

CARING UNDER PRESSURE: EXPLORING EMOTIONAL LABOR AND THE LIVED EXPERIENCES OF NURSES AT MARDAN MEDICAL COMPLEX

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Abstract

Nursing activities are emotional, requiring nurses to control their feelings while demonstrating warmth and care to patients and their family members. This study is a qualitative phenomenological study that aimed to explore the lived experience of emotional labour of nurses in Mardan Medical Complex (MMC), Pakistan. The study explored nurses' emotions, their expression and regulation of emotions, and how they cope with emotions in the context of nurses' work. The data collected were in-depth interviews with 15 nurses who were selected using purposive sampling; the data were analyzed thematically in order to identify patterns and meanings in the experiences of the participants. The theory used in this study was Arlie Russell Hochschild's theory of emotional labour (1983), which was used as a basis for understanding the emotional aspects of the nurses. The results yielded five key themes: (1) emotional experiences of nursing (2) institutional factors influencing emotional labour (3) sociocultural influences (4) psychological impacts (5) coping strategies. The results showed that emotional labour is part of nursing work, but often very much hidden; and that it is influenced by individual experiences and wider factors within the organisation and wider sociocultural context. Although nurses experienced significant emotional loading, they continued to care for the patients and used a range of coping mechanisms to deal with the stress of their work. The study shows that emotional labour should be acknowledged, and that there is a need to enhance psychological support, staffing, workload management, peer-support systems, and supportive workplace policies in healthcare institutions.

Introduction

Nursing is an emotionally challenging job and the healthcare worker is expected to be able to

provide clinical care, empathy, compassion, reassurance, and offer emotional support to patients and their families. Every day, nurses

face scenarios where they have to deal with pain, suffering, anxiety, trauma, critical illness and death. This situation demands that nurses keep their emotions under control and act calmly, kindly and professionally. This emotional aspect of nursing can be explained by Hochschild's (1983) notion of emotional labour, which is defined as the control and regulation of emotions and emotional displays in response to the requirements of the job. Emotional labour in nursing practice is the regulation of socially and professionally acceptable emotions in the presence of stress, fatigue, frustration, or emotional strain in nurses. Healthcare is a specific sector where emotional labour plays a crucial role as nurses have regular and intensive contact with patients and their families. They ought to be patient, compassionate and supportive, even in very challenging and stressful situations. High emotional labour among nurses has also been found to be linked to job stress and emotional exhaustion, and organizational and managerial support can be linked to reducing the negative outcomes of emotional labour (Kumar & Jin, 2022).

Likewise, Kim et al. (2022) discovered that emotional labour is positively related to burnout among public health nurses, and that perceived organizational support is negatively related to burnout. Emotional labour is therefore an important aspect of nursing practice and practice identity, but one that is often understated. Emotional labour can't be described as an individual psychological event from a sociological point of view. Instead, it is influenced by organizational expectations, the norms of the profession, interpersonal relations and sociocultural values. Hochschild (1983) has proposed a framework that makes sense of the socially prescribed "feeling rules" that affect which emotions are expressed or hidden in specific situations of work. In the field of nursing, these expectations can include regulating personal emotions as well as keeping a cool head and showing empathy, regardless of suffering, trauma, or death. Hochschild also identifies two types of emotion: surface acting, which involves changing the way that emotions are expressed, and deep acting, which involves trying to change the emotions that are felt.

These processes are especially important for nursing, as nurses' professional care involves emotional responses along with therapeutic relationships with patients. Increasingly, emotional labour and nurses' well-being have been the focus of healthcare research. The general evidence indicates that emotional labour could be a potential cause of work stress and emotional fatigue, especially when facing stressful clinical situations without the support of the organization. A study done by Kumar and Jin (2022) in Pakistan revealed that emotional exhaustion and emotional labour were associated with Job Stress, whereas instrumental support and coaching leadership helped alleviate the negative effects of Job Stress. The results indicate that there is a need to consider emotional labour as a phenomenon not just at the individual level but also as an organizational phenomenon in which nurses work. Emotional demands may be experienced and managed differently by nurses because of workload, staffing, managers' support, working conditions and access to psychological support. This is the Pakistani context, as it is very different from the others, where nurses operate in healthcare settings with high expectations of compassionate care, limited resources, institutional constraints and heavy workloads. Sociocultural norms may also affect nurses' emotional expectations, such as the need for patience, empathy, emotional strength, and self-control, besides organizational pressures. Caring and emotional responsiveness may be especially important for women nurses, as caring and emotional responses are linked to socially constructed expectations of femininity and caring. As a result, nurses may be pressured to mask their emotions and demonstrate a positive attitude despite experiencing emotional distress during challenging clinical encounters. This can lead to nurses feeling the need to maintain a positive demeanor or emotion despite clinical situations that may evoke and cause emotional distress. These social and institutional factors thus play a vital role in the study of emotional labour among Pakistani nurses. Although there is a vast amount of research concerning the emotional labour of nurses internationally, the lived experiences of emotional labour of nurses in the particular

healthcare settings in Pakistan are still understudied. The existing literature has largely been concerned with the measurable parameters of emotional demands in the world of work job stress, burnout and emotional exhaustion while relatively little attention has been paid to how nurses experience, perceive, interpret and negotiate, as well as respond and cope with, emotional demands in their everyday professional lives. A qualitative method can help gain a deeper understanding of such experiences and can uncover the social, cultural and institutional dynamics in which emotional labour is created and controlled. This is especially important in Pakistan, where qualitative evidence is limited and specific to the context.

In this backdrop, the study explores the Lived experience of emotional labour amongst Nurses at Mardan Medical Complex (MMC), Mardan. The study adopts a qualitative phenomenological methodology to explore how nurses feel and manage their emotions in their everyday interactions with patients, patients' families, co-workers and supervisors. It also investigates institutional and sociocultural influences on emotional labour, psychological consequences of emotionally taxing work, and coping mechanisms that nurses use to cope with their emotional experiences. The study draws largely from Hochschild's (1983) theory of emotional labour and aims to further the sociological understanding of the often-neglected emotional work performed by nurses, while offering context-specific evidence that could serve as a basis for institutional policies, psychological support and interventions that benefit nurses' well-being and quality of patient care.

Literature Review

Emotional Labour in Nursing

To study emotional labour in nursing is significant because nurses are expected to deal with not only the physical and clinical needs of patients, but also with their own feelings in the process of patient care. Emotional labour was first brought to light by Hochschild (1983), who described it as the management of feelings and emotional expressions to satisfy the demands of the workplace. Emotional labour

in nursing is the ability to show the correct feelings for patients who have feelings of pain, fear, suffering, trauma and even death. In this way, nurses do emotional work as well as clinical work, and emotional labour is an important, but not visible, aspect of professional nursing work (Hochschild, 1983). Emotional labour can be beneficial or detrimental to nurses. Good emotional regulation may help to build therapeutic relationships, trust between health care workers and their care recipients, and compassionate and patient-based care. But when a nurse is expected to shut down their emotions or mimic feelings in a manner that is not congruent with their emotional state, they can suffer from emotional dissonance, psychological stress and exhaustion. In a recent scoping review of 41 studies, we found that emotional labour among nurses was linked to a variety of individual and organizational outcomes, such as burnout, psychological well-being, job satisfaction, work engagement, and turnover intention (Feng et al., 2024).

Emotional Dissonance and Burnout

There has been a great deal of research examining the psychological impacts of emotional labour in nursing. Nurses are often faced with emotionally demanding situations and are expected to be emotionally detached from what is happening. This may lead to emotional dissonance, especially when nurses are required to display emotions that are not their true feelings. In an integrative systematic review of emotional labour in Mental Health nursing, Edward et al. (2017) reported that nurses are often required to manage their emotions at work in emotionally charged environments and that the suppression of their emotions may have implications for their psychological health. Likewise, Ha et al. (2021) conducted a systematic review and meta-analysis with 131 studies, which concluded that emotional labour of nurses was positively related to job stress, burnout and turnover intention. Job satisfaction, social support, co-worker support, resilience, organizational engagement, and positive work environments, on the other hand, were negatively related to emotional labour. The results of the study

indicate that not only the individual characteristics of the nurses but also the social and organizational support in healthcare institutions affect the consequences of emotional labour.

This relationship is corroborated by more recent evidence. Feng et al (2024) found that there were many correlations between the emotional labour of nurses and personal and organizational outcomes. The review highlighted that emotional labour can impact nurses' psychological health, their job performance, job satisfaction, and their future intention to stay on. Simultaneously, the authors remarked that emotional labour is not necessarily negative; some emotional regulation acts as a facilitator of professional relationships and positive nursing outcomes. Thus, emotional labour is regarded not simply as a straightforward matter of positive or negative outcomes but as an intricate process which may yield positive or negative effects depending on the context in which it is performed.

Emotional Labour as a gendered and sociological process

Emotional labour can be seen from a sociological point of view, which is determined by organizational expectations, professional norms, gender relationships, and cultural values. Before this, Hochschild (1983) suggested that occupations create "feeling rules" that shape the emotions that workers should express or inhibit. This is a very pertinent point to nursing since caring, empathy, patience and emotional responsiveness have always been regarded as feminine attributes. The stress may make nurses feel compelled to be emotionally strong and caring, even when they are feeling stressed. Theoretical development has also been continuous in recent decades, which has extended this sociological view to a concept of emotional labour as an attitude of "affective governance". Considering emotional labour to be embedded in a gendered institutional environment and a gendered culture, as stated by Bae and Choi (2025), emotional expectations can be constructed and shaped within the institutional context and the cultural dynamics. They discuss the importance of gendered moral expectations and institutional

practices in influencing workers' emotional experiences and their role in creating structural inequalities in nursing. In the same vein, Kaylor et al. (2025) explored the concepts of emotional labour, people-pleasing and boundary-setting in nursing and emphasized the significance of professional roles and relationships for nurses' emotional labour. Their analysis implies that nurses might have to attend to patients' emotional needs and yet be mindful of their emotional limits. This is especially important for the current study, as it directs the focus away from emotional labour as a personal coping issue and towards the institutions, professions, and sociocultural context and conditions that generate emotional demands.

Emotional Labour, Coping, and Institutional Support

Social and organizational support also has a strong impact on the effects of emotional labour. Nurses with positive relationships with their peers, healthcare providers and supervisors may be better able to handle emotionally challenging situations. Ha et al. (2021) identified social support, coworker support, resilience, and organizational engagement as significant factors that were linked to fewer negative outcomes from emotional labour, as were positive work environments. Likewise, Feng et al. (2024) highlighted the significance of organizational support, emotional resources and suitable training in assisting nurses to cope with their emotional labour and minimize the detrimental impacts. Hence, coping mechanisms are a key element of nurses' experience of emotional labour. Difficult emotional experiences can be managed by using peer support, family dynamics, professional communication, emotional distancing, rest and other personal strategies that nurses use. Coping responses do not always work when emotional demands are created through too many demands, lack of staff, challenging work conditions, or poor institutional support. Thus, emotional labour is a valid part of nursing, and healthcare organizations should acknowledge and offer emotional labour-supportive leadership, staffing, psychological support, peer-support

resources and professional development opportunities.

Theoretical Framework

The study is informed by the Theory of Emotional Labor developed by Hochschild (1983), who said that emotions are a phenomenon that people manage and regulate to meet professional expectations. Hochschild (1983) has a theory that distinguishes surface acting from deep acting, in which actors simulate the expressions they are expected to show at work but do not actually feel them, and deep acting, in which they try to feel the emotions they are expected to display. This theory is directly relevant to the present study because at Mardan Medical Complex (MMC), the calming, empathetic and compassionate attitude of a nurse is expected while dealing with patients experiencing pain, fear, suffering and death. It offers an understanding of the emotional challenges faced by nurses, the coping mechanisms employed and the nature of the nurses' professional identity. It also facilitates the examination of the impact of the environment, the organization's expectations, and social influences on the emotional experiences of the nurses in the workplace (Ha et al., 2021). As such, Hochschild's theory is the predominant sociological framework in understanding the actual experiences of emotional labor among the nurses at MMC Mardan, with a focus on emotional regulation, coping strategies and difficulties in achieving the demands of emotional labor at MMC Mardan.

Research Methodology

The qualitative phenomenological research design was used in this study, which involved the lived experiences of emotional labour among Nurses of Mardan Medical Complex (MMC), Mardan. A phenomenological approach was deemed suitable because it would help the researcher to understand the phenomenon in-depth, as it would allow for an exploration of the nurses' experience, interpretation and management of the emotional demands to which they were subjected in their routine professional practice. The study population comprised registered nurses who were employed in various

departments of MMC, such as emergency, intensive care, surgical and general wards, where nurses are often faced with critical illness, trauma, suffering, and patient death. A purposive sampling technique was employed to choose the participants who would be able to give rich and relevant information on the phenomenon being studied. Fifteen nurses were involved in this study. To be selected, participants had to have direct patient-care responsibilities, at least one year of professional experience, willingness to participate, and to represent various age groups, genders, and different levels of professional experience and departments. Data saturation was used to determine the final sample size, and this was determined when no new themes or information was added to the data from additional interviews (Guest et al., 2006).

The data were obtained from face-to-face semi-structured interviews that were prepared based on the research objectives and literature review related to emotional labour. The interviews were conducted for about 30-45 minutes in a private and appropriate environment that allowed participants to share their experiences openly. The pilot study involved two nurses who were used to test the clarity and relevance of questions and how appropriate they were for the main data collection. The two participants were not included in the final sample, but based on the pilot interviews, changes were made to the interview guide for the final sample. Thematic analysis was used to analyze the collected data following the method of Braun and Clarke (2006). The analysis comprised familiarization with the interview data, identification of the first level of codes, development and review of themes and interpretation of the findings. All the ethical principles were adhered to during the research process. The participants were briefed on the purpose and procedures of the study and informed consent was obtained before conducting the interviews. Participants had the option to opt out of the study at any time and to not answer any question. Participants' privacy and anonymity were protected by omitting their names and other identifying details from the research report.

Data Analysis

In qualitative research, it is important to know the personal characteristics of the people being

interviewed, as personal background influences experiences and impressions.

Demographic Characteristics of the participants (N = 15)

Variable	Category	Frequency
Gender	Male	6
	Female	9
Age	22-30 years	5
	31-40 years	6
	41 years and above	4
Work Experience	1-5 years	4
	6-10 years	6
	More than 10 years	5
Department	Emergency	3
	ICU	4
	General Ward	5
	Surgical Ward	3

Fifteen nurses participated in the study, whose demographic data are presented in the above Table. The gender distribution of the participants was similar to that of the nursing profession, with 9 women and 6 men. When it comes to age, most of the participants were in the 31-40 age group, meaning they had a mix of many emotionally demanding situations in their clinical practice and a considerable amount of professional experience. The participants were selected from various hospital departments such as the Emergency Department (ED), Intensive Care Unit (ICU), surgical wards and general wards. The clinical contexts vary significantly in terms of what they involve with their patients, the amount of work

they do as nurses, and the amount of emotionally challenging circumstances, etc., and therefore offer a range of views of emotional labour among nurses. The results also indicated that, as nurses' experience increased, their emotional involvement with patients increased and their coping strategies were more complex than those of nurses with less experience. Over time, experienced nurses reported that they had gained "more capacity to deal with emotional stress and control their responses to emotional stress in the workplace. But even for some of the most important cases, such as when a patient dies, and for some experiences of serious trauma, their work didn't help them cope with the emotional impact.

Thematic Analysis

1. Nurses' Emotional Experiences

The initial significant theme that came out during the interviews was associated with the emotional experiences that nurses get when attending to patients.

Sub-Theme	Description	Illustrative Participant View
Exposure to suffering	Nurses frequently witness pain, trauma, critical illness, and death, particularly in emergency and ICU settings.	Participant 3: "In the emergency department, we see patients coming in with severe injuries and pain. Sometimes we try our best, but the patient does not survive. Seeing such situations again and again is emotionally very difficult."
Emotional suppression	Nurses suppress their personal emotions to remain professional and supportive toward patients and their	Participant 6: "Sometimes I feel very sad inside, especially when the condition of a patient is serious, but I cannot show my emotions in front of the patient or family. I have to remain calm and do my duty

	families.	professionally.”
Compassion fatigue	Continuous exposure to patients’ suffering and death can result in emotional exhaustion and fatigue.	Participant 9: “When you continuously deal with serious patients and deaths, you become emotionally tired. After a long shift, sometimes I feel completely drained and do not want to talk to anyone.”
Emotional attachment	Nurses may develop emotional bonds with patients, particularly when they provide care over an extended period.	Participant 12: “When a patient stays with us for many days, we become attached to them. We know their condition, talk to their families, and start feeling that they are part of our own family. When their condition becomes worse, it affects us emotionally.”

2. Institutional Factors

The second theme is that of organizational and workplace variables that impact emotional labor in nurses.

Sub-Theme	Description	Illustrative Participant View
Heavy workload	Large number of patients assigned to individual nurses	Participant 2: “Sometimes there are too many patients and only a few nurses on duty. We have to attend to everyone, and by the end of the shift we are physically and emotionally exhausted.”
Staff shortages	Limited nursing staff increases workload and emotional pressure	Participant 5: “When there is a shortage of staff, the workload becomes very difficult. One nurse has to manage many patients, and there is hardly any time to relax or recover emotionally.”
Lack of counseling services	Absence of formal psychological or counselling support	Participant 8: “There is no proper counselling service for nurses. When we are emotionally disturbed after a difficult case or a patient’s death, we usually talk to our colleagues instead of getting professional support.”
Administrative pressure	Strict rules, supervision, and performance expectations increase emotional demands.	Participant 11: “Sometimes the management expects us to follow all the rules and complete our work quickly, even when we are dealing with very serious patients. This creates additional pressure because we have to control our emotions and still perform our duties.”

3. Sociocultural factors

The third theme is associated with the sociocultural demands that influence nurses in controlling emotions at work.

Sub-Theme	Description	Illustrative Participant View
Gender expectations	Female nurses are often expected to be caring, patient, and emotionally supportive.	Participant 1: “People expect female nurses to be more caring and patient. Even when we are tired or upset, patients and their families expect us to speak politely and show sympathy.”
Social respect	Nurses feel pressure to maintain a professional image and protect their reputation within the community.	Participant 5: “As nurses, we have to maintain a good image in society. People expect us to behave respectfully and professionally, so sometimes we control our emotions even when we are under pressure.”
Family expectations	Families expect nurses to remain emotionally strong and avoid showing vulnerability.	Participant 8: “My family thinks that because I am a nurse, I should be strong and able to handle difficult situations. Sometimes I cannot tell them how stressed I

		<i>am because they expect me to manage everything.”</i>
Cultural norms	Cultural expectations encourage emotional restraint and appropriate behavior in professional settings.	Participant 11: <i>“In our culture, nurses are expected to be respectful, patient, and controlled. We cannot openly express anger or sadness at work because people may think that we are not professional.”</i>

4. Psychological effects

The other significant theme that was revealed during the interviews is the psychological effects of emotional labor on nurses.

Sub-Theme	Description	Illustrative Participant View
Emotional exhaustion	Feeling mentally and emotionally drained after demanding shifts	Participant 2: <i>“After a long shift, especially when we have critical patients, I feel completely mentally and emotionally exhausted. Sometimes I just want to go home and be alone.”</i>
Stress and anxiety	Worry and emotional tension related to patients’ conditions and outcomes	Participant 6: <i>“When a patient is in a very serious condition, I keep thinking about what will happen to them. Even after leaving the hospital, sometimes I remain worried about the patient.”</i>
Sleep disturbances	Difficulty sleeping following stressful or emotionally difficult shifts	Participant 9: <i>“After dealing with a difficult case or a patient’s death, it becomes difficult for me to sleep. I keep thinking about what happened during the shift.”</i>
Reduced job satisfaction	Emotional fatigue affects motivation and feelings toward work	Participant 12: <i>“There are times when I feel so emotionally tired that I lose motivation for work. I still perform my duties, but I do not feel the same satisfaction that I used to feel.”</i>

5. Coping Strategy

The last theme discovered by the research is relevant to coping mechanisms with emotional stress adopted by nurses.

Coping Strategy	Description	Illustrative Participant View
Peer support	Sharing experiences and emotional difficulties with colleagues	Participant 3: <i>“Talking to my colleagues helps me a lot. They understand what we go through because they are experiencing the same situations. After a difficult case, we usually sit together and talk about it.”</i>
Emotional distancing	Maintaining professional boundaries to manage emotional involvement	Participant 6: <i>“I try not to become too emotionally attached to every patient. I care for them and do my duty, but I remind myself that I have to maintain a professional boundary.”</i>
Religious practices	Using prayer and spiritual activities to manage emotional stress	Participant 8: <i>“When I feel emotionally disturbed, I pray and try to leave the situation to God. It gives me peace and helps me deal with the stress of my work.”</i>
Family support	Discussing difficulties and seeking emotional support from family members	Participant 11: <i>“When I have a very stressful day, I talk to my family. Sharing my feelings with them makes me feel lighter and helps me forget some of the stress from the hospital.”</i>
Rest and recreation	Using rest and leisure activities to recover from work-related stress	Participant 13: <i>“After a difficult shift, I need some time to rest. Sometimes I sleep, watch television, or spend time with my family. These activities help me relax before going back to</i>

		work.”
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Discussion

This study examined the experiences of emotional labour of the nurses at Mardan Medical Complex (MMC), Mardan. The results show that emotional labour is part of the nursing practice and is connected to the clinical experiences, institutional conditions, sociocultural expectations, psychological effects, and coping strategies. In nursing, especially in emergency and intensive care settings, these emotional experiences are often the norm surrounding patients' pain, suffering, trauma, critical illness and death. Participants reported that they were required to be calm, compassionate, supportive and professional in the presence of sadness, anxiety, or emotional distress. This is consistent with Hochschild's (1983) theory of emotional labour, which equates emotion regulation and management with meeting occupational expectations. Edward et al. (2017) reported that emotionally demanding environments have been associated with nurses regulating their emotions while caring for patients. Emotional labour was also identified as another crucial element of nursing work by Feng et al. (2024) and was found to have positive and negative effects on the mental and career health of nurses.

Patients' suffering, trauma, and mortality were linked to emotional exhaustion and compassion fatigue in participants. The nurses reported physical and emotional exhaustion after long shifts, especially when attending to the care of patients with critical illness or when patients died. A few participants also mentioned forming emotional bonds with patients that stayed in the hospital for long periods of time. Such relationships may help to make patients feel more valued and more committed to the care provided to them, but may also add to emotional suffering when patients became ill or died. Overall, however, most participants were very empathetic and professional. Institutional conditions were also discovered to influence nurse's emotional labour. Other stress factors found were: workload, staffing issues,

administrative pressure and lack of formal counselling and psychological support. High stress and fatigue were reported because the patients were reported to be very heavy for participants. The results of this study corroborate Kumar and Jin (2022), who noted that emotional labour among nurses was linked to their job stress and emotional exhaustion, and organizational support and supportive leadership helped lower these negative impacts. Similar links between emotional labour and job stress, emotional labour and intention to leave the job and between social support and more positive outcomes, and social support and job satisfaction and job resilience were also found by Ha et al. (2021). Participants' dependence on their peers, family members and own coping mechanisms without the presence of psychological services further emphasizes the need for institutional support. In addition, nurses' emotional experiences were influenced by and shaped by social-cultural expectations. The participants indicated that patience, caring, compassion, respect and emotional strength were expected qualities in nurses, especially female nurses. This can lead to nurses feeling that they are expected to be squeaky-clean and hide feelings of vulnerability, sadness, or frustration. From a sociological point of view, these expectations may be seen as the result of Hochschild's (1983) notion of feeling rules, which affect the manner in which emotions are expected to be expressed and controlled in specific social and occupational contexts. Emotion regulation was also related to family expectations, with some participants saying that they had to be strong and not show signs of weakness in their emotions.

The study also confirmed some psychological effects of emotional labour, such as emotional exhaustion, stress, anxiety, disturbances in sleep and decreased job satisfaction. Difficult cases and patient deaths were reported to follow the nurse from the hospital, impacting relaxation and sleep. The results of this study resonate with the previous studies conducted by Edward et al.

(2017) and Feng et al. (2024) that found a relationship between emotional labour and emotional exhaustion, burnout, psychological distress, and job satisfaction. However, most participants continued to hold onto the nursing profession and felt that care for patients was an important part of their job. Nurses used different coping strategies to deal with the emotional demands, such as peer support, emotional distancing, religion, family support, and rest and recreational activities. The importance of peer support was especially significant as colleagues could relate to and share similar professional experiences. Emotional distancing enabled the nurses to maintain the appropriate distance between the professional and the individual, and religious practices offered emotional comfort and strength. Other factors that assisted participants to recover from work-related stress included family support and recreational activities. The results of this study are consistent with Ha et al. (2021), who found that social support, coworker support, resilience and a positive work environment are significant resources in coping with the detrimental effects of emotional labour. Overall, the results reveal that the emotional labour of nurses at MMC is a multidimensional sociological and organizational phenomenon, not only a psychological experience. Nurses always face the challenge of balancing their emotions and their expectations, and responding to the needs of their patients and their families. The results emphasize the importance of the recognition of emotional labour as a valid dimension of nursing work, along with adequate staffing, reasonable workloads, psychological counselling, supportive leadership, peer-support systems, and opportunities for emotional recovery by healthcare institutions. This could be a way of lowering emotional stress, enhancing nurses' psychological health and job satisfaction, and supporting high-quality patient care.

Conclusion

The study findings have led to the conclusion that emotional labor is part and parcel of nursing practice at Mardan Medical Complex (MMC) and it is an inevitable companion of nursing practice. Nurses are routinely faced with situations that are emotionally challenging in relation to the

suffering, pain, trauma and death of patients, especially in critical care and emergency care units. In these situations, nurses are expected to stay neutral, caring, and professional, as well as control their emotions. The results also indicate that workload, lack of nurses, administrative stress, insufficient psychological support and sociocultural demands play important roles in the emotional burden experienced by nurses. Most participants had emotional fatigue, stress, and burnout after the extended exposure to these conditions, but were still dedicated to their work and patient care. The coping strategies that were reported by nurses were peer support, family support, religious coping, emotional distancing and adequate rest. The study as a whole shows the importance of emotional labour for the psychological well-being and work of nurses. Therefore, institutions that provide health care services should ensure that they have adequate staff, counselling and psychological support, supportive management and a space to discuss and manage the emotional journeys of nurses. Each of these factors can help to reduce emotional exhaustion, enhance nurse wellbeing, and, consequently, quality of patient care.

Recommendations

1. Add Formal Psychological Support Services.

This should be formalised in hospitals with defined psychological support measures which includes professional counselling, stress management programmes for nurses. The services can provide an opportunity for emotional issues to be discussed and advice sought from a professional to manage work stress.

2. Decrease workload and staff shortages

The healthcare institutions must take into account supplementing the existing workforce and workload by employing more nurses. Keeping the right nurse to patient ratio may help prevent physical exhaustion and emotional tension and enable nurses to provide good care for patients.

3. Provide Training and Professional Development

Regular programs for training and professional development in the area of emotional intelligence, communication, stress management

and coping mechanisms should be introduced in hospitals. This is a time when nurses may be able to learn skills to cope with emotional labour in difficult clinical scenarios.

4. Support peer support networks

Hospital management should encourage the peer support groups in the different hospital departments. Providing nurses with an environment where they can express their emotions and experiences with other nurses can help alleviate emotional stress and enhance professional support.

REFERENCES

- Bae, G.-E., & Choi, M. (2025). Reconceptualizing emotional labor as affective governance: Gendered institutionalization and structural inequality. *Sociology Compass*, 19(12), e70145. <https://doi.org/10.1111/soc4.70145>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Edward, K.-L., Hercelinskyj, G., & Giandinoto, J.-A. (2017). Emotional labour in mental health nursing: An integrative systematic review. *International Journal of Mental Health Nursing*, 26(3), 215–225.
- Feng, H., Zhang, M., Li, X., Shen, Y., & Li, X. (2024). The level and outcomes of emotional labor in nurses: A scoping review. *Journal of Nursing Management*, 2024, 5317359. <https://doi.org/10.1155/2024/5317359>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Ha, D.-J., Park, J.-H., Jung, S.-E., & Lee, B. (2021). The experience of emotional labor and its related factors among nurses in general hospital settings in the Republic of Korea: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(21), 11634. <https://doi.org/10.3390/ijerph182111634>
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.
- Kaylor, S. K., Horton, A. G., Townsend, H., Rice, M. N., Trull, V., & Prevost, S. S. (2025). A critical discourse analysis of emotional labor, people-pleasing, and boundary-setting in nursing. *ANS. Advances in Nursing Science*. <https://doi.org/10.1097/ANS.0000000000000574>
- Kim, M.-N., et al. (2022). Emotional labor and burnout of public health nurses during the COVID-19 pandemic: Mediating effects of perceived health status and perceived organizational support. *International Journal of Environmental Research and Public Health*, 19(1), 549. <https://doi.org/10.3390/ijerph19010549> (DOI)
- Kumar, N., & Jin, Y. (2022). Impact of nurses' emotional labour on job stress and emotional exhaustion amid COVID-19: The role of instrumental support and coaching leadership as moderators. *Journal of Nursing Management*, 30(7), 2620–2632. <https://doi.org/10.1111/jonm.13818>

Safdar, C. A., & Qayyum, R. (2021). Moral injury, emotional labor and burnout: An unbearable burden for health professionals. *Pakistan Journal of Medical*

Sciences, 37(5), 1256-1258.
<https://doi.org/10.12669/pjms.37.5.4794>