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Debate: Managing emotional labour

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In a world where technology and artificial intelligence gains ground, leading organisations to find human-replacing solutions to complex problems, emotional labour remains essentially human and impossible to code for. The labour employed by street level bureaucrats (SLB) at the interface between public service delivery and consumption is often emotional in nature (Hochschild 1983) and this can well be what makes the difference between uniform (equal, arguably) applications of rules and regulations and the discretion required to ensure equity in the public service provision. However, resource scarcity which followed the adoption of neoliberal fiscal policies in many OECD countries in the past decade, have had a profound effect on the lives of street level bureaucrats who deliver emotional labour as part of their routine work tasks. We spoke to 3 practitionersⁱ, employed at different management levels in emotional labour intensive professions, about how they (successfully) managed employees who used emotional labour in servicing the public.

In nursing, emotional labour is said to be at its highest when dealing with young patients who nurses can get very attached to, with relatives who may experience fear and helplessness but disguise it behind aggression, and with doctors with whom nurses may disagree but may not be able to express it due to differential medical credentials. Managerial solutions put forward by our interviewee include stepping in to support the nurse when communication with others becomes difficult, allowing time off to recover from emotional distress and frequent group debriefing.

'Nurse managers need to recognise when nurses are experiencing mental health exhaustion and need leave to get their equilibrium back.' (Nurse manager, Australia)

In social work, there is a statutory basis for the work, which adds additional pressure on the individuals in terms of the responsibility carried with every decision, such as contributing to

court reports or other legal documents which can be used in the criminal justice system. In such situations, the individual social worker's responsibility for the client may be in conflict with the responsibility towards the employer / the state.

'[Social work] is 100% emotional work, as humans use their humanity as a tool to interact with troubled humans who are in receipt of services, whether voluntarily or on a mandatory basis.' (Social work team leader, Scotland)

The work involves emotional labour not just because of their exhaustingly high caseloads, but also because of their constant fear associated with the possibility of litigation and liability if issues resurface. One managerial solution is therefore to release front line social workers from their emotional bind by making the decision and taking responsibility to determine which past cases are closed. Similar to nursing, teamwork and group debriefing is another way to support emotional labour in social work.

In medicine, burnout is worryingly common among doctors, as our third practitioner, a clinical director, admitted, and it's a direct consequence of intensive emotional labour.

'Emotional labour [is bound to] take a toll on you.... Doctors have an 'I can do' attitude and they are not good at looking after themselves. It's a caring, compassionate profession... looking after patients takes a lot of energy' (Clinical director, England)

High stress, work harassment, bullying and sometimes burnout are the inevitable consequences of poor management of emotional labour, whereas values-based authentic leadership that builds resilience in the workforce using relational transparency to developing employees' emotional resilience is the way forward.

Doctors, nurses and social workers are all SLBs - public sector employees who have the discretionary power to determine equitable allocation of public services (Lipsky 1980 / 2010). For over three decades, proponents of public sector neoliberal reforms have been accusing SLBs of using their training, rules and regulation as a shield against emotional and psychological distress at work, devoid of feelings and any idiosyncratic characteristics which might otherwise offer unwelcome distractions for management processes and controls (Kominis and Dudau 2012).

The evidence demonstrates a different story, showing doctors, nurses, paramedics, social workers, teachers, police officers and firefighters are increasingly identified as amongst the highest stress occupations, because the very nature of their work is emotional and they are often forced to hid their real emotions when interacting with the public (Brunetto et al. 2016). This come at a price: burnout, low job satisfaction (Pandey and Singh 2015), work harassment and low engagement (Farr-Wharton et al. 2016, 2019), as well as, ultimately, unsafe behaviour towards service users (Trincherro et al. 2019; Xerri et al, 2019). Indeed, SLBs find themselves as the ‘unwilling broker’ between unrealistic organisational demands and a desire to deliver appropriate services to the public, they are uniquely placed to enable value creation in public services, OR value destruction where the service provided bears no resemblance to the aims and objectives it is meant to fulfil (Osborne 2018).

Decisions about who funds public goods are increasingly made by senior management (and, ultimately, by governments) who resource the delivery of public services. Indeed, many public sector employees have experienced significant managerial change in their workplaces over the past four decades, with those in Anglo Saxon countries experiencing the most change (Pollitt and Bouckaert, 2017). Whilst the aims of reforms are to improve efficiency, effectiveness and transparency in public services, often through debilitating levels of austerity (Conway et al., 2014), the outcomes of these reforms are a product of the skills and positive emotions of their managers negotiating the intrepid path between organisational objectives and their emotional costs on employees (Newman, Guy, & Mastracci, 2009).

Despite well-known empirical research showing the continuum that exists between engagement and burnout (Maslach 2010), managers who impose the conditions that lead to work harassment and work intensification are not held responsible to pay the cost of the negative employee outcome. Rather, stress related compensation is paid by tax payers, hence the savings made from inadequately funding emotional labour delivering services to the public is then paid by the public, both as tax payers and as clients of over-worked, over-stressed and emotionally challenged SLBs. While these effects are worrying, they are by no means inevitable, nor uniform. Contingency factors include fiscal policy, at a governance level, accountability regimes, accounting, performance management and management control systems at an organisational level, as well as, likely, gender, professional background and individual resilience.

The way forward is the adoption of positive management models (Avey, 2014) that build employees' psychological capacity to cope (Brunetto et al. 2016). However, its adoption involves preliminary investment to develop authentic management skills in leaders positioned at every level of the hierarchy. In a themed edition of *Public Money and Management*, we call for research to elucidate the role of management in enhancing the wellbeing and engagement of SLBs who engage in emotional labour when delivering public services and in the role of accountability, accounting and control systems in creating the right conditions for it.

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ⁱ One social work team leader, one clinical director, and one senior nurse.