Title: Unforeseen emotional labour: a collaborative autoethnography exploring researcher experiences of studying Long COVID in health workers during the COVID-19 pandemic.

Abstract

Emotional labour or emotion management describes regulation of feelings to fulfil specific job roles, discussed extensively around commercial and caring professions and more recently qualitative researchers. During the COVID-19 pandemic, this was heightened due to changes in the socio-political context affecting individual circumstances and research practice, yet accounts pertaining to qualitative researchers are lacking.

This paper presents a collaborative autoethnographic account of the emotional labour experiences of researchers working on a longitudinal, mixed methods study on the lived experiences of healthcare workers with Long COVID in Scotland during the pandemic. The types, intensity and impacts of the emotional labour was unforeseen at the outset, rooted in a culmination of unique factors that transpired over time: circumstances pertaining to the socio-political context; the novelty, unpredictability and devastating nature and impacts of Long COVID illness; the levels of participant distress and their unfulfilled support needs. In response, researchers engaged in a range of types of emotion management - *Strategic emotion work*; *Emotional reflexivity*; *Emotion work to cope with emotive dissonance* and *Managing relationships*. This was additionally challenging given the already difficult homeworking and lockdown climate balancing workplace and personal responsibilities, and by the necessary use of remote methods for both data-gathering and interacting with colleagues, which impeded our ability to provide and receive support. Critically, emotional labour needs to be recognised, acknowledged and formal plans put in place to support researchers across individual, research team and institutional levels, with consideration of socio-political influences at the time of study.

Keywords

Emotional Labour; Emotion Management; Goffman's Dramaturgy; Qualitative Research; Long COVID, Collaborative Autoethnography.

1. Introduction and Background

The concept of ‘emotions’ may be understood as cultural practices rather than merely bodily feelings or psychological states. Emotions are produced, shaped and circulated through interactions conducted in the public sphere and experienced through the body (Ahmed, 2004). Thus, emotions are not experienced universally but differ according to individual and collective relationships to certain feelings – and over time, across various contexts and interactions with different people. It is on this basis that ‘emotional labour’ can be understood and explored.

The concept of emotional labour (as distinct from ‘emotion work’ which applies to the sphere of private life) was initially conceptualised to denote *‘the management of feelings to create a publicly observable facial and bodily display…to fulfil a specific paid job role* (Hochschild, 1983, p.7), inducing or inhibiting feelings appropriate to a given situation, essentially to deliver customer satisfaction (Wilkinson & Wilkinson, 2020). Emotional labour, however, is arguably more nuanced than presented in Hochschild’s early analysis, and later work based mainly on the experiences of healthcare workers offered an evolved understanding of this concept and an alternative conceptualisation of emotion management in organisations (Bolton, 2001; Riley and Weiss, 2015). In terms of this, Bolton’s (2001) work identified three distinctive faces employed by nurses to manage emotions: the ‘professional’ face (caring, yet distant to remain in control and for self-protection), the ‘smiley’ face (to placate dissatisfied ‘customers’ of the NHS, engendering resentment and loss of genuine caring) and the ‘humorous’ face (displayed ‘off-stage', providing ‘relief’ from maintaining a professional or smiley face and expressed by shared smiles, sighs and sideways glances, or ‘giving the gift’ of extra emotion work to colleagues to process difficult feelings). Nurses move between and juggle these different faces and feeling rules depending on context. This work was further developed to include a typology of emotional self-management (Bolton & Boyd, 2003), showing how emotion in organisations is controlled by both employees and management in different ways. Even where constrained by organisational structures, individuals can employ different sets of ‘feeling rules’ (commercial, professional/ organisational and social) to match feeling and face with situation and ultimately determine how, where and why they manage social exchanges and their emotional responses. These types include ‘pecuniary’ (akin to emotional labour with commercial feeling rules), ‘presentational’ (similar to emotional work with social feeling rules), ‘prescriptive’ (where employees

behaviour and responses are governed by professional/ organisational feeling rules), and 'philanthropic' (where organisational rules are implicit and behaviour is governed by social feeling rules) (Bolton & Boyd, 2003). Riley and Weiss (2015) extended work in this area in terms of: recognition of the 'professionalisation' of emotion and gendered aspects of emotional labour: discussion of intrapersonal aspects of emotional labour (how emotions are managed, and recognition of the positive or hidden aspects); collegial and organisational sources of emotional labour; as well as resulting support and training needs. Collectively, these accounts provide a much more comprehensive picture of how and why emotional labour manifests, how it is managed and what is required in terms of acknowledging and addressing the resulting needs ((Bolton, 2001; Bolton & Boyd, 2003; Riley and Weiss, 2015). Later accounts call into question, however, the extent to which emotional labour is recognised and valued in a healthcare context (Delgado, et al. 2020).

This concept is closely intertwined with Goffman's (1959) 'dramaturgical' perspective, forwarding the notion that social life is akin to a performance, consisting of 'frontstage' and 'backstage' regions, in which individuals display particular behaviours or 'present many faces' (Bolton, 2001) depending on their context and audience to create a certain impression for others. Frontstage, individuals perform or behave in ways deemed appropriate to a given situation, whilst backstage, an area free from audience intrusions, they drop their front and act more authentically.

Whether referred to as emotional labour or emotion management, since its inception this role has been studied and applied extensively across a range of professional groups in commercial roles, as well as healthcare workers, social workers and educators (a select few include studies by Kario, 2021; Moesby-Jensen & Schjellerup Nielsen, 2015; Newcomb, 2021). Whilst the last decade has witnessed a new interest in the emotional labour negotiated by qualitative researchers, comparatively this area has received less attention. Largely, the work undertaken has been rooted in a feminist paradigm, involved difficult or 'sensitive' subject areas such as male infertility (Carroll, 2012; Hanna, 2019), end-of-life care (Komaromy, 2020), gaining access to the judiciary (Bergman & Wettergren, 2015), and activist parents of autistic children (Lo Bosco, 2021), often utilising ethnographic methods. As asserted elsewhere, there is even less interest in those engaged in public health-related research (Scott, 2022).

Perhaps this is due to a historical resistance to 'researching the researcher' (Campbell, 2001) and queries around if and how researchers should display their emotions. For instance, whether to openly demonstrate genuine feelings such as shock or sadness, or moderate these to maintain a perceived professional front, and the impact of these choices in building rapport and conveying empathy and understanding (Dickson-Swift et al, 2009; Hanna, 2019; Hughes, et al., 2022).

As an under-researched area, less is known about the normal, expected tasks of managing emotions and feelings within a research context. It has been suggested, however, this broadly involves behaving in ways appropriate to purpose and context (Komaromy, 2020), likely to include managing relationships with participants, colleagues and others such as gatekeepers; developing rapport, and critically reflecting on own experiences (Roy & Uekusa, 2020), as well as displaying empathy and detachment as appropriate (Hanna, 2019). This was further characterised in one study to involve: *Strategic emotion work* (developing trust and self-confidence); *Emotional reflexivity* (awareness of emotional signals); and *Emotion work to cope with emotive dissonance* (when performing in ways different to real feelings) (Bergman & Wettergren, 2015).

As the very nature of qualitative inquiry often involves highly sensitive, emotive subject areas, vulnerable people and likely emotional labour, this presents additional work, potential dilemmas, and risks to the wellbeing of the researcher (Moncur, 2013; Rogers-Shaw et al, 2021). Potential 'burdens' or negative 'outcomes' of undertaking emotional labour have been discussed elsewhere in relation to academic researchers as well as other professional groups, to include burnout, feelings of shame and guilt, depression, anxiety, poor job satisfaction, less personal accomplishment, gastrointestinal upset, exhaustion and insomnia (Kumar & Cavallaro, 2018; Dickson-Swift et al., 2009; Hochschild, 1983; Yang and Chen, 2021), though the degrees to which these are described varies across studies (Allen et al., 2014; Brotheridge & Grandey, 2002; Lee & Chelladurai, 2016; Pugliesi, 1999; Scott & Barnes, 2011; Wagner et al, 2014). These potential 'harms' have been found to be particularly apparent when performing to cope with role expectations, in ways incongruent with true feelings - termed 'cognitive dissonance' (Riley and Weiss, 2015), or disjuncture between 'feeling and face' elsewhere (Bolton and Boyd, 2003).

Moreover, these potential harms for the researcher may negatively impact on participants experiences (Rogers-Shaw et al., 2021). Despite this, it has been suggested that there is still a reluctance amongst researchers to acknowledge or express their emotional labour experiences, perhaps concerned this may degrade their sense of professionalism (Mallon & Elliott, 2019). It has been found, however, that suppressing such feelings heightens emotional labour whilst openly discussing these have cathartic benefits (Stonebridge, 2022). It may be queried, however, whether there is perhaps a growing movement towards recognising, sharing and supporting emotionally demanding research experiences, evidenced through the recent inception of bodies such as the 'Emotionally Demanding Research Network in Scotland', a peer support group set up by academics (Smillie, 2021), yet perhaps grant-funding constrains the ability to write-up these experiences for academic publication.

It is very likely that this emotional role and its implications was heightened even further for researchers during the COVID-19 global pandemic, due to changes in the social and political landscape at the time, as well as specific shifts pertaining to research. This pandemic resulted from a novel and potentially deadly coronavirus first discovered in 2019 and instigated – the construction and transmission of - mass public fear and challenges to social order - as identified in relation to other devastating and unexpected epidemics (Strong, 1990). This necessitated 'action' which included a range of measures to curb transmission: several national lockdowns; school closures; homeworking; social distancing and restrictions on movement and mixing with other households; mask-wearing in public spaces; and a mass vaccination programme. During this time, COVID-related studies were prioritised by funders, whilst research across other areas was stalled (Otto & Haase, 2022). Measures and restrictions presented both personal challenges to researchers, as well as practical and methodological challenges in conducting qualitative empirical studies as in-person contact and thus, face-to-face interviewing, was not possible (Otto & Haase, 2022). Collectively, these factors precipitated further change, uncertainty, stress, anxiety and disconnection. For instance, it has been suggested that *"Social distancing has encouraged isolation and seclusion. Researchers are now faced with many challenges associated with social distancing, such as a lack of daily interaction with peers and increased difficulty communicating with others"* (Hendrickson, 2020. p.1).

Further, remote working during the pandemic has been linked to an increased risk of vicarious trauma (VT) in professionals exposed to trauma including mental health workers (Roberts et al., 2022) and psychotherapists (Aafjes-van Doorn et al, 2020), resulting in feelings of anger, rage, sadness, guilt, shame and self-doubt, as well as lingering preoccupation about patients outside work. Arguably, this could be extended to qualitative researchers exposed to trauma through accounts of their study participants.

Despite this, there is a dearth of published work exploring researcher's emotional experiences during the COVID-19 pandemic – indeed, we could only locate two sources. Firstly, an online blog, reflecting on the authors emotional experiences whilst engaged in interviews with frontline healthcare workers early in the pandemic (Stonebridge, 2022) and secondly, a published paper, documenting researcher emotion and emotional labour experienced by the author whist studying the impacts of the pandemic on young people (Scott, 2022). The blog acknowledged the burdens for researchers conducting 'emotionally-demanding' work when already dealing with lockdowns and social restrictions, likely personal concerns and potential lack of support (Stonebridge, 2022). The second elaborated more fully on these burdens to include pressures balancing home with work responsibilities and dealing with negative feelings and experiences, such as sadness, anxiety and fatigue.

In response to this dearth of literature on qualitative researcher's emotional labour experiences particularly during COVID times, we aim to draw on our reflections whilst working on a highly emotive study conducted during the pandemic, the 'Lived experience of long-term COVID-19 on workers in NHS healthcare settings in Scotland: a longitudinal mixed methods study' (*LoCH*). In this, we investigated the lived experience of NHS workers across Scotland living with Long COVID, that is '*signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 from 4 to 12 weeks and post-COVID-19 syndrome, 12 weeks or more'* (NICE, 2020). We aimed to establish the nature and extent of the impact on health and wellbeing, use of healthcare services, work, personal life and household finances. We conducted a mixed-methods, longitudinal study with data-collection spanning the period April 2021 to August 2022, using online questionnaire surveys and in-depth longitudinal qualitative interviews with a range of NHS workers including

healthcare professionals and ancillary staff. The qualitative aspect of the study, on which our emotional labour experiences are drawn, explored the experiences of fifty participants at two time points, via remote, individual semi-structured interviews. Participants reported a wide range of Long COVID symptoms including fatigue, brain fog, breathlessness, sleep disturbance, joint and muscle pain, neurological problems, and heart palpitations, as well as detrimental impacts on their day-to-day functioning, their ability to work or fully contribute at work, function at home or socially, or plan for the future.

It became very apparent at an early stage of interviewing that there was a high degree of emotional labour involved in managing interviews with participants, which we neither fully anticipated nor were prepared for at the outset. This was due to the level of distress participants expressed around their very traumatic illness experiences - the long-standing, unpredictable and devastating nature of their Long COVID symptoms and the impact across all domains of their lives, difficulties negotiating or accessing adequate formal and/ or informal support, and a lack of understanding or legitimation of their illness. Many therefore used the interview context as an opportunity to seek reassurance or offload, often for the first time. Given the novelty of Long COVID at the time, the extent of these issues was unknown and thus, unimagined, and unexpected, leaving us unprepared for the enormity of our emotional experiences. Undertaking these distressing interviews was additionally challenging due to living and working through an unprecedented pandemic and the associated changes and challenges experienced personally and professionally. This included having to engage with others remotely (via MS Teams), which hampered our ability to provide or receive support to and from colleagues within the research team, an issue acknowledged elsewhere (Weir and Waddington, 2008). Homeworking also intensified our experiences of emotional labour due to the blurring of home and work boundaries, where difficult feelings leeched into our home spaces. Whilst it is fully acknowledged that other difficult or sensitive research also carries heavy emotional loads and emotional labour, perhaps with similar features such as prolonged engagement in remote settings and absence of usual forms of support (e.g., Lo Bosco, 2021), it was the combination and culmination of the factors outlined here that made our emotional labour experiences distinct.

By means of a collaborative autoethnographic account, this paper sets out consider and further reflect on these issues, specifically:

i. the integral role of the socio-political context in shaping experiences of unforeseen emotional labour borne by us, the researchers, whilst conducting fieldwork for this study.
ii. our experiences of emotional labour, how this presented, and the various of impacts on us.
iii. our coping strategies and responses.
iv. the key learning that aided our coping, emotion management, and successful project delivery.
v. the implications on future research practice around managing difficult subject matter in challenging conditions.

Goffman's dramaturgical perspective provides a useful lens for understanding and interpreting our emotional labour experiences, with reference to both ours and the participants presentation of self and our interactions, and thus, will be referred to throughout this paper. Additionally, a limitation of the theory pertaining to the blurring of divisions between front and backstage spaces due to the socio-political context at the time of study will be explored and thus, extend the theoretical perspective in relation to this novel area.

These issues will be explored as follows: firstly, the various standpoints of the researchers will be given; secondly the collaborative autoethnographic methodology and tools employed for data-collection and analysis, thirdly, key reflections around our emotional labour experiences; and lastly the implications of our findings and a pathway for future research practice to make use of our experiences.

1.1. Positioning Statement

We have included our positionalities as researchers and authors of this paper, to facilitate transparency around what we 'brought' to the research in way of our assumptions, beliefs and subjectivities (Rogers-Shaw et al., 2021; Roulston & Shelton, 2015), and to illustrate how this may have influenced our experiences of emotional labour, as well as our analysis and interpretations of these.

Our core *LoCH* study team consisted of four researchers, with the majority of interviews conducted by research fellows EM and NA. Of the two more senior

experienced researchers and co-principal investigators, AG and NT, AG carried-out several interviews and both played an integral role in discussions and reflections around our emotional experiences whilst engaged in data-collection, and the peer support system we had in place.

EM, NA and AG are all social scientists. During the pandemic, EM and AG were balancing work with childcare, home-schooling and national lockdowns.

2. Methods

Within this section, the methodology adopted, collaborative autoethnography, and the specific tool utilised within this approach, namely journaling, will be described.

2.1. Data and Design - Collaborative Autoethnography

Autoethnography aims to describe, systematically analyse and connect personal experiences to the broader social context (Ellis et al, 2011), with the researcher occupying the unique dual roles as both the object of, *and* the subject undertaking the investigation. (Anderson and Fourie, 2015).

Collaborative autoethnography was utilised, that is a 'multivocal' approach involving multiple researchers working collectively to share and interpret their pooled personal reflections (Alexandra et al, 2019; Wilkinson and Wilkinson, 2020). When embarking on *'LoCH'*, we did not intentionally set out to undertake an autoethnographic account of our own experiences, however, it became apparent at an early stage of interviewing participants that this encompassed a high degree of emotional labour for us as researchers. This required careful negotiation of the emotions experienced to minimise the risk of harm to our wellbeing (and potentially the participants) and to ultimately enable us to continue with data-gathering towards successful completion of the study. This encompassed reflection and discussion amongst the research team around our feelings, experiences and needs, as well as mechanisms in place to support ourselves and each other. The idea of conducting a collaborative autoethnography grew organically through us managing our emotional labour. This approach enabled us to *'keep our own voices while creating a collective one'* (Anderson, 2015, p.) and offered a richer account of our experiences (Lapadat, 2017; Nowakowski & Sumerau, 2019).

Like others (e.g. Chang, 2016; Griffin & Griffin, 2019; Pearce, 2020), we have tried to marry the two traditional broad autoethnographic approaches of an 'analytic' slant, to ground the findings in context (Anderson, 2006), with an emotive 'evocative' style (Bochner & Ellis, 2016), integrated together to facilitate greater understanding, illuminate and reflect on our experiences, inform research practice and share our learnings (Anderson, 2000; Wilkinson & Wilkinson, 2020). Critically, reflexivity was threaded throughout the entire process and was fundamental to our interpretations, which is the *'back-and-forth movement between experiencing and examining a vulnerable self and observing and revealing the broader context of that experience'* (Ellis, 2007, p14), and aided in this case by the reflexive journaling tool we utilised. A multitude of tools are accepted within an autoethnographic methodology, including textual data, diaries/ journals, self-observations and reflections (Chang, 2008). We used reflexive journal writing (Fox, 2021), reflecting on our individual experiences though additionally informed by ongoing discussions amongst the research team, as will now be described.

2.1.2. The reflexive journal

The reflexive journal, a well-recognised tool in autoethnographic research, provides a written account of key details, observations, thoughts and feelings (Travers, 2011). EM, NA and AG were accustomed to using reflexive writing aiding everyday practice as researchers, to reflect on, make sense of and learn from experiences. During the fieldwork stage in *'LoCH'*, EM and NA both kept reflexive journals throughout the data-collection phases to add context to the research findings, noting and making sense of thoughts, feelings and emotions, as well as reflections based on discussions with colleagues from the wider research team, a process which was cathartic following particularly challenging, emotive interviews.

2.2. Data-Analysis

Journal entries containing both individual accounts and reflections on team discussions, was the primary data for this study, analysed via a reflexive and flexible approach utilising general thematic coding methods (Saldaña, 2016), particularly open

and descriptive coding, which enabled us to identify and describe our experiences and make sense of these in our own words. On both a practical and intellectual level, this involved re-reading journal entries, assigning codes to segments of these, then comparing, refining, reviewing and defining these, and eventually constructing three key themes based on these. This process was aided through constant questioning of the data as well as memoing interesting points and observations. Given the sensitive and personal nature of our journal entries, we revisited and managed initial coding individually, yet the process of developing themes and understanding the significance of these was managed collectively through team discussions, to generate joint understanding and limit the influence of individual biases. Again, reflexivity was at the core of this interpretative and analytic process, as revisiting journal entries reinvoked emotional experiences and feelings, which served to aid sense-making around the data (Mauthner and Doucet, 2003).

2.3. Ethical Approval and Considerations

We had full ethical approval to proceed with the *LoCH* study (RGU SNMPP SERP 21-04). There are a number of other ethical concerns and queries pertaining to autoethnography which are noteworthy as relevant to our account: issues around generalisability and validity/ trustworthiness (Griffin & Griffin, 2019; Noble & Smith, 2015); and confidentiality and consent (Anderson & Fourie, 2015; Ellis, 2007; Ngunjiri et al, 2010). Whilst the findings described and discussed here are not generalisable, nor aim to be, validity or trustworthiness can be best assessed by these being *'lifelike, believable and possible'* (Ellis, 2004:124). In terms of confidentiality and consent, we recognise our responsibility to protect the *LocH* study participants. As part of the consent process all individuals agreed to their anonymised accounts appearing in published material, and we have referred as little as possible to specific individuals in this paper.

3. Findings/ Our reflections - Navigating the Unforeseen: The Experiences and Implications of Unexpected Emotional Labour

Despite prior experience of interviewing vulnerable people for other highly emotive studies, the emotional toll and the emotional labour involved in *LoCH* was amplified and had a different quality to anything experienced before in a research context by any of the team. Analysis of our reflective journal accounts and discussions identified

three inter-related factors underpinning this, each an implication of the wider social and political context (and the COVID restrictions) at the time: firstly, the high degree of unsupported illness and emotional work undertaken by the participants; secondly, the data-collection method utilised, and thirdly, the systems of support in place for the research team. These factors, will be considered according to Bergman & Wettergren's (2015) work, extended with reference to other forms of emotion management already described (Bolton, 2001; Bolton & Boyd, 2003; Riley and Weiss, 2015; Hanna, 2019; Roy & Uekusa, 2020). These are: *Strategic emotion work* (developing trust, rapport and self-confidence, as well as strategies to manage the impact of emotional labour); *Emotional reflexivity* (awareness of emotional signals and critically reflecting on own experiences); *Emotion work to cope with emotive dissonance* (when performing in ways different to real feelings); and *Managing relationships with participants and colleagues*.

3.1. The high degree of unsupported emotional work amongst participants and the resultant experience of unexpected emotional labour

"It was the first time she'd told anyone what she's going through…she thanked me for listening…I had a lump in my throat and felt shocked and saddened by her account…she seemed visibly lighter." (EM journal entry, October 2021)

The source of our heavy and unexpected emotional loads was manifold. At the outset we underestimated the severity of Long COVID illness and the impacts on the individual and made a hypothesis that the participants as healthcare professionals were likely to be more equipped to navigate the healthcare system. These reflections, however, were inaccurate and further exacerbated the unexpected nature of our emotional reactions and resulting emotional labour. Participants were much sicker and for longer than we had anticipated, and commonly reported feeling worried, stressed, anxious and/or depressed because of their severe, long-standing, debilitating, and unpredictable symptoms, living with an uncertain prognosis, and the wide-ranging impacts across all domains of their lives and sense of self, as illustrated in the quotation below:

"But this year, I've become quite anxious, teary, sometimes I'll be screaming, bawling at my husband and I think, this is no fair, this is not his fault…I have had really bad days, thinking I just don't want to live anymore…I just don't want to live like this, I said

to my husband, I'm just going to take all these tablets, I'm just going to take them all and be done. It's no fair on you, it's no fair on me, it's no fair on my son". (Participant 17, Nurse, Interview 2)

Many discussed their difficulties in managing their work the associated guilt around burdening colleagues and an already stretched health system, and the trauma of working in healthcare during the COVID pandemic, as illustrated below:

"I felt really embarrassed that I couldn't do my job, and that my colleagues were carrying the weight for me…after one day, not even a full day at work at this point, I would sleep for a whole day […] So, I've had to step down responsibilities at work. I don't feel I'm able to contribute as much to the team...I don't feel I'm able to contribute as much as I used to do…for a doctor, that's quite a lot of your identity is what you do". (Participant 32, Medic, Interview 2).

Furthermore, many participants were shouldering the burden of these substantial emotional loads without adequate support from informal or formal sources. The COVID-19 restrictions on social distancing measures precluded direct contact amongst different households and minimised opportunities for social interaction with family and friends. Some were living alone, and many were either off work, working remotely or in a new role (more aligned to their needs or due to COVID-related NHS redeployment) without others around or with unfamiliar colleagues. Thus, usual 'backstage' forms of support were perhaps less available (Goffman, 1959). Access to formal sources of support via employee NHS or other services was also variable, for instance across different health boards and services, or offered to individuals outside of their working hours.

Also, many participants reported difficulties accessing their GP and other sources of healthcare. Even where contact had been established, there was often a lack of recognition, understanding, belief and/ or legitimation of their Long COVID (as an emerging condition), or inappropriate treatment, which discouraged some from pursuing further contact. Essentially, difficult feelings and emotions were produced through the absence of belief and support around Long COVID. The following quotation illustrate these concerns:

"And by the time I phone, if it's a specific symptom…the neurological symptoms or…nausea…they focus on that one symptom…they don't see it as part of this whole picture of long COVID and how long it's been going on. And I just get snap decisions, you know …speaking to a doctor, I've never, met before, who haven't had time to read the notes, I've just had a couple of minute phone conversation, and that's it". (Participant 16, Ancillary worker, Interview 1)

The interplay of these issues, together with a perceived lack of knowledge and understanding of Long COVID amongst others, meant that we were often the first and sole outlet for participants to share, offload or 'talk through' highly personal, difficult, traumatic, and shocking experiences and their Long COVID journey to date in its entirety. Engagement and retention for the study was particularly high – people were desperate to be heard and granted an opportunity to 'tell their stories'. Additionally, due to difficulties accessing their GPs, many sought information and reassurance about medical issues and symptoms during the interviews (and often other participants' symptoms), which we were neither qualified to answer, nor able to share. Arguably, we were de facto fulfilling multiple roles in the interviews, including confidante and GP. For example, NA's journaling recounted an interview with a medical doctor where the conversation turned to poor mental health: *"I'm tired out at the end of this interview, [the doctor] has spoken for around an hour and a half, in detail about the traumas of having Long COVID and linked mental and physical ill-health, ongoing financial worries, and 'letting go' of their previously healthy identity. I mostly let them speak and didn't interrupt with questions until they stopped. They held nothing back and let it all out and I think this was a very positive experience for them. At the end, they thanked me sincerely and said they were grateful we were prioritising the voices of those suffering. I don't think they'd spoken like this about their experience before, or even had the opportunity. They were animated, upset, angry, frustrated – a spectrum of emotions. It's 'good' data for our study, but I wonder if there was a consideration [when designing the protocol] for how hearing about these traumatic events could affect a researcher (particularly due to the high number of interviews we're conducting), Also, I wonder if we are seen [by participants] solely as an outlet for their experiences in the absence of other opportunities to talk. What should I do with this information and how should I process this? I should have the opportunity to speak to someone about this and how I feel about this"* (NA, summary from notes,

November 2021). NA recalled thinking about the interview for a long time afterwards; wondering how the participant was coping now.

Whilst the research interview afforded cathartic benefits for the participants, the degree of raw emotion exhibited - distress, despair, and desperation - was unforeseen and intensified our emotional experiences. Our overriding feelings (perhaps 'caught' from the participants) were shock, anger and upset (at the degree of suffering and the lack of formal support available for participants). This necessitated various forms of emotion management, namely 'strategic emotion work', 'emotional reflexivity', and 'managing relationships with participants' and 'emotion work to cope with emotive dissonance'. We strived to develop and maintain trust and rapport with the participants, as well as self-awareness and self-confidence around our remit, boundaries and needs. Often we glided between various different faces within and between interviews with participants and interactions with colleagues, maintaining a situation-appropriate 'professional face' (Bolton, 2001) to protect participants feelings and ultimately complete data-collection, yet 'giving a little extra' warmth, understanding, or reassurance, to maintain rapport, akin to the 'humorous face' (Bolton, 2001) or 'philanthropic' emotion-management (Bolton and Boyd, 2003). Being able to outwardly display what was perceived to be the 'right' and appropriate response - a balance between empathy, sympathy, concern and/ or interest, was often challenging because of our own shock or anger. We became emotional 'jugglers' and 'synthesisers', matching face with situation (or not) which on reflection, was sometimes 'sincere' (face matching feelings), but at other times 'cynical' (masking true feelings) (Bolton, 2001).

Further, whilst Bolton (2001), suggested the 'smiley face' was a means of appeasing dissatisfied patients, EM was also aware of using this in a different sense, as a defence mechanism, to mask or hide own distress. For instance, during one difficult interview where the participant was very upset due to ongoing, unexplained and troublesome neurological symptoms:

"Staring at my image on the screen [during interview], I was conscious of smiling a lot and queried whether this was seen as inappropriate given her distress" (EM journal entry, December 2021).

In discussion with EM, NA recalled a similar experience: *"In the most difficult interview I had, when [the participant] was speaking about their poor mental health, I listened carefully and attentively, maintaining a supportive -and concerned- expression and I let them talk it all out. It upset me, some of the topics, hearing what [they] said. I had recently had a situation in my personal life, where someone I am connected to had had some bad news, and the topics [the participant] spoke of were very similar in subject. I maintained my concerned expression, but inside I felt terrible, and was thinking about the pain [the participant] was experiencing, but also how this may have also been a similar experience to others. Although I maintained a professional focus, and a neutral, concerned and supportive expression and dialogue, I felt when the interview finished that this whole process had a high emotional cost for me. When the call finished, I sat for a while and allowed myself ten minutes to decompress, before dealing with all of the interview admin and electronic storing of the interview video and transcript and preparing for the next interview. When going back to analyse the interview multiple times, I've always felt a 'shadow' of these emotions when re-engaging with the participant's dialogue, and when re-watching the video, I feel my calm and concerned expression in the recording and the stressed and emotional internal emptions I was concurrently experiencing during the call are incongruous"*. (NA, summary from notes, November 2021).

The experience of conducting these highly emotive interviews led to stress and various other symptoms (perhaps expressions of vicarious trauma) for us the researchers (such as insomnia and difficulties switching off). If left unaddressed through various measures illustrative of 'strategic emotion work' and 'emotional reflexivity' (such as exercise, taking time out and critically reflecting on and discussing experiences with colleagues in the team), this could have potentially resulted in detrimental outcomes to both our wellbeing and ability to continue interviewing for the study. It should also be highlighted that recognition -and development- of the spectrum of the emotional labour experience and awareness of the effects of this emerged *both* gradually: tracking the research study timeline, *and* as polarised moments of 'realisation'. Gradual realisation for the compound emotional effects of interviewing were experienced when conducting two interviews in a day, many interviews in a week, and revisiting interview content and themes daily over a period of longer than eighteen months when conducting thematic analysis (NA and EM). 'Polarised' moments of

realisation occurred more directly - particularly challenging interviews took place that involved distressing themes exemplifying the extent of the negative effects of Long COVID, often ending with participants asking for clarification or advice about their symptoms, which the researchers were unable to offer due both to their position as non-clinicians, and as researchers themselves only beginning to understand the severity in impacts of Long COVID illness upon NHS workers.

Additionally, it must be acknowledged that both the degree of distress exhibited by the participants and our emotional labour experiences may have had some impact on the data collected. At times, we skipped questions where these were likely to exacerbate participant's distress. Also, managing our own difficult feelings, like shock, stress and fatigue, potentially had some impact on our performance as researchers, how we engaged, built rapport and asked questions. Being flexible and tuned into both the needs of the participants and our own was key here.

Despite this and the toll of emotional labour, there were clearly positive aspects, as discussed elsewhere (Riley and Weiss, 2015), particularly in terms of a sense of enjoyment, job satisfaction and privilege in being entrusted with participants stories.

3.2. Reimagining data-collection: the implications of remote interviewing

'She sounded upset, but her screen appeared dark, she was almost hidden in the shadows…I couldn't see her clearly, but think she was crying. I felt a bit helpless, what could I do or offer her…nothing really…the interview ended and my screen was blank, and I didn't feel great about it.' (EM journal entry, December 2021)

Many of the participants were either too unwell to leave their homes, suffered from severe fatigue worsened by activity, or were highly concerned about COVID re-infection, all of which would have likely precluded in-person contact even if (and during periods when) restrictions were lifted. Remote interviewing via MS Teams, thus, usefully enabled us to capture their voices. This method also allowed us to read facial expressions and outward signs of distress and respond appropriately (though some other non-verbal signs of distress, such as toe-tapping or clenching fists, were not as easy to capture via this remote method). Also, opportunities to provide direct support or comfort in response to participant's distress (such as taking time to chat informally to 'warm-up' before the interview, gestures of touch, offering tissues, etc) were limited,

arguably affecting rapport. As a practical consideration, many participants had been off work long-term due to their ill-health and as such had no prior experience with MS Teams (feeling like 'technology had left them behind'), whilst others had limited technological experience and - coupled with Long COVID symptoms like brain fog and fatigue - struggled to engage with this platform. Additionally, there were various technical hitches (e.g., poor Wi-Fi connection), which interrupted the flow of some interviews. At times we had to resort to telephone interviewing, which further reduced opportunities to develop rapport, engage and respond appropriately.

Further, by means of a screen, we as well as the participants, had privileged and reciprocated access or 'backstage passes' to the 'backstage' areas of homes, including bedrooms (in some cases, where participants were bed-bound), arguably among the most private of backstage spaces (Goffman, 1959). As the normal expectations that impose frontstage behaviour are essentially removed when engaged in backstage behaviour, with individuals generally more relaxed (Goffman, 1959), it may be queried therefore, whether this also contributed to the participants openness to share sensitive and distressing details about their experiences – and in turn, our emotional labour. Nevertheless, the setting was still staged to an extent as we and the participants had some control of what and how we presented on camera, as also acknowledged elsewhere (e.g., Serpa & Ferreira, 2018). Cumulatively, these considerations illustrate the 'strategic emotion work', emotional reflexivity and work around managing relationships with participants undertaken.

3.3. Adapted modes of support for researchers

"It felt good to chat to the others [researchers in my team] today [via MS Teams] …we've all had some tough interviews…I know I have their support…but it's times like this I miss being in the office." (EM, journal entry, November 2021)

Given the intense emotional toll and the complex emotional labour negotiated whilst interviewing for this study, as well as the challenges presented by the wider socio-political context at the time, it was perhaps unsurprising that we all experienced some 'symptoms'. These included feelings of stress, difficulty 'switching off' and insomnia, alongside ongoing rumination surrounding experiences and topics discussed by interviewees. In addressing these thoughts and experiences or 'intrapersonal' aspects of emotional labour (Riley and Weiss, 2015), it was essential to have opportunities and

space to reflect on and ‘talk through’ feelings, to vent and share in a safe space, to both support wellbeing and to be able to continue to maintain a professional front and perform the researcher role (illustrative of aspects of the ‘strategic emotion work’ and ‘emotional reflexivity’ undertaken). Yet as contact with colleagues had to be managed via MS Teams, it may be queried whether this approach impeded the delivery of support (a key consideration in our ‘management of relationships with colleagues’). Firstly, this meant that there was not an opportunity to access and provide support via the normal face-to-face ad-hoc discussions and interactions with colleagues that coming together in a physical space - an office environment - facilitates. Secondly, we often had to organise evening interviews due to either childcare responsibilities during the day or participants preferences, and as such felt less inclined or able to seek support from colleagues outside office hours when they were ‘offline’. Thirdly, though conducting interviews remotely from our own homes, given the confidential and sensitive nature of the interviews it was not ethical or appropriate to share feelings or experiences with, or rely on, our usual ‘backstage’ sources of support, i.e., family members (indeed our management of other relationships constituted a further manifestation of emotional labour). This presented a further challenge and perhaps a blurring of boundaries, as following distressing interviews there was no sense of leaving the physical workspace (as previously when interviews were conducted in-person within a public space) and entering the home space. On reflection, both EM and NA found it really challenging ‘let go’ of the emotional after-effects of interviews. EM found it difficult to leave work behind and immediately re-engage with family life, learning over time of the necessity of allowing a period to ‘decompress’ and recover between work and home life (as also discussed elsewhere, e.g., Guy & Arthur, 2020; Scott, 2022) (and further illustrative of the strategic emotional reflexivity and emotion work undertaken).

Due to recruitment of the study being concentrated, researchers often conducted two interviews in a day. NA’s journaling from this period highlighted a ‘build-up’ of emotional rumination over several days involving multiple interviews. NA noted ‘break’ days (weekends and non-interview days) often involved significant time thinking about and ordering thoughts connected to the interviewing experience. This ‘intrusive’ rumination underpinned writing of additional notes surrounding interviews; typed-up while ‘fresh in mind’ at traditionally non-work times (i.e., late evenings, early mornings,

weekends). Reflecting, it's unclear if there was any structured 'break' in working with interview materials, as the emotional processing of these interviews routinely extended beyond 'work time'; occurring also in the personal 'protected' down-time. In dramaturgical terms, going from interview to interview without sufficient recovery time or breaks sometimes resulted in 'deep acting' (Hochschild, 1983), as we actively concealed our exhaustion and distress from participants in subsequent interviews, which in turn heightened the emotional load.

In terms of support, as a team we agreed to have regular de-brief sessions 'as and when required' after challenging interviews, and discussed and shared our own coping strategies, for EM this involved using physical exercise as an outlet and journaling. Likewise, for NA, physical exercise represented a central component of attempting to 'decompress' after challenging interviews. It was also agreed that we would utilise professional counselling services if required, which ultimately it was not as the 'in-team' support and individual coping mechanisms proved adequate. In-team support involved a reciprocal process of giving extra during emotional exchanges with colleagues off-stage - 'checking in', sharing and making sense of feelings, experiences and challenges, listening, providing reassurance, akin to 'philanthropic' emotion management (Bolton and Boyd, 2003), or displaying a 'humorous face' (Bolton, 2001).

Also, all three researchers essentially drew on their own life skills as 'social agents', as well as their professional backgrounds, training and experiences around managing emotions (Hancock, 1997), presentation of self (Goffman, 1959), self-awareness and reflexive practice (Schön, 1983), as a further means of coping.

4. Discussion

We have offered an analytical account of our experiences of encountering and negotiating various types of intense and unexpected emotional labour whilst conducting qualitative interviewing for the *'LoCH'* study during the COVID-19 pandemic. It is now useful to consider the potential implications of this, our key learning and action points moving forward.

At the outset of the study, the extent of our emotional labour experiences was unforeseeable due to the nature, timing and context of the study. That was due to:

the broad (and unprecedented) socio-political backdrop at the time dictating how we all lived and worked with diminished levels of social interaction and support; the novelty of the condition and thus, limited knowledge of the devastating and enduring effects of Long COVID; as well as the highly distressing nature of the interviews. Additionally, our presumptions around our role and remit as researchers (where the extent of emotional labour was not fully acknowledged or expected), our assumed 'competence' and experience in researching difficult subject matter, and the assumed position and resourcefulness of our 'professional' participants played a role. Unlike healthcare or other 'caring' professions where emotional labour is well-documented, and perhaps more obvious and expected, this is not necessarily the case with social science researchers.

Essentially, the emotional labour experienced at the outset was hidden – we 'felt' it and the effects of putting on a 'staged performance' (Goffman, 1959) to continue doing our jobs (and all that entailed), but initially did not recognise or 'name' it. Despite some of the positive aspects gleaned from this, careful consideration of how to address this is required given the array of risks to wellbeing posed by undertaking emotional labour and potential consequential impacts for research participants. Specifically, questions around how researchers can prepare for and manage emotional labour experiences, how this can be approached and supported, and why the influence of broader socio-political factors as intensifying and illuminating emotional labour experiences should be recognised. The various guises of emotional labour discussed here and presenting within other research contexts need to be recognised, acknowledged, and 'named' and plans put in place to support individuals to manage this and the potential detrimental harm (Rogers-Shaw et al, 2021; Scott, 2022). Arguably, a key aspect of this involves tackling the barriers that invisibilise emotional labour for researchers in the first place, acknowledging that all social research carries an emotional element and thus potential for emotional labour (Stonebridge, 2022). Further, making the range of emotional labour undertaken by professionals explicit enables this work to be more highly valued (Riley and Weiss, 2015).

It has been suggested that strategies to prepare for and support emotional labour experiences need to be considered at individual, project and institutional/ organisational levels (Stonebridge, 2022). On an individual level, emotional labour

can be best prepared for and addressed through adopting emotional reflexivity (McQueeney & Lavelle, 2017), as well as open, honest dialogue about both our own emotional experiences and our subjective positions as researchers (Stonebridge, 2022). In practical terms, we found our reflexive diary writing and various self-care strategies, *'…periodically nourishing outside interests and limiting involvement…'* (Rogers-Shaw et al, 2021), proved helpful in providing outlets to process our thoughts, feelings and emotional experiences and negate stress experienced. We also found setting practical and psychological boundaries useful - albeit more complicated in the context of homeworking – striving toward better work-life balance (having a dedicated workspace which could be physically left at the end of the working day and limiting the number of interviews conducted per week to allow adequate time and space to decompress and 'recover'). Within our project team, we shared our experiences and put in place an informal plan for peer support to mitigate detrimental impacts.

Emotional roles and emotional labour experiences in researchers may not be explicitly recognised by universities. In addition to mental health support services there is a need to start conversations around this emotional role, perhaps utilising the 'Emotionally Demanding Research Network in Scotland' (Smillie, 2021) as a resource to support this process. Safeguards for researchers should be articulated explicitly within research protocols and considered routinely as part of ethical review procedures, akin to participant protections, with appropriate training around recognising emotional labour and managing the impacts of undertaking this work delivered routinely to support qualitative researchers (Riley and Weiss, 2015; Rogers-Shaw et al, 2021, Stonebridge, 2022). Scott (2022), extends this further by setting-out a framework to promote ethical care for qualitative researchers, emphasising the importance of boundaries, meaningful debriefing, and recognition of the impact of emotion beyond fieldwork into analysis and writing-up. Indeed, whilst our own experiences of emotional labour pertained mainly to the data-collection phase of our study, we fully appreciate how this may extend to other phases, particularly transcription, re-reading and coding data (as described elsewhere, e.g., Mounce 2018 and Scott, 2022).

Further, Scott (2022) raises another important consideration around the challenges of ceasing emotional labour when studies conclude, as also discussed elsewhere (Smit

et al., 2021; Treanor et al., 2021), and arguably support for this should also be incorporated within an ethical care framework. Such frameworks or models of good practice merit further work and consideration with individual institutions, perhaps building on already established health and safety or safeguarding policies.

Based on our experiences, we would also emphasise a need for explicit acknowledgement of (and further study pertaining to) the influence of the broader socio-political context, or in dramaturgical terms, the 'setting', 'time' and 'place' (Goffman, 1959) in shaping emotional labour. Living through the COVID-19 pandemic was a universally difficult and unprecedented experience because of the frightening and unpredictable nature of the virus and the life-altering implications it brought in its wake, affecting our personal and professional circumstances. Across the research team, our personal situations and responsibilities differed and shifted over time, impacting on both on emotional labour experiences and our capacities to deal with these. In our professional roles, homeworking was not conducive to the most appropriate or helpful system of support for either us or the research participants. Whilst others have successfully used virtual peer support systems (Lisiak & Krzyżowski, 2018), for us, face-to-face and ad-hoc interactions (as and when allowed at a later stage) were more useful. Also, homeworking created a blurring of boundaries and tensions between home and workspaces, or back and front stages and thus, divisions here were not as absolute or simplistic as Goffman (1959) suggests. Whilst these points pertain to homeworking due to COVID-19 restrictions, arguably this could be extended to include homeworking per se – particularly as the number of employees home-working or hybrid working since the pandemic has increased - and is thus, relevant in a more global sense.

Further to key learning, it is important to consider the implications of the methodological approach adopted within this study. Despite acknowledging some of the key criticisms of collaborative autoethnography - particularly around a lack of accountability, representativeness and generalisability of findings - pursuing this multi-vocal approach in the context of our emotional labour experiences served to offer a *'…more in-depth understanding and learning of the self and others'* (Chang et al, 2013, pp.23-24) and enhanced the richness of the data presented here. Nevertheless, had we planned to undertake a collaborative autoethnography at the outset of the *LoCH study* rather than applying this approach retrospectively, we could have included other

sources of data (such as interviews with and observations of each other, probing our writing and recollection of experiences), and unpicked other considerations such as the well-documented gendered aspects of emotional labour (Riley and Weiss, 2015). Collectively this may have captured different insights, further nuances and enhanced data-richness.

Nevertheless, planning to undertake a collaborative autoethnography of our emotional labour from the outset would have been impractical. Firstly, we did not realise the enormity of our emotional experiences or the importance (and arguably, necessity) of documenting, reflecting on and sharing these with each other or a wider academic audience. Reflections, and awareness of the overarching impacts of conducting such challenging research manifested and were recognised over time; particularly as a product of the same researchers who conducted the majority of the qualitative interviews (re)analysing these materials iteratively over a period of eighteen-months; 're-living' the anguish and upsetting experiences of the interviewees (NA and EM). As no further contact with interviewees was instigated, it was impossible to ascertain if interviewees had recovered. Due to this, it was easy to perceive interview data as comprising a static -ongoing- (mostly) negative reflection of participants Long COVID illness, instead of a temporary low-point in their possible recovery or coping journey.

Secondly, we would have had to concurrently collect and manage (in the confines of limited time) two sets of inter-related data – that pertaining to the participants experiences of Long COVID in line with our funding requirements, and a second dataset around our emotional labour experiences. Thirdly, with time pressures and the firm emphasis in academic research on securing external funding and publishing 'REF-able' outputs (or those which meet the criteria of the Research Excellence Framework – see https://www.ref.ac.uk/), pursuing and writing-up this type of research – both in terms of subject area and methodology - is not widely prioritised (but arguably a vital area to pursue in terms of researcher wellbeing and sustainability and furthering discussion within this area).

5. Conclusion

Regardless of the background, competence and prior experience of individual researchers, the possibility and impact of emotional labour must be recognised as well

as formally and strategically planned for across individual, team and institutional levels, at the outset of every qualitative, empirical study. Strategies for addressing researchers emotional labour should be considered as part of study protocols, and appropriate training provided to support individuals and teams recognise, process and manage this at every stage of the research process. This approach should embrace and aid open-ness, transparency and flexibility at multi-levels, recognise the individual capacities and challenges of researchers and teams, and critically, the influences pertaining to the broader socio-political context at the time. This is important in recognising and supporting the experiences and needs of individual researchers, as well as successful completion of fieldwork. Further work to support the development of an ethical care framework is required, sourcing and drawing on any local, national and international examples of good practice. It is critical to draw attention to and normalise discussions of researcher emotional labour, wellbeing and unanticipated role-pressures experienced in similarly structured research and this paper contributes to this discussion. Lastly, Goffman's dramaturgical perspective provided a useful means for us to critically reflect on, analyse and understand the significance of both ours and the participants presentation of self, our interactions, and the impact on our emotional labour experiences. Nevertheless, this theoretical underpinning was somewhat limited as failing to fully embrace the nuances and blurring of boundaries between backstage and frontstage areas in the complex context we found ourselves living and working, again an area which merits further consideration.

Funding

This work was supported by the Chief Scientist Office (COV/LTE/20/32). Sponsor had no role in the study design, the data- collection, analysis and interpretation of data; in the writing of the report or in the decision to submit the article for publication.

Acknowledgement

We would like to acknowledge the very important contribution of the research participants in the *LoCH* study and thank them very much for sharing their time and experiences to inform the research.

References

Aafjes-van Doorn, K., Békés, V., Prout, T. A., & Hoffman, L. (2020). Psychotherapists' vicarious traumatization during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S148–S150. https://doi.org/10.1037/tra0000868

Ahmed, S. (2004). Cultural Politics of Emotion. Routledge. ISBN 978-0415972550.

Alexandra, C.H., Nowakowski, A.C.H. & Sumerau, J.E. (2019). Reframing health and illness: a collaborative autoethnography on the experience of health and illness transformations in the life course. *Sociology of Health & Illness, 41*(4), https://doi.org/10.1111/1467-9566.12849.

Allen, J.A., Diefendorff, J.M., & Ma Y. (2014). Differences in emotional labor across cultures: A comparison of Chinese and US service workers. *Journal of Business and Psychology*. *29*(1), 21–35. https://doi.org/10.1007/s10869-013-9288-7.

Anderson, L. (2006). Analytic Autoethnography. *Journal of Contemporary Ethnography, 35*(4), 373–395. https://doi.org/10.1177/0891241605280449.

Anderson, T.D. (2000). Doing relevance research: an ethnographic exploration of relevance assessment. *The New Review of Information Behaviour Research, 1*, 201-218.

Anderson, T. D., & Fourie, I. (2015). Collaborative autoethnography as a way of seeing the experience of care giving as an information practice. In *Proceedings of ISIC, the Information Behaviour Conference, Leeds, 2-5 September 2014: Part 2*, (paper isic33). Retrieved from http://InformationR.net/ir/20-1/isic2/isic33.html (Archived by WebCite at http://www.webcitation.org/6WxJAP1HL).

Bergman Blix, S., & Wettergren, Å. (2015). The emotional labour of gaining and maintaining access to the field. *Qualitative Research*, *15*(6), 688–704. https://doi.org/10.1177/1468794114561348

Bochner, A. P., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. Routledge.

Bolton, S. (2001) Changing faces: nurses as emotional jugglers, Sociology of Health & Illness, *23*(1), 85–100. https://doi.org/10.1111/1467-9566.00242

Bolton, S. C., & Boyd, C. (2003). Trolley dolly or skilled emotion manager? Moving on from Hochschild's Managed Heart. *Work, Employment and Society, 17*(2), 289–308. https://doi.org/10.1177/0950017003017002004

Brotheridge, C.M., & Grandey, A.A. (2002). Emotional labor and burnout: comparing two perspectives of "people work". *Journal of Vocational Behaviour, 60*, 17–39. https://doi.org/10.1006/jvbe.2001.1815.

Campbell, R. (2001). *Emotionally Involved: The Impact of Researching Rape.* Routledge.

Carroll, K. (2012). Infertile? The emotional labour of sensitive and feminist research methodologies. *Qualitative Research*,*13*(5), 546-561. https://doi.org/10.1177/1468794112455039.

Chang, H. (2008). *Autoethnography as method*. Left Coast Press.

Chang, H. (2016). Autoethnography in Health Research: Growing Pains? *Qualitative Health Research*, *26*(4), 443-451. https://doi.org/10.1177/1049732315627432.

Chang, H., Ngunjiri, F. and Hernandez, K.C. (2013), Collaborative Autoethnography, Left Coast Press, Walnut Creek, CA.

Delgado, C., Roche, M., Fethney, J. & Foster, K. (2020). Workplace resilience and emotional labour of Australian mental health nurses: Results of a national survey. *International Journal of Mental Health Nursing,* 29**,** 35-46.

Dickson-Swift, V., James, E.L., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: Qualitative research as emotion work. *Qualitative Research*, *9*(1), 61-79. https://doi.org/10.1177/1468794108098031.

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. AltaMira Press.

Ellis, C. (2007). Telling secrets, revealing lives: relational ethics in research with intimate others. *Qualitative Inquiry, 13*(1), 3-29. https://doi.org/10.1177/1077800406294947.

Ellis, C., Adams, T.E., & Bochner, A.P. (2011). Autoethnography: an overview. *Historical Social Research/Historische Sozialforschung, 36*(4), 273-290. https://doi.org/10.17169/fqs-12.1.1589.

Fox, R. (2021). Recalling emotional recall: reflecting on the methodological significance of affective memory in autoethnography. *Text and Performance Quarterly*, *41*(1-2), 61-80. https://doi.org/10.1080/10462937.2021.1915497.

Goffman, E. (1959). *The presentation of self in everyday life*, Bantam Doubleday Dell Publishing Group.

Griffin, N.S., & Griffin, N. (2019). A millennial methodology? Autoethnographic research in do-it-yourself (DIY) punk and activist communities. *Forum: Qualitative Social Research* 20(3) https://doi.org/10.17169/fqs-20.3.3206.

Guy, B., & Arthur, B. (2020). Academic motherhood during COVID-19: Navigating our dual roles as educators and mothers. *Gender, Work & Organization*, *27*(5), 887-899. https://doi.org/10.1111/gwao.12493.

Hanna, E. (2019). The emotional labour of researching sensitive topics online: considerations and implications. *Qualitative Research*, *19*(5), 524–539. https://doi.org.ezproxy.rgu.ac.uk/10.1177/1468794118781735

Hancock, M.R. (1997). Controlled Emotional Involvement: the disciplined use of self as instrument. In M.R. Hancock & C. Munson (Eds.), *Principles of Social Work Practice – a generic practice approach* (pp.131-152). Routledge.

Hendrickson, (2020). *Coping with isolation and creating connections*. Retrieved from https://www.aje.com/arc/coping-with-isolation-and-creating-connections/. Accessed 2nd August 2023.

Hochschild, A. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

Hughes, S., Lemon, S., Stonebridge, N., & Scott, S. (In Press): Researching emotional topics during emotional times: Reflecting on best practice for the management and negotiation of emotional labour in qualitative social research. In M. Miller (Ed.), *The Social Science of the COVID-19 Pandemic: A Call to Action for Researchers*. Oxford University Press.

Kariou, A., Koutsimani, P., Montgomery, A., & Lainidi, O. (2021). Emotional Labor and Burnout among Teachers: A Systematic Review. *International Journal of Environmental Research and Public Health, 18*(23), 1-15, https://doi.org/10.3390/ijerph182312760.

Komaromy, C. (2020). The performance of researching sensitive issues. *Mortality, 24*(3), 364–372. https://doi.org/10.1080/13576275.2019.1635104.

Kumar, S., & Cavallaro, L. (2018). Researcher Self-Care in Emotionally Demanding Research: A Proposed Conceptual Framework. *Qualitative Health Research*, *28*(4), 648–658. https://doi.org/10.1177/1049732317746377.

Lapadat, J.C. (2017). Ethics in Autoethnography and Collaborative Autoethnography. *Qualitative Inquiry, 23*(8), 589–603. https://doi.org/10.1177/1077800417704462.

Lee, Y.H., & Chelladurai, P. Affectivity, emotional labor, emotional exhaustion, and emotional intelligence in coaching. *Journal of Applied Sport Psychology, 28*(2), 170-84. https://doi.org/10.1080/10413200.2015.1092481.

Lisiak, A., & Krzyżowski, L. (2018). With a little help from my colleagues: Notes on emotional support in a qualitative longitudinal research project. In T. Loughran & D. Mannay (Eds.), *Emotion and the researcher: Sites, subjectivities, and relationships* (pp.33-47). Emerald.

Lo Bosco, M.C. (2021). Feelings in the field: The emotional labour of the ethnographer. *Anthropology in Action*, 28(2), 8–17.

Mallon, S., & Elliott, I. (2019). The emotional risks of turning stories into data: an exploration of the experiences of qualitative researchers working on sensitive topics. *Societies*, *9*(3), 62–62. https://doi.org/10.3390/soc9030062.

Mannay, D. (2018). "You just get on with it": Negotiating the telling and silencing of trauma and its emotional impacts in interviews with marginalised mothers. In T. Loughran & D. Mannay (Eds.), *Emotion and the researcher: Sites, subjectivities, and relationships* (pp.81-95). Emerald.

Mauthner, N. S., & Doucet, A. (2003). Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis. *Sociology, 37*(3), 413–431. https://doi.org/10.1177/00380385030373002.

McQueeney, K., & Lavelle, K.M. (2017). Emotional labor in critical ethnographic work: In the field and behind the desk. *Journal of Contemporary Ethnography*, *46*(1), 81-107. https://doi.org/10.1177/0891241615602310.

Moesby-Jensen, C.K., & Schjellerup Nielsen, H. (2015). Emotional labor in social workers' practice. *European Journal of Social Work*, *18*(5), 690-702, https://doi.org/10.1080/13691457.2014.981148

Moncur, W. (2013). The emotional wellbeing of researchers: considerations for practice. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems.* (pp.1883–1890). https://doi.org/10.1145/2470654.2466248.

Mounce G. (2018). Emotion work in ethnography. In Allan H. T., Arber A. (Eds) *Emotions and reflexivity in health & social care field research* (pp. 133–158). Springer International Publishing.

National Institute for Health and Care Excellence (NICE). (2020). *COVID-19 rapid guideline: managing the long-term effects of COVID-19*. PMID: 33555768.

Newcomb, M. (2021). The emotional labour of academia in the time of a pandemic: A feminist reflection. *Qualitative Social Work*, *20*(1–2), 639–644. https://doi.org/10.1177/1473325020981089.

Ngunjiri, F.W., Hernández, K.A.C. & Chang, H. (2010). Living autoethnography: connecting life and research. *Journal of Research Practice, 6*(1), Article E1.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research, *Evidence-Based Nursing, 18,* 34-35. http://dx.doi.org/10.1136/eb-2015-102054.

Nowakowski, A.C.H., & Sumerau, J.E. (2019). Reframing health and illness: a collaborative autoethnography on the experience of health and illness transformations in the life course, *Sociology of Health & Illness*, *41*(4), 723-739. https://doi.org/10.1111/1467-9566.12849.

Olson R. E. (2021). Emotions in human research ethics guidelines: Beyond risk, harm and pathology. *Qualitative Research*, 146879412110399. https://doi.org/10.1177/14687941211039965.

Otto, D., & Haase, A. (2022). How the COVID-19 pandemic impacts social scientific research on sustainability: questions of methodology, ethics and justice: comment on Santana et al. *Sustainability Science*, *17*(1), 315-318. https://doi: 10.1007/s11625-021-01066-y.

Pawelz, J. (2018). Researching gangs: How to reach hard-to-reach populations and negotiate tricky issues in the field. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *19*(1), Article. 2, https://doi.org/10.17169/fqs-19.1.2878.

Pearce, R. (2020). A Methodology for the Marginalised: Surviving Oppression and Traumatic Fieldwork in the Neoliberal Academy. *Sociology, 54*(4), 806–824. https://doi.org/10.1177/0038038520904918.

Pugliesi, K. (1999). The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and Emotion, 23*(2), 125-54. https://doi.org/10.5296/ijhrs.v8i4.13936.

Research Excellence Framework (REF), (2021). Retrieved from https://www.ref.ac.uk/. Accessed August 21, 2023.

Riley R., & Weiss M.C. (2016). A qualitative thematic review: emotional labour in healthcare settings. *Journal of Advanced Nursing*. *72*(1), 6-17. https://doi: 10.1111/jan.12738.

Roberts, C., Darroch, F., Giles, A., & van Bruggen, R. (2022). You're carrying so many people's stories: vicarious trauma among fly-in fly-out mental health service providers in Canada. *International Journal of Qualitative Studies on Health and Well-being*, *17*(1), https://doi: 10.1080/17482631.2022.2040089

Rogers-Shaw, C., Choi, J., & Carr-Chellman, D. (2021). Understanding and Managing the Emotional Labor of Qualitative Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *22*(3). https://doi.org/10.17169/fqs-22.3.3652.

Roulston, K., & Shelton, A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, *21*(4), 332-342. https://doi.org/10.1177/1077800414563803.

Roy, R. & Uekusa, S. (2020). Collaborative autoethnography: “self-reflection” as a timely alternative research approach during the global pandemic. *Qualitative Research Journal, 20*(4), 383-392. https://doi.org/10.1108/QRJ-06-2020-0054

Saldaña, J. (2016). *The coding manual for qualitative researchers*. SAGE.

Schön, D.A. (1983). *The Reflective Practitioner: How Professionals Think in Action.* Basic Books.

Scott, B.A., & Barnes, C.M. (2011). A multilevel field investigation of emotional labor, affect, work withdrawal, and gender. *Academy of Management Journal*, *54*(1), 116-3. https://doi.org/10.5465/AMJ.2011.59215086.

Scott, S. (2022). ‘I Enjoy Having Someone to Rant to, I Feel Like Someone is Listening to Me’: Exploring Emotion in the Use of Qualitative, Longitudinal Diary-Based Methods. International Journal of Qualitative Methods, 21, 1-15. https://doi.org/10.1177/16094069221074444.

Serpa, S., & Ferreira, M. (2018) Goffman’s Backstage Revisited: Conceptual Relevance in Contemporary Social Interactions. *International Journal of Social Science Studies, 6*(10), 74-80. https://doi.org/10.11114/ijsss.v6i10.3659.

Smillie, S. (2021). *Support for those in emotionally demanding research*. Retrieved from https://www.gla.ac.uk/myglasgow/news/newsarchive/2021/20september2021/headline_811559_en.html. Accessed January 12, 2023.

Smit A., Swartz L., Bantjes J., Roomaney R., Coetzee B. (2021). Moving beyond text-and-talk in qualitative health research: Methodological considerations of using multiple media for data collection. *Qualitative Health Research*, *31*(3), 600–614. https://doi.orgg/10.1177/1049732320976556%20https://doi.org/10.1177/1049732320976556.

Stonebridge, N. (2022). *Tears, fears and stiff upper lips: reflecting on emotional labour in qualitative research*. Retrieved from https://edpsy.org.uk/blog/2022/tears-fears-and-stiff-upper-lips-reflecting-on-emotional-labour-in-qualitative-research/. Accessed November 8, 2022.

Strong, P. (1990). Epidemic psychology: a model. *Sociology of Health & Illness*, *12*, 249-259. https://doi.org/10.1111/1467-9566.ep11347150

Travers, C. (2011). Unveiling a reflective diary methodology for exploring the lived experiences of stress and coping. *Journal of Vocational Behaviour, 79*(1)*,* 204-216. https://doi.org/10.1016/j.jvb.2010.11.007.

Treanor M. C., Patrick R., Wenham A. (2021). Qualitative longitudinal research: from monochrome to technicolour. *Social Policy and Society*, *20*(4), 635–651. https://doi.orgg/10.1017/s1474746421000270%20https://doi.org/10.1017/s1474746421000270.

Wagner, D.T., Barnes, C.M., & Scott, B.A. (2014) Driving it home: How workplace emotional labor harms employee home life. *Personnel Psychology*, *67*(2), 487-516. https://doi.org/10.1111/peps.12044.

Weir, H. and Waddington, K. (2008). Continuities in caring? Emotional labour in NHS direct call centre. *Nursing Inquiry*, *15*(1); 67-77. https://doi.org/10.1111/j.1440-1800.2008.00391.x

Wilkinson, S., & Wilkinson, C. (2020). Performing care: emotion work and 'dignity work' – a joint autoethnography of caring for our mum at the end of life. *Sociology of Health & Illness, 42*(8)*,* 1888-1901. https://doi.org/10.1111/1467-9566.13174.

Yang. C., & Chen, A. (2021). Emotional labor: A comprehensive literature review. *Human Systems Management, 40*, 479–501. https://doi.org/10.3233/HSM-200937.