Emotional Labor: How It Can Affect Pharmacy Practice

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“Can I Help You?”

How many of us have said these words at some time in our lives? The American economy is fast becoming almost 75% service-oriented businesses, so the majority of us have had to meet a customer and try to make them feel welcome and important. But, as you know, there are times when you would rather say something like, “I’m busy — please go away,” or “What you do want?”, or even just a quick grunt of acknowledgment. So, we have to fake it — pretend like we are happy to see the customer and willing to help them no matter what, when in reality that is the last thing we want to do, for whatever reason. This article focuses on the effects of such faking on the way in which we do our jobs.

Emotional labor involves the activity of expressing emotions in a socially and organizationally desired manner during service-related interactions. Every organization has rules for how its employees should interface not only with the public, but with one another. Those rules are important because they can signal a competitive advantage in a marketplace where the most unique quality of the organization (service) is not a tangible, concrete deliverable. Despite this necessity, it can be exhausting to live up to those rules and display the emotional behaviors that they require.

Pharmacy has no shortage of these rules for emotional display. Consider, for example, an independent community pharmacy. This organization cannot compete on a merchandising basis with the larger chain pharmacies, so they have to gain and keep customers through their use of “service.” Emotional displays play a big part in that service. The rules likely include: always be happy to see the customer, always be gracious when problems arise, always keep a lid on anger and frustration, etc. One independent pharmacy
in Texas that I have interviewed in the past continues to thrive despite the recent influx of chain stores primarily because of their dedication to presenting a friendly, top-notch service image to the populace. On another front, the hospital pharmacist also has to maintain emotional rules. The difference, of course, is that the “customer” is a doctor or nurse, usually, but nevertheless the emotional display rules still exist. So, if we accept that emotional labor is not removable from pharmacy life, then it is in the best interests of pharmacists to understand how this labor can affect their performance at work, their attitudes about work and ultimately, the safety of patients.

**Kinds of Emotional Labor**

When the moment comes to engage in emotional labor and display emotions that you may not necessarily feel, one need not use the same strategy for doing so. Researchers suggest that there are two main categories of emotional labor. First, an individual can engage in **surface acting**. When we engage in surface acting, we are stimulating emotions that are not actually felt. For instance, when we smile and greet the customer with a hearty “good morning” even though we feel like saying nothing and scowling at them, we are involved in surface acting. Surface acting requires less effort to maintain, but is also more transparent and can be detected by some customers easily. The second mode of emotional labor is **deep acting**. When we engage in deep acting, we make a conscious effort to actually feel the emotion that is required. Deep acting, using our example above, would require the technician to not only smile and say “good morning,” but to actually try and feel the emotions that would result if they really wanted to smile and say “good morning.” For you actors in the crowd, this is similar to what method actors attempt to do — get into the head of the person they are playing and try to feel what they felt. Deep acting requires considerably more effort, but when done well, appears much more genuine.

So which should we use? There is no obvious answer to this question, but one recommendation would be to consider the situation. Most customers already know you are not genuinely happy to see them all the time — the display of emotion is surface-based and the pretense of trying to be cheerful is often enough. However, when the customer is likely expecting some genuine emotion to be felt (like a patient who needs straight-forward
information about their condition), deep acting is usually the better choice. The medical professional is faced with a sort of conundrum. Every patient feels that the doctor, pharmacist, etc., should care about their case like they do, but that would require far too much investment and effort. So many times, it has to be “faked.”

A final question would be: which one is most potentially damaging over the long term? It is generally accepted that deep acting is more damaging because it requires more effort and can lead to exhaustion more quickly. However, both modes can be a problem if they are used frequently, since this could lead to an individual becoming unaware of what they are actually feeling and what they have convinced themselves to feel.

Regulating our Emotions

When the first author began to work with pharmacies on the issues of errors and such, one of the district managers with whom we were working told us that he expected his employees to “leave their worries at the door” when they stepped behind the bench to work. Even if that were possible, the literature makes it clear that new worries and other emotional drains will make themselves evident in the workplace. In order to carefully regulate the emotions that work inevitably triggers, we first must admit that work cannot be devoid of emotional response and the stress it can create.

As we mature as people, we learn the ability to “self-regulate,” or to consciously control our behavior as we work toward some ultimate goal, with or without reward. For example, as children we learn what “delayed gratification” is, and as adults we can become quite proficient at it. In the same way, the core mechanism underlying emotional labor is best conceptualized as a regulatory mechanism which can affect emotional display in one of two ways.

First, emotion regulation can occur by consciously changing the particular circumstance (or one’s perception of it) in order to trigger a different set of emotional responses. This kind of regulation is intended to make it easier to feel appropriate emotions by merely “seeing things differently.” When we break this kind of regulation down, we can see that it can be done in two primary ways. One method is to engage in thinking about events (related or unrelated) that elicit the sorts of emotions that are required at the
moment. This is similar to the “deep acting” or “method acting” that we discussed earlier. So, for example, you might try to think about sad or distressing events to trigger empathetic emotions when counseling a patient who has just found out he has AIDS, or you might want to think of calm, serene events when confronting the angry customer in order to stay in control. A second approach would be to cognitively “reframe” the situation so that the correct emotions are brought to the surface. Stewards on planes report that they do this frequently, so that they see the belligerent passenger as a child rather than an obnoxious adult. Since we are more forgiving and understanding of children as a rule, this reframing should bring up more nurturing and patient emotions, which are expected by the role of steward.

The second point at which one can regulate emotion is by affecting the emotional response itself. This has been called “response modulation” in the emotion literature. This is similar to the idea of “surface acting” that we discussed earlier; the individual feels the inappropriate emotions but is capable of altering the display of that emotion into something more beneficial and in line with expectations. This might entail being accepting and understanding toward someone who is personally distasteful to you, or suppressing personal worries in order to be polite and helpful to customers.

As you might imagine, this regulatory mechanism requires resources (a sort of “cognitive fuel”) to function. Because our individual supply of these resources is limited, when we are actively involved in emotion regulation we are by some measure not involved in being vigilant about patient safety. This means that some errors in the pharmacy can likely be attributed to the indirect influence of emotion regulation — stated more simply, that customer that really angered you an hour ago may still be affecting your ability to be vigilant about patient safety. Pharmacy would do well to train pharmacy students and current employees on how to accomplish emotion regulation.

**Consequences of Emotional Labor**

Several authors have written on the expected and observed consequences of emotional labor. The consequences of emotional labor can be roughly categorized into those that affect the actor (i.e., the health of the pharmacist) and those that affect the health
of the organization (i.e., absenteeism, job satisfaction). In this section, we will focus on both categories of consequences before turning attention to how emotional labor might affect patient safety.

First, emotional labor can negatively impact pharmacy staff. Studies have shown that emotional labor, especially when surface acting is the dominant strategy, is associated with increases in a number of problematic outcomes. For instance, jobs that require considerable surface acting tend to elevate perceived stress. The explanation is that the emotion work is taking valuable resources from the individual and leaving them more vulnerable to the effects of other stressors in the environment. Over time, studies have shown that stressors can lead to cardiovascular disease and other health problems. Though there have been no experimental studies, the correlational research suggests that emotional labor can indirectly contribute to decreases in overall health among service personnel. Surface acting has also been associated with lower job satisfaction, which further exacerbates the problem. Not only will these pharmacists and technicians experience more stress and run more risk of physical illness, they are also more likely to experience the emotional exhaustion of burnout and more likely to leave the field based on a declining sense of job satisfaction.

It is a good thing, in light of this research, that the pharmacist role is changing from “pill dispenser” to “clinician.” As a pill dispenser, the job demanded a considerable amount of surface acting, since the pharmacist was not in the position of really communicating with customers beyond the cordialities necessary to make them feel welcome. By functioning as a clinician, the pharmacist can more deeply interact with patients, learning about their particular issues and helping them manage their conditions. The clinician role may still require surface acting from time to time, but its frequency lessens and provides an opportunity for more genuine emotions to be felt and expressed.

Second, emotional labor can have impacts on the organization as a whole. Several studies in the pharmacy literature suggest that burnout can be an important predictor of problems at the organizational level, such as turnover and pharmacist shortages. It is not hard to connect the dots from here, considering that the main component of burnout is emotional exhaustion and emotional labor can contribute to emotional exhaustion. One
study in particular showed that the effects of emotional labor on burnout may be exacerbated by certain environmental demands, such as time pressure and the need for long-term concentration. Thus, it is not uncommon for pharmacists and technicians to fill the impact of emotional labor.

Turnover and absenteeism can affect patient safety in a number of ways. First, turnover places a lot of stress on those who remain, as the empty role must be absorbed until someone is hired to fill it. This means higher workload and more pressure to perform more duties. Additionally, the new person that fills the role must be given time to learn the new system in the store and is likely to make more errors in the short-term. Thus, store veterans must be more vigilant for these errors during the “breaking in” period. Further, assimilating a new individual into the facility requires in itself emotional labor, since new relationships must be forged and this process takes time as both parties learn to trust one another. During the trust-building period, it is common to depend on surface acting to convey expressions of respect, liking and reciprocity, even where none may exist. For these reasons, turnover has a dynamic effect on the emotional labor that may have triggered it in the first place, and patient safety can easily get caught in the crossfire.

**What Can Be Done?**

To conclude our discussion, we want to provide some helpful ideas for managing the reality of emotional labor in pharmacy, since it is not possible to avoid it entirely.

1. *Whenever possible, rely more on deep acting rather than surface acting.* The studies we have cited in this article are fairly consistent in claiming that surface acting, or modifying the expression of felt emotions, is more difficult to sustain and more damaging in the long term. The pharmacist and/or technician must realize that she is playing a service role, and as such, also realize that certain emotions are likely to be required at some point while she is at work. Before that first patient interaction, spend a few moments imagining what some of these people might be feeling. Maybe they are in a hurry and the pharmacy is an annoying task they must complete. Maybe they are worried about the disease that brings them to see you. Maybe they are focused on making sure that they get the right medication because they recently had to deal with an adverse event. The more experience
you have in pharmacy, the more you know what kinds of emotions patients are likely to express in interactions with you. When you lose touch with why these emotions are being triggered, you are left with surface acting, which is more problematic for both parties.

(2) **Away from work, try to express emotions honestly.** Many employees are unable to maintain emotional labor at work because they have been engaged in it at home or in other places. This is tantamount to lifting a lot of heavy things at home, and then expecting to go immediately to the gym and be able to lift weights like you were fresh and well-rested. Make sure that emotional labor is minimized at home, church, etc., as much as possible, so that you have as many emotional resources as possible when you go to work, where you know you will have to use them.

(3) **Institute “emotion breaks” at work.** When employees feel themselves slipping into surface acting more and more, institute a short break where that employee can separate from the patient interface and rebuild emotional resources. For instance, say a technician has been annoyed by several patients in a row and notices that they are surface acting almost exclusively. Have that technician take an “emotion break” and ask herself some important questions:

*Are those patients annoying because of something in them or something in me?*

*Could I have been behaving in ways that annoyed them?*

*Can I understand why they might have acted the way they did?*

*Did I take the time to find out?*

*How did I expect them to act?*

These questions can help revitalize your emotional resources and help to put you in the mind of the patient, making it easier to use deep acting or maybe even genuine emotional expression with future patients. The general rule here is that emotional exhaustion is the same as physical exhaustion in that they both require rest periods.

Some of these ideas might require cultural change in your organization. Many Americans have been taught (explicitly or implicitly) to de-emphasize emotions as irrational sources of information and somewhat superfluous to most life situations. The evidence does not agree with this assertion, but because it can be a cultural rule in some
situations, attempts to value and emphasize the emotional side of work may be resisted at first. Encourage education among your employees on the nature and importance of emotional work on the job, and slowly build a new cultural value around this education.