

The Emotional Regulation in Nursing Work: An Integrative Literature Review and Some Proposals for its Implementation in Educational Programs

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Summary: This paper draws attention to the crucial emotional dimensions of nursing practice. In particular, by a literature review, the authors examine the role of emotional regulation, a recent construct that has received increasing attention mainly in psychological literature, but little known in nursing context. Starting from a consultation of the most important electronic databases, such as Scenedirect, PubMed, PsycInfo, Medline, CINAHL/EBSCO, Healthsource/EBSCO, Google Scholar, this study offers an insight both of the state of the knowledge regarding emotions, emotional control, emotional abilities in nursing literature, and of the implications and potentialities of such constructs for nursing practice and education.

Keywords: Emotional regulation, nursing education, emotional intelligence

I. Introduction

Nursing has been considered an *emotionally demanding job* as the nurses are required many emotional and affective behaviors in their job relationships, with patients, relatives and also with their colleagues (Diefendorff, Erickson, Grandey, & Dahling, 2011). If these emotional demands are often assumed as key features of nursing and important motivations for choosing and enjoying this profession (Bakker & Sanz-Vergel, 2013; Morgan & Lynn, 2009), often they are a possible source of stress and high emotional exhaustion (van Den Tooren & De Jonge, 2008). For some scholars, the availability of personal and job resources might explain the different effects of job emotional demands on workers' engagement, motivation and well-being and that seems to happen for nurses (Bakker & Sanz-Vergel, 2013).

Among personal resources, in nursing literature an increasing interest has received the role of *emotional competence* and *abilities* in the expression and control of emotional states as critical to work well in healthcare. Mainly nurses are required to express emotions appropriate to their job context, as empathy, caring, compassionate, and to control negative emotions, as distress, anger, sadness, that often look discordant with the ideals (responsibility, commitment, respect, integrity, excellence) and the professional demands of this job (Pisaniello, Winefield & Delfabbro, 2012; Filstad, 2010; Hayward & Tuckey, 2011).

A construct widely analyzed in psychological literature, but little known in nursing, was *emotional regulation (ER)*. Generally considered a specific dimension of the broader and most widely assessed construct, also in nursing research, of *emotional intelligence (EI)* (Akerjordet & Severinsson, 2007), ER regards the ability to implement intrapersonal and interpersonal emotional regulatory processes (e.g., regulating one's own emotions and others' emotions). The focus on the emotional regulation processes has permitted to know *what*, *when* and *how* to convey and control emotional states, rather than the expression, containment or concealment of some discrete emotional states. While in nursing literature an extensively studied argument regards the importance and the utility of the control of emotional states, little we know about the ER and the efficacy of its various strategies in nursing contexts.

Considering the importance for nurses to express their emotions and to respond to the others' emotions in appropriate and effective ways, the purpose of this paper is to report updated knowledge about ER and its importance in the nursing practice and training.

These aims were guided by the following questions:

- What is the state of knowledge development related to ER in psychological literature?
- What is the state of knowledge development related to emotions, emotional control, emotional abilities in nursing literature?
- What are the ER aspects more useful to implement in nursing practice and training?

Following a brief background of ER theory and research, we present an integrative review of the literature related to ER and nursing published in peer-reviewed journals. Consulting the most important electronic databases, such as Scenedirect, PubMed, PsycInfo, Medline, CINAHL/EBSCO, Healthsource/EBSCO, Google Scholar, we had analyzed the psychological and nursing literature about ER and also EI. The first broad search using keywords as emotion or stress, in psychological and nursing

literature, revealed an extensive amount of publications. Filtering this primary search through a focus on emotional regulation, the majority of available studies referred to the psychological literature and little were the researches in the nursing. In this job context many researches regard the wider construct of EI.

Based on the current state of knowledge of ER in psychological and nursing literature and of related concepts in nursing literature (such as EI), we suggested some considerations about the importance of ER in nursing practice and in nursing training.

While a complete review of ER is beyond the scope of this paper, its knowledge is important both to get over generic, often contradictory, findings and criticisms of some psychological constructs (such as also for EI, Matthews, Emo, Roberts & Zeidner, 2006), to develop some considerations related to this construct in nursing training for implementing educational programs direct toward the learning of specific, but essential skills, which might help nurses to managing their emotional health as well as their psychological resources.

II. Emotional Labour

For its own nature, the nursing is a relational job, as the nurses provide care through human relationships. For that, understanding and dealing with emotions have been regarded as key abilities in nursing skills (Freshwater & Stickley, 2004).

In nursing literature we found many references to the expectations on nurses regarding *emotional control* (Pisaniello et al., 2012), especially for the negative emotions, such as distress, sadness or anger, considered inappropriate in nursing context (Hayward & Tuckey, 2011). In fact, as often the expression of emotion may look discordant with the nursing ideals of responsibility, commitment, respect, integrity, excellence and so on, nurses are usually asked to provide care in an unemotional manner, not demonstrating any emotional response to the pain; they have to be able to buffer their emotions, and to focus on medical care (Filstad, 2010). In short, often nurses are requested to recognize the need of suppressing emotions and personal feelings in order to focus on the patient well-being (Morgan & Lynn, 2009). In this case, a notion widely used was *professional face*, considered by the same nurses, interviewed by Cecil and Glass (2015), as a means of “emotional protection, regulation and containment” (p. 380). Professional face resumes the need of nurses to use a mask to control their emotional states and to maintain their professional ‘faces’ whilst caring patients. That implies the suppression of personal feelings to balance patient well-being and it may be difficult and tiring for nurses, who often live an emotional activation in daily job interactions. In fact, they work within emotionally charged environments, their professional relations are influenced by emotions and they are required to be caring, empathetic and compassionate, paying attention and understanding the patient’s feelings, taking into account his/her affective needs, taking the role of the other, handling emotional situations, such as agitated patients, aggressive relatives.

As these emotional demands are considered key features of nursing (Bakker & Sanz-Vergel, 2013; & Lynn, 2009), in many cases, in the person the contrast between emotional activation and the request of effective emotional control can create a state of *emotional dissonance and inauthenticity* (van Den Tooren & De Jonge, 2008). Nurses can desire to express their emotional states, yet should minimize their display and for that they may appear inauthentic (Hayward & Tuckey, 2011). As Gray (2009) affirmed, the nurse seems to experience a condition of *emotional invisibility*. If frequent and lasting for a long time, these psychological states can be stressful and source of discomfort for such operators, and they can negatively affect the providing optimal nursing care and nurse-patient relationship (Cecil & Glass, 2015; Hayward & Tuckey, 2011).

Considering the contradictory between emotional control need and the frequent emotional activation, instead of using a professional mask, some scholars have proposed the use of self-reflection processes through which nurses might attain an insight about emotions and their adequate and authentic expression, also for move beyond previous unspeakable situations in the workplace (Georges, 2011). About that, an important contribution may be provided by the knowledge and the use of appropriate and effective ways to regulate own emotions, that permit to be and to express equilibrate attitudes and behaviors towards difficult situations.

In nursing practice, *emotional labour* refers to the necessity for nurse to manage the expression of emotions and thoughts, in order to maintain a professional behavior – that also consists in being compassionate and caring with patients –, to meet patients’ and families’ emotional needs effectively, to establish an interpersonal relationship even within the interdisciplinary team and to promote emotional well-being of patient and nurse (Huynh, Alderson & Thompson, 2008). So, emotional labour includes emotional job requirements of expressing and hiding emotions, and regulation strategies of acting (Diefendorff, Croyle & Gosserand, 2005). According to Gray (2009), “The task of looking at emotional labour in the health setting involves the assessment of the strategies of emotional regulation that are available to health professionals” (p. 169). The recognizing these strategies as key factors for emotional labour lets to deepen the nature of ER and its required abilities. The analysis of the ER construct may be important to help nurses to cope with the emotional demands, often stressful, of the healthcare environment, and to be and to express equilibrate attitudes and behaviors towards

difficult situations, to create and to maintain a good caring environment, in establishing an effective nurse-patients relationship, and in providing quality care. For instance, it has been found that emotional self-regulation capability may help to face job emotional demands (Daniels & Jonge, 2010) and a proper emotional regulation permits to recognize and respond to patients' emotions in an empathic way (Beddoe & Murphy, 2004). In fact, the empathy involves the ability of the nurses to recognize and understand their own emotions and to provide appropriate and useful responses (Scotto, 2003). The importance of self-awareness and of emotional health management to have efficacy nurse-patient interactions seems to be recognized also by nurses interviewed by Cecil and Glass (2015).

III. Emotional Regulation

ER "refers to shaping which emotions one has, when one has them, and how one experiences or expresses these emotions" (Gross, 2014, p. 6). In particular – as pointed out by Gross and Thompson (2007) –, ER regards the ability to manage one's own emotions, when they are of the wrong type, come at the wrong time, occur at the wrong intensity level.

The definition of this concept permits to observe as the scholars' interests focused not on the distinction of good or bad discrete emotional states (anger, fear, shame, envy, jealousy, sadness, joy, surprise, disgust), but on the dynamic aspects relating to their occurrence, intensity, modulation and persistence (Thompson, 2011). That implies a consideration of emotions as adaptive and not disorganizing and irrational phenomenon, because they can provide people with useful and relevant information about situation and, at the same time, they permit to activate the necessary resources to deal with the situation that people are living. But this adaptive process should happen in functional ways, that imply the utility to know *what, how and when* emotional states are adaptive or disadaptive to the context and situation. So, scholars assessed emotional-behavioral appropriateness or mismatches to the context, considering the result of the articulated regulatory processes.

Permitting to focus on the dynamic of the emotional experience, rather than on the expression, containment or concealment of emotional states, ER was not an emotional control, but a modulation of emotional experience between emotional suppression (iper – control) and emotional uncontrolled expression (ipo-control) (Gratz & Roemer, 2004). That is again more important if we considered that, leading to higher levels of arousal that are more difficult to regulate, paradoxically the emotional control seems to increase the risk for emotion dysregulation, expressing both in ipo- and iper-control of emotional reactions (Robertson, Daffern & Bucks, 2012; Srivastava, Tamir, Mcgonigal, John & Gross, 2009).

In order to regulate their emotions in a balanced way, people use various *emotional regulation strategies*. In psychological literature, scholars have identified them, such as emotional avoidance, reappraisal, suppression, acceptance, awareness, emotional clarity (labeling and discriminating among different emotions) and emotional interference (Gratz & Roemer, 2004). These strategies seem to be more or less voluntary (Gross & Thompson, 2007; Williams, Bargh, Nocera & Gray, 2009) and according to Gross (1998), some of them are *response-focused* and other ones come *before* the response to the emotional states. This last distinction has been matched with the *deep* and *surface acting* in emotional labour, by Schmidt and Diestel (2014). In fact, as surface acting involves the regulation of emotional expression, it has been associated with the response-focused emotional strategies; while, as deep acting regards the change of the emotion state in order to harmonize it to the context rules, it has been linked to the strategies used before the emotional expression.

With respect to their efficacy, strategies used before an emotional reaction, such as reappraisal, seem to be more effective than those used after it, e.g. verbal and non-verbal expressive suppression of emotion (Gross, 2002). Similarly in the work context, scholars observed that the deep acting seems less detrimental to worker health and well-being than surface acting (Diefendorff et al., 2011; Hülshager & Schewe, 2011). Indeed, the surface acting is associated with inauthentic emotional behavior, that may affect interactions negatively, cause interpersonal conflicts, and, as a consequence, impair emotion workers' own well-being and performance (Holman, Martinez-Iñigo & Totterdell, 2008). Besides, engaging in surface acting requires more cognitive control resources than engaging in deep acting (Holman et al., 2008) and the suppression of emotions depletes mental resources of the individual (Hülshager & Schewe, 2011). The fact that surface acting consumes more control resources than deep acting finds a confirm in the studies that observed the surface acting more associated with emotional exhaustion, depressive symptoms, and absenteeism and negatively linked to job satisfaction than deep acting (Diefendorff et al., 2011; Schmidt & Diestel, 2014). Unlike the surface acting, the deep acting, associating to the use of emotional strategies before the response to the emotional states, implied strategies such as acceptance, awareness, reappraisal, considered efficacy ways to express own emotion in the social and interpersonal contexts and situations. For instance, in job context, Biron and van Veldhoven (2012) observed that emotional acceptance was associated with a positive effort in the emotional regulation at present and consequently with a greater available attention to meet the demands of work in an effective way.

Despite the many acknowledgments about their efficacy, in the job context not always the research outlined the positive effects of the use of deep acting, specially for health or organizational consequences, job

satisfaction and job performance (Diefendorff et al., 2011; Hülshager&Schewe, 2011; Judge, Woolf & Hurst, 2009). That outlined the difficulty to consider the emotional strategies' efficacy as a general acquisition, valid for every individual and situation, forgetting that the emotional regulation involves the adjustment of the individual to the life contexts and situations. So, it is important to consider not only the efficacy of the various emotional regulation strategies, but above all their *flexible use*, and their cost/benefit in relation to the social and interpersonal contexts (Chambers, Gullone & Allen, 2009). First, the flexibility use implies to have large and diverse emotional states and to be able to approach them; in fact, in this case we are able to perceive, experience and express different emotional states. Instead, when we are dominated by one particular emotional state, we live a fixity experience, that, if persisting and intrusive, easily leads to the dysregulatory processes (Paivio & Greenberg, 2001). Also the emotional flexibility involves the ability to activate the emotional state appropriate to live situation. When that does not happen, the person may express dissonant emotions to the situation expectations and rules (Thompson, 2011). The emotional flexibility may also occur as a gradual change from an emotional state to another, while in the emotional lability the change of the emotional state happens abruptly, without proper emotion processing (Oliver & Simons, 2004). Emotional lability may allow negative emotional states, such as anger, jealousy, humiliation, shame, it may become destructive and affect the ability to implement acceptable interpersonal solutions. We can have emotional flexibility when we are able not to be dominated by trigger events, and we can adjust the intensity and duration of emotions.

IV. Educational Implications Of Emotional Regulation For Nurse Educators

Given the evidence presented here and the nature of nursing job, it is essential that the role of emotional regulation training is recognized both in the educational nursing curriculum and during the professional activity. So, the research findings may be useful not only for the knowledge progress but also, and mainly, in professional contexts and in training programs application where their practicals can be found. For this reason, the extensive and comparative analysis of the empirical literature may help us to find some useful directions for implementing an effective nurse training program. The research supports the importance of that, mainly for emotional knowledge and skills. In fact, some scholars and nursing experts have made many calls for inclusion of these aspects in nursing educational training and programs (Beauvais, Brady, O'Shea & Griffin, 2011; Smith, Profetto-McGrath & Cummings, 2009), also through effective educational planning (Ploeg & Brown, 2010). It has been affirmed also the importance of these aspects for the quality of students learning and for their ability to effectively perform work and for their emotional well-being in practice (Beauvais et al., 2011; Smith et al., 2009). The emotional competence training is important not only for nurse students, but also for nursing leaders and managers, as evidence supports that higher level of their emotional competence improves their effective leadership and thus helps them to manage the stress within the ward units and to facilitate the improvement of staff's competence and its interpersonal relationships (Akerjordet & Severinsson, 2008).

But we know little about the more specific emotional regulation in educational and practice contexts. So, the way of managing emotions at work can be considered one of the goals in the nursing training. Some researches found that nursing students who had a good control of their emotions and expressed higher emotional intelligence and emotional regulation showed also higher professional competence at work (Beauvais et al., 2011) and also smaller perceived stress, better stress management and adjustment, and a lower likelihood of dropping out (Por, Barriball, Fitzpatrick & Roberts, 2011; Roso-Bas, Pades-Jiménez & García-Buades, 2016). That could be important also considering that the nursing education programs are failing to advance and promote emotional skills (Roberts, 2010), maybe because they are focused on learning a generic emotional competence and not on specific emotional regulation strategies. But we know that emotional regulation is a complex construct involving a mixture of characteristics. Thus, from an educational perspective, as an ability to use appropriate strategies to the contexts, the concept of ER is salient, because it presumes that ER can be learned.

Some scholars affirmed the importance mainly to teach effective emotion regulation strategies such as the reappraisal (Chambers et al., 2009; Gross, 2002). But the literature in many cases affirmed the importance to have a *broad range of emotional regulation strategies* that can be used in flexible way in relation to the context and situations. This is particularly relevant in healthcare, where nurses can operate in various hospital wards with very different problems, severity illness and interlocutors (patients, familial, etc.). This remark is of special interest for nursing educational programs and practice, as permits to consider the opportunity to teach the various and different strategies and to help people to apply them when necessary and in an effective way.

Again, considering that individuals greatly vary in their ability to emotional regulation (Gross & John, 2003), it is important to focus also on *individual teaching process*. In this light, to foster nurse professional competence, emotional learning and maturation processes or personal growth and development are very important (Akerjordet & Severinsson, 2007). And these maturation processes can happen if we consider that education and practice can work together. Mainly nursing training should focus on the *awareness paths* of nurses about the own ways to regulate the emotions and their efficacy for own health and the nurse-patient

relationships. So, during the practice training in the hospital ward, students may learn to observe own emotional states, how they express or control them, if these ways are efficacy in their patient relationship and for their psychological health. By the self-awareness process, the nursing students may learn also the importance of taking care of themselves and of their own emotional health, to effectively manage the complex interactions nurse-patient and to keep mental health and well-being (Cecil & Glass, 2015; Glass, Ogle, Webb, Rice & Yeboah, 2014). This awareness path about own way to express and to control emotions with the knowledge of the efficacy of the different strategies may be important not only for a personal knowledge, but also they may help nurses to cope with the emotional demands, often stressful, of the healthcare environment. They may help too nurses to be able to express equilibrate attitudes and behaviors towards difficult situations, to create and to maintain a good caring environment, in establishing an effective nurse-patients relationship, and in providing quality care. In fact, as we outlined, some scholars found that emotional self-regulation capability may help to face job emotional demands (Daniels & Jonge, 2010) and a proper emotional regulation permits to recognize and respond to patients' emotions in an empathic way (Beddoe & Murphy, 2004).

Besides, in the training programs, the nursing staff should be assisted to adopt constructive emotional regulation strategies. *Nurse educators* play an important role in preparing nursing students to know and to experience the relevance of emotional regulation in the clinical settings, because once the students become registered nurses, they may become similar to other health care professionals. They are often so occupied with patients that lack time to consider the importance of emotion and of its management for their physical and psychological health and for work-place quality. In fact, ER abilities and strategies should be considered an ongoing process rather than an academic assignment as some scholars had proposed for the teaching of emotional intelligence (Harrison & Fopma-Loy, 2010). Also, the teaching should be carried out in a positive, safe and nonjudgmental environment, which is vital for students to effectively learn ER, also this in line with what happens for EI teaching (Roberts, 2010). In fact, when teachers correct nurse students in front of patients, staff or peers, ignoring, embarrassing, refusing helping, looking down on or becoming impatient with them, often students reported negative emotions, such as shame and humiliation during nursing education (Bond, 2009; Msiska, Smith & Fawcett, 2014). That may influence the efficacy of teaching and the correct perform of nursing procedures (Msiska et al., 2014). Nurse educators should also recognize that varied job situations require different emotional regulation strategies; and as it is impossible to teach nurse students how to face every single emotional situation in clinical settings, emphasis should be placed on encouraging students to know and to be aware of the importance of emotions and their equilibrate control.

V. Teaching Techniques For Emotional Regulation

To facilitate nurse student learning of ER, we have to focus on some teaching techniques. As a specifically training model of ER was not presented in the literature, we suggest some of these techniques useful for the development of ER abilities, by the findings of research about emotional regulation and also by the indications in educational training about similar construct, such as EI. It is important to well define these techniques to incorporate emotional regulation into nursing educational training.

First, starting from the consideration that nurse educators should place emphasis on encouraging students to the knowledge and awareness of the importance of emotions and their equilibrate control, the teaching techniques should encourage nurse students to recognize and to explore the emotional dimension and competence within their role. These techniques are mainly focused on enhancing self-awareness of one's own emotional regulation strategies and of the ways in which the person reacts to stressful and difficult situations. For these objectives some scholars advised teaching techniques, such as *reflective learning*, that permit to view oneself and to explore past and present personal and interpersonal experiences in order to lead to new understandings of them (Harrison & Fopma-Loy, 2010). To promote this reflective learning, many methods may be used, i.e. personal diaries, group discussions, self-reflection interviews (Freshwater & Stickle, 2004; Harrison & Fopma-Loy, 2010). But *narrative*, too, permits both to understand an experience in a personal way, also by finding out new meanings to it and to facilitate change for the better. In learning group, to share stories may be useful to develop a sense of community and empathy among students (McAllister et al., 2009), and to provide them the opportunity to know, share and discuss clinical experiences of each other. In the group context, nurse educators can encourage nursing students to listen and to share the knowledge and the insights gained on their emotional regulation experience in health contexts and to recognize the importance of emotional skills as part of their health care job.

Second, nursing students should have the possibility to reflect about the nurse role and its definition in relation to the practice of others. So, it could be useful that students may interview nurses with work experiences to know possibility and difficulty of this job role (*role inquiry*) even regarding emotional demands. Questions such as "Who is nurse?", "What is the nurse role?", "Which are the main problems in this profession?" "Which are the main emotional problems in nursing practice?" should be asked to know how the student experiences and gives meanings to this role. The student should begin to observe oneself as a nurse.

Third, as emotional regulation regards mainly the behaviors during interactions with others, to enhance one's own ability to have appropriate emotion expression, there should be a focus on what, when and how nursing students express their emotions. *Interpersonal skills training* may be a useful method to have the possibility to reflect on their effective or ineffective behaviors in various interpersonal situations in health contexts. This is considered helpful to develop emotional intelligence in nursing students (Harrison & Fopma-Loy, 2010). Some teaching techniques may be: role playing, verbal and non verbal communication exercises for development the listening and communication skills. For instance, during these exercises, students may identify listening distractors, discussing how avoiding that and practicing listening responses. That may be useful to interpret and respond patients' needs (Shipley, 2010). Nurse educators should teach also some effective emotional regulation strategies and the importance to apply them in appropriate way depending on the situation.

During the nursing education, another training figure should be the personal tutor, supporting students in dealing with the emotional aspects of their professional role, when they are involved in clinical practice. According to Watts (2010), this personal tutor should provide a continuous, planned, and regular activity and should meet students into individual and group sessions.

VI. Conclusions

The scientific literature about emotional regulation provides to the nursing profession a framework within which we can know better the usefulness of understanding and learning emotional competence. That could help nurses to care of themselves and also of patients. Emotional regulation is a new research area that presents opportunity for nurses to explore their value in coping more effectively with stressful situations in the working environment and improving the full range of nursing practice. So, they should continue to find ways to develop these skills in educational training, workshops and also in educational curricula. Besides, nurse educators should recognize as the emotional regulation offers an important educational opportunity for the students and for them, and as the knowledge of emotional regulation and its strategies provides them valuable insight into nursing profession.

For this reason, it is important to analyze the findings about this topic and to propose implications for future research. This article has begun to examine the construct of emotional regulation providing a literature review of findings about its important application in nursing contexts. However, there are many still opened questions, that could address future researches, also referring to the following phases of the nurse educational training. These questions regard the short and medium term monitoring of the nurse emotional health, in order to act promptly in stressful risk cases and to look over the adopted emotion regulation strategies by nurses and to intervene in dysfunctional situations.

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