



Exploring Emotional Labor in the Nurse Educator Role

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Abstract

Emotional labor, defined as the work associated with suppression of true emotions in a difficult environment, task or encounter, can lead to compassion fatigue and burnout. The relationships between emotional labor, compassion fatigue and burnout have been described and studied in clinical nursing. The components of emotional labor in the nurse educator role have not been studied at length. Identifying the components of nurse educator duties that contribute to emotional labor has the potential to assist nursing education leaders in developing strategies to address this negative aspect of the role. Semi-structured interviews were conducted in this interpretive description qualitative study to explore the perceptions of nurse educators regarding which components of daily work and the work environment contribute to emotional labor.

Introduction

In the healthcare environment, members of the healthcare team are expected to regulate emotional expression when working with clients. Emotional labor in nursing involves controlling expressions to portray a professional persona and maintain a nurturing environment for clients. It is expected that professional nurses will maintain certain feeling rules to remain “rational, scientific, caring and objective” and at the same time, suppress personal feelings of “pain, anger, despair, fear, attraction, revulsion or love” as they influence a professional relationship ([1] p. 29). These feeling rules, although an integral part of the healthcare members' daily duties, are defined as “implicit to the professional discipline” ([1] p. 29). Feeling rules involve concepts of surface acting and deep acting to accomplish the desired outward emotional expression. Surface acting is described as “regulation of emotional expression with the aim of bringing it into line with the organizational display rules while deep acting aims at modifying the situation or perception of situations in order to change felt emotions” ([2] p. 1451). Surface acting is associated with increased emotional strain and can lead to symptoms of burnout as it requires significant self-control, as well as monitoring and altering of emotional expression [2]. Conversely, deep acting is associated with increased feelings of job satisfaction and less cognitive exhaustion. Practicing deep acting allows nurses to display emotions felt in response to a negative encounter and when regularly practiced can minimize the effects of surface acting [2]. Nurses require safe spaces to express negative emotions in response to negative situations to provide respite from emotional labor. In the field of nursing, understanding when to use surface acting and deep acting skills to decrease the effects of emotional labor, is described as an essential nursing skill.

The American Nurses Association [ANA], published an article describing essential skills of nurses which include remaining calm in urgent and life-threatening situations, taking care to smile, using a soft toned voice, and practicing patience when faced with unkind behaviors from clients. This suggested that students of the nursing profession must begin to learn

emotional management and accept emotional labor as a skill to be obtained prior to professional practice. Therefore, schools of nursing, and namely nurse educators have the responsibility to train nursing students in how to properly manage their emotions. In fact, the National League for Nursing (NLN) includes emotional management as a program learning outcome for graduate nurse educator preparation. Nurse educators are expected to have gained the skill of displaying professionalism and roll model professional behavior for nursing students. Thus, nurse educators “assume ownership in the development of their own professional identity as well as that of their students” (National League for Nursing [NLN] p. 6).

The projected need for nurses by the Bureau of Labor Statistics was over 400,000 by 2016, but this need was not filled in part due to the shortage of nurse educators (American Association of Colleges of Nursing [AACN]). United States nursing schools turned away 75,029 qualified applicants from baccalaureate and graduate nursing programs in 2018 due to an insufficient number of faculty (American Nurses Association [ANA]). The AACN (2019), reports unfilled faculty positions, resignations, projected retirement, and the shortage of students being prepared for the faculty role pose a threat to the nursing workforce over the next five years. Research published by Fong [3] was recently reposted in the June 2016 edition of the Journal of Nursing Education examining the correlation between role overload, social support, and nurse educator burnout. This reporting signifies the continued relevance of the issue in the profession today. The findings indicated that a “demanding job correlated, significantly and positively with almost all aspects of burnout (emotional exhaustion, depersonalization of students, and decreased sense of accomplishment)” ([3] p. 102). Burnout occurs when nurses are exposed to prolonged stress from multiple sources including changes to the workplace environment, regularly caring for clients who suffer traumatic illness and lack of self-care practices reducing compassion fatigue leading to apathy and depersonalization in nursing care [4]. Burnout has been described by nurses as regular exposure to high stress situations with low coping mechanisms in place, low organizational

support, and incivility in the workplace leading to high absenteeism, increased incidence of clinical errors and ultimately turnover in the workplace [5]. Chang et al. [5] described interventions that could be employed by nurse managers aimed at reducing compassion fatigue and encouraging emotional labor management to reduce the incidence of burnout. These statements encourage workplace environment changes to combat the effects of regular emotional labor management in the nursing profession and those that oversee the work done by nurses at the bedside.

Review of the Literature

Emotional Labor in Healthcare

Hochschild [6] conducted original research on the existence and impact of emotional labor in jobs that require face to face; or voice-to voice contact with the public. Hochschild [6] described emotional labor as work that requires a worker to control their own feelings in order to provoke a feeling in another person such as calm or concern. The original work was focused on the service industry, specifically flight attendants. The required emotional labor in that industry was used competitively in terms coined such as “service with a smile” ([6] p. 186). Hochschild [6] warned that expecting workers to constantly maintain an outward appearance of contentment, calm and concern for the customer could have detrimental effects on the worker including emotional exhaustion and depersonalization leading to burnout. Many studies have been conducted on emotional labor in the healthcare industry since Hochschild’s original research in 1983.

Emotional Labor in Nursing

The study of emotional labor in the nursing profession has evolved out of Hochschild’s original research of the emotional labor associated with service industries.

Badolamenti, Silli, Carus and Fida [7] produced a narrative review on the existence of emotional labor in nursing. According to the authors, nurses experience an array of emotions in their work, but also must learn how to create a balance between surface and deep acting in order to maintain relationships with clients, maintain a sense of self, and guard against emotional exhaustion and dissonance. The authors reported that recognition of the emotional labor done by nurses is essential to a healthy work environment. “Nurse managers in health services and nurse educators in educational programs should be aware of the complexity of emotional skills required of nurses and should activate programs to identify and manage them ([7] 2016, p. 53)”.

In 2018, Kim and Kim [8] developed an emotional labor scale for nurse in beside nursing care. The tool was developed using a mixed method approach with semi-structured interviews and a Likert scale questionnaire and was found to have a Cronback alpha coefficient of 0.81 and a split-half reliability of 0.84. The questionnaire was distributed to 304 nurses in four general hospital wards. The questionnaire was focused on three categories of emotional labor including emotional control, emotional suppression and emotional pretense that were developed through literature reviews and

interviews with the nursing staff. During the interview process, nurses expressed that they always kept in mind that they should maintain a professional persona and follow hospital ideals of friendliness, accessibility and positive rapport with patients, families and visitors.

Emotional Labor in Nursing Education

During the literature search, no articles were identified in the published literature related to emotional labor in nursing education. One historical research article from 1990 is presented here as it was reposted in 2016, signifying the continued relevance of identifying factors that provoke emotional labor in nurse educators.

Owens [9] reported findings from a mixed methods study of 384 nursing educators that the presence of work-life balance contributed to increased job satisfaction and decreased burnout. It was suggested that institutional support of a nursing department for adequate salaries, staffing, technology, and physical workspace contribute to a positive work-life balance [9].

Reising, James and Morse [10] completed a descriptive exploratory study to look at 384 students’ perceptions of nursing faculty characteristics that promote or inhibit learning. The research suggests that students felt faculty who were “patient, understanding, kind, enthusiastic, passionate and positive” provided a better learning environment than professors who were intimidating, condescending, disorganized and/or manipulative ([10] p. 7).

In a historic study, Fong [3] completed research looking at the relationship between role overload, social support, and burnout among nurse educators. This research was reposted in the June 2016 issue of the *Journal of Nursing Education* signifying its continued relevance in today’s nurse educators. Through a hierarchal regression analysis of 141 participants’ questionnaire responses, Fong reported that role overload, lack of peer support, and the amount of chair support were predictors of emotional exhaustion, depersonalization towards students, and instances of burnout.

Significance of the Research

Compassion fatigue, emotional labor and burnout can occur in all aspects of nursing care. Many studies have suggested that compassion fatigue can stem from regular suppression of feelings in the face of stressful job duties [3-5,7]. Burnout occurs when a nurse is regularly exposed to trauma in their work and when exposed to environmental changes in the workplace that add strain and stress. In the nurse educator role, burnout can occur with role overload, exposure to incivility, institutional policies leading to negative workplace environments, and a lack of organizational support of the faculty [11]. The identification of the components of the nurse educators’ daily activities that increase emotional labor can lead to plans and programs aimed at reducing the incidence of emotional labor in the role.

Theoretical Framework

Marilyn Anne Ray’s Theory of Bureaucratic Caring states that a caring environment is a dynamic

interconnection between humanistic caring components and bureaucratic caring components. Ray's concept of caring is defined as a complex transcultural, relational process grounded in an ethical, spiritual context. Caring means striving to do what is just and fair and occurs within a culture including healthcare organizations [12]. The Theory of Bureaucratic Caring has been used in many settings across nursing to effect positive changes in nursing work environment. The theory has been implemented in correctional health services, by nursing executives, public health nursing services, and implemented at Nevada State College as the conceptual framework for the curriculum for a baccalaureate nursing program [12]. There are three assumptions within the theory:

- Nursing is holistic, relational, spiritual, and ethical caring that seeks the good of self and others in complex communities, organizations, and bureaucratic cultures. Nursing's goal is to provide compassion and just care and promotes these goals through the provision of complex culturally competent care.
- People are spiritual and cultural beings created by God, and they seek to engage with communities to forge meaningful and valuable relationships.
- Health is meaningful to individuals and human societies have developed beliefs and caring regarding health and illness. The healthcare system plays an integral part of societies view of illness or health ([12] p. 105).

Additionally, there are three theoretical assertions within the theory:

- The meaning of caring is highly differential depending on the context of caring: sociocultural, educational, political, economic, physical, technological or legal, and the setting of the caring acts: hospital or community
- Caring is bureaucratic when viewed in the context of organizational structures but is also spiritual-ethical and each must work in unity for a caring culture to prosper.
- Caring is the center of nursing. Nurses will make the conscious choice to care and will flourish in a system that allows for caring spiritually as well as ethically, legally, and physically ([12] p. 106).

Problem Statement

Emotional labor, the work associated with maintaining professional behavior and role modeling even in a difficult environment is an expected duty of nurses participating in the specialty of nursing education. Prior research indicates that nursing faculty are at risk for burnout due to stress associated with difficult work environments, limited organizational support, exposure to incivility in the workplace, and a lack of emphasis on self-care practices in the workplace. Conducting a qualitative study of how emotional labor is experienced by nurse educators provided insight into what changes need to be made by academic institutions to offer a more supportive work environment.

Purpose of the Research

In the academic setting, emotional labor may result from regular counseling of failing students, the strain of heavy workload, the strain of changes to the work environment through new faculty, new regulations and/or budget cuts. The

purpose of this interpretive description qualitative study was to explore the perception of nurse educators regarding which components of daily work and work environment contribute to emotional labor. This study sought to identify specific components of daily duties carried out by nurse educators that contribute to emotional labor in the nurse educator role. The identification of the daily activities that increase emotional labor led to suggestions by the participants on how to reduce the incidence of emotional labor in the nurse educator role.

Research Questions

These questions guided the exploration of emotional labor in the nurse educator role:

1. What daily activities, roles, or work environments provoke negative emotions in nurse educators?
2. What beliefs do nurse educators hold about presenting themselves emotionally neutral and when that might be necessary or appropriate?
3. What do nurse educators believe about the influence of emotional labor experiences on their job satisfaction and role longevity?

Method and Design

Interpretive description was the method used to conduct the qualitative study. The questions guiding this proposed research first sought to identify activities perceived as eliciting emotional labor in the nurse educator role through the understanding that each participant's experience is a subjective view of the work. Nursing faculty from a single private university were recruited to take part in online video semi-structured interviews at the location of the participant's choice. Full-time faculty with at least one year of experience as a full-time nursing educator in an institution of higher learning were invited to participate in the study. An internal review board with the researcher's university was submitted and approved before contact with participants. A written informed consent was provided with the recruitment email and verbal consent for recording was obtained at the beginning of each interview. Notes were kept by the researcher during the interviews to trace the changes in the interview questions as the research proceeded and to allow retracing of research steps for future studies. Methods for verification and trustworthiness were employed throughout the study including moral defensibility, disciplinary relevance pragmatic obligation, contextual awareness, and probable truth. Once collected, the data was coded using In-Vivo first cycle and focused second-cycle coding. The results of the research provided new information about the phenomenon of emotional labor in nursing education.

Second, the findings were analyzed and interpreted through the lens of Ray's Theory of Bureaucratic Caring to link the subjective interpretations to emotional labor and emotional labor management.

Purposive sampling was used in this study. The sample size was determined by the number that "sufficiently answers the research question, the goal being to obtain cases deemed rich in information" ([13] para. 8). Nine participants met the inclusion criteria of having taught full time in a school of nursing for at least one year in an institution of higher learning. All participants were females ranging in age from 33 years to

64 years of age. The participants held several ranks within their organization including two Clinical Instructors, three Clinical Assistant Professors, one Assistant Professor, one Associate Professor, and one Professor. The participants taught across the programs of nursing offered at the university including pre-licensure baccalaureate students (BSN), RN to Bachelor of Science in Nursing (RN-BSN) degree students, Master of Science in Nursing (MSN) degree students, Doctor of Nursing Practice (DNP) students, and Doctor of Philosophy (PhD) in Nursing students. Their experience in the role of a nurse educator ranged from 1.5 to 27 years in practice.

Data Analysis

In the first cycle of coding, In-Vivo, an elemental coding subcategory, was utilized to capture the participants' voices. There are four steps to building an explanation of the phenomenon of emotional labor in the nurse educator role. Those steps include comprehending, synthesizing, theorizing, and recontextualizing. Second cycle coding was used to develop a sense of categorical, thematic, conceptual and/or theoretical organization from first cycle codes. A second coding cycle, focused coding, was used to help move the data through the cognitive process from comprehending the data to synthesizing the data.

Using first and second cycle codes, the data gathered was used to move through the remaining cognitive processes essential to interpretive description, theorizing and reconceptualization. During theorizing, the data was analyzed, and "best guesses" were made about the explanations for the results. Lastly, the data was conceptualized during which the data was articulated into a form that applied to other settings and contexts.

Methods for verification and trustworthiness

Reflective journaling was used during the study to track the evolution of the relationships and themes derived. There are five credibility measures that helped to guide this research:

- Moral Defensibility-The proposed study will identify emotional labor experienced by nurse educators and the data can be used to create policies to reduce negative effects of emotional labor if they exist in this practice setting.
- Disciplinary Relevance- Self-care and guarding against compassion fatigue and burnout have been researched and are currently taught in clinical nursing. Emotional labor has been linked to compassion fatigue and burnout in many studies of working nurses. This phenomenon does not have published research and could be added to new employee training and graduate programs if found to be a significant part of the nurse educator role.
- Pragmatic Obligation- It is necessary to recognize that even though the proposed research is meant to gather knowledge and insight into emotional labor in the nurse educator role, any findings or recommendations published may be applied in practice without further study.
- Contextual Awareness- The proposed study will be conducted at a private university, and the results of the study may not be generalizable to other institutions of higher learning.
- Probable Truth- The proposed research, once completed, will become part of a very small body of knowledge

of the phenomenon of emotional labor in the practice of nursing education. As more research is completed on the subject, contradictory data may arise.

Results

The purpose of this interpretive description study was to explore emotional labor experienced by nurses practicing in the academic environment. During the course of the interviews the participants were asked to address questions posed to investigate their feelings on emotional labor in the nurse educator role.

First cycle In-Vivo coding was used to identify activities that produced emotional labor in the interviewees. Those activities were focused into themes in second cycle coding based on Marilyn Anne Ray's Theory of Bureaucratic Caring Model. The analysis of the data revealed six focus themes of unmet or under-defined expectations within the workplace which contributed to emotional labor in the nurse educator role. Additionally, the data revealed that the participants felt systematic changes to address these shortcomings, could reduce the negative effects of emotional labor, and improve overall faculty job satisfaction.

Under-defined sociocultural respect expectations

When asked about environmental factors that play a role in emotional labor, the effects of the sociocultural values and beliefs at the university resulted in emotional labor. Sociocultural respect was lacking for some participants, and that caused emotional labor in their role as educators. Some participants felt the university culture conflicted with their own values leading to emotional labor. Others felt at odds with the privilege that the university represents and the geographical area where the university is located having a traditionally under privileged population.

Unmet expectations and respect for scholarship

An additional concern that was voiced when asked about tasks that produce emotional labor was a lack of respect for scholarship as an educator. According to some participants, scholarship, while expected of faculty, is difficult to conduct, participate in, and receive recognition for participation.

Unrealistic workload expectations

When asked about tasks that produce emotional labor, all participants described emotional labor in reconciling workload expectations with a healthy work-life balance. Many participants discussed feelings of guilt and anxiety about having to be always available to students and faculty mentees, and several described extra duties outside of teaching classes created a need for evening and weekend work sessions to stay current with responsibilities.

[A Work-life balance is] Like not respected by the students. Even though you try to set limits with being reached out to after hours, or if somebody's expecting you at eight o'clock on Sunday night to like go tell them what's on the test or no, I want to do a test review with you right now, nine o'clock on Sunday evening.

Lack of appropriate resources

When asked about environmental factors that lead to emotional labor, many participants felt a lack of resources for help and training with technology and lack of qualified faculty led to negative feelings and required emotional management.

Unmet expectations of a safe space to engage in true emotions

When the participants were asked how they felt about expressing true emotions with students, peer and supervisors, several participants described regular encounters with negatively charged interactions with students and peers which added to the emotional labor of the role. When asked, all participants felt it was inappropriate to engage in expressing true emotions when interacting with students. When speaking with peers, the participants felt expressing true emotions was only safe when interacting with those peers who the participants felt they had formed a close relationship.

Unmet and under-defined policies and procedures

An additional task which produced emotional labor in their role was navigating the policies and procedures in place within the university. Participants described emotional labor when navigating policies and procedures that were poorly defined or defined but not followed by fellow faculty.

Unmet expectations of technology support

Many expressed emotional labor related to the task of using advanced technology due to a lack of training and support.

You don't want to be standing up in front of the classroom and be struggling with getting your computer turned on or getting the video to play or figuring out volume or figuring out who's on mute. That's embarrassing, it's stressful. It slows the flow of the classroom down, which then inhibits your ability to deliver content. And so the technology and the hiccups of teaching to both an in-person and remote cohort is very taxing. I would definitely relate it to emotional labor. You've got to be cool and calm on the surface, and then constantly thinking about what work around you're going to figure out.

Systematic changes to decrease negative effects of emotional labor. Each of the participants expressed hope that a systems level change approach could minimize the effects of emotional labor leading to greater satisfaction with their role. Suggestions for improvement included ensuring realistic workloads, developing a safe space for debriefing negative situations, identifying disciplinary measures for instances of incivility, updating and upholding policies for faculty and students, providing time, support, and recognition for faculty scholarship, and ensuring proper training and support for advanced classroom technologies.

Discussion of Findings

The nine participants in the study identified several

areas within their daily work that led to emotional labor and management of emotions including workload strain, negatively charged workplace environments, sociocultural vulnerability, policy drift, missed opportunities for scholarship, lack of proper resources, and technology difficulties. The participants described feelings of anxiety and guilt when trying to maintain a healthy work-life balance. Several participants detailed negatively charged interactions with students, peers, and supervisors, and felt a lack of a truly safe space to engage in true expression of emotions. Some participants felt at odds with the culture within the university and were confronted with incivility resulting in emotional labor. During the exploration of emotional labor in the nurse educator role, it was also revealed that emotional labor was encountered when participants felt they had to defend themselves when following written policies that were not followed by others in the organization. Participants felt a lack of support for scholarship endeavors leading to emotional labor. Lastly, a lack of training, support, and access to essential technologies used in instruction led to emotional labor.

Each of the participants expressed hope that a systems level change approach could minimize the effects of emotional labor leading to greater satisfaction with their role. Suggestions from the participants for improvement included maintaining realistic workloads, providing a safe space for debriefing negative situations, having a no tolerance policy for incivility, maintaining updated and respected policies for faculty and students, providing time, support and recognition for scholarship endeavors, and ensuring proper training and support for advanced classroom technologies. Marilyn Anne Ray's Theory of Bureaucratic Caring was used to reconceptualize the findings of this study linking a culture of caring to emotional labor in the nurse educator role. The analysis of the data revealed six focus themes of unmet or under-defined expectations within the workplace which contributed to emotional labor in the nurse educator role that could be conceptualized through Ray's theoretical contexts of caring: sociocultural, educational, political, economic, physical, technological or legal. If the culture of caring is not present at the university level, the school of nursing cannot maintain a caring environment. The relationship of tasks and environments that produce emotional labor in the nurse educator role, is affected by, and effects a culture of caring at the university and school level.

Implications and Recommendations

The participants in the study did identify emotional labor in their daily work. This phenomenon has not been described or studied in the nurse educator role, however, the negative effects of emotional labor in healthcare services and secondary education have been researched and were linked to emotional exhaustion and burnout [1,3,6].

Practice

Providing continued support to novice nurse educators, as well as expert nurse educators, in the form of time for self-care, and a safe space to express feelings and concerns, can reduce the negative effects of emotional labor.

Education

Schools of nursing should consider regular education about emotional labor and how to mitigate the risk for negative consequences of unmanaged emotional labor both in the graduate nursing programs and for novice and expert nurse educators. Adding this education to MSN education track programs will address the NLN's program learning outcome for MSN students. Emotional management is a program learning outcome for graduate nurse educators with an expectation that graduate nurse educators will have gained the skill of displaying and modeling emotionally regulated and professional behavior for nursing students (NLN, 2017). The development of mentorship between expert and novice nurse educators may also provide a positive and safe environment for educators to engage in deep acting. Frequent continuing education for faculty on protective measures to limit compassion fatigue and engage in deep acting can decrease the effects of emotional labor in the nurse educator role.

Research

This qualitative interpretive description study found emotional labor was identified in the nurse educator role. Many of the participants had worked for several years and in different institutions of higher learning and found that emotional labor was present at each institution. Additional qualitative studies on emotional labor in the nurse educator role would help to inform nurse educators and administrators about how to mitigate the negative effects of emotional labor.

The development of a quantitative emotional labor tool specific to the nurse educator role could help nursing education administrators develop an improved workplace environment, as well as training and education to address emotional labor management within their own schools of nursing.

Limitations

This study was conducted at a private four-year liberal arts university. As the experiences of the participants are individualized to their environment and task, different results may be found when addressing educators in different settings such as public four-year universities or community colleges. Additionally, there were no male participants in this study. Lastly, this study was conducted during the coronavirus pandemic. While this was acknowledged by some of the participants, statements made signified that the tasks and environments identified as causing emotional labor were present before the pandemic began or may even have been eliminated due to the pandemic restrictions.

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