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# Emotional Labor, Worker Solidarity, and Safety Concerns Among Police and Nurses

## Cover Page Footnote

We thank the other honors seminar members who contributed a portion of their data and were part of this group project. We also thank the editor and reviewers for their helpful comments and suggestions.

# *Emotional Labor, Worker Solidarity, and Safety Concerns among Police and Nurses*

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**ABSTRACT**

To understand the connections among emotional labor, solidarity, and safety, 19 police officers and 20 nurses were interviewed for this study. Data analysis with words as the unit of analysis engaged both deductive and inductive processes. This qualitative study demonstrates that, despite numerous differences, both nurses and police have a professional focus on safety; however, while nurses' safety concerns are first for their patients, police officers' first concern of safety must be for themselves and their coworkers. Additionally, nurses and police officers differed in why they perform emotional labor. Nurses engaged in emotional labor in order for their charges to feel closer to them, whereas police engaged in emotional labor to create distance between themselves and the community members they encountered. For both professions, solidarity and teamwork increased their ability to engage in the necessary emotional labor, handle challenges, and better succeed in securing safety.

**KEY WORDS** Worker Solidarity; Emotional Labor; Safety; Police; Nurses

Policing and nursing are, in some ways, professions with contrary motivations and opposite types of power. Nurses work to heal injuries, liberate, and save lives, using an array of therapies and techniques to enable their patients to becoming safer and healthier (Cricco-Lizza 2014; McQueen 2004). Police have the power to injure, constrain, and possibly even kill the body, sometimes needing to use great force in order to keep themselves and others safe (Agocs, Langan, and Sanders 2015; Campeau 2015; Phillips 2016). Despite these stark

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differences, both police and nurses perform much work within similarly stressful circumstances and must negotiate tense interactions both between themselves and their community members and among their coworkers.

An important concern of both nurses and police is safety. Nurses work to ensure the safety of those in their care, despite the dangers of disease and injury and the risks of treatments and medical procedures (McQueen 2004). Police officers seek to protect the safety of community members as well as their own safety, ideally de-escalating disruptions and preventing violent occurrences (Campeau 2015; Phillips 2016).

These professions require specific types of emotional labor—i.e., the performance of specific emotions as a necessary part of one's job. Although other studies of emotional labor have examined how various job duties, workplace hierarchies, occupational norms, and organizational goals can affect how employees perform emotional labor, few, if any, have examined the interplay of emotional labor and solidarity in achieving safety goals. This article examines how workers' emotional labor and solidarity among employees intersect with the safety concerns of these professions. We interviewed 19 police officers and 20 nurses, using an open-ended interview protocol. We analyzed the resulting transcripts with words as the unit of analysis, engaging both deductive and inductive processes.

In this paper, we present empirical findings regarding the importance of *closeness* (nursing) and *distance* (police). We found that both nursing and policing require substantial emotional labor but that nurses more often reported using emotional labor to create affectionate *closeness* between themselves and their patients. This closeness is key to caring for their patients, their health, and their safety. In contrast, police officers more often described engaging in emotional labor when they had to maintain *distance* between themselves and the public. This distance is necessary to keep themselves, their coworkers, and the general public safe. Emotional labor was thus described by interviewees as necessary for maintaining their goal of safety.

The professions also differed in the direction of their focus on safety. In nursing, the safety of the patient is the goal; the patient is someone outside the profession. In policing, interviewees often mentioned concern for the safety of themselves and their fellow officers—that is, the safety of those within the profession. These differences reflect the contrasting emotional labor goals of closeness/distance. [Although gender is also a key difference, because the extant literature already provides ample discussion of gender(ed) aspects of emotional labor (see Erickson and Ritter 2001), this article focuses on the abovementioned differences in order to advance the literature.]

A key similarity for both professions in ensuring safety was the importance of solidarity, defined as connectedness, loyalty, and shared purpose (Campeau 2015; Morrill, Zald, and Rao 2003). Solidarity furthered safety goals directly by enabling effective teamwork. It also advanced safety goals indirectly, by helping workers perform that emotional labor critical for their goal of safety.

## LITERATURE REVIEW

Jobs that interact with the public require workers to have skill sets that facilitate those interactions. Emotional labor—employees' management of their feelings in order to perform

specific emotions as mandated by their jobs—is often an important skill needed by both nurses and police officers (Hochschild 1983; Hoffmann 2016; Lively 2002; Pierce 1996; Polletta and Tufail 2016; Wharton 2009). Although emotional labor is a common workplace requirement, it can be very stressful for the individual worker (Grandey, Fisk, and Steiner 2005). Coworker solidarity can lessen the strain from emotional labor as well as other workplace stressors (Jasper 2005). In the two professions examined in this article—nursing and policing—coworker solidarity can be critical in effectively achieving the goals of each profession.

### *Emotional Labor*

Jobs often require their employees to perform specific emotions that further workplace objectives, despite employees not genuinely feeling those emotions (Kunda and Van Maanen 1999). This is particularly true for jobs that involve regular interaction with members of the public. Often, workers' performance of these emotions is necessary to achieve organizational goals, such as comforting the client (Lively 2002) and ensuring consumer satisfaction (Sharma and Levy 2003) and passenger loyalty (Hochschild 1983).

Displaying non-genuine emotions can be very taxing for employees (Wharton 2011). Hochschild (1983) coined the term *emotional labor* to address such employees' emotion-management practices and how emotions are used as a tool in a "service-producing society" (p. 32). Not all emotional labor is about performance of insincere emotions; emotional labor also involves suppression of sincere emotions. Hoffmann explains, "Some emotions need to be suppressed and others need to be performed even if not sincerely felt" (Hoffmann 2016:169).

Unfortunately, emotional labor can create substantial health costs (Singh and Glavin 2017) and is associated with absenteeism, emotional exhaustion, job burnout, turnover, and irritability in interactions (Grandey, Fisk, and Steiner 2005). For example, Wagner, Barnes, and Scott (2014) documented how difficulties in an employee's home life, including insomnia and emotional exhaustion, were linked with the employee's emotional labor in the workplace. Some research indicates that the negative effects of emotional labor can be mitigated, however, such as by conceptualizing the emotional labor as integral to a "kind of socially valued role" (Polletta and Tufail 2016:401).

Emotional labor often reflects conventional gender norms based on the dominant gender of the occupation. Although job markets that had been more exclusively male now include more women (Stainback, Ratliff, and Roscigno 2011), gender roles and stereotypes still persist (Connell and Messerschmidt 2005; Young 2017). This implies that emotional labor to convey nurturance and caring might be more prevalent in nursing (Diefendorff et al. 2011), while emotional labor to convey dominance and authority might be more prevalent in policing (Campeau 2015). Presenting conventional gender behaviors as part of one's required emotional labor, particularly when one does not appreciate or sincerely present those gender-related attributes, can further exacerbate the toll of emotional labor (Bulan, Erickson, and Wharton 1997).

Among nurses, some studies indicate, emotional labor is a key variable not only in the quality of care they are able to provide but also in the quality of work life for nurses themselves. For example, Cricco-Lizza's ethnographic study of neonatal intensive care unit

nurses found that "[e]motional labor was an underrecognized component in the care of vulnerable infants" (2014:621). Similarly, Henderson's study of nurses found that many nurses believed that their ability to engage or disengage emotionally was a critical skill in their ability to deliver quality care (Henderson 2001). A study specifically of emotional labor among nurses in a large hospital system found that various display rules of emotional labor were associated with job satisfaction for the workers and also allowed them to better focus on their patients (Diefendorff et al. 2011).

Among police, emotional labor had both costs and benefits. For example, Adams and Buck found that although the performance of emotional labor can be burdensome in itself, it could benefit officers by mediating stress from interactions with civilians and suspects (Adams and Buck 2010). Similarly, a recent study of Portuguese police officers demonstrated not only the negative effect of suppressing negative emotions and expressing positive emotions but also the positive effect that doing so had on officers' occupational identity (Oliveira et al. 2023). In Holland, a study of emotional labor among Dutch police officers found that surface-level performance of prescribed emotions was used to improve performance of the officers' duties (VanGelderen, Konjin, and Bakker 2017).

Coworkers sometimes assist one another through their performance of emotional labor (Kunda and Van Maanen 1999). Additionally, coworkers themselves can be the focus of emotional labor efforts when these efforts further organizational goals. An example would be if the organization needs everyone to work overtime; coworkers might feel compelled to act more willing, or at least less resentful of this imposition, in front of their coworkers, given that they all need to tolerate the overtime for the organization (Hoffmann 2016).

### *Coworkers and Solidarity*

Solidarity is often understood as connectedness, loyalty, and shared purpose among groups of people engaging in a similar cause or activity, such as coworkers (Campeau 2015; Morrill et al. 2003). Coworker solidarity can ameliorate many workplace struggles. Effective worker solidarity includes both "affective and instrumental elements" (Hodson 2001:202). In other words, worker solidarity requires sentiments of affiliation and belonging, but also practical assistance for workers dealing with external threats or internal struggles. Workers' solidarity includes expressions of group membership, as well as teamwork to address concerns among coworkers (Hodson 2001).

Solidarity can be heightened by displays of emotional labor (Hoffmann 2016). On the police force, coworkers engage in emotional labor to heighten camaraderie and facilitate teamwork, as well as to display authority when interacting with civilians. Both teamwork and commanding authority are crucial components of police work (Campeau 2015). Similarly, nurses must *care for* and *care about* their patients, yet this caring demeanor is not always sincere, especially when the nurses are dealing with much strain and stress. "When nurses do not feel as they think they ought to feel in particular situations they engage in emotional labor to manage, control or alter their emotional status to correspond with what they believe is appropriate for the situation" (McQueen 2004:104).

## METHODS

These data were collected by students in two undergraduate sociology honors classes at a large land-grant university in the midwestern United States. Each class had four students enrolled. Institutional review board approval was secured for the research before students began conducting interviews. The student researchers decided to study nursing and policing because both professions require similar levels of education and share an ethic of service. Traditionally, both professions were often union-represented, and both are described in the literature as having substantial solidarity among coworkers. Often, both professions work in 24/7 organizations. While these two professions traditionally have drawn different sexes—police having more men and nursing having more women—increasingly, both professions have members of both sexes (male nurses and female officers).

Interviewees were located through cold-calling, personal contacts, and snowballing. Student researchers located interviewees by contacting police departments and healthcare organizations and then both directly asking for volunteers and receiving assigned interviewees from supervisors who solicited interview volunteers from their subordinates. Some students had friends or relatives who were nurses or police who were willing to be interviewed. Finally, each interviewee was asked for referrals to other contacts who might be willing to be interviewed. Which particular law enforcement or medical organization was contacted was up to each student. While these interviews were not random samples, randomness is not necessary because we were interested in learning about certain processes within these professions and make no claim to universality of our findings. The benefit of the qualitative method is not its generalizability but its ability to produce a richness of data of deeper inquiries.

### *Interviews*

After practicing their interview technique on each other and on one person outside of class who was not a police officer or a nurse, each student located and interviewed several nurses and some police officers. Although each student contributed the same number of interviews (5), the proportion of nurses to police was not always the same between students. Combined, the two classes conducted 39 in-depth semistructured qualitative interviews (one student could complete only 4 interviews). The data produced by all 39 interviews were analyzed for this paper.

Within three days of conducting an interview, the student transcribed the interview. The instructor observed the student-with-student practice interviews and reviewed both the recordings of the outside-of-class practice interviews and the first real interview for each student. She also reviewed the transcripts of all interviews throughout the study and provided guidance and feedback throughout the data-gathering stage, periodically meeting one-on-one with students as well as providing written suggestions.

All interviewees met two requirements: (1) They had completed training within their occupation (nurses had graduated and passed their boards, and police officers were no longer enrolled at a police academy) and (2) their work assignments involved working directly with the public. We thus excluded anyone in supervisory, administrative, or

clerical positions. Interviews began with the basic introductory question, "Could you describe what you do on an average day?" Students then worked their way through the interview protocol, which contained many open-ended questions, probing deeper whenever the interviewees' responses warranted. In writing the interview protocol, each student contributed a set of questions out of their topical interest so that at the end of the interviewing period, each student had a body of data that addressed their particular focus. For this reason, all questions in the protocol were asked by all student interviewers. Question sets included broader questions, specific inquiries, and follow-up prompts. The resulting data from all student interviewers were analyzed by the specific student who had crafted the associated questions (explained more below, under "Coding").

Questions covered a variety of topics, including job duties, laws in the workplace, work-life balance, stress at work, mental health, religion in the workplace, autonomy, upbringing, and learning on the job. Basic demographic questions were also asked, including age, race, marital status, religious preference, and annual household income. This paper drew particularly on questions within the interview protocol about stress, stress management, emotions, emotional labor, safety, and coworker relationships.

The police interviewees were mostly males, and the nurse interviewees were mostly females. The majority of the participants were White, Christian, and married; however, the interviewees' ages ranged widely (Table 1).

**Table 1. Interviewee Demographics**

| | **Police** | **Nurses** | **Total** |
|---|---|---|---|
| White:Nonwhite | 18:1 | 16:4 | 34:5 |
| Men:Women | 16:3 | 5:15 | 21:18 |
| Married:Unmarried | 13:6 | 18:2 | 31:8 |
| Over 30:Under 30 | 10:9 | 9:11 | 19:20 |
| | 19 | 20 | 39 |

*Coding*

All of the interviews were recorded and transcribed to enable direct quotations. Each student was responsible for coding the same specific parts across all interviews collected, based on which questions they contributed to the interview protocol. Coding reflected concepts that the classes generated. Each student then separately analyzed those questions that they coded to develop their particular research focus.

Students were taught qualitative analytical techniques as part of the course. In addition to reading about qualitative analytical methods, the class collectively read through transcripts on the projection screen and reviewed several interviews in class, discussing possible codes and debating analysis options. These discussions and practice sessions helped hone students' qualitative analytical skills.

Drawing partly on the literature reviews the class conducted and partly on their own analysis of the data, students used a combination of inductive and deductive methods. They

drew on their synthesis of the literature to draft research protocols and craft basic codes, then closely read the transcripts, identified and analyzed themes, developed additional codes, and finally, as a class, discussed the transcripts and possible codes. (Lists of codes and themes are available from the authors upon request.)

Students uploaded all transcriptions to a shared Google Drive folder and also kept a copy of their transcripts separate from the shared folder. Within the Google Drive, they read and reread everyone's transcripts and created a set of codes using different fonts and colors. For example, the combination of Comic Sans and dark purple represented the code *challenges*, while the combination of Rockwell and dark red 1 represented the code *teamwork*. Each researcher developed their own codes for their specific section of the interview, based on which interview questions they had contributed.

Words were used as the unit of analysis for the coding. A combination of deductive and inductive processes was used. Students initially created codes based on certain concepts that were drawn from the relevant literature. As they coded, they then created additional codes and subcodes that emerged from the data.

The coding process began with each student using their own copies of the transcripts, applying these main codes to their own section of questions within their own interviews: Researcher 2 on Researcher 2 interviews, Researcher 3 on Researcher 3 interviews, etc. To apply their codes, each student read their interviews until they found a statement that matched a code. For example, in one interview, the participant responded to a question by saying, "Staffing ratios are down." This represents a challenge, so the text was converted to match the *challenge* code in dark-purple Comic Sans font.

After the main codes were applied, subcodes were developed. Subcodes broke down the broad codes into more specific codes. For example, some of the subcodes for the *solidarity* code included teamwork, training, frustration, humor, and conflict. Comments were made within the documents to signify which subcode was represented. Not every main code contained a subcode, but those that could be broken down further were. Subcodes allow for greater specificity in analysis and facilitated student discussion about the importance and influence of various factors during class discussions.

Next, students read another student's transcript sections and applied those codes. The two files were then compared and students discussed where and how the coding was appropriate and correct. This reliability check involved Researcher 2 coding Researcher 3's interviews for Researcher 3's interviews questions, then Researcher 3 coding Researcher 4's interviews for Researcher 4's questions, and so forth. This ensured that the interviews were coded consistently and correctly. It also clarified that the codes were clear to someone who had not created them in order to make the application of coding more transparent.

This particular article grew out of a paper of a student, coauthor Ms. Emily Cunningham, who had a research interest in emotional labor in different types of interactions. (Her set of interview questions to capture this inquiry is available upon request from the authors.) Small modifications were made to the quotations to enhance readability. Passages with unnecessary filler words were edited to provide clarity for the reader. Sentences that were difficult to understand were filled in with implied phrases or words, and profanity/vulgarity was removed. Interviews' assigned numbers are based on the chronological order and the interviewer who conducted the interview.

We do acknowledge the shortcomings of interviewing about intimate emotional experience, especially with student interviewers. Both police and nurses were sharing accounts with unknown interviewers about their understanding of emotional labor at work. It is quite possible that many interviewees were unable to recall/communicate about their emotional experiences or misrepresented their true emotional experiences. Additionally, it is possible that these stated emotional practices were actually just common occupational rhetoric about emotional work that is common in each field rather than mapping the actual emotional experiences. Many interviewees may have discussed their emotional labor in an honorable light/manner, obscuring their actual emotional experiences from the interviewers. These concerns do not undermine the project; they are noted here as a respectful caveat to readers.

## RESULTS

Both police and nurses are charged with the general health of their communities. Police address local violence and disturbances throughout their communities, using the force of the state when deemed necessary, as well as providing assistance for those in need; simply their presence in their communities affects those communities' actions. Nursing care generally ameliorates illness and injury, in addition to preventing future issues through preventative care.

### *Emotional Labor to Enable Closeness versus Distance*

Both nurses and police described frequently performing emotional labor. Emotional labor was employed for a variety of reasons and for a range of audiences (e.g., the public, patient/arrestee, coworkers, supervisors, and oneself); however, a key difference that emerged from the data was that nurses in this study often described their emotional labor as displays of encouragement, compassion, and other emotions to enhance a closeness in the nurse-patient relationship:

> [You have to put on] a smile and show that you care about them and "know it will all be okay." You can't make it seem like you worried. Not to the families, if you can swing that, and not to the patients, definitely. . . . They have to like you, to trust you. To have that belief that you'll help them get better. . . . If *they* worry, they'll fight you or they will worry themselves more sick. (Interview 37)

This nurse's statement described her emotional labor of displaying an artificially confident countenance in order to put her patients at ease, enable their recoveries, and facilitate their safety.

The emotional labor that police officers perform could sometimes be described as the opposite, to create distance between themselves and community members. The officer

below describes holding back any displays of compassion, which he says can be difficult when he relates to the civilian on an emotional level:

> You can't wear your heart on your sleeve, or you'll never be able to do your job. You've gotta be the tough guy [you can't get sentimental or seem soft], or you can't be effective in your job. . . . They can trust you, but maybe they shouldn't like you. (Interview 11)

The officer explained how he had felt sympathy for domestic violent victims and civilians suffering from mental illness but had created emotional distance to maintain his authority and preserve his safety.

### *Emotional Closeness versus Distance to Facilitate Safety*

Nurses explained that they often were very conscious of their efforts to display only those emotions that would make patients feel more at ease, trusting, and emotionally close. For example:

> I'm always careful of the words I choose when dealing with patients. You always have to be conscious of making a very good experience for them or the best experience they can have in an unfortunate situation, so I always try to be . . . I always try to be upbeat and positive. [I] don't bring problems to work. I'm just there for the [patients and their families] . . . and my job is actually easier if I show that I'm there for them. Because by making their experience here a bit better, by showing I care, and care about them, then they will be more helpful and willing to follow doctors' orders and all. Willing not to make things harder or by [risking harming themselves] by not being [compliant]. (Interview 22)

This nurse described choosing her words carefully to convey specific positive emotions, in order to increase her ability to keep the patient safe.

Sometimes nurses had to *not* display certain emotions in order to maintain that closeness, as this pediatric nurse explained:

> I've had parents say things that were homophobic, which I don't really talk about with the families, but it definitely puts me a little bit on guard that, if I did talk about [my LGBTQ identity], it might harm [the closeness] the patient feels. . . . When they say something homophobic, I don't really respond. I certainly don't react with how I really feel. I can't. If I showed how I felt when they said [homophobic

> comments], I'd upset them, and I'd also probably tell them that I'm gay. And they wouldn't like that. Then what?! I don't want them to not listen to me or not let me provide necessary care or instruction to their kid because they [feel uncomfortable] about [me being LGBTQ]. . . . My goal is these kids' well-being, getting them well, getting them out of [the hospital]. I can't let their parents' [homophobia] get in the way, so I pretend to be something I'm not for the kids' sake. (Interview 23)

This nurse believed she must mask her identity and not show her dismay at families' homophobia. Although she did not like the homophobia expressed by patients or their families, she believes that displaying her genuine reactions, possibly disclosing her LGBTQ identity in the process, would distance her from them and could lead to them refusing her care. Her emotional labor maintained friendly relations with the families so they allowed her to continue care and to maintain her patients' safety.

The nurse quoted below, who also worked in a pediatric ward, described how she had to get her patients to feel safe so they would like her enough to do what they needed to do in order to actually be safe:

> Sometimes people are just reluctant to do something. Maybe they're exhausted or scared. Or they don't like being here. But you have to get them [to do what the hospital and doctors] need them to do. Otherwise, they might not get better, or lots of the time, they might put themself in danger and at risk. So you have to talk them into it. Make them feel safe. If they like you, they'll listen to you. (Interview 31)

Similarly, another pediatric nurse described having to work to get patients and their families on her side in order for those patients to get the care they needed:

> Some parents don't understand or they don't want something to be done. Or the kids don't want to go along with something they have to do or that you have to do to them. I get it. A hospital is a bad place. It's not fun. . . . You gotta get them on board. So you might be in a [bad] mood, but you hide that. [Instead,] you smile, you tease, you help them see what needs to happen, but for that you need to make that connection. That personal connection. Person-to-person so you create a relationship, so they see you as their friend, that you're on their side and they can listen to you. (Interview 35)

All these nurses described how they had to engage in emotional labor in order to establish that closeness with their patients in order to ultimately keep those patients safe and healthy.

In contrast to nurses trying to feel closer to their patients to keep them safe, police officers created distance between themselves and civilians. One police officer explained that, even after he had taken someone into custody, he still had to perform a certain level of emotional labor to maintain distance. This emotional labor was most important when he felt sympathy toward a suspect; he worried that if he showed this genuine emotion, that sympathy would be misinterpreted as a signaling that the suspect could challenge his authority:

> [Even once you've arrested a suspect], you have to be firm, you have to be assertive, and you have to draw the line, and sometimes you have to exercise discipline [so you can't make it seem] like they can walk all over you. You can't be all simpatico. No matter how you feel, you can't have it seem like they have you on their side. You have to hold that back. [Otherwise,] they'll think they can try something or [challenge your authority]. And that can be really dangerous. (Interview 14)

He also explained the importance of exuding authoritativeness at all times in order to maintain his own safety.

In order to maintain this safety, officers had to create distance and assert authority. A junior police officer discussed how creating emotional distance in itself is an assertion of authority:

> You can't let yourself get sucked in [to the civilians' battle]. You gotta show that you are there to help but you can also arrest all of them and you don't care about some squabble or whatever. You gotta establish order, and the first thing to do is showing that you won't be drawn into their whole mess. . . . If you don't, then someone thinks you're on someone else's side, and then everyone joins together to turn on you, and then you really have trouble. (Interview 30)

He believed that maintaining emotional distance was essential to remaining in control and staying safe during potentially dangerous situations. The following interviewee would agree:

> You might go out there [to a neighborhood call], and you might [be really worried for] whoever called [the police for help], but the first . . . [emotion] you have to show is strength. . . . You might feel bad for someone or worried or

> concerned. But you can't start out showing that. [You must show that] you're tough, you know. You're not going anywhere [without resolving the situation]. Otherwise, you're [physically] vulnerable. You seem easy, people will make more trouble for you. (Interview 23)

The above quote from a mid-career officer underlines the belief in constant threat to officer safety, particularly if an officer does not show strength. An older officer explained this concept similarly:

> We join because we care, you know? Young guys, they join because they want to serve their communities. . . . But when you are out there—and I don't care who it is, housewife, meth [slur] college kid—they see the badge, they see you and it becomes you against them. Even if they are the one who called [the police initially] sometimes. . . . You feel for them. You really do. . . . If they weren't having trouble, you wouldn't have been called. But you can't get involved like that. You have to stay back to yourself. You realize you gotta think of your own safety first. And that means thinking of your guys, too, because *they* are the ones watching your back. (Interview 32)

This 15-year veteran explained not only that he would hold his sincere emotions at bay and display the necessary emotional distance but also that part of this strategy was his concern for his safety and the safety of his coworkers, on whose solidarity he counted.

### *Solidarity*

A critical component of both nursing and policing was coworker solidarity. Emotional connections and willing teamwork were emphasized by many interviewees. Below are two representative quotes, one from nursing, one from policing.

This nurse described teamwork and solidarity as essential to handling workplace difficulties, using the word *family* to describe her coworkers:

> It's tough work and we all pull together. Sometimes it gets really rough. We might be way understaffed, [face a sudden increase in patients, or other similar stressor]. But we're a family. We want to help each other—not just because it's our job, but we want to be there for each other. (Interview 25)

Similarly, this police officer also used the words *family* and *brotherhood* to describe his coworkers:

> It's hard. It can be just hell . . . [but] I like the brotherhood. Everyone I work with is like family. That makes the job possible, makes it nice. . . . Once you've done the job, and if you have the knack for the job, it's just something that you can't give up and you really couldn't go back to doing any other kind of job. (Interview 18)

The solidarity the police officer felt with his coworkers helped him weather the difficult aspects of his job and was such a positive counterbalance to the negative parts that he believed it retained many police officers who otherwise might leave the field of policing.

*Safety and Solidarity*

Solidarity could further safety goals in two ways. First, solidarity directly boosted safety by securing the connectedness among coworkers that complex job situations demand. Second, solidarity indirectly advanced safety goals by enabling the emotional labor necessary to ensure safety.

In the healthcare setting, nurses' solidarity can lead to greater safety through better-coordinated multi-person care for their patients. For example, this hospital nurse described her unit's ability to work together and take over each other's duties when complications arose:

> We're helping each other out, so if an alarm goes off, it doesn't have to be *your* patient. We're all answering the alarm; we're all resetting IV pumps for each other. . . . If somebody has a kid that's losing their mind, one of us can go hold them. I think in all areas of nursing, but [especially] where I work, that's something I'm really proud of: that we really work well together. As a team we help each other out a lot. . . . We're helping each other, we're helping each other to keep our patients safe. (Interview 23)

She explained how the bonds that she and her coworkers shared promoted effective teamwork and communication to ensure patient safety.

Conversely, lack of solidarity in the healthcare workplace can jeopardize patient safety. In one interview, a nurse described the difficulties of working with an uncooperative coworker:

> My work [was] hindered because I had to take up a lot of her duties because she wouldn't get off the computer. I confronted her about it, and she got very put out and purposefully didn't help anymore—at all. I was hindered in the sense that I had to do a lot more work that I shouldn't have had to do. [This could have] created a dangerous situation. . . . Our patients need ongoing care. What

> happens if [one of us] isn't there? Someone could die. (Interview 1)

In this situation, the nurse explained that in the hospital setting, when nurses refuse to work as a team, not only are coworkers overworked and stressed but patient safety is at risk.

Solidarity is also essential among police officers for navigating potentially dangerous interactions with civilians. While responding to a call, police officers must work in unison to ensure the safety of themselves, their coworkers, and nearby civilians. In the example below, a very disgruntled customer endangered the safety of hotel employees and a group of police officers had to work together effectively and efficiently to safely interact with the mentally unstable civilian:

> I got there first, so I just tried to talk to him, calm him down, get him to calm down. [When the] other officers got there, [we] tried to make sure [that the] other officers didn't turn their sirens on, to [not further agitate] the person more, even though [doing so would have been protocol]. If they [had come in with sirens blaring], he could have gotten scared and then [been] an even greater threat. (Interview 12)

Here, the officer described workplace solidarity contributing to greater safety by heightening officers' coordination of community interventions.

Similarly, the officer quoted below emphasized that working with others always heightened safety:

> Any day, any time, they could overpower [you]. . . . If you [would have to] act alone, then you'd be putting yourself at risk, in danger. [That's why] you gotta have [other police officers] there, too. The other guys are there to help you stay safe, and you're there to have their back, too. (Interview 14)

This officer believed that any situation could pose substantial risk to his safety. Solidarity with his fellow officers assured him that someone would "have [his] back" and keep him safe.

In addition to these direct effects, solidarity also enabled workers to perform the emotional labor, discussed earlier, that was a necessary first step toward the main goal of keeping people safe. For example, this hospital nurse described how she and her coworkers sometimes needed a break from their patients in order to maintain the necessary level of emotional labor:

> We're here to help. But sometimes [ugh,] I mean, it's just hard to open your eyes and see all the crap we have to deal with. And you can't yell at [the patients]. That's not what we're about, and it wouldn't work anyway. But sometimes, I mean, it's like you can't talk to [a problematic patient]

> again. [That's why it's so good that] we work as a team. Well, we're not officially teams, but we help each other. . . . Like, I'll go in [to talk with] another [nurse's] patient, or someone else will cover [my patients] while I just have a breather. [After that bit of break,] you can go back and be kind and be all smiles and encouraging. (Interview 3)

Although the police officer quoted below addresses performing authority rather than warmth like the nurse above describes, both quotes explain how solidarity among coworkers helps them overcome their workplace frustration and display the emotion required for that circumstance.

> You get these men, these young men, who are just going to be in your face, and you gotta stay calm and you can't let them get to you or get under your skin. [That's when] another officer might step in and help you cool down and stay calm, maybe just say something to you or just be there. . . . [You must] show authority, sure, but not your anger. There are times you need [another officer] to just help you, remind you, bring you back. . . . You know [the fellow officers] get you, get what you're struggling with. They're there with you and understand. . . . Then you can be in control, but not act angry. (Interview 24)

Indeed, solidarity among nurses and police officers helps them overcome workplace challenges so they can perform the necessary emotional labor needed to maintain safety on their jobs.

## DISCUSSION AND CONCLUSIONS

While both nurses and police are concerned with their own safety as well as the safety of those they serve, this article demonstrates variation in the centrality of these various goals within these professions. Both nurses and police described engaging in emotional labor, but with different motivations and different emotion rules. Often, nurses engaged in emotional labor so their charges would feel closer to them. They worked to create feelings of affection and warmth. In contrast, police engaged in emotional labor in order to create distance between themselves and the community members they encountered.

The importance of emotional distance and closeness is confirmed by the extant literature. Research on nursing documents how patients often are more compliant and at ease—states that might facilitate their safety and improved health—when they experience emotional closeness to their healthcare providers (Bakker and Hueven 2006; McQueen 2004). Regarding policing, several studies found that police are more successful in maintaining public order when civilians do not perceive them as emotionally available but

rather harshly distant and authoritative (see Agocs et al. 2015; Bakker and Hueven 2006; Campeau 2015).

Close or emotionally warm nurse-patient interactions facilitated greater success in the nurses' tasks of helping patients to become healthy and safe despite illness, injury, and medical procedures. The patients would be more compliant and more helpful in their treatment and thus would stay safe throughout their visits and get well sooner. Police culture asserts the opposite goal for police officers. Unlike nurses, police in this study believed they should maintain emotional distance from civilians in the community. They believed they were more successful in their tasks of maintaining public order when civilians did not perceive them as emotionally available but rather harshly distant and imposing.

Solidarity and teamwork were critical for both nurses and police in achieving their goals of safety both directly and indirectly. Directly, solidarity among coworkers enabled smooth teamwork at critical times. Indirectly, workplace solidarity facilitated the emotional labor that their jobs often demanded. Worker solidarity was often expressed with feelings of belonging ("like a family" from Interviews 25 and 18).

Extant research has noted high solidarity in the nursing and policing fields (Allen 2014; Campeau 2015; McQueen 2004). In policing, these strong social bonds are initially developed in police training and are maintained throughout the officers' careers (Campeau 2015). In nursing, workplace solidarity can fluctuate between workplaces but often is strongest within hospitals and other institutions that provide 24/7 patient care (Allen 2014; McQueen 2004).

Though emotional labor and worker solidarity in both professions furthered the goals and concerns for greater safety, exactly *whose* safety differed between these two groups. For nurses, their focus was on the safety of their patients: Safe, healthier patients required that nurses exhibit the emotions of compassion and warmth in their interactions to heighten patients' feelings of closeness. In contrast, the police officers' goal was to maintain their own and their coworkers' safety, and only then the safety of community members. Police officers emphasized the emotional labor of authority during their interactions with civilians. Thus, nurses' emotional labor was more focused on protecting outsiders (i.e., their patients), while police officers' emotional labor focused on preserving the safety of occupational insiders (i.e., the officers entering spaces of others in their communities).

Issues of gender were not addressed in this article; however, gender composition of the study should be acknowledged. The gender division in this study—more nurses were women and more police officers were men—reflects the divide in these occupations themselves: More women enter nursing and more men join the police force. An array of gender stereotypes and social norms are thus overlaid onto the work of nurses and police officers. Much extant literature has established that care is a female stereotype (Abel and Nelson 1990; Collins 2020; Damaske 2011; Williams 2000). Many caregiving jobs are or have been predominantly female jobs (Kelly 2005). For this reason, decoupling the nursing occupation's goal of patient care and the gender norm of the caregiving woman can be difficult. Similarly, the overlay of stereotypes of men and men's gender roles is also complicated. The traits of confrontation and authority epitomize masculinity (Coutinho-Sledge 2015; Paechter 2006; Young 2017), yet these both are components of many people's views of police work (Campeau 2015).

Given how tightly coupled are the images of these two occupations and the gender of the work, further investigation into this intersection would be an area that future research might explore more fully.

Like much empirical work, this study had several limitations. Interviewing people regarding intimate emotional experience can be challenging. This might be especially true when those people are being interviewed by student interviewers who are still novices. Interviewees may have been unable to remember or unwilling to communicate various emotional experiences. Additionally, as with any study that asks participants to think back to past experiences, participants might misremember or misrepresent their true emotional experiences. Additionally, interviewees' stated emotional practices might simply be reiterations of explicitly stated employee expectations for each profession. Interviewees may also distort past experiences to reframe their own actions or reactions to seem more honorable or less questionable. Although these issues do not undercut the project, the authors and researchers wish to acknowledge them.

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