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RESEARCH ARTICLE

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Aspects of emotional labor of public health nurses engaged in interpersonal support

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Abstract

Aim: Clarifying the emotional labor of public health nurses while providing interpersonal support.

Design: Qualitative descriptive study conducted using content analysis to clarify the aspect of emotional labor of PHNs regarding interpersonal support.

Methods: Individual semi-structured interviews were conducted with 28 public health nurses employed by seven city governments in Japan. The data items obtained were categorized using deductive content analysis.

Results: When attempting interpersonal support, PHNs showed the following aspects of emotional labor: (1) negative emotions towards residents and resident-focused emotions; (2) emotional rules based on duty performance, emotional rules based on fairness, emotional rules based on intimacy; (3) adaptive emotional regulation, maladaptive emotional regulations and (4) emotional expressions based on friendliness, emotional expressions based on calmness.

Conclusion: PHNs used adaptive emotional regulation in some cases and sometimes resorted to maladaptive forms. A system of support should be established to ensure the smooth and effective provision of interpersonal support.

KEYWORDS
emotional labor, interpersonal support, Japan, public health nurses, qualitative research

1 | INTRODUCTION

The Japanese community faces many difficulties in healthcare, including long-term care issues, handling child-rearing with isolation tendencies and the abuse of children and the elderly. Japanese public health nurses (PHNs) provide support for various health issues of persons within a community. They also provide support in child abuse situations while facing difficulties in determining the well-being of the children and changing the child-rearing behaviour of the mother (Nagatani, 2009). Nurses also provide support in cases of elderly abuse, while holding negative feelings towards the abuser and both approaching and avoidant feelings towards the abused (Fujie, 2009). The nurses are involved while holding ambivalent thoughts and dilemmas relating to ethical issues, such as disagreements in intentions between the individual and their family in support or intervening on domestic violence between spouses and abuse, and the fair distribution of services (Asahara et al., 2012). Therefore, PHNs must perform their duties while managing their

feelings such as ambivalent thoughts and difficulties that occur during interpersonal support, which may be a burden. However, the state of emotional management of PHNs regarding interpersonal support has not yet been clarified.

2 | BACKGROUND

The concept of emotional labor is used as a means for determining the state of emotional management that occurs during support (Hochschild, 1983). Emotional labor is defined as the management of emotions by an individual as required by their work, while inducing and suppressing their own emotions. For this, two types of acting are required: surface acting, where the individual pretends to feel an emotion that seems appropriate at that time according to emotional rules; and deep acting, in which the individual's thoughts are congruent with how they felt. Emotional labor in nursing is the act of the nurse expressing these superficial and deep emotions while encountering a patient (Huynh et al., 2008). Hong and Kim (2019) stated that controlling emotions helps nurses act normally towards the patient. Tuna and Baykal (2017) explained that this improved nurses' relationships with patients and their families and has great treatment value, particularly for oncology nurses.

An emotional labor scale (Hong & Kim, 2019; Katayama et al., 2005) was developed in order to clarify the psychological effects of emotional labor on nurses. A study that determined the psychological effects of emotional labor in nurses showed that surface acting was positively associated with burnout and negatively associated with job satisfaction, whereas deep acting was positively associated with job satisfaction (Schmidt & Diestel, 2014). Individual communication skills, emotional intelligence and workplace support systems were also involved in emotional labor as mental health aspects in the nursing profession (Lartey et al., 2019). Intervention studies on developing emotional coping (Kaneko et al., 2019) and research focusing on emotional expression by determining the emotional labor relating to nursing practice (Katayama & Hosoda, 2014) were conducted with regard to how nurses deal with emotional labor. However, there have been no studies conducted on the emotional labor of PHNs. From this, it is thought that methods for overcoming the difficulties and dilemmas of interpersonal support provided by PHNs could be investigated from the perspective of emotional labor.

Over 70% of Japanese PHNs are employed by municipalities such as local and prefectural governments (Ministry of Health, Labour and Welfare, 2018). As municipal employees, the Local Public Service Act requires PHNs, to work in the public interest as servants of all the people. Since PHNs work both as public servants and as nursing professionals, they have a standpoint that differs from that of other nursing professions. They oversee and support a district as part of the residents' health service, which has different needs at all health levels (Iwasaki et al., 2018). In this respect, PHNs are different from hospital nurses, who oversee consenting hospitalized patients, and visiting nurses, who oversee patients on a contractual basis. Therefore, it is significant to determine emotional management based on the emotional labor of PHNs, who work under a different context than nurses whose emotional labor has already been clarified.

With this in mind, our aim is to clarify the aspect of PHNs emotional labor regarding interpersonal support to help the emotional labor of PHNs in the future.

2.1 | Research question

Within this context, the purpose of this study is to delineate the aspects of emotional labor of PHNs engaged in interpersonal support, to help them cope with these emotions.

3 | THE STUDY

3.1 | Design

The following terms are essential in understanding the current study. Based on the definition of a hospital nurse's emotional labor, as shown by Katayama, we established emotional labor as the act of expressing emotions considered appropriate for the other individual while managing one's own emotions using interpersonal support skills. Emotional rules are explicit or implicit rules for expressing the appropriate emotions under a given situation (Hochschild, 1983). Emotional regulation is influencing emotions by interpreting events and situations more constructively, resulting in adaptive emotional changes (Gross & Thompson, 2007).

In this study, we employed content analysis to objectively clarify the phenomena and aspects of emotional labor of PHNs in their interpersonal support, using data obtained through interviews. Of the three methods of content analysis shown by Hsieh and Shannon (2005), we employed deductive content analysis, which uses existing conceptual frameworks.

3.2 | Method

Assistance to individuals/family by PHNs is only partially established by the end of the first year (Yamada et al., 2020); therefore, we asked subjects from the second year onwards, when assistance was fully established. We conducted research requests for PHN candidates in 12 cities in region A in Japan: seven provided consent. We then visited these cities, explained the research's purpose, and obtained verbal consent. Afterwards, we asked for recommendations of PHNs to whom we also explained the purpose and obtained their written consent.

We conducted data collection interviews from May to October 2018. The interviews were carried out using a semi-structured format, asking the subjects Questions 1–4, shown below. The interviews lasted between 18 and 61 minutes. Since the research subjects were informed about the content of the interview when

receiving advance explanation about the research, they had prepared what to talk about in the interview. No restrictions were placed on the type or number of scenarios of emotional labor, and we encouraged them to talk as much as they were able. As a result, we were able to hear everything they were able to discuss within the possible range in a single interview. We recorded the interviews on an IC recorder after obtaining the research participants' permission.

1. What you keep in mind when providing daily interpersonal support
2. Scenes you were involved in while considering the emotions of the other individual during interpersonal support
3. Kinds of emotions that occurred during the scenes in 2, and how you expressed emotions and responded to the other individual
4. Your age, number of years of experience and the name of division/department you have experience of working in

3.3 | Analysis

Following the method stipulated by Elo and Kyngäs (2008), we first determined the phenomena to be analysed and the scope of the analysis. Researchers have highlighted several ways of interpreting the concept of emotional labor. In our study, we used the views set forth by Hochschild (1983), "displaying certain experienced emotions to meet the requirements of a job", and extracted the following phenomena: emotions, emotional regulation and emotional expressions that are experienced during interpersonal support. Moreover, based on the arguments made by Grandey (2000) that "Emotional labor is the process of regulating both feelings and expressions for the organizational goals", we extracted the phenomena of emotional regulation applied to connect to the expression of emotions. From these, we determined the following four aspects of emotional labor as the scope of the analysis: (a) emotions, (b) emotional regulation, (c) emotional control and (d) emotional expression. We then re-examined the content of the data that had been extracted for emotions, emotional regulation, emotional control and emotional expression, and coded them, making sure not to impair their semantic content. We then complied with the procedures of inductive content analysis, and abstracted the aspects into subcategories and categories according to the similarities and differences in the codes' semantic content (Elo & Kyngäs, 2008). Moreover, to understand the aspects of emotional labor from the PHNs' perspectives, we named the category groups that corresponded to the four components.

Because this study is based on qualitative content analysis, we implemented it in ways that ensure that credibility, dependability and transferability are maintained in the research procedures and the process of interpretations (Graneheim & Lundman, 2004; Tobin & Begley, 2004). In this study, credibility was guaranteed by having the first author analyse the data, then having the third and fourth authors confirm the analysis results. This process was repeated until the interpretation of the data became consistent. Furthermore, the second author, who is well versed in the research method using content analyses and in the PHNs' activities, supervised the research and received instructions on improving and elaborating the paper from the fifth author. Dependability was guaranteed by presenting the results to a total of four individuals comprising either PHNs with experience of nursing education and research, or PHNs who had taken part in the interview, thus confirming that the analytical results were mostly valid. Transferability was guaranteed by analysing the data collected from interviews with the 28 subjects and by obtaining recurring answers in the process, which confirmed maturity of the data.

3.4 | Ethics

We conducted this research with the approval of the Ethics Review Committee of the affiliated institution. Before the interview, we explained the survey's objectives, as well as protection of subjects' information and their freedom to participate in, or withdraw from, the survey, both in writing and orally. We then obtained their written informed consent and conducted the survey. We also explained that the interviews would be conducted in rooms to which other people had no access during the interviews, and that their interviews would be recorded. The recorded data were transcribed within 7 days, after which the sound files were deleted. The data were rigorously managed while preserving the subjects' anonymity.

4 | RESULTS

4.1 | Attributes of research subjects

There (Table 1) were 28 research subjects in the study, belonging to the following age categories: fifties ($n = 2$), forties ($n = 10$), thirties ($n = 9$) and twenties ($n = 7$). Their years of experience as a PHN were as follows: ≥15 years ($n = 8$); 10–15 years ($n = 6$); 5–10 years ($n = 10$) and <5 years ($n = 4$).

4.2 | Aspects of emotional labor of PHNs regarding interpersonal support

We extracted (Tables 2–5) the following category groups: (1) negative emotions towards residents and resident-focused emotions; (2) emotional rules based on duty performance, fairness and intimacy; (3) adaptive and maladaptive emotional regulation and (4) emotional expressions based on friendliness and calmness.

We generated categories and subcategories for each category group. For the following sections, categories are shown in quotation marks ("subcategories are shown in italics"), and IDs are used to explain the specific content of each category from the participants' perspective.

TABLE 1 Characteristics of the study's participants ($N = 28$)

Characteristic	Value
Age (years)	
Mean (*SD*)	36.7 (7.6)
The average number of years of experience as PHNs	
Mean (*SD*)	12.2 (8.0)
Characteristic	***n***
Age (years)	
20's	7
30's	9
40's	10
50's	2
Sex	
Male	1
Female	27
The average number of years of experience as PHNs	
Less than 5 years	4
5 years to less than 10 years	10
10 years to less than 15 years	6
Over 15 years	8
Experience department (with duplicate answers)	
Health service	28
Welfare service	9

Abbreviations: PHNs, public health nurses; *SD*, standard deviation.

4.2.1 | Negative emotions towards residents

Negative emotions towards residents included the categories of "negative emotions towards residents with aggressive attitudes", "negative emotions towards residents making emotional complaints", "negative emotions towards residents without behaviour change" and "negative emotions towards residents concealing their true feelings".

> ID8: I am very much startled when dealing with people who have their emotions fully on display and slam the desk, or people who are very much filled with emotion.

4.2.2 | Resident-focused emotions

Resident-focused emotions generated the category, "sympathy towards the resident who is in front of me", and included emotions such as *feeling of empathetic pain for residents who are placed in difficult situations*, and *hopes to be of use to residents with whom I'm involved*.

> ID5: As a parent, I very much sympathize with the complaints and feelings of parents.

4.2.3 | Emotional rules based on performing duties

Emotional rules based on performing duties included "seeking exploratory understanding", "considering the values of the other party", "always responding calmly", "continuing to be involved with residents" and "fulfilling the responsibilities of PHNs".

> ID15: I try to determine from the conversation if they just want me to listen to their story or if they want some kind of solution to the topic they are discussing.

4.2.4 | Emotional rules based on fairness

Emotional rules based on fairness included the categories of "performing accurately based on rules" and "supporting all residents".

> ID28: I work to have people understand the extent to which they can and cannot use me for help as rules are rules, no matter what I think.

4.2.5 | Emotional rules based on intimacy

Emotional rules based on intimacy included the categories of "communicating while maintaining a friendly atmosphere" and "communicating so residents can talk more easily".

> ID18: Firstly, I try to communicate in a way that residents do not think that I'm just speaking to them to be polite and avoiding the main issues.

4.2.6 | Adaptive emotional regulation

Adaptive emotional regulation included the categories of "understanding and giving significance to the current situation" and "thinking about how to respond to the current situation".

> ID3: I try to see the repeated actions taken as being caused by the individual's illness.

4.2.7 | Maladaptive emotional regulation

Maladaptive emotional regulation included the categories of "thinking that there is a personal cause or cause in the resident", "thinking there is a cause in the administration" and "thinking that something must be done personally".

> ID10: The scale of the patient's complaint is so large or unrealistic, and I think that it's clearly wrong.

TABLE 2 Aspects of emotions

Category group	Category	Subcategory
Negative emotions towards residents	Negative emotions towards residents with aggressive attitudes	Agitation towards residents with intense anger
		Fear towards residents with aggressive attitudes
		Discomforting towards residents with aggressive attitudes
	Negative emotions towards residents making emotional complaints	Surprise towards residents making unexpected complaints
		Confusion about residents complaining about emotional instability
		Confusion about residents making inconsistent complaints
		Frustration towards residents who make the same complaints
	Negative emotions towards residents without behaviour change	Frustration towards residents repeating the same actions
		Frustration towards residents who do not follow advice
	Negative emotions towards residents concealing their true feelings	Doubts towards residents who hide facts
		Frustration towards residents who conceal emotions
		Anxiety towards residents who do not speak the truth
		Discomfort towards residents who do not speak the truth
		Agitation towards residents who stopped saying anything during conversation
Resident-focused emotions	Sympathy towards a resident who is in front of me	A feeling of empathetic pain for residents who are placed in difficult situations
		Hopes to be of use to residents with whom I'm involved

4.2.8 | Emotional expressions based on friendliness

Emotional expressions based on friendliness included the categories of "displaying positive emotions to residents" and "showing that nurses are supporters of residents".

> ID7: Even when faced with a serious or difficult story, I try to smile, have a gentle attitude, and convey an all-accepting atmosphere to the individual.

4.2.9 | Emotional expressions based on calmness

Emotional expressions based on calmness included the categories of "controlling my emotions and confronting residents" and "responding calmly to the residents".

> ID1: Trying to make my point when the other individual is angry only makes the situation worse, so I listen to the other individual and wait until they calm down.

4.3 | Aspects of emotional labor of PHNs regarding interpersonal support

The aspects of (Table 6) emotional labor of PHNs regarding interpersonal support are arranged in Table 6. Negative or other-party-focused emotions were extracted with regard to emotions as shown in Table 2. Emotional rules included duty performance, fairness and intimacy, and PHNs were shown to have conducted emotional labor with many emotional rules (Table 3). Emotional regulation included adaptive and maladaptive strategies, as shown in Table 4. Emotional expressions included those that were considered appropriate to residents based on friendliness or calmness, as shown in Table 5. These facts showed that there is emotional management based on emotional labor in the process of displaying appropriate emotions to the residents.

5 | DISCUSSION

5.1 | Emotional labor and interpersonal support

This study used deductive content analysis to extract specific aspects of PHNs' emotional labor while engaging in interpersonal support. First, as emotional labor in interpersonal support, PHNs were shown to manage their negative emotions, especially towards the residents. Examples of extracted negative emotions include "negative emotions towards residents with aggressive attitudes", "negative emotions towards residents making emotional complaints" and others. PHNs make moral judgements by prioritizing matters that the residents consider important, as well as residents' views and values (Asahara et al., 2014). However, administrative organizations operate under the rationale of handling official business by making people obey rules and regulations to abolish emotional elements that are personal and irrational (Miyairi, 2013). Therefore, because government offices carry out business operations in keeping with the rules stipulated by laws, etc., there are cases in which it is difficult to meet the residents' needs. The offices may sometimes receive complaints from residents (Nomura, 2014). In situations such as this, PHNs appeared to be managing their negative emotions, such as *agitation toward residents who direct intense anger at them*, and *confusion about residents who complain while expressing violent emotions*. Moreover, as experts who attempt to provide a variety of interpersonal support

TABLE 3 Aspects of emotional rules

Group	Category	Subcategory
Emotional rules based on the performance of duties	Seeking exploratory understanding	Listening to the stories of residents
		Recognizing the tone of people's voice and listening to their story when on the phone
		Listening to the person's story while determining facial expressions, gestures, and tone of voice when meeting face-to-face
		Determining the needs of the resident
		Determining the true feelings of residents
		Determining the situation of the resident from multiple perspectives
		Determining what could happen in residents' future
	Considering the sense of values of the other party	Thinking from the perspective of the other individual
		Respecting the emotions and feelings of the resident without imposing the PHN's own thoughts
		Not denying the other's thoughts despite the nurses' own values or opinions
	Always responding calmly	Maintaining a certain distance from the residents
		Suppressing the PHN's own emotions
		Remaining calm without being influenced by emotions
		Capturing the essence of a discussion in any situation and calmly communicating
	Continuing to be involved with residents	Responding according to whether it is the first or a subsequent meeting.'
		Making an effort not to make the resident alert or uncomfortable
		Maintaining support at one session and leaving topics leading to the next session
	Fulfilling the responsibilities of a PHN	Giving advice based on specialized knowledge as a PHN
		Providing support which should be done as a PHN
Emotional rules based on fairness	Performing accurately based on rules	Responding according to the law
		Respond accurately
	Supporting all residents	Putting the residents first
		Taking care of any and all residents
Emotional rules based on intimacy	Communicating while maintaining a friendly atmosphere	Starting with topics that soothe the feelings of the residents
		Speaking with the residents to whom they feel close
		Setting up a place where residents can easily speak
		Speaking to residents that they feel closer to and responding to residents' feelings (calling, facial expressions)
	Communicating so residents can talk more easily	Smiling at the residents
		Showing residents a supportive attitude

Abbreviation: PHN, public health nurse.

based on a preventive perspective (Schaffer et al., 2015), PHNs in Japan engage in programs to prevent the occurrence of child abuse and other incidents. However, some residents who are at risk of becoming victims of abuse do not seek support from PHNs, and it has been pointed out that PHNs can be subject to attitudes of rejection from the residents (Arimoto & Tadaka, 2018). Because of this, PHNs might have occasions to confront negative emotions such as *frustration toward residents who do not show any emotions*, and *a sense of anxiety toward residents who conceal their true feelings*.

Next, by considering the structure of emotional labor and the concepts behind it, we multilaterally and specifically revealed the types of emotional labor required of PHNs who provide interpersonal support. There are three different ways of grasping and understanding emotional labor (Sakakibara, 2017): As an "occupational requirement", according to Hochschild (1983); as "intrapsychic processes", according to Morris & Feldman (1996); and as "emotional display", according to Ashforth & Humphrey (1993). This study considered the aspects of emotional labor based on the definition set forth by Grandey (2000), who integrated these three standpoints as "the process of regulating both feelings and expressions for the organizational goals".

Regarding emotional regulation, items were extracted that were required of PHNs when providing interpersonal support, and therefore must be kept in mind while interacting with the residents. Kitano et al. (2018) pointed out that items such as "considering the values of the patients" and "always responding calmly" had things in common

TABLE 4 Aspects of emotional regulation

Group	Category	Subcategory
Adaptive emotional regulation	Understanding and giving significance to the current situation	Thinking that the PHN is involved in the situation as a profession
		Finding the necessity of PHNs being involved in the situation
		Understanding and accepting the reasons why residents attack
		Thinking that the behavioural change in the resident is due to their self-determination and accepting this
		Thinking and accepting attacks by residents on PHNs as due to illness
		Thinking that expressing the negative emotions of the residents has the reason and accepting this
	Thinking about how to respond to the current situation	Choosing the right language for residents based on the current situation
		Thinking about how to respond or support residents based on the current situation
		Thinking about how to respond and support residents without making them emotional based on the current situation
		Thinking about protecting oneself against the current situation
		Thinking of concluding with an interaction that maintains the relationship with the inhabitant in response to the current situation
Maladaptive emotional regulation	Thinking that there is a personal cause or cause in the resident	Denying in their own hearts what the residents say
		Regretting that the PHN did something they should not have done to the resident
		Thinking that this is an resident that does not listen
	Thinking there is a cause in the administration	Thinking that the administrative services are incomprehensible
		The administrative position has an effect on the resident
	Thinking that something must be done personally	Thinking that they could personally do something
		Thinking about trying to make oneself bigger than is necessary

Abbreviation: PHN, public health nurse.

with the emotional regulation characteristics of Japanese PHNs. In this study, the emotional regulation characteristics that were extracted included "continuing to be involved with residents" and "communicating so residents can talk more easily", etc. PHNs deal with residents for extended periods while the residents continue to live in the community, without exchanging any sort of contract or agreement. We believe that this was why emotional regulation items focusing on the residents were extracted. Moreover, focusing on friendliness, that is, "communicating so residents can talk more easily", is something that PHNs must always consider in the course of their continuous involvement, to be able to present stances and attitudes that project positivity in interpersonal support (Porr, 2013). On the other hand, researchers point out that some emotional regulations are rooted in both the personal and organizational levels (Guan & Furukawa, 2012). However, our findings could not draw any conclusions on this matter, so we feel it necessary to use our current findings to elucidate when and how PHNs use emotional regulation.

Emotional control is an important process in understanding an individual's psychological process. Hochschild (1983) gives two strategies for managing emotions: surface acting and deep acting. Surface acting is a strategy for changing only the display of emotions to an appropriate form without changing the experienced emotions themselves. Deep acting is a strategy for changing experienced emotions into forms that suit the circumstances, which are then displayed. Because of this, deep acting is regarded as connecting to truthful emotional expressions, and therefore does not lead to burnout or intention to leave, but increases job satisfaction (Chou et al., 2012). However, others claim that it does lead to burnout (Sakakibara, 2017). In our study, emotional regulation was sorted out into adaptive and maladaptive types. In adaptive emotional regulation, two categories were extracted: "understanding and giving significance to the current situation" and "thinking about how to respond to the current situation". For example, when becoming *distressed by residents who complain while expressing violent emotions*, or *feeling confused toward residents who complain while expressing violent emotions*, PHNs are believed to cope with adaptive emotional regulation by giving significance to the residents' attacks and accepting them, such as *understanding the reasons for the residents' aggressive attitudes and accepting them*, and *thinking that the residents' aggressive attitudes directed toward PHNS are caused by their illness, and accepting them*. By so doing, the nurses experience the process whereby their negative emotions such as agitation and confusion change, which suggest that it may not be likely lead to burnout. On the other hand, PHNs were shown to engage in maladaptive emotional regulation, such as *mentally negating things that the residents are saying* and *thinking that it is caused by the complexity of administrative services that are difficult to understand*. Maladaptive emotional regulation is believed to cause the nurses to experience dissonance between emotions that are being sought and those that deviate, causing them to continue holding negative emotions and leading to burnout. Sakakibara (2017) found that when

TABLE 5 Aspects of emotional expressions

Group	Category	Subcategory
Emotional expressions based on friendliness	Displaying positive emotions to residents	Regularly responding when listening to the stories of residents to show that the PHN is listening
		Checking the stories of the residents when accepting their emotions and thoughts
		Communicating the PHN's own feelings to convey that they understand the position of the resident
		Imparting a sense of security while pretending to have affirmative emotions
		Thanking the resident for being open
		Taking flexible actions close to resident needs
	Showing that nurses are supporters of residents	Showing that the PHN cares about the difficulties that the residents experience
		Showing to the resident that the nurse is a presence that can respond to consultation requests
Emotional expressions based on calmness	Controlling my emotions and confronting residents	Not showing negative emotions to residents
		Quietly watching until the resident's anger has subsided
		Not questioning the issues facing the resident
	Responding calmly to the residents	Properly conveying what needs to be communicating without getting caught up with the resident
		Communicating that it feels that the resident is directing negative emotions towards the PHN
		Telling residents what needs to be said in an indirect way
		Suspending interactions and creating distance when the residents' emotions cannot be controlled

Abbreviation: PHN, public health nurse.

nurses engage in maladaptive emotional regulation, attributing the causes to the hospital increases their sense of emotional exhaustion, while attributing the causes to the patients increases their intention to change jobs or to resign. Therefore, to help generate more truthful emotional expressions using deep acting, helping PHNs achieve adaptive emotional regulation has the potential to attenuate the negative impacts of emotional labor.

Emotional expression is an aspect of emotional labor conducted towards other people. This study regarded it as the act of PHNs expressing emotions vis-à-vis the residents that are deemed appropriate. As a result, PHNs nodded to make it clear that they were listening to residents carefully and sent messages conveying that they were sympathetic such as *nodding to show that they are listening carefully to what the residents are saying*, and *conveying their personal thoughts and feelings to show that they understand the residents' standpoints*. Communication is about offering information and conveying thoughts and emotions, and affects the quality of care (Xue & Heffernan, 2021). Effective communication is about having the sender's intentions be understood by the recipient (Fleisher et al., 2009). Therefore, PHNs were believed to engage in effective communication that was conveyed to residents by richly incorporating emotional expressions. They also used assertive communication, of *conveying things properly that need to be said*, while respecting the other party, and *without being dominated by the resident's pace*. Because assertive communication builds win-win relationships (Watabe, 2014), our study suggests interpersonal support over a long period needs to include emotional expressions by making use of these communication skills. Interestingly, regarding emotional expressions, the PHNs took action while simultaneously developing ways to ensure that their personal thoughts were accurately transmitted to the residents. Hochschild's work (Hochschild, 1983) on surface acting and deep acting has been widely accepted as elucidating the main emotional labor strategies (Chou et al., 2012). However, the results of our study indicate that considering emotional expressions uniformly as "acting" is a limited perspective. Otsuka et al. (2020) state that there are true, sincere responses in emotional labor, and that showing one's authentic self, without acting, can also be emotional labor. In our study, the nurses were expressing themselves honestly *by conveying their personal feelings to the residents and telling them that they understood their standpoints*, and were trying to communicate seriously by *conveying things properly that need to be said, without being dominated by the resident's pace*. Therefore, although we could not go so far as to grasp whether the emotional expressions extracted in this study were acting or were the nurses' real intentions, those expressions have the potential to become a skill that PHNs could use when providing interpersonal support and engaging in emotional labor.

5.2 | Measures taken by PHNs to compensate for emotional labor exerted when providing interpersonal support

In terms of emotional labor, there are certain measures that PHNs could use as clues for solving the sense of difficulty and dilemmas that

TABLE 6 Aspects of emotional labor of PHNs providing interpersonal support

Emotions		Emotional rules		Emotional regulation		Emotional expressions	
Negative emotions toward residents	Negative emotions toward residents with aggressive attitudes	Emotional rules based on the performance of duties	Seeking exploratory understanding	Adaptive emotional regulation	Understanding and giving significance to the current situation	Emotional expressions based on friendliness	Displaying positive emotions to residents
	Negative emotions toward residents making emotional complaints		Considering the values of the other party		Thinking about how to respond to the current situation		Showing that PHNs are supporters of residents
	Negative emotions toward residents without behaviour change		Always responding calmly				
	Negative emotions toward residents concealing their true feelings		Continuing to be involved with residents				
Resident-focused emotions	Sympathy toward the resident who is in front of me	Emotional rules based on fairness	Fulfilling the responsibilities of PHN	Maladaptive emotional regulation	Thinking that there is a personal cause or cause in the resident	Emotional expressions based on calmness	Controlling my emotions and confronting residents
			Performing accurately based on rules		Thinking there is a cause in the administration		Responding calmly to the residents
			Supporting all residents		Thinking that something must be done personally		
		Emotional rules based on intimacy	Communicating while maintaining a friendly atmosphere				
			Communicating so residents can talk more easily				

Abbreviation: PHN, public health nurse.

they experience in providing interpersonal support. The first is to use adaptive emotional regulation actively. It is possible that, when shown aggressive attitudes from residents or receiving emotional complaints from them, PHNs could merely change their display of emotions, while continuing to hold negative emotions. It is also possible that they make use of maladaptive emotional regulation to display their emotions, such as *thinking that it is the residents' responsibility*, etc. These affect the PHNs' mental health and lead to their experiencing difficulty in providing support. PHNs in Japan offer continuous interpersonal support over the long term, such as helping prevent child abuse. Utilizing adaptive emotional regulation can help alleviate PHNs mental burden, for example, by giving significance to and accepting residents' anger and continuing the support, such as *thinking that the residents' anger may be related to their disease*, etc. Therefore, in considering interpersonal support, it is necessary to grasp the psychological situation from the aspects of emotional labor and its processes.

The second measure is providing a workplace environment in which people find it easy to work. Conducting emotional labor carries the risk burnout and a sense of burden about one's work. These, however, are sometimes attenuated by the relationship between the leader and staff members and the atmosphere of the workplace, etc. (Cheng et al., 2013; Lartey et al., 2019). For example, in terms of emotional regulation strategies, it is important to use multiple strategies flexibly to respond to different situations, instead of any specific strategy (Bonanno & Burton, 2013). Therefore, it is possible to discover high-quality measures if there are relationships in which it is easy to consult with coworkers and superiors.

The third is the need to have a wide variety of emotional expressions for emotional labor. This study suggests the possibility that PHNs were not only carrying out surface and deep acting in conducting emotional labor, but were also providing true and sincere emotional expressions by making use of personal experiences and thoughts while conducting emotional regulation. Our study also showed that PHNs were developing ways to ensure that emotional expressions based on friendliness and calm were transmitted to the residents. For example, *the emotional regulation of listening attentively to what the residents are saying* leads to the emotional expression of *nodding to show that they are listening carefully to what the resident is talking about*. Based on the communication skill of "listening attentively", they express their emotions in a way that indicates they are listening to the other person. Regarding the emotional regulation needed for suppressing one's emotions, there is a possibility that PHNs *do not show negative emotions to the residents*, or, in other words, they are expressing non-negative emotions to the residents. Thus, our findings suggest having a wide variety of emotional expressions is a skill needed for emotional labor.

5.3 | Limitations

There are limitations in generalizing these results, as we used data limited to semi-structured interviews of PHNs who agreed to the survey. In addition, PHNs' intentional expression of emotions may not have been verbalized. We believe that more detailed data could be obtained by incorporating observational studies. Furthermore, our analysis was conducted to capture both the demand for and strategies of emotional labor (Guan & Furukawa, 2012), but there may have been some unclear boundaries between individual and organizational positions when determining the demands of emotional labor as the emotional demands of the administration or PHNs.

5.4 | Conclusion

There can be situations when emotional labor with negative emotions is handled by attempting adaptive emotional regulation, but there are also cases of maladaptive emotional regulation. In the future, workplace systems should be created to support PHNs based on the aspect of emotional labor to help them provide better interpersonal support for residents. As an example of emotional labor-related skills, our findings suggest the need for having a wide variety of emotional expressions centred on friendliness and calmness.

AUTHOR CONTRIBUTIONS

J.H., A.S., and S.T. contributed to the conception and design of this study; J.H. contributed to the acquisition of the data; J.H., S.T., and M.M. carried out the analysis and interpreted the data; K.M. and A.S. drafted the manuscript; A.S. critically reviewed the manuscript and supervised the whole study process. All the authors have read and approved the final manuscript and meet your journal's criteria for authorship (recommended by the International Committee of Medical Journal Editors [https://www.icmje.org/recommendations/]).

All authors have agreed on the final version and meet at least one of the following criteria [recommended bythe ICMJE (http://www.icmje.org/recommendations/)]:

- substantial contributions to conception and design, acquisition of data or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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CONFLICT OF INTEREST

There are no conflicts of interest in this study.

DATA AVAILABILITY STATEMENT

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

ETHICS APPROVAL

This study was approved by the Ethics Review Committee of the Tokyo Medical and Dental University Faculty of Medicine (Date of Approval: March 27, 2018; Approval Number: M2017-291).

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