




Emotional Labor and Gender Norms: Understanding the Experiences of Women in Care Professions

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Article Info

Article type:

Original Research

How to cite this article:

Yildiz, E., Hoffmann, C., & Antoniou, N. (2024). Emotional Labor and Gender Norms: Understanding the Experiences of Women in Care Professions. *Psychology of Woman Journal*, 5(1), 166-174.

<http://dx.doi.org/10.61838/kman.pwj.5.1.20>



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ABSTRACT

Objective: This study aimed to explore how women in care professions in Germany experience and interpret emotional labor within the context of gendered workplace expectations.

Methods and Materials: This qualitative research employed an exploratory design using semi-structured, in-depth interviews with 30 women working in various care professions, including nursing, social work, early childhood education, and eldercare. Participants were recruited through purposive sampling, ensuring diversity in age, professional role, and years of experience. Data collection continued until theoretical saturation was reached. All interviews were transcribed verbatim and analyzed using thematic analysis, following Braun and Clarke's six-phase approach. NVivo software was utilized to code and organize the data systematically, enhancing the rigor and transparency of the analysis.

Findings: Three overarching themes emerged from the data: navigating emotional expectations, gendered dimensions of care work, and consequences of emotional labor. Participants described internalized professional norms requiring emotional control, often in conflict with their authentic feelings. They highlighted how emotional labor is disproportionately expected of women, reinforced by cultural narratives of feminine caregiving. Many reported experiencing emotional exhaustion, role spillover into personal life, and diminished motivation to remain in their professions. At the same time, some participants demonstrated acts of resistance by setting boundaries and reframing emotional labor as skilled and valuable work. The findings revealed a clear disconnect between the institutional expectations placed on care workers and the emotional toll of their labor, underscoring the need for systemic recognition and reform.

Conclusion: Emotional labor in care professions is deeply gendered, institutionally underrecognized, and psychologically demanding.

Keywords: Emotional labor, gender norms, care professions, women, qualitative research, emotional exhaustion, professional identity.

1. Introduction

The performance of emotional labor is not merely an interpersonal endeavor; it is deeply embedded in organizational display rules that govern acceptable emotional expression. These rules, often unwritten yet strongly enforced, compel workers to engage in surface acting (faking emotions) or deep acting (attempting to genuinely feel the required emotion), both of which have psychological consequences (Qiu et al., 2023). Within healthcare settings, such rules can lead to emotional exhaustion, especially when care workers suppress authentic emotional responses in favor of maintaining a calm, comforting demeanor (Chen et al., 2022). In a cross-sectional study of Turkish nurses, researchers found a high prevalence of emotional labor behaviors, with implications for psychological strain and burnout (Yıldız & Dinç, 2022). Emotional labor, then, is not only a matter of emotional expression—it is a structural issue that intersects with workplace expectations, societal norms, and institutional power.

The gendered nature of emotional labor cannot be overstated. Studies have consistently shown that emotional expectations disproportionately fall on women, particularly in occupations characterized by care and nurturing (Porter, 2025). This feminization of care work is rooted in long-standing cultural narratives that equate womanhood with emotional sensitivity and relational attentiveness (Liedo et al., 2024). Such assumptions lead to an uneven emotional burden in the workplace, as women are expected to perform a broader range of affective tasks than their male counterparts. In roboticized care practices, for example, where human interaction is limited, women workers are still expected to supplement technological insufficiencies through their emotional engagement—highlighting how emotional labor is exploited and gendered even in technologically mediated environments (Liedo et al., 2024). Moreover, emotional labor often goes unrecognized and uncompensated, despite being essential to the quality of care provided (Cummins & Huber, 2022).

These unequal dynamics are acutely visible in nursing and social work, where women constitute the majority of the workforce. Nurses, in particular, are expected to navigate complex emotional terrains, such as comforting grieving families or remaining composed during emergencies, while also managing high workloads and administrative duties (Ahlmén, 2021). During the COVID-19 pandemic, this burden intensified, with many nurses continuing their

emotionally taxing routines despite fears for their health and well-being (Ahlmén, 2021). The emotional costs of such labor have been associated with burnout, sleep disturbances, and depressive symptoms (Zhang et al., 2021). A study by Kang and Park further highlights how surface acting, as opposed to deep acting, is particularly predictive of emotional dissonance and mental fatigue among ambulatory care nurses (Kang & Park, 2020). These emotional demands persist over time, resulting in cumulative psychological tolls that are often internalized rather than addressed structurally.

Social workers, like nurses, operate in emotionally charged environments that demand high levels of emotional regulation and responsiveness. Jeong's study on burnout among social workers emphasizes that insufficient self-care and a lack of institutional support exacerbate the adverse effects of emotional labor (Jeong, 2025). This finding aligns with previous work showing that social workers often feel morally responsible for their clients' well-being, which can intensify emotional labor through guilt and emotional overinvestment (Hogan & Drentea, 2022). Emotional labor in social work is not only a matter of professional ethics but also of gendered moral expectations—particularly the idea that “good” female caregivers should remain selfless and emotionally accessible. These expectations, while culturally reinforced, frequently contradict the lived experiences of care professionals who struggle to balance empathy with emotional boundaries.

Even within the domain of education and childcare, emotional labor is often portrayed as a “natural” extension of femininity, rather than as skilled labor requiring training and recognition. Malhotra argues that in early childhood care, the notion that “not everyone can do this” functions both as a validation of women's emotional strength and as a justification for their undercompensation and overwork (Malhotra, 2022). This romanticized notion of caregiving overlooks the reality that such emotional work requires regulation, adaptation, and emotional cost, particularly when workers are faced with behavioral challenges or emotionally taxing family dynamics.

The impact of emotional labor extends beyond the workplace into the personal lives of care workers. Emotional exhaustion can lead to role spillover, in which workers find it difficult to disengage emotionally after work hours (Chen et al., 2022). As one study found, women in healthcare professions reported difficulties maintaining healthy boundaries between their professional and personal identities, often feeling emotionally numb or depleted in familial contexts (Yan, 2022). Furthermore, cumulative

stress from emotional labor has been linked to long-term health issues, including sleep disruption, chronic fatigue, and anxiety (Khan et al., 2022; Zhang et al., 2021). These findings reflect a broader cultural issue: the emotional labor of women is often viewed as an infinite resource, expected to be given freely and continuously, without institutional compensation or psychological care.

Moreover, emotional labor is shaped by national, cultural, and organizational contexts. In Germany, care professions are simultaneously professionalized and devalued—a contradiction that leads to ambiguity around the emotional expectations placed on women in these roles. Lawton and Cadge explore the “ministry of presence” in chaplaincy work, arguing that emotional labor is perceived as both sacred and invisible, creating a paradoxical valuation of care work (Lawton & Cadge, 2024). Such paradoxes are also present in secular care professions, where emotional presence is both demanded and dismissed, particularly for women. The cultural backdrop of this contradiction is especially salient in institutional settings where structural reforms are slow and emotional labor remains underacknowledged.

The ethical dimensions of emotional labor have also become a focus in recent scholarship. Liedo and colleagues warn that when emotional labor is exploited in systems of care—especially in technologically mediated or understaffed environments—it not only harms the caregiver but also compromises the integrity of care itself (Liedo et al., 2024). This concern is echoed by Tafjord, who explores how nurses manage strong personal emotions when engaging with patients facing life-threatening illnesses. These nurses often experience moral conflict as they try to balance authentic human connection with the professional demand for composure and emotional regulation (Tafjord, 2021).

Despite the extensive body of research on emotional labor, there is a growing need to localize these inquiries to specific sociocultural and institutional contexts. As Doğan and colleagues note, emotional labor cannot be generalized across global care professions without considering factors such as gender, race, organizational support, and national policy frameworks (Doğan et al., 2022). For example, the coping strategies of Turkish nursing students may differ significantly from those of experienced German social workers, underscoring the need for context-sensitive research. Similarly, Kılınç and colleagues emphasize the importance of assessing emotional labor not just as an individual experience but as an institutional phenomenon that reflects deeper social hierarchies (Kılınç et al., 2020).

This study aims to contribute to this growing field by examining how women in Germany’s care professions understand, negotiate, and respond to the emotional labor demanded of them.

2. Methods and Materials

2.1. Study design and Participant

This qualitative study employed an exploratory design to examine the intersection of emotional labor and gender norms as experienced by women working in care professions. The research was grounded in a constructivist paradigm, aiming to capture the nuanced, lived experiences of participants through rich, descriptive accounts. The study population consisted of 30 women currently employed in various care-related professions, including nursing, social work, early childhood education, and eldercare. All participants were based in Germany and were recruited through purposive sampling to ensure diversity in age, years of professional experience, and institutional settings. Inclusion criteria required that participants identify as women, be fluent in German or English, and have at least two years of work experience in a care profession. The sample size was determined based on the principle of theoretical saturation, which was reached after the thirtieth interview, when no new themes or insights were emerging from the data.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected using semi-structured, in-depth interviews, which allowed participants to express their perspectives in their own words while ensuring consistency across interviews through a flexible interview guide. This guide included open-ended questions exploring emotional demands of care work, perceptions of gendered expectations, coping strategies, and organizational support mechanisms. Interviews were conducted in person or via secure video conferencing platforms, depending on participant preference and availability. Each interview lasted between 45 to 75 minutes and was audio-recorded with the participant's consent. All interviews were transcribed verbatim to ensure accuracy and depth of analysis.

2.3. Data Analysis

Thematic analysis was employed to identify, analyze, and interpret patterns of meaning within the data. The analysis followed Braun and Clarke's six-phase framework, beginning with familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. NVivo software (version 12) was used to manage and code the qualitative data systematically. Data analysis was iterative and reflexive, allowing for the emergence of unexpected themes while remaining grounded in the study's conceptual focus on emotional labor and gender norms. Trustworthiness was enhanced through peer debriefing, researcher reflexivity, and maintaining a detailed audit trail throughout the analytical process.

3. Findings and Results

The participants in this study consisted of 30 women employed in various care professions across Germany. Their ages ranged from 26 to 58 years, with the majority ($n = 18$) between 30 and 45 years old. Regarding professional roles, 10 participants were nurses, 8 were social workers, 6 were early childhood educators, and 6 worked in eldercare services. In terms of years of experience, 7 participants had 2–5 years of professional experience, 12 had 6–10 years, and 11 had more than 10 years of experience in their respective fields. Twenty-four participants identified as German, while 6 identified as having a migrant background, including Turkish, Syrian, and Polish origins. All participants had completed at least a vocational training or undergraduate degree related to their field, with 9 holding advanced degrees. The sample reflected a diverse range of experiences, allowing for an in-depth exploration of how emotional labor and gender norms intersect in different caregiving contexts.

Table 1

Thematic Structure: Categories, Subcategories, and Concepts from Participant Interviews

Categories	Subcategories	Concepts (Open Codes)
Navigating Expectations	Emotional	Internalized Professional Norms
		Managing Others' Emotions
		Emotional Dissonance
		Organizational Pressure
		Coping Mechanisms
Gendered Dimensions of Care Work	Cultural Expectations of Women	
	Emotional Labor as Gendered Responsibility	
	Resistance and Reframing	
	Impact on Professional Identity	
	Intersectionality in Gender Norms	
	Male Colleagues' Experiences	
Consequences of Emotional Labor	Emotional Exhaustion	
	Work-Life Spillover	
	Psychological Coping Costs	
	Motivation to Stay or Leave	
	Long-Term Adaptation	
	Desire for Structural Change	

The first major theme, *Navigating Emotional Expectations*, revealed how participants continuously negotiated the emotional demands inherent in care professions. Within the subcategory *Internalized Professional Norms*, many women described a strong internal pressure to remain composed and emotionally present, regardless of their own personal circumstances. One participant reflected, “Even if I’m breaking down inside, I have to look calm for the patients. It’s part of the job.” Others shared the difficulty of suppressing personal emotions to maintain a professional demeanor, often feeling compelled to smile despite exhaustion or distress.

In the subcategory *Managing Others’ Emotions*, participants emphasized their ongoing responsibility to regulate the emotional climate of their work environments. They often saw themselves as “emotional anchors,” required to soothe distressed patients or family members, sometimes at the cost of their own well-being. “You become the shock absorber,” one social worker explained. “You carry not just your emotions, but theirs too.” This emotional containment was not always recognized by supervisors or institutions.

Emotional Dissonance emerged as a subcategory that captured the tension between authentic feeling and professional performance. Several women reported feeling dishonest when they had to pretend to care in situations where they were overwhelmed or emotionally detached. “There are days when I just nod and smile, but it’s not real. I feel like I’m lying to them,” said one nurse, voicing the discomfort many experienced with the emotional dissonance required by their roles.

The subcategory *Organizational Pressure* highlighted the unspoken institutional expectations that shape emotional labor. Participants noted that showing vulnerability at work was implicitly discouraged. “There’s no room for emotional breakdowns here,” one participant stated. Performance reviews and workplace culture contributed to a climate where emotional control was silently mandated, reinforcing stress and emotional strain.

To cope with these emotional demands, women described various strategies categorized under *Coping Mechanisms*. Some engaged in practices like journaling or mindfulness to process their feelings. Others relied on peer support, noting that “only colleagues really understand what we go through.” Emotional detachment after work hours was also a common technique used to preserve mental health, with one participant stating, “I switch off as soon as I leave the building—otherwise, I wouldn’t survive.”

The second major theme, *Gendered Dimensions of Care Work*, revealed how emotional labor is deeply entwined with societal expectations of femininity. Under *Cultural Expectations of Women*, participants spoke of how they were raised to be nurturing and selfless, which shaped their career choices and professional identities. “From a young age, I was told that girls take care of others—it just became part of who I am,” explained one early childhood educator.

In the subcategory *Emotional Labor as Gendered Responsibility*, participants expressed frustration with how emotional tasks were unevenly distributed along gender lines. Women were often expected to provide emotional support to both patients and colleagues, while male coworkers were assigned more technical or leadership tasks. “It’s just assumed I’ll handle the crying client. My male colleague never gets asked to do that,” shared one therapist.

Resistance and Reframing described how some participants began to challenge these gendered expectations. They spoke of consciously setting emotional boundaries or redefining their roles in ways that felt more empowering. “I stopped saying yes to every emotional request. I’ve learned to protect my energy,” said a social worker. Others described reclaiming emotional labor as a strength rather than a burden, asserting its value within professional practice.

The subcategory *Impact on Professional Identity* illustrated how the imbalance in emotional expectations led to feelings of being undervalued and conflicted. Some questioned their career choice, feeling that the emotional toll outweighed the rewards. One nurse remarked, “Sometimes I wonder if I chose the wrong profession. I didn’t realize how much of myself I’d have to give up.”

Participants also highlighted *Intersectionality in Gender Norms*, noting how cultural background, ethnicity, and religion intersected with their gendered experiences. Women from migrant backgrounds often faced additional pressures, including language barriers and cultural stereotypes. “As a Muslim woman in this field, I’m constantly trying to prove that I belong,” shared one participant. These compounded identities often intensified their emotional labor.

In the subcategory *Male Colleagues’ Experiences*, participants contrasted their own responsibilities with those of male coworkers. They noted that men were often not held to the same emotional standards and were instead perceived as authoritative or competent without needing to perform emotional labor. “When he gets angry, they say he’s assertive. When I do, I’m emotional,” one participant

reflected, highlighting the gender bias in emotional expression.

The final theme, *Consequences of Emotional Labor*, captured the toll this work takes over time. The subcategory *Emotional Exhaustion* was one of the most frequently reported outcomes. Many participants described feeling chronically drained, both physically and emotionally. “I wake up tired, and I go to bed even more tired. There’s no escape,” said one caregiver, expressing a sentiment echoed across professions.

In *Work-Life Spillover*, participants revealed how emotional fatigue extended beyond work hours, affecting their relationships and personal well-being. Several women admitted to becoming emotionally numb at home or struggling to connect with loved ones. “I give everything to my clients. There’s nothing left for my partner,” one participant explained.

Psychological Coping Costs further explored the internal consequences of sustained emotional labor. Participants reported symptoms of anxiety, emotional blunting, and even depressive thoughts linked to their job demands. “I’ve stopped feeling things. It’s scary how much I’ve shut down,” one social worker confessed, raising concerns about long-term psychological health.

Under *Motivation to Stay or Leave*, participants expressed ambivalence about continuing in their professions. While many remained due to financial necessity or a deep commitment to their clients, others seriously contemplated leaving. “I love what I do, but I’m not sure how much longer I can take this,” said a nurse nearing burnout.

The subcategory *Long-Term Adaptation* captured the ways in which participants normalized stress and emotional imbalance over time. Some became desensitized, while others lowered their expectations for workplace change. “You just learn to survive. It becomes your normal,” one participant shared, highlighting the emotional resignation that can set in after years of caregiving.

Finally, in *Desire for Structural Change*, participants expressed a strong wish for institutional recognition and support for emotional labor. They advocated for better training, access to counseling, and systemic reforms to acknowledge the invisible work they perform. “We need more than lip service. We need policy change,” emphasized one participant, summarizing a call for meaningful action.

4. Discussion and Conclusion

This study explored how women in care professions in Germany experience emotional labor within the context of gender norms. Thematic analysis of interviews with 30 participants revealed three major categories: navigating emotional expectations, gendered dimensions of care work, and consequences of emotional labor. Each theme unveiled the deeply embodied, institutionally mediated, and socially gendered dynamics of emotional labor. These findings not only corroborate existing theoretical frameworks but also illuminate the nuanced ways in which emotional labor is internalized, resisted, and reconfigured by women operating within high-emotion environments.

Participants consistently reported navigating emotionally demanding professional norms, with many describing a perceived obligation to suppress their own feelings while providing calm and empathetic care. This aligns with research by Qiu and colleagues, who found that organizational display rules in healthcare settings often compel staff to engage in deep or surface acting, contributing significantly to emotional exhaustion (Qiu et al., 2023). Similar to these findings, participants in the present study described feeling compelled to “smile through pain” or perform calmness even during personal distress. Emotional dissonance, where one’s internal emotions conflict with externally required expressions, was also a recurring experience among participants, echoing Kang and Park’s findings that surface acting was closely associated with emotional tension and burnout among nurses (Kang & Park, 2020). This tension was compounded by institutional cultures that discouraged emotional openness, as participants noted that emotional breakdowns were seen as unprofessional, further reinforcing internalized expectations of stoicism.

A second theme underscored how emotional labor is fundamentally shaped by gendered expectations. Women in this study frequently cited being seen as “natural caregivers” and described disproportionate emotional responsibilities compared to male colleagues. These narratives parallel those in Porter’s feminist discourse analysis of women coaches, which identified the invisibility and undervaluation of emotional labor as distinctly gendered phenomena (Porter, 2025). In similar terms, Malhotra highlighted how emotional labor in childcare settings is often justified as a “natural” skill possessed by women, reinforcing occupational segregation and underrecognition (Malhotra, 2022). Participants in the current study also noted being expected to

provide additional emotional support, a phenomenon Hogan and Drentea have termed “secondary emotional labor,” in which women are expected to regulate not only clients’ emotions but also those of their teams or families (Hogan & Drentea, 2022). This further burdens women in caregiving roles and exacerbates the invisibility of their emotional contributions.

The findings also revealed how participants resisted or reframed gendered emotional labor through boundary-setting and self-redefinition. Some participants reported asserting emotional limits or reclaiming emotional labor as a strength rather than a weakness. This act of resistance aligns with Cummins and Huber’s work on documenting emotional labor as a site of agency and narrative power (Cummins & Huber, 2022). The conscious rearticulation of care from a passive duty to a skilled and intentional practice represents a critical form of professional identity construction, particularly in roles historically feminized and devalued. Similarly, Newcomb emphasized the power of feminist reflection in naming and valuing emotional labor in academia, a process mirrored by participants in this study who sought to assert their emotional experiences as legitimate forms of labor (Newcomb, 2021).

A particularly salient dimension of this study was the way emotional labor intersected with participants’ professional identity and long-term adaptation to emotionally taxing environments. Emotional exhaustion emerged as a common experience, described by participants as chronic fatigue, emotional numbness, and loss of empathy. These findings strongly echo Chen et al.’s work identifying emotional exhaustion as a mediating factor in the physical and mental health outcomes of healthcare professionals (Chen et al., 2022). Several participants expressed concerns about declining motivation and contemplated leaving their profession, a pattern also reported by Kwon and Song in their study on turnover intention among nurses, where emotional exhaustion and low psychological resilience were strong predictors of exit from the profession (Kwon & Song, 2024). Such psychological attrition underscores the urgent need for structural change and institutional recognition of emotional labor as a legitimate and valuable component of caregiving work.

The concept of role spillover—where emotional labor at work infiltrates personal life—was also prominent in the findings. Participants described emotional depletion at home, difficulty disengaging from clients’ problems, and reduced emotional availability to their own families. This echoes findings from Zhang and colleagues, who noted that

sleep disturbance and depressive symptoms were prevalent among healthcare workers subjected to high levels of emotional labor (Zhang et al., 2021). Similarly, Yan found that nursing home workers in China often “tried to control their emotions” to such an extent that it affected their emotional responsiveness in personal domains (Yan, 2022). The emotional costs of care work, therefore, extend far beyond the immediate occupational environment, often reshaping emotional dynamics in personal and familial contexts.

Furthermore, the present study highlights the intersectional aspects of emotional labor in care professions. Women from migrant backgrounds shared experiences of compounded expectations due to both gender and ethnicity, including heightened scrutiny and cultural stigmas. These dynamics were also observed in Lawton and Cadge’s exploration of the “ministry of presence,” where care recipients projected racialized and gendered expectations onto caregivers (Lawton & Cadge, 2024). Such findings affirm that emotional labor must be understood not only through a gendered lens but also through an intersectional framework that accounts for race, class, and cultural positioning.

Another crucial insight from this study is the perceived invisibility of emotional labor despite its centrality to care outcomes. Participants voiced a clear desire for institutional recognition and emotional support structures, such as training, supervision, and policies that explicitly acknowledge emotional labor as part of job performance. Liedo et al. argue that the ethical implications of emotional labor are particularly troubling in contexts where it is both indispensable and unrecognized, leading to moral and emotional exploitation (Liedo et al., 2024). Doğan’s research on nursing students similarly emphasized that the emotional components of care should be integrated into training and professional development to mitigate the risk of emotional fatigue and undervaluation (Doğan et al., 2022). These findings support the present study’s call for systemic change in how emotional labor is treated at both the organizational and policy levels.

In reflecting on the broader implications, this study situates emotional labor as a deeply embodied and gendered practice that is shaped by organizational norms, cultural expectations, and institutional silence. Participants’ experiences reflect both the internalization of emotional mandates and acts of resistance against them. They also highlight the dual role of emotional labor as both a source of professional pride and personal strain. These findings affirm

the assertions of researchers like Saikia and colleagues, who emphasize the importance of intrinsic motivation in sustaining emotional labor while acknowledging its psychological toll (Saikia et al., 2024). The dual nature of emotional labor—as meaningful yet burdensome—complicates simplistic narratives that frame it solely as either altruistic or exploitative.

The study also contributes to the growing body of literature advocating for a feminist reimagining of emotional labor in care work. Scholars like Ahlmen have shown that nurses continued their emotionally taxing labor even during crises like the SARS-COVID-19 pandemic, reinforcing the urgent need for institutional structures that support rather than exploit emotional resilience (Ahlmen, 2021). Similarly, Kim et al. found that in beauty industries—another domain where feminized emotional labor is expected—emotional labor negatively impacted both work quality and life satisfaction (Kim et al., 2021). These findings collectively highlight how emotional labor, though often seen as secondary or soft, is integral to the functioning of many feminized labor sectors and should be treated with corresponding seriousness.

5. Limitations and Suggestions

While this study offers rich insights into the gendered dynamics of emotional labor in German care professions, several limitations must be acknowledged. First, the study was limited to women participants, which, while intentional given the gendered focus, excludes the perspectives of male or non-binary care workers whose experiences could illuminate additional dimensions of emotional labor. Second, all data were collected through self-report via interviews, which may be subject to recall bias or social desirability bias, particularly in the expression of vulnerability or emotional difficulty. Third, the sample was geographically limited to Germany, meaning findings may not fully capture cultural or institutional differences present in other national contexts. Finally, while the use of NVivo software enhanced the rigor of data analysis, interpretation remains influenced by the researchers' positionalities and the subjective nature of qualitative coding.

Future research should aim to explore emotional labor in care professions through more intersectional and comparative frameworks. Studies could include participants of different gender identities, racial or ethnic backgrounds, and socioeconomic statuses to deepen understanding of how emotional labor is distributed and experienced across diverse

populations. Cross-cultural studies could also investigate how national policy structures, healthcare systems, and cultural norms influence emotional labor expectations in various countries. Longitudinal designs may offer additional insight into the cumulative effects of emotional labor over time, including career trajectories, mental health outcomes, and professional burnout. Additionally, integrating quantitative measures with qualitative inquiry could enrich the depth and generalizability of findings.

Organizations and institutions that employ care professionals should formally recognize emotional labor as a core component of job performance and integrate it into professional development and evaluation processes. Emotional support systems, including supervision, debriefing spaces, and access to psychological counseling, should be embedded into the workplace structure. Leadership training should emphasize the emotional dimensions of caregiving and foster cultures that encourage emotional authenticity and self-care. Policy reform should address compensation models, staffing ratios, and emotional workload assessments to ensure that the emotional contributions of care workers are not only acknowledged but also sustainably supported. Empowering women in care professions to set boundaries, advocate for change, and reclaim the value of their emotional work is essential to transforming the landscape of caregiving labor.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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