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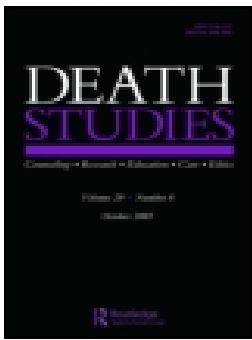
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Compassion fatigue, emotional labor, and emotional display among hospice nurses

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ABSTRACT

The purpose of this study was to investigate relationships between compassion fatigue, emotional labor, and emotional display among hospice nurses ($N = 90$; 94.4% women). The hospice nurses indicated the emotional labor they utilize is primarily suppressing both positive and negative affect. Compassion fatigue was positively associated with expressing negative emotions, faking negative emotions, negative display rule perceptions, and surface acting, and negatively associated with suppressing negative emotions. Interventions and policies that foster greater authenticity and support emotional regulation may help reduce compassion fatigue among hospice nurses.

The hospice model emphasizes the role of compassion in caring for dying people (Dutton, Workman, & Hardin, 2014). Over time, the emotional demands involved in providing end-of-life care may inhibit hospice nurses' ability to provide compassionate care (Byrne & McMurray, 1997; Mcnamara, Waddell, & Colvin, 1995). Compassion fatigue refers to the emotional and physical exhaustion caused by the long-term demands of caregiving (Keidel, 2002)—it is, simply put, the cost of caring (Figley, 1995). Hospice nurses and palliative care professionals have higher levels of compassion fatigue than their non-palliative care counterparts (Alkema, Linton, & Davies, 2008). Hospice nurses suffering from compassion fatigue may have fewer emotional resources and thus become indifferent to their job and less empathic to patient needs (Keidel, 2002). Compassion fatigue can affect patient care (Figley, 2002); therefore, greater understanding of compassion fatigue may foster interventions that can reduce compassion fatigue among hospice nurses. Previous research has examined the affective and emotional consequences of compassion fatigue (Abendroth & Flannery, 2006; Alkema et al., 2008; Barnett & Ruiz, 2018) but did not consider emotional labor or emotional display. The purpose of this study was to investigate relationships between compassion fatigue, emotional labor, and emotional display (i.e., display rule perceptions as well as deep and surface acting) among hospice nurses.

Emotional labor refers to the aspect of work that requires employees to control their personal emotions in order to achieve a desired result (Hochschild, 1983). Put differently, emotional labor is the act of managing emotion expression at a job (Kruml & Geddes, 2000). The relationship between compassion fatigue and emotional labor has been studied qualitatively (Huynh, Alderson, & Thompson, 2008) and quantitatively (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010) in nurses. In this quantitative study, we investigated the relationship between compassion fatigue and emotional labor among hospice nurses.

In order to provide passionate care to patients despite the emotions they are experiencing, hospice nurses must express some emotions, fake other emotions, and suppress some emotions (Glomb & Tews, 2004). Emotional labor may lead to emotional dissonance (i.e., conflict between experienced and expressed emotions; Morris & Feldman, 1997) and has been linked with compassion fatigue among nurses (Huynh et al., 2008; Maslach, 1982; Stayt, 2009; Yoon & Kim, 2013) and hospice nurses (Alkema et al., 2008; Whitebird, Asche, Thompson, Rossom, & Heinrich, 2013) in qualitative research. Much emotional labor research uses unidimensional measures, which simply tap into the frequency and duration of emotional labor strategies (Erickson & Ritter, 2001; Pugliesi, 1999) and the type of emotional display strategy

utilized (Brotheridge & Lee, 1998; Grandey, 2000; Totterdell & Holman, 2003). In this study, we evaluated multidimensional aspects of emotional labor (Glomb & Tews, 2004) including the emotional valence of the emotional labor (i.e., positive or negative emotions) as well as multiple dimensions of felt emotion (i.e., expressing, faking, and suppressing).

Emotional display refers to the way individuals express emotions (Diefendorff, Erickson, Grandey, & Dahling, 2011). In this study, we considered the following aspects related to emotional display: positive and negative display rule perceptions as well as deep and surface acting. Individuals engage in emotional labor based on display rule perceptions, which are inferences about appropriate emotional display depending on the environment (Gosserand & Diefendorff, 2005; Huynh et al., 2008). Display rules are often occupationally specific. For example, hospice nurses may perceive that they are supposed to display positive emotions (e.g., cheerfulness) in order to provide comfort or that they are supposed to display negative emotions (e.g., sadness) in order to convey concern to patients and their families.

Managing emotional display according to emotional display rule perceptions can occur through deep or surface acting (Totterdell & Holman, 2003). Deep acting involves managing internal emotions in attempts to feel the internal emotions others expect an individual to display, and surface acting involves managing outward displays of emotions (Totterdell & Holman, 2003). Surface acting can lead to feelings of inauthenticity (Ashforth & Tomiuk, 2000), dissatisfaction (Hochschild, 1983), and depersonalization (Brotheridge & Grandey, 2002). Experts believe that surface acting is the manifestation of emotional conflict (Brotheridge & Lee, 1998), which is linked with negative outcomes like compassion fatigue (Brotheridge & Grandey, 2002; Morris & Feldman, 1997). Previous research has found that, among college students working in jobs with high human interaction (i.e., healthcare, sales, childcare, etc.), deep acting had a stronger correlation with naturally felt emotions than surface acting (Diefendorff, Croyle, & Gosserand, 2005). In this study, we explored the relationships between compassion fatigue and display rule perceptions among hospice nurses.

Theoretical models of emotional labor and emotional display generally fall into two families: emotional dissonance models and emotion regulation models. Emotional dissonance models contend that occupational display rules sometimes require workers to exhibit emotional displays that are inconsistent with

their genuinely felt emotions (Abraham, 1998). The faking and suppressing of emotions result in emotional dissonance. Managing and controlling this emotional dissonance comes at a psychological cost, and thus emotional labor will generally be associated with negative outcomes (Andela, Truchot, & Van der Doef, 2016). In contrast, emotion regulation models contend that workers must know how to identify and control their emotions in accordance with occupational display rules, and thus greater control over emotions can be associated with both positive and negative outcomes (Brotheridge & Lee, 1998; Grandey, 2000). Thus, emotion regulation models allow for the notion that workers could have positive outcomes associated with suppressing and faking emotions because the goal is greater control over emotions and emotional display rather than accordance between genuinely felt emotions and emotional display. Research has found support for both models, with increased emotional dissonance positively correlated to emotional exhaustion and burnout (Andela et al., 2016) and emotion regulation negatively correlated to burnout and compassion fatigue (Brotheridge & Lee, 1998; Grandey, 2000).

We conceptualized the relationships between compassion fatigue, emotional labor, and emotional display from the perspective of emotional dissonance theory. That is, we expected that greater congruence between genuinely felt emotions and emotional display would incur lower psychological costs, thereby reducing compassion fatigue. Thus, we hypothesized that lower compassion fatigue would be associated with expressing genuinely felt emotions and less faking and suppressing of emotions. Next, we hypothesized that compassion fatigue would be associated with positive and negative display rule perceptions. The sense that one must display certain emotions may create emotional dissonance (Andela et al., 2016). For both emotional labor and display rule perceptions, we did not offer specific hypotheses regarding the role of the valence (i.e., positive or negative) of emotions due to a lack of previous research; however, we included this as an exploratory component of the study. Finally, we hypothesized that lower compassion fatigue would be associated with deep acting and that higher compassion fatigue would be associated with surface acting.

Method

Participants

Participants consisted of 90 hospice nurses (85, 94% women) aged 22–70 ($M = 43.00$, $SD = 12.11$) in the

southern United States. The majority of participants identified as White/Caucasian (58, 64.4%); others were Black/African American (12, 13.3%), Asian (12, 13.3%), Hispanic (6, 6.7%), or other (2, 2.2%). Most were married (62, 68.9%), but 15 were single but in a relationship (16.7%), and the others single, widowed, or divorced. A majority of participants (47, 52.2%) had a bachelor's degree, others had a master's degree (7, 7.8%), an associate's degree (33, 36.7%), or a high school diploma or equivalent (3, 3.3%).

Procedure

We obtained approval from the university's committee for the protection of human subjects and then recruited hospice nurses at two hospice-nursing conventions and during staff meetings at multiple hospice agencies/companies. Participants who were interested in participating provided their email address, and we sent them a link where they could complete the survey online. We obtained informed consent from all participants. In order to encourage self-disclosure, the survey instructions emphasized confidentiality and requested no identifying information. Hospice nurses who completed the survey had the opportunity to provide an email address to enter into a raffle for gift cards.

Measures

The Compassion Fatigue – Short Scale (CF-SS; Adams, Boscarino, & Figley, 2006) is a 13-item measure of compassion fatigue (e.g., “I have felt trapped by my work”). Participants respond to each item using a 10-point visual analog scale (1 = rarely/never to 10 = very often). Previous research has found adequate internal consistency ($\alpha = .90$; Adams et al., 2006). In this study, we averaged all items to form an overall compassion fatigue score, in which a higher score indicates a higher level of compassion fatigue and found high internal consistency (Cronbach's $\alpha = .85$).

The Discrete Emotions Emotional Labor Scale (DEELS; Glomb & Tews, 2004) is a self-report measure of emotional labor. Participants first rate how often they genuinely express 14 emotions (4 positive: contentment, happiness, liking, enthusiasm; and 10 negative: irritation, anxiety, sadness, concern, disliking, aggravation, fear, distress, hate, anger) on a 5-point scale (1 = never, 2 = a few times a month, 3 = a few times a week, 4 = a few times a day, 5 = many times a day). Next, they rate the same list according to how often they faked the emotion. Finally, they

rate the same list according to how often they suppressed the emotion. Thus, there are six subscales: Genuine Positive Emotion, Genuine Negative Emotion, Faking Positive Emotion, Faking Negative Emotion, Suppressing Positive Emotion, and Suppressing Negative Emotion. With the items of each subscale averaged, higher scores indicate a higher frequency. Among graduate students and employees in workplace settings which involve interaction with people, the subscales were internally consistent ($\alpha = .80, .86, .87, .88, .82, \text{ and } .94$ for Genuine Positive, Genuine Negative, Faking Positive, Faking Negative, Suppressing Positive, and Suppressing Negative emotions, respectively; Glomb & Tews, 2004). We found high internal consistency for each subscale ($\alpha = .84, .91, .91, .95, .74, \text{ and } .90$, for Genuine Positive, Genuine Negative, Faking Positive, Faking Negative, Suppressing Positive, and Suppressing Negative, respectively).

The Positive and Negative Display Rule Perceptions Scale (DRP; Diefendorff et al., 2005) is a 7-item, self-report measure of an individual's perception of emotional display rules. The original DRP study consisted of individuals in jobs considered people work (i.e., healthcare, childcare, service, clerical, sales; Diefendorff et al., 2005). Similar to others (Austin, Dore, & O'Donovan, 2008) who adapted this scale by changing *customers* to *others*, we changed *customers* to *patients*. The DRP consists of two subscales with 4 items measuring positive display rule perceptions (e.g., *Part of my job is to make the patient feel good*); and 3 items measuring negative display rule perceptions (e.g., *I am expected to suppress my bad moods or negative reactions to patient*). Among university students with jobs involving working with people, researchers found sufficient internal consistency for both subscales (positive display rule perceptions $\alpha = .62$, and negative display rule perception = $.67$; Austin et al., 2008). Participants responded on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). With items averaged, higher scores indicate a higher level of that type of display rule perceptions. In this study, Cronbach's α for positive display rule perceptions was $.65$ and negative display rule perceptions was $.86$.

The Deep Acting Scale and Surface Acting Scale (DAS & SAS; Brotheridge & Lee, 2003) is 11 statements of how individuals display their emotions: 4 statements about internal emotional regulation (e.g., *I work hard to feel the emotions that I need to show to patients*), and 7 statements about external emotional regulation (e.g., *I fake a good mood when interacting*

with patient). We changed *customers* to *patients*. Participants respond on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). With items averaged, a higher score indicated higher levels of emotional acting. Among registered nurses, internal consistency was high for each scale ($\alpha = .82$ and $.91$ for DAS and SAS, respectively; Diefendorff et al., 2011). In this study, we found high internal consistency: DAS $\alpha = .85$ and SAS $\alpha = .94$.

Results

Bivariate correlations between and descriptive statistics for all variables of interest are displayed in Table 1. Hospice nurses had relatively low levels of compassion fatigue ($M = 2.82$, $SD = 1.08$). In terms of emotional labor, these hospice nurses reported that they expressed genuine positive emotions a few times a day ($M = 3.63$, $SD = .87$), expressed genuine negative emotions a few times a month ($M = 2.11$, $SD = .60$), faked positive emotions a few times a month ($M = 2.04$, $SD = 1.05$), faked negative emotions almost never ($M = 1.30$, $SD = .55$), suppressed positive emotions many times a day ($M = 4.68$, $SD = .63$), and suppressed negative emotions a few times a day ($M = 3.95$, $SD = .83$).

The hospice nurses reported moderately high levels of positive display rule perceptions ($M = 4.23$, $SD = .52$) and negative display rule perceptions somewhat above the midpoint ($M = 3.50$, $SD = .93$). They were neutral regarding the use of deep acting ($M = 3.02$, $SD = .88$) and reported using lower levels of surface acting ($M = 2.20$, $SD = .82$).

Compassion fatigue was positively associated with expression of genuine negative emotions ($r = .37$, $p < .001$), faking negative emotions ($r = .30$, $p = .003$), negative display rule perceptions ($r = .27$, $p = .010$), and surface acting ($r = .29$, $p = .005$). Compassion fatigue was negatively associated with suppression of negative emotions ($r = -.30$, $p = .004$).

Discussion

These hospice nurses indicated relatively low levels of compassion fatigue. This is consistent with previous research showing that hospice nurses have low levels of compassion fatigue (Melvin, 2012) but stands in contrast to other studies in which hospice nurses reported higher levels of compassion fatigue (Abendroth & Flannery, 2006; Alkema et al., 2008). These hospice nurses indicated that, in terms of emotional labor, they frequently express genuinely-felt

Table 1. Bivariate correlations and descriptive statistics for all variables of interest ($N = 90$).

Variables	Compassion fatigue	Genuine positive	Genuine negative	Faking positive	Faking negative	Suppressed positive	Suppressed negative	Positive DRP	Negative DRP	Deep acting	Surface acting
Compassion fatigue	—										
Genuine Pos		.07	.38***	.19	.31**	-.06	-.30**	-.01	.27**	.15	.29**
Genuine Neg		—	.21*	.26*	-.01	.16	.09	.05	.10	.14	-.03
Faking Pos			—	.29**	.41***	-.08	-.43***	.10	.11	.15	.20
Faking Neg				—	.51***	-.27**	-.24*	.17	.13	.21*	.29**
Supp Pos					—	-.16	-.28**	.15	.10	.07	.22*
Supp Neg						—	.13	-.08	-.05	.07	-.10
Positive DRP							—	-.27*	-.12	-.09	-.18
Negative DRP								—	.29**	.19	-.05
Deep acting									—	.28**	.25*
Surface acting										—	.38***
Possible range	1–10	1–5	1–5	1–5	1–5	1–5	1–5	1–5	1–5	1–5	1–5
<i>M</i>	2.82	3.63	2.11	2.04	1.30	4.68	3.95	4.23	3.50	3.02	2.20
<i>SD</i>	1.08	.87	.60	1.05	.55	.63	.83	.52	.93	.88	.82

* $p < .05$, ** $p < .01$, *** $p < .001$.

emotions and infrequently express genuinely felt negative emotions. They also indicated they infrequently faked positive emotions, and least of all faked negative emotions. They most frequently suppressed positive emotions, followed by suppressing negative emotions. This suggests that hospice nurses' emotional labor may primarily consist of suppressing emotions, both positive and negative. The level of positive display rule perceptions was slightly higher than negative display rule perceptions. The hospice nurses indicated that they used more deep acting than surface acting, suggesting that most of them attempt to bring their internal emotions in line with their emotional displays.

We conceptualized the relationships between compassion fatigue, emotional labor, and emotional display from the perspective of emotional dissonance theory. That is, we expected that greater congruence between genuinely felt emotions and emotional display would incur lower psychological costs, thereby reducing compassion fatigue. Results did not support this hypothesis: compassion fatigue was not associated with expressing genuine positive emotions but was associated with expressing genuine negative emotions. The result that hospice nurses had greater compassion fatigue when they expressed more genuinely-felt negative emotions may speak to the presence of higher levels of negative affect—that is, hospice nurses may have higher negative affect, genuinely express their negative feelings, and thereby have higher compassion fatigue. This is supported by literature finding links between negative affect and compassion fatigue (Barnett & Ruiz, 2018; Drury, Craigie, Francis, Aoun, & Hegney, 2014; Hegney et al., 2014). Future studies could investigate whether negative affect mediates the relationship between expressing genuine negative emotions and compassion fatigue among hospice nurses.

Present results partially supported our hypothesis that compassion fatigue would be associated with greater faking of emotions. Compassion fatigue was not associated with faking positive emotions but was associated with faking negative emotions. This finding suggests that hospice nurses who pretend to be feeling more negative emotions than they are experiencing may have higher levels of compassion fatigue. The need to be somber in order to bring emotional displays into accordance with occupational display rules (Gosserand & Diefendorff, 2005) is emotionally demanding of hospice nurses. This finding may represent a novel implication of this study. People often think that hospice nurses must have difficulty dealing with the difficult situations they encounter (and there

is much evidence of this; Abendroth & Flannery, 2006; Barnett & Ruiz, 2018), but little extant research has found that hospice nurses' need to fake that they are feeling more negative emotions than they actually are experiencing may have negative consequences. At a theoretical level, this finding is consistent with an emotional dissonance theory of emotional labor: greater faking of negative emotions creates emotional dissonance, thereby increasing compassion fatigue.

Present results partially supported our hypothesis that compassion fatigue would be associated with greater suppression of emotions. Compassion fatigue was not associated with suppressing positive emotions, but compassion fatigue was negatively associated with suppressing negative emotions. This finding is consistent with an emotion regulation perspective of compassion fatigue because lower compassion fatigue was associated with greater control of negative emotions (Brotheridge & Lee, 1998; Grandey, 2000; Way and Tracy, 2012).

Present results partially supported our hypothesis that compassion fatigue would be associated with display rule perceptions. Compassion fatigue was not associated with positive display rule perceptions, but was associated with negative display rule perceptions. This finding suggests that hospice nurses may be at greater risk of compassion fatigue when they feel they should not display their negative emotions. This is consistent with previous literature (Andela & Truchot, 2017; Kenworthy, Fay, Frame, & Petree, 2014) and emotional dissonance theory (Andela et al., 2016). The result that compassion fatigue was positively associated with negative display rule perceptions but negatively associated with suppressing negative emotions has interesting implications. This suggests that compassion fatigue may stem from the perception that one must not display negative emotions, yet the ability to suppress those negative emotions may actually buffer against compassion fatigue.

Unexpectedly, compassion fatigue was not associated with deep acting; but, as expected, compassion fatigue was positively associated with surface acting. Surface acting is associated with more inauthentic emotional experiences, likely creating greater emotional dissonance and thereby leading to greater compassion fatigue (Brotheridge & Grandey, 2002; Morris & Feldman, 1997). Surface acting is bad for hospice nurses.

Overall, the present results provide some support for both emotional dissonance models and emotional regulation models. The link between compassion fatigue, faking negative emotions, and surface acting

support emotional dissonance models. Incongruence between experienced emotions and outward emotional displays are risk factors for compassion fatigue. In contrast, the finding that lower compassion fatigue was associated with suppressing negative emotions supports emotion regulation models. Hospice nurses with greater control over their emotional displays are at reduced risk of compassion fatigue. Overall, at a theoretical level, the results of this study suggest that both emotional dissonance and emotion regulation may play a key role in compassion fatigue, representing a need for both authenticity and control.

This study was limited in several ways. The cross-sectional design of the study limits conclusions about causality and directionality. The sample, although important, was small, and geographically restricted, limiting the generalizability of the findings. Finally, the self-report nature of the measures means that responses were subject to bias and socially desirable responding.

Despite these limitations, this study has implications for clinical practice. Given the pervasive use of emotional labor in caregiving professions (Glomb & Tews, 2004; Huynh et al., 2008), greater understanding of ways to mitigate its deleterious effects is important. Overall, the results of this study provide some evidence that interventions seeking to reduce compassion fatigue among hospice nurses may be most effective if they target both emotional dissonance and emotion regulation. Regarding emotional dissonance, hospice nurses may require space in their work where they do not have to fake negative emotions. Fostering greater authenticity, particularly between staff members outside of the demands of patient care, may reduce compassion fatigue. Regarding emotion regulation, hospice nurses need tools to be able to reduce negative affect and suppress their negative feelings. These may include ample breaks, social activities with coworkers, relaxation exercises, and self-care as well as learning cognitive strategies such as emotion regulation, meditation, and cognitive reappraisal. These improvements have the capability to reduce compassion fatigue and thereby potentially increase productivity, decrease stress, and lower turnover of hospice nurses.

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