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Original Article

The Emotional Labor Model of Nurses in the Department of Treatment of Shahrekord: A Qualitative Study

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Abstract

Background and aims: This study aimed to design an emotional labor model for nurses within the Department of Treatment of Shahrekord.

Methods: A descriptive phenomenology approach based on Colaizzi's method was employed. The participants were nurses from the Department of Treatment of Shahrekord, selected through purposeful sampling until theoretical saturation was achieved, resulting in 14 participants. Data were collected through semi-structured interviews with nurses regarding their lived experiences of emotional labor and were analyzed using Colaizzi's phenomenological method. The validity and reliability of the data were confirmed through Lincoln and Guba's four criteria: credibility, confirmability, dependability, and transferability.

Results: Data analysis resulted in the identification of concepts within two main dimensions: intrinsic factors of nurses' emotional labor (62 initial themes, 12 sub-themes, 4 main themes) and the interactional factors of nurses' emotional labor (73 initial themes, 13 sub-themes, 4 main themes).

Conclusion: The findings indicated that nurses' emotional labor is influenced not only by their personal and intrinsic characteristics but also significantly by the quality of interpersonal interactions and emotional expression in patient communication. The proposed model, based on these two categories of factors, provides a practical framework for healthcare managers and policymakers to enhance nursing service quality and improve nurses' work experiences.

Keywords: Emotional labor of nurses, Empathy, Resilience, Service orientation, Patient relationship

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Introduction

In today's healthcare system, nurses serve as the backbone of health services and play a vital role in delivering comprehensive patient care in clinical environments. Nurses are on the front lines of patient interaction and undertake complex responsibilities, including providing physical care, offering psychological support, and facilitating effective communication between patients, their families, and the healthcare teams. Evidence suggests that the quality of the nurse-patient relationship has a direct impact on treatment outcomes, patient satisfaction, and even the length of hospital stays (1). Consequently, nurses are frequently required to regulate their own emotions as well as those of others, ranging from supporting anxious patients to calming distressed relatives. This process is referred to in the social sciences and health services management literature as "emotional labor."

The concept of "emotional labor" refers to the process of regulating and managing emotions to display appropriate emotions within the workplace (2). In healthcare settings, this regulation facilitates the management of nurses' emotions and those of patients, thereby fostering calmness, trust, and quality of care (3).

As one of the least visible yet essential dimensions of service-oriented professions, emotional labor is particularly significant in nursing, playing a crucial role in the quality of therapeutic interactions. Nurses in clinical environments constantly encounter complex emotional situations, ranging from accompanying patients through difficult treatments to managing family members' anxieties and even addressing interpersonal conflicts within healthcare teams. These circumstances often require nurses to display appropriate emotions regardless of their personal psychological state (4). Studies conducted in this area highlight the substantial emotional demands placed on nurses. Yildiz and Dinc reported that approximately 53% of nurses experienced empathetic emotions such as compassion, sadness, empathy, and mourning in their professional roles (5). Furthermore,

a systematic review by Galanis et al reported a 34% prevalence of emotional exhaustion among nurses during the coronavirus disease 2019 (COVID-19) pandemic (6). Additionally, research by Back et al indicated a positive correlation between nurses' emotional labor, burnout, and their intention to leave the profession (7). Emotional labor can have negative impacts on nurses and healthcare organizations, leading to impaired physical and mental health of nurses (8), decreased work engagement (9), and increased burnout (10), which in turn affects the quality of patient care (11). Moreover, Woodward and Willgerodt noted that nursing shortages and high turnover rates are major challenges in global healthcare systems (12).

Hospital nurses face significant psychological and physical stressors, including continuous performance evaluations by colleagues, physicians, and patients, frequent and direct encounters with death, suffering, and injuries, long working hours, limited time off, limited opportunities for rest and social interactions with friends and acquaintances, insufficient social support, and rising public expectations. These factors make it challenging for them to manage their emotions and may negatively affect their emotional well-being (13).

Furthermore, the absence of explicit criteria related to emotional expression and management in nurses' selection and recruitment processes, training programs, reward systems, and performance evaluation indicates that emotional labor has not been adequately addressed within the fundamental human resource management practices of the country's healthcare and treatment service networks, particularly in hospitals. Additional challenges include the lack of standardized criteria for assessing emotional labor, reliance on outdated evaluation systems that focus solely on quantitative indicators, and the lack of supportive programs for promoting nurses' mental health (14).

Therefore, in a context where health systems are facing increasing challenges, identifying emotional labor models and designing appropriate mechanisms to recognize and manage this invisible yet vital aspect of nursing work has become essential (15). In light of the issues outlined above and given the importance of addressing nurses' emotional labor, particularly considering the lack of relevant and comprehensive research in this field, the present study sought to address the following research question: What is the emotional labor model of nurses working in the Department of Treatment of Shahrekord?

Regarding the theoretical foundations of the study, it should be noted that the systematic study of emotions and the concept of emotional labor emerged in organizational studies in the mid-1990s and garnered considerable scholarly attention (16). The evaluation framework proposed by Lincoln and Guba was utilized to assess the research, based on four criteria: credibility, confirmability, dependability, and transferability (17). Generally, emotions are forces that influence organizational behavior, work performance, and managerial processes, particularly in challenging work conditions (18). HÖKKÄ et al define emotion regulation as "the processes through which individuals control their feelings, the timing of these feelings, and how they experience and express them" (18).

According to the literature, emotional labor refers to how emotions are displayed and regulated to enable individuals to perform their roles effectively and achieve organizational objectives (19). It encompasses the management of emotions in the workplace, the expression of appropriate emotions, or the regulation of inappropriate ones. Thus, emotional labor occurs in situations where employees, particularly those in customer-facing service professions, such as nursing, are required to express emotions that may differ from their genuine feelings. This process involves deliberate planning and control to express emotions desired by the organization during interpersonal interactions (20). Gu et al assert that nurses' emotional labor involves managing their emotions to display those expected by the organization. This skill is a fundamental and crucial component of the nursing profession, which nurses must adhere to when interacting with patients (21).

Zhang et al conducted a quantitative study using a comprehensive bibliometric analysis (22), revealing that emotional labor significantly impacts both nurses' well-being and patient care outcomes. Their findings underscore the importance of effective management and training in enhancing nursing staff performance and the quality of patient care. Similarly, the research by GÜNDÜZ et al, which employed a cross-sectional quantitative design, demonstrated that organizational barriers positively influence both surface acting and deep acting (23). Furthermore, it was found that these two forms of emotional labor have distinct effects on job satisfaction, with surface acting mediating the relationship between organizational barriers and decreased job satisfaction.

Moreover, the study by Chu et al, using a two-phase survey design with convenience sampling, indicated that compassion fatigue positively predicted surface acting while negatively predicting deep acting and the expression of genuine emotions (24). Additionally, self-compassion negatively moderated the relationship between compassion fatigue and surface acting while positively moderating the relationship between compassion fatigue and the expression of genuine emotions. Using a qualitative phenomenological approach, Saleh et al identified three main dimensions of emotional labor among oncology nurses: individual effects, organizational consequences, and nurse–patient relationships (25). Their findings indicated the vital role of emotional labor in improving healthcare quality, patient satisfaction, and relationships between nurses, patients, and their families, thereby leading to more effective therapeutic processes. Furthermore, the quantitative correlational study by Yousefizadeh et al showed that nurses' ethical reasoning was not related to their emotional labor; however,

increased clinical reasoning and greater exposure to ethically challenging situations significantly influenced nurses' emotional management in the workplace (26).

Materials and Methods

This qualitative study aimed to develop a model of emotional labor of nurses using a phenomenological approach and utilized the Colaizzi data analysis method. The study population consisted of all nurses working in the Department of Treatment of Shahrekord, with at least five years of work experience. Purposive sampling was employed, with inclusion criteria requiring participants to be fully willing to participate and have over five years of experience. Nurses who met the research entry criteria and expressed their readiness to participate after receiving necessary explanations regarding the study objectives were included in the study.

The researcher sought to select participants of various ages, genders, cultural backgrounds, and educational levels working in different departments of the organization to ensure maximum diversity in the sample. Prior to data collection, written informed consent was obtained from participants for audio recording, with assurances regarding confidentiality and protection of personal information.

Data were collected through semi-structured interviews, a widely used method in qualitative research. After conducting 11 interviews, the data began to show repetition. To ensure saturation, a total of 14 participants were interviewed. Saturation refers to the point at which no additional data can be found that would allow the researcher to develop the characteristics of the category under study. At this stage, the researcher repeatedly observes the same patterns and experiences, empirically ensuring that a category is saturated. The interview questions were open-ended, and due to the flexibility of this method, subsequent questions were posed based on participants' responses to obtain a deeper understanding of nurses' experiences with emotional labor. Examples of interview questions included:

- Do you have any specific experiences related to emotional labor (emotional pressure or emotional involvement) with patients you have dealt with at your workplace?
- What signs or symptoms of emotional labor have you noticed in yourself, and in what situations do they occur?
- Can you describe an experience in which you felt empathy for a patient?
- What strategies do you use to maintain resilience under difficult or stressful conditions?
- What factors sustain interest and motivation in the nursing profession?
- How do you define patient-centered care, and how have you demonstrated it in your practice?
- Can you share an experience where mutual respect or human interaction with a patient or their family was significant?
- How do your relationships with patients develop, and what factors make this relationship positive or effective?
- How do you express your emotions while caring for patients, and what impact does this have on your work experience?

Interview Procedure and Data Analysis

Interviews lasted 30 to 45 minutes each and were audio-recorded with the participants' permission. Following data saturation, the audio files and content of the interviews were immediately transcribed. Data were analyzed using Colaizzi's seven-step method:

1. Reviewing all data: The recorded data were read multiple times to understand the overall content.
2. Extracting significant statements: Phrases, sentences, or paragraphs relevant to the research questions were highlighted and stored in separate files.
3. Formulating meanings: A brief description of the underlying meaning of each highlighted sentence was provided to form sub-components.
4. Categorizing formulated meanings and shaping themes: Sub-components obtained in the previous step were organized into different categories as components.
5. Creating a brief narrative description: The key concepts of the data were summarized.
6. Validating findings with participants: Preliminary results were shared with some participants to obtain feedback and confirm accuracy.
7. Establishing traceability: Daily research activities were documented in written reports, and the researcher's experiences while interacting with the interviewees were recorded.

For the evaluation of the research, Lincoln and Guba's criteria were employed, which are based on four dimensions: credibility, confirmability, dependability, and transferability (17). Credibility refers to the deliberate effort to ensure the accurate interpretation of the meaning of the data. To this end, the interview transcripts and extracted codes were presented to participants as well as to members of the research team to obtain their feedback regarding the validity of the findings, and any discrepancies were identified and addressed. Confirmability indicates the extent to which the data are linked to their sources and whether the results and interpretations emerge from those sources. This criterion ensures that the research findings are not solely derived from the researcher's hypotheses or preconceptions. Accordingly, a comprehensive description of the research process, including data collection, analysis, and theme development, was provided. Additionally, the process was shared with several research colleagues to validate the conduct of the study.

Transferability refers to the extent to which the study's findings can be applied or utilized in other groups or

settings. Utilizing diverse perspectives and experiences from various participants regarding the research topic—consistent with the principle of maximum variation—enhanced the transferability of the findings. Dependability refers to the stability of the data over time and across varying conditions. This criterion indicates the replicability of the findings under similar circumstances and is considered analogous to reliability in quantitative research. In this regard, and using a test-retest approach to confirm the reliability of the qualitative data, research colleagues were asked to code three interviews. The percentage of agreement was calculated as the ratio of twice the number of codes agreed upon by both coders to the total number of codes generated, yielding an intra-rater reliability index of 87%. As the reliability rate exceeded 60%, the reliability of the coding was confirmed (Table 1).

In this study, ethical considerations were addressed by obtaining informed consent from participants, maintaining the confidentiality of all interviews, ensuring participant anonymity, safeguarding the integrity of interview transcripts during the transition from oral to written format, and determining the time and location of interviews in agreement with the participants.

Results

Initially, the demographic characteristics of the participants are presented in Table 2. It should be noted that 64% of the participants were women and 36% were men.

To identify the dimensions of the emotional labor model for nurses, the interview texts were reviewed several times, and underlying themes within them were identified. During the process of concept extraction, relationships among certain themes were noted, and gradually, across the subsequent interviews, these concepts were interconnected. Throughout the research process, the concepts were continually revised and refined until the main themes were created.

After analyzing and reviewing the interviews, a total of 62 initial concepts were extracted. Related initial concepts were subsequently categorized into 12 sub-themes. These components were classified into 4 main themes (empathy, resilience, interest, and service orientation) representing the intrinsic aspects of nurses' emotional labor, as presented in Table 3.

The main theme presented in the table above introduces four key factors in nurses' emotional labor: empathy, resilience, service orientation, and interest in the profession. Empathy, as the first factor, involves understanding and accompanying the patient while providing emotional support. Nurses believe that empathy not only alleviates patients' pain but also creates a safe space for psychological healing. Empathy encompasses the subthemes of understanding and accompanying the patient, emotional-human connection, and emotional-psychological support. Most participants in the study believed that nurses' emotional work, as an integral

Table 1. Reliability of Two Coders

No.	Interview Title	Total Number of Codes	Number of Agreements	Number of Disagreements	Percentage of Test-Retest Reliability
1	M3	36	16	4	89%
2	M8	29	13	3	90%
3	M13	35	15	5	85%
Total		100	44	12	87%

Table 2. Demographic Characteristics of the Participants in the Study

No.	Education	Sex	Age	Work Experience	Ward
1	MA	Male	38	17	Cardiology
2	MA	Female	46	25	Internal Medicine
3	BA	Female	51	29	Pediatrics
4	BA	Male	46	23	Pediatrics
5	MA	Female	41	16	Pediatrics
6	BA	Male	49	19	Dialysis
7	MA	Female	41	17	Orthopedics
8	BA	Female	50	30	Hematology and Oncology
9	BA	Female	44	16	Hematology and Oncology
10	BA	Female	47	20	Intensive Care
11	MA	Male	49	26	Intensive Care
12	BA	Female	41	15	Emergency
13	MA	Male	48	24	Obstetrics
14	BA	Female	38	15	Psychiatry and Neurology

Note. No: Number; MA: Master of Arts; BA: Bachelor of Arts.

Table 3. Intrinsic Factors Affecting Nurses' Emotional Labor

Dimension	Main Theme	Sub-theme	Initial Theme
Intrinsic Factors	Empathy	Understanding and Accompanying the Patient	Maintaining a balance between seriousness and compassion
			Active and accurate listening to the patient
			Putting oneself in the position of the patient and their family
			Active and accurate listening to the patient's emotions
			Seeing the patient as a human being, not merely a treatment case
			Patience in the face of the patient's anxiety and anger
			Respect for individual and cultural differences
		Human Emotional Bond	Creating a sense of psychological safety and calmness
			Establishing mutual trust between the patient and the nurse
			Transmitting hope in difficult circumstances
			Reducing feelings of isolation and loneliness
			Maintaining human connection despite limited time
		Emotional and Psychological Support	Efforts to alleviate suffering for patients and their families
			Providing encouragement through words and gestures
			Family support during crises
			Support during critical moments (e.g., surgery, end of life)
			Utilization of human touch (e.g., holding the patient's hand)
			Nonverbal empathy through positive body language
	Resilience	Resistance to Occupational Stress	Management of workplace stress
			Emotional regulation in crisis situations
			Continuing care despite emotional exhaustion
			Maintaining focus in resource-scarce conditions
			Resilience in the face of grief and patient death
		Adaptation to Challenging Conditions	Flexibility in task transition
			Acceptance of unpredictable conditions
			Learning from difficult experiences
			Adaptation to demanding working hours
			Restoration of energy after challenging situations
		Enhancing Inner Strength	Utilization of spirituality and faith
			Self-care and active rest
			Strengthening personal hope
			Creating and maintaining a balance between work and life
			Seeking support from colleagues and the treatment team
	Service Orientation	Prioritizing Patient Needs	Comprehensive care (e.g., physical, psychological, social)
			Respect for human rights and dignity
			Attention to the details of patient's condition
			Responsible response to patient requests
		Spirit of Sacrifice and Selflessness	Going beyond official duties
			Providing care in high-risk situations (e.g., pandemics, emergencies)
			Selflessness in promoting patient comfort
			Prioritizing patient needs over personal comfort and convenience
			Supporting patients during difficult moments
		Social Responsibility	Participation in community health improvement
			Public health education
			Active participation in rescue teams
			Modeling collaboration and helping others
			Strengthening the culture of social responsibility in the community
	Interest	Passion for Nursing	Sense of satisfaction from serving patients
			Commitment to nursing values
			Motivation for long-term engagement in the profession
			Strong professional identity
			Pride in the nursing role
		Motivation in Patient Interaction	Smiling and warm interaction
			Establishing a warm and positive connection
			Enthusiasm for alleviating patient suffering
			Active participation in patient conversations
			Enjoying human connection
		Personal and Professional Development	Interest in continuous education
			Learning new clinical and communication skills
			Participation in scientific research
			Personal growth through patient interaction
			Self-motivation for knowledge advancement

part of healthcare services, requires a delicate balance between genuine empathy and professional management of emotions. Empathy, like invisible roots, connects the nurse to the patient's suffering. Sincere companionship not only relieves pain but also preserves humanity within the hospital environment. Emotional-human connection, beyond protocols, calms frightened individuals and creates a safe space in which the healing of the soul precedes the healing of the body. Emotional-psychological support fosters a world of trust and hope, in which the nurse is not a callous worker, but a companion in the patient's suffering. This represents the essence of nurses' emotional work and is most deserving of appreciation.

Resilience, as the second factor, encompasses the ability to withstand job-related stress and adapt to challenging conditions. This trait helps nurses resist burnout and maintain compassion in their work. Resilience is associated with the subthemes of resilience to job pressure, adaptation to difficult conditions, and continuous strengthening of inner strength. As a fundamental axis of nurses' emotional labor management, resilience is manifested through these three fundamental pillars. This characteristic functions not only as a protective barrier against burnout, but also as a driving force that keeps compassion during cycles of fatigue.

Service orientation, as the third factor, emphasizes prioritizing patients' needs and a spirit of selflessness. Nurses care for patients with love and dedication, and this sense of responsibility motivates their actions. Service orientation includes the subthemes of prioritizing patient needs, a spirit of sacrifice and selflessness, and social responsibility. Service orientation, as the core essence of the nursing profession, reflects selfless sacrifice, social responsibility, and genuine attention to patient needs. This sacred ideal transforms nursing performance into an expression of empathy and sacrifice that transcends duty and manifests genuine human compassion. Through this path, nurses become wholehearted guardians of human health and dignity.

Finally, interest in the nursing profession, as the fourth factor, serves as a driving force for confronting professional challenges and enhancing the quality of care. Interest is associated with the subthemes of love for the nursing profession, motivation in patient interaction, and personal and professional development. Together, these four factors support nurses in maintaining meaningful commitment and sustainability in their work.

After analyzing the data obtained from the interviews, a total of 73 initial themes related to the interpersonal-communicative factors of nurses' emotional labor were identified. Following several rounds of review and categorization of these initial themes, a final summary was created, resulting in 13 sub-themes organized into four main themes (human interaction, patient relationship, respect, and emotional expression), as depicted in Table 4.

The above table examines four main themes in nurses' emotional labor: humane encounter, patient relationship, respect, and emotional expression. Humane encounter refers to the ethical and compassionate behavior of nurses that fosters trust and calmness within the therapeutic environment, contributing to the preservation of patients' dignity. Humane encounter is associated with the subthemes of ethical behavior, kind and supportive behavior, and dignified behavior, which are considered key interaction factors in nurses' emotional work. Nurses' humane encounters with patients provide a foundation for ethical and compassionate behavior that strengthens trust and tranquility in the therapeutic environment. This approach, characterized by support and empathy, helps maintain the patient's dignity in vulnerable situations. Such interactions give meaning to nurses' emotional work and reinforce the emotional and human bonds within the profession.

The patient relationship involves establishing effective communication and supportive interaction that reduces therapeutic tensions and enhances patients' feelings of safety and hope. Identified as the second main theme, patient relationship includes the subthemes of establishing effective communication, supportive interaction, and continuous interaction. Patient relationship, as an essential component of nurses' emotional labor, depends on effective communication to achieve mutual understanding and reduce therapeutic tensions. These relationships are formed through nurses' supportive interaction and strengthen both patients' sense of security and hope. Continuity in this interaction fosters emotional bonds that improve the quality of care and patient trust.

Respect for patients' individuality and rights is recognized as a key dimension of nurses' emotional labor, creating a space for humane and ethical interaction, thereby promoting both patients' dignity and nurses' professional satisfaction. Respect encompasses the subthemes of respect for individuality, respect for patient rights, and mutual respect. As a key dimension of nurses' emotional work, respect provides a foundation for humane and ethical relationships through attention to patients' individuality, protection of their rights, and the creation of an atmosphere of mutual interaction. This approach not only enhances patients' dignity but also strengthens nurses' sense of satisfaction and meaning in their work.

Emotional expression includes the articulation of positive feelings and the management of negative emotions, which lays the groundwork for trust and intimacy between the patient and the nurse. This dimension helps reduce patients' stress and anxiety, ultimately enhancing the quality of care. Emotional expression also includes the subthemes of expressing positive emotions, nonverbal expression, creating peace and psychological confidence, and managing negative emotions. As one of the communicative factors of nurses' emotional labor, emotional expression builds trust and intimacy between the patient and the nurse through expressing positive emotions and showing nonverbal cues.

Table 4. Interpersonal-communicative Factors of Nurses' Emotional Labor

Dimension	Main Theme	Sub-theme	Initial Themes (Specific Behaviors & Concepts)
Interpersonal-communicative Factors of Nurse's Emotional Labor	Humane Encounter	Ethics-Based Conduct	• Adherence to professional principles • Honesty and transparency in communication • Avoidance of mechanical or indifferent behavior • Accountability towards the patient • Justice and equity in care provision
		Supportive Behavior	• Verbal and non-verbal kindness • Pleasant demeanor and smiling during interaction • Attention to the patient's minor yet important needs • Avoidance of impatience and harshness • Bolstering the patient's morale through humane treatment
		Dignity Bestowal	• Respect for human dignity • Avoidance of an instrumental view of the patient • Observing the dignity of vulnerable patients • Preserving patient dignity in states of incapacity • Avoidance of patronizing behavior • Acceptance of individual and cultural differences • Enhancing the patient's sense of self-worth
	Patient Relationship	Establishing Effective Communication	• Active and patient listening • Respectful questioning • Use of simple, understandable language • Continuous reassurance • Using language or dialect comprehensible to the patient • Avoidance of complex and ambiguous technical jargon • Building mutual trust
		Supportive Interaction	• Providing accurate responses to patient inquiries • Demonstrating empathy in situations of anxiety • Involving the patient in decision-making • Providing clear explanations of medical procedures • Fostering an environment of trust and psychological safety
		Continuous Interaction	• Active presence at the patient's bedside • Follow-up on patient status after discharge • Positive engagement with the family • Providing hopeful feedback • Maintaining a stable connection throughout the treatment process
	Respect	Respect for Individuality	• Acceptance of personality and cultural differences • Respect for religious and social beliefs • Attention to the patient's lifestyle and preferences • Avoidance of judgment or labeling • Respect for privacy
		Respect for Patient Rights	• Upholding confidentiality • Providing the right to choose in the treatment • Observing informed consent • Providing transparent explanations about the treatment process • Respecting patient choices even even differing from the physician's opinion • Establishing a safe and respectful channel for complaints or suggestions • Allowing family presence during critical situations or anxiety • Avoidance of coercion or psychological pressure
		Mutual Respect	• Using respectful forms of address • Maintaining a polite tone even under stress • Attentiveness to patient and family dignity • Acknowledging the patient's right to protest • Expressing gratitude for patient cooperation
	Emotional Expression	Expression of Positive Emotions	• Use of encouraging words • Explicit expression of compassion and sympathy Encouraging hope and optimism • Expressing gratitude for the patient's cooperation • Motivating patients to continue difficult treatments • Encouraging adherence to a healthy lifestyle • Expressing happiness at the patient's improvement
		Non-Verbal Expression	• Smiling and positive eye contact • Empathetic body language • Supportive touch (e.g., holding a hand) • Calm and confident facial expressions • Physically reassuring presence
		Fostering Calm and Psychological Assurance	• Demonstrating a confident and supportive presence in stressful situations • Using a calm tone and behavior to reduce patient anxiety • Assisting patients in managing momentary fear and worries • Creating psychological safety through speech and action
		Management of Negative Emotions	• Avoiding transmission of stress to patients • Controlling anger and frustration • Maintaining composure in critical situations • Utilizing relaxation techniques • Maintaining professional behavior under difficult conditions

By fostering peace and psychological confidence, it plays a critical role in reducing patients' stress and anxiety, while effective management of negative emotions in difficult situations improves the quality of human interactions and the efficiency of nursing care. Together, these themes contribute to transforming nursing into a meaningful and human experience.

Based on the research findings, a model of nurses' emotional labor in the Deputy of Treatment of Shahrekord was identified with the dimensions of intrinsic factors and interpersonal-interactive factors, as illustrated in Figure 1.

Discussion

This research was conducted within the framework of interpretive phenomenology to explore the concept of emotional labor among nurses. Two main questions were formulated to investigate the intrinsic and interpersonal-interactive factors manifested in nurses' emotional labor, as well as the overall themes underlying this phenomenon in the study setting. Accordingly, based on the research findings, the lived experiences of the participating nurses revealed several key factors, which are discussed separately below.

Participants in the study believed that resilience, as one of the intrinsic factors of nurses' emotional labor, enables them to cope with job-related pressures and complex treatment conditions. Furthermore, the continuous management of critical situations enhances nurses' psychological capacity to adapt to severe stressors, transforming them into resilient individuals capable of maintaining their professional performance under challenging circumstances (27). In fact, enhancing nurses' resilience is a key factor in sustaining the nursing workforce and improving service quality within the healthcare system. Therefore, designing educational programs and supportive policies focused on resilience is an undeniable necessity in nursing human resource management.

The findings related to the intrinsic factors of nurses' emotional labor indicate that empathy and understanding serve as the essence of nurses' emotional labor, playing a crucial role in care quality and the improvement of patient experience. Through active empathy, nurses are able to enter the emotional world of the patient, and by understanding their physical and psychological conditions, they establish a foundation for a trusting relationship. The empathy and emotional support provided by nurses are invaluable assets that elevate the quality of patient care. The findings suggest that these human qualities not only enrich therapeutic relationships but also play a key role in improving treatment outcomes.

The findings of the research indicated that human interaction and respect, as interpersonal-interactive factors in nurses' emotional labor, play a fundamental role in shapingboth the quality of care and nurses' job satisfaction. These components not only facilitate the interactions between nurses, patients, and their families but also help maintain nurses' emotional balance by reducing psychological pressures associated with stressful work environments (28). Supporting these findings, it can be stated that humans are inherently social beings, and communication accompanied by respect for the dignity of others is an essential aspect of their existence. The importance of such communication becomes even more critical in the context of illness, given the psychological and physical vulnerabilities individuals experience (29). In this regard, these interpersonal factors create a deep connection between the emotional and professional dimensions of nurses' work, elevating emotional labor from a routine job responsibility to a dynamic and human-centered process. Therefore, attention to these components in managerial and educational policies not only enhances care quality but also helps prevent burnout among nurses and ensures their mental well-being.

Participants in the study also expressed that patient relationships and emotional expression are key interpersonal and interactive factors in nurses' emotional labor, playing a vital role in the quality of care and patient experience. To explain these results, it can be noted that, through effective communication and continuous interaction, nurses create an atmosphere of trust and collaboration with patients, thereby reducing their anxiety and psychological stress.

The expression of positive emotions and non-verbal cues, such as smiles, eye contact, and gentle touch, contribute to creating a sense of calm and psychological reassurance, thereby fostering a close and human relationship between the patient and the nurse. These behaviors are not merely

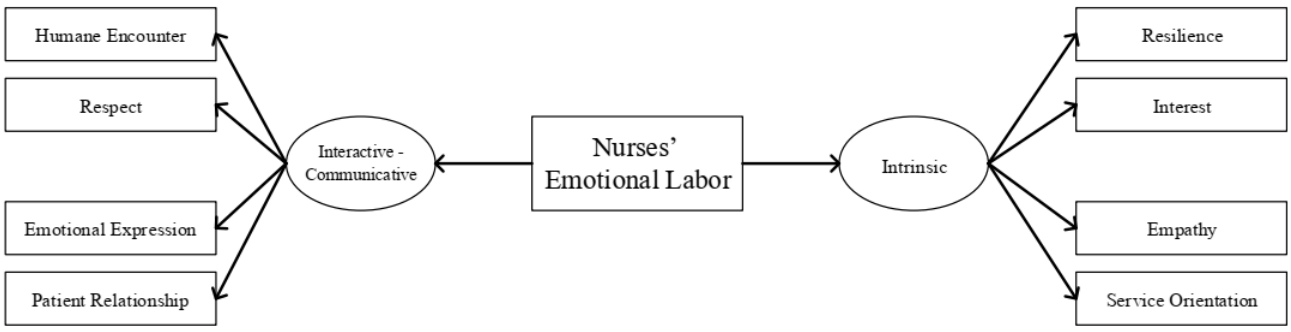

Figure 1. Model of Nurses' Emotional Labor

communication tools; rather, they play a fundamental role in managing negative emotions and maintaining the emotional balance of both the nurse and the patient. Continuous and empathetic interaction helps patients feel that they are not alone and that the nurse is fully attentive to their needs (30). Strengthening these dimensions can enhance patient satisfaction and nurses' job motivation, leading to a reduction in burnout. Therefore, training programs and organizational policies that focus on developing communication skills, empathy, and effective emotional expression are essential for improving the quality of nursing services.

Recommendations

To enhance the quality of future studies regarding the emotional labor model of nurses, the following recommendations are suggested:

1. Hospital management and medical university administrators should recognize the heavy emotional burden associated with nursing work and prioritize psychosocial support programs. These programs can include support group sessions, free psychological counseling services, stress management workshops, and safe spaces for the open expression of feelings after difficult emotional experiences (e.g., the death of a patient or moral distress). Such spaces not only help reduce burnout but also strengthen nurses' sense of belonging and perceived organizational support.
2. In addition to technical and administrative indicators, nurses' performance evaluation systems should also consider emotional effort and communication capacities. Recognizing and valuing these invisible but vital aspects of nursing practice can enhance motivation and job satisfaction.
3. Nursing school curricula and in-service training programs should incorporate structured instruction on skills related to emotional work, such as emotion regulation, intelligent empathy, healthy boundary setting in therapeutic relationships, and strategies for coping with emotional burnout. This will help prepare nurses to face emotional challenges in the workplace with greater awareness and practical skills.
4. Health policymakers can use the findings of such studies to develop and implement new standards related to nurses' mental health, including appropriate nurse-to-patient ratios, reduction of long shifts, and the establishment of mechanisms for continuous monitoring of nurses' mental well-being.

Conclusion

In recent years, due to the increasing workload pressures in healthcare services and the vital role of nurses within the health and treatment system, emotional labor has gained attention as one of the effective factors in nurses' performance, job satisfaction, and organizational commitment. The emotional labor model not only facilitates understanding of emotion management in the workplace but also provides a groundwork for preventing emotional exhaustion, professional burnout, and reduced job commitment. Nurses are continuously exposed to stressful situations, immediate decision-making, and ongoing interactions with patients and their families throughout the day. These challenges necessitate empowering nurses to recognize, regulate, and appropriately express their emotions in professional settings.

Neglecting the emotional aspect of work can lead to decreased service quality, increased medical errors, reduced patient satisfaction, and ultimately, declined employee motivation. Based on the findings of the research, it is recommended that the hospital administrative structure be reformed to design and implement internal emotional labor policies. These measures should include establishing standard procedures for managing emotions in the nursing workplace, training department managers to identify and respond to signs of emotional exhaustion and professional burnout among nurses, developing in-service training programs focused on emotional management, designing programs aligned with nurses' cultural and individual values, creating supportive psychosocial environments, engaging specialized psychologists to monitor staff mental health, providing free and confidential psychological counseling services, paying attention to nurse-to-patient ratio, reducing unnecessary workloads, increasing rest hours, creating relaxation spaces within the workplace, establishing performance indicators for evaluating emotional labor, collaborating with universities and research centers, and incorporating nurses' voices into internal hospital policymaking processes.

It is noteworthy that this study faced several limitations during its execution. One limitation was the relatively low willingness of nurses to participate in interviews and their fear of freely expressing opinions regarding the subject. Another limitation relates to the conceptual framework of the study, as other organizational variables (e.g., internal hospital policies, organizational structure, or crisis conditions such as pandemics), as well as individual variables (e.g., age, gender, work experience, and the like), may also influence the variables of this study. However, due to practical limitations and the broad scope of the research, these factors were not addressed. Therefore, it is suggested that this research design be implemented in other health and treatment settings, and that future studies employ mixed qualitative and quantitative approaches, utilizing tools such as interviews, observations, and questionnaires simultaneously. Additionally, future research should examine the effects of other organizational and individual variables.

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Competing Interests

The authors declare no conflict of interests in this study.

Ethical Approval

This study was approved by the Research Ethics Committee of Islamic Azad University, Isfahan (Khorasgan) Branch, under the ethical code IR.IAU.KHUISF.REC.1404.471.

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