# Overview of the study:

Gray (2010) aimed to investigate the gendered aspects of emotion labor within the profession of nursing. Gray interviewed 16 nurses and 2 doctors to compare experiences. He also attended 10 nursing student courses, as well as research seminar groups and meetings.

# Differences in gender, race, or other social identities that surfaced in the research:

There are gendered stereotypes associated with nursing that serve to devalue aspects of the profession. For example, interviewees discussed the traditional image of nurses as “angels,” motherly figures, and natural caregivers. Male nurses said that, because of these stereotypes, patients often seemed more uncomfortable with them than with their female colleagues, which, in turn, cause them to feel discomfort as they performed more intimate tasks like washing a patient. Additionally, different types of nursing tend to be seen as more masculine or feminine. Mental health nursing was seen as more masculine because patients would sometimes need to be physically restrained. On the other hand, general nursing was seen as more feminine because of tasks that required touch and close physical contact.

**The challenges associated with this profession:**

Many nurses identified the stereotypes mentioned above as sexist and said that they caused both patients and fellow colleagues (primarily physicians) to not take them seriously as professionals. Furthermore, the nurses interviewed said that doctors often did not attempt to emotionally connect with any of their patients and would remain distant.

# How workers in this profession perform emotion labor in response to the challenge:

Despite these stereotypes, nurses felt that emotion labor was at the heart of their profession and therefore would attend to the emotional and psychological needs of their patients. They wanted patients to feel safe, comfortable, and supported, which often meant making themselves continually available throughout the entire day and being open to discussing sensitive topics.

# The potential toll emotion labor can take on workers in this profession:

The constant demand of patients, along with a lack of support from colleagues, can lead to emotional drain and burnout.

# Strategies suggested:

The emotional aspects of healthcare should be more heavily emphasized in training for all medical professionals (including physicians, who often devalue emotion labor the most). Nurses should be provided an outlet to reflect on the emotion labor they perform with patients.

# Discussion questions:

* What challenges do workers in the profession detailed in this case study tend to face?
* How do they perform emotion labor in response to that challenge?
* What toll does emotion labor tend to have on employees in that profession?
* What are the differences in terms of gender, race, ethnicity, or other social identity markers that were identified within the case?
* What strategies for coping for managing emotion labor were suggested by the case study authors?