

## Article

# Research on the Mechanism of the Sustainability of Emotional Labor of Hospital Nurses

Jia Huo<sup>1</sup>, Menchita F. Dumlao<sup>1</sup>, Minerva B. De Ala<sup>1</sup>, Marcos C. Ochoa<sup>1</sup>, Yexu Qiao<sup>1</sup> and Yuna Hu<sup>2,\*</sup><sup>1</sup> Philippine Women's University, Manila, Philippines<sup>2</sup> Henan Provincial People's Hospital, Zhengzhou, China

\* Correspondence: Yuna Hu, Henan Provincial People's Hospital, Zhengzhou, China

**Abstract:** This article focuses on the critical issue of the sustainability of emotional labor among hospital nurses, systematically analyzing the core multidimensional factors that significantly affect its long-term viability in healthcare settings. These contributing factors primarily include the high emotional interaction and profound uncertainty inherent in daily nursing work, the progressive generation mechanism of occupational job burnout, and the crucial regulatory role of positive or negative feedback received from service recipients. Based on this comprehensive analysis, this study constructs an integrated strategic framework designed to mitigate emotional exhaustion. This framework encompasses immediate incentives and professional recognition, a systematic physiological and psychological recovery support system, and long-term institutional care and financial investment. Furthermore, this study fundamentally redefines emotional labor as a core professional ability that can be systematically evaluated, actively developed, and strictly requires robust institutional support. By shifting the paradigm, it redefines emotional labor from a traditionally hidden personal trait to a measurable, developable, and institutionally supported core professional competence. This conceptual shift provides hospital administrators and healthcare managers with a systematic management pathway that transitions from basic operational tasks to comprehensive strategic planning, and from individual-level interventions to organization-wide policies. Ultimately, this research holds significant theoretical and practical implications for stabilizing the nursing workforce, enhancing nurses' professional identity and overall psychological well-being, and consequently improving the patient care experience and the overall quality of medical services.

**Keywords:** hospital nurses; emotional labor; sustainability; job burnout; healthcare management; professional competence

Received: 22 April 2026

Revised: 30 May 2026

Accepted: 11 June 2026

Published: 14 June 2026



**Copyright:** © 2026 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

In the modern healthcare system, the emotional efforts of nurses have become an indispensable aspect of their professional practice. It goes beyond traditional technical operations and specifically refers to the intentional management of nurses' emotions during their work, with the aim of creating an external manifestation that meets organizational requirements (such as care, empathy, and composure), thereby influencing the emotional state of patients, promoting treatment compliance, and facilitating the interaction between doctors and patients [1]. This effort requires nurses to continuously regulate and express their emotions in high-pressure, variable, and often critical situations, such as showing comfort to patients in pain, maintaining composure during urgent medical interventions, or providing support to anxious family members. This deep or surface acting constitutes the emotional core of nurses' daily work, is the key to providing "holistic care," but it is also an easily exhausted intangible resource. The sustainability of emotional efforts is directly related to the quality of care, the physical and mental health of nurses, and the stability of the medical team. Its overview reveals the dual nature of this effort: it is not only a noble manifestation of the professional values of nurses,

providing warmth to healthcare through emotional connections; but also a heavy psychological burden. If there is a lack of effective support and guidance, long-term emotional investment will lead to the depletion of emotional resources, transforming nursing from a calling to a burden that leaves nurses physically and mentally exhausted. Therefore, an in-depth analysis of its influencing mechanism and the construction of a support system are of urgent and practical significance for maintaining the health of nurses' careers and ensuring the continuity of high-quality nursing services.

## 2. The Related Concepts

### 2.1. The Hospital Nurses

Hospital nurses are professional roles in the medical system that are centered around human professional judgment and emotional connection. Nurses form a core professional group characterized by the essence of human professional judgment and emotional connection. Their role positioning goes beyond the passive execution of medical orders and is essentially a process of systematically converting abstract medical knowledge into embodied, contextualized, and emotionally charged life care practices. This process relies on three interwoven core behavioral patterns: the unstructured observation ability formed based on long-term clinical experience, the individualized care strategies implemented according to the uniqueness of patients, and the continuous human companionship throughout the course of the disease.

Nurses undertake a wide range of crucial functions and are the primary monitors and early warning points for patients' condition changes. Their clinical acuity often enables them to identify potential deterioration trends before the alarms of standardized monitoring equipment through the capture of subtle non-indicative changes such as facial expressions, muscle dynamics, and respiratory patterns of patients. During night shifts in the intensive care unit, the intuitive judgment of senior nurses on the depth and pattern changes of patients' respiratory rhythms often becomes the key to early detection of precursors of respiratory failure. At the same time, nurses are also the key guides and functional reconstruction coaches on the patient's rehabilitation path. Through systematic health education, progressive rehabilitation training guidance, and the cultivation of self-management skills, they promote the transition of patients from a disease state to a healthy state. At vulnerable moments when patients experience pain, loneliness, fear, and loss of dignity, nurses play the indispensable role of an emotional container and psychological supporter. This support is not simply emotional comfort; it is reflected in the professional ability to transform technical operations into a caring ritual. When caring for patients with advanced cancer, nurses elevate purely biomedical treatment to a caring practice that maintains the physical integrity and psychological dignity of the patient through conscious control of gentle touch, appropriate temperature of care products, pre-operation notification and consultation, as well as maintaining eye contact and empathetic silence during the operation [2].

### 2.2. The Emotional Labor

The concept of emotional management originated from the pioneering research conducted by an American sociologist in the late 1970s. In a 1983 publication, this theory was systematically expounded through an in-depth analysis of the professional practices of airline flight attendants. The research revealed that the job of flight attendants goes far beyond providing safe flight services and meeting passengers' basic needs; the core of their responsibilities includes a part that is often overlooked but is of crucial importance: that is, to continuously manage, regulate, and display their emotions in accordance with the specific requirements of the company [3].

Emotional management has a profound and close internal connection with the work practice of hospital nurses [4]. The concept, which involves managing, regulating, and presenting one's own emotions in accordance with professional requirements, has been typically and complexly manifested in the daily work of nurses. The role of nurses determines that they must constantly be in high-intensity interpersonal interaction

situations, facing the challenges of patients' pain, the concerns of family members, the tense situations of life and death, and the collaboration pressures within the medical team. Therefore, their work goes far beyond completing technical operations; it also includes a large number of systematic and purposeful emotional management activities.

### **3. The Influencing Factors of the Sustainability of Nurses' Emotional Labor in Hospitals**

The emotional efforts of hospital nurses refer to the process in their professional work where they consciously regulate their emotional expressions to meet the emotional needs of patients and their families, in order to present an emotional state that conforms to professional norms and expectations. This kind of effort not only requires proficient skills but also emphasizes continuous empathy, soothing, and emotion management, which are core aspects of nursing work. The factors influencing the sustainability of hospital nurses' emotional efforts are diverse and complex, including work characteristics, job burnout, and service recipients [1].

#### *3.1. The Work Characteristics*

The professional context of nurses has shaped the unique high-intensity and high-demand characteristics of their emotional engagement [5]. This demand does not stem from a single factor but is constituted by a systematic energy depletion system resulting from multiple mutually reinforcing working features.

Firstly, the unconventional and high-intensity work schedule is the primary source of stress. The shift work system continuously affects the nurses' biological clocks and natural social rhythms, leading to physiological fatigue and a decline in the baseline of emotional balance. On this physiological basis, the nature of the work itself has unpredictable peaks and troughs: long periods of routine monitoring, paperwork, and basic care can suddenly switch to a highly tense and time-sensitive state due to the sudden deterioration of the patient's condition. This frequent and intense pattern shift from static vigilance to dynamic urgency requires the emotional state to be rapidly adjusted, from maintaining a calm and patient state to a highly focused calmness and decisiveness. Each such shift is a direct extraction and consumption of emotional self-control.

Secondly, the nature of the work subjects determines the depth and complexity of emotional involvement. Nurses do not deal with inanimate objects or abstract data; instead, they constantly encounter living individuals who are experiencing illness and require care and support. This requires their emotional investment to be more than superficial and formulaic friendliness; it often requires deep empathy and genuine care commitment. After providing long-term care for patients and establishing trust bonds with their families, when faced with the patient's passing, nurses, while fulfilling their professional duties, inevitably experience real sadness and a sense of loss. However, professional norms usually require them to quickly manage this personal grief and continue to support other patients in a professional manner. This management of natural emotions and the continuous performance of professionalized emotions constitute the most internally challenging aspect of emotional engagement [6].

Furthermore, the complex interwoven relationships and ethical considerations in the workplace have increased the burden of emotional management. Nurses are at the center of a complex network composed of doctors, patients, family members, other caregivers, and the administrative system. They need to manage multiple dimensions of relationships simultaneously, including upward (such as accurately understanding and following medical orders), parallel (such as collaborating with colleagues), and downward (such as guiding patients and supporting family members). When facing ethical challenges such as limited medical resources or differing family opinions, nurses often find themselves balancing emotions and reason, bearing immense invisible pressure while still needing to maintain a composed, neutral, and supportive external demeanor during interactions [7].

#### *3.2. The Burnout*

In the nursing profession, job burnout serves as a crucial internal mediating mechanism and warning sign. It is not merely feeling tired; rather, it is a comprehensive psychological exhaustion syndrome with specific dimensions, triggered by prolonged, high-intensity emotional exertion and an imbalance in resource replenishment [8]. This process is closely linked to the characteristics of emotional demands and the decline in individual professional efficacy.

When nurses continuously engage in significant emotional efforts, such as sustained empathetic care, emotional adjustment, emotional masking, and coping with the psychological impacts brought by life and illness, but lack sufficient effective compensatory resources, burnout may quietly emerge. Emotional exhaustion is the core experience of burnout. Nurses feel that their emotional resources have been completely depleted and are unable to invest further emotions in their work, manifesting as persistent physical and mental fatigue, emotional numbness, and a sense of powerlessness. Nurses may lose interest in activities after work and even find it difficult to respond to the emotional needs of their family members. As a psychological defense mechanism, dehumanization may occur, where nurses unconsciously separate patients from their complete personality, viewing them merely as mechanical work objects rather than individuals in need of care [9]. Consequently, they may adopt indifferent, detached, and mechanized attitudes towards patients and work to protect themselves from further emotional involvement and harm. This directly contradicts the core ethical principle of nursing, which is centered on people. Emotional burnout among nurses is also reflected in a diminished sense of personal achievement. Despite significant efforts, nurses may begin to feel that their work lacks value and meaning, doubting their professional competence and believing they cannot have a substantive impact on patient health outcomes. This low sense of achievement weakens their intrinsic motivation, making work feel burdensome.

### *3.3. The Service Object*

The complexity and challenge of nurses' emotional engagement are largely determined by the unique nature of their service recipients. Nurses do not deal with standardized clients; instead, they need to have in-depth interactions with individuals in a highly vulnerable state, with diverse characteristics, and their families [10]. This interaction requires significant situational sensitivity and strategic flexibility in emotional engagement, and it also constitutes a direct source of continuous strain or even disruption of emotional resources.

The heterogeneity of service recipients demands dynamic adaptation of emotional strategies. Nurses need to quickly switch between different patients within the same work shift, and each patient carries their unique health narratives, psychological states, and cultural backgrounds [11]. When facing different patients, nurses need to adjust their emotional strategies. For example, when dealing with a young patient who is newly diagnosed with cancer and filled with fear and uncertainty, the emotional strategy should focus on providing a sense of security, information support, and the cultivation of hope. The language and body language should be particularly gentle and encouraging. When turning to an elderly person who has become irritable and frustrated due to long-term chronic pain, the strategy needs to be adjusted to more patience, non-judgmental acceptance, and the establishment of behavioral boundaries through professional and firm communication. Additionally, the distress, sadness, or confusion of the patient's family members also require nurses to invest additional emotional effort for guidance and education. This continuous, rapid, and precise emotional strategy switching itself is a process of high cognitive load and emotional exertion.

The potential challenges in service interactions pose a significant test for the sustainability of emotional engagement. Under the influence of factors such as health-related stress, information gaps, expectation mismatches, or system delays, nurses often become the recipients of negative emotions from patients and their families. When encountering non-compliance with treatment, verbal dissatisfaction due to unmet

treatment outcomes, or even inappropriate behavior or threats, nurses face a dual challenge: immediate emotional management and subsequent emotional resource strain. When addressing immediate emotional management, nurses must regulate their natural reactions such as frustration, anger, or fear in an instant, activate a professional emotional regulation mode, maintain an outwardly calm, professional, and empathetic demeanor, and attempt to resolve challenges through communication to ensure treatment safety and environmental order. This requires highly developed emotional regulation and interpersonal skills. When addressing subsequent emotional resource strain, negative interactions are not just a single emotional exertion, but their impact often has residual effects. It can accumulate into psychological fatigue, weaken nurses' trust and openness towards subsequent patients, and exacerbate the tendency towards emotional detachment in occupational burnout. Therefore, the characteristics of the service recipients place nurses' emotional engagement in a highly dynamic and demanding field. This requires emotional engagement to be a highly contextualized strategic practice based on professional judgment, ethical considerations, and self-care. Whether one can effectively respond to this challenge not only affects the quality of a single interaction, but also profoundly influences the long-term construction of nurses' professional well-being and patient-care relationships.

#### **4. The Mechanisms by Which Each Factor Affects the Sustainability of Emotional Labor**

##### *4.1. The Influencing Mechanism of Work Characteristics*

The structural characteristics of the nursing profession, through a series of interrelated intermediate processes, profoundly shape and constrain the sustainability of nurses' emotional engagement. This influence is not a simple linear effect; rather, it constitutes a systematic mechanism that drives both the accelerated depletion of emotional resources and the compensation for emotional deficits.

The nature of nursing work exposes nurses to high levels of emotional strain and stress. The fast-paced and unpredictable character of the job requires them to shift frequently and intensively between different emotional states, from the patience needed for routine care to the composure required in urgent clinical situations, and then to the solemnity involved in confronting critical illness or death. These transitions are not seamless; each shift demands considerable cognitive effort and emotional adjustment. The underlying psychological process resembles cognitive depletion during repeated task switching. Over time, the cumulative fatigue produced by frequent emotional transitions becomes a significant yet often overlooked hidden cost, which may be understood as an emotional switching burden. In addition, nurses are continually exposed to empathic stress associated with pain and death. Repeated encounters with patients' physical suffering, psychological fear, and dying processes place nurses at risk of secondary trauma. Deep empathy is the foundation of high-quality care; however, without effective protective strategies, the continuous absorption and bearing of others' painful emotions can directly erode emotional reserves, resulting in emotional numbness or excessive involvement. Nurses are repeatedly exposed to scenarios involving pain and death, which means they must continuously bear the psychological pressure generated by deep empathy. In daily practice, they must constantly confront patients' physical suffering, psychological fear, and death-related events. Such sustained occupational exposure places nurses at potential risk of secondary trauma. Deep empathy is the cornerstone of high-quality humanistic care. However, without effective personal protection and psychological adjustment strategies, continuously absorbing and carrying others' painful emotions will gradually deplete or even exhaust emotional reserves. The nature of nursing work also subjects nurses to persistent emotional strain and stress. Its fast pace and unpredictability require frequent and intense movement across emotional states, from patience in routine care to composure in urgent treatment situations and solemnity in the face of critical or fatal outcomes. This process is not smooth, and every transition requires

substantial cognitive effort and emotional adjustment. Psychologically, this mechanism is similar to the depletion that occurs when the brain repeatedly switches between multiple tasks. Over time, the exhaustion accumulated through frequent emotional shifts becomes a substantial and often neglected hidden cost, which can be described as an emotional switching burden. At the same time, nurses remain continuously exposed to empathic stress arising from pain and death. Ongoing confrontation with patients' physical suffering, psychological fear, and death events places them at risk of secondary trauma. Although deep empathy is essential to high-quality care, without protective strategies, the continual absorption and endurance of others' painful emotions can directly erode emotional resources, leading to emotional numbness or overinvolvement. Nurses' repeated exposure to pain and death means that they must continuously endure the psychological pressure associated with deep empathy. In everyday work, they are required to face patients' physical pain, psychological fear, and death-related events on an ongoing basis. This sustained occupational exposure places nurses at potential risk of secondary trauma. Deep empathy remains the basis of high-quality humanistic care. However, without effective personal protection and psychological adjustment strategies, continuously absorbing and bearing others' painful emotions will directly erode emotional reserves, ultimately leading to emotional numbness or excessive involvement.

The nature of nursing work also contributes to insufficient emotional replenishment. Nurses' working time and space are structurally constrained; tight schedules and excessive workloads severely reduce the rest time, reflective space, and social support necessary for emotional recovery. When adequate time is unavailable to process the emotions accumulated during the day, negative emotions are more likely to build up. In addition, the meaning and feedback associated with nursing work are often delayed or absent. Even when substantial emotional effort is invested, the uncertainty of clinical outcomes or the heavy burden of transactional tasks that compress direct caregiving time may prevent nurses from receiving timely and positive feedback. This delay or interruption in the meaning and feedback of emotional engagement cuts off one of the most important internal motivational and restorative loops sustaining such engagement. Furthermore, the organization of nursing work often lacks systematic support. When the work itself generates high emotional consumption, while organizational culture overlooks the value of emotional engagement, fails to provide corresponding psychological support resources, and does not recognize emotional management as a core professional competence, the organization does not fulfill its restorative function. Under such conditions, nurses' emotional efforts become a form of pure personal consumption.

#### *4.2. The Influencing Mechanism of Burnout*

Job burnout's erosion of the sustainability of emotional engagement is a mutually reinforcing and escalating negative cycle. It is not a static outcome but a dynamic destructive mechanism that undermines nurses' willingness, ability, and meaning support for emotional investment from within. Its core mechanism lies in the fact that the three classic dimensions of job burnout (emotional exhaustion, dehumanization, and reduced personal sense of achievement) respectively affect emotional resources, genuine connection, and intrinsic motivation [12].

Emotional exhaustion directly depletes the foundation of emotional engagement. When nurses are deeply exhausted due to long-term excessive exertion, their basic emotional resource pool is nearly drained. They may lose interest in activities after work and even struggle to respond to the emotional needs of their family members. In such circumstances, asking them to continue to mobilize empathy, display warmth, and conduct meticulous emotional management during work becomes an impossible task. Emotional engagement, which was once an interaction that could bring satisfaction, degenerates into pure energy depletion, accelerating the process of exhaustion.

The phenomenon of dehumanization fundamentally undermines the core essence of emotional engagement. As a psychological self-protection mechanism, nurses may unconsciously objectify patients under long-term high pressure, treating them as cases to

be dealt with or a certain organ on a certain bed, rather than as complete individuals experiencing pain. This gradually formed coldness and professional detachment directly eliminates the most crucial component of emotional engagement, namely genuine care [13]. As a result, emotional expression is no longer an interaction from the heart but degenerates into a mechanical, fixed-process professional performance, losing the fundamental power that should have promoted the healing relationship. This not only damages the trust and connection between nurses and patients but also prevents nurses from obtaining the necessary emotional feedback and satisfaction from meaningful connections with patients, thereby further exacerbating their tendency towards dehumanization and forming a self-reinforcing negative cycle.

The reduction of personal satisfaction directly cuts off the key circuit that sustains emotional engagement, namely the meaning feedback circuit. When nurses feel that their professional efforts cannot change the final outcome of patients, or believe that the core value of their work is diluted or even submerged by a large number of trivial tasks and rigid systems during long-term work, their most fundamental inner driving force will be severely damaged [14]. Originally, emotional engagement could provide nurses with clear and powerful meaning through means such as witnessing patients' gradual recovery and receiving sincere gratitude from family members. However, in the situation of continuously low personal satisfaction, the source of this meaning becomes dim, blurry, or even disappears completely. Without the nourishment and support of meaning, continuous emotional investment in nurses' perception is no longer an investment connected with value, but more like a futile and psychologically painful consumption. To protect themselves and avoid falling into deeper feelings of powerlessness and frustration, nurses will instinctively tend to reduce, simplify, or even completely withdraw their investment in emotional aspects, making emotional engagement difficult to sustain.

#### *4.3. The Influencing Mechanism of Service Object*

The service recipients (mainly patients and their families) act as the recipients and interactors of emotional engagement. Their characteristics, behaviors, and feedback constitute the external core mechanism that influences the sustainability of nurses' emotional engagement. This mechanism is not a one-way process of consumption or giving, but a dynamic and two-way interaction [15]. Its sustainability depends on the balance between the rate of emotional resource utilization during the interaction and the efficiency of emotional replenishment.

Firstly, the emotional state and complexity of needs of the service recipients are the main variables for emotional utilization. When nurses encounter patients with high emotional demands, they directly expend emotional resources. For example, when facing patients who are in significant pain, anxious, upset, or distressed, nurses need to invest more energy in emotional adjustment and soothing. Nurses' understanding and management of complex interpersonal needs, as well as the needs of patients and their families, are not only physiological but also psychological and social. Addressing unrealistic expectations of family members, mediating internal family dynamics, or communicating unfavorable prognoses to patients all require nurses to make precise emotional assessments and manage relationships, which constitutes high-intensity cognitive and emotional dual effort.

Secondly, the feedback from the service recipients is a crucial factor influencing the balance of a nurse's emotional resources. Positive feedback provided by the service recipients has a significant nourishing and replenishing effect on the nurse's emotional state [16]. The heartfelt gratitude from the patients, the positive signs of their improved condition, and the trust and cooperation shown by their families can all provide the nurse with the most direct and powerful confirmation of meaning and emotional rewards. This positive feedback acts like a catalyst, effectively replenishing the emotional resources utilized in daily work and further strengthening the nurse's professional identity, thus becoming the core internal driving force for maintaining their continuous commitment to emotional engagement. On the contrary, negative feedback or a lack of feedback from the

service recipients has a depleting effect on emotions. The patients' indifference, lack of cooperation, unreasonable complaints, or the doubts and grievances of their families not only fail to provide emotional replenishment but instead consume emotional resources to address frustration, perceived injustice, and defensive emotions. When the professional efforts and emotional investment of the nurse are taken for granted by the patients and their families, and they do not receive any form of recognition or feedback for a long time, it can lead to a diminished sense of purpose within the nurse. This state of feedback deficiency transforms the originally two-way emotional interaction into a purely one-way effort, which rapidly accelerates the depletion process of the nurse's emotional resources and poses a serious threat to the sustainability of their emotional engagement.

Finally, the diversity of the service recipient groups brings about continuous challenges in emotional adjustment. The service recipient groups in different departments vary greatly, and their emotional interaction patterns, points of emotional utilization, and sources of emotional rewards are completely different. Nurses need to constantly adjust their emotional engagement strategies. This continuous adaptive adjustment itself requires psychological energy. Without corresponding support and training, frequently switching between different emotional demand patterns will increase the complexity and fatigue of emotional engagement [17].

## **5. The Strategies for Promoting the Sustainability of Nurses' Emotional Labor in Hospitals**

To ensure the sustainability of emotional efforts, a comprehensive support system should be established. Immediate incentives can be implemented, such as creating a positive emotional feedback mechanism, promptly recognizing and praising successful cases of emotional care, and enhancing a sense of achievement. Physiological recovery support can be provided by optimizing work schedules to ensure adequate rest, setting up spaces for emotional relaxation, and conducting mindfulness-based stress reduction training to help nurses recover from emotional exhaustion. Long-term care and investment should include integrating emotional capabilities into career development and evaluation systems, establishing regular psychological support and supervision mechanisms, and fostering an organizational culture that values emotional contributions and encourages team collaboration. These measures aim to fundamentally build a sustainable ecosystem for emotional efforts [1].

### *5.1. The Instantaneous Incentive*

Implementing an immediate and closely-contextualized incentive mechanism is a crucial and highly operational aspect in the construction of a support system. This requires a fundamental transformation in nursing management, shifting from the traditional long-term, result-oriented performance evaluation model to a more immediate recognition model that emphasizes the quality of the nursing process and micro-interactions. Specifically, medical institutions should strive to establish a regular, positive emotional feedback-centered immediate recognition mechanism. Within the department, dedicated immediate channels for sharing excellent cases of emotional care can be set up, such as brief verbal praise during the morning department meeting, physical honor walls in the department's public area, or an immediate like and award system using internal communication software. The core application scenario is that when a nurse successfully uses professional communication skills to calm a highly anxious preoperative patient, or through patient-focused health guidance to resolve the layers of doubts of the family, their immediate superior or colleagues working together can sensitively perceive this crucial moment of success and promptly give specific and sincere public praise [9]. The core value of this immediate incentive model lies in its ability to quickly and clearly link the positive outcomes of emotional engagement, such as the significant relaxation of the patient's emotions and the effective establishment of trust relationships, with the specific professional behaviors adopted by the nurse. This direct connection provides nurses with

a strengthened and immediate sense of achievement feedback, effectively compensating for the shortcomings of traditional assessment methods in terms of timeliness and process.

### 5.2. *The Physiological Recovery Support*

To ensure the long-term sustainability of nurses' emotional efforts, it is necessary to focus on and support their physiological and psychological recovery capabilities from the root, as continuous emotional exertion depletes significant physical and mental resources [9]. This requires the establishment of a systematic recovery support system aimed at restoring the physical and mental foundation necessary for emotional resilience and preventing exhaustion.

Firstly, at the institutional level, the shift and rotation system for nurses must be scientifically optimized. This is not only to avoid excessive working hours but also to actively design shifts that align with the physiological rhythms and recovery cycles of the human body. For example, implementing more humane and flexible shift scheduling can ensure sufficient continuous rest time after periods of intense emotional effort. Reducing frequent transitions between day and night shifts can help maintain the stability of the biological clock, thereby ensuring nurses have adequate sleep and offline time, which are fundamental prerequisites for restoring emotional resources.

Secondly, at the environmental level, dedicated physical spaces for emotional relaxation and psychological stress relief should be established. These spaces should be separate from the busy nurse stations and noisy rest areas, providing a quiet, private, comfortable, and relaxing environment. The interior can include comfortable seating, soft lighting, soothing music, simple stress-relieving items, and provisions such as drinking water and snacks. The core function of such spaces is to offer nurses a safe, undisturbed "psychological haven" during breaks, allowing for short-term self-isolation, emotional calming, or simple relaxation exercises, thereby facilitating micro-pressure release and emotional reset during work.

Finally, at the skill and empowerment level, systematic psychological training such as mindfulness relaxation and stress reduction should be organized. These trainings should not be occasional lectures but should become an integral part of nurses' career development. Through regular workshops or group practices, nurses can learn practical skills such as brief mindfulness breathing and progressive muscle relaxation. The value of these skills lies in their ability to provide nurses with tools for active self-regulation in high-pressure work situations, enabling them to consciously and methodically calm stress responses and replenish internal psychological energy, rather than passively enduring the accumulation of stress [13].

### 5.3. *The Long-Term Care and Investment*

To systematically promote the sustainability of hospital nurses' emotional efforts, it is necessary to go beyond short-term, scattered measures and instead implement a comprehensive strategy that focuses on long-term care and strategic investment [7]. The core of this strategy lies in treating the nurses' emotional capabilities and their physical and mental health as equally important core human resources for investment and maintenance, thereby fundamentally building a sustainable ecosystem that can self-nourish and operate in a virtuous cycle.

Firstly, incorporate emotional capabilities into the career development and professional assessment systems. This requires a paradigm shift in hospital management, including explicitly including the assessment of the quality of nurses' emotional efforts in the evaluation criteria for their professional titles, performance, and professional capabilities. For example, in the promotion evaluation standards, in addition to technical operations and theoretical knowledge, requirements and evidence for communication empathy skills, building doctor-patient relationships, and managing emotions in complex situations should be added. Performance evaluations can set specific indicators, and through patient satisfaction surveys, peer evaluations, and case analysis, provide formal feedback and recognition of nurses' performance in emotional care. The far-reaching significance of this measure lies in that it formally recognizes the professional value and

legitimacy of emotional efforts at the top-level design of organizational systems, elevating it from an implicit "soft skill" to a measurable, developable core professional ability, providing clear value orientation and incentive paths for nurses' long-term career development.

Secondly, establish a systematic and regular psychological support and professional supervision system. The long-term investment in emotional efforts inevitably brings psychological risks, so an institutionalized support system must be established to prevent exhaustion and promote growth. Hospitals can set up employee assistance programs or regular psychological counseling services to provide confidential and convenient mental health support channels for nurses. Hospitals can introduce professional reflection mechanisms such as clinical supervision or structured group discussions. Through regular and organized meetings, under the guidance of trained facilitators, nurses can safely discuss cases that trigger strong emotional reactions at work, share feelings, obtain peer support and diverse perspectives, thereby transforming emotional experiences into professional learning and personal growth, and avoiding the isolated accumulation of negative emotions. Provide continuous training in emotional management and psychological resilience for nurses, and incorporate psychological adjustment skills as essential professional skills for nurses [17].

Finally, through cultural shaping, create an organizational culture that respects the emotional value of nursing and promotes teamwork support. The system and support ultimately need to be rooted in a healthy organizational culture. Hospital leadership should advocate through consistent words and deeds, and create a cultural atmosphere within the organization. Hospitals should publicly affirm the value of emotional efforts and clearly place providing warm care and excellent techniques on an equal footing in hospital publicity, internal meetings, and leadership speeches. Hospitals should encourage social support among teams, cultivate the habit of mutual observation, timely supplementation, and sharing experiences within departments for mutual support [5, 17]. For example, establish an informal peer support system. When a nurse experiences an event with a huge emotional drain, colleagues can proactively offer temporary replacement or emotional comfort. Hospital managers should demonstrate caring leadership, and front-line managers such as nurses' supervisors should actively pay attention to the emotional state of team members, become the first line of defense for emotional support, and demonstrate consideration for nurses' emotional load in resource allocation and work arrangement.

## **6. Conclusion**

This article focuses on the sustainability of nurses' emotional demands in hospital settings. It first systematically analyzes the key factors influencing the sustainability of nurses' emotional demands and closely examines the inherent characteristics of nursing work, the development mechanism of occupational burnout, and the central role of feedback from service recipients. On this basis, the study proposes a multi-level and systematic strategy framework for improvement, including an immediate incentive mechanism designed to provide timely positive feedback, a physiological recovery support system centered on the restoration of physical and psychological resources, and long-term care and investment strategies related to institutional and cultural development. This study not only reveals the complex dynamics of depletion and replenishment underlying nurses' emotional demands, but also provides an integrated practical framework for medical institution management, spanning micro-level interactions and macro-level institutional arrangements, as well as short-term compensation and long-term development. This approach helps transform emotional demands from an overlooked individual burden into a manageable, supported, and sustainable core professional capacity, thereby promoting nurses' occupational health and well-being and ultimately improving the overall quality and humanistic character of medical services.

## **References**

1. R. Ehrlich, *The managed heart: Commercialization of human feeling*, 1984.
2. L. A. Cross, "Compassion fatigue in palliative care nursing: A concept analysis," *Journal of Hospice & Palliative Nursing*, vol. 21, no. 1, pp. 21-28, 2019.
3. B. E. Ashforth and R. H. Humphrey, "Emotional labor in service roles: The influence of identity," *Academy of Management Review*, vol. 18, no. 1, pp. 88-115, 1993.
4. D. K. Costa and M. Moss, "The cost of caring: emotion, burnout, and psychological distress in critical care clinicians," *Annals of the American Thoracic Society*, vol. 15, no. 7, pp. 787-790, 2018.
5. J. S. Kim, "Emotional labor strategies, stress, and burnout among hospital nurses: a path analysis," *Journal of Nursing Scholarship*, vol. 52, no. 1, pp. 105-112, 2020.
6. B. K. Sohn, S. M. Park, I. J. Park, J. Y. Hwang, J. S. Choi, J. Y. Lee, and H. Y. Jung, "The relationship between emotional labor and job stress among hospital workers," *Journal of Korean Medical Science*, vol. 33, no. 39, p. e246, 2018.
7. H. Feng, M. Zhang, X. Li, Y. Shen, and X. Li, "The level and outcomes of emotional labor in nurses: A scoping review," *Journal of Nursing Management*, vol. 2024, no. 1, p. 5317359, 2024.
8. X. Wu, J. Li, G. Liu, Y. Liu, J. Cao, and Z. Jia, "The effects of emotional labor and competency on job satisfaction in nurses of China: A nationwide cross-sectional survey," *International Journal of Nursing Sciences*, vol. 5, no. 4, pp. 383-389, 2018.
9. S. L. Pisaniello, H. R. Winefield, and P. H. Delfabbro, "The influence of emotional labour and emotional work on the occupational health and wellbeing of South Australian hospital nurses," *Journal of Vocational Behavior*, vol. 80, no. 3, pp. 579-591, 2012.
10. J. H. Park and S. K. Chung, "Influence of emotional labor, communication competence and resilience on nursing performance in university hospital nurses," *Journal of the Korea Academia-Industrial Cooperation Society*, vol. 17, no. 10, pp. 236-244, 2016.
11. D. J. Ha, J. H. Park, S. E. Jung, B. Lee, M. S. Kim, K. L. Sim, and C. Y. Kwon, "The experience of emotional labor and its related factors among nurses in general hospital settings in Republic of Korea: a systematic review and meta-analysis," *Sustainability*, vol. 13, no. 21, p. 11634, 2021.
12. C. I. Chu, "The impact of hospital nurses' emotional labor on job satisfaction and burnout," *Taiwan Journal of Public Health/Taiwan Gong Gong Wei Sheng Za Zhi*, vol. 32, no. 3, 2013.
13. I. S. Kim, "The role of self-efficacy and social support in the relationship between emotional labor and burn out, turn over intention among hospital nurses," *Journal of Korean Academy of Nursing Administration*, vol. 15, no. 4, pp. 515-526, 2009.
14. M. Lee and K. S. Jang, "Nurses' emotions, emotional labor, and job satisfaction," *International Journal of Workplace Health Management*, vol. 13, no. 1, pp. 16-31, 2020.
15. H. R. Nam and J. Y. Lee, "Development of emotional labor measurement tool for hospital nurses," *Journal of Korean Academy of Nursing Administration*, vol. 24, no. 3, pp. 221-233, 2018.
16. M. S. Joung and K. J. Kim, "A study on the effect of emotional labor and leader's emotional intelligence on job satisfaction and organizational commitment for nurses," *Korea Journal of Hospital Management*, vol. 11, no. 4, pp. 1-18, 2006.
17. Y. K. Yang, "A study on burnout, emotional labor, and self-efficacy in nurses," *Journal of Korean Academy of Nursing Administration*, vol. 17, no. 4, pp. 423-431, 2011.

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Publisher and/or the editor(s). Publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.