

# Emotional labor in pediatric nursing: Experience report with therapeutic instruments

Rita Barros<sup>1\*</sup>, Sofia Seabra<sup>2</sup>, Paula Diogo<sup>3</sup>

<sup>1</sup> Enfermeira Especialista em Enfermagem de Saúde Infantil e Pediátrica, Neonatologia do Hospital Lusíadas Lisboa; Centro de Investigação, Inovação e Desenvolvimento em Enfermagem de Lisboa (CIDNUR), Escola Superior de Enfermagem, Universidade de Lisboa, Lisboa, Portugal; [orcid.org/0009-0002-3311-9828](https://orcid.org/0009-0002-3311-9828)

<sup>2</sup> Enfermeira, Unidade Médico Cirúrgica de Adultos, Hospital Doutor Manoel Constâncio Abrantes; Estudante de Mestrado em Enfermagem de Saúde Infantil e Pediátrica, Escola Superior de Enfermagem de Lisboa (ESEL); [orcid.org/0009-0006-9360-3434](https://orcid.org/0009-0006-9360-3434)

<sup>3</sup> Professora Coordenadora, Departamento de Enfermagem da Criança e do Jovem, Escola Superior de Enfermagem de Lisboa (ESEL); Centro de Investigação, Inovação e Desenvolvimento em Enfermagem de Lisboa (CIDNUR), Escola Superior de Enfermagem, Universidade de Lisboa, Lisboa, Portugal; [orcid.org/0000-0003-4828-3452](https://orcid.org/0000-0003-4828-3452)

\* Corresponding author: [ritavieirabarros@gmail.com](mailto:ritavieirabarros@gmail.com)

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## Abstract

Children and their families experience health and illness intensified by several factors, including exposure to unfamiliar, threatening environments and disrupted routines. Given this impact, nurses should stay attuned to children's and families' emotional needs and facilitate the intentional management of emotions by deploying therapeutic instruments anchored in the Emotional Labor Model in Pediatric Nursing. This practice orientation aims to positively transform intense emotional situations, potentially distressing for children, families, and nurses.

This experience report examines how these instruments were deployed across three practicum settings (neonatology, pediatric emergency department, and pediatric inpatient unit) over four months in public hospitals in Lisbon and surrounding areas.

During the practicums, master's students in child and pediatric health nursing deployed therapeutic instruments such as humor and therapeutic play, which were pivotal in reducing the negative impact of hospitalization. Additionally, we observed the applicability of the Emotional Labor Model in Pediatric Nursing and underscored its relevance as a structured framework for these instruments.

## Keywords

Emotions, Pediatric Nursing, Emotional Labor, Clinical Apprenticeship, Advanced Nursing Practice, Experience Report.

## Introduction

Children and their families frequently experience intensely emotional and potentially distressing states associated with health and illness processes that, when hospitalization is required, may constitute crises for the entire family.<sup>1,2</sup> In neonatal hospitalization, an abrupt and unexpected separation occurs between the newborn and the parents, an experience often described as an “emotional roller coaster.”<sup>3</sup> In the context of sudden illness, seeking care in the pediatric emergency department is a source of emotional stress for both the child and the family.<sup>4</sup> When inpatient care is needed, pain and fear are compounded by disrupted routines and the desire to return home, contributing to a deeply emotional experience.<sup>5</sup> In this sense, emotions are inherent to nurse–child and family interactions and inseparable from a holistic, humanized approach to pediatric care.<sup>1,6</sup> The pediatric client includes children and adolescents across developmental stages and their families, who should not be separated from the nursing care process.<sup>2</sup>

Nurses, attuned to emotional needs and pursuing therapeutic outcomes, deploy therapeutic instruments tailored to each child and family.<sup>1,7,8</sup> These instruments help operationalize emotional labor in nursing.<sup>9,10,11</sup> Centering this concept, the Emotional Labor Model in Pediatric Nursing (ELMPN) proposed by Diogo,<sup>1</sup> provides a

practice orientation for pediatric settings that enables the positive transformation of intense emotional situations that can be unpleasant or distressing.<sup>1</sup>

ELMPN is a pedagogical resource integrated into the curriculum of the Master's Program in Child and Pediatric Health Nursing (CMESIP) at the Nursing School of Lisbon. It served as part of the theoretical framework for CMESIP practicum projects, in articulation with the EmoS&PraxEnf Project within the Lisbon Center for Nursing Research, Innovation, and Development (CIDNUR). The first two authors' enrollment in CMESIP was motivated by recognition of the importance of evidence-based practice and the continuous improvement of pediatric nursing care, aiming for advanced nursing practice.

Accordingly, this article is an experience report on the CMESIP students' clinical practicums, whose educational projects focused on the emotional dimension of care and on ELMPN. The practicums in neonatology, pediatric emergency department, and pediatric inpatient care took place over four months in different public-sector hospitals in central Lisbon and surrounding areas.

This experience report discusses the importance of experiential learning and reflective practice as core methodologies in the clinical practicum and in competency development. It also outlines the theoretical orientations that guided the process, including reference authors such as Jean Watson. Next, we define the concept of therapeutic instruments in nursing to support the presentation and reflection on the instruments used to promote emotional labor in pediatric nursing during the practicums. Finally, we synthesize the therapeutic instruments developed by the students and relate them to the model's five care categories, followed by a concluding reflection. The objective is to examine how therapeutic instruments that promote emotional labor in pediatric nursing were deployed across the three contexts mentioned, while also highlighting the importance of nursing practice models and the applicability of the ELMPN.<sup>1</sup>

## Development

### Experiential learning and reflective practice in the clinical practicum

The clinical practicums across different hospital care settings exposed us to the complexity, uncertainty, and instability of health and illness as experienced by children and their families. This contact deepened knowledge grounded in experiential learning and reflective practice.

Experiential learning arises from contact with experience, from which knowledge is derived and where it is tested; learning unfolds through a cycle that involves an experience, reflective observation, and conceptualization, followed by a new experience.<sup>12</sup>

Reflective practice likewise underscores the importance of experience and reflection on it.<sup>13</sup> In practice, professionals reflect on novel situations through reflection-in-action and, subsequently, reflection-on-action, enabling the analysis and critique of their own knowledge and the improvement of practice.<sup>13</sup> Thus, by systematically reflecting on and articulating specific care situations, it is possible to acquire competencies - that is, the effective, intentional application of knowledge and specific skills in each situation.<sup>14,15</sup> Within this iterative process, competence can be understood as knowledge-in-action.<sup>14</sup>

Throughout the practicums, contact with multiple care situations prompted reflections conducted in coordination with healthcare teams, clinical and academic supervisors, and peers. Allied with existing scientific evidence, these reflections took place in the care settings themselves, in classroom sessions, and through written work. Reflection in and on practice is represented in learning journals, field diaries, and other written reflections, with particular focus on the topic under study.

### Theoretical orientations and practice models

According to Lacerda et al.,<sup>16</sup> the theoretical framework is the foundation for building knowledge in nursing as a discipline and a science. It enables the reasoned transformation of professional practice, promoting greater recognition and strengthening of the discipline. Nursing theories are crucial for advanced nursing practice, which is characterized by practice grounded in its own knowledge base and focused on delivering holistic, nursing-specific care.<sup>16,17</sup> This does not imply that nursing knowledge cannot be informed by knowledge from other disciplines.<sup>16</sup> Such contributions are often important, yet they should be meaningful for transforming the discipline itself. The discipline advances through reflective practice that both questions and is supported by its own theoretical framework and by scientific evidence.<sup>16</sup> Accordingly, it is essential to outline the concepts and theoretical frameworks that underpinned the students' educational projects and trajectory, as well as this experience report.

Since the dawn of humanity, caring has been a fundamental need, indispensable for human survival.<sup>6,18</sup> Throughout life, people receive care intended to promote and maintain the best possible health across all dimensions, and the nursing profession is central in this regard.<sup>6,18</sup>

The concept of caring is central to Jean Watson. In developing the Theory of Human Caring, she described shifts in nursing's language, with the concept of *caring* moving to *carative* and, later, to *caritas*.<sup>6,19</sup> This designation was considered broader and more representative of the caring-affective dimension inherent in the concept, as well as its development over time.<sup>6,19</sup> In addition to caring for the person as a whole, Watson emphasizes the nurse's attention to the *self*, engaging in self-care and introspection to enhance the delivery of humanized care.<sup>19</sup> Swanson's Middle Range Theory of Caring likewise adopts a person-focused approach grounded in respect for individuals' experiences and abilities, enabling the delivery of humanized care and the nurse's own growth.<sup>20,21</sup> Her theory underscores the need to know the person well, to show respect and empathy, and to recognize the person as a unique individual with experiences, abilities, beliefs, perceptions, and emotions related to the moment being experienced - elements that should be considered in the care process.<sup>20,21</sup> Thus, caring in nursing entails a holistic approach that is inseparable from emotions and from the relationship established with the patient and family.<sup>1,6,20</sup> Care extends beyond the health problem itself and is characterized by transpersonal moments, as it transcends time, place, and even physical presence.<sup>1,6,18,20</sup>

Within a clinical practice grounded in these theories, nurses are equipped to provide care in which the emotional dimension is regarded as fundamental, alongside the physiological, aesthetic, and cultural dimensions.<sup>1</sup> To support the intentional management of emotions by the child and family, the nurse deploys a set of therapeutic instruments that promote emotional labor in nursing.<sup>1,10</sup> Their value in care delivery - and their inclusion in both basic and advanced nursing education - are essential; consequently, theoretical frameworks and intervention models are needed to guide practice.<sup>1,10</sup>

### Emotional labor in pediatric nursing

The concept of emotional labor was introduced into nursing by Pam Smith in response to the undervaluation of the emotional dimension of care observed in practice.<sup>10</sup> The concept focuses on the emotional experience of patients and nurses, aiming to provide emotional support and effective continuity of care through often invisible competencies such as empathy, support, and therapeutic presence.<sup>10</sup> This conception differs from others in asserting that emotional labor does not entail subordination to professional rules, as suggested in Hochschild's initial sociological approach to the concept.<sup>22</sup> Badolamenti et al. emphasize the concept's complex, multidimensional nature, concluding that it refers to managing the expression and display of emotions.<sup>22</sup>

For Smith, nurses adapt their approach in each situation within a continuous learning process.<sup>10</sup> She argues for formal training in this emotional dimension from the outset of professional education and throughout it; accordingly, the existence of practice models is essential.<sup>1,10</sup>

The **ELMPN** emerged from Diogo's research program over more than two decades, grounded in the author's experience caring for children with cancer and their families.<sup>1</sup> Her research focused on the emotional dimension of nursing care; findings from the author's primary studies led to a middle-range theory whose maturation gave rise to the model.<sup>1</sup> Ongoing development and validation across pediatric care contexts followed, conferring theoretical robustness alongside clinical applicability.<sup>1</sup> Validation of its applicability occurred continuously through research,<sup>1,23</sup> and through reflection on practice - an essential learning tool. This process enabled the master's students to enhance their practice of emotional labor and, at the same time, reinforced the ELMPN's applicability across child and family care contexts.<sup>1</sup>

In this model, emotional labor in pediatric nursing is defined as:

“the intentional management of the emotionality of care recipients (children, adolescents, and families) and of nurses, with the aim of positively transforming the emotional experience, relationships, and care, promoting relief of suffering and enhancing well-being, as well as the growth of those involved in the interaction; nurses deploy strategies that prevent emotional exhaustion—individually and within teams—promoting their emotional well-being”<sup>21(p111)</sup>

Through affective-emotional nursing interventions, intensely emotional and potentially distressing situations experienced by pediatric patients during health and illness are positively transformed.<sup>1</sup> This occurs through the model's five care categories, which present nursing interventions in a systematic, organized way.<sup>1</sup> The categories are named by intent: 1) Promote a safe and affectionate environment; 2) Nurture care with affection; 3) Facilitate clients' emotional management; 4) Build stability in the relationship; and 5) Regulate own emotional disposition to care.<sup>1</sup>

Throughout clinical practicums, the master's students recognized that nursing care is intrinsically linked to human emotions and that the nursing interventions developed in this domain are systematized in the ELMPN.<sup>1</sup> For this reason, the model was a key resource in their educational trajectory, during which they deployed and developed therapeutic instruments that promote emotional labor.

### Therapeutic instruments in nursing

A nursing intervention is considered therapeutic when it yields actual or potential benefits for the patient - that is, improved well-being and quality of life - with implications beyond the physiological dimension.<sup>7</sup> The term refers to an action that is useful, restorative, and beneficial for the person, taking their specific characteristics into account.<sup>7</sup>

The therapeutic effect of nursing interventions is achieved, notably, through interaction with the patient and the relationship established with them - the nurse being the therapeutic instrument.<sup>7,8</sup> It also occurs by meeting needs through physical interventions, as appropriate to the person's situation.<sup>7,8</sup> Therapeutic results may further be attained by modifying the care environment, through caring relationships, and via comfort measures.<sup>7,8</sup> To achieve therapeutic outcomes - promoting well-being and/or relieving suffering - nurses develop interventions using therapeutic instruments such as humor, music, therapeutic presence, and emotion management, among others.<sup>8</sup>

Clarifying and further developing these concepts is essential, contributing to recognition of the "small things," that is, nursing interventions that are often invisible yet have fundamental therapeutic potential.<sup>1,7,8,10</sup>

To develop affective-emotional interventions, the nurse deploys therapeutic instruments that promote emotional labor in pediatric nursing, which is a process systematized in the ELMPN.<sup>1</sup>

Current evidence offers several examples of therapeutic instruments through which nurses intervene to promote pediatric patients' emotional well-being, reducing stress and increasing self-efficacy,<sup>24</sup> as follows:

- Welcoming
- Information sharing
- Support groups

In intensive care contexts, under a family-centered care (FCC) approach,<sup>25</sup> stress is reduced through the following:

- Information sharing
- Parental involvement and participation

In situations such as venipuncture, the preoperative period, or seeking care in the pediatric emergency department, therapeutic instruments that alleviate anxiety, stress, fear, and pain include the following:<sup>26, 27, 28, 29, 30</sup>

- Music
- Humor
- Therapeutic play
- Facilitated expression of feelings
- Information sharing
- Procedure-preparation strategies

The deployment of these instruments follows an atraumatic care approach, underscoring the importance of adapting to the child's needs and characteristics.<sup>26</sup> In addition, providing conditions that allow the child to play and handle materials safely is essential.<sup>28,29,30</sup>

### **Therapeutic instruments promoting emotional labor in pediatric nursing**

Across the three practicum settings, the master's students deployed therapeutic instruments that promote emotional labor in pediatric nursing, aiming to support the intentional management of children's and families' emotions.<sup>1</sup>

Some interventions continued work already underway by nurses in each setting, whereas others - identified below - were created by the students.

In the **neonatology** practicum, care was provided to high-risk newborns - those with higher morbidity and mortality than average - and to their families.<sup>31</sup> This hospitalization is associated with an abrupt, unexpected separation between the family and the newborn.<sup>3</sup> It entails intensely felt and often contradictory emotions, such as the happiness of the child's birth alongside anxiety and fear related to the child's health status.<sup>3</sup>

In response to the intense emotionality experienced by parents, multiple interventions using therapeutic instruments were deployed. These included steps to keep the environment familiar and comfortable in a setting that can be particularly frightening, thereby promoting a safe, caring environment.<sup>1</sup> In the same vein, the students prepared decorative cards for each infant's bedside marking monthly milestones and major holidays. Journals titled "Hope Album" were created so parents could record moments with their child through photographs and writing; at parents' request, the team often contributed to these records as well.

In this context, actions such as soothing speech, gentle touch, and holding - which nurture care with affection - were performed frequently, both alongside interventions such as positioning or feeding and in spontaneous moments.<sup>1</sup>

Responding to families' emotional experiences, nurse-facilitated support groups held periodically were an important, highly valued resource that provided opportunities to share experiences and feelings. In this setting, FCC-based interventions using therapeutic instruments - such as information sharing, support groups, and involvement in care - are essential for families of hospitalized newborns.

In the **pediatric emergency department practicum**, we accompanied children and families who sought hospital care for sudden health problems or exacerbations of chronic conditions.<sup>4</sup> From the first interaction, particularly at triage, we adopted an welcoming approach that conveyed calm and confidence, since any visit to the pediatric emergency department may carry a high emotional burden.<sup>4</sup> In doing so, we fostered a safe, caring environment and nurtured care with affection.<sup>1,32</sup>

In this context, an atraumatic care approach was fundamental, given the frequent performance of painful procedures that cause discomfort and fear, compounded by the stress of an unfamiliar environment. Accordingly, it was essential to implement interventions systematically, notably through procedure-preparation strategies and by minimizing separation between the child and the family.<sup>4,32</sup>

Invasive procedures such as blood draws or nebulized therapy generated pain, fear, and distress in children. It was important to intervene with procedure-preparation strategies, notably through therapeutic play using the "Ouchie Kit" (Kit Dói-Dói) available in the treatment room. The kit contained several stuffed animals and practice supplies for venipuncture without needles, as well as stickers and adhesive bandages, allowing the procedure to be explained to the child calmly and safely. If the child preferred, they could try the procedure on their own toy.

At the end, the child could choose from several stickers and received a bravery diploma as praise for their behavior - even if they cried - creating a moment of repair. This positive reinforcement conveys to the child that their worth is not contingent on how they behaved during the procedure.<sup>33</sup> In addition, it helps strengthen the nurse-child/family relationship.<sup>33</sup> Music and videos selected by the child were also used frequently in the treatment room with therapeutic intent.

Given their emotional state, some families exhibited aggressive behavior (verbal and, in some cases, physical) toward healthcare professionals. These situations are more frequent in emergency departments, since anxiety and despair about the child's health and prolonged waiting times hinder emotion regulation.<sup>34</sup> Accordingly, it was essential to intervene through information sharing tailored to the family's level of understanding.<sup>34</sup> We also deployed developmentally appropriate and culturally responsive communication strategies, facilitating emotion management and building stability in the relationship.<sup>1,4</sup>

In this way, by deploying therapeutic instruments such as therapeutic play and information sharing, the intent was to positively transform the child's and family's emotional experience.<sup>1</sup>

**Pediatric inpatient care** is a potentially stressful and fear-inducing environment, associated with painful procedures, medical equipment, an unfamiliar and threatening setting, and disrupted routines.<sup>5,35</sup> For parents, this experience entails changes in parental roles and adjustments in the family's usual functioning.<sup>36</sup>

For children with chronic conditions, hospital stays can be long and frequent, limiting daily activities and potentially compromising growth and development.<sup>37</sup> Children report melancholy, discouragement, and apathy, feeling insecure and unable to cope with their emotions.<sup>38</sup> These children and families particularly need emotional support to mitigate negative experiences and reduce anxiety.<sup>39</sup>

In the pediatric inpatient practicum, we noted that care delivery was grounded in FCC and atraumatic care. These practice frameworks were reflected in the promotion of parental participation and continuous information sharing, as well as parental collaboration in their child's care. In addition, children were prepared for procedures, performed in the treatment room rather than in the hospital room. Within the scope of intentional emotion management, a welcoming approach was provided to the child or adolescent and their family. Combined with expressions of affection, this action contributed to a positive transformation of the hospitalization experience, promoting calm, relief of suffering, and increased confidence.<sup>1</sup>

The deployment of therapeutic instruments was particularly important for the unaccompanied hospitalized child, since addressing affective and emotional needs is essential to minimize the negative effects of this experience.<sup>40</sup> The nurse used affection with therapeutic intent to mitigate the absence of a companion, without seeking to replace the parent/caregiver's role.<sup>41</sup>

During painful procedures, alongside pharmacological measures, therapeutic instruments such as therapeutic play and music were deployed, fostering a safe, caring environment.<sup>1</sup> It was important to give the child autonomy to choose the music and toys. These interventions facilitated emotional regulation, promoting calm and well-being, as well as emotional self-regulation.<sup>1</sup>

All interventions, grounded in FCC and atraumatic care, included maintaining parental presence and participation, as in the other practicum settings. This involvement was beneficial, lowering parental anxiety and stress, facilitating their emotional regulation, increasing confidence, and protecting family relationships.<sup>1,42</sup>

In collaboration with the multidisciplinary team, one of the master's students developed a therapeutic instrument that promotes emotional labor in pediatric nursing: the "Emotions' Thermometer." Two thermometers were created to allow children to express their emotional state through colors and illustrations - an essential step toward children's emotion regulation.

In providing care to the child and family, nurses are also susceptible to intensely emotional experiences driven by factors such as excessive workload or team conflict.<sup>1</sup> To sustain their engagement and ability to care, professionals use strategies such as analysis of experiences and sharing feelings, among others - elements that are also part of the ELMPN.<sup>1,43</sup> For this reason, it was essential for the master's students to conduct experience analyses and reflections with clinical and academic supervisors, as well as written reflections (learning journals). Across the practicum settings, team training on emotional labor in pediatric nursing was likewise important and focused on the therapeutic instruments that promote it. Accordingly, the students conducted in-service training sessions and created a document compiling scientific evidence and practical examples of interventions to deploy, systematized in the ELMPN by developmental stage.<sup>1</sup>

The therapeutic instruments used in each setting are summarized in Table 1.

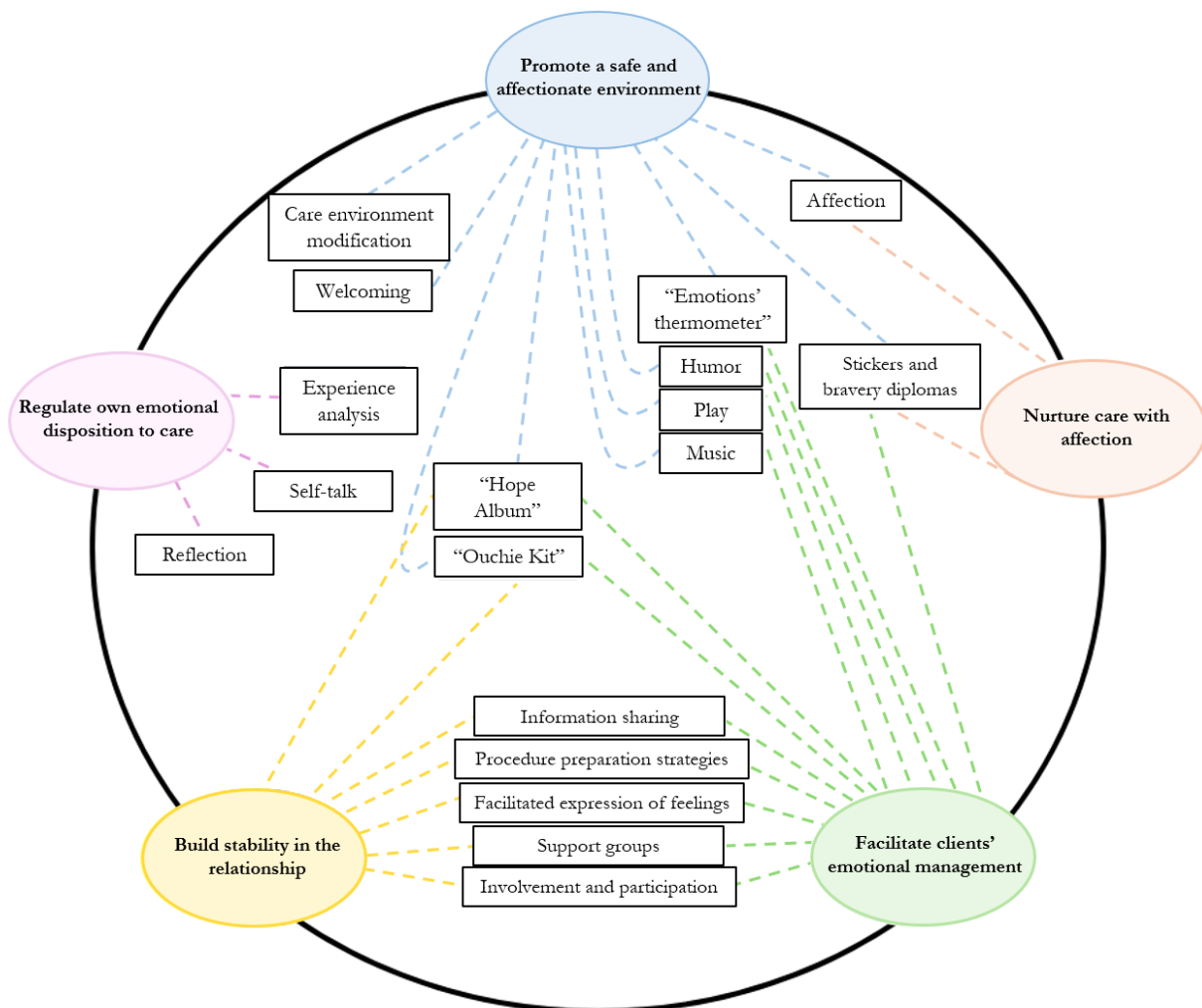
**Table 1.** Therapeutic instruments used in practicum setting

Practicum settings	Therapeutic instruments that promote emotional labor in pediatric nursing
Neonatology	Care-environment modification "Hope Album" Gift of affection Facilitated expression of feelings Support groups Information sharing Involvement and participation Experience analysis Reflection
Pediatric emergency department	Gift of affection Information sharing Procedure-preparation strategies "Ouchie Kit" Stickers and bravery diplomas Involvement and participation Humor Therapeutic play Music Experience analysis Reflection
Pediatric inpatient care	Gift of affection Information sharing Procedure-preparation strategies Involvement and participation Humor Therapeutic play Music "Emotions' Thermometer" Experience analysis Reflection

In response to children's emotional needs, we intervened using several therapeutic instruments that promote emotional labor in pediatric nursing, some of which were implemented in these settings, such as the "Emotions' Thermometer." Tailored to the context and to each child's specific situation, nurses deploy instruments such as affection, information sharing, therapeutic play, music, and humor. However, the instruments highlighted in each setting are not exclusive to that setting; they are used as appropriate to each child's needs to reduce the negative impact of hospitalization.

These instruments are the means by which nurses perform emotional labor, including the strategies they use to regulate their emotional readiness to care.

During the practicums, these interventions were observed and mapped to the ELMPN's five care categories, as depicted in Figure 1.



**Figure 1.** Schematic representation of how the therapeutic instruments deployed in hospital practicum settings map onto the ELMPN's five care categories.

### Final reflection

Providing nursing care to children is inseparable from emotions, and nurses' interventions are essential to facilitate their intentional management.<sup>1,6</sup> In response to children's and families' emotional needs, nurses intervene using therapeutic instruments that promote emotional labor in pediatric nursing, even when not explicitly labeled as such.

Nurses' interventions are systematized and organized in the ELMPN, which serves as both a pediatric practice framework and a pedagogical resource. Consequently, it served as an essential guide during the practicums, enabling students to internalize the importance of these interventions and to demonstrate its applicability and relevance.

Practicums across the three pediatric contexts enabled us to care for and support children and their families through experiences that included sudden health problems, frequent or prolonged hospitalizations, and even the child's death. These experiences carry significant emotional impact, and nursing work was guided by the deployment of therapeutic instruments that promote emotional labor in pediatric nursing. Because these situations are also emotionally intense for nurses, regulating the emotional disposition to care became fundamental.<sup>1</sup> To sustain engagement and the ability to care, actions such as experience analysis and sharing feelings - particularly with colleagues - were crucial.

As for limitations, the practicums followed the program's schedule, which restricted the development of additional therapeutic instruments. Moreover, the dynamics of each practicum context constrained the development of specific instruments. The ELMPN is at an early stage of implementation, so further research on its therapeutic instruments is needed.

### Authorship and Contributions

RB: Data collection, analysis and interpretation; Manuscript writing; Critical review of the manuscript; Approval of the final version of the manuscript and assumption of responsibility for it.

SS: Data collection, analysis and interpretation; Manuscript writing; Critical review of the manuscript; Approval of the final version of the manuscript and assumption of responsibility for it.

PD: Study conception and design; Manuscript writing and critical review; Approval of the final version of the manuscript and assumption of responsibility for it.

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