional labour feel more natural and less forced.

Emotional labour has also been understood from the Marxist perspective or through the lens of capitalist exploitation and the commodification of human emotions (Tsang, 2011). In a capitalist system, workers' emotions are commodified and become a part of the service they provide. Employees are required to display certain emotions as part of their job, which means their emotional expressions are bought and sold like any other commodity for profit. As such emotions have an economic value. In such a situation, employees are no longer able to exercise control over their emotions. The Marxist perspective suggests that emotional labour is the process of regulating the expression of emotions within the workplace to achieve organisational goals and the employee is paid for this labour (Choi and Kim, 2015). The regulation of emotions is also achieved through the two mechanisms of surface acting and deep acting (Grandey and Sayre, 2019). Emotional labour may involve various duties including regulating observable behaviour patterns and internal management of feelings performed while doing a job.

## 2.3 Relationship between Emotional Labour and Job Satisfaction

An individual's satisfaction with his/ her job is an important aspect of most organisations. Satisfied employees tend

to be more productive and committed to their employers, and studies have shown a positive association between health staff satisfaction and patient satisfaction in healthcare facilities (Janicijevic, Seke, Djokovic and Filipovic, 2013; Tzeng, Ketefian and Redman, 2002). Locke (1976:130) defines job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences". Schermerhorn (2000) provides a simpler definition of job satisfaction which is the degree to which one feels positive or negative about one's job. Thus, job satisfaction involves an attitude or emotional response to one's job and the related physical and social conditions of the workplace. Multiple factors can influence job satisfaction of a person, including emotional labour. Healthcare jobs that involve emotional labour are challenging, however, these jobs can also fulfil an employee's inner satisfaction. Surface acting and deep acting are two emotional labour strategies used to display appropriate emotions to align with organisational norms (Grandey 2000; Hochschild, 1983). When an employee engages in surface acting over an extended period, emotional dissonance arises. This induces the feeling of discomfort with the emotional labour and other maladjustments, such as job dissatisfaction (Chen, Sun, Lam, Hu, Huo and Zhong, 2012; Tracy 2005).

In contrast, employees who show real emotions in the work environment, have more intrinsic job satisfaction than those who often use surface acting (Sarraf, 2018). Because deep acting does not include high levels of cognitive dissonance, it can lead to good status and increased job satisfaction (Chen et al., 2012). In other words, when an employee successfully uses deep acting while interacting with clients, their internal feelings and expressed emotions are congruent, resulting in emotional harmony which may benefit their wellbeing and promote job satisfaction. Indeed, several studies have shown that deep acting leads to job satisfaction and feeling of accomplishment **(**Hsieh, Jin and Guy, 2012**;** Lee 2018). The challenges associated with emotional dissonance such as burnout and job dissatisfaction are less likely to be present when employees engage in deep acting.

Lee (2021) suggest that the use of emotional self-regulation is the best way to train employs to develop and sustain their ability to perform emotional labour successfully. This can be achieved by using two techniques: attention deployment and cognitive change, to those individuals who engage in deep acting to enable them to regulate their emotion (Grandey (2000). Organisational efforts to provide interventions that improve employees' ability to manage their emotions in interactions with clients might effectively reduce stress and burnout. In addition, programmes that aim to develop the emotional competence of employees might help them cope with emotional labour stress and burnout (Kim, 2020). In essence, the relationship between emotional labour and job satisfaction for nurses is complex and influenced by a variety of factors, including the nature of emotional labour (surface versus deep acting), the work environment, organisational support, and personal characteristics. While emotional labour can enhance job satisfaction when it is aligned with nurses' values and supported by the organisation, it can

also lead to job dissatisfaction when it results in emotional dissonance, burnout, or feelings of inadequacy. To enhance job satisfaction, healthcare organisations must recognise the emotional demands placed on nurses and provide the necessary support, resources, and recognition to mitigate the negative effects of emotional labour. By doing so, nurses are more likely to feel fulfilled in their roles, leading to improved patient care and a healthier work environment.

### 2.4 Emotional Labour among Healthcare Workers

The phenomenon of emotional labour is particularly relevant in service-oriented professions where employees are expected to display certain emotions to customers or clients, regardless of their true feelings. In contrast to physical-labour occupations such as construction work that require physical exertion, emotional-labour occupations require the employee to exert control over emotions, to create a friendly observable facial and bodily display that is sold for a wage (Hochschild, 1983). Additionally, Céleste et al. (2002) states that emotional labour for employees involved within the human service industry report greater duration, intensity, and a variety of emotional demands than employees in other fields. Emotional labour has been explored within several specific occupational contexts, including tourism, sales, media, and public administration (Barry, Olekalns and Rees, 2019; Hsieh et al., 2012; Hochschild, 1983; Shani, Uriely, Reichel and Ginsburg, 2014). Some scholars argue that emotional labour is also expected from teachers as a professional requirement since the teaching profession by nature is directly related to human beings (Tsang, 2011; Yılmaz at al., 2015). The amount of emotional labour that workers are expected to perform varies from context to context, with organisations stating specific type and valence of emotional states that workers are expected to display while on the job. Showing positive emotions such as smiling when serving customers is an explicit job requirement for most employees in the service-sector (Hochschild, 1983).

As a concept, emotional labour has been explored in the context of the relational aspects of work of front-line health service workers, who are trained to create a specific emotional experience for a customer. Mechinda and Patterson (2011) postulate that the management of emotions is pronounced in the healthcare context compared to other service industries, because of the proximity, frequency, and intensity of relationships between employees and customers. Furthermore, healthcare workers are employed in a complex, stressful, demanding, and sometimes hazardous work environment that affects outcomes for both organisational and individual levels (Kramer and Son, 2016). It is important to note that interactions in healthcare environments are inherently emotional and characterised by illness, death, fear, anxiety, and suffering (Riley and Weiss, 2016). Healthcare workers may also find themselves supporting patients' families through difficult times. Healthcare workers face significant stress

due to emotional demands, exposure to trauma, administrative burdens, and moral distress (Riedel, Kreh, Kulcar, Lieber and Juen, 2022). This working environment can lead to an increase in emotional labour.

Healthcare workers frequently encounter patients who are anxious, upset, and those who are in pain. As such they must manage their own emotions to provide comfort and support. Healthcare workers are often required to empathise with patients, understanding and sharing their feelings. This empathetic engagement helps build trust and rapport, which is crucial for patient care as it has been proved to be highly therapeutic for patients (Fry, MacGregor, Ruperto, Jarrett, Wheeler, Fong and Fetchet, 2013). However, continuously displaying empathy, especially in emotionally charged situations, can be draining. Patient interactions are a primary source of emotional labour for healthcare workers, involving continuous emotional regulation to provide compassionate and effective care (Fouquereau et al., 2019). Even when facing stressful or frustrating situations, healthcare workers must maintain a positive and professional demeanour. This includes offering reassurance, being patient, and showing kindness, even when feeling overwhelmed.

Patients as customers, are empowered to raise complaints about their service quality, thereby requiring healthcare providers to manage patients sympathetically, fairly, and consistently. In such settings healthcare providers should communicate to accommodate patients' emotions and manage their own emotions in an institutionally mandated manner (Whiley and Grandy, 2022). The characteristics and context of healthcare industry render emotional labour inevitable for healthcare professionals who are expected to smile and be compassionate regardless of personal emotions. The growth of healthcare sector has brought along competition in this sector. In the context of health systems, competition is likely to lead to provision of high-quality care (Barros, Brouwer, Thomson and Varkevisser, 2016). Quality of the healthcare service and patient satisfaction are possible with efforts of frontline healthcare workers who are constantly labouring to keep the patient satisfaction level high by using their emotions (Vogus and McClelland, 2016). One study among two hundred and fifty-three patients from health clinics in Canada and Australia found that a satisfying health interaction with healthcare practitioner involved being competent, demonstrating interest in the relationship with the patient through and expressing concern and care for the patient (Baker, Watson, Jamieson and Jamieson, 2021). The expression of positive emotions by healthcare workers is a crucial aspect of patient care and can significantly impact patient outcomes and satisfaction.

### 2.5 Emotional Labour among Nurses

Nurses are important healthcare workers. In the healthcare system, nursing personnel are the leading human resource that constitutes the most significant workforce and plays a vital role. It is widely accepted globally that

nurses play core functionalities in providing healthcare both in the hospital as well as in the community (Sharma, Kaushal, Pandey, Arora, Thiyagarajan and Bhattacharya, 2020). The history of nursing is a rich and complex story that predate the mid-19th century, highlighting the evolution of the profession from ancient times to the modern era. However, the history of professional nursing traditionally begins with Florence Nightingale, known as the founder of modern nursing, she established the first scientifically based nursing school (Egenes, 2017). The 19th century was marked by vigorous intellectual activity, the expansion of knowledge in the sciences and more effective use of modern technology (D'Antonio and Buhler-Wilkerson, 2024). These advances profoundly influenced both medicine and the burgeoning profession of nursing.

The definitions of nursing are dynamic and constantly evolving to meet new needs and take account of new knowledge. The International Council of Nurses and the American Nurses Association, two widely recognised organisations propose broadly accepted definitions of nursing. The American Nurses Association (1980) conceptualises nursing as an integral part of the healthcare system which encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all healthcare and other community settings. According to the International Council of Nurses (1987), the scope of nursing practice encompasses autonomous and collabourative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. These definitions allude to the diverse responsibilities of nurses. To highlight these various responsibilities a study developed a framework comprising seven domains representing nurses' responsibilities for healthcare quality which are management of the environment, promotion of safety, evidence-based practice, medical and technical competence, person centred care, positive interpersonal behaviours, and clinical leadership and governance (Oldland, Botti, Hutchinson and Redley, 2020).

Nursing is widely recognised as a highly stressful profession due to the demanding nature of the job and the emotional, physical, and mental challenges it entails (Najimi, Goudarzi and Sharifirad, 2012; Selye, 1976). Nurses often have high workload and work prolonged hours in an emotionally demanding setting (Altaş et al., 2024). Because of the nature of their work, nurses work closely with their patients and at times the relationship is characterised by tension and heightened emotions (Geiger-Brown and Lipscomb, 2010). They are exposed to intense emotional suffering and are often the target of patients' reactions, both friendly and hostile – resulting sometimes in stress (Hamama-Raz, Hamama, Pat-Horenczyk, Stokar, Zilberstein and Bron-Harlev, 2021). Work-related stress can damage nurses' physical and mental health and ultimately have a negative effect on job productivity by increasing stress levels. Extensive research has shown that stress and depression is prevalent among nurses (Elsayed, Hasan and Musleh, 2018) and job stress has a negative effect on the quality of life of

nurses (Babapour, Gahassab-Mozaffari and Fathnezhad- Kazemi, 2022). Additionally, high work stress is associated with low job performance (Al- Makhaita, Sabra and Hafez, 2014) and job satisfaction (Gadirzadeh, Adib-Hajbaghery and Abadi, 2017). Nurses face several workplaces hazards each day, including exposure to blood-borne pathogens and infections in the workplace (Prajwal, Kundury, and Sujay, 2020). These work hazards further pose a risk to nurses' health, wellbeing, and job performance.

Despite the stressful working environment and workplace hazards, nurses are expected to deliver their duties professional and with care to ensure the wellbeing of clients. The nurse–patient relationship has tended to be conceptualised as a caring interaction because the patient or their family need care and it is the nurse who provides that care (Allande-Cussó, Fernández-García and Porcel-Gálvez, 2022). Nursing and care are deeply interlinked, and care is an essential component of cure. The essence of nursing lies in its commitment to providing care that promotes health, alleviates suffering, and enhances the wellbeing of individuals, families, and communities. As such some researchers have described caring as central to nursing's role and a defining characteristic of nursing (Baggio and Erdmann, 2010; Boykin, 2001). Moreso, it is difficult to avoid attachments to patients, and to suppress emotions in healthcare work (Theodosius, 2012). One study among nurses in a healthcare facility in Canada found that some of the nurses in the study established more intimacy and emotional involvement with patients and their families, and these nurses found this emotional involvement to be both satisfying and emotionally exhausting (Funk et al., 2017). In nursing the professional must provide the client/family with a helping relationship of great emotional involvement. In providing services, nurses engage in emotional labour through various acts such as providing support, courtesy, friendliness, a sense of humour and patience (Vilelas and Diogo, 2014).

This aspect relates to the spirit of *Ubuntu* in the nursing profession. According to Gade (2012), *Ubuntu* is a Nguni word which generally means humanity and respectful treatment of others. This African word means advocacy for holistic care in community. In nursing, care comprises of integrating of all individuals who needs healing therefore patients need to be treated in a clean, accommodative environment (Chuwa, 2014). This promotes healing and respect for the wholeness and connection that exist among human beings. The nature of ubuntu is holism nursing that entails upholding different components that make up humanhood in this context (Hanks, 2008). In this respect, ubuntu emphasises on positive relationships which should prevail in the communities and in nursing. The spirit of *Ubuntu* is expected to be shown through compassion, caring, warmth, kindness and reaching out as an obligation to helping others (Gundo et al., 2025).

Emotional labour among nurses has been a topic of interest to scholars, with Bolton (2001) characterising nurses as emotional jugglers who alter their appearance as per emotional requirement. The nursing work environment is associated with emotional labour. Several studies conducted on nurses consistently show elevated levels of emotional labour, with nurses in some cases initially engaging in surface acting behaviours early in their careers and transitioning toward deeper emotional acting behaviours in later years (Aydın and Kalemci Tüzün, 2019; Riedl and Thomas, 2019). A study by Kim (2020) among 303 nurses from 27 hospitals in South Korea indicated that surface acting was positively correlated with stress and burnout while deep acting was negatively correlated with burnout. In a different study by Lee and Jang (2020), surface acting among nurses correlated positively with anxiety and frustration and deep acting correlated positively with enjoyment and job satisfaction. These studies suggest that the emotional dissonance arising from surface acting in emotional labour can lead to negative emotional states such as stress and burnout. The literature review did not yield many studies on emotional labour among nurses in African settings. This perspective is supported by Lartey, Osafo, Andoh-Arthur and Asante (2020) and Msiska, Smith and Fawcett (2014) who noted that there is a paucity of literature in Africa on emotional labour in nursing as empirical studies are still at a very early stage of development. However, a study among 342 nurses and midwives from health facilities in Ghana found that surface acting related negatively with job satisfaction and deep acting did not relate significantly with both job satisfaction in their study (Lartey, Amponsah- Tawiah and Osafo, 2019).

### 2.5.1 Performance of emotional labour

The performance of emotional labour between nurses and patients is an essential value in terms of the quality of healthcare as it facilitates interpersonal relationships. Nurses caring for patients with HIV/AIDS and TB may face pronounced emotional labour because of the specialised approach required to address the unique challenges posed by these conditions. Nurses need to monitor patients regularly for signs of disease progression, treatment side effects, and potential complications (Bertolozzi, Takahashi, França and Hino, 2019). For this to happen, nurses need to establish a bond with patients and their family, for them to be able to identify and understand situations that may compromise treatment compliance. All this happens in a context characterised by fear, anxiety and high risk of exposure to infection. A study by Matakanye, Ramathuba and Tugli (2019) revealed that nurses feared contracting TB infection and were stressed about the danger that they are exposed to in the wards. Healthcare workers attending to patients living HIV/AIDS expressed a sense of physical and mental exhaustion and stress from dealing with HIV/AIDS patients that required serious attention and care (Valjee and van Dyk, 2014).

Nurses experience a variety of emotions when nursing patients with HIV/AIDS and TB. Some of these emotions

such as sadness and frustration emanate from failing to save lives or observing the pain and suffering those patients are experiencing. An important role played by nurses treating HIV/AIDS and TB patients is facilitating and coordinating treatment plans to ensure treatment adherence (Farley et al., 2014). A study among nurses in community healthcare centres found that most of the nurses created a friendly and conducive environment to retain patients on treatment (Ticha et al., 2022). Nurses treating HIV/AIDS and TB patients engage in emotional labour. Emotional labour plays a significant role in nursing, particularly in the care of patients with chronic and stigmatised conditions such as HIV/AIDS and TB. Nurses are often required to regulate their emotions in order to manage their interactions with patients, ensuring that their behaviours align with professional standards while maintaining empathetic, compassionate care (Ahlberg et al., 2022). This regulation of emotions whether by suppressing, faking, or altering one's internal feelings is essential to providing quality care in the face of challenging health conditions and high emotional demands (Matakanye et al., 2019).

Both HIV and TB are chronic diseases that often carry significant social stigma. Patients with these conditions may face discrimination and isolation, not only from the public but also from their healthcare providers (Craig et al., 2017). Nurses are on the front lines of managing these emotions, as they not only treat the physical symptoms but also address the psychological and emotional needs of the patients. Nurses working with HIV and TB patients are often required to engage in emotional labour to provide care that is empathetic, supportive, and compassionate (Baluku et al., 2023). This emotional engagement helps to alleviate patient anxieties, build trust, and improve treatment adherence. Nurses must demonstrate empathy, patience, and understanding, often while facing their own emotional challenges related to caring for patients with terminal or life- threatening conditions. Stigma associated with HIV and TB can create emotional tension in nurse- patient relationships. Patients with HIV and TB often experience feelings of shame, fear of rejection, and hopelessness due to the social stigma surrounding their diseases (Bhatt et al., 2023). Nurses are tasked with managing their own emotional responses to these conditions while providing a nonjudgmental, supportive environment. This may involve deep acting, where nurses genuinely cultivate empathy and understanding to support the emotional wellbeing of patients (Serpa and Ferreira, 2018).

The type of emotional labour performed by nurses, surface acting or deep acting can have a significant impact on both the quality of care and the wellbeing of the nurse. Surface acting involves displaying emotions that are not truly felt, such as pretending to be calm, compassionate, or cheerful while feeling frustration or sadness internally (Allison, 1990). This is often necessary in situations where nurses need to maintain professionalism despite experiencing negative emotions. However, surface acting can lead to emotional dissonance, where the mismatch between internal feelings and external expressions can result in stress, burnout, and job dissatisfaction. For nurses

working with HIV and TB patients, surface acting might be required when they must mask their feelings of frustration with the stigma patients face or their concerns about the effectiveness of treatment (Bertolozzi et al., 2019). In contrast, deep acting requires nurses to align their internal emotions with the expressions they present to their patients. This means that nurses must genuinely feel empathy, compassion, or calmness in their interactions, even if the situation is emotionally challenging (Tanner and Timmons, 2000). For nurses caring for HIV and TB patients, deep acting can enhance the therapeutic relationship, improve patient trust, and promote more effective care. However, deep acting requires significant emotional investment, which can be exhausting over time if not managed properly with adequate support systems.

The emotional labour that nurses perform directly impacts the nurse-patient relationship, especially when working with HIV and TB patients (Allande-Cusso et al., 2022). The quality of this relationship is critical to the success of treatment and patient outcomes. For HIV and TB patients, who may feel marginalised or stigmatised, developing a trusting relationship with a nurse is essential (Funk et al., 2017). Nurses who engage in emotional labour through deep acting are more likely to establish this trust. When nurses genuinely empathise with patients, patients are more likely to adhere to treatment regimens, disclose important information about their health, and follow medical advice. Emotional labour also extends to the psychological care that nurses provide. Patients with HIV and TB often experience anxiety, depression, and social isolation. Nurses must provide emotional support in addition to medical care, which may include listening actively, offering encouragement, and helping patients navigate the stigma they face (Choi and Kim, 2015). Nurses who engage in emotional labour can help buffer the emotional and psychological impact of the disease, improving patients' overall wellbeing.

While emotional labour is essential for providing quality care, it also presents challenges, particularly for nurses working with patients affected by HIV and TB. Constantly engaging in emotional labour can lead to emotional exhaustion, especially when nurses are confronted with the stigmatisation of patients and the emotional toll of caring for individuals with chronic or terminal illnesses. This emotional strain can contribute to burnout, compassion fatigue, and job dissatisfaction. The requirement to mask one’s true emotions (surface acting) can create a sense of emotional dissonance, where nurses experience internal conflict between their feelings and the emotions they must express. This dissonance is particularly pronounced when nurses are faced with difficult ethical or emotional situations, such as caring for a patient who is not adhering to their HIV or TB treatment.

### 2.5.2 Nurses in the private health sector in South Africa

The South African health sector has a dual health system comprising the public and private components, each with distinct characteristics, services, and challenges (Ramjee, 2013). The public health sector is primarily funded by the government and serves the majority of South Africans, especially those who cannot afford private healthcare (Malakoane, Heunis, Chikobvu, Kigozi and Kruger, 2020). On the other hand, the private health sector operates on a for-profit basis and is funded by private health insurance, out-of-pocket payments, and private investments (Kula and Fryatt, 2014). As such, the private health sector serves a smaller proportion of the population, generally those with higher incomes or health insurance. Private healthcare seems to have advantages for patients such as short wait times, quality care, better facilities, adequate resources and proper disease control and prevention practices (Young, 2016).

The dual healthcare system in South Africa has often been described as highly unequal. Rensburg (2021) states that the public health sector caters to the majority, approximately 71% of the population while the private sector serves approximately 27% of the population. It was also reported by the Minister of Health of South Africa that 84% of South Africans make use of public healthcare services, while 16% utilise private healthcare services (Turner, 2021). This highlights that the public health sector is overburdened, and this is worsened when one considers the spending and investments in these two sectors. Inadequate funding is a characteristic of the public healthcare system which leads to a lack of necessary medical equipment, supplies and shortage of healthcare professionals, including doctors and nurses (Abrahams et al., 2022). Evidence from the White paper on National Health Insurance indicates that the private sector healthcare spend is 4.2% of Gross Domestic Product (GDP), versus 4.4% for the public sector (Department of Planning, Monitoring and Evaluation, 2017). Considering that the public health sector caters for more than two thirds of the South African population, this unequal resourcing leads to unequal health outcomes.

Healthcare workers in public facilities often deal with a high volume of patients, long working hours, poor infrastructure (Abrahams et al., 2022; Malakoane et al., 2020). Public health facilities usually face chronic staff shortages, increasing the burden on existing staff and potentially impacting the quality of care. A study by Mumbauer, Strauss, George, Ngwepe, Bezuidenhout, de Vos and Medina-Marino (2021) among 855 South African healthcare workers found that healthcare workers were likely to choose to work in the private health sector to avoid factors associated with public health sector facilities such as heavy workload and poor infrastructure. The increased availability of resources in the private health sector often results in substantially

better working conditions and job satisfaction among healthcare workers. Remuneration packages and working conditions are often better in the private sector (Mumbauer et al., 2021). A study by Pillay (2009) found that compared to private-sector nurses, public-sector nurses were generally dissatisfied with their pay, the workload and the resources available to them. Similarly, a study by Geta, Biks, Dellie and Yazachew (2021) found that the health professionals working at private hospitals were more satisfied with their job than those working at public hospitals. Because of demanding work environments and high stress levels, burnout and job dissatisfaction are common among public sector health workers. One study is South Africa found that public hospital nurses reported more negative outcomes than private hospital nurses (Coetzee et al., 2013). Specifically, 71% of public hospital nurses rated their practice environment as poor or fair and 59% intended to leave their hospital within the next year due to job dissatisfaction (Coetzee et al., 2013).

Research suggests that emotional demands from nurses in public healthcare sector will negatively impact the engagement levels of public sector nurses (Patience, De Braine and Dhanpat, 2020). Factors such as being under-resourced, poorly funded and outdated infrastructure contributed to this negative relationship. The same study also found that nurses in the private sector perceived their job demands on them as well as their job resources as more satisfactory compared to peers in the public sector (Patience et al., 2020). Emotional labour behaviour of nurses is important in terms of making the patient feel safe. A study by Maseko and Harris (2018) exploring public perceptions of the country's private and state hospitals found that participants perceived the benefit of the private sector in positive staff behaviour such as respectful and caring.

According to the review of literature, no studies have explored emotional labour among nurses in the private health sector in South Africa, particularly those providing services to patients with TB and HIV, a gap that the current study seeks to fill. The private health sector in South Africa plays a crucial role in the overall healthcare landscape. However, it also exposes the disparities within the system, as resources tend to be concentrated in facilities catering to a small portion of the population. Nurses in the private sector find themselves at the crossroads of these inequalities, responsible for delivering exceptional care while contending with the ethical and systemic challenges of a profit- driven model. Additionally, nurses in South Africa's private healthcare sector are essential in providing high-quality care to patients. While they enjoy enhanced resources and professional opportunities, they also encounter unique challenges, such as emotional labour, heavy workloads, and ethical dilemmas linked to the inequities present in the healthcare system.

## 2.6 Consequences of Emotional Labour

The following section discusses the consequences of emotional labour such as burnout, stress and other negative consequesces which result from burnout.

### 2.6.1 Emotional labour and burnout

Emotional labour, especially when involving surface acting, is closely linked to burnout—a state of physical, emotional, and mental exhaustion caused by prolonged exposure to work-related stressors (Maslach and Leiter, 2016). Surface acting requires nurses to suppress authentic feelings and project emotions they do not actually feel, often to meet institutional expectations or maintain a caring image. This ongoing suppression creates a disconnect between inner emotions and outward expressions, known as emotional dissonance, which can lead to chronic psychological strain over time (Gulsen and Ozmen, 2020).

The constant need to hide true emotions can deplete nurses' emotional resources, resulting in emotional exhaustion—one of the key components of burnout. Furthermore, the dissonance from surface acting may lead to depersonalization, where nurses adopt detached and impersonal attitudes toward patients as a coping mechanism. This emotional numbing serves as a defense strategy against the psychological impact of frequent exposure to suffering and distress. However, it can adversely affect the quality of care, patient satisfaction, and professional relationships (Maslach, Schaufeli and Leiter, 2001).

Nurses often engage in emotional labour without sufficient institutional or managerial support, such as training in emotional regulation, debriefing sessions, or mental health services. The absence of these resources heightens vulnerability to burnout, particularly in high-stress and resource-limited environments. This is particularly critical in the South African healthcare context, where systemic issues like high patient loads, insufficient staffing, and inadequate infrastructure intensify the emotional burden on nurses.

While deep acting is generally viewed as a more adaptive emotional regulation strategy compared to surface acting, it is not without its drawbacks. Deep acting involves cognitive and emotional efforts to internalize the desired emotional expression, which can enhance authenticity in patient care and reduce emotional dissonance. However, this strategy demands significant emotional investment and sustained effort, which can lead to fatigue over time (Hori and Chao, 2019). In situations where nurses engage in deep acting consistently without restorative opportunities or support, they may also experience emotional depletion and risk eventual burnout.

Understanding the connection between emotional labour and burnout is essential for developing strategies to mitigate its negative effects. Institutions must recognise emotional labour as a valid aspect of nursing work and implement interventions that support emotional wellbeing, such as promoting resilience, providing mental health resources, and fostering a supportive organiandational culture.

### 2.6.2 Emotional labour and job satisfaction

Job satisfaction is a key indicator of occupational wellbeing and has been shown to correlate strongly with the emotional labour strategies adopted by nurses. Surface acting, which entails the suppression of authentic emotions, is frequently associated with negative outcomes such as reduced job satisfaction, emotional exhaustion, and increased turnover intentions (Chen et al., 2012; Tracy, 2005). The psychological strain caused by surface acting undermines professional fulfillment and may create feelings of detachment and cynicism toward one's work.

In contrast, deep acting can enhance job satisfaction by aligning nurses' internal emotional experiences with external expressions, thereby promoting emotional authenticity and congruence (Hsieh et al., 2012; Lee, 2018). When nurses can express genuine empathy and compassion, they often experience a greater sense of purpose and meaning in their work. This emotional alignment fosters a positive work environment, improves patient outcomes, and reinforces a sense of professional identity and competence.

Furthermore, organisational recognition and support for emotional labour have been shown to moderate its impact on job satisfaction. Workplaces that provide training in emotional regulation, promote open communication, and value emotional competencies tend to have higher levels of employee satisfaction and retention. Conversely, environments that ignore or undervalue emotional labour can exacerbate its negative effects, leading to disengagement and dissatisfaction among nursing staff.

## 2.7 Emotional Labour and Identity: Gender and Race Perspectives

This section covers gender and race perspectives particularly about the nursing profession and how men and women are perceived at work.

### 2.7.1 Gendered nature of emotional labour in nursing

Nursing has historically been seen as a gendered profession, rooted in cultural norms and societal expectations that associate care work with traditionally feminine traits such as empathy, nurturance, emotional sensitivity, and self-sacrifice. These traits are often viewed as inherent to women, leading to the expectation that female nurses perform emotional labour as a "natural" extension of their gender identity rather than as a skilled aspect of their professional role (Egenes, 2017; Gorham, 2012).

As a result, emotional labour becomes invisible and undervalued, particularly when performed by women, and is frequently omitted from formal job descriptions, training, or compensation structures. Female nurses are implicitly expected to exhibit patience, compassion, and emotional availability—even under extreme stress, heavy workloads, or in the face of patient aggression or trauma. This expectation is heightened in clinical settings like oncology, intensive care, or HIV/AIDS wards, where emotional resilience is crucial yet rarely supported (Müller, 2019; Zaghini et al., 2020).

Research shows that female nurses report higher levels of emotional exhaustion, compassion fatigue, and job-related stress compared to their male counterparts (Müller, 2019; Zaghini et al., 2020). This is largely due to the relentless demand to maintain emotional composure and warmth, often without institutional mechanisms for emotional relief or psychological support. Furthermore, when women experience burnout, their distress may be seen as a personal failing rather than a reaction to systemic overburdening (Hochschild, 1983).

In contrast, male nurses, who are a minority in the profession, often benefit from what is known as the "gender halo effect." When they engage in emotional labour, it is regarded as exceptional or admirable rather than normal (Christensen and Knight, 2014). Additionally, men in nursing are frequently promoted into administrative or leadership roles more quickly, a phenomenon referred to as the "glass escalator" (Williams, 1992), while women remain concentrated in frontline caregiving roles that are emotionally demanding and offer limited upward mobility. This disparity contributes to occupational gender stratification and perpetuates unequal career paths within the profession.

Part of the gendered division of emotional labour can be traced to early socialisation, where girls are often encouraged to be emotionally attuned, nurturing, and accommodating (Garnefski et al., 2004). While this socialisation may enhance their emotional regulation and caregiving abilities, it also reinforces the notion that

women are “naturally suited” for emotionally taxing roles, thereby downplaying the recognition of emotional labour as a professional skill (Gorham, 2012).

This essentialist perspective has detrimental effects. It obscures the intentionality, effort, and expertise that effective emotional labour requires, making it less likely to be acknowledged, taught, or supported through formal training and organizational resources. Consequently, the emotional contributions of female nurses remain underappreciated, even though they are crucial to patient outcomes and healthcare quality (Egenes, 2017; Hochschild, 1983).

In South Africa, where the nursing workforce is predominantly female and racially diverse, the gendered expectations surrounding emotional labour intersect with racial, cultural, and socioeconomic inequalities. Black female nurses, in particular, often face a triple burden, managing the emotional needs of patients and colleagues while navigating gendered and racialised assumptions about their capacity for care, resilience, and competence (Ahlberg et al., 2022).

This intersectional pressure is intensified in under-resourced public health settings, where high patient loads, limited infrastructure, and exposure to trauma (e.g., in TB, HIV, and COVID-19 wards or emergency units) amplify the emotional demands on nurses. Despite their critical role in sustaining healthcare delivery, many operate in environments with minimal or nonexistent institutional recognition, mental health support, and avenues for emotional debriefing (Müller, 2019; Zaghini et al., 2020). Ultimately, transforming nursing into a more equitable profession requires moving away from essentialist gender norms and towards a more inclusive, intersectional understanding of emotional labour as central to nursing expertise, wellbeing, and justice.

### 2.7.2 Racialised emotional labour

Racial identity significantly intersects with emotional labour in nursing within the South African context, where the legacy of apartheid, ongoing systemic inequalities, and racial power dynamics continue to influence professional experiences. Nurses of color, particularly Black African, Coloured, and Indian nurses, often engage in an additional layer of emotional labour known as "racialized emotional labour" (Wingfield, 2010; Bonilla-Silva, 2019). This type of labour involves suppressing genuine emotional responses and conforming to behavioral norms aligned with dominant (often white, middle-class) cultural standards to avoid reinforcing racial stereotypes or becoming targets of discrimination.

In post-apartheid South Africa, where healthcare institutions still struggle with deeply ingrained racial hierarchies, the burden of emotional labour is intensified for nurses of color. For instance, Black nurses may feel compelled to consistently present themselves as calm, submissive, and non-threatening to patients, supervisors, or colleagues to counteract enduring stereotypes that portray them as angry, incompetent, or overly emotional. These expectations are rarely stated explicitly but are reinforced through daily interactions, unequal workplace dynamics, and the implicit privileging of white cultural norms as the standard for professionalism. This performativity creates emotional dissonance—the internal conflict between felt and displayed emotions—which can lead to burnout, emotional exhaustion, and a diminished sense of professional fulfillment (Ahlberg et al., 2022; Buckingham, 2018; Hochschild, 1983).

Crucially, this racialised emotional labour often goes unnoticed and unacknowledged by healthcare institutions, which frequently operate under the illusion of racial neutrality or "non-racialism." As a result, the emotional burdens faced by nurses of colour are often individualised rather than recognised as systemic issues rooted in structural racism and inequality. This lack of institutional acknowledgment not only denies these nurses the support and validation they need but also impedes efforts to transform the sector.

Additionally, intersecting factors such as gender, language, and socioeconomic background further complicate this experience. For example, a Black female nurse whose mother tongue is an indigenous language may encounter additional scrutiny or exclusion in predominantly English-speaking professional environments. The necessity to navigate these dynamics contributes to a sense of professional isolation, particularly in predominantly white or hierarchical settings where decision-making power remains concentrated among a small elite (Ahlberg et al., 2022).

### 2.8 Synergistic Epidemic Diseases

TB and HIV are two significant global health challenges that often intersect, creating complex healthcare challenges. The association of TB with HIV has over the past several years become an emerging syndemic (Montales, Chaudhury, Beebe, Patil and Patil, 2015). A syndemic involves two or more concurrent disease in a population, which interact and exacerbate the prognosis and burden of disease (Shelke, Shelke, Acharya and Shukla, 2023). The syndemic interaction between HIV and TB has deadly consequences around the world particularly on nations grappling with food insecurity and limited healthcare resources (Kwan and Ernst, 2011; Ojo, Ruan, Hameed, Malburg, Thunga, Smith, Vieira, Snyder, Tampubolon, Gyamfi and Ryan, 2022). HIV

weakens the immune system, making individuals more susceptible to TB (Bhatt et al., 2023). Left unchecked, this lethal partnership increases the risk of premature mortality.

Globally, one third of people living with HIV are infected with TB bacillus. Sub-Saharan Africa accounts for 71% of all coinfected cases worldwide, making it the region with the highest burden of coinfection. In South Africa HIV and TB have merged into a deadly co-epidemic. The country has the largest number of people living with HIV, estimated to be 7.7 million in 2023 (AIDSinfo, 2024). Globally, the country also has a relatively high number of people who die due to AIDS-related deaths. It is estimated that in 2023 they were 50 000 AIDS-related deaths (AIDSinfo, 2024). In addition, South Africa has one of the most severe TB epidemics in the world. TB remains a significant public health issue in South Africa, influenced by several factors including HIV prevalence, socio- economic conditions, and healthcare infrastructure challenges. Evidence indicates that more than 322 000 new cases of TB are reported per year in South Africa and approximately 60% of patients with TB also live with HIV (World Health Organization, 2019). In 2022 they were approximately 31 000 TB-related deaths among people living with HIV (AIDSinfo, 2024). TB is a major cause of mortality among people living with HIV. These statistics highlight the symbiotic relationship between HIV and TB, whereby on one hand HIV weakens the immune system, increasing the risk of TB in people with HIV than those who are HIV-negative. On the other hand, a significant proportion of TB patients are also HIV-positive, which complicates treatment, and increases mortality rates.

From the above presentation one can conclude that TB is one of the most prevalent opportunistic infections to affect HIV patients in South Africa. People who are living with HIV and not actively adhering to their ARV treatment are highly susceptible to the onset and severe symptomatic display of TB (Singh et al., 2020). Optimal adherence to treatment, particularly for TB remains an issue, due to high pill burden, additive adverse drug reactions and drug-drug interactions (Mesfin, Hailemariam, Biadglign and Kibret, 2014). Within the scope of these syndemic diseases, there is an emerging public health challenge of drug resistance in TB and HIV. Each year approximately, 500 000 people develop multidrug-resistant tuberculosis (MDRTB), which is resistant to the two first-line anti-tuberculosis drugs isoniazid and rifampicin (World Health Organization, 2019). These resistant forms of TB are harder to treat and require longer, more complex treatment regimens. Healthcare professionals, including nurses play an important role in ensuring early diagnosis of TB, treatment for all people with TB, managing TB/HIV comorbidity and patient support.

Globally, nurses play an important role in the treatment of TB including undertaking TB case detection, administering and monitoring TB treatment, and following-up of TB patients (Baluku et al., 2023). Nurses play

an almost similar role with people living with HIV, and in the case of treating patients with HIV and TB, their roles and responsibilities may become intensified. A study in South Africa exploring the perceptions of nurses regarding their counselling skills of people living with HIV co-infected with TB found that the varied roles of these nurses which included educating patients, providing adherence counselling and referrals increased their workload (Ticha et al., 2022). However, it was found that in this study the nurses were still able to display professionalism and empathy towards the patients despite these challenges. The government of South Africa integrated HIV services into primary healthcare as a key to achieving universal access to antiretroviral therapy. The integration of HIV services into primary healthcare aimed to promote provision of holistic services including provider-initiated testing and counselling; maternal and HIV care, sexually transmitted infection screening and TB and HIV care and treatment (Crowley and Stellenberg, 2014). There is some evidence suggesting that service integration is associated with high workload among nurses caused by staff shortages and increased activities such as counselling for new and follow-up clients, management of side effects and drug complications (Mangena-Netshikweta, Maluleke, Tshililo and Nemathaga, 2019; Mathibe, Hendricks and Bergh, 2015). High workload and dealing with severely ill patients may increase emotional labour and lead to distress and burnout. A high workload adversely affects occupational safety and job satisfaction.

Nurses working in health facilities and treating people living with HIV and TB are at additional risk of occupational risks due to their close and prolonged contact with infected individuals (Tsega, Gintamo, Mekuria, Demissie and Gizaw, 2023; Okpokoro, Lesosky, Osa- Afiana, Bada, Okwor, Odonye, Igbinomwanhia, Abdurrahman, Medugu, Kagina and Abimiku, 2023). For example, regarding HIV, there is risk of exposure through needlestick injuries, contact with blood, and other body fluids, and with TB there is risk of airborne transmission, particularly from patients with active pulmonary TB. Occupational risk is an everyday reality for nurses, which found that compared to other hospital staff, nurses working in a TB unit at three district hospitals in South Africa were more frequently diagnosed with TB (Tudor, Van der Walt, Margot, Dorman, Pan, Yenokyan and Farley, 2014). A systematic review conducted to report TB prevalence or incidence among HCWs found that the overall risk of both latent TB infection and active TB was significantly higher than that of the general population (Uden, Barber, Ford and Cooke, 2017). The risk of exposure to infectious agents like HIV and TB increases stress and anxiety among nurses, potentially heightening vigilance which can lead to emotional exhaustion and reduced capacity for empathy, contributing to compassion fatigue and burnout.

Nurses working in health facilities are sometimes victims of abuse and violence from patients and their relatives. In a study among 219 nurses in Gambia, the researchers found that most respondents reported exposure to verbal

abuse, physical violence, and sexual harassment in the 12 months, and the perpetrators were mostly patients' relatives followed by patients themselves (Sisawo et al., 2017). In another study in Burundi among eight nurses working in two TB treatment facilities found that some of the nurses in the study experienced harassment and insult from patients (Carlsson, Johansson, Eale and Kaboru, 2014). In the context of syndemic conditions of HIV and TB, which are often stigmatised, nurses must deal with the acts of violence from patients and their families whilst also being expected to treat patients with respect and empathy. HIV and TB stigma is rooted in the work of Goffman (1963) who define stigma as a discrediting social label that changes a person's self-image and disqualifies him or her from full social acceptance. Stigma is associated with labelling, status loss, stereotyping, and discrimination (Link and Phelan, 2006).

The history of both TB and HIV infection has contributed to the stigma attached to the two conditions. While HIV is often linked to behaviours such as drug use, sexual promiscuity, and homosexuality, which are subject to moral judgment and discrimination (Treloar, Cama, Lancaster, Brener, Broady, Cogle and O'Donnell, 2022; Alonzo and Reynolds, 1995).

TB is seen as a disease of poverty, associated with substandard living conditions and malnutrition (Craig et al., 2017). Evidence suggest that the extent of stigma experienced by people with both HIV and HIV-TB coinfection was higher compared to only TB-affected people (Canetti et al., 2020). Part of the explanation for this difference could be because that HIV transmission is linked to sexual practices, drug abuse and also considered incurable while in contrast anyone can develop TB irrespective of sexual behaviour and TB is considered curable. Daftary (2012) agrees with Canetti et al. (2020) and states that the connection of HIV and TB has resulted in the creation of a new form of compound or double stigma. The association between the two epidemics and the associated double stigma has led to the increased stigmatisation of TB (Wouters, et al., 2020). In other words, because of the close link between HIV and TB, individuals who developed TB were assumed to have HIV making the identity associated with TB to become as undesirable and stigmatised as with HIV.

The COVID-19 pandemic has had a profound impact on emotional labour, particularly for workers in frontline roles such as healthcare and other essential services. Nurses, who constitute most of the healthcare workers were at the forefront of the pandemic and provided care during a challenging period. There was increased workload during the pandemic, fear of getting infected and infecting their families, meeting the complex needs of patients, witnessing the deaths of their patients, and in some instances inadequate supply of protective equipment (Koontalay, Suksatan, Prabsangob and Sadang, 2021; Preti et al., 2020). Nurses in the front line against the COVID-19 pandemic faced substantial changes in their workplace and experienced profoundly emotional labour

in the care process of patients with COVID-19 (Diogo, Sousa, Rodrigues, Silva and Santos, 2021). During the pandemic, nurses who were in constant communication with both healthy and sick individuals, had to manage their emotions and exhibit emotional labour behaviours while providing service. While handling emotions, they had to show reactions expected from them in their work-life and hide their real emotions when necessary. As they constantly attempted to manage feelings, they experienced both physical and emotional fatigue and exhaustion (Ustun and Dogan, 2022).

Health professionals experienced a high level of moral distress during the COVID-19 pandemic. A study conducted among health professionals to explain the relationship between emotional labour levels and moral distress during the COVID-19 pandemic found that the moral distress score of healthcare workers who provided services to a patient with COVID-19 was found to be significantly higher compared to those who did not provide health service to a patient with COVID-19 (Iskender, Eren, Çalışkan and Yılmaz, 2023). The study concluded that health professionals generally endured a high level of emotional labour. Choi and Hyun-Young (2022) also share similar sentiments that in the context of the COVID-19 pandemic, healthcare workers often engaged in more severe emotional labour behaviours. Surface acting, a strategy explained in detail earlier was used, where healthcare professionals suppressed real emotions to show a professional and reasonable response such as provide services with a smile despite excessive overtime during the COVID-19 pandemic. It required a high level of effort from the healthcare workers to manage negative emotions and not reflect them on patients in the uncertain and complex environment brought about by the COVID-19 pandemic (Buyukbayram and Gul, 2022).

During the COVID-19 pandemic, constant exposure to trauma and the need to maintain a compassionate demeanour despite personal stress and fatigue contributed to high levels of burnout and emotional exhaustion. Managing a newly defined disease with an unknown prognosis and the uncertainties regarding the content of healthcare to be offered for the needs of their patients and their families further increased stress and burnout among healthcare workers (Labrague and de Los Santos, 2021). The pandemic exposed nurses to a complex and unexpected scenario that hindered their adaptation and emotional wellbeing and, consequently, the provision of care. Büyükbayram and Gül (2022) state that healthcare workers especially nurses, experienced a process that required the management of emotional labour during the COVID-19 pandemic. In this case they had to continue providing health services without reflecting the negative emotions experienced by the patients, family members, and colleagues, a process that required a high level of effort considering the pandemic conditions. In their study Diogo et al. (2021) noted that nurses providing health services during the COVID-19 pandemic could transform intense and emotionally stressful situations positively indicating a form of resilience.

The COVID-19 pandemic has placed unprecedented strain on healthcare systems around the world, and South Africa is no exception. Nurses in South Africa, as frontline workers, have faced immense challenges – not only in terms of physical workload but also with regards to the emotional labour involved in their roles (Chura, Saintila, Mamani, Ruiz Mamani and Morales-García, 2022). Emotional labour (defined as the process of managing feelings and expressions to fulfil the emotional requirements of a job) is particularly significant in nursing, a profession that requires high levels of empathy, compassion, and emotional regulation (Clarke et al., 2023). In the context of the COVID-19 pandemic, this emotional labour has been intensified by various factors, including the fear of contagion, an overwhelming patient load, emotional exhaustion, and the social stigma surrounding the virus. In the nursing profession, emotional labour refers to the process of regulating emotions to meet the demands of providing care to patients. During the pandemic, nurses have had to display compassion, empathy, and calmness, even in the face of their own fears, exhaustion, and personal challenges (Boudjalis, 2022). The COVID-19 pandemic has added several layers to emotional labour, making it more complex and demanding. Nurses have had to mask their own fears of contracting the virus, manage the grief of patients and families, and work long shifts in overcrowded healthcare facilities with limited resources (Abrahams, Thani, and Kahn, 2022). The emotional toll of dealing with severe illness, death, and the overwhelming burden of caring for COVID-19 patients has exacerbated the already significant emotional labour associated with nursing.

The COVID-19 pandemic created an environment where the emotional demands placed on nurses were heightened. The constant threat of infection, coupled with a significant increase in patient numbers, resulted in emotional strain (Digo et al., 2021). Nurses were required to be both caregivers and emotional support providers, dealing not only with the physical aspects of healthcare but also the emotional distress of patients and their families. Many patients, particularly those who were critically ill, were isolated from their loved ones, and nurses had to fill the gap in providing emotional care (Chura et al., 2022). This meant managing not only the physical care of patients but also providing comfort and reassurance to those who were alone and fearful. Moreover, the loss of life due to the virus was unprecedented, and nurses had to deal with the grief of losing patients who they had worked hard to save. This was particularly challenging because they had to maintain a professional demeanor despite experiencing their own emotional reactions to the loss of life (Buyukbayram and Gul, 2022). The emotional labour required in such a context often led to burnout and emotional exhaustion, as nurses struggled to maintain their mental and emotional wellbeing while continuing to care for patients.

In South Africa, the stigma surrounding COVID-19 also contributed to the emotional strain experienced by

nurses. Initially, individuals diagnosed with COVID-19 were often stigmatised, and nurses working with these patients' faced discrimination and social isolation. The fear of contagion led to negative perceptions of healthcare workers, and nurses were at times ostracized by family members or the community (Ustun and Dogan, 2022). This stigma compounded the emotional burden, as nurses not only had to manage the demands of patient care but also navigate the social and psychological impacts of the pandemic. Furthermore, the mental health of nurses was significantly impacted by the emotional labour required during the pandemic. The fear of contracting the virus, the high mortality rate among patients, and the prolonged stress of working in crisis conditions led to increased levels of anxiety, depression, and post-traumatic stress among healthcare workers (Ustun and Dogan, 2022). Nurses were faced with the difficult challenge of balancing their own emotional health with their responsibilities to patients, creating a constant source of emotional strain.

Despite the heightened emotional labour during the COVID-19 pandemic, many nurses in South Africa have demonstrated remarkable resilience. Various coping strategies have been employed to manage the emotional demands of their work. Peer support and teamwork played an essential role in helping nurses cope with the stresses they faced. Colleagues provided emotional support, shared experiences, and worked together to manage the overwhelming patient load (Connors, Dukhanin, March, Parks, Norvell and Wu, 2020). Nurses also relied on their personal faith and spirituality as a source of strength. Religious beliefs and practices provided comfort and helped nurses to deal with the emotional and psychological stress of the pandemic (Karaba, 2024). Additionally, institutional support, such as mental health services and counseling, became crucial during the pandemic. The recognition of the emotional challenges faced by nurses led to an increase in psychological support services within healthcare facilities. However, the availability and accessibility of such services varied, and further efforts are needed to ensure that all nurses have access to the mental health support they require.

Effective leadership played a crucial role in managing the emotional labour of nurses during the COVID-19 pandemic. Leaders who demonstrated empathy, provided clear communication, and acknowledged the emotional toll of the pandemic were able to foster a supportive work environment. Institutional support, including adequate personal protective equipment (PPE), sufficient staffing levels, and mental health resources, was essential in reducing the emotional burden placed on nurses (Abrahams et al., 2022). When nurses felt that their physical and emotional needs were being addressed, they were better able to manage the emotional labour required in their roles. The COVID-19 pandemic has underscored the importance of emotional labour in nursing and has brought to light the significant emotional toll experienced by nurses in South Africa. The pandemic has amplified the emotional demands of healthcare workers, highlighting the need for institutional support, mental health resources,

and leadership that prioritises the wellbeing of healthcare professionals.

While nurses in South Africa have shown remarkable resilience and coping strategies, the long-term impact of emotional labour on their mental health and job satisfaction warrants further attention. As the healthcare system recovers from the pandemic, it is essential to implement policies that address the emotional wellbeing of nurses and support them in their critical roles as caregivers. In essence, the COVID-19 pandemic fundamentally changed the healthcare landscape, placing unprecedented emotional and psychological burdens on frontline workers, especially nurses. As primary caregivers, nurses faced the dual challenge of providing patient care while ensuring their own safety and managing emotional stresses. The concept of emotional labour managing emotions to meet professional standards became even more crucial in nursing practice during this time. The pandemic redefined the dynamics of emotional labour among nurses, subjecting them to significant emotional and psychological pressures. While the crisis highlighted their resilience and commitment, it also exposed vulnerabilities that need urgent attention. By implementing supportive strategies and tackling systemic issues, healthcare systems can better prepare nurses to handle emotional labour, safeguarding their wellbeing and improving the quality of care in future healthcare emergencies.

### 2.9 Coping Mechanisms, Support Strategies, and Resilience

There are different coping mechanisms, support strategies discussed below that are incorporated by the nurses in order to cope with their work demands.

#### 2.9.1 Work-life balance in the nursing profession

Work-life balance refers to the equilibrium between professional responsibilities and personal life. Achieving this balance allows individuals to manage their job duties while also prioritizing their health and wellbeing. Several studies have examined work-life balance among nurses (Holland, Tham, Sheehan, and Cooper, 2019; Rony, Numan, and Alamgir, 2023). Specifically, research has highlighted work-life imbalance, which occurs when individuals feel that work demands hinder their ability to maintain personal or family life (Brough, Timms, Chan, Hawkes, and Rasmussen, 2020). Factors contributing to work-life imbalance among nurses include high expectations, long and inflexible working hours, job pressure, and ineffective management (Borgmann, Rattay, and Lampert, 2019). Nurses often struggle to balance work with family responsibilities, and irregular hours and fatigue can limit their social interactions and recreational activities.

Numerous studies indicate that many nurses experience a significant imbalance between their professional and personal lives. For example, a study of nurses in various healthcare settings in Bangladesh found that 44.36%

reported that their jobs negatively impacted their family life (Rony et al., 2013). Another study among health workers in Uganda revealed that only 40.9% reported a positive perception of work-life balance (Obina, Ndibazza, Kabanda, Musana, and Nanyingi, 2024). Due to societal norms, female nurses often experience a pronounced work-life imbalance, as they are culturally expected to fulfill primary caregiving roles and manage household tasks (Dousin, Collins, and Kler, 2022). As a result, nurses, particularly women, frequently navigate emotional demands both at work and home, often without adequate support, relying on their personal resources to cope (Franzosa, Tsui, and Baron, 2019). A good work-life balance is essential for reducing stress and preventing burnout, which is crucial for both physical and mental health. Junaidin et al. (2019) found that work-life balance positively influences job satisfaction, and similarly, Wijaya and Suwandana (2022) reported that it significantly affects the performance and job satisfaction of female nurses. Nurses with a balanced life tend to be more satisfied with their jobs, which can enhance patient care. Conversely, work-life imbalance can significantly increase burnout, leading to higher turnover intentions and lower job satisfaction (Boamah, Hamadi, Havaei, Smith, and Webb, 2022).

Burnout among nurses increases the likelihood of mistakes, endangering both themselves and their patients, which can also be costly for healthcare organizations (Griffith, 2020). The Patients' Rights Charter in South Africa serves as a legislative guide for ensuring patient safety and awareness of their rights (Health Professions Council of South Africa, 2008). Patients' awareness of their rights is vital for effective nurse-patient communication and interaction. The Charter also includes provisions for patients and their families to lodge complaints about healthcare services, ensuring that these complaints are investigated thoroughly (Health Professions Council of South Africa, 2008). It can be argued that nurses operate in a context filled with regulations and protocols that constrain their activities (Papastavrou, Andreou, Tsangari, Schubert, and De Geest, 2014). Coupled with the necessity for nurses to make urgent and critical decisions that may involve significant risks for patients (Lin, Tomasi, Guerguerian, and Trbovich, 2019), this environment can be highly stressful. Such high job demands are negatively associated with work-life balance (Mullen, 2015).

The high emotional labour experienced by nurses appears to adversely affect their work-life balance, while effective work-life balance practices may help reduce emotional labour (Bartram, Casimir, Djurkovic, Leggat, and Stanton, 2012; Cheng, Bartram, Karimi, and Leggat, 2013). Balancing the demands of emotional labour with work-life balance is challenging but essential for maintaining mental health and job satisfaction. The existing literature indicates that emotional labour among nurses typically manifests through two strategies: surface acting and deep acting. Surface acting can be emotionally draining, requiring constant effort to maintain a façade. Over time, this can lead to emotional exhaustion, spilling over into personal life and making it difficult to relax or enjoy

time off. A study involving 315 mental health specialists found that many experienced increased emotional labour while providing psychological support to self-quarantining individuals during the COVID-19 pandemic (Lee and Lee, 2023). The study also found that work-life balance was higher among those with lower levels of emotional labour. By addressing the unique challenges nurses face, particularly those arising from surface acting, it is possible to create a healthier and more balanced work environment.

As discussed in this section, the nursing profession is inherently demanding, characterised by long hours, emotionally intense work, and considerable physical and mental strain. These challenges make achieving work-life balance a crucial yet often difficult goal for nurses. Maintaining this balance is vital for their wellbeing, job satisfaction, and the quality of care they provide. Work-life balance in nursing presents both personal and systemic challenges, requiring a collabourative effort from nurses, healthcare organisations, policymakers, and broader society. By implementing supportive policies, fostering healthy workplace cultures, and providing practical strategies for nurses, the profession can help ensure that nurses thrive both professionally and personally. Achieving this balance not only enhances nurses' wellbeing but also improves the overall quality and sustainability of healthcare services.

### 2.9.2 Role of resilience in emotional labour

Resilience and emotional labour are closely related concepts, particularly in professions like nursing, where workers frequently face high-stress situations, emotional challenges, and the need to maintain a professional demeanour. This concept is critical in nursing due to the demanding nature of the job, which often involves, as stated before, long hours, emotional strain, and exposure to traumatic events (Altaş et al., 2024; Abrahams et al., 2022). Resilience is the ability to cope with and bounce back from adversity, stress, and challenges. Masten (2015) defines resilience as the capacity to positively and successfully adapt to challenging circumstances or adversity. This can occur in individuals, families, or other dynamic systems. In the context of nursing, resilience is critical for managing the emotional and physical demands of the job. Without adequate support and resources, the demands and related emotional labour of nursing can have significant negative effects on nurses' wellbeing and job performance over time, potentially leading to high levels of burnout (Melvin, 2015).

However, resilience can act as a buffer against the negative effects of emotional labour, including the emotional labour of managing self and others' negative emotions. Resilience in nursing is a personal capacity that aids nurses to deal with workplace adversity and demands (Moon and Shin, 2018; Hart et al., 2014). Nurses who are resilient are more likely to cope effectively with the emotional demands of their job, reducing the risk of burnout

and emotional exhaustion. Nurses may utilise various positive strategies to cope with increased workload. However, positive strategies for coping may not be sufficient to lessen the adverse effects of the workplace stress. To manage unpleasant work situations, resilience becomes increasingly necessary among nurses. Strengthening nurses' resilience can potentially boost their capacity to address the effects of emotional labour on their wellbeing and work (McDonald et al., 2016).

High levels of resilience in nurses have been associated with increased overall wellbeing (Chow et al., 2018), job satisfaction (Sihvola et al., 2023), reduced symptoms of depression (Chura et al., 2022), improved work relationships (Yılmaz, 2017), and professional quality of life (Atay et al., 2021). Various studies have supported the correlation between resilience and prevention of conditions such as occupational stress (Babanataj et al., 2019), burnout (Guo et al., 2018), vicarious trauma (Ogińska-Bulik, 2018), and psychological or physical ill-health arising from workplace demands (Craigie et al., 2016; Morse et al., 2021).

Resilient people can manage their emotions more effectively, which helps prevent stress from overwhelming them. Additionally, resilient individuals tend to be better at problem-solving, often have strong social support networks, and a range of effective coping strategies that help them manage stress and prevent it from escalating (Bryan et al., 2019; Vanhove et al., 2016). Improving resilience is significant in the context of the emotional labour of nursing work, as the potential negative effects of emotional labour on nurses' wellbeing and their interpersonal work can be minimised.

Because nurses provide services through interactions with patients, their work environments are dynamic and characterised by high-level job demands and stress resulting from interpersonal relations. Such job demands require nurses to have high levels of resilience. A study alluded to emotional labour as a feature of nursing work which could be addressed through resilience (McDonald et al., 2016). Other studies have established some linkage between resilience and emotional labour. A study by Delgado et al. (2020) among Australian mental health nurses found a strong negative relationship between resilience and the emotional labour strategy of surface acting. This means that when nurses suppressed or faked their real emotions, they were less likely able to positively adapt. Lee and Kim (2020) argue that employees' resilience is a predisposing factor that influences deep acting in the context of emotional labour. Specifically, their study found that the relationship between resilience and deep acting was fully mediated by person–job fit and work engagement. Thus, in their study, the more the nurses' expressed emotions aligned with job expectations on interpersonal interactions the more the overall resilience increased. Delgado et al. (2017) summed up that in the context of nursing work, resilience is an overarching protective process that can build nurses' capacity to adapt to the risk of emotional dissonance.

Moreover, resilience cannot be discussed without considering the gendered nature of emotional labour. Nursing is a historically feminised profession, and emotional labour has long been associated with women's work (Egenes, 2017; Gorham, 2012). Female nurses are expected to naturally perform emotional labour—demonstrating compassion, patience, and attentiveness without institutional recognition or emotional support. These expectations contribute to higher levels of emotional exhaustion among female nurses (Müller, 2019; Zaghini et al., 2020). On the other hand, male nurses often receive praise for emotional work, as it defies gender norms, reinforcing gender inequities in the workplace (Christensen and Knight, 2014; Williams, 1992). This gendered burden has direct implications for resilience-building interventions, as women may face greater invisible pressures that erode emotional strength and increase the risk of burnout. Addressing these disparities through gender-sensitive support mechanisms, mentorship, and emotional regulation training can help improve the resilience of female nurses and bridge the occupational gender gap in nursing (Garnefski et al., 2004).

In South Africa, these gendered expectations are compounded by race and socio-economic inequalities, particularly among Black female nurses. They often face a triple burden of gendered, racialised, and professional emotional labour (Ahlberg et al., 2022), which underscores the need for targeted support systems to enhance emotional and psychological resilience in diverse workforce contexts. In addition, religion can be a powerful source of strength and resilience for nurses working in emotionally challenging environments. Religious beliefs can provide comfort, offer meaning to their work, and serve as a source of motivation and emotional support. For many nurses, religious beliefs offer a spiritual framework for understanding suffering and providing compassionate care. Nurses may draw strength from their faith, which can help them cope with the emotional demands of caring for patients with life-threatening or stigmatised conditions (Perera et al., 2018). Prayer, meditation or spiritual reflection can offer moments of peace and emotional replenishment during or after emotionally taxing shifts. Religious beliefs often provide nurses with a sense of greater purpose in their work. The belief that their work is a calling or part of a divine mission can help nurses navigate emotional labour more effectively (Atay et al., 2021).

Many religious traditions emphasise compassion and empathy as core values. Nurses who adhere to such beliefs may find it easier to engage in deep acting, as their emotional responses are aligned with their religious values (Karaba, 2024). This alignment helps nurses feel authentic in their emotional labour, reducing emotional dissonance and enhancing job satisfaction. Moreover, religious communities often provide a supportive network for nurses. These communities can offer emotional support through fellowship, shared values, and understanding, helping nurses to navigate the emotional challenges of their profession. Nurses who belong to religious communities may find it easier to share their experiences, seek advice, and receive encouragement, all of which

contribute to resilience and the ability to cope with emotional labour (Karaba, 2024).

Resilience is crucial for helping nurses handle the emotional labour that comes with their profession. By promoting emotional regulation, adaptive coping strategies, and a sense of purpose in their work, resilience enables nurses to navigate the emotional demands of caregiving, sustain empathy, and avoid burnout. Although emotional labour can be exhausting, resilient nurses are better prepared to balance caring for others with safeguarding their own emotional wellbeing. Support from organisational structures, colleagues, and leadership, along with opportunities for professional development, is vital for fostering resilience within the nursing workforce.

### 2.10 Role of Leadership and Support Strategies to Cope with Emotional Labour

Beyond the use of personal resources such as resilience, organisational support can significantly alleviate the negative impacts of emotional labour and enhance overall employee wellbeing. According to the social exchange theory, employees tend to reciprocate beneficial treatment that they receive with positive work-related behaviours (Cook, Cheshire, Rice and Nakagawa, 2013). Researchers have argued that when employees perceive a high level of organisational support in the workplace, they may engage in behaviours valued by the organisations such as excellent treatment to the customers to reciprocate the support from the organisation (Wang, Zhang, Thomas, Yu and Spitzmueller, 2017; Eisenberger and Stinglhamber, 2011). Acknowledging and appreciating the emotional work that healthcare workers do can help validate their experiences. A study by Yang, Ma, Liu, Liu, Chen, Guo, Zhang and Deng (2019) among Chinese healthcare workers found that supervisor support had a stronger effect than coworker support on organisational commitment. Supervisors because of the nature of their job responsibilities including functioning as corporate spokespersons represent the entire organisation. Hence, their support means that the organisation affirms the employee's competencies and value in the organisation, which can enhance a sense of belonging, as well organisational commitment (Yang et al., 2019). Creating a culture of appreciation can boost morale and reduce the emotional burden on healthcare workers.

Surface acting can (over time) be associated with negative effects such burnout, reduced job satisfaction and increased stress. To maintain a motivated and physical and mentally fit workforce, it is important for organisations to recognise particularly the demands of surface acting and provide support to mitigate its adverse effects. In the healthcare industry, where nurses are often exposed to traumatic experiences (Schuster and Dwyer, 2020). It is important ensure that nurses have access to organisational support and mental health resources. One experimental study found that nurses without support in the workplace had increased job stress through emotional labour, which

later led to emotional exhaustion, whereas nurses with organisational and managerial support were able to manage emotional labour and stress to avoid exhaustion (Kumar and Jin, 2022). Regular feedback sessions within the workplace may offer nurses an opportunity to voice their experiences and concerns to hospital management. When these feedback sessions are paired with specific training programmes, focused on, for example, emotional intelligence, they can strengthen the nurse's skills and resilience (Yehene, Asherman, Goldzweig, Simana and Brezner, 2024).

Improving mental health is a crucial approach to alleviating the burdens of emotional labour. Evidence points to the negative impact of surface acting which is associated with increased anxiety and depression among employees (Xiong, Huang, Okumus, Leung, Cai and Fan, 2023). Yang and Jang (2022) posit that emotional labour consumes the psychological resources of employees', especially in emotional and cognitive features. The health service industry can provide training that helps nurses to develop emotional regulation skills, such as stress management techniques and mindfulness practices. Health institutions have a moral obligation to raise awareness and adopt reasonable measures to improve the mental health and wellbeing of nurses. Occupational/workplace psychological counselling will help employees deal with work-related stress that can affect their mental health and job performance. While the abovementioned stress management strategies and mindfulness practices are useful, they may be considered individualistic. Collectivist strategies that emphasise group support, shared responsibility, and community in managing emotional labour seem better suited for South African nurses. These strategies are prevalent in cultures that value interdependence, social harmony, and collective wellbeing (Terblanché-Greeff and Nel, 2022). Social support from peers and supervisors and seeking therapy to deal with emotional dissonance are mechanisms that may assist in emotional labour management (Clarke et al., 2023). Individuals also engage in social sharing, which is a form of interpersonal disclosure focused on emotional experiences (Rimé, Bouchat, Paquot and Giglio, 2020).

Engaging in social sharing provides a socially acceptable outlet for voicing one's emotional distress and help ameliorate the detrimental impact of that emotional and stressful event. From emotional sharing individuals can also engage in a process of sense making and reflection leading to new ways of understanding which may lessen the initial felt emotional arousal. These facets of social can be equated to what Hochschild (1983) identified as collective emotional labour when employees help each other in boosting morale and giving support when one of them had a challenging experience with a customer. An experimental study by McCance, Nye, Wang, Jones and Chiu (2013) showed that engaging in social was effective in reducing the anger aroused by handling demanding customers. Social sharing is one strategy that can be encouraged by healthcare institutions and used by healthcare

workers. Fostering an atmosphere conducive to social sharing can help nurses manage taxing work experiences.

Emotional labour is an intrinsic aspect of nursing, involving the management of emotions to deliver compassionate and empathetic care. However, the emotional demands of the profession can result in burnout, emotional exhaustion, and a decline in care quality. Effective leadership and support strategies are crucial for helping nurses navigate these emotional challenges, enhancing their wellbeing and ensuring sustained engagement in their roles. Compassionate leadership, open communication, adequate resources, and a supportive work culture are vital for fostering emotional resilience among nurses. Support strategies such as peer mentorship, access to counselling, wellness programmes, and training in emotional intelligence further empower nurses to handle the emotional demands of caregiving. By providing the necessary support and resources, healthcare organisations can mitigate burnout, boost job satisfaction, and enable nurses to deliver compassionate, high-quality care while safeguarding their own emotional wellbeing.

### 2.11 Conclusion

The literature reviewed in this chapter has provided a comprehensive understanding of the multifaceted nature of emotional labour in nursing, particularly in the context of nurses working with patients suffering from synergistic epidemic diseases such as HIV/AIDS, TB and COVID-19. The exploration of emotional labour concepts, including Hochschild's (1983) conceptualisation of surface acting and deep acting, has highlighted the emotional demands placed on nurses as they manage the emotional needs of their patients while maintaining professional conduct. Nurses, particularly those working with stigmatised diseases like HIV, TB and COVID-19, face unique emotional challenges that require them to regulate their emotions to provide effective care, maintain empathy, and manage patient interactions. The review further emphasized that emotional labour is not only a personal challenge for nurses but also a professional necessity, as the quality of care provided to patients is inextricably linked to the nurse's emotional engagement. Deep acting, in particular, allows nurses to authentically align their emotions with their professional duties, fostering trust and improving patient outcomes. However, the emotional strain caused by the continuous engagement in emotional labour can lead to burnout, compassion fatigue, and emotional exhaustion. This highlights the importance of support systems, coping strategies, and resilience in mitigating the negative effects of emotional labour on nurses' wellbeing.

The intersection of emotional labour and resilience is critical, particularly in environments where nurses are dealing with the high emotional and physical demands of caring for HIV, TB and COVID-19 patients. Resilience,

particularly when bolstered by religious beliefs and spiritual practices, can enhance emotional wellbeing, enabling nurses to better manage the psychological demands of their work. Religious beliefs, offering a framework for meaning and hope, play a significant role in nurturing resilience, helping nurses to find emotional replenishment and cope with the emotional challenges of their profession. Additionally, the stigma surrounding HIV and TB in South Africa, a major public health concern, has been shown to exacerbate the emotional labour of nurses. The stigma not only affects patients but also impacts healthcare providers who must navigate their own emotions while caring for those patients marginalised by society. Nurses' ability to provide nonjudgmental, compassionate care is essential in this context, and their emotional labour contributes significantly to improving patient trust, treatment adherence, and overall care.

In conclusion, the literature highlights the central role of emotional labour in nursing practice, especially in the context of HIV, TB and COVID-19 care. It underscores the need for strategies to support nurses in managing their emotional labour, including organisational support, coping mechanisms, and fostering resilience through religious beliefs and spiritual practice

# CHAPTER THREE:
# THEORETICAL FRAMEWORK

## 3.1 Introduction

This chapter outlines the theoretical framework guiding the study, which explores the emotional labour of professional nurses caring for patients with synergistic epidemic diseases, particularly HIV and AIDS and Tuberculosis (TB), in a private healthcare setting in South Africa. The theoretical framework comprises two theories, which are Lazarus' (1991), Cognitive-Motivational-Relational (CMR) Theory of emotion and Goffman's 1959 Dramaturgical Theory. The CMR Theory offers a psychological perspective for examining the nurses' assessment of emotionally challenging situations, including the management of their emotional responses. In contrast, Goffman's Dramaturgical Theory provides a sociological viewpoint, depicting nurses' emotional expressions as performative acts that are influenced by professional expectations and social interactions. These theories collabouratively create a comprehensive framework for analysing the cognitive, emotional, and behavioural aspects of emotional labour in professional nursing.

## 3.2 Overview of Lazarus' Cognitive-Motivational-Relational Theory

Introduced in the early 1990s, Lazarus' Cognitive-Motivational-Relational (CMR) Theory of emotion provides a foundational psychological framework for people's understandings of how individuals experience and manage emotions in response to environmental demands. According to Lazarus (1991), emotions are not simply instinctive reactions to stimuli; rather, they are complex psychological processes arising from the way individuals appraise and interpret events in relation to their personal goals, values, and situational contexts. The theory highlights that emotions are inherently relational and motivational, stemming from the dynamic interaction between a person and their environment, which is influenced by individual goals, perceived threats or benefits, and coping capacities. In this perspective, emotions play a functional role in guiding behaviour, motivating action, and facilitating adaptation.

The CMR Theory challenges reductionist views of emotion, regarding them as purely biological or automatic responses, thus presenting the CMR instead as an ongoing interpretive and evaluative process. The theory is particularly relevant in the nursing field, where professionals regularly encounter emotionally charged situations. The intensely emotional nature of healthcare work, which is characterised by suffering, patient dependency, institutional demands, and ethical dilemmas, makes Lazarus' (1991) framework especially applicable for analysing the way nurses navigate their cognitive and emotional landscapes in their professional environments.

### 3.3 Key Elements of the Cognitive-Motivational-Relational Theory

Lazarus' (1991) Cognitive-Motivational-Relational Theory is based on three interrelated elements: cognitive appraisal, motivation, and relational meaning. These components interact in explaining how emotions are triggered, experienced, and expressed.

#### 3.3.1 Cognitive appraisal

Cognitive appraisal is central to the CMR Theory and involves the evaluative judgments individuals make when confronted with particular situations, determining their relevance to their wellbeing and how they should respond to them. Lazarus and Smith (1988) outline two stages comprising the cognitive appraisal process: these are primary appraisal and secondary appraisal. Primary appraisal assesses an event to determine whether it poses a threat, challenge, or benefit to an individual's goals or values. For example, a nurse might view deterioration in a patient's health as a threat to their professional efficacy. In contrast, secondary appraisal evaluates the available coping resources and strategies that enable an individual to handle an emotional situation. This involves determining whether a nurse feels they have adequate support, knowledge, or emotional capacity to tackle the challenge they are facing.

#### 3.3.2 Motivation

Motivation refers to the underlying drives and goals that shape individuals' emotional reactions. Emotions are not neutral; they are connected to what matters to the individual. In the context of nursing, motivations may stem from an individual's strong commitment to care, ethical obligations, personal values, or institutional expectations. These motivations influence how nurses appraise their experiences and determine their emotional responses. For instance, a nurse driven by a strong caregiving ethos might reframe their stressful interaction with a patient as an opportunity to meaningfully impact on the situation, thereby managing negative emotions through positive reappraisal (Lazarus, 1991).

#### 3.3.3 Relational meaning

The concept of relational meaning emphasises the notion that emotions arise from the relationship between individuals and their environment. Emotions are not mere responses to internal states; they emerge from how individuals perceive and interpret their interactions with the external world. Tadic et al. (2015) suggest that this relational perspective connects emotional experiences to broader social, cultural, and organisational contexts. For

professional nurses, emotions are influenced not only by patient outcomes but also by workplace dynamics, institutional culture, and societal expectations of healthcare workers.

### 3.4 Application to emotional labour

Lazarus' (1991) CMR Theory is highly applicable to the analysis of emotional labour in the field of nursing. Emotional labour refers to an individual's regulation and management of emotions as part of their professional role, particularly in service-oriented occupations like nursing. Nurses are frequently required to present a composed, empathetic, and caring persona, even when experiencing emotional exhaustion, stress, or moral distress. Lazarus' CMR Theory offers a lens through which to understand how nurses internally process these emotional demands and how they draw on cognitive and motivational resources to sustain emotional regulation.

In high-stake contexts such as palliative care, dealing with stigmatised illnesses like HIV and AIDS, TB and COVID-19, or managing aggressive or non-compliant patients, nurses engage in both problem-focused and emotion-focused coping. Problem-focused coping strategies may include taking clinical action, consulting with colleagues, or advocating for patient-care improvements. Emotion-focused coping strategies may involve seeking social support, using humour, engaging in mindfulness, or reframing the situation to maintain psychological equilibrium.

Furthermore, Lazarus' CMR Theory highlights the notion that emotional labour can have both positive and negative consequences, depending on how events are appraised and whether coping resources are perceived as adequate. Positive outcomes include job satisfaction, a sense of meaning, and professional growth, whereas negative outcomes may include burnout, compassion fatigue, or emotional detachment. Thus, understanding the cognitive appraisal process is essential for developing interventions meant to support nurses' emotional resilience and professional wellbeing.

### 3.5 Goffman's Dramaturgical Theory

While Lazarus' (1991) CMR Theory provides psychological insights into the generation and regulation of emotion, Goffman's (1959, 1990) Dramaturgical Theory contributes a sociological perspective on how emotions are performed and managed in interpersonal interactions. Goffman conceptualises social life as a theatrical performance in which individuals present themselves in ways that align with social norms and expectations. This analogy is particularly apt for the nursing profession, where individuals' emotional expressions are governed not only by their personal feelings but also by existing professional standards, institutional policies, and patient expectations. Goffman (1979) introduced several key concepts illuminating the performative nature of emotional

labour as:

### 3.5.1 Front-stage and back-stage

According to Goffman (1979), the environment (physical and social context) plays an important role in shaping the performance of workers. In his theory, Goffman makes a clear distinction between front-stage stand and back-stage perfomances, which is key in fostering an understanding of how individuals manage their social roles. In the context of this study, the private hospital environment shapes the experience and management of their emotions. According to Goffman's CMR Theory, the front-stage refers to areas where professional nurses interact with patients and their families. These areas can be hospital wards, waiting areas, and public spaces. The nurses' professionalism shapes the expectations of the front-stage (Allison, 1990). As an illustration, professional nurses are expected to show empathy and caring for patients, and continuous management of feelings despite experiencing feeling of fatigue or unhappiness that may arise in healthcare settings. Allison (1999) argues that the front-stage is where an individual can show a true reflection of self to the world. Allison (1999) also adds that individuals undergo socialisation, and this is where society's norms and rules are learned; therefore, just like in the front-stage, the presentation of oneself in public should be suitable to the desired goals of an impression. The front stage is where an actor or actress is observed by the audience (Goffman, 1959) and therefore, their goal is to display appropriate and desired emotions by others. The nurses can smile and display friendly faces so that they positively present themselves to people with whom they interact. This element shows that they understand their roles and carefully observed the rules.

The backstage in nursing clearly explains the way nurses manage their emotions. With everything happening while they are on duty, they have time to reflect on how they are affected by different events that happen around them, the backstage is where the nurses check on how they talk with their patients, the relatives and friends of the patients as well as their colleagues and all this makes them reflect on those aspects of their job that need change. In this space, nurses also get time to vent their frustrations, they can talk to their colleagues, and they are also able to express their actual feelings because they are not providing any form of service back-stage. According to Goffman (1969), the backstage is where individuals can express their suppressed emotions. In the context of this study, the nurses can show their tiredness, anger, frustrations, or happiness, or any of their felt emotions when they are with their colleques or managers. They are also able to make jokes or even talk about other things that they cannot say in front of the patients. Serpa and Ferreira (2018) argue that because individuals have expectations of controlled behaviour towards others, social order is needed to redefine the standardisation of all relational interactions. This statement aligns well with the views of Tanner and Timmons (2000), which depict back-stage as areas of the theatre where certain behaviours of the staff could be explained using the element of space. Tanner

and Timmons (2000) critique Goffman's idea of back-stage, averring that back-stage is not a complete representation of an individual's behaviour around the social world but rather a close comparison of how people operating a theatre can neglect other structures or crucial elements constituting the performances of the actors and actresses as stage managers possess power and domination. This view reflects the notion that domination is also visible in hospitals where nurses are guided by rules and regulations (L'Ecuyer, Lancken, Malloy, Meyer and Hyde, 2018).

### 3.5.2 Impression management

The concept of impression management is central to Goffman's Dramaturgical Theory. According to Goffman (1968), impression management is a process by which people try to control how other people view them during interaction. Goffman views social life as a stage play where people are actors and, in their interactions, impression management becomes important because it assists them in building trust and maintaining a positive image of themselves as well as a sense of professionalism. To this effect, individuals actively manage their identity and how others perceive them. As such, professional nurses are obliged to create a relaxed and comfortable impression of themselves when assisting patients.

Goffman (1959) posited that the main concern would be common techniques that help to sustain their expressions and any contingencies related to the adoption of those different techniques. The theory uses a theatrical metaphor, as Goffman (1959) proclaimed. The main emphasis is that as human beings interact with each other daily, they show the formation of their identities. The theatrical metaphor indicates that human beings control their emotions by not expressing their true feelings, but rather, just like in a theatre, there is a stage where actors perform for their audiences. Similarly, in a hospital setting, professional nurses interact with different people daily. These people include patients, patients' family members and their friends as well as the nurses' colleagues; thus, they experience feelings or emotions depending on the different aspects of their job. Nurses, just like any other service providers, must manage their emotions in order to display friendliness when they are at their workplace (Du-Toit, 2012). This shows that nurses are living their lives from a perspective of aligning themselves with the dramaturgical model because their interactions at work make them behave like actors and actresses.

For Goffman (1959), impression management provides ways through which society understands how individuals regulate their emotions and behaviour to maintain their roles to their audiences. As applied to the context of this study, professional nurses in a private hospital pursue a balancing act to manage the emotional strain and challenges they face at work. As such, impression management is important because it assists in maintaining their

professionalism and creates an affirmative sense of their social identity, which is crucial in the way they interact with patients. It is important to note that professional nurses need to continuously suppress their emotions which, in some instances, leads to feelings of exhaustion and detachment, which negatively affects their mental health. To this effect, the study concurs with Serpa and Ferreira (2018) on the argument that impression management is a skill that is necessary for healthcare as it involves deep emotional labour. However, constant management of emotions can lead to emotional dissonance, as professional nurses might internally feel that they are at odds with the emotions that society requires them to display.

### 3.5.3 Role performance

Woodward (2018) indicates that identity is not a fixed phenomenon. This demonstrates the constant change in nurse's behaviour in how they react to different people. This view supports Goffman's (1959) Dramaturgical Theory, which stresses that any form of human interaction that involves two or more people is performative. How an individual presents themselves publicly has an analogous presentation that replicates that of an actor playing a certain role in a play (Goffman, 1959). The key role of the Dramaturgical Theory in an individual's life is to keep a positive impression of themselves in relation to other people and, most importantly, to be able to manage how others may have an impression about them, and they do this through various strategies and performances (Goffman, 1959). Goffman (1959) further developed his theory in 1990, when he added the aspects of front-stage and back-stage (Goffman, 1990). The concept of role performance assists in understanding how people manage their social interactions in professional settings. Goffman's Dramaturgical Theory emphasises the notion that human interactions involve the audience and the performance, of which the latter is shaped by audience expectations. Each social interaction is coupled with societal expectations where people perform a role in connection with what the society expects. To apply this concept to the study of the emotional labour of professional nurses, the study argues that in the hospital environment, the nurses' emotional labour also entails how they perform their emotional roles.

### 3.5.4 Self as a performance

In Goffman's (1959) Dramaturgical Theory, the self as a performance is important because it assists in explaining how people construct or reconstruct their identities in social interactions. This concept reveals that social identity is a fluid and flexible performance that is shaped by the social environment. On this note, Goffman likens social life to a theatrical performance, maintaining that the self is constructed and reconstructed daily through social

interactions. The argument herein is that human nature cannot always be plotted like scenes in theatres that are scripted because, in real life matters, emotions and impressions display personalities in the workplace (Serpa and Ferreira, 2018). In simple terms, human beings perform actions based on societal expectations and different situational demands. Thus, understanding the self as a performance illustrates the notion that identity is not a fixed entity but is continuously negotiated through social interaction. This concept is used in this study to show how professional nurses manage their emotions and adapt their self-representation to meet the expectations of their audiences. As applied to the context of this study, the concept of the self as performance explains how professional nurses display, perform, and manage their emotions to meet their professional standards. What this study retains from the theory is that balancing professional care and the emotional demand of their job often leads to emotional exhaustion as shown in the chapters presenting the discussion of findings. However, the nurses constantly maintain a positive sense of their identities, thus suppressing the authentic self.

### 3.6 Relevance of the combined framework to the study

The integration of Lazarus' (1991) Cognitive-Motivational-Relational (CMR) Theory and Goffman's (1959) Dramaturgical Theory provides a robust interdisciplinary framework for analysing emotional labour among professional nurses, particularly those caring for patients with HIV and AIDS, tuberculosis (TB), and COVID-19. This combined framework is significant because it bridges psychological processes and sociological structures, offering a comprehensive understanding of the emotional demands inherent in the nursing profession.

From a psychological perspective, Lazarus' Cognitive-Motivational-Relational Theory offers insights into how nurses interpret and emotionally respond to stressful or ethically challenging situations. It emphasises the view that emotional experiences are not passive but are a result of active cognitive appraisal processes. Nurses dealing with stigmatised illnesses like HIV and AIDS, TB, and COVID-19 often face emotionally complex scenarios, such as delivering bad news to patients' relatives, witnessing suffering, and managing the social stigma surrounding patients (Dlamini et al., 2009; Pretorius et al., 2021). Lazarus' model enables researchers to explore how these experiences are cognitively processed and how coping strategies are employed, whether to manage the source of stress (problem-focused coping) or to regulate emotional responses (emotion-focused coping) (Folkman and Lazarus, 1985).

Additionally, the motivational aspect of the CMR Theory highlights the internal values and professional commitments that influence the way nurses handle emotional labour. Nurses may either be driven by intrinsic motivations like empathy and compassion, or extrinsic factors such as professional recognition and institutional

expectations (Mann, 2005). These motivations affect the nurses' appraisal and confrontation of emotional challenges. For example, a nurse dedicated to patient-centred care may view a distressing interaction as part of their caregiving role, thereby alleviating emotional strain through a positive reappraisal (Lazarus, 1991; Grandey and Gabriel, 2015).

Simultaneously, Goffman's Dramaturgical Theory brings into view a valuable sociological dimension by framing emotional labour as a performative act that is influenced by social roles and institutional settings. In healthcare settings, nurses are expected to exhibit culturally and professionally accepted emotions, such as compassion and calmness, even amid personal emotional turmoil (Bolton, 2000; Hochschild, 1983). Goffman's concepts of "front-stage" and "back-stage" behaviours provide insight into how nurses maintain emotional decorum in patient-facing roles while retreating to private spaces to decompress and express their true feelings (Goffman, 1959; Zapf and Holz, 2006). This dynamic is particularly evident in the context of high-burden care for HIV and AIDS, TB, and COVID-19, where frequent exposure to death, stigma, and suffering demands constant emotional regulation (Stein and Lewin, 2007).

Moreover, Goffman's notion of "impression management" illustrates how nurses curate their emotional expressions to align them with institutional expectations and professional norms. This effort contributes to their professional identity, reinforcing ideals of care, competence, and emotional resilience. However, prolonged emotional dissonance, where internal feelings conflict with the required expressions, can lead to burnout, depersonalisation, and decreased job satisfaction (Mann and Cowburn, 2005; Brotheridge and Grandey, 2002).

This integrated framework is particularly useful for exploring the dual pressures faced by nurses in resource-constrained environments in South Africa's public healthcare sector and other developing regions. Here, nurses contend not only with the emotional burden of caring for patients with complex and often stigmatised conditions but also with systemic challenges like staff shortages, inadequate infrastructure, and insufficient psychological support (Chirwa et al., 2009; Mavhandu-Mudzusi and Ganga-Limando, 2014). Lazarus' CMR Theory fosters an understanding of how these systemic stressors can be internalised and managed, while Goffman's Dramaturgical Theory provides a lens for interpreting how emotional performances can be sustained under institutional pressures.

Furthermore, the relational focus of both theories emphasises the importance of the broader socio-cultural and organisational context in shaping emotional experiences. Lazarus' CMR Theory highlights the role of the person-environment relationship in determining emotional responses, while Goffman's Dramaturgical Theory centres on the social interactions and structural expectations that guide emotional performance. Together, the two theories

illustrate how emotional labour is both personally experienced and socially constructed through an interplay that is especially relevant in the context of nursing, where interpersonal engagement is central to care (Tadic et al., 2015; Tracy, 2005).

Ultimately, this integrated theoretical framework provides a comprehensive tool for understanding emotional labour not merely as individual behaviours but also as a complex phenomenon situated at the intersection of personal values, psychological processes, institutional culture, and social expectations. The theoretical framework enables the researcher to analyse how nurses cope with emotional challenges, form and maintain professional identities, and maintain an emotional balance in high-stress contexts. Moreover, it lays the groundwork for recommending supportive organisational interventions, such as emotional training programmes, peer debriefing systems, and institutional recognition of emotional labour, to enhance the nurses' wellbeing and sustain high quality care (Mann, 2005; Zapf et al., 2001).

### 3.7 Conclusion

The integration of Lazarus' (1991) Cognitive-Motivational-Relational Theory and Goffman's (1959) Dramaturgical Theory provides a comprehensive framework for understanding the emotional labour of professional nurses. Lazarus' CMR Theory offers valuable insights into the internal cognitive and motivational processes that shape individuals' emotional responses to situations, while Goffman's Dramaturgical Theory illuminates the external social performances and identity management required within healthcare settings. Together, these theories underscore the complex interplay between personal appraisal, coping strategies, institutional expectations, and socio-cultural dynamics. This dual perspective is particularly valuable in examining the way nurses navigate the emotional demands of caring for patients with stigmatised conditions such as HIV and AIDS, TB and COVID-19, highlighting the need for creating supportive environments that acknowledge and address the emotional dimensions of caregiving in healthcare settings.

# CHAPTER FOUR:
# RESEARCH METHODOLOGY AND METHODS

## 4.1 Introduction

This chapter describes the methodological framework used to explore the emotional labour of professional nurses caring for patients with synergistic infectious diseases (HIV/AIDS, TB and COVID-19) in a private hospital in South Africa. The study adopted an interpretivist paradigm and a qualitative research approach to explore the personal and context-specific experiences of professional nurses. It also details the research site, sampling strategy, data collection methods, pilot study, data analysis, measures to ensure trustworthiness, ethical considerations, and the role of reflexivity. The rationale for each methodological choice is discussed, supported by relevant literature, to enhance the trustworthiness of the study.

## 4.2 Research Paradigm and Design

The study used an interpretivist research paradigm. The interpretivist paradigm provides a foundational approach to understanding human behaviour through the lens of subjective meaning, emphasising the importance of context, culture, and individual experiences (Alharahsheh and Pius, 2020). Grounded in the understanding that reality is socially constructed, interpretivism seeks to uncover the underlying motivations, beliefs, and emotions that shape how people interpret and interact with the world around them. In this study, adopting an interpretivist approach aligns with the focus to explore nurses' experiences with emotional labour, as it allows for an in-depth investigation into how nurses perceive, internalise, and express their roles within emotionally demanding environments. Rather than aiming for generalisable findings, this paradigm prioritises understanding the nuanced, personal insights of participants, acknowledging that each nurse's experience with emotional labour may be unique (Di Paola and Vale, 2019). This focus on individual meaning-making is crucial when dealing with complex, emotion-centred phenomena, as it provides a more comprehensive picture of the subjective realities influencing nurses' routine work.

The interpretivist paradigm is particularly relevant for this qualitative research because it facilitates a deeper examination of the meanings that nurses attach to their emotional labour (Di Paola and Vale, 2019). Emotional labour is not simply a set of actions or behaviours; it is inherently shaped by personal beliefs, social expectations, and internal values, all of which require a research approach that honours these subjective dimensions. By using an interpretivist lens, I was able to engage with participants in a way that respects their unique perspectives,

fostering an environment in which nurses feel comfortable sharing their personal experiences. This approach helps to illuminate the emotional complexities inherent in nursing and produce data that is rich in context and meaning, which is essential for achieving a fuller understanding of emotional labour (Di Paola and Vale, 2019). In this way, the interpretivist paradigm underpins the study's goal of revealing the often-hidden emotional challenges nurses face, offering insights that can inform more empathetic workplace policies and practices.

I used an interpretivist paradigm to understand how professional nurses construct their reality in relation to their work. This includes the nurses' world and their experiences. Furthermore, I wanted to understand their interpretation of their meaning of emotional labour and to learn how they understand their world as well as to cope with its demands. Thorne (2014) articulates that interpretivist paradigm emphasises the subjective being of reality therefore this paradigm is suitable as nurses are in a discipline that is sufficiently framing questions that are adequate to discern different working contexts and conditions associated with their working space. Positioning this paradigm in the context of this study included allowing the professional nurse participants to provide their own detailed experiences of elements that constitute their work, the nurses stand points that best captures the nature of their work and what they go through as individuals.

The paradigm offers a firm foundational character of thought that reclaims perceptions of nurses through their own intellectual characters. Furthermore, the interpretivist paradigm allowed nurses to provide scaffolding articulation of their own individual experiences and contexts that provided me with credible and legitimate data. Alharahsheh and Pius (2020) conceptualise a paradigm as being inclusive of elements such as methodology and methods as well as ontology and epistemology. Lastly, I used this paradigm to understand the human instruments which are professional nurses to yield a robust investigation and understanding of the research problem. This paradigm is suitable for this study as it resonates with viewing the nurse's reality while also focusing on understanding the characteristics of the nature of their work and how they perform their emotional labour.

Adopting the interpretivist paradigm for the study on emotional labour among nurses working with HIV/AIDS and TB patients in South Africa enabled a deep and nuanced understanding of the emotional challenges nurses face in their professional roles. The interpretivist paradigm emphasises the subjective experiences of nurses, exploring how they interpret and cope with the emotional demands of their work. By focusing on social, cultural, and personal contexts, the study uncovered meaningful insights into the emotional labour involved in caring for patients with stigmatised diseases and highlight the coping strategies, resilience, and emotional regulation techniques that nurses employ. The interpretivist paradigm is compatible with the qualitative approach, which

fosters a comprehensive understanding of the emotional landscape of nursing practice, providing valuable insights for supporting nurses in their emotional wellbeing and enhancing patient care.

I opted for a qualitative research approach owing to its salient features that best explain people's actions in different social settings. There are three commonly used research approaches, which are qualitative, quantitative and mixed methods. However, this study did not focus on the quantitative approach because I did not want to make any generalisations, which can be applied to the entire population but rather I wanted an approach that would allow professional nurses to share their own experiences, which cannot be generalised to the other nurses as their experiences will always differ. Further, a mixed method approach was not a sustainable option because I was not targeting a large sample that would require some statistical analysis and quantifying of any elements of professional nurses' emotional labour. For example, Halcomb and Hickman (2015) argue that researchers use both qualitative and quantitative approaches to best understand the phenomenon. As a result, this study used a qualitative approach in pursuit of depth and not breadth.

According to Merriam and Grenier (2019), a research design is key in helping the researcher to assess rigour and any valuable element each participant is contributing. The qualitative research approach helped me to craft good research questions, conduct the selection of the study sample as well as choosing the relevant data collection and analysis methods. The qualitative research approach is a philosophy that derives its constructionism, symbolic interaction and phenomenology from researchers who are keen to understand three main attributes of human beings in their own societies (Merriam and Tisdell, 2015). Firstly, qualitative research interprets the experiences of people in different settings of their lives. This approach is utilised in this study because it is suitable for reflecting on the authentic experiences of professional nurses regarding the positive aspects of their job, as well as their own descriptions of negative aspects of their job. Secondly, Tenny, Steven, Janelle, Brannan, Grace and Branna (2017) explain that researchers want to understand how people construct their own worlds. This also relates to this study as I sought to understand how professional nurses at a private hospital construct their own reality as they utilise the different coping mechanisms of emotional labour. Lastly, this methodology helped me to understand the different meanings that professional nurses attribute to their own experiences.

The overall reason for this adopting the qualitative approach and its significance is to understand how professional nurses make sense of their actions at the workplace, and their general lived experiences that entails controlling and monitoring of the way of doing things as they provide health services and information to patients, friends as well as other family members who interact with them in their work environment. The qualitative research approach is suitable for researchers who obtain their data through in-depth interviews, which are suitable for understanding

the techniques that people use to manage their behaviours, and any strategies to uncover information as well as providing insights which are not possible to obtain using the quantitative approach (Merriam and Tisdell, 2015). Hence, this study explores the experiences of nurses through conducting in-depth interviews to attain a deep understanding of their perspectives in relation to their behaviour to provide clear meanings and interpretations of emotional labour. Hennink, Hutter and Bailey (2020) note that the researcher should always provide a safe space for the participants to tell their own stories, allowing flexibility, and demonstrating empathetic curiosity to gather the relevant data. In this study, I managed to achieve this milestone.

For this study, a qualitative research approach was used not only to explore professional nurse participants' beliefs, attitudes, and ideas about their emotional labour but also to obtain reliable, in-depth evidence that enhances understanding of this complex phenomenon. A qualitative approach was particularly suitable, as it allows for a rich exploration of subjective experiences and nuanced insights, which are essential for grasping the intricate and often personal aspects of emotional labour. This approach enabled me to capture the meaning nurses assign to their experiences, providing a comprehensive understanding that quantitative methods might overlook. The qualitative research approach allowed me to get insights into the main study objective. The design also helped to generate the relevant data from the study participants. This was drawn from their perceptions and an understanding of what professional nurses explained as their emotional labour and as a systematic examination of behaviours of nurses at work, given its nature and purpose. The qualitative approach is mostly suitable for this study because it allowed me to gain an in-depth understanding of the topic by scrutinising what participants' experiences entailed. Furthermore, qualitative research permits researchers to examine the different experiences of people using methods such as focus group discussions and in-depth interviews to gather people's life histories and biographies. Haven and Van Grootel (2019) also added that qualitative research allows researchers to attain a deep understanding of participants' perspectives in relation to their behaviour, as well as draw meanings and interpretations. In this regard, I provided a safe space for the participants to tell their own stories, allowing flexibility and demonstrating empathetic curiosity to gain information.

### 4.3 Research Site and Sampling

The study was conducted at a large private hospital in an urban area in KwaZulu-Natal. The hospital was chosen because it is one of the largest private healthcare institutions in the province, offering a broad range of services and specialised wards. This diversity provided access to a wide pool of professional nurses working across various departments, which was crucial for obtaining rich and varied data relevant to the study's objectives. The selection

of the study sight also ensured that the study could be conducted efficiently and ethically within an institution that supported clinical research. Bao, Zheng, Wilkie and Mokbel (2015) aver that in research, location does not only show the researcher's preference but also the consideration of important elements such as the high probability of being visited for data collection. This means increasing the chances of the researcher's commitment to easily go to the location of the research study and minimising transport costs. The hospital served as a suitable place for this study as it has a variety of wards such as medical and surgical, Intensive Care Units (ICUs), maternity ward, paediatric and orthopaedic wards, which showed me that there are many professional nurses employed by the hospital as I walked around the hospital.

The study was conducted in Durban. I deliberately withhold the name because Netcare works with anonymity and the names that are used in this studyfor the profile of the nurses are pseudonyms. KwaZulu-Natal province is characterised by several challenges that include shortages in skilled nursing staff, and in some hospitals, a lack of essential phamaceuticals and drugs, which has turned into crises (Health System Trust, 2023). However, the hospital is one of the prime hospitals with reputable facility centres such as bariatric centre, fertility labouratory, radiology and pathology services as well as cardiac renal dialysis and hyperbaric and oxygen therapy units. The hospital is adequately resourced in all the wards. Further, there are permanent nursing staff in the different wards.

Sampling is the process of selecting a smaller representative individual commonly known as (a subset) of the entire population, to a more controllable number of respondents. to take part in a research study. However, given that the current study adopted a qualitative approach, the process is best described as selection of participants because the process is not left to chance. To select information-rich participants, a non-probability purposive sampling technique was used. This technique aligns with the qualitative approach. Thus, purposive sampling was used to identify and select participants who were best equipped to provide rich, relevant, and diverse insights into the emotional labour experienced by professional nurses caring for patients with synergistic infectious diseases such as HIV/AIDS, tuberculosis (TB), and COVID-19. Purposive sampling is a non-probability sampling strategy that involves intentionally selecting individuals based on specific characteristics, knowledge, or experience pertinent to the research question (Palinkas et al., 2015).

This sampling strategy was both practical and methodologically sound, allowing access to participants who could share in-depth narratives about how they emotionally navigated the daily challenges of caregiving in a complex and emotionally charged healthcare setting. As Guest, Bunce, and Johnson (2006) note, purposive sampling is particularly appropriate for qualitative research aimed at achieving depth rather than breadth, prioritising the richness of data over statistical generalisability. Additionally, purposive sampling enabled the inclusion of

participants from various shifts (day and night) and from different hierarchical levels (e.g., junior and senior nurses), ensuring a range of experiences and perspectives. This diversity enhanced the understanding of emotional labour across different professional roles and contexts.

The selection of participants in a qualitative study must target those participants who have lived through the experience as this provides significant accounts of the experience under investigation (Moser and Korstjens, 2018). Nurses were working four days on and four days off and the most effective way of reaching all the professional nurses who possessed a wealth of knowledge was through snowball sampling. . It was also noted that under COVID-19 patients with synergistic epidemic diseases (HIV/AIDS and TB) using private hospitals were much protected in the hospital effectively to reduce their risk of contracting COVID-19. However, I started data collection when COVID-19 infections were starting to be very low and there were a lot of changes that were made at the hospital including patients not being isolated anymore, unless if it was a TB patient as it is very contagious.

In qualitative research, the sample size is important for achieving data saturation, ensuring that the researcher yields a diversity of perspectives, and for enhancing the trustworthiness of the findings. For a study on emotional labour among nurses working with HIV/AIDS and TB patients in South Africa, a sufficiently large and diverse sample ensured a comprehensive understanding of the topic, which contributed to a more nuanced analysis, and allowed me to collect rich and thick data. By carefully considering the sample size, I ensured that the study's ensured conclusions are applicable to a broader population of nurses and contributed to improving the support structures for nurses facing emotional labour challenges in high-stress environments. Thus, a total of 18 interviews were conducted with professional nurses. The language I chose in conducting interviews was English. The study sample comprised two males and 16 female nurses employed in permanent professional nursing positions at the selected private hospital for a minimum period of one year to understand their lived experiences.

### 4.3.1 Inclusion criterion

The inclusion criterion is important because it helps ensure that the researcher elicits the rich data needed for the study in question (Patino and Ferreira, 2018). The authors' emphasis on inclusion criteria means that all the researcher only selects those participants with the relevant characteristic. According to Butler and Copnell (2016), the inclusion criteria help demarcate the boundaries of the study, thus helping to mitigate any kind of bias. Thus, the researcher must know the age, sex of the participants as well as other factors that determine eligibility for participation such as the number of years the professional nurse has been employed by the hospital.

### 4.3.2 Exclusion criteria

Excluding other characteristics which are considered unfavourable for the study is a necessary guideline that helps the researcher to avoid confusion and enables them to obtain precise data for the benefit of the study (Ahn and Kang, 2018). Similarly, Butler and Copnell (2016) also reiterated that exclusion criterion in studies is needed to produce high quality data that captures the effectiveness of the study aim, minimise bias as well as avoiding irrelevant information thatdoes not add any value to the current study. For this study, professional nurses that were excluded are those that were new (below 1 year) because I needed people with longer job experience at the research site. Further, those that met the inclusion criteria but were unwilling to participate in the study were excluded because voluntary participation is an important ethics principle in social research. I also excluded agency employees because they were only working when they were staff shortages.

## 4.4 Data Collection

Data was collected using in-depth interviews and observations.

### 4.4.1 In-depth interviews

According to Kumar (2011), an in-depth interview is a persistent interaction between the interviewer and the participant in which a real conversation takes place. Furthermore, Eppich, Gormley and Teunissen (2019) noted that in-depth interviews help the researcher to collect rich data which captures the main elements of the topic being researched. Knott, Rao, Summers and Teeger (2022) added that in-depth interviews enable the participants to express their own views, the way they like putting it in their words as well as being able to interpret the universe around them. These authors further explained that researchers conducting in-depth interviews also deceptively familiarise encounters in which individuals interact with one another by being able to ask them necessary questions and extract good answers for their studies. Osborne and Grant-Smith (2021) also highlighted that in-depth interviewing involves being very intensive to generate meaning from complex data and thus it requires good skills for efficient design by the researcher, and the researcher must follow ethical protocols. For this study, the data collection tool (interview guide) clearly presented questions on the experiences of professional nurses. This helped me to ask questions about nurses' experiences in their field of work and personal lives, their opinions about other things relating to their work as well as learning about their hopes and fears emanating from working with TB and HIV/AIDS patients. All the opinions of professional nurses who work with patients with these epidemic diseases

helped to generate rich data, which helped to achieve the main objectives of the study.

### 4.4.2 Interview guide

An interview guide was used (Appendix B). Roberts (2020) argues that an interview guide is a prerequisite for an effective in-depth interview. The use of an interview guide offers a structured interview that enhances flexible interview making the process easier and more manageable (Roberts, 2020). An interview guide is an essential tool in qualitative research, providing a structured yet flexible framework that guides the interviewer through key topics while allowing space for rich, open-ended responses (Roberts, 2020). Unlike structured questionnaires, an interview guide does not dictate exact questions but rather outlines thematic areas and prompts that ensure coverage of the research objectives. This flexibility is crucial in qualitative research, where the aim is to explore participants' experiences, thoughts, and feelings in-depth.

The interview guide helped me to stay focused on central themes while adapting to the flow of each conversation, enabling me to probe deeper when unexpected insights emerged. Additionally, an interview guide enhances the consistency and comparability of data across participants, as it ensures that all interviewees address similar core topics, even if the discussion diverges in specific details (Roberts, 2020). This approach contributes to the trustworthiness of the data while preserving the authenticity and individuality of each participant’s perspective. Furthermore, using an interview guide promotes ethical research practices by helping researchers to ask questions that are relevant, respectful, and considerate of participants' comfort, ultimately fostering an environment that encourages openness and honesty. Roberts (2020) argues that not following the interview guide can make the process of data collection rigid and sometimes the researcher might end up mixing the questions, which leads to confusion and crucial information can be missed.

This study used an interview guide, which simultaneously created an understandable view of what the researcher needed from obtaining rich data from participants through its questions. There was no need to decode or translate interviews and documents into any other language because I was interviewing professional groups, and all the participants were comfortable with English. In line with ethical research guidelines and practice, I requested permission to use an audio recorder to capture voice data and all the participants consented. An interview guide was prepared, comprsing a set of open-ended questions that were used to ensure consistency in the interviewing process. Standardising the process is important to ensuring that the findings are reflective of the reality as perceived by the participants. Each interview took an average of 60 minutes. The findings of this study were presented within the context of one private hospital in a specific geographical location, and these findings will not be generalisable.

### 4.4.3 Observations

I also used observations. Qualitative observation is a research method where the characteristics or qualities of a phenomenon are described without using any quantitative measurements or data (Lofland, Snow, Anderson and Lofland, 2022). Rather, the observation is based on the observer's subjective interpretation of what they see, hear, smell, taste, or feel. Participant observations during data collection was employed as a technique to make sure that all the necessary data is obtained from the participants. This was done to compliment the need for obtaining additional data to gain more understanding of factors affecting professional nurses and capturing any useful tool to seal the gap in coded data after data saturation was achieved. This was also useful to mitigate bias emanating from using only one method to collect data and therefore helping with data validation. I observed that nurses in a private hospital always give a voice to the patients. The patients were not neglected as the nurses were making rounds in different areas of the ward checking on the patients. This showed me how nurses in the private hospital prioritise patients and their needs. All the buzzers from the patients' beds were also timeously attended to, which gave a clear picture of how nurses respond directly to the patients.

The other observation was that in the private hospital, a clean environment plays a vital role in nurses' work. The cleaners were going to the wards many times to clean and remove waste as the nurses focused on doing their job. I also observed that theprofessional nurses were receiving support from their shift managers as the managers kept checking on them and also establish if they needed any form of assistance. Although the managers were solving different challenges while the nurses were working, the support they rendered to the staff was explicit. The other observation was that there is also flexibility in the private hospital because there were incidences where nurses would cover for each other and that showed teamwork and good relationships among the nurses. On the part of the patients, children that were admitted in the private hospital were had a huge play area where nurses would go and play with them and even assist the smaller ones to access the playing areas where they could not manage on unassisted. These observations gave a clear indication about what happens in the private hospitals and how the nurses handleg the demands of their work. Lastly, time emerged as one of the most important aspects of the nursing role. The observation was that time influences a lot of decision making in many ways. Firstly, some decisions had to be made in the absence of the shift managers to save the patients' lives. Secondly, the time for changing of shifts was never a good time for me to be at the hospital as the nurses needed to brief each other and facilitate the hand over process.

### 4.4.4 Data collection procedure

The unit managers in different wards were informed about my presence for observations and they all agreed. They also familiarised with the interview guide and asked me what the study is all about. Most of the unit managers also arranged spaces for me to sit and make notes and to move to certain stations in the process of collecting data through observation as a method, of course being cautious enough not to disrupt the nurses as they executed their duties. The first nurse that was identified by the nursing manager assisted me to identify new participants. The nursing managers in the wards were also helping to identify the nurses that I could approach, considering the work these nurses were doing at that time. During the interviews, many nurses answered very well and where they could not understand, I would repeat or rephrase the question so that they clearly understand. However, there was a nurse who was only answering with one word, she seemed very shy and concerned that I will report what she said to the unit manager, I had to remind her of anonymity and confidentiality. Eventually, the nurse participant was free to engage in a fruitful way. The interviews were recorded using a digital audio recorder and a mobile phone for back-up. The audio data was later transferred to a disk to secure it. I ensured that interviews are conducted more flexibly to allow the participants to feel connected to the process as opposed to feeling being controlled by a format of rigid questions. This was achieved through a process of probing to allow the participant to engage in a free-flow conversation.

### 4.4.5 Data collection experience

After being welcomed by the nursing manager, she introduced the me to the unit managers and advised them to inform their staff about the 'researcher's visits' on different days in those wards. However, every time I went to a new ward, the nurses were surprised and had to ask many times who I was and why I was there, despite that I had a name tag that was given by the hospital management. This is because the shifts were changing every 12 hours and nurses would always rotate. This made me feel very uncomfortable in other wards where nurses would look at me in an odd way. There were disturbances that occurred during data collection from other staff members who would come to ask about what the researcher and the interviewee were discussing. There were also two cases where training was provided on the use of the computerised monitors that nurses use to keep the patient's progress or their state and the trainer just stopped the interview for that application training, however the interviewer had the recorder that can be paused and resume when the interviewee is ready. The other challenge that delayed the study to commence was the bureaucractic processes that were supposed to be followed. The Netcare system on facilitating the process of evaluating documents submitted for review by the research committee took a long time and caused a lot of stress for me. The review was done in Pretoria and the doctor in charge could not open some

PDF files that had the letters from the supervisor and Netcare Durban where the study was based and the documents had to be couriered. which prolonged the commencement of data collection. This was also due to the protocols that were changed because of the COVID-19 pandemic. All these barriers delayed commencement of the pilot study. The other problem encountered was that of access to the hospital wards. I needed a name tag and before it was given to me, the security department decayed the process as they conducted their checks.

Lastly, the most stressful challenge was time. Pieterse, Arwen, Stigglebout, Montori (2019) emphasise the importance of timely use of caregiver's time. They argue that prioritising care and making good decisions to choosing spending time on helping the patients and achieving the desired results are fulfilling and rewarding. I understood this when encountering the challenge of not getting free time from the professional nurses who were participating. The scheduled interviews would be postponed now and then and some even failed because nurses were mostly busy and they did not want to be interviewed after their working hours. This meant I would move around with them as they changed their working stations and sometimes even wards so that the recordings would be completed. There were a lot of pauses of interviews during recording and this made it very difficult to transcribe the data from the recorder. Most interviews took time when nurses started their break time and there were a lot of disturbances from colleagues who would be busy with questions on what is happening and being eager to know about the interview while it's still continuing thus causing delays, and all these factors made data collection process very challenging to the researcher.

### 4.4.6 Approaches used to overcome fieldwork challenges

I would always go first to the shift leader to report her presence in the ward therefore making it easier for her to be introduced again for that specific shift. I also avoided doing interviews at the common room, the disturbances were too much that were caused during interviews at the common areas like the resting room where nurses would usually drink their tea or eat lunch. I opted for empty visitor's room which were very quiet and suitable for interview purposes. The hospital through the request of the researcher provided the services for counselling for any professional nurse who can be affected emotionally by the effects associated to this study. To this end, all the interviewees never needed any counselling. The researcher's challenge of bureaucratic protocols that were followed to acquire gate keeper's letter from the Netcare research offices was solved by resorting to sending a lot of reminders as the person responsible would sometimes mention that she forgot to follow up.

### 4.4.7 Data saturation

In qualitative research, data saturation is a critical methodological benchmark used to determine the appropriate point at which data collection can cease. It refers to the stage at which no new information, themes, or insights emerge from additional interviews or observations (Fusch and Ness, 2015). For this study, which explored the emotional labour of professional nurses caring for patients with synergistic infectious diseases such as HIV/AIDS and TB, data saturation was methodically monitored and served as the principal criterion for concluding data collection.

I adopted an inductive approach to thematic analysis, wherein the coding and interpretation of interview data occurred concurrently with data collection. This iterative process enabled me to assess, in real time, the degree of thematic redundancy and conceptual richness emerging from each subsequent interview (Saunders et al., 2018). As interviews progressed, I noted that by the 15th interview, most of the key themes such as coping mechanisms, institutional support, emotional suppression, and ethical tensions had begun to recur consistently across participants' narratives.

By the 18th interview, no substantial new themes, perspectives, or experiences were emerging. Responses largely reaffirmed the thematic patterns that had already been identified in earlier transcripts. Moreover, participants' accounts were demonstrating a high level of thematic convergence, reinforcing the confidence that the core dimensions of emotional labour within this context had been sufficiently captured. According to Guest, Bunce, and Johnson (2006), data saturation can often occur within the first 12 to 20 interviews in studies with a relatively homogenous participant group and focused research objectives, as was the case in this study.

In addition to thematic repetition, the decision to stop data collection was supported by the researcher's engagement in regular peer debriefing and reflective journaling throughout the process. These activities provided further assurance that the data collected were rich, nuanced, and sufficient to address the research questions. Saturation was therefore determined not by a predetermined number of interviews but by the quality and completeness of the data in relation to the study's analytical goals. Thus, the decision to conclude data collection at the 18th interview was both deliberate and evidence-based, consistent with qualitative best practices that prioritise depth over quantity. This ensured methodological rigour and upheld the study's commitment to trustworthiness and analytic transparency.

## 4.5 Pilot Study

Before beginning the main phase of data collection, a pilot study was conducted to test and refine the methodological approach. In qualitative research, pilot studies are crucial for ensuring methodological rigour, providing researchers an opportunity to evaluate the feasibility, appropriateness, and clarity of their research instruments and procedures in a real-world context (Ismail, Kinchin and Edwards, 2018). Given the sensitive nature of this study, which explores emotional labour among professional nurses caring for patients with HIV/AIDS and TB, the pilot study was essential for preparing me both methodologically and ethically.

The primary goal of the pilot study was to identify potential challenges that might arise during data collection and to make necessary adjustments in advance. It allowed me to assess whether the interview questions were clearly articulated, contextually relevant, and culturally appropriate for the intended participants. Feedback from this phase indicated that some questions were either ambiguous or complex for participants to interpret, leading to a refinement of the interview guide for improved clarity and relevance. Malmqvist et al. (2019) emphasize that pilot studies are a critical quality control mechanism, enabling the revision of research tools and the fine-tuning of procedures to enhance trustworthiness.

In addition to improving the research instrument, the pilot study provided practical insights into the logistics of conducting interviews in a clinical setting. It helped me understand the daily routines and workflows within the hospital, including nursing shift structures, tea breaks, and patient care responsibilities. This knowledge was vital for determining the best time slots for conducting interviews to minimise disruption to participants' professional duties. Furthermore, it allowed me to evaluate the accessibility of various wards and establish initial contact with key gatekeepers, such as unit managers, whose cooperation would be necessary for the main study.

The pilot study also offered an important opportunity to practice and refine the informed consent process. Participants were thoroughly informed about the study's objectives, the voluntary nature of participation, and measures taken to ensure confidentiality. This practice contributed to the ethical preparedness of the study and helped me develop a clear and respectful communication approach to interacting with the participants. According to Ismail et al. (2018), pilot studies enhance ethical integrity by providing a preliminary framework for engaging with participants in a responsible and transparent manner.

Another valuable insight gained from the pilot was understanding how individuals respond to participation in sensitive research. I observed varying levels of willingness to participate and differing comfort levels in discussing emotionally demanding experiences. This underscored the importance of building rapport and trust with

participants to encourage openness and authenticity during interviews. It also highlighted the need to create a safe and supportive environment for discussing personal and professional emotional experiences, particularly in a high-stakes healthcare context.

Ultimately, the pilot study improved the overall quality and preparedness of the research. It allowed for the correction of methodological shortcomings, the development of a flexible and realistic data collection schedule, and the strengthening of ethical safeguards. As Malmqvist et al. (2019) argue, pilot studies significantly enhance the credibility, dependability, and transferability of qualitative research by ensuring that methodological decisions are informed by actual field conditions.

In conclusion, the pilot study was crucial for the successful execution of this research. It enabled me to apply theoretical knowledge in a practical setting, refine the research instruments, and develop an effective strategy for data collection. By identifying and addressing potential issues early, the pilot study laid the groundwork for a more robust, ethical, and contextually grounded main study.

### 4.6 Data Credibility, Reflexivity and Positionality

The credibility of qualitative research is crucial for the researcher to generate valid data (Shufutinsky, 2020). The author emphasises that the study's credibility should ensure that there is no likelihood for biasness, invalidity, and lack of vigour. In this case, Shufutinsky (2020) explains that biasness does not affect the study by ensuring that the participants are not swayed to the beliefs and opinions of the interviewer in any way. Therefore, I made sure that all the information from the participants were not redirected in a different manner from which the interviews were directed. The author also added that credibility in qualitative research is ensuring that invalid data is not added. Thus, by making sure that the data is trustworthy, and the interview guide was used to direct and help me to control the interview as well as ensuring trustworthiness of data by disapproving any factors or data which may affect the study in any negative manner.

To achieve trustworthiness, this study also incorporated Kyngäs, Kääriäinen, and Elo's (2020) conceptualisation of study credibility through confirmability. The study showed that the researcher remained neutral when reflecting on the participants' perspectives in describing their experiences as professional nurses. Moreover, the credibility of this study is shown through its authenticity. Ahmed (2024) postulates that the credibility of the study is shown through its authenticity. This study therefore showed that the concept is captured by the researcher's ability to accurately depict varies realities within the existing data collected from all the participants. One of the pillars of

qualitative research is trustworthiness. Ahmed (2024) also indicates that transferability is one of the crucial pillars. This study contextualised the degree to which the findings can be extrapolated to other situations. The detailed and comprehensive opinions from the professional nurses allowed me to evaluate how applicable the findings can be similar to other Netcare facilities, which are in similar operations as the current one where the data collection took place and therefore improving the study's trustworthiness.

### 4.6.1 Reflexivity in qualitative research

Reflexivity is a fundamental principle in qualitative research, involving the examination of the researcher's role, perspectives, and potential biases in relation to the study. It entails reflecting on how personal experiences, values, and positionality may impact the research process and outcomes (Palaganas, Sanchez, Molintas and Caricativo, 2017). In a study focused on emotional labour among nurses, particularly in the context of synergistic epidemic diseases like HIV/AIDS and TB, reflexivity is crucial for ensuring that the research is not only rigorous but also ethical, sensitive, and contextually relevant. Palaganas et al. (2017) explains that reflexivity is very crucial in qualitative research as it helps the researcher to acknowledge the changes that shaped certain processes in empowering research. Palaganas et al. (2017) also highlight that reflexivity gives an analytical devotion of the researcher's role in qualitative research. As a female, being the researcher helped the participants to open-up and give me detailed descriptions of their feelings and emotions at work, however, this did not influence any biasness towards data collection and transparency on all the elements of the study was maintained.

I did not start by collecting data by showing the participants any form of expectations in any topic, but rather she displayed willingness to listen and learn how the nurses tackle their work on daily basis. Patience is one aspect that I learnt because nurses are always have busy schedules and most of the time, I spent more time with the nurses in the wards while waiting for any available chance to conduct interviews. Emotional labour is closely linked to personal experiences of stress, suffering, and emotional exhaustion. Nurses in high-stress environments such as those caring for HIV/AIDS and TB patients, often face significant emotional challenges that can impact their wellbeing. Reflexivity was crucial in ensuring that I approached sensitive topics with empathy and respect. By reflecting on her own emotional responses to the research context, I became more attuned to the feelings of the participants, ensuring that the research process did not cause harm or distress. Reflexive practices enabled me to manage the emotional demands of interviewing healthcare workers while upholding ethical considerations. Throughout the research process, I maintained a personal journal and field notes to document my thoughts, feelings, and reflections. This ongoing practice allowed me to track how emotional responses evolved during the study and how these responses might influence my interactions with participants and the data analysis.

### 4.6.2 Positionality

In qualitative research, the concept of positionality involves recognising and articulating the researcher's identity, background, values, and social context, as well as how these factors influence the research process (Berger, 2015). Positionality is essential for promoting methodological rigour and ensuring the trustworthiness of the study, as it requires researchers to critically reflect on their roles and interactions within the research setting.

In this study, which examines the emotional labour of professional nurses in a private hospital, my positionality played a crucial role. As a student from the University of KwaZulu-Natal conducting research in a nearby private healthcare facility, I occupied both insider and outsider positions. While being an outsider meant I was not ingrained in the hospital's organisational culture, providing a level of objectivity, my affiliation with the broader healthcare and academic context offered a partial insider perspective that facilitated rapport-building with the study participants (Dwyer & Buckle, 2009). Reflecting on positionality allowed me to recognise how my presence, assumptions, and interactions could impact data collection and interpretation. This self-awareness helped to minimise bias and promote transparency throughout the research process. For example, I was conscious of power dynamics during interviews with professional nurses, ensuring that questions were posed respectfully and neutrally, and that participation was completely voluntary.

Acknowledging positionality also enhanced the credibility of the research findings. By being transparent about my positional standpoint, I was able to authentically represent participants' voices and more readily identify and address potential biases (Holmes, 2020). This openness allows readers and future researchers to understand how the data were generated and interpreted, thereby enhancing the study's dependability and transferability.

In summary, discussing positionality is vital for maintaining the methodological rigour of qualitative research. In this study, it contributed to greater trustworthiness by encouraging reflexivity, transparency, and ethical engagement with the participants. By incorporating this reflective stance throughout the research process, I ensured that the knowledge generated was situated, honest, and ethically sound.

## 4.7 Data analysis

I used thematic analysis to analyse the qualitative data collected from professional nurses working with patients diagnosed with HIV/AIDS, TB and COVID-19. This method was selected because of its flexibility and ability to provide a rich, detailed, and nuanced account of complex emotional experiences (Braun & Clarke, 2006; 2019). The thematic analysis was guided by Braun and Clarke's (2006; 2019) six-step framework, allowing for systematic identification and interpretation of patterns related to emotional labour and resilience in nursing.

***Step 1: Familiarisation with the data***

The first step involved immersion in the data. Audio-recorded interviews were transcribed verbatim, after which the transcripts were read and re-read multiple times. This familiarisation process helped me to gain an in-depth understanding of the nurses' experiences. Initial notes were made to capture emerging thoughts, striking emotional expressions, and patterns particularly around feelings of burnout, emotional masking, faith-based coping, and institutional support or lack thereof.

***Step 2: Generating initial codes***

Once familiar with the data, initial codes were systematically generated by identifying meaningful units across the dataset. Coding was both semantic (capturing explicit content) and latent (interpreting underlying meanings), reflecting the emotional complexities inherent in nursing work.

***Step 3: Searching for themes***

The third step involved collating codes into potential themes by identifying broader patterns of meaning. Codes were grouped based on conceptual similarities and relevance to the study's objectives.

***Step 4: Reviewing themes***

Themes were then refined and reviewed for internal coherence and consistency with the entire dataset. This stage involved checking if data extracts within each theme formed a coherent narrative and if the themes collectively reflected the depth and diversity of participants' experiences.

***Step 5: Defining and naming themes***

Each theme was then clearly defined, ensuring that its scope and focus were distinct and relevant to the research objectives. Short, descriptive names were assigned that captured the essence of the participants' narratives. Each theme was supported by rich participant quotes, providing credibility and depth to the analysis.

***Step 6: Producing the report***

The final step involved integrating the themes into the research findings, presenting a cohesive narrative that answered the study's research questions. Themes were discussed in relation to Lazarus' (1991) Cognitive-Motivational-Relational theory and Goffman's (1959) dramaturgical theory.

The thematic analysis thus provided a comprehensive and multidimensional understanding of how nurses navigate

emotional labour in the context of synergistic epidemics, offering critical insights into their coping strategies, stressors, and support needs.

### 4.8 Ethical considerations

Drolet, Rose-Derouin, Leblanc, Ruest and William-Jones (2023) described ethical issues as all the conditions that can compromise a part or whole study by lack of respect or any moral value that is socially, physically and mentally attached to the study participants. Research ethics are meant to make research efficient and to avoid violating participant's rights. In this study, I ensured that the participants were participating voluntarily by signing an informed consent form. Qualitative research ethics should always be considered by researchers who are collecting primary data as it often involves human subjects. Further, researchers should know where ethical issues would emerge so that they design their projects methodology and methods well (Dooly, Moore and Vallejo, 2017). Participants were also made aware of emotional, stressful and experiences that could revoke their emotions and thus proper arrangements were made for nurses who might need counselling at the hospital.

There are crucial principles of ethics that I considered in this study. This involved informed consent, anonymity, confidentiality, ensuring that no harm is inflicted as well as non-maleficence. Informed consent is a fundamental ethical principle in research, especially when involving human subjects (participants). It ensures that participants voluntarily agree to participate in a study, fully understanding its purpose, procedures, risks, benefits, and their rights (Neuman, 2014). This principle upholds the dignity, autonomy, and rights of participants, ensuring they are not coerced or misled into involvement. I ensured that participants received comprehensive information about the study in an accessible manner. This included details about the research's purpose, procedures, duration, potential risks, benefits, and the privacy and confidentiality measures in place. The participants were also informed of their right to withdraw from the study at any time without facing any negative consequences. This right encompassed the ability to refuse further participation or request the removal of their data from the study without any penalty.

Anonymity ensures that the participants of the study remain anonymous to protect their identity (Bless et al., 2013). In this study, I did not use the real names of the participants. I used pseudonyms to promote anonymity. Further, I upheld the principle of non-maleficence, which helps to ensure that the results of this study do not deliberately damage the participants. Moreover, confidentiality is one of the principles that were considered. This research did not request any confidential information that requires any personal details for the patients. Furthermore, to maintain confidentiality, I did not share any information with nursing managers across all the hospital wards, there were cases where nurses kept on asking whether their information will be shared with their

shift or nursing managers fearing that they might lose their jobs but I explained the aspect of confidentiality very well and they agreed to participate in the interview. This is also linked to making sure that all the participants signed the informed consent so that they have all the information about the study and thus making an informed decision whether they want to participate. There was no need to get any parental permission as the participants were all adults over 18 years of age. The principle of no harm was also considered in this study. The premise for the research was not to harm participants in any way. There were no known adverse effects that possibly caused harm to the participants. I made sure that in cases where participants would be affected emotionally by any personal questions that might have raised their emotions, there would be modification of those questions however, I did not encounter this.

### 4.9 Conclusion

In this chapter, I discussed the study methodology and methods that were used for data collection. The first part of the chapter described the research approach that was used to understand the in-depth experiences of professional nurses, which is qualitative. It was followed by sampling techniques, then methods that were used for data collection namely in-depth interviews and participant observation. The chapter continued by explaining how data saturation was reached, and some reflections on inclusion and exclusion criteria. Methods used for data analysis were explained as well as ethical considerations that were adhered to before and during data collection and analysis. I conclude the chapter by outlining the challenges that I encountered during the field work and the strategies that I used to mitigate the challenges.

# CHAPTER FIVE:
# ASSESSING THE LIVED EXPERIENCES OF PROFESSIONAL NURSES WORKING WITH INFECTIOUS DISEASE PATIENTS

## 5.1 Introduction

This chapter focuses on data presentation and the reporting of the research findings which establish the main themes and sub-themes developed from the 18 different responses provided by professional nurses who voluntarily participated in this research study. The participants were professional nurses working for a private hospital in Durban, South Africa. The study sought to explore several research questions. The main question the study sought to answer was: How do professional nurses in a private hospital navigate the challenges and emotional labour associated with caring for patients with synergistic diseases (TB and HIV/AIDS), and what strategies and interventions do they believe are necessary in enhancing their coping mechanisms, mental health, and work environment?

The sub-questions include:

i. What are the daily lived experiences of professional nurses working with synergistic disease patients (TB, HIV/AIDS) at a private hospital in Durban?
ii. What specific coping strategies do professional nurses employ at a private hospital when administering patient care to synergistic disease patients (TB, HIV/AIDS)?
iii. What are the familial implications for professional nurses working with synergistic disease patients (TB, HIV/AIDS) at a private hospital in Durban?
iv. What are the distinctive strategies that professional nurses exercise to maintain their mental health associated with the impacts of emotional labour?
v. What policies and practices of developmental interventions would nurses want to be incorporated by the policymakers to create conducive work environments?

## 5.2 Demographic information of participants

Table 5.1 presents the demographic characteristics of the 18 participants who voluntarily participated in this study. Sixteen participants were females, while only two were males. All the 18 participants were registered professional nurses. The sample had varying levels of work experience which ranged between 1 and 17 years.

**Table 5.1: Demographic characteristics of the study sample**

| Participant Number | Gender | Occupation | Work experience |
|---|---|---|---|
| **1** | Female | Professional Nurse | 2 years |
| **2** | Female | Professional Nurse | 6.5 years |
| **3** | Female | Professional Nurse | 2 years |
| **4** | Female | Professional Nurse | 11 years |
| **5** | Male | Professional Nurse | 1 year |
| **6** | Male | Professional Nurse | 6 years |
| **7** | Female | Professional Nurse | 10 years |
| **8** | Female | Registered Nurse | 17 years |
| **9** | Female | Professional Nurse | 10 years |
| **10** | Female | Professional Nurse | 13 years |
| **11** | Female | Professional Nurse | 5 years |
| **12** | Female | Professional Nurse | 17 years |
| **13** | Female | Professional Nurse | 7 years |
| **14** | Female | Professional Nurse | 4 years |
| **15** | Female | Professional Nurse | 6 years |
| **16** | Female | Professional Nurse | 8 years |
| **17** | Female | Professional Nurse | 9 years |
| **18** | Female | Professional Nurse | 5 years |

## 5.3 Emotional Dimensions of Nursing in Infectious Disease Care

There are both positive and negative impacts of emotional labour discussed in this section. All this explains emotional dimensions of nursing in infectious disease care.

### 5.3.1 Positive emotional experiences

The collected data reveal that some of the participants' lived experiences had a positive impact or a rewarding effect on their nursing careers. As a result, the rewarding or positive experiences formed one of the main themes summaring the lived experiences of professional nurses who were working with patients who were suffering from infectious diseases such as tuberculosis (TB) and HIV and AIDS among others. The identified sub-themes under this main category of positive, rewarding or good experiences include personal fulfillment; passion and motivation; professional growth and development; and patient relationships.

### 5.3.2 Personal fulfillment

The participants mentioned the satisfaction they derived from helping patients and the positive interactions they had with staff and patients. This intrinsic motivation could be crucial in coping with the high demands of working with patients infected with infectious diseases. The participants reported finding fulfillment in helping patients, which they described as the best part of their job. Witnessing patients recover and knowing they contributed to their care reportedly brought them happiness and satisfaction. This sub-theme emerged to be the most significant aspect of the participants' lived experiences in the nursing work environment, as the study participants revealed that witnessing patients recover and get discharged gave them personal meaning and gratification which contributed to personal satisfaction or fulfillment. The participants specifically revealed that they got a sense of satisfaction and contentment from being professional nurses and their achievements.

The participants shared the view that being professional nurses brought them deep satisfaction and fulfillment, which were rooted in their actions and accomplishments. They highlighted that observing the tangible results of their care, such as patients' recoveries, validated their efforts and strengthened their intrinsic motivation to continue working in this challenging field. The personal fulfillment experienced by the nurses does not only reflect their commitment to duty but also emphasises the emotional rewards and sense of purpose sustaining them in their work. This emotional connection is vital for maintaining their resilience and dedication to duty, especially

in high-stress environments like infectious disease units. These professionals perceived their work as transcending mere commitment to duty, as it has become their source of emotional reward, personal meaning, and lasting satisfaction. This aligns with a research study conducted by Atay et al. (2021), which found that the relationships nurses build with patients and colleagues are crucial for job satisfaction and emotional resilience in demanding settings. Many participants expressed being profoundly connected to their nursing profession, which they described as a calling and often perceived through a spiritual or religious lens. They felt that caring for the sick and vulnerable was not just a job but encapsulated a divine purpose. For these nurses, their commitment to the profession went beyond professional obligation; it resonated as a higher spiritual duty. Many of them articulated the belief that they were "called by God" to dedicate their lives to serving the ill, marginalised, and needy. This conviction instilled a strong sense of responsibility, which motivated them to persevere through the challenges of nursing, including long working hours and emotional strain.

The spiritual aspect of their work provided the nurses with a sense of purpose and a source of strength and resilience. The belief that their efforts were part of a greater plan enabled them to find meaning even when faced with difficult situations. When confronted with patients' critical illnesses, emotional pain, or death, they relied on their faith and spiritual beliefs for self-sustenance and dedication to serving their patients. This finding supports the concept of 'vocational calling,' in which individuals derive purpose and satisfaction from helping others (Kumar and Jin, 2022). Additionally, their belief in being called to serve by God extended to how they perceived their relationships with patients. They regarded each interaction with their patients as an opportunity to fulfill their spiritual mission, providing them not only with medical treatment but also emotional and spiritual support. This holistic approach to nursing highlighted the profound connection participants felt between their faith, work, and identity as caregivers.

The spiritual motivation highlighted by the participants provided them with a strong sense of purpose, as highlighted by a participant in her response to the question why she chose to become a nurse. The participant said:

> *"I became a nurse because I love working with people. As a nurse or a medical doctor, you work very closely with patients. I feel that God cares deeply about people, so by working closely with them, I feel like working closely with God. God created us for different purposes and so the time I fell in love with the nursing profession, I knew that I was fulfilling God's purpose in my life. I also*

*like helping people; so, to me nursing is like a calling"* (In-depth interview: Participant 3, June 2023).

The same sentiments regarding why the participant chose to be a nurse were shared by another participant who revealed the following:

> *"I always heard my parents talking about girls taking careers that allow them to work in a nurturing environment. So, my inspiration basically came from my parents who wished to see me working such jobs. So, as a girl I used to think a lot about choosing a profession that could suit my character but that was easily shaped by my high school performance because I used to pass Biology and Mathematics. So, I then developed a passion for nursing, and I couldn't even think of any other profession, I just fell in love with nursing"* (Participant15).

The participants also revealed that they gained personal satisfaction through working closely with patients and witnessing them recover from severe conditions. The participants particularly revealed that the personal fulfilling experience they derived from helping patients, witnessing their recovery, and the feeling that comes from knowing that they have contributed immensely to the care provided to patients brought happiness and satisfaction to them as professional nurses. The participants expressed how helping patients during their most vulnerable moments, providing care, comfort, and expertise, brought them a profound sense of fulfillment. Being actively involved in a patient's recovery journey, from a critical illness to healing, gave them a tangible sense of accomplishment and purpose. This engagement was not merely about executing clinical tasks; it was also about building trust, empathy, and hope, which deepened their connection to their role. This sense of personal achievement aligns with the findings of a research study conducted by Clarke et al. (2023), which established that nurses who witness positive patient outcomes report greater job satisfaction and emotional fulfillment than those who do not. For most of the participants, seeing patients regain their health gave them an immeasurable emotional reward. They expressed joy and pride when patients showed improvement, completed treatment, and were eventually discharged. Knowing that their efforts, whether through skilled medical interventions or compassionate support, significantly contributed to these outcomes filled them with happiness and professional satisfaction. The participants also emphasised the holistic nature of this satisfaction. This implies that nursing is not solely about treating physical ailments; it involves being emotionally present for patients, alleviating their fears, and ensuring they felt cared for and valued. This deeper connection fostered a dynamic where this professional relationship enriched the nurses' personal lives, offering them pride and validation in their career choices. One participant expressed this

personal and fulfilling experience by highlighting the following:

> *"The best part of being a nurse is working closely with patients, especially those in their weakest states. It's incredibly rewarding to see a very frail patient who had come into the hospital nearly on their death bed recover and be strong enough to go back home. That's the best part of nursing for me. Most of the times, the former patients even come to me and thank me for taking care of them during their difficult times when they were in hospital and that always humbles and excites me"* (Participant 3).

Another participant agreed with the same sentiments, stating that personal fulfillment in nursing is brought by seeing a patient recover. The participant shared the following:

> *"The best part of being a nurse involves being able to see a patient recover and being discharged from the hospital. The feeling of seeing their families happy and smiling as they come to fetch the person, I had been taking care of is such a fulfilling moment for me. Knowing that I contributed to their wellbeing or even making them feel much better gives me the relief and motivation to even work harder with the hope that more patients will leave this place feeling better; so, that is the best part"* (Participant 7).

### 5.3.3 Passion and motivation for nursing

Data analysis revealed that the participants' passion for nursing motivated their decision to join the healthcare industry. One participant noted that her passion for nursing began from a deeply personal experience rooted in her mother's illness and eventual death, resulting in her developing a profound desire or passion to help others through healthcare provision. A participant highlighted the following experience:

> *"I love being a nurse. My passion for this profession began when my mother got sick and eventually passed away. I felt a deep desire to help the sick, believing that with the right experience, I could have done more for her. Most of the time I would look at her, feeling I was not doing enough to help her, but that gave me the passion to work harder at school so that one day I would become a nurse and be able to help sick people to recover and even heal"* (Participant 1).

One other participant proclaimed her passion for nursing by sharing the following:

> *"My sister was a nurse; so, I grew up always looking up to her as my role model.*

> *I saw her living a good life with her family and she never complained much about her job. She would always share positive things about her workplace and that's how I developed this passion for nursing. I started asking her about important things that I should do and the subjects that I should pass at school so that one day I would become a nurse. So, I can just say nursing is the only profession that gives me a sense of purpose to work hard and aim for"* (Participant 7).

This personal connection to the nursing field was a common theme among the nurses' narratives, as they often entered the profession with a strong commitment to making a positive impact on patients' lives. Motivated by a fundamental desire to work with sick people, the participants indicated that their journeys into nursing highlight a core passion for helping and interacting with sick individuals. This human-centric approach is a consistent thread in their narrative, as they derive significant satisfaction from making tangible, positive impacts on patients' lives. Overall, the participant emphasised a long-standing passion for helping others, framing nursing as a calling driven by a heartfelt desire to make a meaningful difference in the patients' lives. For the participants, the journey into nursing was defined by a deep passion for working with people, and this was driven by a fundamental desire to help and engage with individuals at a meaningful level. This human-centred approach captures the essence of nursing, where forging genuine relationships with patients and providing holistic care are essential. The participants' narratives highlight how this passion for helping others serves as a foundation for their professional identity, enhancing their dedication and resilience in the face of challenges. The importance of intrinsic motivation and emotional attachment to nursing has been emphasised by Rime et al. (2020), who found that nurses with a strong sense of purpose tend to exhibit high levels of resilience and compassion, even in difficult situations.

Throughout the interviews, the participants emphasised the fulfillment they gained from the positive, tangible impacts they had on patients' lives. Whether it was alleviating pain, providing emotional support, or witnessing a patient's recovery, these moments served as powerful reminders of the significance of their work. Such experiences reinforced their commitment to nursing and provided them with a profound sense of satisfaction and pride.

The participants also described nursing as a calling and an inner conviction or sense of duty to serve others. For most of the participants, this calling was rooted in a sincere desire to make a meaningful difference, and this was grounded in compassion and empathy. This perspective often influenced their approach to patient care, encouraging them to prioritise not just the physical health of the patients but also their emotional and

psychological wellbeing. Their commitment to holistic care fostered trust and connection with patients, enriching both their professional and personal lives. This enduring passion for helping others was evident in their willingness to endure the demanding and often challenging nature of the nursing profession. Despite the job's physical and emotional toll, the participants expressed the view that the rewards of witnessing their efforts transform lives far outweighed the job-related difficulties. This unwavering dedication to making a positive impact on human lives is a hallmark of the nursing profession, reflecting its unique blend of skill, empathy, and purpose.

Overall, the participants' narratives illuminate the profound sense of meaning and fulfillment nurses associate with their work. Their stories underscore how a passion for helping the sick and a commitment to human-centred care define nursing as a deeply rewarding and impactful calling. It is this enduring drive to serve that sustains their resilience, enriches their professional experiences, and affirms their role as compassionate healers in their patients' lives. This intrinsic motivation is crucial for maintaining dedication in the demanding healthcare environment. This is supported by a study conducted by Muthuri, Senkubuge and Hongoro (2020), which highlighted the vital role played by intrinsic motivation in fostering long-term commitment and wellbeing among healthcare workers. A participant expressed how her passion for nursing grew from helping her sick family members. She highlighted the following:

> *"...I've always had a passion for helping people, and when my family members were sick, I would do something to improve their lives, and this made me feel fulfilled. You know, when someone was sick and asked me to 'rub my leg,' and they felt better afterward, I would feel good. So, yeah, those were some of the things that ignited my passion, I also used to do this with my friends who, every time one of them felt sick, would always call me to be with them because they knew I liked helping sick people to get better"* (Participant 12).

The participant shared how her passion for nursing developed naturally from her personal experiences, caring for sick family members and friends. She described a deep, innate desire to help sick people, which became particularly evident when she provided care for her loved ones during their illnesses. Her narrative highlights the emotional fulfillment she gained from these caregiving moments and how they shaped her commitment to the nursing profession. This human-centred approach to care giving resonates with the findings of a research study conducted by Bryan et al. (2019), which revealed that nurses are often motivated by a profound sense of compassion and dedication to patient-centred care. The participants viewed their nursing careers as a calling

fuelled by a genuine desire to make a meaningful impact on patients' lives, reinforcing the idea that nursing is a vocation rather than a mere job (Yehene et al., 2024).

### 5.3.4 Professional growth and development

This sub-theme focuses on professional nurses' lived experience which relates to realising a rewarding professional growth as workers in the healthcare industry. The participants revealed that they chose to work in a high-care private hospital because they wanted to learn and gain more valuable experience. Further, the participants highlighted that the demanding, stringent and structured environment of the private hospital contributed to their professional growth and development. These healthcare settings, which are known for their high standards, rigorous protocols, and advanced medical technologies, created an environment where nurses could challenge themselves, enhance their clinical skills, and gain a deeper understanding of patient care. The high levels of expectations and accountability inherent in these institutions motivated the participants to continually learn, adapt to new situations, and strive for excellence. Supporting literature highlights the significance of rewarding elements in nurses' professional growth within the healthcare sector. For instance, a study conducted by Yao et al. (2019) found that nurses with a strong connection to their work are more likely to experience job satisfaction and emotional resilience than those who do not.

Additionally, a research study conducted by Picard et al. (2018) emphasises that a supportive work environment, such as the one that is evident in high-care facilities, is critical for the nurses' professional development and job satisfaction. These findings resonate with the participants' experiences, which reinforce the notion that a passion for nursing, paired with a conducive work environment, is essential for the nurses' professional growth and fulfillment. The structured environment of private hospitals offered nurses opportunities for attaining specialised training, collabourating with multidisciplinary teams, and managing complex patient cases. These experiences not only expanded their clinical competencies but also strengthened their problem-solving, decision-making, and leadership skills. The participants noted that this exposure a high-care environment fostered a strong sense of professional confidence and pride in their ability to provide high-quality care. Moreover, the participants highlighted how working in a high-care private hospital nurtured a culture of continuous learning and professional development, as most of these institutions reportedly offered access to workshops, in-service training, and mentorship programmes that allow nurses to stay abreast of the latest medical advancements and best practices. This emphasis on lifelong learning was highly valued by the participants, aligning this with their personal and professional aspirations for growth and excellence in their roles.

For the nurses who participated in this study, the choice to work in a high-care private hospital was also tied to their ambitions for career advancement. They understood that the experience gained in such a challenging and prestigious environment would open doors to future opportunities, whether in specialised nursing fields, management roles, or advanced studies. This forward-looking perspective reinforced their commitment to their work and their determination to come up with the best out of the available opportunities. In this sub-theme, the participants highlighted how the complexity of the nursing profession positively contributed to the professional nurses' lived experiences that were linked to professional growth as demonstrated by one of the participants who said:

> *"I have a strong desire to learn and expand my knowledge. Working in high-care environments presents numerous learning opportunities, and I am eager to absorb as much as I can about this specialised area. There is always so much to learn in high-care settings, and I am committed to mastering it. Working in high-care settings also gave me a great feeling that I can be able to help someone who is helpless and therefore seeing their survival makes me feel very glad and it gives a passion of working in high-care environments"* (Participant 1).

The same sentiments about professional growth and development were also shared by the participant who shared the following experiences:

> *"Working in the intensive care unit (ICU) used to be very scary when I started working as a nurse but as time went by, I got used to this unit and I felt a sense of responsibility, making sure that I understood the importance of taking care of someone who can't do things for themselves. I began to see the growth in my work and a lot of my capabilities changed for the better since I started working. It's always humbling for me to see my personal growth as a nurse and therefore I agree with the words; "the two most valuable warriors are patience and time". So, I can gladly confirm that time contributed so much to my patience and development as a nurse because I was then able to greatly improve my skills. I also developed good communication skills, which helped me even to speak well with my family members and friends. So, my development happened in different ways"* (Participant 9).

The participants revealed that nurses experience professional and personal growth through hands-on work experience which made them become more resilient and more capable of effectively managing interpersonal dynamics, both with the patients and fellow nursing staff. This practical, real-world exposure to patient-care plays

a vital role in shaping the participants' abilities and resilience, enabling them to navigate the complexities and demands of their roles more confidently and competently. The participants highlighted that the daily challenges of nursing, which ranged from the management of patient care to the response to emergencies constituted a continuous learning process that fostered adaptability and problem-solving skills. These experiences often required critical thinking, decisive action, and composure when working under pressure, cultivating a strong sense of resilience. Over time, this resilience allowed them to effectively confront and manage the emotional and physical demands of their work, reinforcing their ability to thrive even in high-pressure environments. In addition to enhancing their individual strengths, the participants noted that their hands-on experiences improved their interpersonal skills. The dynamic nature of nursing necessitated frequent interaction with patients, families, and colleagues, sharpening their ability to communicate clearly, empathise, and navigate diverse personalities and situations. This development in managing interpersonal dynamics was particularly significant, as it strengthened their relationships with patients, fostering trust and rapport and contributing to a more collabourative and supportive workplace culture among the nursing staff.

A participant expressed views regarding how working as a professional nurse enabled her to grow professionally, thus:

> *"Yes, there is significant growth. When I was a junior nurse, I would react impulsively to situations and, like a teenager, I would refuse to talk to anyone who would have upset me. However, as I have grown professionally and emotionally, I've realised that it's better to address issues directly. Now, I prefer telling the person that they have done wrong, allowing them to apologise, to just avoiding them. This also goes along with the understanding that I cannot make noise in the presence of an upset patient in the ward but I wait for them to calm down first and then be able to address their issue. In private care, we always laugh with my colleagues. That makes us appear like salesmen who basically work with the statement that 'the customer is always right.' So, I always try and get proper words to say to a patient who is noisy and shouting without making them feel that they are wrong"* (Participant 12).

Further, data analysis reveals that the participants sought exposure to professional work by choosing to work in a private hospital, despite having received their training in the public health sector, particularly government hospitals. This statement highlights the expanded professional experiences that nurses are enjoying at this Durban-based private hospital. This finding reflects the proactive approach that the nurses adopted to achieve personal

and career growth, which was driven by the unique challenges and learning opportunities that presented themselves through working in private healthcare settings. This decision emphasises their desire to expand their horizons and gain diverse professional experiences that are not always readily available within the public healthcare system. The participants' choice to move to a private hospital in Durban underscores the greater opportunities for learning and growth that such an environment offers. Private healthcare facilities are typically equipped with advanced medical technologies, well-resourced amenities, and a structured approach to patient care, all contributing to a rich and unique professional experience. These settings expose nurses to cutting-edge practices, specialised care units, and multidisciplinary collabouration, significantly enhancing their clinical knowledge and skills. This decision highlights the enhanced professional opportunities available to nurses in the private sector, particularly in Durban (Mumbauer et al., 2021). It reflects a proactive approach adopted by nurses as they sought personal and career advancement, driven by the unique challenges and learning experiences found in private healthcare environments.

In addition to the clinical advantages, the participants emphasised how working in the environment of a private hospital supported their career aspirations through structured mentorship programmes, continuing education opportunities, and pathways for specialisation. These factors contributed to a sense of progression and accomplishment, which motivated them to take ownership of their career paths. One participant reported that he received training in a public hospital but recounted that he ended up working in a private hospital where he would get more exposure as follows:

> *"I trained in a public hospital because students don't train in private hospitals. I wanted the exposure that comes with working in a public setting and that helped me to know other environments and therefore I am grateful because I now know how it feels working in a public hospital. In other words, I was forced to work in the public hospital because of rules but thank God, I now know what transpires on that other side, but when I was looking for a job, I focused on getting a job in a private hospital because I could see that by the look of things, the environment in the private hospital is much better and I also recalled some experiences where I couldn't even have access to certain resources that support my work. Nonetheless, in a private hospital, everything is basically better, and I am, glad that I chose to work here"* (Participant5).

The sub-theme on professional growth and development also highlights the nurses' lived experience regarding being continuously subjected to learning and adaptation to new systems, (for example, the adoption of the iPad

system for patient management) which helped in boosting their feeling of competence and preparedness. This has also reduced stress among nurses due to reduced paperwork associated with the nursing profession. A participant recounted how joining the private hospital exposed her to a new system, thus:

> *"When I first arrived at the hospital, they were already using the iPad system, which is a great technological advancement because it's also used internationally. Personally, I have grown a lot in terms of nursing and patient care. I've learned to better manage patients and various conditions and ailments they present with. I can now better assess, treat, and nurse patients. These gargets really help a lot. It was so scary seeing all these iPads when I arrived. I thought I would not even be able to use them, but as the time went on, I learned that they were fast and reduced the burden of paperwork. The use of technology really uplifted us. I think I was just worried. We, older people, are always skeptical about learning new things, especially those that involve technology, but now I am very happy and comfortable with using iPads"* (Participant3).

Furthermore, the participants revealed that the opportunity to work in different wards and units helped them gain diverse experiences, which contributed to their professional growth and development. The participants further revealed that their broad exposure to different wards and units contributed to their enhanced ability to handle various emotional and professional challenges related to their work. The participants particularly recounted how working as professional nurses enabled them to learn to handle patients professionally, stay calm in the face of challenging situations as well as promptly address such situations. This varied exposure enabled them to acquire a wealth of diverse experiences, each uniquely contributing to their clinical competence, emotional resilience, and professional adaptability. By working in specialised units, such as high-care wards, maternity, pediatrics, surgical units, and emergency care, the participants were able to expand their knowledge base, refining their skills to meet a wide range of patient needs and medical scenarios.

The rotation across different wards also significantly enhanced participants' ability to tackle both emotional and professional challenges. Encountering a variety of patient cases ranging from routine treatments to critical emergencies taught the nurses to adapt quickly to situations, think critically, and make sound decisions despite being under pressure. Many participants emphasised how this exposure helped them build the mental fortitude they needed to remain calm and composed even when confronted by the most demanding situations. This emotional resilience became a cornerstone of their professional practice, as it enabled them to deliver effective

and compassionate care in highly stressful environments. One participant shared the view that their experience as a professional nurse equipped them with the ability to handle patients professionally, empathetically, and confidently. This learning journey thrived on mastering communication skills, managing diverse personalities, and navigating challenging interactions with patients and their families. The participant described how these experiences taught them to remain focused and composed, regardless of the intensity or complexity of their situation. This ability to stay calm did not only improve the quality of care they provided but also contributed to a more supportive and reassuring environment both for their patients and colleagues.

Furthermore, the participants noted that their broad exposure to different hospital wards and units significantly enhanced their capacity to address challenges more promptly and effectively. Working in diverse clinical settings required them to prioritise tasks, manage time efficiently, and adopt a systematic approach to problem-solving. This versatility and adaptability became defining attributes of their professional identity, reinforcing their confidence, competence and professionalism in handling a wide array of situations. These findings resonate with those of a study conducted by Yang et al. (2019), which indicated that the nurses who engaged in diverse clinical experiences reported higher levels of job satisfaction and competence than those who did not. Additionally, another research study conducted by Lartey et al. (2020) emphasises that exposure to various healthcare settings fosters adaptability and resilience, which are essential qualities needed for managing the complexities of modern nursing. One participant supported the views expressed by fellow participants by highlighting that:

> *"You also learn a lot about yourself, how you handle situations, how you respond to and work with different personalities. The best part is discovering these aspects about yourself. I mean personally I used to think that people are mentally disturbed when they make noises and express themselves about certain treatments that they disliked, but I have noticed that sometimes it is part of their healing journey. So, growth on how I handle situations moulded my character and thoughts"* (Participant5).

### 5.3.5 Patient relationships

The sub-theme on patient relationships addresses participants' lived experiences, defines their existing connection with the patients and their management as care providers. The sub-theme also addresses fair and equal treatment that the nurses confirmed they gave to patients irrespective of their health conditions. These relationships were built on empathy, respect, and a commitment to patient-centred care, reflecting the participants' dedication to

fostering meaningful interactions that positively influenced both patients' wellbeing and their sense of professional fulfilment as nurses (Picard et al., 2018). The participants emphasised that their relationships with patients were central to their identity as nurses. These connections extended beyond clinical duties, as they encompassed emotional support and compassionate engagement, which fostered a sense of trust and rapport. By viewing patients not merely as cases but as individuals with unique needs, concerns, and emotions, the participants highlighted their commitment to a holistic approach to care. The sub-theme also emphasises the fair and equal treatment that the nurses consistently provided to all their patients, regardless of their health conditions, socioeconomic statuses, or backgrounds.

This principle of non-discrimination was fundamental to the participants' practice, reflecting their commitment to upholding the dignity and humanity of every individual under their care. They stressed the importance of maintaining impartiality and ensuring that each patient received the same high standard of care, whether dealing with minor ailments or life-threatening conditions. The participants shared the view that this commitment to fairness and equality was not only a professional obligation but also a moral and ethical stance guiding their daily interactions. It reinforced their belief in the intrinsic value of all individuals and the idea that healthcare should be universally compassionate and respectful. This dedication often required them to confront personal biases, remaining patient in challenging situations, and advocating for patients whose voices might otherwise go unheard. Additionally, the participants noted that building strong patient relationships necessitated excellent communication and interpersonal skills. They recounted the importance of listening attentively to patients' concerns, explaining medical procedures in clear terms, and offering reassurance in times of uncertainty. These skills not only strengthened the patient-nurse bond but also enhanced the overall quality of care provided. The participants revealed that equal treatment and observing health and safety protocols were central to maintaining the connection of nurses with patients as highlighted by the remark made by one of the survey participants as the following point:

> *"If I know they have an infectious disease, I won't treat them any differently. I will wear my mask and gloves when there's a risk of contact with their blood. However, for procedures like taking blood pressure where there's no blood contact, I won't use gloves because it's unnecessary, I have been working for patients who are HIV/AIDS positive, but I relax because I know that these diseases are just like others, I mean we go to workshops where we hear other nurseswhoalsosharetheirexperiencesandthereisnoneedformetotreatthem any different"* (Participant12).

Participants revealed that they had no problem in treating patients with epidemic infectious diseases such as HIV and AIDS and TB. One participant revealed the good working relationship she had with patients by noting the following:

> *"I have no problem working with them. We've been educated on the ways to prevent contraction and consistently use our protective equipment. It feels routine now, unlike 10 or 15 years ago when there was significant stigma and fear, these days patients do not even hide their statuses anymore, at least the ones Iinteract with, they even look healthy and most of the times. I have seen that they are very confident"* (Participant 12).

Participant 12 shared her views on caring for patients with epidemic infectious diseases, such as HIV/AIDS and TB, expressing that she has no reservations about providing care to these individuals. Her confidence and comfort in working with patients affected by these conditions arise from the education and training she received on preventing disease transmission. This training, along with her consistent use of protective equipment, allows her to feel safe and capable in her role, making the process feel routine. The participant reflected on how attitudes have evolved overtime, particularly noting the shift from the significant stigma and fear that existed around 10 to15 years ago. In the past, there was considerable uncertainty and societal apprehension regarding the care of patients with infectious diseases, especially HIV and AIDS and TB, often accompanied by public stigma (Bhattetal., 2023). However, she observed that increased awareness, education, and improved infection control practices have led to a reduction in these fears, making the care of such patients a standard aspect of her professional life. This change in attitude and practice reflects broader transformations in the healthcare field, where health professionals are now more knowledgeable, better equipped, and less fearful when it comes to treating patients with infectious diseases.

### 5.4 Emotional Challenges in Nursing

This section presents the unfavorable or challenging experiences that nurses reportedly experienced when delivering care services to patients in the private hospital sector. Participants revealed that most of their adverse lived experiences emanated directly from dealing with patients, work relationships with colleagues, hospital management as well as the work environment itself. The last part of the chapter discusses the coping mechanisms that were employed by the nurses to cope with their job demands.

### 5.4.1 Psychological and emotional burden

The emotional challenge's sub-theme addresses the challenges and impacts of some of the experiences that nurses endure as they carry out their work, which causes them to suffer from emotional strain. The participants revealed that they experienced emotional challenges such as feeling unappreciated by patients and their families, emotional strain due to the death of patients as well as dealing with verbal abuse. These challenges form significant aspects of lived experiences for professional nurses, which in turn impact heavily on their emotional wellbeing. While nursing is fundamentally a profession centred on caring for others, it also subjects nurses to various emotional burdens that can significantly impact their mental and emotional wellbeing. The participants in the study identified several key emotional challenges they frequently encounter, each of which has profound effects on their emotional health and job satisfaction. One major emotional challenge highlighted by participants is the feeling of being unappreciated by patients and their families. Nurses often work long hours under intense pressure, yet their efforts can go unnoticed, particularly in situations where families are overwhelmed by the severity of a patient's condition. The participants discussed the emotional toll of providing their best care only to feel overlooked or undervalued, which can lead to frustration and burnout. This lack of recognition not only diminishes nurses' sense of professional fulfillment but can also foster feelings of isolation or resentment, especially when their hard work goes unacknowledged. These findings align with the findings of a research conducted by Sisawo et al. (2017), which underscored those feelings of lack of appreciation, and high-stress environments can contribute to burnout and decreased job satisfaction.

Another significant emotional challenge affecting participants was the emotional strain associated with the death of patients. Nurses often form strong connections with those they care for, and losing a patient can be profoundly difficult, especially after investing considerable time and energy in their care. This emotional burden can be intensified by the healthcare environment, where nurses regularly encounter death and suffering. While some may cope with professional detachment, many participants noted that the grief of losing a patient, particularly one they have cared for over an extended period, can be overwhelming. This feeling is compounded by the pressure to maintain composure and continue caring for other patients, which can hinder the emotional processing of their grief. In addition to coping with grief, the participants reported experiencing verbal abuse from patients or their families. This abuse can take many forms, from aggressive outbursts to derogatory comments that undermine the nurse's professional dignity. Such interactions can be emotionally draining, particularly when the abuse feels unjustified or when nurses believe they are doing everything possible to help. Verbal abuse can also lead to feelings of low self-esteem or self-doubt, negatively impacting job satisfaction and emotional health. The participants shared that these experiences often result in stress, anxiety, and frustration, particularly when they

feel too powerless to change the situation. Moreover, the impact of emotional strain on nurses extends beyond individual wellbeing; it can also affect team dynamics and patient care. When nurses are emotionally overwhelmed, their ability to communicate effectively, make sound clinical decisions, and provide compassionate care may be compromised. The emotional burden also influences job satisfaction, with many expressing a need for greater support from colleagues, management, and the healthcare system as a whole to help address these emotional challenges. The majority of the participants revealed that the death of patients caused untold emotional suffering to them. A participant revealed the death of a patient as one common bad experience lived by professional nurses resulting in high levels of distress as clearly expressed by the following point:

> *"I think the worst part of nursing is losing a patient because you connect with them and develop an emotional attachment. So, that is the most difficult aspect. It also affects you psychologically. We lost many patients during COVID-19, and it was very distressing, it was like we are watching a horror movie, those days many people were dying daily and somehow death still managed to shake me, it was never easy to lose a patient to death sometimes I would feel like I am not strong as a nurse when a patient dies because I feel like we could have done more, but I know that there is nothing we could possibly do, as God called them so this will always remain my biggest challenge, I always here the other people that I work with mentioning that they are not affected by the death of people that are not their family or relatives and telling me not to be attached, but believe me every time we lose a patient here in the ward, I get shaken. I imagine the pain that their loved ones are going to feel so. Yes, for me that is the worst moment of being a nurse"* (Participant2).

Another participant, who had experience working in both public and private health sectors, recounted that the level of abuse was higher in the private sector compared to the public sector, and highlighted the following:

> *"Also, that contributes to the abuse. You see, the difference I can tell you, since I have worked in both private and government sectors, is that the abuse is quite different. In government, you don't experience the same level of abuse from patients. But here in the private sector, patients often feel entitled because they are paying with medical aid, and they speak to you in any manner they choose,*

*sometimes they demand things that are beyond my capabilities and expect me to be listening to everything they are saying, just because they always mention that they pay a lot of money for the service, sometimes they even want to teach me how to do my work, so verbal abuse is also so tiring to us, I know you did not ask me to compare the two but I cannot keep quiet about this obvious difference that I am seeing, I thought patients would remember that we are here to help them to recover but the way they talk to us will show you that they just put themselves first and they never care how we are affected by their words"* (Participant8).

The remarks by some participants reveal how nurses in private health sectors have to bear with verbal abuse due to the financial muscle possessed by the majority of the patients who find their way to private hospitals through using their medical aid facilities. One participant highlighted the unique challenges faced by nurses in private healthcare settings, particularly the emotional strain stemming from verbal abuse by patients. This issue is exacerbated by the socio-economic dynamics often present in private hospitals, where many patients access care through medical aid facilities, which can create a perception of financial authority. The financial power of these patients can sometimes lead to feelings of entitlement, unrealistic expectations, and demands that add further stress to nursing staff. The participants reported feelings of being unappreciated by patients and their families, experiencing emotional distress from patient deaths, and enduring verbal abuse (Koontalay et al., 2021; Preti et al., 2020). These factors contribute to the complex realities experienced by professional nurses, significantly affecting their emotional wellbeing. As frontline caregivers, nurses are particularly vulnerable to such abuse. Unlike administrative staff or management, who may address broader systemic issues, nurses are directly involved in patient care, making them immediate targets for complaints. This situation creates a challenging work environment where nurses must navigate the delicate balance between maintaining professionalism and safeguarding their emotional wellbeing.

### 5.4.2 Risks, safety, and workplace conditions

This sub-theme discusses the risky, safety and workplace conditions challenges faced by nurses employed in the private sector. Consequently, this section firstly focuses on the risks and other safety concerns experienced by nurses during caring for the sick and the vulnerable. Participants revealed that they were exposed to various forms of risks, including potential exposure to infectious diseases such as TB or HIV and AIDS, exposure to potential threats to their lives while commuting to work and violence from patients which highlighted the physical and

emotional demands of the nursing job. The participants raised concerns about being denied protective equipment as they revealed that masks were distributed at the discretion of the management who decided if the environments worked on by nurses required them to have protective equipment or not. The participants emphasised that their roles as nurses exposed them to a range of risks, both in the workplace and beyond, highlighting the complex physical and emotional demands associated with their profession. These risks included potential exposure to infectious diseases like HIV and AIDS and TB, threats to personal safety during commutes, and incidents of violence from patients. These challenges underscore the vulnerabilities that nurses face while fulfilling their critical responsibilities (Ustun and Dogan, 2022). One significant risk noted by participants was their ongoing exposure to infectious diseases. In their daily work, nurses often engaged closely with patients suffering from highly contagious conditions. Although they were trained to adhere to strict infection control protocols, the participants revealed that their ability to protect themselves was sometimes compromised by the inconsistent availability of protective equipment, such as masks. Alarmingly, they expressed concerns about how the distribution of protective gear was managed and pointed out that management determined whether certain work environments warranted its use. This practice left many nurses feeling vulnerable and undervalued, as they lacked the essential tools necessary to ensure their safety and wellbeingwhile caring for patients (Sharma et al., 2020).

The participants shared that this lack of protective equipment contributed to the emotional strain of their work. The knowledge that they were at risk of contracting potentially life-threatening illnesses created an underlying anxiety that affected their confidence in performing their duties. It also fueled frustration and resentment, as nurses felt their safety was not being prioritised despite the critical nature of their work. This situation highlighted a disconnection between frontline staff and management, emphasising the need for more transparent and consistent policies regarding workplace safety. In addition to the risks within the healthcare setting, participants expressed concerns about their personal safety during commutes to and from work. Many nurses work irregular hours, including night shifts, which require travelling during late hours when the risk of crime is heightened (Altas, 2024). The participants reported feeling unsafe while commuting, particularly in areas with high crime rates. This persistent fear of personal harm added to the stress of their already demanding roles, further complicating their work-life balance. A participant recounted how he had been denied personal protective equipment (PPE) before including how she was exposed to various forms of risks by highlighting the following:

*"Our risks include contracting various infections because we are so exposed. At times, we are denied personal protective equipment. The institution may decide*

*not to provide it for certain cases, but as a nurse, I might feel it is necessary. For instance, when caring for a patient on life support who doesn't have a chest infection, there can be disconnections while suctioning, yet I am not given a mask. What if there is an undetected infection and I contract it? Sometimes the support from management is lacking. We are on the floor and understand the situation intimately, but they are not, so it's easy for them to say we don't need certain protections, whereas we know we do, most of the times they portray as if in private hospitals equipment is always readily available, but they do not disclose the protocols of having to ask every time we need to use other equipment"* (Participant4).

The finding that nurses were constantly being exposed to risk of new infections and viruses exacerbated by lack of adequate protective equipment posed a significant threat not only to their health but also to their families which in turn reflects a persistent state of vigilance and concern (Hori and Chao, 2019). Further, the perceived lack of support from management in providing necessary protective gear leads to feelings of vulnerability and improvisation among professional nurses. Some of the risks highlighted by survey participants include needle pricks and the danger of commuting early in the morning or late at night. The emotional toll of dealing with very sick patients, including those with renal failure, was evident. Participants revealed how initially shocking and depressing it was for them to see young patients with severe conditions. However, a participant had a different view that PPEs is never a challenge in the ward, she shared the following sentiments:

*"…In this ward, we never run out of PPEs, and I think that's what I found it very good with working at a private hospital because I never have to worry about equipment. Everything is always available, and our managers are just flexible because we keep the records of our work, and it's not like they can say I went home with the equipment or I am misusing it so, it's so encouraging for me to help the patients because I am always protected. You know during COVID-19, I would hear stories about other nurses in other hospitals complaining about masks but here resources are their greatest strength, and I feel like they also make me to enjoy my job knowing that I don't have to worry"* (Participant 3).

The participants also revealed that due to their 6 am to 6 pm stretchy work shifts, they were also exposed to physical and emotional risks while commuting to work during odd hours of the day, that is, early morning and

late evening. A participant expressed a double concern in which she expressed that she feared being infected with infectious diseases and the fear of knocking of late which exposed her life to harm since she stayed far away from the hospital and relied on public transport to get to and from work. The direct quote below highlights the fearful experience of professional nurses as a result of leaving home early and late and traveling back home after knocking off at work:

> *"Living at home and having to leave for work very early, around half past five, is quite risky, especially for a woman, because it's too early to beat the bus stop. When I come back, it's around eight o'clock, and everyone is already asleep.*
>
> *Travelling home so late at night is very risky for us, we are not only concerned about the (amapharas) on the road but also some of the public cars we use as taxi drivers are not the same, many terrifying stories happen to women because of our vulnerability and this makes me worry too much about coming to work so early and going back home so late, sometimes I ask my husband to accompany me to the bus stop early in the morning and when he is not there, I go back to my worry about my safety and as long as I still work this early hours and going off again so late, I will never stop worrying about my safety"* (Participant7).

The risk and safety sub-theme also include the risks of violent behaviour experienced by nurses during carrying out their work. Participants revealed that they were threatened with verbal abuse by the patients resulting from their demeaning behaviour. This involves belittling, humiliating, or insulting someone which poses damaging effects to the nurses' self-esteem and emotional wellbeing (Gulsen and Ozmen, 2020).One participant expressed some patients posed them to the risk of violence as a result of the demeaning behaviour exhibited by patients as pointed out below:

> *"You know, sometimes we encounter situations where patients can be very demeaning. We understand the importance of using emotional intelligence in these situations, but it doesn't always work. Some individuals can be so demeaning that we feel we can't continue dealing with them, and we must ask them to leave. Unfortunately, this can escalate further, with some patients pursuing the matter even after we've taken these steps, most of the times, the patients talk like that manner when they are getting better, they start to show their true colour but most of the times I walk away from patients who are trying to humiliate or insult me"* (Participant12).

Participant 12 discusses the complex and emotionally charged interactions that nurses sometimes encounter with patients. They describe scenarios in which certain patients display demeaning behaviour, creating an emotionally challenging and occasionally volatile work environment. This behaviour often involves actions or comments that belittle the professional integrity and personal dignity of nurses, leaving them feeling disrespected and frustrated. Although nurses are trained to use emotional intelligence, employing strategies such as empathy, active listening, and calm communication to manage these situations, a participant acknowledged that these techniques are not always successful. When the demeaning behaviour becomes particularly intense or persistent, nurses may reach a point where they feel unable to constructively engage with the patient. In such instances, staff may decide to ask the patient to leave, prioritising their emotional and professional wellbeing. However, this course of action can lead to unintended consequences. The participant noted that asking a patient to leave can sometimes escalate the situation, with some patients continuing to pursue the issue even after being removed from the immediate context. This could involve filing formal complaints, causing disruptions, or attempting to challenge the nurse's actions through administrative or legal channels.

This part discusses the workplace conditions faced by nurses linked to the nature of the work environment (for example, excessive workloads and long working hours), short-staffing and work-life imbalance issues. The participants revealed that their work environment had adversely changed compared to how it was when they joined the private sector. A participant recounted how the work environment used to be supportive by highlighting the following point:

> *"It was a very supportive environment. There was assistance available both on the floor and all around. However, I don't think we have that level of support anymore. I feel that nurses are often left to manage on their own, when I first joined the hospital more than 8 years ago, we used to be working in pairs where the experienced nurse would guide me step by step and guiding me on how to do some of the things I was not familiar with but these days they bring people and always expect people to manage on their own yes, we are helped if you ask but you cannot repeatedly ask for assistance every time you don't understand something so I have learned to also let go of thinking that I can save everyone new at work, so I always wonder why they decided to remove the idea of working in pairs but they always talk about shortages of nurses"* (Participant 4).

Moreover, the participants revealed that they were short-staffed at work which led them to work long hours. The phrases "short-staffed," "shortage of staff" and "shortage of skilled nurses" dominated the responses gathered under this theme. The participants revealed that chronic understaffing exacerbated the risk and emotional strain on nurses. One immediate consequence of understaffing was the need for the nurses to work long hours, frequently extending beyond their regular shifts to meet patient-care needs. This over-extension resulted in physical exhaustion and limited opportunities for rest and recovery, making it challenging for the nurses to maintain a healthy work-life balance. The participants reported feeling depleted after prolonged working hours, which negatively impacted their ability to provide optimal care and sustain emotional resilience. This observation aligns with findings from Altaş et al. (2024), which noted that nurses face high workloads and extended hours. The shortage of skilled nurses was particularly problematic, increasing pressure on the available staff to fill gaps in expertise and manpower. Participants frequently mentioned having to manage complex cases or take on responsibilities outside their usual scope of practice.

While many nurses rose to the challenge, this additional workload heightened levels of their stress and left them feeling overwhelmed. The lack of skilled personnel also meant that experienced nurses often had to mentor their less-experienced colleagues, simultaneously managing their own patient loads, which further compounded their responsibilities. Moreover, the emotional toll of understaffing was significant. The participants reported feeling undervalued and unsupported, as the issue of staffing shortages was often systemic and beyond their control. This lack of institutional support left many nurses feeling demoralised and burned out. This chronic understaffing also eroded team cohesion, as tensions frequently arose among colleagues due to unequal workload distribution or differing coping strategies. These findings have been supported by various studies. For example, Shin (2018) highlighted the emotional challenges faced by nurses, particularly regarding patient interactions and workplace stressors. Additionally, a research study conducted by Abrahams et al. (2022) reported the negative effects of understaffing on nurses' wellbeing and patient care, showing that chronic short staffing can lead to increased emotional and physical strain on nursing professionals. Despite these challenges, the participants also displayed remarkable resilience and dedication to their profession. Many participants expressed the view that they continued to persevere out of commitment to their patients and a sense of responsibility toward their colleagues. One participant expressed the notion that the unit under which he worked was short-staffed by pointing out the following:

> *"When we look at the workload, sometimes we feel like the unit is short-staffed. Additionally, we often have to cover for unavailable colleagues. We could accomplish much more with a reduced workload, which means I would be very*

*effective at my workstation for the day but I sometimes have to move between two or more patients because we are few in the ward; in fact, most of the times I feel like the hospital would hire more nurses to lessen our work because we do work hard"* (Participant14).

Further, the participants reported that the hospital's reliance on agency nurses also affected productivity due to the lack of commitment associated with agency employment arrangements in comparison with permanent staff employment arrangement. Such an experience also contributed to rapid deterioration of the once hailed supportive work environment to the currently perceived non- supportive work environment due to decimated bargaining powers of professional nurses (Whiley and Grandy, 2022). One participant made the following comment on agency nurses:

*"I think we need more permanent nurses on board. We do have nurses, but they are from agencies. Imagine the difference between a visitor in your home and a member of the household. The commitment from both sides is never the same. This is your home; you own it, it's yours. A visitor will eventually leave and can do so at any time. Their commitment is not as strong as mine. This means more responsibility falls on you. If they don't feel like washing dishes, they won't. It's not their house, so they don't feel obligated to clean up or take on other tasks, many times this hospital like bringing nurses that are recruited through agencies, and most of the time, the responsibility is on us who are permanent here"* (Participant4).

Participant 4's remarks emphasise the need for more permanent nurses rather than relying on agency nurses. A participant used the analogy of a household to explain that permanent staff (like members of a household) have a greater sense of responsibility and commitment to their work compared to temporary agency staff (like visitors) who may not feel the same level of obligation or dedication to their duties. This perceived lack of commitment from agency nurses means that permanent nurses often must take on more responsibilities.

### 5.4.3 Impact of COVID-19

The sub-theme on challenges associated with COVID-19 highlights the impact that the disease had on the physical, mental, social and emotional wellbeing of professional nurses. The participants revealed that some of the worst experiences of the nursing job were lived during the COVID-19 period. The pandemic particularly

ushered in a challenging period due to the uncontrollable nature of the virus despite the best efforts of nurses. The COVID-19 experience resulted in elevated emotional distress due to the inability to save patients. The physical toll on nurses during the pandemic was significant. Participants highlighted the exhausting demands for long hours in full personal protective equipment (PPE) which, while crucial for safety, was uncomfortable and physically demanding. The extended shifts were driven by high patient volumes and the critical care needed for those severely affected by the virus. The physical exhaustion the participants experienced was further exacerbated by the lack of breaks and limited opportunities for rest, as the nurses struggled to meet the relentless demands of the crisis. The nurses dealt with constant uncertainty as the virus evolved rapidly, often outpacing the guidance and protocols provided to them and other healthcare professionals. The participants shared their experiences regarding how this unpredictability of the virus fostered a pervasive sense of anxiety and fear, affecting not only their patients but also themselves and their families. The worry emanating from the possibility of contracting the virus and potentially exposing loved ones weighed heavily on their minds, contributing to increased stress levels.

Socially, the pandemic disrupted nurses' personal lives and strained their relationships. The participants recounted the experience related to having to isolate themselves from family members to prevent transmission, leading to feelings of loneliness and disconnection. Additionally, the societal stigma associated with being frontline workers during the early stages of the pandemic further alienated some of the nurses, as they were often regarded with suspicion or fear from their communities. The emotional impact of COVID-19 was perhaps the most profound one. The participants described the heartbreak associated with losing patients despite their best efforts, a situation intensified by the pandemic's sheer scale and rapid progression. The inability to save lives, despite their training and dedication, left many nurses feeling helpless and emotionally drained. Witnessing patients die alone, without the comfort of their families, was particularly distressing as it contributed to a deep sense of sorrow and frustration.

The participants also noted the psychological toll that being constantly surrounded by suffering and death had on them. Resource shortages, including ventilators and ICU beds, often forced the nurses to make difficult decisions about patient care, leading to feelings of guilt and moral distress. The cumulative effect of these experiences left many nurses grappling with symptoms of burnout, depression, and anxiety long after the initial waves of the pandemic had passed. Consequently, the COVID-19 was perceived as one of the most significant burdens by a participant who highlighted the following point:

*"My worst experience was during the COVID-19 pandemic. Despite our best*

*efforts to make the patients well, it was often beyond our control. The hardest part is when a situation is out of your control, and you can't do anything but let go, I remember every day before coming to work, I would think deeply about what is going to happen that day because nothing was normal during that period. Some other times, I would see progress, as patients were getting better within a blink of an eye. However, things would change for the worst at times. I recall this one week where we experienced oxygen shortage and many patients needed oxygen for survival and there was shortage, that made me reflect on everything that is happening and I released that shortage of resources is such a great challenge"* (Participant 4).

Further, the challenges posed by the COVID-19 epidemic resulted in some nurses re-evaluating their commitment and loyalty to the nursing call of duty. For instance, a participant had the following to say:

*"When I first arrived, the situation seemed okay. However, just a few months after I had joined the organisation, the COVID-19 scourge struck. It was very scary, and I had to rethink to determine whether this was the right path for me. I was afraid of getting infected and possibly infecting my loved ones, which was quite stressful. But now, things are normalising, and I am enjoying my work. I felt like I had chosen the wrong career because I was just thinking that the COVID-19 might last longer; so, my worst fear was staying committed to my work. I wondered whether I would be able to survive in this profession. I really doubted my passion for the profession and I felt like I was chewing more than I could swallow"* (Participant 14).

The participant's statement offers a candid insight into the profound impact the COVID- 19 pandemic had on the nurses' personal lives and commitment to their profession. This quote illustrates the inner conflict and emotional turmoil that the nurses faced while navigating the unprecedented challenges brought on by the pandemic. These observations align with a research study conducted by Diogo et al. (2021) and Ustun and Dogan (2022), which reported on the emotional toll that the COVID-19 pandemic had on healthcare workers, highlighting increased anxiety and burnout that the nurses experienced due to the unique challenges they encountered. The participant's reflection on reconsidering their career choice highlights how the pandemic compelled many nurses to critically

evaluate their commitment to the profession. For some of the nurses, the ongoing challenges and increased risks led to moments of doubt about whether they could or should continue performing their roles. This period, which entailed a reevaluation of their commitment to the profession, reflects the immense pressure that the COVID-19 epidemic placed on healthcare workers, forcing them to balance their sense of duty with their fears and responsibilities

### 5.4.4 Navigating an unplanned career path

An unplanned career path is another sub-theme that emerged from an analysis of qualitative data. The sub-theme depicts the challenging experiences faced by professional nurses working in the private health sector. Some participants revealed that they did not plan to become professional nurses; instead, they found themselves in the profession due to the limited availability of career options during their formative years. Other participants confirmed having worked in both public and private healthcare settings, with over a decade of experience working in a private hospital. A participant said:

> *"Honestly, nursing was not something I initially wanted to join. I just found myself in it. During our time, we didn't have many options to choose from. There was teaching, nursing, and a few other fields. I don't even remember how I ended up in the nursing field, but here I am. I just had the belief that as a girl child, I needed to choose a career where I would be caring for the people, but to be honest with you, nursing was never in my cards. I just knew that I have to finish school and make sure that I have a bright future, so I never sat down and thought about being a nurse in depth, it just happened and I am grateful"* (Participant 4).

The participants' narratives show that the unplanned career paths may lead to increased likelihood of experiencing stress and burnout due to being in a profession without a strong personal interest in it, especially when faced with the demanding nature of the job. Further, the emotional demands of nursing can be particularly taxing for someone who did not willingly choose the profession, leading to increased emotional strain. One participant, who held a senior position, raised concerns about the nurses she perceived as lacking the sufficient motivation to effectively execute their work. She highlighted the following:

> *"I think people know what they should do. People should accept accountability, but they often don't. I don't know what their problems could be. I don't know whether they feel demotivated because of the lack of appreciation. I don't know if they feel that they are just here to finish the 12hours to get paid and that's all they care about. So, either they lack motivation, or they have their own social*

*problems that they bring to work. It's multifaceted; you know, I sometimes look at other nurses in the ward and wonder why they are behaving in the way they do, and I would feel like instilling passion in them, but I guess we are really aiming for different things at work"* (Participant 12)

The findings demonstrated that this unplanned trajectory could increase the risk of stress and burnout among the nurses, particularly those who lack a genuine interest in nursing, especially given the profession' demanding nature. The emotional toll of nursing can be particularly challenging for individuals who did not voluntarily choose the field, leading to heightened emotional strain. These findings align with the findings of a research study done by Zhang, Lei and Yang (2024), which discusses the impact of unplanned career paths on nurse engagement and wellbeing, suggesting that a lack of intrinsic motivation can result in higher rates of job dissatisfaction and burnout. There are also a lot of coping mechanisms and techniques adopted by the nurses to cope with the emotional demands of their job. The following chapter explain the coping strategies that were employed by the nurses.

## 5.5 Conclusion

This chapter has explored the complex emotional landscape of nursing in the context infectious diseases such as tuberculosis and HIV and AIDS. Through verbatim quotes and thematic analyses, the chapter has illustrated the dual nature of emotional labour: profound fulfilment coexists with significant emotional burden of professional nurses. The participants' narratives reveal that while passion, spirituality, and patient relationships offer motivation and growth, risks, psychological strain, and institutional challenges complicate their experiences. Understanding these dynamics is crucial for supporting the wellbeing of the nurses and improving healthcare outcomes in infectious disease settings.

# CHAPTER SIX:
# COPING WITH EMOTIONAL LABOUR – STRATEGIES AND SUPPORT SYSTEMS

## 6.1 Introduction

This chapter presents the coping strategies the professional nurses adopted to navigate the emotional labour arising from caring for patients with infectious diseases in private hospital settings. Following the preceding chapter which dwelt on emotional challenges, this chapter highlights the support systems, emotional regulation methods, spiritual practices, and interpersonal strategies the nurses were utilising to build resilience, maintain wellbeing, and deliver quality healthcare despite working under pressure.

## 6.2 Emotional Coping Mechanisms in Nursing

The section discusses all strategies and support systems given to professional nurses in order to cope with emotional labour.

### 6.2.1 Support networks and guidance

- ***Institutional and peer support***

This sub-theme encapsulated different forms of institutional support and peer support, such as support from management, policies and practices for a conducive work environment and the provision of protective equipment. The participants revealed that the institutional support provided in private healthcare settings encompassed both tangible resources and emotional support mechanisms. These supports are vital for maintaining high standards of care, managing emotional challenges, and adapting to technological advancements in healthcare delivery as highlighted by direct quotes elicited from the survey participants, which are given as follows:

> *"We are fortunate to have counseling services and retreats at our hospital, which provide emotional support tailored to what we face daily. This institutional support significantly enhances our emotional wellbeing and improves how we manage our emotions, most of the times, counseling is done by any nurse who is willing to but the fact that they provide that service for us speaks volumes, and that is the support we are happy to receive"* (Participant 15).

> *"In the ICU, we have extensive life support, monitoring, and patient comfort resources. Additionally, transitioning to a paperless system, although challenging for my generation, is a learning process. These institutional supports contribute significantly to our ability to provide effective patient care"* (Participant 4).

> *"We do have systems in place, but not everyone uses them. We have ICAS available, so if you're really struggling, you can reach out to them. You don't have to go there physically; you can simply send them an SMS, and they will respond, allowing you to chat with them via WhatsApp. If they determine that you need a one-on-one session, they will arrange it"* (Participant 2).

Participants highlighted the essential role of institutional support in private healthcare settings, emphasising its multifaceted nature and its impact on both their professional and personal well- being. They noted that institutional support included not only tangible resources but also emotional support mechanisms, both of which are fundamental for maintaining high standards of care, managing the emotional demands of nursing, and adapting to the rapidly evolving technological landscape in healthcare. Access to tangible resources was identified as a key factor that enhanced the nurses' ability to deliver quality healthcare. These resources encompassed well-maintained facilities, up-to-date medical equipment, and adequate supplies, all of which enabled the nurses to perform their duties efficiently and effectively. Alongside these tangible resources, the participants stressed the significance of employing emotional support mechanisms within their work environment. Private healthcare institutions were viewed as more likely to prioritise the emotional wellbeing of their staff, offering initiatives such as counselling services, peer support groups, and mental health awareness programmes. These resources provided nurses with a safe space to express their concerns, process challenging experiences, and develop coping strategies for managing stress and emotional strain. These findings align with studies conducted by Atay et al. (2021) and Lee and Lee (2023), which highlight the importance of both institutional and peer-based support systems as vital coping mechanisms for nurses facing workplace stressors.

This part on peer support provides information about how the interviewed nurses sought assistance from colleagues on the floor, cover for unavailable colleagues and collabourated with other nurses to form a formidable team. The participants revealed peer support was a structured and mutually beneficial coping mechanism for ICU staff by highlighting the following points:

> *"In the ICU, we rely heavily on peer support. Venting to a colleague who*

*understands the pressure allows us to process our emotions and gain a fresh perspective. Their listening ear and shared experiences lighten the burden and boost our resilience to return to our patients feeling centered and ready. This reciprocal support network ensures everyone has an outlet, strengthening our ability to cope with the challenges of critical care, I mean every time I feel so down, I just go to my colleague and have a chat about what is troubling me and most of the times, I feel good after doing that"* (Participant2).

*"We turn to our colleagues, take them aside, and vent our frustrations. They listen and contribute to the conversation, which helps us feel better. Once we've talked it out, we return to the patient, leaving our stress behind. If someone else needs to vent, they come to me. We take turns providing each other with moral support in the ICU"* (Participant 2).

The findings highlight how peer support acted as a structured and mutually beneficial coping mechanism that strengthened resilience, reduced stress, and improved overall team performance. This aligns with the findings of a research study conducted by Atay et al. (2021) and Lee and Lee (2023), which emphasise the significance of both institutional and peer-based support systems as essential coping strategies for the nurses facing workplace stressors. The participants stressed the importance of collabouration in maintaining efficiency and high-quality patient care in the ICU. The nurses often sought help from colleagues, sharing tasks during busy shifts or covering for unavailable team members. This practice ensured the continuity of care and prevented excessive strain imposed on individual nurses. Collabouration was viewed as vital in creating a cohesive and effective team. By pooling their collective knowledge and skills, the nurses were better equipped to tackle the complex challenges of ICU work. The participants noted that their ability to rely on one another fostered a sense of unity and shared purpose, which was especially important during crises, such as the COVID-19 pandemic, or when caring for critically ill patients. The participants recognised peer support as a crucial mechanism for managing the unique emotional and professional challenges inherent in ICU work. The ICU environment is inherently stressful, with nurses frequently facing life-and-death situations, high patient acuity, and intense family interactions. Peer support enabled the nurses to share their experiences, debrief after difficult cases, and offer each other emotional validation and encouragement.

### *1. Social and professional support systems*

The social support system for nurses comprises emotional support from family and friends, community support systems as well as undertaking various forms of work-life balance measures. The participants revealed the important role played by social support systems and how they contribute towards effectively coping with challenges by highlighting the following point:

> *"Having a strong social support system is essential for me. Just venting to someone who listens without judgment provides a safe space for me to process my emotions and gain clarity. This emotional validation helps me feel understood and supported, boosting my ability to cope with challenges. Most of the times I like venting to my partner about some of the challenges that I meet here at work and all the time he listens to me and surprisingly he even suggests some of the things I can do to overcome some of my challenges. I discuss some of my challenges with my mother and I know she always gives me good advice. So, all the time my support system is ready for me"* (Participant2).

One participant stated the critical role that social support systems play in assisting the nurses in dealing with the emotional and professional challenges they face at work. The quote indicated above emphasises the importance of emotional validation and understanding as essential for providing nurses with a safe outlet to process their feelings, thereby fostering resilience and enhancing overall wellbeing. The participant describes social support systems as "essential," underscoring the vital role they play in navigating the demanding nature of nursing. These systems, which may include colleagues, family, friends, or professional counsellors, provide a foundation for emotional and mental stability. The participant's recognition of their importance reflects a broader understanding among the nurses that external support is crucial for coping with the high-pressure environments in which they worked. This finding aligns with those from a study conducted by Bryan et al. (2019), which depicted the significance of social support systems in enhancing emotional wellbeing and coping strategies for healthcare workers.

On the other hand, professional support is a form of coping mechanism in which professional nurses in the private health sector cope with challenges associated with their jobs through using available mental health resources, seeking professional mentorship and guidance as well as taking advantage of training and development

opportunities. The participants revealed that the hospital provided the resources that they needed to perform their professional duties. Such resources include PPEs, in-service training, wellness centres, iPad systems, machines for determining patients' blood pressure (BP), temperature and sugar levels, and Independent Counseling and Advisory Services (ICAS). One participant revealed that her ward had all the necessary resources, enabling the smooth flow of their professional work. The participant highlighted:

> *"We have ventilators, high-flow oxygen machines, monitors, GM machines, ECG machines, suction points, oxygen cylinders, and calf pumps for our patients"* (Participant2).

In the above quote, the participant underscored the importance of access to essential medical equipment and resources in facilitating effective patient care and ensuring professional efficiency within their ward. In their study, Clarke et al. (2023) similarly highlight the positive impact of professional support in providing nurses with the necessary equipment, which fosters resilience and teamwork, especially in high-stress environments like ICUs. By mentioning specific equipment such as ventilators, high-flow oxygen machines, and ECG machines, the participant emphasises that a well-equipped work environment enables nurses to efficiently address patient needs, improving patient care outcomes and maintaining a seamless workflow. The availability of these resources not only upholds high standards of care but also alleviates the stress associated with resource limitations, allowing healthcare professionals to perform their roles with confidence and precision.

### 6.2.2 Emotional detachment and regulation

- ***Boundary setting***

The sub-theme bordering on boundary setting is a form of coping mechanism in which a nurse sets boundaries by leaving work-related stress at the hospital and not carrying it home, which helps in maintaining a work-life balance. Further, the nurses coped with the emotional toll of nursing by emotionally detaching themselves from patients through establishing and maintaining professional boundaries with patients which serve to limit emotional attachment, while allowing them to focus on the professional aspects of care. One participant revealed that she did not maintain contact or focus on the patient or situation once the patient was no longer under her care by highlighting the following point:

> *"It happens naturally; once a patient is no longer under my care, I don't focus*

*on them anymore. I don't keep in contact with them or dwell on their situation, as it would make my life too full. Sometimes, even when the patient is still under my care, I make sure I don't get too attached to them. I do so by only talking about work-related issues and even if they try to get too close to me, I always make sure that I maintain professionalism"* (Participant 12).

In the above quote, the participant stated the importance of maintaining professional boundaries as a crucial coping mechanism in the nurses' management of the emotional toll of their work. By naturally detaching themselves from patients once they are no longer under their care, the participant avoids developing lingering emotional attachments that could overwhelm both their personal and professional lives. This aligns with findings from another study conducted by Rimé et al. (2020), which highlights the necessity of establishing professional boundaries to prevent emotional exhaustion and maintain a healthy balance between personal and professional responsibilities. By setting these boundaries, nurses can concentrate fully on their current patients, while preserving their emotional capacity, ensuring they can continue to provide effective care without compromising their wellbeing. This approach illustrates the delicate balance nurses must maintain between empathy and self-preservation in emotionally demanding healthcare settings.

- ***Emotional management techniques***

Emotional management techniques are essentially coping strategies that nurses use to effectively cope or deal with difficult patients who do not listen to the instructions of the nurses when being helped, sometimes their bad treatment to nurses. The findings reveal that the participants employed this strategy by staying calm and non-confrontational, which enabled them to focus clearly on their work, while avoiding interfering in other people's affairs. Emotional regulation encompasses two important aspects, which are management and intelligence. The findings further reveal that the nurses were capable of managing their emotions by trying to remain calm and not get too emotionally attached to patients, while remaining aware of the patients' wellbeing even after work. Under, this sub-theme, it emerged that the participants admitted to regulating their emotions towards their patients. A participant shared sentiment that were slightly different from those shared by Participant 12, as she expressed the view that:

*"I try to avoid being emotionally attached to my patients. I do speak to them and am friendly with them, but I try everything in I can to avoid emotional attachment. However, when I am at home, I do think about them. I think, 'Oh, this child is like this,' or 'I hope this child gets better.' So yes, I do think about*

*them, and I mostly get attached to children because my children are the closest people to me. So, when a child is suffering, I worry a lot about them, and I always try to avoid thinking about them, but it automatically happens"* (Participant 10).

The findings also reveal that the participants used emotional intelligence to handle difficult situations and avoid unnecessary confrontations. The participants admitted to using emotional intelligence to work properly with different kinds of patients by stating that:

*"I know that I have more emotional intelligence than most people I know, and I believe this is because of my work life. My job involves dealing with people in various situations and encountering many different personalities, as all patients are not the same. This has taught me how to argue my points effectively. In this sense, I can manage my emotions, while I am here at work, and I do so by managing my behaviour. I mean I mind what I say to people, and I also try to understand the emotional intelligence of other people around me. I mean even if they scream, shout at me or insult me, I give them time to cool down, which then enables me to listen to and help them where I can. This is so because I understand that people's emotions can be triggered by a lot of factors and if someone yells at me,*

*I just take it that they are going through something and therefore be able to understand them"* (Participant 12).

The findings are in line with research conducted by Fouquereau (2019), which emphasises the importance of emotional regulation in healthcare settings, noting its potential to enhance patient interactions and reduce burnout among nurses. Additionally, Gulsen and Ozmen's study (2020) highlights the role of emotional detachment in enabling the nurses to cope with the emotional strain emanating from patient mortality, allowing them to maintain high quality care.

### 6.2.3 Practical and psychological coping strategies

- ***Teamwork and workplace support***

As a sub-theme, team support was identified as a coping mechanism that the participants relied on. Team support and workplace support were relied on during difficult situations. The participants stressed that nursing was a collective

effort and hence, the presence and support of colleagues formed an essential coping mechanism. One participant recounted the support she received from her colleagues, which allowed her to vent about her frustrations and feel relieved:

> *"We go to our colleagues, take them aside, and vent out our frustrations. They listen and contribute to the conversations, which makes us feel better. When we return to the patient, it's all forgotten. If someone else needs to vent their frustration, they come to me. We take turns in providing each other with moral support in the ICU"* (Participant 2).

The findings highlight the importance of peer support as a coping mechanism applied within the nursing profession, especially in high-pressure environments like the ICU. The participants noted that their colleagues provided a safe space for sharing frustrations, offering an outlet for emotional release. This observation is consistent with existing literature that emphasises the value of teamwork in healthcare settings, where collabourative support can reduce burnout and enhance job satisfaction among the nurses (Yang et al., 2019). Additionally, a review by Wang et al. (2017) highlights the role of team support in fostering resilience among healthcare professionals, demonstrating how collabourative environments can improve coping strategies and overall job satisfaction. This mutual support system cultivates a sense of camaraderie and resilience, enabling nurses to process their emotions, regain composure, and remain focused on patient care.

- ***Personal resilience and self-care***

The personal resilience and self-care sub-theme provide information about the coping mechanisms that are rooted in the purpose and fulfillment derived from their work. The participants revealed that they became resilient through finding meaning in their ability to help patients. The participants also revealed that they became personally resilient by distracting themselves from the emotional challenges of their work through using cell phones to keep themselves busy thereby managing their emotions during work. The findings of this study further reveal that taking time to personally reflect on the day's events helped them in mentally processing and mitigating emotional stress. Research supports the idea that personal resilience is linked to finding meaning in one's work, which can help buffer against the emotional toll caused by nursing (McDonald et al., 2016). When asked how best she managed her emotions at work, a participant responded by saying:

> *"I try to keep myself busy with my cell phone, ignoring some other people because, you know, we come from different homes. Cell phones are not even allowed at work but any time someone tries to stress me at work, I just pull it out of my pocket and pretend to be busy with something. This strategy works for me*

*because it shifts my mind from thinking about a bad situation which can even let me into trouble and by the time, I turn back to attend to them, they are calmer. So, my cell phone is my greatest distraction"* (Participant 9).

Therefore, the participants reportedly used their cell phones as a distraction or coping mechanism which enabled them to effectively manage stressful and emotional interactions in diverse social environments through avoiding interactions with others, socially disconnecting from other people as well as establishing boundaries.

In terms of self-care, the participants utilised enhancements such as Vitamins tablets and other medications taken by professional nurses to manage physical exhaustion and maintain health. One participant said:

*"At the end of the day, it's very tiring. We just want to leave, you know. It is very exhausting. Physically, it is draining because our bodies cannot handle that insurmountable pressure. So, I try to keep my cool and take Vitamins tablets or something to help manage the stress and fatigue"* (Participant 10).

The transcript indicated above illustrates the sub-theme of physical health management and emphasises how professional nurses addressed the physical demands of their challenging roles. The participant acknowledged the exhaustion and physical strain that nursing could impose on them, often overwhelming them as they consistently worked under intense pressure. To cope with such pressure, they utilised strategies such as taking Vitamin supplements to enhance their energy and resilience, which helps them manage stress and fatigue. This approach reflects the proactive measures the nurses took to maintain their physical wellbeing, ensuring they could sustain their performance and continue delivering high-quality care despite the challenges they were facing.

- ***Maintaining mental health and wellbeing***

As a sub-theme, maintaining mental health and wellbeing represents a broad coping mechanism and strategy adopted by nurses in coping with the challenge of being emotionally attached to the patients. This coping strategy consisted of such measures as boundary setting, emotional regulation and professional adaptations. A participant had this to say:

*"Dealing with patient frustration directed at other staff members can be emotionally draining. In these situations, developing emotional detachment allows me to acknowledge their feelings, while focusing on what I can control. This reduces unnecessary stress and preserves my emotional wellbeing so I can continue providing the best care to my patients. Back then, I used to be emotionally attached with people's problems, but as time went by, I was then*

> *able to detach myself from situations which could temper with my emotions while at work. I would feel for my patients, but also distancing myself from their own situations and since then, I managed to cope well"* (Participant 7).

Participant 7's statement emphasises the theme of emotional detachment and acceptance as coping mechanisms essential for managing the emotional challenges associated with nursing. The participant explained that detachment allowed them to recognise patients' frustrations without internalising them, facilitating a balanced response to the patients as well as their nursing managers. By concentrating on aspects of care, they could control and reduce stress, safeguarding their emotional wellbeing. This strategy helped them maintain their ability to deliver high-quality care, highlighting the significance of techniques such as boundary setting, emotional regulation, and professional adaptation in addressing the emotional demands of nursing (Holland et al., 2019; Lee, 2021).

In addition, professional adaptation represents a coping strategy the participants used to develop resilience. The participants revealed that they achieved this by emotionally detaching themselves from patient mortality, accepting the limits of their efforts, and focusing on the quality of care they could provide. One participant noted:

> *"Coping with this reality is never an easy feat, but with experience and my spirituality, I know that I've done my best. As a team, we've done our best, but there are things that are beyond our capabilities and control. What else can we do except providing support? My spirituality helps me understand that everyone faces challenges at some point. If anything, bad happens to someone, I believe God is in control and knows best. Maybe, it was their time. I also find peace in knowing that I've done my best and that can clear my conscience"* (Participant 4).

Participant 4's statement underscores the professional adaptations as a resilience- building strategy adopted in coping with the emotional challenges of nursing. The participant describes how their experience and spirituality aid in accepting patient mortality by recognising the limits of their control (Karaba, 2024). Their spirituality provides a framework for them to understand loss, which they attributed to divine timing. This facilitated their processing of grief and helped them maintain emotional balance. This approach illustrates how the nurses adapted professionally by integrating practical efforts with personal beliefs to effectively manage emotional strain.

### 6.2.4 Faith, reflection, and growth

- ***Religion and spirituality***

The religion and spirituality were a sub-theme that provided information into the spiritual and religious practices adopted by the nurses in coping with challenges characteristic of the nursing profession. The participants revealed that attending church and praying were significant coping strategies that helped them to maintain emotional stability and find solace in their religious faith. The findings reveal that religious practices offered them a sense of community and support outside the workplace. The participants emphasised that they heavily relied on prayer and that their deep connection with God through prayer and religious practices symbolised their roles in their occupations were embodied in divine calling expressed through the love of God. The participants revealed that the divine nature of their jobs offered them a strong spiritual grounding which in turn helped them cope with the emotional toll of their work. The findings further reveal that they use prayer and religious beliefs as coping mechanisms both for personal emotional support and in interactions with patients who are comfortable with it. Moreover, the participants revealed that their religious beliefs helped them in dealing with the emotional strain emanating from patients' deaths by living within the parameters of the word of God which tells them that God is the giver and taker of life. This necessitated the participants' acceptance of death situations mainly characterising their profession. The participants further revealed how crucial prayer was for her in dealing with the emotional challenges of nursing work by saying the following:

> *"As I told you before, prayer is the key to my success. It's powerful every time. Sometimes, when I don't know what to do or say, prayer helps me find strength and clarity"* (Participant 13).

> *"I think, as I said earlier, one of my major coping strategies is prayer. I pray through things when I am stressed. Sometimes, I take time to meditate and pray, which has strengthened me"* (Participant 14).

The participants described their deep connection with God through prayer as their source of strength, and this helped them cope with the emotional burdens of their profession, particularly when dealing with the loss of a patient. This finding is consistent with literature that highlights the positive impact of spirituality and religious practices on mental health and coping mechanisms among healthcare professionals (Karaba, 2024; Perera et al., 2018). While faith and religious practices could be beneficial for many, they did not always resonate with all the

nurses, particularly those who did not share the same beliefs, which could lead to feelings of isolation or exclusion when working in this diverse workplace (Karaba, 2024).

- ***Meditation and personal reflection***

The sub-theme on meditation and personal reflection provides insights into coping mechanisms which involved the utilisation of personal time to participate in personal leisure activities such as reading books and spending time outside work, engaging in personal activities like yoga, gym workouts and motorcycling, spa visits and shopping during off-days, watching TV series, spending time with friends, adult colouring, including selective sharing of work-related stress with family. The participants revealed that engaging in these personal leisure activities helped them in decompressing and rejuvenating, de-stressing, stress relieving as well as in unwinding and recharging which in turn enabled them to balance the emotional demands of their job. The participants revealed how certain leisure activities helped them navigate through the challenges of the nursing by professing that:

> *"I often get hooked on a series and enjoy my own time. I often go out with friends and have fun with colleagues, doing things that carry me through a tough week. I spend time shopping, doing something with my hair, and engaging in activities that make me happy so that I can come back to work refreshed and rejuvenated"* (Participant 12).

> *"Okay, if you're talking about coping outside of work, I think we all have our own ways of dealing with stress. I personally make use of wellness centres at work and these offer various activities. They often ask us how we cope, and each person chooses something. I joined yoga, which has been very helpful. During COVID-19, they gave us an arts and crafts book, specifically an adult colouring book, which helps me to de-stress"* (Participant 2).

The findings highlight that the activities helped the nurses to decompress, rejuvenate, and relieve stress, allowing them to unwind and recharge. This aligns with literature which suggests that leisure activities can significantly reduce stress and enhance overall wellbeing among healthcare professionals (Micklitz, Wong and Howick, 2021; SanJuan, Clark, Camilleri, Jeans, Monkhouse, Chisnall and Vindrola-Padros, 2022).

The participants revealed that taking breaks to smoke helped them clear their minds during times when they were

feeling overwhelmed by work-related stress. The participants further revealed that ensuring adequate rest and avoiding excessive overtime helped them in preventing burnouts which demonstrated an awareness of the physical and mental demands of the job and a proactive approach to self-care. The participants emphasised the important role of taking breaks during work and ensuring adequate rest as effective coping mechanisms, highlighting the following:

> *"I take breaks to smoke in order to cope. When there is something that is really annoying me and there's nothing I can do about it, I just step outside and have a smoke. It helps me clear my mind and relax. Afterward, I come back and look at the situation differently"* (Participant 12).

> *"First, I make sure I get enough rest. For example, I limit my overtime. If you see that your unit is overwhelmed, you'll burnout, of course. So, I limit overtime and prioritise rest"* (Participant 5).

The findings highlight that the nurses recognised that adequate rest and avoiding excessive overtime were crucial for preventing burnout, demonstrating an understanding of the huge physical and mental demands of their work. This proactive approach to self-care is supported by research which indicates that regular breaks and work-life balance are vital for the nurses' wellbeing and job satisfaction (Cline et al., 2022).

### 6.2.5 Communication and debriefing for emotional relief

As a sub-theme, communication and debriefing for emotional relief provides insights into a vital coping strategy in which the nurses utilise the available communication and information exchange channels to share their experiences with colleagues. The study findings reveal that sharing and discussing emotional experiences with peers helped nurses in processing difficult situations and providing mutual support. The participants further revealed that talking to colleagues and occasionally sharing experiences with family members helped them process their daily challenges. The participants emphasised the importance of communication and debriefing as effective coping mechanisms, highlighting the need for someone to listen attentively and provide a supportive presence as reflected in the following points:

> *"It's something that I've just got used to. I think he's also got used to it. He just needs to listen. I just need somebody to listen to me. I don't want them to even tell me anything. I just want that supportive ear"* (Participant 2).

*"Sometimes, I talk to colleagues, sharing experiences. Even at home, I reflect on whatever happened during the day"* (Participant 10).

These quotes highlight the essential role communication and debriefing play in managing the emotional and mental demands of nursing. The participants describe how sharing experiences with colleagues and family members provides a platform for emotional release and reflection, helping them to process the challenges they face on daily basis. This aligns with existing research that emphasises the benefits of peer support and communication in reducing stress and enhancing emotional resilience among nurses (Agarwal, Pabo, Rozenblum and Sherritt, 2020; Connors et al., 2020). The participants underscored the importance of being given a "supportive ear," emphasising the value of empathetic, non-judgmental listening or unsolicited advice. This simple act of being heard offers comfort and validation, alleviates stress and promotes emotional balance. In contrast, Participant 10 reflects on the dual approach of engaging with colleagues for shared understanding and reflecting on work experiences when at home, illustrating how both professional and personal support networks contribute to coping. Together, these narratives demonstrate that open communication and mutual support are crucial for the nurses to effectively navigate the emotional complexities of their work.

### 6.3 Conclusion

The nurses' ability to cope with emotional labour was found to be reliant on a multifaceted network of strategies that ranged from professional and peer support to personal resilience, emotional regulation, spiritual faith, and reflective communication. These approaches collectively enhanced the nurses' emotional resilience and improved their capacity to care for patients in spite of working under highly demanding and stressful conditions.

# CHAPTER SEVEN:
# THE IMPACT OF EMOTIONAL LABOUR ONTHE NURSES' PERSONAL AND PROFESSIONAL LIFE

## 7.1 Introduction

This chapter presents a consolidated analysis of how emotional labour impacts both the personal and professional lives of the nurses working in epidemic disease care in a private hospital setting. Drawing from narratives presented in previous chapters and structured themes developed from the interviews held with the participants, this chapter integrates the participants' emotional and communication challenges, emotional responses to patient outcomes, and the balancing of personal and professional spheres. By streamlining key emotional themes and aligning them with the relevant literature, the chapter presents an in-depth discussion centred on the psychological, social, and professional dimensions of emotional labour among nurses.

## 7.2 Managing Challenges Resulting From Emotional Labour in Healthcare

There are many challenges outlined below that are experienced by professional nurses when discharging their duties.

### 7.2.1 Emotional and Communication Challenges

- ***Dealing with patient behaviour***

The sub-theme bordering on "dealing with patient behaviour" encapsulates the emotional component of professional nurses, which encompasses issues such as abuse and stress, emotional strain, and the challenges of managing patient behaviour under their care. The participants revealed that they experienced abuse perpetrated by patients, a scenario which compounded their emotional labour since the nurses did not only have to manage their professional duties but they also had to navigate the challenges stemming from their interactions with the patients. Also, the emotional strain they experienced added to the challenge of dealing with patients. For instance, handling patients who are uncooperative or aggressive due to their illness was reportedly stressful. This underscores the dual challenge associated with fulfilling professional duties while dealing with emotionally draining interpersonal dynamics. Studies conducted by Mento, Silvestri, Bruno, Muscatello, Cedro, Pandolfo and Zoccali (2020) and Weltens, Bak, Verhagen, Vandenberk, Domen, van Amelsvoort and Drukker (2021) also reported the prevalence of patient aggression in healthcare settings, including the phenomenon's psychological

impact on nurses, thus exacerbating job-related stress and emotional strain.

The participants recounted a distressing experience involving a miscarriage, underscoring the emotional burden the nurses carry when conducting their duties. This is highlighted in the following utterances:

> *"You know, just yesterday, there was a patient who had a miscarriage, but the fetus was alive. It's emotionally challenging to leave it like that. I could see that the mother was expecting us to do something more but, clearly, the survival of the baby was very slim. So, most of the times when I meet such encounters, I tend to be stressed, I feel deeply pained for the mother because I am a mother as well and I know the excitement of delivering a healthy baby and sharing the news with the family. Unfortunately, for her, it was totally different and I was so touched because the mother was failing to accept the situation. So, I had to sit her down and talk to her politely and make her accept the situation"* (Participant 8).

The recount by Participant 8 effectively portrays the emotional component of professional nurses in dealing with patient behaviour, specifically in emotionally difficult situations such as those involving miscarriages, where they must navigate complex emotions while providing care.

- ***Handling emotional impact***

The sub-theme highlights the way nurses manage and cope with the profound emotional impact of their work, demonstrating resilience and dedication amidst challenging circumstances. The sub-theme "Handling Emotional Impact" particularly involves navigating the various emotional challenges inherent in nursing, such as emotional impact, dealing with patient mortality and caring for severely ill patients. The findings reveal that in the early part of their career, the nurses experienced significant emotional stress, sometimes feeling personally responsible for patient outcomes. Further, the findings show that the nursing profession involved significant emotional labour, particularly when dealing with terminally ill patients and breaking bad news to families. One participant demonstrated her awareness of the emotional toll associated with nursing work and her capacity to navigate and manage these challenging moments with empathy and professionalism by pointing out the following:

> *"Breaking the news of a deceased person is the worst part, especially when you see the hope in people's faces when they bring someone here. Telling them there's*

*nothing more we can do is heart-wrenching. In cases where someone has cancer in its last stages, breaking such news is even harder because you can see. That a part of them has already died inside, even though they are still alive. That is the worst part, I don't think there will ever be a time that it will be easier for me to tell the family about the passing of their loved one because people always cry and you can tell that they are shuttered; however, it's my job to tell them but it never gets easier"* (Participant 15).

Participant 15's statement emphasises the significant emotional labour involved in nursing, especially when caring for terminally ill patients and delivering difficult news to families. The participant conveys the profound emotional toll of these experiences, describing the heartbreak of shattering families' hopes and witnessing their deep sorrow. This aligns with a research study conducted by Miller, Malloy, Mravec, Sposato and Groves (2022), which highlights the emotional burden associated with delivering bad news and managing end-of-life care. Similarly, Pérez-García, Ortega-Galán, Ibáñez-Masero, Ramos-Pichardo, Fernández-Leyva and Ruiz-Fernández (2021) discuss compassion fatigue and its long-term effects on healthcare workers caring for terminally ill patients. The reference to "a part of them has already died inside" underscores the heavy emotional burden of navigating such interactions with empathy and professionalism. This quote illustrates the deeply human challenges nurses encounter, which require not only clinical expertise but also emotional resilience and compassion in the most difficult aspects of their work.

- ***Communication barriers in healthcare***

The communication barriers in healthcare sub-theme in the context of the emotional component of professional nurses when working with patients arise from the challenge involved with breaking bad news, for example, announcing death or terminal illness. Data analysis revealed that informing families about a patient's death or terminal illness was one of the most emotionally challenging and draining tasks to the participants. Another participant acknowledged that breaking the news of a patient's terminal illness remained a significant communication challenge despite years of experience. She explained:

*"Breaking the news of a person who has a terminal illness is the worst part, especially when the people brought the patient to the hospital with the hope that their illness would be cured or at least be better, but once you mention words like cancer, diabetes, or AIDS, people are already losing hope but most of the time I tell them about their faith and prayers and the fact that all the situations can change no matter what, so after doing all the scans, the tests and everything else, the most difficult part for me remains telling the news of such illnesses"* (Participant 13).

This quote highlights the profound emotional and communicative challenges nurses encounter when delivering bad news, such as a patient's death or terminal illness. Despite their professional experience, the participant acknowledges that breaking such news remains exceptionally difficult, particularly when observing the hope and anticipation reflected in families' faces. The emotional strain is further heightened in cases involving terminal illnesses, where the psychological impact on families is apparent even before the physical loss occurs. This aligns with the findings of Collini et al. (2021), who emphasise the emotional toll of delivering bad news on healthcare professionals and the importance of effective communication skills training. Additionally, Brouwer, Walmsley, Parrish, McCubbin, Welsh, Braido, and Okoli (2021) note that conveying bad news requires not only emotional labour but also sensitivity in managing family responses, which adds to the stress nurses face. This underscores the significant emotional labour inherent in nursing, highlighting the necessity for empathy, resilience, and communication skills to navigate such heart-wrenching moments effectively.

### 7.2.2 Emotional Responses to Patient Outcomes

- ***Feelings of helplessness and stress***

The feelings of helplessness and stress sub-theme provide information about the emotional component of professional nurses in epidemic disease care which encompasses the traumatic and sense of helplessness that develop among nurses especially when failure of all treatment options drives them to exhaustion following the realisation that all their efforts cannot save patients, for instance, during the COVID-19 pandemic. This finding highlights the emotional strain and sense of responsibility felt by nurses when providing care to their patients. Data analysis revealed that the feelings of helplessness arose from the unavoidable need for the nursing profession of having to deal with death and mortality over the course of nursing practice. The findings of this study revealed that death and the inability to save a patient form some of the most challenging aspects of the nursing job. Further, participants admitted that nursing situations involved substantial emotional labour because it required nurses to find ways of coping with feelings of helplessness and grief. Participant 2 revealed that the sense of helplessness that they went through sometimes when carrying out their work by highlighting the following point:

> *"I felt very traumatised and helpless. We thought we had done everything possible for the patients, but we couldn't do anything more. It was a sense of powerlessness, standing there and feeling helpless. Even the doctors were helpless because they had exhausted all options, the pandemic time when patients were admitted in high numbers in our wards was the worst, we would all just stand and try to come up with some elements on how we can do better to*

*save patients but believe me there was nothing more to bed one, that's when you would see in our faces that we are defeated"* (Participant 2).

The findings reveal the emotional burden that comes with nursing, particularly the feelings of helplessness and trauma when patients' conditions cannot be improved, despite all efforts. The participant describes moments of powerlessness when even medical professionals, such as doctors, are unable to provide further interventions, highlighting the emotional toll of working in situations where the outcomes are beyond their control. Ultimately, these findings indicate that such feelings arise from the inherent demands of the nursing profession, where confronting death and mortality is a recurring aspect of practice (Diogo et al., 2021; Iskender et al., 2023). This experience underscores the emotional labour in nursing, where nurses must cope with feelings of grief and frustration while maintaining their professionalism and providing compassionate care in the face of such challenges. This finding is supported by research from Ustun and Dogan (2022), which emphasises the psychological impact of frequent exposure to patient mortality on nurses, particularly during public health crises. Similarly, Gulsen and Ozmen (2020) highlight that feelings of helplessness and grief are prevalent in nursing, underscoring the need for effective coping mechanisms to support emotional wellbeing. These findings are consistent with the work of Koontalay et al. (2021), which notes that high mortality rates and feelings of inadequacy during pandemics significantly contribute to emotional exhaustion among healthcare workers.

- ***The psychological impact of patient recovery and loss***

The psychological impact of patient recovery and loss sub-theme addresses the emotional component of professional nurses in epidemic disease care. The sub-theme relates to the emotional attachment developed by nurses towards the patients, emotional detachment and the resulting emotional impact of patient mortality on the nurses. Participants revealed that it was difficult for them to maintain boundaries with patients due to the emotional attachments that they formed with the patients as they strived to make patients feel part of a supportive family environment. The participants revealed that they became emotionally attached to patients despite concerted efforts to maintain professional detachment which was an emotionally taxing experience. Hence, the findings show that emotional attachments are inevitable and part of the nursing job. The inevitability of emotional attachments was also revealed through admission by participants that, over time, they had to develop strategies to detach emotionally from the outcomes of patient care, while maintaining empathy and professional dedication.

*"I try not to get too attached to my patients because sometimes when they leave the hospital, they want to stay in touch. While I'm open to social interactions, I avoid discussing their health outside of a professional setting. This is so because you never know what a person might do on their own that could harm them, and*

> *they might blame Nurse Eve for any negative outcomes so basically, once the patient is discharged, I do not want to follow up on their wellbeing but while they are still here in the ward, I just focus on helping them as much as possible and I make sure not to bring emotions at work because otherwise, I won't be able to cope"* (Participant 15).

The study findings revealed that the participant discusses the emotional challenge of dealing with patient mortality, stating that they managed this emotional component by finding some solace in knowing they did their best, attributing outcomes to God's will. The participants emphasised the importance of not showing emotional distress to the patient's family and instead providing comfort and support.

> *"It's usually very sad to see someone you know lose their life. Over time, you get used to these situations, not because you lack emotions, but because you learn to accept that you've done all you could"* (Participant 3).

> *"Now I've learned to cope emotionally. In the beginning, it was very difficult for me. Although nursing was my passion, it was also frightening, especially dealing with death and other traumatic experiences. But over time, I've grown and learned to control my emotions. Even if something upsetting happens in the ward, I can hold myself together. Because if I start crying, who will support the mother or the child? You just learn to manage it"* (Participant 11).

The participants revealed they also had to manage the emotional impact of patientcare such as the sad feeling that nurses develop when patients, especially children, are in severe conditions. The findings revealed that the appreciation they received from some patients provided them with a sense of fulfillment which helped them in managing the emotional impact of patient outcomes while lack of appreciation from other patients negatively impacted them through demoralisation. This is what a participant had to say:

> *"It's very sad at times because you know the patient's condition and that they may not survive. Despite this, you must keep nursing and reassuring them, making them feel safe. It's important to communicate with them, ensuring they feel secure no matter what happens. Sometimes, we even pray with the patient to ease their mind and calm them"* (Participant 1).

Conversely, a lack of appreciation from other patients had a demoralising effect, contributing to the nurses' emotional exhaustion. These findings are consistent with the research by Niskala, Kanste, Tomietto, Miettunen,

Tuomikoski, Kyngäs and Mikkonen (2020), which highlights the importance of positive feedback in enhancing the nurses' job satisfaction and emotional wellbeing. Similarly, Sharma et al. (2020) emphasises that recognition from patients or families fosters resilience among healthcare professionals and helps reduce burnout.

The impact of the patient recovery addresses the emotional component on professional nurses linked to the best part of the nursing job which involves seeing the positive outcomes of the care they provide to patients, for example, witnessing the recovery and discharge of patients. The participants revealed that seeing the patient recovering and going home to their relatives resulted in feelings of positive reinforcement which gave them significant emotional boost and job satisfaction. The participants revealed the positive emotional state that patient recovery and discharge from the hospital produced in them by highlighting the following point:

> *"The best part of being a nurse is the impact you make on people. Witnessing their journey from admission to recovery is incredibly rewarding. When patients arrive in a challenging condition and later leave the hospital in good health, the transformation is profoundly satisfying. Seeing the difference between their situation when they came in and when they go home brings immense fulfillment; you tell yourself that, we tried our best and truly you will be seeing the excitement in the patient's eyes"* (Participant 5).

> *"The patients come to the hospital with the hope of getting better and going back home to their loved ones, so every time I am working in a certain ward, and we discharge a patient, I get so happy, and I know that we really did our best for that patient to the at the good state"* (Participant 7).

Participants 5 and 7 emphasised the emotional rewards and job satisfaction that nurses gain from the recovery and discharge of patients. They describe the deep sense of fulfillment that comes from witnessing patients' journeys from critical conditions to recovery. The positive changes in patients' health provide a strong source of emotional reinforcement, enhancing the nurse's sense of purpose and highlighting the meaningful impact of their work. This observation underscores the intrinsic motivation embedded in nursing, where patient outcomes play a direct role in shaping the emotional wellbeing and professional satisfaction of healthcare providers.

### 7.2.3 Balancing personal and professional life

- ***Work-life balance and emotional wellbeing***

The work-life balance and emotional wellbeing was a sub-theme encompassing a strategy for maintaining the mental health associated with emotional labour that involves setting effective boundaries between work and

personal life to ensure that work stress does not intrude into personal time, thereby preserving mental health. Qualitative data analysis revealed that while the nurses acknowledge the difficulty in balancing work and family life, they stressed the importance of taking time for personal activities and ensuring that professional demands do not completely overshadow personal responsibilities. The participants revealed that balancing work with family life was a challenging endeavour and highlighting the impact of irregular shift patterns on personal time. Particularly, the participants reported the adverse impact of nursing on family life and how they try to find a balance, though the irregular hours and long shifts pose challenges. In addition to balancing work demands and personal life demands, data analysis also revealed the importance of maintaining professional boundaries with hospital patients to prevent emotional burnout. Further, separating work and personal life helps in consciously avoiding emotionally straining situations in which work-related stress is permitted to spill over into the personal lives of professional nurses. This helps to ensure that interactions with family and friends remain unaffected by the challenges faced at work. Consequently, maintaining a balance between professional responsibilities and personal life is crucial and, as such, the participants emphasised the importance of separating work-related stress from home life, while remaining aware of the possible difficulties associated with this separation by highlighting the following point:

> *"While I'm adaptable at work, I maintain clear boundaries at home. At the office, I might assess a misplaced item and adjust my workflow. However, at home, similar situations require a different approach. For example, with my child, I might gently guide them to place the item where it belongs. Most of the times, I don't avoid situations which remind me that I am at work not home. So my conduct towards people is always very different from how I could have treated the same situation if it happened at home"* (Participant 14).

The findings emphasise the importance of balancing professional and personal life through clear boundaries. At work, the nurses concentrated on adapting to situations, such as adjusting work flows when items were misplaced. In contrast, at home, they adopted a gentler, more nurturing approach, particularly when guiding their children. This separation allowed them to manage work-related stress, while ensuring that their personal life was handled with care and understanding. These findings are supported by another research study conducted by Holland et al. (2019), which highlights the negative impact of work-life imbalance on the nurses' wellbeing. Additionally, other studies by Obina et al. (2024) and Dousin et al. (2022) emphasise the importance of setting professional boundaries to prevent compassion fatigue and emotional exhaustion in caregiving professions. The identified strategies align with broader recommendations for work-life integration, as outlined by Kremer, Leeser and Breil (2019), who advocate for institutional support in creating schedules which are accommodative of personal needs.

However, the approach by Participant17 is different from that of Participant 14. Participant 17 shared different sentiments that she was more mindful of her conduct when she was at work, her gentleness and high care is dedicated to patients but when she is at home, she is more free, she does not care about minding her conduct on how she behaves to her children in a special way as there is no formality and she stressed more about factors which affects home life and work balance as those associated with sustainability and getting enough payments to sustain her life, she shared the following sentiments:

> *"Work needs someone who follows ethical conduct and that's what I remember when I come to this place. Most of the time it's never easy to balance home and work life. Firstly, work is structured in a way that makes me follow my shift schedules and when I am at work I behave strictly in a professional way. I can't leave anything improper, as I must care about everything and most of the time. I think more about improving the life of a patient. On the other hand, when I am at home, I like being free. I do not get stressed about how I talk to my children and most of the times I just worry about the time I spend with them. That's all that matters to me. Sometimes, I am just happy that at least I am able to provide food and cater for some of their needs, so even if I know that I spend most of my time at work, I am just happy that at the end of the day I put a meal for them on the table and I just have to go to work to get money to make them survive at the end of the day trying by all means to dedicate certain time to them"* (Participant 17).

The participant emphasised that being at home and going to work required a certain amount of time dedication of different factors which involves effort for work engagement, time, and the energy needed for sustainability of life. These findings align with (Wood, Oh, Park and Kim, 2020) who highlight that work life balance can be a conflicting factor to an individual as family enrichment needs a job for sustainability of one's needs and relationship of the two factors has spillover effects. For example, when employees do not get enough payments to sustain their lives, there will be lack of fulfillment on many family responsibilities like feeding the family, providing shelter and other related responsibilities and thus this can cause stress, not so good with job demands and consequently low performance and a clear picture of family life imbalance. The time dedicated to family also affects the daily lives of the employees, the more time they spend at work, the less time they spend with the family.

Physical rest and wellbeing are immensely important and this part provides information about the strategy for maintaining mental health associated with emotional labour, creating time for maintaining physical health and

wellbeing through resting and/or sleeping, for instance, to recharge mentally and physically after shifts as well as taking deep breaths and drinking water. This strategy encouraged emotionally strained nurses to take leave and planned downtime specifically to boost their mental health and as immediate coping mechanisms adopted during stressful work-related situations. The findings reveal that the ability to request annual leave and the practice of planning personal time around work commitments were practical strategies for maintaining mental health. One participant expressed how taking leave and creating some personal time off work helped her recharge and maintain a balance between her professional work and personal life. She highlighted the following:

> *"For me, what I can say to cope is to sleep. When I'm off duty, I must sleep. Most of the time, we do not give ourselves enough time to rest as nurses, but I have learned to put myself first when it comes to resting time and I don't care about people's comment about myself because prioritising other people will not work for me because at the end of the day, I am the one who goes through the feeling when my body is exhausted. I used to think that resting only means going to sleep early when I come back from work but lately, I have seen that I must actually take a leave and rest even if it's not many days but resting and sleeping helped me a lot"* (Participant11).

Participant 11 highlighted the significance of rest as a crucial strategy for managing the emotional and physical demands of their work. By prioritising sleep during their time off work, the nurses could recharge and sustain a healthy balance between their professional responsibilities and personal wellbeing. These findings align with those of a study conducted by Gulsen and Ozmen (2020), which highlight the critical role rest and recovery play in reducing the nurses' burnout and enhancing mental health. Additionally, a research study conducted by Wijaya and Suwandana (2022) confirms that adequate rest is crucial for maintaining optimal nurse performance and emotional wellbeing.

- ***Institutional and professional support systems***

The institutional and professional support systems, as a sub-theme, is a strategy for maintaining mental health among professional nurses who bear the burden of emotional labour during the course of caring for the patients. The system is centred on having structured support systems, a network of supportive colleagues, having regular debriefing sessions and discussions with colleagues from the same or different units as well as operating as a team. These findings are also supported by Foli et al. (2019), as they identified that peer support networks play a crucial role in managing the emotional strain associated with healthcare work. Furthermore, Rime et al. (2020) suggests that collegial interactions and a shared understanding among healthcare workers significantly contribute

to the nurses' emotional resilience. The participants revealed that having a structured support system within the hospital, such as shift leaders and colleagues, provides nurses with the necessary support and guidance they need to navigate emotional challenges. One participant narrated how the increased hands-on approach and approachability of managers positively impacted their work environment:

> *"Even the managers are now more hands-on than they were when I started working. They're more approachable, and they have an open-door policy. So, a lot has changed. When you work with people who are always willing to listen and even help you when you have challenges, you gain the strength to even work harder and I know that they are just there to support me"* (Participant 2).

Further, the participants revealed that they relied on professional fulfillment, which suggests an intrinsic support mechanism. In addition, the participants revealed that they relied on support from their spouses to discuss and decompress after spending stressful days at work.

Moreover, the participants revealed that they needed support from management in terms of providing adequate personal protective equipment and addressing staffing issues. Further, this included recognition and compensation for the risks, continuous evaluation and feedback, regular meetings or training sessions held to discuss self-care, salary increases reflective of the high cost of living and to motivate staff, as well as easy access to support systems, are essential for helping nurses process their emotions and recover from the stress of their work and for reducing the emotional labour associated with nursing. The participants expressed the crucial role played by institutional support in ensuring the safety and wellbeing of professional nurses. One participant emphasised the crucial role of institutional support in maintaining mental health, thus:

> *"We are provided with the appropriate PPEs, including masks, aprons, and visors. This institutional support is essential for our safety and wellbeing, ensuring that we perform our duties with significant peace of mind"* (Participant 6).

This quote emphasises the significance of institutional support in protecting the physical and mental wellbeing of professional nurses. These findings align with those of studies conducted by Alharbi et al. (2020) and Lasater, Aiken, Sloane, French, Martin, Reneau, Alexander and McHugh (2021), which highlight the crucial role of institutional support in alleviating stress and burnout among the nurses. Additionally, Clarke et al. (2023) point out that management's commitment to addressing workplace challenges greatly enhances job satisfaction and reduces emotional strain among the nurses. In this context, Participant 6 emphasised the notion that providing proper personal protective PPE, such as masks, aprons, and visors, not only ensured physical safety but also promoted mental peace by fostering a sense of security. This support allowed the nurses to effectively concentrate

on their duties, knowing that their health is prioritised, which is especially critical in high-risk healthcare environments.

As a sub-theme, professional support and venting constituted the strategy the participants used for maintaining mental health, and this involved utilising professional support systems and venting frustrations to colleagues, working in a supportive environment and engaging with colleagues who understood the work environment to mitigate and manage stress and emotional burden. The participants expressed the importance of camaraderie and support from colleagues as effective strategies for maintaining mental health associated with emotional burden. One participant emphasised the role of professional support and venting frustrations as crucial mental health maintenance strategies, thus:

> *"Yes, when it comes to emotions, if something happens at any moment, I usually turn to colleagues I'm closest to. Sharing and venting frustrations with them helps me in effectively managing and coping with the situation. Sometimes you get too tired while you are at work, just sharing with someone I am working the same shift with gives me a feeling that it is normal not to feel too energetic all the time and luckily, I have never come across someone who is judgmental if I tell them how I feel"* (Participant 3).

> *"As a nurse, one of the subjects we study prepares us to face different personalities and work qualities. By talking about our experiences with someone, we often find that we are not facing these challenges alone. Sharing and venting with colleagues provides essential support and helps us manage the emotional demands of the job"* (Participant 5).

These quotes underscore the vital role played by camaraderie and professional support in helping nurses navigate the emotional challenges of their demanding roles. This finding aligns with earlier research conducted by Yehene et al. (2024), which highlights the significance of peer support and team dynamics in reducing burnout and fostering resilience among healthcare professionals. Similarly, Clarke et al. (2023) argue that supportive work environments enhance nurses' coping mechanisms, particularly in emotionally taxing situations.

- ***Career development and emotional resilience***

Career development and emotional resilience is a sub-theme bordering on a mental health strategy that is centred on leveraging the value of continuous or ongoing learning and familiarisation or adaptation to new hospital systems (like the iPad system for patient management and other hospital resources). This helped the nurses build

confidence and reduce anxiety related to the fear of the unknown. Knowledge and competence act as buffers against stress since feeling competent and prepared may potentially help reduce stress. The participants reported that implementing development programmes at the hospital would help nurses cope with emotional labour by offering them knowledge and support. The participants revealed that implementation of such programmes would signify the institution's commitment to recognising the emotional demands of nursing, including its efforts in providing resources for mental health support. One participant revealed how professional development acquired through working in different hospital wards and units helped her gain diverse experiences and develop professionally contributed to her enhanced ability to handle various emotional and professional challenges. She said:

> *"I've significantly grown professionally by working in different wards and units. This continuous learning and professional development has been crucial for my mental wellbeing, helping me adapt and thrive in various healthcare environments. There were moments when I was scared of working in ICU and labour wards because I knew there were lots of complications occurring on a daily basis but I now understand that it doesn't matter which ward I am working in, all that matters is delivering and making sure I work hard and remain dedicated to duty"* (Participant 9).

One participant emphasised the important role of continuous education and training in handling new challenges, particularly with emerging infectious diseases. The participant said:

> *"We have our monitoring resources and patient comfort resources, and we've transitioned to a paperless system. While this shift is challenging for my generation, it's an opportunity for continuous learning and professional growth, which is crucial for maintaining my mental health"* (Participant 4).

The findings of the study emphasise the importance of continuous education and training in adapting to advancements and tackling the challenges prevalent in healthcare settings, including the transition to new systems and the management of emerging infectious diseases. The participants perceived the shift to a paperless system as both a challenge and an opportunity for growth, highlighting the way acquiring new skills has contributed to their professional development and supported their mental wellbeing. This underscores the beneficial effects of ongoing training on the nurses' ability to adapt to and flourish in an ever-evolving work environment. This aligns with the findings of a research study conducted by Melnyk et al. (2018), which highlights the positive effects of professional development on reducing workplace stress and promoting mental resilience. Similarly, Abrahams et al. (2022) found that ongoing training enhances self-efficacy and job satisfaction among healthcare workers, thus

aiding their ability to cope with emotional challenges.

Emotional management and development of coping strategies were other mental health strategies which encompassed the practicing of both surface acting (maintaining a professional demeanor, despite internal emotions) and deep acting (genuinely managing and addressing emotions), use of distraction techniques, effective use of available internal coping mechanisms as well as emotionally detaching from or limiting emotional attachment with patients. Surface acting involves maintaining a professional demeanor despite internal emotions, while deep acting entails genuinely managing and addressing emotions. Distraction involves keeping oneself busy with their cell phones. The internal coping mechanisms the nurses employed involved not reacting impulsively to situations and keeping personal emotions in check during work hours, including being personally committed to the job at hand and dealing with personal emotions later. Emotional detachment involved ignoring difficult patients and focusing on job tasks, while limiting emotional attachment entails caring for patients and consciously avoiding becoming too emotionally attached to situations to maintain professional boundaries and mental wellbeing. The participants revealed that these mental health strategies helped them manage emotional stress and dodging over-thinking about challenging situations which in turn contributed to their maintenance of emotional stability. One participant agreed to the use of surface acting and deep acting as crucial strategies for maintaining mental health by highlighting the following

> *"I think I can effectively engage in both surface acting and deep acting. These strategies help me manage my emotions and maintain my mental wellbeing in spite of facing challenging situations. From the way you explained what surface acting is, I could even picture the way I always smile with some of the most rude people here at the hospital so that I am able to provide a good service to them and ignore their bad attitudes and with deep acting, I think I am able to suppress my feeling so well because there are lots of times I would be very dissapointed with people and their behaviour and deep down I would be boiling but I just ignore that feeling and proceed with what I would be doing at that moment"* (Participant2).

Participant 2 recognised the use of surface acting and deep acting as crucial strategies for managing emotions and maintaining mental health. Surface acting entailed outwardly expressing emotions that might not reflect one's true feelings, while deep acting involved aligning internal emotions with the desired emotional response. By effectively employing both strategies, the participant navigated emotionally challenging situations, showcasing adaptability and resilience in their professional role. These findings are consistent with Hochschild's (1983) theory of emotional labour, which distinguishes between surface acting and deep acting as essential coping

mechanisms. Additionally, Riedel et al. (2022) emphasise that emotional detachment is often necessary to prevent compassion fatigue, while Whiley and Grandy (2022) advocate for balancing empathy with emotional boundaries to sustain long-term resilience in nursing.

### 7.3 Conclusion

This chapter has presented a cohesive analysis of the personal and professional impact that emotional labour has on nurses working in epidemic disease healthcare settings. By integrating emotional and communication challenges, reactions to patient outcomes, and work-life dynamics, it highlights the extensive psychological demands placed on the nurses. The findings reinforce the necessity of providing strong institutional support, professional development, and effective coping mechanisms to sustain the wellbeing and performance of nurses.

# CHAPTER EIGHT:
# THE CENTRALITY OF EMOTIONAL LABOUR IN INFECTIOUS DISEASE NURSING IN THE CONTEXT OF A PRIVATE HOSPITAL

## 8.1 Introduction

This chapter examines the emotional labour experienced by professional nurses working in a private hospital in Durban, South Africa, focusing specifically on those caring for patients with infectious diseases such as HIV and AIDS and tuberculosis (TB). Emotional labour, defined as the management of emotions to fulfill professional expectations (Hochschild, 1983), serves as the primary framework for understanding the experiences, challenges, and coping strategies of nurses working in this healthcare setting. Utilising Lazarus's (1991) Cognitive-Motivational-Relational Theory and Goffman's (1949) Dramaturgical Theory, this chapter emphasises emotional labour in analysing intrinsic motivation, safety concerns, workplace dynamics, and the pressures associated with nurses'work demands. The findings are presented not merely as separate themes, but also as interconnected dimensions of emotional labour, underscoring the study's unique contribution to nursing scholarship.

## 8.2 A Discussion of Key Insights

This chapter discusses the key findings derived from the study which established that the participants experienced significant satisfaction in their nursing roles, primarily due to their interactions with patients and colleagues. This intrinsic motivation plays a crucial role in helping nurses manage the challenges associated with working in infectious disease settings. Such intrinsic rewards align with an earlier research study conducted by Atay et al. (2021), which found that the relationships nurses built with patients and peers were essential for enhancing job satisfaction and emotional resilience, particularly in high-stress environments like those involving infectious diseases.

### 8.2.1 Emotional labour and personal fulfilment

A prominent theme that emerged from the data is the emotional fulfillment the nurses gained from patient care. The participants expressed a profound sense of purpose, pride, and joy when witnessing their patients recovering. This internal gratification represented a form of emotional labour, as the nurses consistently invested in emotional engagement despite the challenges of their roles. Their sense of fulfillment was linked to intrinsic motivation and a vocational calling, aligning with the findings from a study conducted by Kumar and Jin (2022) and Clarke et al. (2023). These emotional investments often acted as buffers against burnout and moral distress, indicating that personal fulfillment served both as a reward and a sustaining force within the emotional landscape of nursing.

The nurses frequently viewed their professional responsibilities as a personal mission, which reinforced their emotional resilience. This emotional reinforcement allowed them to provide high-quality, sustained care even in challenging and emotionally taxing conditions (Muthuri et al., 2020). The connection between job satisfaction and emotional rewards is vital for maintaining long-term commitment, especially in the face of chronic stress and patient mortality. In this context, emotional labour becomes a means of finding meaning and psychological satisfaction in daily nursing practice (Rime et al., 2020).

### 8.2.2 Emotional labour as a lens for understanding personal fulfillment in nursing

This study emphasises emotional labour as the central lens through which the experiences, challenges, and coping mechanisms of professional nurses are interpreted. Instead of treating emotional labour as just one of several themes, it is positioned as the integrative concept that provides meaning to the complex emotional dynamics of caregiving, particularly for patients with synergistic infectious diseases like HIV and AIDS and TB. The findings reveal that emotional labour is not only a source of strain but also a pathway to deep personal fulfillment and professional pride.

The participants consistently reported profound satisfaction from witnessing patient recovery and discharge. This emotional response was not merely a by-product of routine care but reflected the culmination of sustained emotional investment, empathy, and effort, which are all hallmarks of emotional labour. The nurses indicated that these moments of patient improvement validated their emotional sacrifices and reinforced the significance of their work. Such emotional rewards resonate with the findings of Clarke et al. (2023), which show that positive patient outcomes significantly enhance nurses' emotional fulfillment and overall job satisfaction.

The affective connection to nursing also emerged as a key theme, with many participants expressing a strong identification with their professional roles. They described their work as a "calling" rooted in altruism, compassion, and a deep desire to help others. These emotionally charged narratives illustrate how the nurses drew on intrinsic motivations to perform emotional labour, often engaging in either surface acting or deep acting to convey calmness, compassion, and reassurance to patients. This finding aligns with the findings of Kumar and Jin (2022), which emphasise the role of vocational calling in shaping nurses' emotional labour strategies and sustaining their engagement in emotionally demanding environments.

Furthermore, the study highlighted the notion that the emotional bond nurses felt toward their profession enhanced their resilience and ability to cope with the emotional toll of caregiving. Emotional labour, in this context, is not only performed for the benefit of patients and colleagues, but also for an internal mechanism for self-affirmation and meaning-making. Rime et al. (2020) supports this perspective, noting that a strong emotional attachment to

the profession equips nurses with the psychological resources needed to endure high-stress environments, while maintaining compassion and empathy.

The joy and fulfillment the participants reported during close interactions with patients, especially during recovery moments, further illustrate the complex emotional negotiations inherent in their daily practice. These moments reflect the successful performance of emotional labour: the ability to project regulated emotional expressions while genuinely deriving emotional rewards from patient care. Muthuri et al. (2020) argue that intrinsic motivation and emotional authenticity are crucial for sustaining long-term commitment and wellbeing among healthcare professionals involved in emotionally intensive roles.

The theoretical frameworks guiding this study, Lazarus' (1991) Cognitive-Motivational-Relational (CMR) Theory and Goffman's (1949) Dramaturgical Theory, were instrumental in unpacking these dynamics. Lazarus' theory explains how nurses appraise emotionally challenging situations and mobilise coping strategies to manage their feelings, shaping their emotional experiences and reinforcing a sense of fulfillment. Goffman's Dramaturgical Theory complements this perspective by highlighting the performative nature of emotional labour: how nurses strategically manage their emotional displays in the "front-stage" of patient care, while processing their authentic emotions in "back-stage" settings.

Together, these findings reaffirm that emotional labour is a multifaceted phenomenon encompassing both the internal regulation of emotions and the external performance of professional identity. The personal fulfillment that nurses derive from their roles is closely tied to their successful navigation of emotional labour, a process shaped by intrinsic motivation, relational meaning, and the socio-cultural expectations of the healthcare environment.

### 8.2.3 Emotional labour as a core lens for understanding passion, motivation, and professional growth

This study places emotional labour at the core of its analysis, recognising it as the defining process through which the nurses experienced, navigated, and derived meaning from their roles in emotionally demanding healthcare settings. Emotional labour, as theorised by Hochschild (1983), involves the regulation and performance of emotions to meet professional expectations. For the participants in this study, emotional labour was not only a workplace necessity but also a reflection of their deep passion for nursing and commitment to patient care.

A key finding revealed that participants' decisions to pursue nursing were significantly influenced by a heartfelt desire to help others and improve their lives. This emotional connection to nursing reflects the intrinsic motivation that drives much of the nurses' emotional labour. The participants frequently described their work as more than

just a job; they viewed it as a "calling", a vocation rooted in compassion, empathy, and a desire to serve humanity. This emotionally infused motivation is central to emotional labour, as nurses must continually align their inner feelings with the professional standards of care and compassion. Bryan et al. (2019) support this notion, noting that nurses often enter the field with a strong commitment to patient-centred care, while Yenene et al. (2024) describe this sense of calling as a critical driver of resilience and emotional investment in nursing practice.

The participants' ability to maintain emotional authenticity while meeting professional emotional expectations highlights the delicate balance between surface and deep acting that are inherent in emotional labour. Their passion for the profession enabled them to engage in deep acting, aligning their genuine emotions with those they needed to display, thereby reducing emotional dissonance and enhancing personal fulfillment. This finding aligns with Lazarus' (1991) Cognitive-Motivational-Relational (CMR) Theory, which explains how individuals appraise and regulate emotions in line with their personal goals and motivations. For these nurses, caring for patients was not merely an obligation but a meaningful goal, giving emotional labour a purpose that extends beyond compliance with institutional demands.

Another central theme was the emotional labour involved in professional growth within a high-care private hospital. The participants noted that their choice to work in such a demanding and structured environment was motivated by a desire to enhance their clinical skills and experience. They framed the emotional labour required to thrive in high-care settings, which were characterised by high patient acuity and constant emotional demands, as both challenging and rewarding. They described how the pressures of their roles necessitated sustained emotional regulation, while also contributing to their sense of competence, growth, and purpose. Yao et al. (2019) affirm that such emotionally intensive roles can foster resilience and job satisfaction when nurses feel connected to their work and supported in their professional development.

The emotionally supportive nature of the work environment was crucial for enabling effective emotional labour. The participants emphasised the importance of teamwork, supervision, and institutional support in managing emotional strain, allowing them to perform their emotional labour without experiencing burnout. Picard et al. (2018) highlight the significance of supportive environments in enhancing job satisfaction and emotional wellbeing, both of which are essential for sustaining the ongoing emotional performances required in healthcare settings.

The dual theoretical frameworks guiding this study, that is, Lazarus'1991 CMR Theory and Goffman's (1959) Dramaturgical Theory, provide a comprehensive lens for interpreting these experiences. Lazarus' model clarifies how nurses assess emotionally charged situations and mobilise coping strategies based on their goals, values, and

perceived control. This appraisal process directly informs the emotional labour they perform. Goffman's dramaturgical perspective further elucidates how nurses enact their roles on the "front-stage," projecting composed and caring demeanours even while privately managing stress, fatigue, or sadness in the "back-stage." For passionate nurses, this front-stage performance is not disingenuous; rather, it reflects deeply internalised professional norms and values. Their ability to find meaning in this emotional performance transforms emotional labour into a source of fulfillment rather than strain.

The findings demonstrate that emotional labour is not merely a burden to be endured, but a vital aspect of professional identity, motivation, and growth. The nurses' passion for their work infuses their emotional performances with authenticity and purpose. By drawing on their intrinsic motivation and aligning their emotional expressions with their personal values and professional goals, they navigate the emotional complexities of their roles in ways that reinforce resilience, satisfaction, and commitment to patient care.

### 8.2.4 Emotional labour as the central lens: Navigating risk, resource constraints, and crisis in nursing practice

This study positions emotional labour as the central framework for interpreting the lived experiences of professional nurses in the private healthcare sector. Emotional labour, which is defined by Hochschild (1983) as the management of feelings and expressions to meet job expectations, is crucial for understanding how nurses navigate safety challenges, resource constraints, and crises such as the COVID-19 pandemic. Drawing on Lazarus' (1991) Cognitive-Motivational-Relational Theory of Emotion and Goffman's (1959) Dramaturgical Theory, this discussion examines how emotional labour is deployed, strained, and sometimes exhausted as nurses respond to various and compounding stressors in their work environment.

A dominant theme in participants' narratives was the emotional labour required to maintain composure, compassion, and professionalism amid physical and psychological risks. The nurses reported exposure to infectious diseases like HIV and AIDS and TB, as well as threats of violence and verbal abuse from patients. While these risks are physical, their emotional impact is profound. The participants described feelings of fear, anxiety, and distress, emotions they often had to suppress to reassure patients and uphold professionalism. This regulation of emotions in the face of real and perceived danger exemplifies high-intensity emotional labour.

Lazarus' (1991) Cognitive-Motivational-Relational Theory explains how these experiences are appraised as threats to both personal safety and professional efficacy, triggering complex emotional responses that nurses must manage. Goffman's (1949) Dramaturgical Theory illustrates how nurses perform calmness and control on the

"front-stage" while privately managing fear and stress "back-stage", often without institutional acknowledgment or support. This emotional dissonance, where internal feelings diverge from external displays, reflects the hidden costs of caregiving in high-risk environments.

The unequal distribution of protective equipment further exacerbated this emotional strain, as decisions often relied on subjective managerial discretion. This inconsistency undermined feelings of security and institutional support, intensifying the emotional labour needed to maintain morale. The verbal abuse reported by several participants also contributed to a sense of emotional vulnerability and diminished professional self-esteem, outcomes consistent with Saeed et al.'s (2023) findings on the "silent suffering" of nurses.

Chronic understaffing and unsupportive work environments emerged as structural factors amplifying emotional labour. The participants noted that short staffing and reliance on temporary agency nurses disrupted continuity of care and weakened team cohesion, which are the core sources of emotional support in high-pressure settings. This situation increased emotional strain as the nurses felt a personal responsibility to uphold care standards under conditions that hindered their ability to do so.

From Lazarus' (1991) perspective, this mismatch between professional goals and environmental constraints leads to moral distress, which nurses must emotionally regulate to maintain their functionality and professional identity. Goffman's (1949) dramaturgical lens further explains how nurses, even in deteriorating conditions, continue to project competence, empathy, and reassurance for patients and families, thus intensifying their back-stage emotional burden.

These emotional performances, while essential for patient care, become unsustainable without institutional recognition or support. Abrahams et al. (2022) and Shin (2018) found that emotional labour in the context of staffing shortages contributes to burnout and decreased quality of care. The perception that management undervalues their expertise, particularly in staffing and resource decisions, further depletes emotional reserves, diminishing the nurses' job satisfaction and professional autonomy.

The COVID-19 pandemic amplified every aspect of emotional labour in nursing. The participants identified this period as the most emotionally taxing of their careers, mentioning the trauma of witnessing repeated patient deaths, managing personal fears of infection, and carrying the weight of societal expectations to be selfless "frontline heroes." The emotional labour of maintaining composure while grappling with helplessness, grief, and fear exemplifies the intense dissonance that characterised nursing during the COVID-19 pandemic.

Lazarus' (1991) theory clarifies the way in which the nurses cognitively appraised this environment as a high-threat, low-control situation, triggering strong emotional responses that required continuous regulation. Goffman's (1949) framework reveals how nurses navigated heightened public visibility, expected to model resilience and hope, even while suffering silently behind the scenes. These "front-stage" performances were often misaligned with the "back-stage" reality of exhaustion, despair, and emotional depletion.

The emotional toll was particularly acute for nurses who entered the profession unintentionally or out of economic necessity. For these individuals, the lack of intrinsic motivation made emotional labour more draining and less sustainable, a finding consistent with Zhang et al.'s (2024) findings from a study conducted on the consequences of unplanned career paths. Their narratives highlight how emotional labour, without personal or structural support, leads not only to burnout but also to a crisis of professional identity. Across all themes, safety risks, systemic understaffing, and the COVID-19 crisis, emotional labour emerges as the central thread connecting nurses' experiences. Whether managing fear, suppressing distress, or projecting empathy and resilience, the nurses continuously engaged in emotion regulation as a professional requirement. The theories of Lazarus and Goffman collectively illuminate the manner in which this labour is appraised, performed, and internalised in high-risk, under-resourced, and emotionally charged environments.

By focusing on emotional labour, this study reveals how the emotional demands of nursing are embedded in broader structural conditions, professional norms, and societal expectations. Far from being incidental, emotional labour is foundational to the practice of nursing, and must be recognised, supported, and addressed in both policy and organisational reform efforts to promote sustainable healthcare workforces.

### 8.2.5 Emotional labour as the central lens for understanding coping mechanisms

The findings of this study emphasise emotional labour as the central organising concept that shapes the experiences, challenges, and coping strategies of professional nurses working with synergistic epidemics such as HIV and AIDS and TB. Rather than being a peripheral concern, emotional labour is integral to nursing duties, encompassing the internal management of feelings and the outward expression of professionalism, care, and empathy. All identified coping mechanisms, ranging from institutional support to religious practices, can be viewed as strategies that nurses employ to navigate, mitigate, or resist the emotional burdens inherent in their roles.

### 8.2.6 Institutional and peer support as buffers to emotional labour

Institutional and peer support structures are vital coping resources that help nurses manage the emotional toll of their responsibilities. The participants described the way in which private healthcare environments provided not only material resources (for example, PPE, wellness centres, access to ICAS) but also platforms for emotional sustenance. These supports alleviate the strain of sustained emotional labour by offering spaces for emotional processing and practical adaptation. Peer support, particularly in high-intensity units like ICUs, was characterised as a reciprocal, structured mechanism for emotional exchange and containment. This aligns with the findings of Clarke et al. (2023), which demonstrate that peer collabouration enhances emotional resilience by distributing the emotional burden among team members. Peer support also serves as a "back-stage" space in Goffman's (1949) Dramaturgical Theory, where nurses can temporarily set aside their professional façade and engage in authentic emotional expression.

### 8.2.7 Social support and work-life balance as emotional safeguards

Social support systems, including family and community, provide essential emotional reinforcement beyond the clinical setting. The nurses reported relying on spouses, friends, and religious communities to decompress and restore emotional balance. These support systems help mitigate the risk of emotional exhaustion that can arise from constantly performing prescribed emotional expressions at work. Similarly, strategies aimed at achieving work-life balance, such as taking breaks, avoiding overtime, and engaging in leisure activities, served as vital tools for emotional recuperation. According to Lazarus' (1991) Cognitive-Motivational-Relational Theory, these emotion-focused strategies enable nurses to reappraise stressors and restore emotional equilibrium.

### 8.2.8 Emotional regulation and detachment as strategic performances

Participants frequently engaged in emotional regulation and strategic detachment to manage the emotional demands of patient care. Emotional regulation, through practices like maintaining calm during conflicts or suppressing negative feelings, allows nurses to adhere to the emotional display rules dictated by professional norms. These practices align with Lazarus' concept of internal emotion management and Goffman's idea of front-stage performance, where nurses present a composed, empathetic persona despite their internal emotional states.

At the same time, the participants recognised the necessity of emotional detachment, particularly when confronting patient death or forming intense emotional bonds. By consciously limiting their emotional investment, the nurses created psychological buffers to protect themselves from emotional overload. This

illustrates the balancing act of emotional labour, where nurses must demonstrate compassion without becoming emotionally depleted. Such strategies also reflect Rimé et al.'s (2020) argument regarding the importance of boundary-setting in preserving emotional wellbeing.

### 8.2.9 Professional identity, resilience, and meaning making

The nurses framed their professional identity and sense of purpose as crucial coping tools for managing emotional labour. Many participants derived emotional strength and resilience from the belief that their work was meaningful and impactful. This aligns with the findings of Serpa and Ferreira (2018), who argue that professional identity serves as a motivational resource, helping workers sustain emotional effort in challenging environments. Personal resilience was often expressed through narratives of emotional growth, maturity, and learning from experiences, demonstrating a dynamic process of emotional adaptation and self-preservation.

### 8.2.10 Faith and religion as emotion-focused coping

For many nurses, faith and religious practices acted as significant emotion-focused coping mechanisms. Activities such as prayer, church attendance, and spiritual reflection provided spaces for nurses to process grief, cultivate hope, and find meaning in emotionally taxing situations. These practices resonate with Lazarus' (1991) Cognitive-Motivational-Relational Theory, which posits that spirituality can help reframe stressors anxd promote emotional stability. Goffman's (1949) Dramaturgical Theory also helps interpret religious coping as a back-stage performance, where nurses find moral grounding and spiritual strength outside the formal demands of their professional roles.

However, as Karaba (2024) notes, faith-based coping is not universally accessible or equally valued in all workplaces, which can lead to tensions or feelings of exclusion. The nurses often navigated these dynamics, while maintaining professional decorum, adapting their spiritual expressions to conform to workplace norms.

### 8.2.11 Leisure, debriefing, and the emotional recovery cycle

Leisure activities, reflection, and peer debriefing emerged as essential elements of the emotional recovery cycle. Activities like yoga, shopping, and socialising were not merely recreational; they served a critical function in emotional restoration. Debriefing with colleagues and family members facilitated shared emotional processing and validation of lived experiences, acting as a remedy for the emotional isolation that can accompany professional nursing. These coping mechanisms, as outlined by Micklitz et al. (2021) and Connors et al. (2020), illustrate how externalising emotions contributes to resilience-building and reduces the risk of burnout.

### 8.2.12 Theoretical integration: Emotional labour and coping

Both Lazarus (1991) and Goffman (1949) provide theoretical frameworks for understanding the coping mechanisms identified in this study. Lazarus' Cognitive-Motivational-Relational Theory explains how nurses assess, regulate, and respond to emotional stressors through appraisal and emotion-focused coping. Goffman's (1949) Dramaturgical Theory situates coping within the interpersonal dynamics of performance, highlighting how nurses manage emotional expressions across front-stage (professional) and back-stage (private) domains. These theories collectively illustrate the notion that coping strategies are not merely behavioural responses but also emotional performances that sustain the illusion of effortless caregiving. However, the continuous performance of emotional labour, without adequate support or opportunities for recovery, can lead to emotional dissonance, burnout, or depersonalisation. Thus, coping mechanisms function not just as supplements to professional practice, but as essential tools for managing the emotional demands of care work.

### 8.2.13 Emotional component of professional nursing in epidemic disease care

The research on emotional labour reveals the strong emotional bonds that nurses often form with their patients, treating them as surrogate family members. These connections heighten the emotional demands that come with nursing care. The findings emphasise the importance of emotional labour in nursing, especially in high-pressure environments like intensive care units (ICUs) and infectious disease wards. This aligns with Hochschild's (1983) definition of emotional labour as the process of managing emotions to meet professional responsibilities. Additionally, research by Stefana et al. (2024) indicates that the close and extended nature of patient care in ICUs fosters these emotional ties, which can increase both satisfaction and stress for healthcare providers. Furthermore, the nurses' experiences with patient behaviour highlight the emotional challenges of managing difficult nurse-patient interactions. The participants reported facing verbal abuse and other stressful situations, which added to their emotional labour. This underscores the dual challenge of fulfilling professional duties while dealing with emotionally draining interpersonal dynamics. Studies conducted by Mento et al. (2020) and Weltens et al. (2021) also attest to the prevalence of patient aggression in healthcare settings and its psychological impact on nurses, exacerbating job-related stress and emotional strain.

The findings also underscored the resilience and commitment that nurses show in managing the emotional challenges of their roles. This includes facing patient mortality, caring for critically ill individuals, and delivering difficult news to families. Notably, early-career nurses reported experiencing significant emotional stress, often

feeling a personal responsibility for patient outcomes. This aligns with the research done by Miller et al. (2022), which highlights the emotional burden of conveying bad news and managing end-of-life care. Similarly, Pérez-García et al. (2021) address compassion fatigue and its long-term effects on healthcare workers caring for terminally ill patients. Together, these findings emphasise the profound emotional challenges inherent in the nursing profession. Moreover, the participants highlighted the considerable emotional strain involved in delivering distressing news, such as informing patients of terminal diagnoses or the death of a loved one. The findings indicate that these conversations rank among the most emotionally taxing duties for nurses, requiring a delicate balance between empathy and professional composure. This observation is consistent with the work of Collini et al. (2021), who stress the emotional impact of breaking bad news on healthcare professionals and the necessity of effective communication skills training. Additionally, Brouwer et al. (2021) note that delivering bad news not only requires emotional labour but also sensitivity in managing family responses, further intensifying the stress faced by nurses. The findings also highlighted the strategies that nurses employ in managing the emotional demands of their work, particularly in relation to patient mortality, stress management, and maintaining professional boundaries. Participants noted that they gradually developed techniques to regulate their emotions and became more resilient over time. While patient mortality was recognised as a rare but difficult aspect of their roles, the nurses stressed the importance of continuing their work despite personal feelings of sadness. Maintaining professional boundaries emerged as a key strategy for managing emotional labour, as it helped participants avoid becoming overly involved in their patients' personal lives. This aligns with the research by Fouquereau (2019), which emphasises that emotional regulation and boundary-setting are essential for sustaining emotional resilience in nursing. Similarly, Lee (2021) discusses how detachment and professionalism can help mitigate compassion fatigue and burnout.

The participants further emphasised the emotional impact of patient outcomes, highlighting the deep emotional connections nurses form with their patients, especially in the context of epidemic disease care. Many reported that these emotional attachments developed naturally as they sought to create a supportive and familial environment for their patients. Despite their efforts to maintain professional detachment, these bonds often became emotionally burdensome, particularly in light of patient mortality. Over time, the participants indicated that they developed strategies to manage this emotional component by detaching from patient outcomes while still preserving empathy and professional commitment. Most of them found comfort in knowing they had done their best, with some of them attributing patient outcomes to external factors like divine will. These findings resonate with Kim's (2020) study, which highlights the dual necessity of emotional connection and detachment in healthcare. The participants also reported experiencing significant emotional effects related to patient care,

including deep sadness when patients, especially children, were in critical or severe conditions. However, expressions of gratitude from some patients provided the nurses with a sense of fulfillment, acting as a positive coping mechanism to alleviate the emotional toll associated with patient outcomes. Conversely, a lack of appreciation from other patients had a demoralising effect, contributing to emotional exhaustion.

These findings are consistent with those of another research study conducted by Niskala et al. (2020), which highlights the importance of positive feedback in enhancing nurses' job satisfaction and emotional wellbeing. Similarly, Sharma et al. (2020) emphasises the view that recognition from patients or families fosters resilience among healthcare professionals and helps reduce burnout. Additionally, participants pointed out the emotional challenges' nurses face, particularly during epidemic disease care, such as the COVID-19 pandemic. They described feelings of trauma and helplessness when all treatment options had failed, resulting in the patients' deaths. This emotional strain was intensified by the understanding that their best efforts could not always save lives, leaving nurses feeling drained and overwhelmed. Ultimately, these findings indicate that such feelings arise from the inherent demands of the nursing profession, where confronting death and mortality is a recurring aspect of practice (Diogo et al., 2021; Iskender et al., 2023).

The participants acknowledged the view that managing grief and helplessness required considerable emotional labour, as they needed to maintain professionalism while coping with these feelings. This finding is supported by research from Ustun and Dogan (2022), which emphasises the psychological impact of frequent exposure to patient mortality on nurses, particularly during public health crises. Similarly, Gulsen and Ozmen (2020) highlight that feelings of helplessness and grief are prevalent in nursing, underscoring the need for effective coping mechanisms to support emotional wellbeing. These findings are consistent with the work of Koontalay et al. (2021), which notes that high mortality rates and feelings of inadequacy during pandemics significantly contribute to emotional exhaustion among healthcare workers. The participants also pointed out that the emotional strain of nursing during epidemics extends into their personal lives, affecting their roles as parents and spouses. They reported difficulties in balancing long working hours, emotional exhaustion, and the distress of witnessing patient suffering and mortality. This often resulted in challenges in maintaining personal relationships and fulfilling family responsibilities. Despite their passion for nursing, the participants recognised the significant emotional labour involved in their profession. A study conducted by Duarte et al. (2020) supports these observations, indicating that the emotional toll of caring for critically ill patients can impact nurses' wellbeing and family dynamics. Additionally, studies conducted by Liu et al. (2019) stress the need for organisational interventions to address work-life balance issues for nurses during pandemics. The participants highlighted the support systems

available to them, emphasising the importance of counselling and psychological support for nurses caring for patients during epidemics.

The findings further reveal that initiatives like the Employee Assistance Programme (for example, ICAS) were crucial in helping nurses manage the emotional burdens associated with treating patients in high-stress environments. These systems provided pathways for emotional relief and coping strategies, enabling nurses to navigate the intense psychological challenges of their roles. Additionally, the participants noted the significance of multidisciplinary teams and escalating issues to supervisors as vital strategies for managing difficult patients and situations. These measures helped nurses maintain emotional stability while ensuring high-quality patient care. These findings are consistent with studies other conducted by Alharbi et al. (2020) and Rajkumar (2020), which highlight the importance of psychological support and team-based approaches in alleviating emotional stress among healthcare workers during public health crises.

Furthermore, the findings illustrated the positive emotional impact of patient recovery, reflecting the fulfillment nurses experienced when witnessing successful patient outcomes. The participants reported that seeing patients recover and return home provided significant emotional reinforcement and job satisfaction. These positive experiences served as a counterbalance to the emotional strain, offering a sense of purpose and achievement. This aligns with other research studies conducted by Altas et al. (2024), which identifies patient recovery as a key source of motivation and emotional resilience for healthcare professionals.

Additionally, the findings resonate with the work of Abrahams et al. (2022), which underscores the importance of positive patient outcomes in sustaining nurses' morale and commitment to their profession. The participants highlighted the support systems available to them and the strategies they employed to maintain mental health amidst the emotional labour involved in patient care. These systems include structured support frameworks, networks of supportive colleagues, regular debriefing sessions, and team-based collabouration. The participants noted that having structured support within the hospital, such as shift leaders and coworkers, offered essential guidance and reassurance for navigating emotional challenges. This finding aligns with those of another study conducted by Yenene et al. (2024), which emphasises the importance of peer support and team dynamics in reducing burnout and fostering resilience among healthcare professionals. Similarly, Clarke et al. (2023) argue that supportive work environments enhance coping mechanisms for nurses, especially in emotionally demanding situations. Some participants also utilised professional support and venting, underscoring the value of camaraderie and informal emotional outlets as mental health strategies. They highlighted that sharing experiences and venting

with colleagues who understood the work environment helped alleviate stress and emotional burdens. Additionally, they emphasised the necessity of fostering supportive workplace cultures that promote open communication. These findings are supported by Foli et al. (2019), which identified the notion that peer support networks play a crucial role in managing the emotional strain of healthcare work. Furthermore, Rime et al. (2020) suggest that collegial interactions and shared understanding among healthcare workers significantly contribute to emotional resilience.

The findings also indicate that the participants engaged in activities such as meditation, relaxation programmes, and leisure pursuits like shopping or hairstyling, which provided valuable mental breaks from the demands of nursing. This aligns with another research study conducted by Bryan et al. (2019), which underscores the effectiveness of mindfulness and self-care practices in alleviating emotional exhaustion and enhancing wellbeing among nurses. Similarly, Kumar and Jin (2022) advocate for the incorporation of self-care initiatives into workplace wellness programmes to support the mental health of healthcare workers.

Additionally, the findings underscore the importance of seeking advice and counselling from experienced and psychologically trained colleagues as a strategy to alleviate the burden of emotional labour in nursing. The participants mentioned that while counselling services are currently lacking in many hospitals, they could play a crucial role in easing emotional burdens and reinforcing the nurses' sense of purpose and fulfillment. This sense of purpose, grounded in the intrinsic rewards of helping patients and making a meaningful impact, served as a psychological buffer against emotional strain. This finding aligns with research by Mangena-Netshikweta et al. (2019), which highlights the protective effects of purpose-driven work in healthcare settings. Moreover, Ticha et al. (2022) argue that access to professional counselling services can significantly mitigate the mental health impacts of emotional labour in high-stress environments like nursing. The findings on professional development and continuous learning emphasise the importance of ongoing education and adaptation to new hospital systems as effective strategies for building confidence and reducing stress. The participants noted that professional development programmes, such as training in patient management systems (such as iPads), can alleviate anxiety and enhance competence, serving as buffers against stress. These initiatives also demonstrate institutional recognition of the emotional demands placed on nurses and a commitment to providing mental health resources. This aligns with the research by Melnyk et al. (2018), which highlights the positive effects of professional development on reducing workplace stress and promoting mental resilience.

Similarly, Abrahams et al. (2022) found that ongoing training enhances self-efficacy and job satisfaction among

healthcare workers, aiding their ability to cope with emotional challenges. The participants also discussed emotional management and coping strategies, identifying various techniques that nurses use to address the mental health challenges associated with emotional labour. These strategies include surface acting (maintaining professionalism despite inner emotions), deep acting (genuinely managing internal feelings), distraction techniques (for example, using mobile phones to momentarily shift focus), internal coping mechanisms (for example, controlling impulses and concentrating on tasks), and emotional detachment or limiting attachment to patients. Emotional detachment helps maintain professional boundaries, while reducing emotional attachment allows nurses to provide care without becoming overly invested, thereby protecting their mental wellbeing. The participants indicated that these strategies helped them avoid over-thinking difficult situations and contributed to emotional stability. These findings are consistent with Hochschild's (1983) theory of emotional labour, which distinguishes between surface and deep acting as essential coping mechanisms. Additionally, Riedel et al. (2022) emphasise that emotional detachment is often necessary to prevent compassion fatigue, while Whiley and Grandy (2022) advocate for balancing empathy with emotional boundaries to sustain long-term resilience in nursing.

Lazarus' (1991) theory highlights the dynamic interplay of appraisal, emotion, and coping in response to stressors, providing insight into how nurses emotionally engage with their work during epidemic care. The emotional connection with patients, especially in these situations, is profound. Lazarus' theory explains how nurses experience and manage feelings such as sorrow, grief, and helplessness when caring for critically ill or dying patients. Chronic exposure to the stressors associated with epidemics can lead to burnout; however, viewing their work as meaningful or altruistic can enhance resilience, enabling nurses to cope with the demands of epidemic care. In contrast, Goffman's (1949) theory explores how nurses navigate their professional roles by performing behaviours that align with societal and organisational expectations, particularly in the high-pressure context of epidemic care. In their interactions with patients, families, and colleagues, nurses are expected to exhibit confidence, empathy, and composure, regardless of their internal emotional states. Epidemics amplify the emotional labour needed to maintain these performances, as nurses must reassure anxious patients and families while managing their own fears. The back-stage provides a vital space for nurses to express their emotions, reflect on their experiences, and seek peer support (Allison, 1990). In epidemic settings, these back-stage areas are essential for decompressing and coping with the emotional toll of their work.

### 8.3 Mental Health Strategies and Emotional Resilience

The findings also highlight mental health strategies that foster emotional resilience, enabling the nurses to manage the demands of their profession effectively. The participants reported developing resilience through maintaining

calm dispositions, emotional intelligence, non-expectation behaviour, and periodic health checks. This emotional resilience allowed the nurses to remain composed in spite of being under pressure and accept the inherent risks of their roles, particularly when dealing with infectious diseases such as tuberculosis and HIV and AIDS. A calm demeanour helped nurses manage emotional labour effectively, enabling them to respond to challenging patients without becoming personally affected. Emotional intelligence was emphasised as a crucial tool for managing stress and maintaining professionalism. These findings align with Goleman's (1995) framework on emotional intelligence, which identifies self-regulation and adaptability as key components for handling emotionally challenging situations. Similarly, García-Izquierdo et al. (2018) suggest that emotional intelligence significantly reduces burnout and enhances coping mechanisms among healthcare workers. The role of periodic health checks in addressing exposure-related concerns also echoes the findings of Wu et al. (2020), which highlights the importance of preventive measures for sustaining the mental health of nurses in high-risk environments.

Additionally, maintaining a professional and personal balance was identified as vital, with the participants emphasising the importance of setting boundaries between work and personal life as a strategy to mitigate the emotional toll of nursing. They acknowledged the challenges of balancing professional and family responsibilities, particularly due to the adverse effects of irregular shifts and long hours. The participants stressed the need to allocate time for personal activities and ensure that work-related stress does not overshadow personal responsibilities. Furthermore, establishing professional boundaries with patients was recognised as essential for preventing emotional burnout. By separating work from personal life, the participants were able to consciously avoid emotionally draining situations, thereby preserving their relationships with family and friends. These findings are supported by research from Holland et al. (2019), which highlights the negative impact of work-life imbalance on nurses' wellbeing. Additionally, studies conducted by Obina et al. (2024) and Dousin et al. (2022) emphasise the importance of setting professional boundaries to prevent compassion fatigue and emotional exhaustion in caregiving professions. The identified strategies align with broader recommendations for work-life integration, as outlined by Kremer et al. (2019), advocating for institutional support in creating schedules that accommodate personal needs.

Physical rest and wellbeing were found to be essential, highlighting the importance of physical health as a strategy for managing emotional labour and maintaining mental health. Strategies the participants mentioned include setting aside time for rest and sleep to recharge both mentally and physically after shifts, practicing deep breathing, and staying hydrated as immediate coping mechanisms. The participants emphasised the significance of taking planned leave and personal down time to restore balance between their professional and personal lives.

One participant noted that utilising annual leave and personal time helped them recharge their energy and fostered work-life balance. These findings align with those of Gulsen and Ozmen (2020), which highlight the critical role of rest and recovery in reducing nurse burnout and enhancing mental health. Additionally, a research study conducted by Wijaya and Suwandana (2022) confirms that adequate rest is crucial for maintaining optimal nurse performance and emotional wellbeing.

The findings also underscored the importance of a supportive and professional work environment in promoting mental health. Key strategies include ensuring fair salaries, improving working conditions, and utilising technology, such as transitioning from paper-based to digital systems like iPads, to alleviate stress. While many participants expressed satisfaction with these changes, some noted a decline in teamwork, with increased individual responsibilities leading to emotional strain due to fewer opportunities for peer collabouration. This observation echoes the work of Atay et al. (2021), which found that empowering workplace conditions contributes to job satisfaction and mental health. Conversely, a shift away from team-based approaches can heighten stress levels (Rime et al., 2020).

The participants also revealed that prayer, meditation, and their belief systems helped them manage stress, avoid workplace conflicts, and practice empathy by considering their colleagues' mental states. These findings are consistent with those of Perera et al.'s (2018) study, which underscore the positive effects of spirituality and prayer on mental health. Specifically, meditation has been linked to stress reduction and improved emotional regulation among healthcare professionals (Karaba, 2024). The participants also reported that reflecting on their roles and the emotional dynamics of their work enhanced their resilience and provided a sense of fulfillment. Engaging in quiet reflection during stressful moments was a common strategy, allowing participants to focus on tasks and de-escalate challenging situations. These practices align with Schön's (1983) concept of reflective practice, which helps professionals to learn from their experiences and effectively adapt to emotional challenges. Additionally, the participants noted that learning to "take things as they come" and maintaining composure during difficulties positively impacted their mental health. This finding supports Walsh et al. (2020), who assert that professional development fosters resilience in nurses by preparing them to manage stressors.

Lazarus' (1991) Cognitive-Motivational-Relational Theory of Emotion and Goffman's (1949) Dramaturgical Theory offer valuable insights into how professional nurses cultivate mental health strategies and emotional resilience to navigate the emotional labour inherent in their roles. These theories elucidate the internal processes of emotion regulation and the external expressions of professionalism that help nurses maintain their mental

wellbeing. Lazarus' theory explains how nurses process stress internally and build emotional resilience, while Goffman's theory emphasises their external strategies for sustaining their professional roles. Both theories highlight the significance of peer and institutional support in promoting mental health. The nurses often utilised back-stage spaces for informal peer support, along with formal programmes such as counselling and resilience training, to enhance their mental wellbeing (Goffman, 1990). They frequently encountered emotional dissonance, where their internal feelings conflicted with the professional demeanour they must present. Effective mental health strategies, including self-care routines and reflective practices, assisted them in reconciling this dissonance. Proactively employing mental health strategies like debriefing sessions, self-reflection, and spiritual practices can reduce the risk of burnout. Lazarus' theory underscores the importance of reframing stressors, while Goffman's theory stresses the need for authenticity and emotional release in back-stage spaces. In summary, Lazarus' (1991) theory provides a framework for understanding how nurses assess stressors, regulate their emotions, and adopt coping strategies to build resilience. In contrast, Goffman's (1949) Dramaturgical Theory complements this by emphasising how nurses manage emotional labour through front-stage performances and back-stage relief. Together, these theories underscore the importance of mental health strategies, social support, and emotional resilience in helping nurses thrive amidst the demands of their professional practice.

### 8.4 Conclusion

This chapter has fore-grounded emotional labour as the interpretive lens through which nurses' professional experiences in a private hospital setting are best understood. From personal fulfilment and risk management to institutional pressures and pandemic trauma, emotional labour emerges as both the burden and the glue that binds the nurses' professional identities. The findings highlight the multidimensional nature of emotional labour, psychological, social, professional, and underscore the need for institutional policies, training programmes, and support systems that recognise and address its complexities. The study's contributions reaffirm the necessity of viewing emotional labour not as a hidden cost, but as a central component of nursing care in infectious disease settings.

# CHAPTER NINE:
# CONCLUSIONS AND RECOMMENDATIONS

## 9.1 Introduction

This chapter consolidates the findings of the study, bringing together key insights on the emotional labour experienced by professional nurses in a private hospital setting, particularly in the context of caring for patients with synergistic epidemic diseases like HIV and AIDS and tuberculosis (TB). By reframing the analysis through the lens of emotional labour, this chapter provides a thematic synthesis of both rewarding and challenging experiences, coping strategies, and systemic implications. It also explicitly emphasises the study's original contributions to understanding emotional labour in infectious disease nursing in South Africa. The chapter builds on the emotional, psychological, and professional dimensions explored in Chapter Eight, transitioning to a critical examination of the implications for practice, policy, education, and future research.

## 9.2 Summary of Key Findings

The findings of this study affirm the centrality of emotional labour in shaping the lived experiences of professional nurses working with HIV and AIDS, TB and COVID-19 patients in the context of a private hospital. Emotional labour manifested through both rewarding and challenging dimensions of nursing work. This section provides a summary of the key findings of the study starting with the positive or rewarding experiences of the professional nurses. Firstly, the findings revealed that there is a huge shift in the work of professional nurses who work with synergistic epidemic disease patients. In the past, nurses were not comfortable working with patients who have HIV and AIDS and TB, and the nurses indicated that their main worry was always transmission but with time, data indicated that things changed, and the nurses became more comfortable at work because people have been taught about the risks associated with these diseases and the nurses acknowledged the safety procedures that have been put in place. Firstly, the increasing priority of being given PPEs and having a place in the hospital which treats HIV and AIDS exposes the nurse to the risk of contracting HIV if the nurse is prickled by a needle. This therefore guaranteed their safety at work and gave them a sense of protection as they do their work. The professional nurses who work at a private hospital also praised the aspect of work environment. The participants highlighted that the environment is very clean which makes them enjoy going to their workplace. Most of the nurses commented that they have the experience of working at both public and private hospitals and therefore their main argument was that private hospitals give them a sense of cleanliness and safety as they do not have to worry about germs, dirty environment as well as maintaining the buildings and their work stations in general

because there was never a time, they had to deal with shifting the patients from ward to ward due to leakages, waste and sewage disruptions. The other positive aspect of professional nursing work is good salaries. The nurses were generally happy with their salaries, and they emphasised that although they must work hard, their rewards are good and almost all the participants never complained about the low income. This reward also serves as the motivation for their paid work because they are able to enjoy the fruits of their labour. Moreover, the support systems that professional nurses get at the hospital enhance their growth. The respondents indicated that the support systems given by the nursing managers in their different wards help them with networking among their colleagues. They argued that a great network enables them to improve the practical aspects of their job and also enhances their emotional support at work. The emphasis herein was that their emotional maturity helped them in learning different aspects of self-control by getting ideas from other nurses.

The nurses emphasised that they did not view their emotions as a weakness but as gaining a strong emotional performance which safeguarded their job. Because of this aspect, the nurses indicated that they were able to recognise their abilities to understanding and managing their general emotions in a healthy manner. With recognising their emotions, the respondents indicated that they truly understood their feelings in the manner that they did; secondly, they expressed appropriate emotions by being able to construct a way even in most challenging situations; and finally, they indicated that they were able to consider others by minding their actions and behaviours that affect others, these can be patients, their relatives, their friends or their fellow workers and thus making choices that take others in to consideration.

Moreover, the professional nurses indicated that seeking guidance has helped them to adapt easily at work and also improving the spirit of teamwork among them. The guidance they got from their colleagues and their managers also helped them to improve different areas of their work and therefore helping them to stay positive; to stay motivated, they were also able to take constructive advice and being ready for challenges and getting ideas on how to tackle them. The other aspect of positive impacts of emotional labour is being able to adapt to useful coping mechanisms to manage their emotional labour. This point shows that no matter how hard or challenging the nurses' work can be, they are not willing to quit or leave their job. The professional nurses indicated that they take a walk-in order to deal with situations that arise at work. They mentioned that this helped them to remain calm and be able to cope with the demands of their work. With all the rewards and motivations of the above-mentioned experiences of the nurses, there are also a lot of unfavourable situations and challenges that the nurses experience while discharging their duties. The professional nurses indicated the challenges mainly as a result of staffing. The nurses indicated that in most of the wards they are short-staffed. Their main concern was that the

hospital is not employing permanent people to curb the need but rather employing temporary staff members who are mostly employed through agencies, and they indicated that the temporary staff members always leave when they get better opportunities or even getting employed permanently at other hospitals. They mentioned that this makes their responsibilities more as they are the ones who are always concerned about many challenges as others are just there for certain periods. There was also another aspect of their job which made them feel helplessness and this was losing a patient. This aspect made them feel like they could have done more, and they also mentioned that this was one aspect of their job they never got used to. The emphasise here was that they always felt happy to be able to see a patient who could not do anything for themselves getting better and being discharged from the hospital but once the person died, they felt bored and wished they could have done more to save their life. The nurses indicated that they only detached themselves from the patient so that they would not have to deal with grief; however, they highlighted that it was always hard seeing someone die as they were always hoping for recovery.

The nurses indicated that shock and stress were other elements which made them think too much about life. The analysis indicated that the nurses who dealt with young patients who had severe illnesses like those patients with renal failures, diabetes, high blood pressure and other diseases brought them deep thoughts about the future of the young people, and this also affected their mental health. The other negative impact of emotional labour included physical and mental challenges. The nurses indicated that physical challenges affected the effectiveness of their bodies because they sometimes got sick because of working long hours. They emphasised that this had far reaching impacts because some illnesses could be seen at the later stages after their retirement or when they were older. They also mentioned that when they are at work, they feel like their mental health is also compromised because they deal with a lot of traumas and situations that negatively affect their mental health. They also indicated that because of working with people who suffer from infectious diseases, they were always prone to exposure. The nurses emphasised that although they know that they are treated if they ever get exposure to the diseases, it is never easy for them to deal with such cases as it is not nice to get sick because of working conditions. The other challenge is that of not being able to manage their personal and work life balance. In the analysis professional nurses indicated that their work is tiresome, and it makes them to not be able to have enough time with their loved ones. Those who were married indicated that their spouses sometimes complained of not being given enough time, those who had children also mentioned a challenge of not spending enough time with their children and therefore feeling like they were missing out in many crucial aspects of their lives; however, they indicated that when they take leaves, they make sure to spend enough time as possible with their loved ones.

Lastly, the professional nurses indicated the stress associated with dealing with difficult patients who always think they can talk to the nurses the way they want. The nurses indicated that in private hospitals patients do not respect them because they are paying more money and most of the times, they even tell them how to do their work. The nurses also indicated that with their experience, they now know how to remain calm and be able to handle the difficult patients.

### 9.3 Contribution of the Study

This study makes a significant and original contribution to the expanding literature on emotional labour in nursing, particularly within the under-researched context of private healthcare in South Africa. While much of the existing literature focuses on public hospitals or general healthcare workers, this study uniquely examines emotional labour in managing stigmatised infectious diseases within private institutions. It highlights how emotional labour is intensified by factors such as institutional expectations, societal stigma, personal values, and structural conditions like staffing and resource availability.

One of the key contributions is the theoretical integration of Lazarus' (1991) Cognitive-Motivational-Relational Theory and Goffman's (1949) Dramaturgical Theory to interpret how nurses experience and perform emotional labour. This dual-framework approach enables a nuanced understanding of both the internal emotional appraisals nurses make and the external emotional performances they engage in to meet professional expectations. The study illustrates how these processes coexist and interact, providing a richer conceptualisation of emotional labour that encompasses coping, resilience, and relational strategies, rather than simply focusing on surface and deep acting.

Another important contribution is the contextualisation of emotional labour within a cultural and epidemiological framework. The study emphasises how the stigma associated with HIV and AIDS and TB, combined with the emotional toll of caring for patients with these diseases, necessitates emotional competencies that extend beyond standard training. By focusing on private healthcare, it challenges the assumption that better resources lead to lower emotional burdens, revealing that emotional strain can persist or even intensify due to heightened expectations and patient demands in the private sector.

Practically, the study advocates for more structured institutional recognition of emotional labour. It offers evidence-based recommendations that can inform the development of policies, educational programmes, and mental health initiatives aimed at supporting the nurses' emotional wellbeing. The study calls for training in emotional intelligence, the integration of emotional labour into nursing curricula, and systemic interventions to address burnout and moral distress.

Finally, this study contributes to the global dialogue on the sustainability of the nursing workforce. By centering emotional labour, it adds an essential dimension to ongoing discussions about healthcare reform, workforce resilience, and the quality of patient care. It provides valuable insights for nurse educators, policymakers, healthcare administrators, and future researchers interested in the complex interplay between emotional demands, systemic factors, and nursing practice.

Overall, this study offers a unique perspective by positioning emotional labour as the primary lens through which to understand the experiences of nurses working with HIV and AIDS and TB patients in the context of a private healthcare institution. Unlike general explorations of job satisfaction or stress, this research foregrounds emotional labour as a complex, multifaceted phenomenon that encompasses psychological resilience, identity performance, and systemic stressors.

### 9.4 Recommendations

In line with the findings, the study recommends the following strategies to address the multifaceted demands of emotional labour:

- **Institutional recognition of emotional labour**: Healthcare institutions should formally integrate emotional labour into job descriptions, performance evaluations, and strategic plans. Recognising emotional labour as a legitimate and essential component of nursing will validate the emotional experiences of nurses and promote a culture of openness. Institutions should allocate resources for structured emotional support systems such as regular debriefings, clinical supervision, and mental wellness programmes tailored to suit infectious disease care contexts.
- **Workforce and staffing reform**: Chronic understaffing exacerbates emotional strain and moral distress. Hospitals should adopt evidence-based staffing models that ensure adequate nurse-to-patient ratios. The preference for permanent staff over temporary agency workers must be institutionalised, as continuity in staffing enhances team cohesion, emotional safety, and institutional knowledge. Incentivising long-term retention through professional development, recognition programmes, and mentorship schemes can further stabilise staffing dynamics.
- **Mental health infrastructure**: Establishing robust mental health services within healthcare institutions is essential. These should include on-site psychologists, confidential counselling services, mindfulness sessions, and crisis intervention teams. Additionally, institutions should promote mental health literacy among nurses to reduce stigma around seeking psychological help. Services should be accessible during and outside of work hours to accommodate rotating shifts.

- **Training and curriculum development**: Nursing education must evolve to incorporate modules on emotional labour, emotional intelligence, coping mechanisms, and the psychological impacts of epidemic disease care. Training should address real-life scenarios nurses face in high-emotion contexts and integrate reflective practice, empathy-building and interpersonal communication skills. Continuous professional development should reinforce these lessons throughout nurses' careers.
- **Leadership development**: Nurse leaders must be equipped with the skills to identify, respond to, and support emotional distress among staff. Leadership training programmes should include components on trauma-informed leadership, burnout prevention, and strategies for fostering emotionally supportive environments. Leaders must model emotional openness and resilience to encourage similar attitudes among frontline staff.
- **Gender-sensitive policies**: Emotional labour is often gendered, with female nurses bearing a disproportionate share of caregiving and emotional responsibilities. Policies should acknowledge and address these gendered dynamics by promoting equity in task allocation, leadership roles, and support access. Male nurses should also be supported in expressing vulnerability and participating in emotional aspects of care without stigma.
- **Technology and innovation**: Technological tools such as mobile apps for stress management, virtual support groups, and tele-counselling services should be integrated into institutional support systems. These innovations are especially useful in contexts with limited mental health personnel or in rural and under-resourced areas.
- **Stigma reduction campaigns**: Healthcare institutions should collabourate with public health entities to conduct stigma reduction campaigns targeting both healthcare workers and the public. These campaigns should include training on cultural competence, anti-discrimination protocols, and inclusive communication strategies to ensure that nurses feel supported while caring for patients with HIV and AIDS, TB and COVID-19.
- **Community engagement**: Nurses do not operate in isolation from the communities they serve. Community-based mental health programmes, peer mentorship initiatives, and public support campaigns can help reduce the emotional isolation of nurses. Encouraging community members to understand the pressures of nursing can foster empathy and shared responsibility.
- **Policy advocacy and systemic reform**: National and provincial health departments should be lobbied to include emotional labour in their strategic frameworks. Policies must go beyond technical competence to include provisions for mental health support, staff wellbeing, and resilience. Emotional labour should be reflected in accreditation standards, regulatory requirements, and health workforce planning documents.

### 9.5 Future research

Future research could explore the long-term effects of emotional labour on nurses' mental health, job satisfaction, burnout, and overall wellbeing. Research could also investigate how gender influences the experience and management of emotional labour among nurses working with HIV and AIDS and TB patients. Futhermore, future studies could explore how cultural backgrounds and the stigma associated with HIV and AIDS and TB influence the emotional labour of the nurses in South Africa. Further research could investigate the coping mechanisms and resilience-building strategies that nurses use to manage emotional labour in high-stress settings. Lastly, future studies could investigate the impact of organisational policies and leadership practices on the nurses' emotional labour.

### 9.6 Conclusion

This study has thoroughly examined the emotional labour experienced by professional nurses caring for patients with synergistic epidemic diseases, specifically HIV and AIDS, TB and COVID-19, within the South African healthcare system. The findings highlight the complexity of emotional labour as a critical aspect of nursing practice, particularly in environments where healthcare professionals face significant emotional, psychological, and social challenges. Throughout the study, the researcher explored how emotional labour affects various dimensions of the nursing profession. From patient relationships and professional development to coping strategies and mental health, the emotional demands placed on nurses are profound and extensive. Nurses working with HIV and AIDS, TB and COVID-19 patients must manage not only the emotional toll of patient care but also the societal stigma associated with these diseases. This dual challenge renders their roles both physically demanding and emotionally taxing, as they often serve as frontline caregivers, providing both clinical care and emotional support to marginalised and stigmatised patients. Theoretical frameworks such as Lazarus' Cognitive-Motivational-Relational Theory of Emotion and Goffman's Dramaturgical Theory have been instrumental in understanding the emotional labour involved in nursing. Lazarus' theory emphasises the connection between emotions and coping mechanisms, shedding light on how nurses continually assess and regulate their emotional responses to workplace stressors. In contrast, Goffman's dramaturgical approach illustrates the concept of "surface acting," where nurses frequently perform emotions that may not align with their true feelings, particularly in front of patients and colleagues. This disconnect can lead to emotional dissonance, negatively impacting both nurses' wellbeing and the quality of care provided. The findings regarding coping strategies indicate that resilience, emotional intelligence, and support networks are vital in mitigating the effects of emotional labour. Nurses who employ adaptive coping strategies, such as seeking peer support or relying on faith and spirituality, tend to exhibit greater emotional resilience. This underscores the necessity of institutional support to alleviate the

emotional burdens faced by nurses and provide mechanisms for managing the stress and emotional challenges inherent in their profession. However, the study also revealed that the South African healthcare system, which is characterised by staffing shortages, high patient loads, and under- resourced facilities, places additional strain on nurses, exacerbating their emotional labour. The challenges posed by the COVID-19 pandemic, alongside the ongoing burden of HIV and AIDS and TB care, have created an environment where nurses contend with high patient volumes while navigating personal and professional risks to their health, safety, and wellbeing. The study's findings carry significant implications for healthcare policy and nursing practice. Given the burden of emotional labour faced by nurses, it is evident that healthcare systems must enhance support structures, including mental health resources, professional development opportunities, and peer support mechanisms. Furthermore, leadership must cultivate environments that promote nurses' emotional wellbeing through recognition, adequate staffing, and institutional support.

In conclusion, this chapter emphasises the necessity of addressing emotional labour as a key component of nursing practice, particularly in high-stress and high-risk settings such as HIV and AIDS, TB and COVID-19 care. By understanding the emotional challenges nurses face and providing the necessary resources and support, healthcare systems cannot only safeguard nurses' wellbeing but also ensure the continued delivery of compassionate and effective care to patients in need. The insights gained from this study advocate for a holistic approach to nursing care that integrates emotional support for healthcare professionals and strengthens the overall healthcare system.

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**APPENDIX A: INFORMED CONSENT**




**Informed Consent Form**

**Consent Form for Participation of Human Subjects in Research**

**University of KwaZulu-Natal**

**THESIS TITLE**: **"**The Emotional labour of professional nurses working with synergistic epidemic disease patients: A case study of a private hospital in Durban, KwaZulu-Natal South Africa**"**

**RESEARCHER:** Ms. Manchoko Francina 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 approximately **60 minutes** of your time.

**Dear Participant**

I am a Sociology PhD candidate at the University of KwaZulu-Natal. I am engaging in a Research project, entitled; **"The *Emotional labour of professional nurses working with synergistic epidemic disease patients*: *A case study of a private hospital in Durban, KwaZulu-Natal South Africa."*** 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:** | Manchoko Phatela |
| **Signature of researcher:** | [redacted] |
| **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: [redacted] Mobile: [redacted]

**SUPERVISOR:**

Prof Mariam Seedat-Khan
The University of Kwa-Zulu Natal.
The School of Social Sciences,
Howard College
Durban
**Contact details:**
Email: seedatm@ukzn.ac.za
Phone number: (031) 2601056

**HSSREC Contact Details**

The Humanities and Social Sciences Research Ethics Committee
Mariette Snyman University of Kwa-Zulu Natal.
Research Office.
Email: Snymanm@ukzn.ac.za
Phone number: (031) 260 8350/4609

| Please tick the appropriate box: | YES | NO |
|---|---|---|
| I consent to participating in the semi-structured interview in a place that is convenient to me. | | |

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.**

## APPENDIX B: INTERVIEW GUIDE




## INTERVIEW SCHEDULE

## BIOGRAPHICAL INFORMATION

The emotional labour of professional nurses working with synergistic epidemic disease patients. A case study of professional nurses at a private hospital in Durban, KwaZulu Natal South Africa.

1. Name?
2. Pseudonym?
3. Age?
4. Gender?
5. Occupation?
6. Race
7. Marital status
8. Highest qualification
9. Number of children?
10. Age of children?

### BACKGROUND

11. Why did you become a nurse?
12. Why did you decide to work at a private hospital?
13. How long have you been working at this hospital?
14. What is the best part of being a nurse?
15. What is the worst part of being a nurse?
16. How does your career as a nurse impact on your family life?

**CHALLENGES**

17. What are the key risk factors of being a nurse?
18. How do you mitigate the risk?
19. How do you cope emotionally with patient care?
20. How do you cope with patient mortality?
21. How do you best manage your emotions at work?
22. How does this impact on you personally?
23. How does this impact on you professionally?
24. How does this impact on you as a wife/ husband?
25. How does this impact on you as a father/mother?
26. What coping strategies do you adopt to deal with the emotional impact of your work?

**WORK**

27. What resources are accessible to you as a nurse?
28. What was the work environment like when you joined this hospital?
29. Which positive changes are there in your working conditions since you started?
30. Which negative changes are there in your working conditions since you started?
31. What are the key areas that require attention from the hospital?
32. What factors can you point out that shows that nursing does or does not involve emotional labour?
33. What do you do if you ever develop an emotional attachment to a patient?

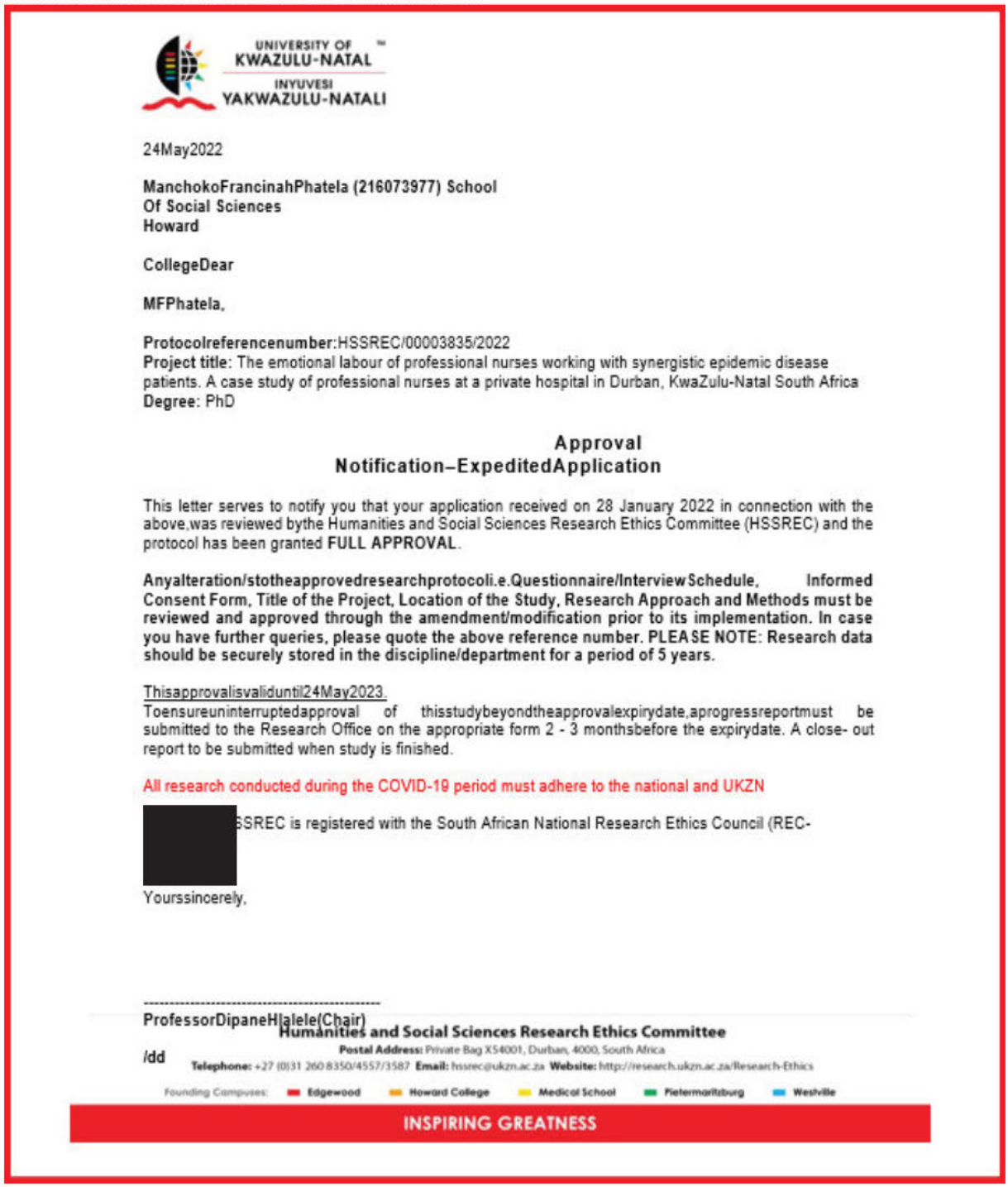
**QUESTIONS ON SYNERGISTIC EPIDEMIC DISEASES**

34. Did you choose to work with TB, HIV and Aids Patients or you were placed by your manager?
35. How did you feel about being placed to work with infectious disease patients?
36. What were your expectations before starting this work?
37. Can you tell me more about your personal experience of working with TB or HIV and AIDS patients?
38. Based on your experiences and knowledge, can you tell me about the risks of working with TB or HIV and AIDS patients?

39. If you suspect that you are infected with the disease when you were helping the patient, how does the hospital help you?
40. Are you satisfied with the working conditions, for example, working hours and workload?
41. Are you satisfied with the structured rules and regulations that are instituted by the hospital management?
42. How do you suppress your emotions to perform your duties accordingly?
43. What do you think can be done to reduce the emotional labour of nurses working with patients who have infectious diseases? (TB, HIV, and AIDS).

**Thank you**

## APPENDIX C: ETHICAL CLEARANCE



UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

24May2022

**ManchokoFrancinahPhatela (216073977) School Of Social Sciences Howard**

**CollegeDear**

**MFPhatela,**

**Protocolreferencenumber:**HSSREC/00003835/2022
**Project title:** The emotional labour of professional nurses working with synergistic epidemic disease patients. A case study of professional nurses at a private hospital in Durban, KwaZulu-Natal South Africa
**Degree:** PhD

**Approval**
**Notification–ExpeditedApplication**

This letter serves to notify you that your application received on 28 January 2022 in connection with the above,was reviewed bythe Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

**Anyalteration/stotheapprovedresearchprotocoli.e.Questionnaire/InterviewSchedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.**

Thisapprovalisvaliduntil24May2023.
Toensureuninterruptedapproval of thisstudybeyondtheapprovalexpirydate,aprogressreportmust be submitted to the Research Office on the appropriate form 2 - 3 monthsbefore the expirydate. A close- out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN

[redacted]SSREC is registered with the South African National Research Ethics Council (REC-

Yourssincerely,

---
**ProfessorDipaneHlalele(Chair)**
**Humanities and Social Sciences Research Ethics Committee**

/dd

**Postal Address:** Private Bag X54001, Durban, 4000, South Africa
**Telephone:** +27 (0)31 260 8350/4557/3587 **Email:** hssrec@ukzn.ac.za **Website:** http://research.ukzn.ac.za/Research-Ethics

# APPENDIX D: GATEKEEPERS LETTER

Netcare Hospitals (Pty) Ltd

Tel: + 27 (0)11 301 0000
Fax: Corporate +27 (0)11 301 0499
76 Maude Street, Corner West Street, Sandton, South Africa
Private Bag X34, Benmore, 2010, South Africa
www.netcare.co.za

**RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH**

Approval number: UNIV-2023-0017

Ms Manchoko Phatela

E mail: [redacted]

Dear Ms Phatela

**RE: THE EMOTIONAL LABOUR OF PROFESSIONAL NURSES WORKING WITH SYNERGISTIC EPIDEMIC DISEASE PATIENTS. A CASE STUDY OF PROFESSIONAL NURSES AT A PRIVATE HOSPITAL IN DURBAN, KWAZULU NATAL SOUTH AFRICA**

The above-mentioned research was reviewed by the Netcare Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare St Augustine's Hospital, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Netcare Research Operations Committee.

ii) All information regarding Netcare will be treated as legally privileged and confidential.

iii) Netcare's name will not be mentioned without written consent from the Netcare Research Operations Committee.

iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.

v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.

vi) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Netcare Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

vii) A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the relevant primary party or tertiary

[redacted]

**Directors:** J du Plessis, R H Friedland, K N Gibson, C Grindell

**Company Secretary:** C Vikisi

**Reg. No.** 1996/006591/07

institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.

viii) Netcare has the right to implement any recommendations from the research.

ix) Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

x) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

- This approval granted applies strictly to the proposal as stipulated in the original application received.
- Should any amendments or variation to the materiality of the content of the research study become necessary during the course of the study, the principal investigator/researcher must apply for approval of these amendments/changes to the Netcare Research Operations Committee, prior to implementation.
- Any extension of the duration, and / or site, and / or investigators of the authorisation granted in this approval must be applied for in writing timeously for consideration by the Netcare Research Operations Committee in order to ensure continuity of the study/research.

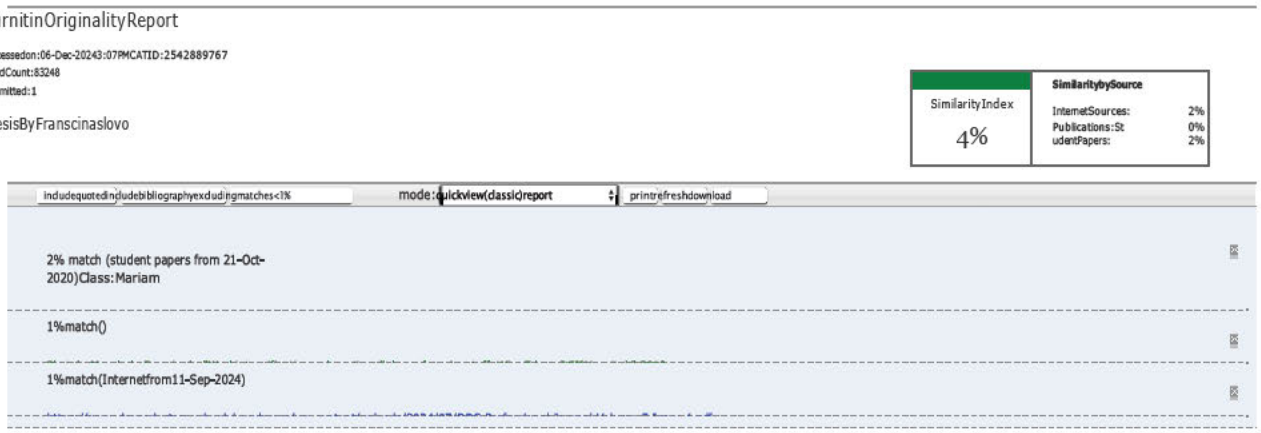
We wish you success in your research.

Yours fa[redacted]

Prof Dio[redacted] 25/4/23
Full member: Netcare Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

[redacted]
Dr Shannon Nell
Chairperson: Netcare Research Operations Committee
**Netcare Hospitals (Pty) Ltd**
**Date:** 03/05/2023

# APPENDIX E: TURNITIN REPORT



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EmotionalLabourofProfessionalNursesWorkingWithSynergisticEpidemicDiseasePatients.ACaseStudyofProfessionalNursesataPrivateHospitalinDurban,KwaZulu-NatalSouthAfricaManchokoFrancinaPhatela216073977Thisthesisissubmittedinfulfilmentofthe DegreeofDoctorofPhilosophy(PhD),SchoolofSocialScience,CollegeofHumanities,UniversityofKwaZulu-Natal,SupervisorProfMariamSeedat13thDecember2024DECLARATIONI,ManchokoFrancinaPhateladeclarethat;Theresearchreportedinthisthesis,exceptwhereotherwiseindicated,ismyoriginalresearch.Thisthesishasnotbeensubmittedforanydegreeorexaminationatanyotheruniversity.Thisthesisdoesnotcontainotherpersons'data,pictures,graphsorotherinformation,unlessspecificallyacknowledgedasbeingsourcedfromotherpersons.Thisthesisdoesnotcontainotherpersons'writing,unlessspecificallyacknowledgedasbeingsourcedfromotherresearchers.Whereotherwrittensourceshavebeenquoted,then:Theirwordshavebeenre-writtenbutthegeneralinformationattributedtothemhasbeenreferenced.Wheretheirexactwordshavebeenused,thentheirwritinghasbeenplacedinitalicsandinsidequotationmarks,andreferenced.Thisthesisdoesnotcontaintext,graphicsortablescopiedandpastedfromtheInternet,unlessspecificallyacknowledged,andthesourcebeingdetailedinthethesisandintheReferencessections.SignedDateiDEDICATIONIdedicatethisworktotheLordAlmighty,thankyouLordforguidingandprotectingmethroughoutmyacademiclife.Iwasencouragedby1Thessalonians5:16-18"Rejoicealways,praycontinually,givethanksinallcircumstances;forthisisGod'swillforyouinChristJesus".Tomybeloveddaughters,Ropafadzo and Tinotenda,Iwantyoutoknowthat"Ifyoucandreamit,youcandoit." _WaltDisney.,Iwishyougreattimesaheadasyouembarkonyourschoolingjourney,andIhopeonedaywewillcelebrateyourgraduationstogether.ThisisMummy'sgreatestachievement,andyouwerethepillarsofmystrengththroughitall.iiACKNOWLEDGEMENTSIwouldliketopassmygreatestgratitudetomybelovedsupervisorProfessor.MariamSeedat-Khanforthesupportanddirectionshehasgivenmeuntilthecompletionofthisresearch.Herencouragementgavemeconfidenceandinspirationtomakethisstudyasuccess.Theeffortandconstructivefeedbackthatshegavemethroughoutthesubmissionsofnumerous 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AntiretroviralBloodPressure19:CoronaVirusDeepActingDepartmentofPerformanceMonitoringandEvaluationEmotionalLabourGrossNationalProductHumanImmunodeficiencyVirusHealthProfessionsCouncilofSouthAfricaIndependentCounsellingandAdvisoryServicesIntensiveCareUnitKwaZulu-NatalPersonalProtectiveEquipmentSurfaceActingTuberculosisTelevisionUniversityofKwazulu-NatalUnitedStatesofAmericaWorldHealthOrganizationivABSTRACTThestudyinvestigatestheemotionallabourofprofessionalnursesatanetcarefacilityataprivatehospitalinDurban.Asindicatedbythecollecteddata,nurses'worktypifiesdiverseworkloadsandincrementsindifferenthospitalwards,deliberatinghownursesinprivatehospitalsmanagetocope.TheresultsdemonstratedthatnursingasaprofessionishighlythebackboneofthehealthcaresysteminSouthAfricaandhospitals,nursesareexpectedtosuppresstheiractualorrealemotionsanddisplaysmileyfacesandfriendlinessinkeepinlinewiththeorganization'srulesandregulations(Maluleka,2020).Thisstudyusedqualitativemethodswithpurposivesamplingusinganinterviewguideanddesignedin-depthinterviews,observationswerealsocarriedouttocollectdatafromtheprofessionalnurses.Thestudyusedthemainresearchquestionandthesub-questionsthatwerealsoformulatedtosatisfactorilyanswerthemainquestion.Theobjectivesofthestudyaretoanswerthemainquestion.Tosatisfactorilyaddressthemainobjective,keysub-questionsandobjectivesabouttheemotionallabourofnursesareclearlydefinedinthisresearch.Itfoundoutthatinalmostallhospitalwardsnursesarefacedwiththechallengeofhighworkloadsandtheirworkischaracterizedbylongworkinghours,increasedworkloadsandinteralia.However,mostnurseswerehappywiththereward,especiallythesalarytheyreceiveasthisfactorwasperceivedasnurseswhoworkatanetcarebeingagoodmotiveforthierperformanceandbetterenvironment.Thestudyusedlazurus's(1991)cognitive-motivational-relationaltheoryandGoffman's1949dramaturgicaltheorytoprovidetheoreticalunderstandingoftheemotionallabourofprofessionalnurses.Datawasanalysedusing athematicapproachwhichcategorizedrecurringthemesandbrokethemintodifferentelementsofworkintensityandemotionallabourofnurses.Themainthrustofusingthistechniquewastounearthinterrelationshipsofvariousexpressions,views,andsentimentsgivenbytherespondentstoexplainemotionallabour.Conclusionsdrawnfromthisstudyindicatedthatnursesrequireemotionalintelligenceandgoodmechanismstocopewith their job demands as they face daily challenges at their workplace. Keywords v Table of Contents Declaration ..... i Dedication..... ii;Acknowledgements ..... iii ListofAbbreviations..... 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