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**Ethical dilemmas and emotional labour: what can we learn from the shared COVID-19 crisis?**

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Abstract:

This discussion identifies ethical perspectives in emotional labour against the context of COVID-19. It will briefly outline current ethical thinking in this space before focussing specifically on issues arising from vaccine development. We argue that we need to extend our discourse, to include a broader range of ethical perspectives and move beyond the experiences of street level bureaucrats, vital though these are.

Impact:

This article will interest public officials and managers who are grappling with the ethical questions arising from public sector work and service delivery. This is especially relevant in the context of COVID-19 where new forms of emotional labour are emerging. Procurement officers and politicians are encouraged to consider the possibilities of unethical behaviour and the impacts of the consequences.

Keywords: Covid-19; ethics; emotional labour; street-level bureaucrats; vaccines

**An uncertain horizon**

The impact that the COVID-19 pandemic will have upon our understanding of emotional labour remains in unchartered waters, but we can make some assumptions with fair confidence. First, the emotional strain of dealing with the virus will exacerbate the long-understood problems associated with emotional labour: burnout; low levels of job satisfaction; low levels of engagement; and potentially unsafe interventions with service users. Second, that in the public management arena, the brunt of these impacts will fall upon the front line workers most commonly cited as performing emotional labour and who are called upon to exercise discretion and independent judgement (Dudau and Brunetto, 2020). Finally, woven throughout these is a web of ethical and moral quandaries.

Healthcare workers including nurses, care-home workers, doctors, hospital cleaning staff, mortuary staff are all under enormous pressure to cope with the continuing high number of intensive care patients and deaths (Sun et al., 2020; Wang et al., 2020).  But the categories of workers that are under high levels of emotional labour go well beyond care facilities – such as port workers, public transport drivers, supermarket employees in towns and cities with COVID-19, an increased number of mental health workers, and now also those drafted to administer vaccines. Those involved in the packing, loading, unloading and distributing of vaccines -one might even consider the pilots of the aircraft carrying the precious cargo – will be experiencing an unusual kind of stress that goes with time-limited medical distribution that will save lives.

The ethical and emotional pressures of vaccine delivery, however, extend beyond street-level bureaucrats. Public servants at all levels are involved in life and death decisions over the citizens of their respective country, which stretch beyond the front line towards organisational and systemic levels. This brief discussion will, therefore, highlight some of the ethical issues surrounding emotional labour in during COVID-19, especially around vaccine development and distribution.

**Ethics and Emotional Labour in the time of COVID-19**

Emotional labour is a multi-dimensional construct that involves a number of inter-related elements: emotional requirements of the role; emotional regulation within the role; performative emotions as part of the role (Grandey et al, 2013; Barry et al, 2019).  These dimensions are sorely tested in current circumstances:

“The emotional balancing act required to juggle fear for one’s personal safety with a professional steadiness in the face of a circulating pathogen that can sicken and kill continues to challenge the people who show up on the job each day – whether they be critical care physicians or supermarket cashiers” (Stix, 2020)

In an early study of the psychological experience of caregivers of COVID-19 patients, Sun et al (2020) found that negative emotions present in the early stages of care include fatigue, discomfort and helplessness caused by high-intensity work, fear, anxiety and concern for patients and family members.  Wang et al. (2020) found that the main source of stress among frontline healthcare workers was fear of being infected, of family members being infected and the discomfort caused by protective equipment.

Hong et al (2017) looked at emotional labour as an antecedent for unethical behaviour, and found a positive correlation in terms of surface acting. Others have looked at the ethics issues that arise with methodological implications of research into emotional labour (McGowan, 2020); and some commentators (e.g. Kerasidou and Horn, 2016) have argued that specific interventions such as the development of openly empathetic interactions with service users would be of greater benefit to SLBs.

Barry et al (2019), posit a deontological ethical approach to emotional labour; arguing that it is employers rather than employees who are obligated to manage conflicts, and the due diligence needed to help mitigate against issues of emotional labour.  There are interesting parallels here with some of the ethical dilemmas emerging during COVID about senior policy figures breaking their own lockdown rules, or at least advice: in Scotland, for example, Dr Catherine Calderwood resigned her position as Chief Medical officer after visiting her holiday home with her family the province of Ontario Canada’s Finance Minister, Rod Phillips, resigned after an outcry over his holidaying in the Caribbean flouted the province’s non-essential travel guidelines. New Zealand’s Health Minister David Clark was demoted in Cabinet following an initial breach, then subsequently resigned after further breaches came to light; perhaps most infamously Boris Johnson’s chief advisor Dominic Cummings initially refused to admit his lockdown breach, then failed to resign or even publicly apologise.

These examples demonstrates that the deontological approach to emotional labour is useful in terms of explaining how public duties come into conflict. It also reinforces that COVID-19 has shown that we need to look beyond the emotional labour of street-level bureaucrats.  Each of the cases above were predicated on emotional grounds (family safety; family well-being; romantic desire), even though the people involved realised that their actions ran contra to public service duty.

As useful as Barry et al’s (2019) work is, however, their study acknowledges the limitations of deontology perspective and reminds readers that other ethical lenses, such as consequentialism, also need to be considered. Indeed, to fully understand the lockdown breaches requires a multiplicity of different ethical perspectives.  This integrated approach has been labelled ‘new public ethics’ (Macaulay, 2020) and identifies five ethical lenses that can be utilised in any such decision: *consequentialism*, which looks at outcomes of actions; *deontology*, which assesses obligations, rights and whether or not we are breaking our stated commitments; *justice*, which assesses the fairness of a decision; *virtue* ethics, which identifies character traits that lead one to live a good life; and *care* ethics , which focuses on interpersonal relationships.  Although each lens can be used to assess the ethical fault lines in emotional labour, we suggest care ethics is particularly relevant, as it situates morality in the concrete rather than the abstract; in the particular rather than the universal (Macaulay, 2020). In this way, care ethics cuts through each of the three major components of role, regulation and performance that denote emotional labour.

**Organisational and systemic issues during Covid-19**

The creation of vaccines points to even deeper and more structural ethics issues: not only over the processes we employ to purchase the vaccine to begin with; but also.  The second the purchasing of Personal Protective Equipment and related items the health system needs to protect care-givers and citizens.

COVID-19 has raised questions around equity on the world stage, related to vaccine purchase and distribution.  The vaccine marketplace is composed of a few extremely large firms that decide which vaccines get made and which do not, when, and for how much. Pharmaceutical companies are reluctant to invest in producing new vaccines for the developing world because they have little prospect of earning an attractive return [(Snyder et al. 2011)](https://paperpile.com/c/YdApXm/OHoV) The COVAX facility is a global initiative of 92 higher income countries that brings together governments and manufacturers to ensure that developing countries will be able to obtain effective vaccines at reasonable prices.  But not all countries have joined up, and not all countries have been willing to delay or sacrifice vaccine, ‘for the greater good’.  Politicians and officials within the health care systems have had to make difficult decisions based on the myriad of variables in each country.  This touches on the question whether process trumps consequences - so long as the priority arrangements are based on good science and process the outcome will be positive, even if the results (vaccinating the older population before the young) means that school children may not be ‘safe’ for some time to come.

Aside from vaccine purchasing, other procurement issues have come to the fore.  In the first phase of the pandemic, across the world there was a ‘desperate scramble’ for PPE, ventilators, coronavirus tests, and related supplies critical to dealing with the outbreak [(Bradley et al. 2020)](https://paperpile.com/c/YdApXm/ZisL) and it appears that some governments have broken if not bent good procurement processes in order to acquire the equipment.  Billions have been spent contracting individuals and companies, often without competitive bidding, resulting in serious questions about transparency, accountability and possibly even corruption(McKee, 2020). Getting PPE was an unquestionable necessity but the extent to which it was or is reasonable to break or bend the rules is only beginning to be discussed(Sian & Smyth, 2021).  How far does ‘emergency procurement’ and ‘disaster procurement’ go in terms of the extent to which we agree that the supplies must be obtained, at all cost? Those officials under pressure to obtain supplies, in complex and uncertain circumstances dealing with sometimes completely unknown suppliers, are experiencing an inordinate amount of stress knowing that in some cases they probably have contravened if not the rules, then the principles of procurement in place to protect taxpayer money from unscrupulous decision-makers.  Husser et al (2019) described how an internal ‘locus of control’ and a high socially ethical environment would impact positively on purchaser awareness and intention to act ethically where there were significant consequences, a social consensus and temporal immediacy.  However COVID-19 created highly uncontrollable environments and possibly a confused ‘ethical environment’.  It is completely unsurprising that the ethics of vaccine procurement has enhanced each of the key pillars of emotional labour - role, regulation and performance - with the demands of public administration in a pandemic situation.

**Moving towards an unknown future**

The fact that effective vaccines have emerged provides a momentary sense of relief until one considers the increasingly complex questions that emerge.  At one level, the funding, procurement, storage and distribution of the vaccines raises significant issues to do with values, decision-making and ethics: which vaccine is the right vaccine; how do we store the vaccine and it get it delivered in time; who gets it first and why; how long do we make people wait and on another level deeper individual questions will emerge – do I get the vaccine or wait for another potential opportunity of a ‘safer’ vaccine, do I travel again given that undoubtedly not everyone will have had the vaccine, is it fair that I wait because my ‘condition’ is of less seriousness than my neighbours?  Again we see stress of a kind most people have not had to deal with before: e.g. the stress of continued lockdowns and in New Zealand the case of managed quarantine.

It remains surprising that the connections between emotional labour and ethics are so under-developed in terms of academic research; especially as there have been many advances made into the idea of morality and emotion and the potential impact this has on public management research (Macaulay, 2009). Even though the role of emotions in ethics and morality remains open to interpretation – from a link between values and behaviour (e.g. Tangney et al. 2007) to the primary psychological driver to ethical dilemmas (e.g. Haidt, 2001) – there are many potential avenues of future exploration.. The final question for us here, then, is simply how can we find a pathway forward?

Dudau and Brunetto (2020) suggest that a constructive approach to emotional labour will develop “positive management models” that enable employees to cope with the psychological rigours of their roles. In keeping with their suggestion, we argue that approaches to ethics need to also be multi-dimensional and should take into account both emotional and rational perspectives; and specifically the multiplicity of ethical lenses as identified as part of the new public ethics.

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