Face to Face with Emotions in Health and Social Care

Benjamin Gray

Face to Face with Emotions in Health and Social Care

Springer

Benjamin Gray
6B Park Road
Wivenhoe, Essex
UK

ISBN 978-1-4614-3401-6 ISBN 978-1-4614-3402-3 (eBook)
DOI 10.1007/978-1-4614-3402-3
Springer New York Heidelberg Dordrecht London

Library of Congress Control Number: 2012935697

Printed on acid-free paper

Springer is part of Springer Science+Business Media (www.springer.com)

Dedicated to the carers.

Preface

This book, as the title suggests, draws from the everyday experiences as well as the harsh realities facing people on the frontline. The book recounts the stories and sometimes disturbing emotions of people whose lives have undergone sudden change or even drastic trauma and people whose feelings of comfort and safety have been shattered by exposure to illness, abuse, death, and bereavement. The perspectives and experiences of nurses, social care staff, patients, children, and families are at the core of understanding the importance, challenges, and therapeutic vitality of emotions. The people on the frontline who took part in interviews, on which study is based, are thus owed a huge debt of gratitude for their frankness and honesty. The participants discuss difficult emotions associated with care in mental health, children's oncology, and AIDS/HIV, as well as child protection and abuse, racism, refugee exile, poverty, and social exclusion. Their bravery, openness, and ability to communicate and share their emotions made this book possible. This book explores in further and richer detail the emotional issues raised in health and social care by previous research (Smith 1992, 2005; Smith and Gray 2001a, b; Smith and Lorentzon 2005; Gray and Smith 2009; Gray 2009a, b, 2010); as well as offers a new and innovative synthesis of Hochschild's (1983) concept of emotional labor and Bourdieu's (1977, 1984, 1992, 1993) ideas of cultural/economic capital, habitus, field, cultural reproduction, distinction, and symbolic violence.

There are several colleagues and people who persevered to shape my appreciation of emotional labor and care in the National Health Service and Social Work. Chief among them is Professor Pam Smith, whose introduction to the subject of emotional labor stimulated this book. Our close collaboration helped me to understand, challenge, and redefine emotional labor as originally set out by Hochschild. There has also been great mentoring, assistance, and recommendations for study while I was a student by Professor David Silverman and Professor Charles Watters. I would like to thank Dr. Kenneth Wilson for his mentorship and gentle encouragement. Thanks are also to many advisers through the years, particularly, Jenny Perry, Dr. Carla Reeves, Dr. Stephen Smith, Dr. Catherine Robinson, Dr. Robert Harding, Professor James Arthur, Angela Roberts, Shirley Bowen, Dr. Ray Godfrey, Geraldine Cunningham, Mark Stogdon, and Honor Rhodes.

Finally, this book would not have been possible without the constant help and emotional labor of my family and friends. Monica and Sofia have constantly helped me to rethink and better understand the best qualities of emotion. In this respect also my family—Catharine, Ricky, Richard, Sheona, Mark and Joyce—has shown constant support as well as intellectual and emotional encouragement. Jessica, Jack, Sam, and Zac have helped to keep these pages full of endeavor and honesty through their examples of kindness, vigor, fun, and warmth.

Essex, UK Benjamin Gray

Contents

Chapter 1
Introduction

Emotional Labor in Health and Social Care

Emotions are vital to our lives and at the heart of nursing and social care. Despite their centrality emotions remain largely tacit and invisible in public health and social care organizations, such as the United Kingdom's National Health Service (NHS) and social work services (James 1993a; Smith 1992, 2005; Gray 2002a, b, 2009a, b, 2010; Bendelow and Williams 1998). Emotions go unexplored and undeveloped in public services that are under great economic pressures and sociopolitical upheaval (Fabricius 1999; Bradshaw 1999). Emotions are sometimes avoided as socially and psychologically awkward or even skirted around, often seen as the remit of mothers and daughters in the family or stereotyped as a "weakness" or "women's work" (Oakley 1974, 1984; James 1989). This means that the way public service staff and the people that they interact with feel, very often in difficult and highly threatening circumstances that involve death, bereavement and loss, requires clarification in social science theory and unpicking in terms of health policy and practice. The United Kingdom's health and social work services remain an intriguing and fertile indicator of Western negotiations in the expression of emotion (James 1989, 1993a). Emotions are pivotal to understanding, both about ourselves and the caring relationships made in the social world with others, so have particular relevance for health and social carers who are required to engage with the feelings of patients and families as a matter of routine.

The management of emotions ensures the smooth running of organizations (Saks 1990; Hochschild 1983). Patients and families are increasingly critical of the quality of care and support provided by doctors and nurses in the National Health Service and by social work teams in the community. If health and social care staff do not manage their own feelings satisfactorily then this may undermine their performance as professionals (Hochschild 1983; James 1993a). Emotions affect how staff treat patients, children, and families. If emotions are not managed appropriately it may result in feelings of hostility, lack of trust, and nondisclosure with a subsequent

B. Gray, *Face to Face with Emotions in Health and Social Care*,
DOI 10.1007/978-1-4614-3402-3_1, © Springer Science+Business Media New York 2012

vacuum in care. Emotional management is vital to helping people and is valuable therapeutically.

There are therefore many questions that this book will begin to answer in the course of applied qualitative research on emotions in health and social care. It will attempt to answer some difficult and pressing questions that are of relevance to social scientists and health and social care professionals such as nurses and social work teams, as well as managers of services and public policy makers. At the crux of understanding emotion in the public health and social services are the perspectives of professionals, patients, and families. Largely ignored and unheard stories are elicited during in-depth interviews with nurses, doctors, family support workers, managers, supervisors, families, and children.

There are many questions that professionals and people interviewed touch upon which this book makes explicit and throws open for further discussion. What is emotional labor? Why is it of therapeutic and organizational value? Is it easy and natural for health and social care professionals to "switch" their emotions "on" and "off"? Is it easy for those who have to engage people's emotions every day to step back from their feelings? Can professionals gain a quiet space for reflection that helps them understand difficult situations and so work more effectively with people's problems? Or do health and social care professionals bear the burden of their emotional work and carry related problems home with them? Why is emotional labor in the public services predominantly undertaken by women? Why is the expression of emotions seen as feminine? Why does emotional labor go unrecognized and unpaid, giving it low status and little prestige? What are the mechanisms that are used to reduce stress and prevent emotional burn out? How do professionals make people feel better and engage emotions to improve health and social care? How do nurses, doctors, and social work professionals learn to care and continue in the strenuous activity of caring for people on the frontline?

To begin recognizing and assessing emotions, Hochschild (1983) defines emotional labor as the management of feeling that sustains in others a sense of being cared for in a convivial safe place. James (1989) defines emotional labor as the work involved in dealing with other people's feelings, which regulates the expression of emotion in the public domain. James writes:

> I define emotional labour as the labour involved in dealing with other people's feelings, a core component of which is the regulation of emotions… Emotional labour facilitates and regulates the expression of emotion in the public domain (James 1989, 15).

The health and social care settings, in which emotional labor is a vital activity, are subject to external controls and emotional divisions of labor between professions. In the domain of health and social care, emotional labor involves everyday interactions of professionals with patients, children, and families in both the community and the hospital. Most importantly, emotional labor involves feelings of care and support that nurses and social care professionals are constantly called upon to instill.

The concept of emotional labor may be used to define and understand both the content and process of care in clinical and community contexts. Emotional labor is

of relevance to nurses, social workers, family support workers, and other professionals who work with distressed people on the frontline. Emotional labor impacts upon the quality of patient care and family support. Emotional labor provides a model that helps to describe and investigate what are often seen as the tacit and uncodified skills associated with care. The emotional labor of professionals therefore informs interpersonal relations in the health and social care settings. The study of contemporary emotional labor explicates the care relationship. A key question is hence to inquire about the extent that nursing and social care have dealt with emotions and emotional management in the past and how this has changed today, if indeed at all.

Emotional labor is addressed in this study in diverse areas and situations which are pertinent to the nursing and social work professions, such as oncology, education, mental health, sexuality and HIV/AIDS, nurse leadership, family support, ethnicity, social exclusion, child protection, staff and student retention, stress and burn out, and extremely difficult and emotive processes of dying and bereavement. In all of these contexts, emotional labor is a central part of working with people on the frontline. Emotional labor in all these situations is an undercurrent that sustains the smooth running of health and social services. Emotional labor increases the quality of care that is provided to people and helps maintain interpersonal relationships in day-to-day work.

Similar suggestions have been made by a number of studies in relation to the work of secretaries and administrators, who combine local knowledge and expertise to ensure the smooth running of a range of individuals and departments within complex organizations (Davies and Rosser 1986a, b; Rosser and Davies 1987; Saks 1990). Davies (1995a, 56), citing Saks, observes that clerical staff are the key people who "direct traffic," moving consumers through the system. Their job is similar to that of nurses, family support workers, and other social work staff because it requires a wide range of coordinating skills to fill the frontline of a "bureaucratic void," behind which works a variety of specialist practitioners, who are usually male, who are dedicated to specific tasks. This type of frontline work, which combines local knowledge with coordination skills, bears the hallmarks of emotional labor in a number of respects. It is predominantly undertaken by women, it largely goes unrecognized and unrewarded, yet requires a variety of 'people' skills to keep complex organizations on the move.

Given recent changes in health and social care policy and organization, a comparative review of emotional labor in the health and social work professions will help illuminate transforming patterns of care. Comparison will, so to speak, measure the pulse of emotional labor at the heart of health and social services. A review of current forms of emotional labor will be helpful in building an empirically tested knowledge base that is rooted in the practice of nurses and social carers (Phillips 1996; Smith 1992, 2005; Davies 1995b). Emotional labor is better understood if empirically documented and made visible as part of the package of care that is provided by nurses and social workers. From such an evidence base, the contribution of emotional labor to nursing and social work practice, education, and policy is clearer. This means that recommendations for the development of emotional labor can be

made in the light of recent initiatives to improve nurse and social work education and practice (UKCC 1986, 1999a, b; DoH 1999a, 2000a, 2004, 2006, 2008).

Aims

The focus is the negotiation, shaping, and management of emotions in health and social care. Emotional labor is discussed among students and qualified nurses and their lecturers. The views and experiences of family support workers (FSWs), the family support service (FSS), social work professionals, and families in Tower Hamlets are another source of evoking the centrality of emotions to people engaged with the health and social services. Emotional labor is compared in different situations, East London and Essex localities, and when employed by different professionals and semiprofessionals involved in health and social care.

Table 1.1 shows that there are a host of principal elements and aims that are associated with this study of emotional labor in the health and social services.

There are consequently many findings that are relevant to health and social care professionals as well as to researchers and social scientists. There are at least ten outcomes of this applied research on emotions, as listed in Table 1.2.

An innovation of study is to test the horizons as well as the limitations of social and political theory in Hochschild's work. Hochschild's North American social theory on emotional labor is largely a conservative politics of emotion that maintains the status quo (Smith 1999b; Craib 1995; Duncombe and Marsden 1998; Gray 2010). It does not challenge the structural relationships of emotion in the workplace, such as in more radical feminist and critical theory (James 1989). The study will thus assess the contemporary pertinence of Hochschild's view of the managed heart by drawing from the challenging perspectives and politics of emotion reported by professionals and people involved in modern health and social care. Views from the frontline will enable analysis of tensions in ways of expressing, understanding, and dealing with emotions. A consensus or conservative perspective, which is largely the broad strokes of Hochschild's social politics, does not allow study to examine conflicts or emotional divisions in the workplace.

A critical focus of study is the reproduction of emotions in systems of health and social care, which may be explicit and expressed in formal methods of education or implicit in processes of invisible inculcation that occur in the routine of work, during child rearing by the family and in everyday techniques of supervision and emotional management (Bourdieu 1992, 1993; Elias 1991; Smith 1992; James 1989). Instead of preserving the status quo with a conservative politics of emotions this study will assess differences and conflicts between the professions, in their orientation toward emotion work and as expressed in divisions of emotional labor. In this respect, Hochschild's largely conservationist notion of emotional labor will be challenged, synthesized, and reconceptualized by the more critical European social thought of Bourdieu (1977, 1984, 1993). Study will not only assess the horizons and limitations of Hochschild's notion of emotional labor but also outline a new model

Table 1.1 Aims of studying emotional labour in the health and social services

Aims of study
Defining emotional labor and what emotional labor means for families, children, patients, health and social care staff and relatives
Assessing why frontline work in health and social care bears the hallmarks of emotional labor. This will help to understand why emotional labor is predominantly undertaken by women, largely goes unrecognized and unrewarded, yet requires the skill and regulation of feeling as a social and organizational glue (Saks 1990; Gray and Smith 2000c; Smith 1992)
Investigating perspectives of nursing and social care. Nursing and images of nursing develop during the 3 years of nurse education. To examine the ways that family support workers and social workers learn to labor emotionally
Exploring the invisible links between emotions, the body, social and psychological boundaries and sexuality
To look at views of emotional labor, interpersonal contact and mechanisms of social support
The comparison of learning needs and expectations within current educational and mentoring provision
The delineation of the contexts of emotional labor in the health and social services. The study will explore the clinical and non-clinical contexts of emotional labor, drawing from a wealth of participants' experiences in diverse places, including: general practice nursing; mental health; HIV and AIDS; children's oncology and bone marrow transplant; student nurse education; clinical and social support and mentoring; family support; child protection; social work; and local voluntary schemes. This will assist in the comparison of the emotional labor of health and social care staff
Exploring what these different contexts of emotional labor mean for those in them
Investigating interprofessional differences of emotional labor of nurses, doctors in general practice and social care professionals. This will attend to the different ways that the professions learn to labor emotionally. The study documents the different ways nurses and general practitioners deal with emotional labor in the primary care setting. By investigating nurses' and General Practitioners' opinions, the study will touch on issues of sending emotional labor down the line and methods of patient and family consultation
To focus on policies, as well as the health and education practices, that sustain the emotional labor of professionals. This requires an assessment of responses to changes and new methods in health and social services
Assessing the impact of emotional labor in dealing with issues of social exclusion, poverty, health and social care
Describing the psychosocial aspects of emotional labor and what people feel when dealing with difficult health and social care issues
To make suggestions for future research, social theory and development in health and social care

of emotions, which is relevant to health and social care work as well as generic emotional labor in modern capitalist societies.

The experiences of people on the frontline of health and social services will remain at the crux of a sensitively conducted examination on the psychosocial impact of emotions. Quotations and extracts from interviews are lengthy so as not to attenuate people's views and detract from their sometimes difficult experiences. It is vital to include the fullness of people's first-hand accounts in a participatory and experiential way that does not damage or limit people's voices or the rich expression of their emotions. Thus, a narrative, experiential, and qualitative approach

Table 1.2 Outcomes of studying emotional labor in the health and social services

Ten outcomes of research on emotions
The provision of primary evidence as to how emotional labor impacts on the quality of care of families and patients as well as the working environment and performance of clinical level health staff and social care teams
Comparison of strategies of emotional management, which help the smooth running of organizations, in the health and social services
Analysis of gender, the body and emotions, particularly in difficult and emotionally strenuous situations such as cancer and oncology, HIV and AIDS, child abuse and protection, and mental health
Assessment of the educational significance of emotional labor to professionals to inform curriculum development
Recommendations as to how theories, policies and learning tools can be developed to support meaningful change
Presentation of the first-hand experiences of families and patients. The presentation of people's emotions and reflection upon their emotions in their own words
Perspicacious unpicking of the narratives of families, patients and staff. A qualitative approach will examine difficult emotions in health and social care
The comprehensive and scholarly review of sociological, psychological and healthcare studies literature on emotional labor
Comparison of sociological and psychological models of emotions and their relevance to professionals, patients and families
Clarification of social theory and methodology. Recommendations for theory as well as health and social care policy and practice that are grounded in the experiences of patients and professionals

opens up people's voices and emotions in health and social care, allowing them to express emotions in their own words, with their own values and in their own terms. The study focuses on the views of professionals and people on the frontline, drawing from a robust basis of original empirical research on emotions in the public sector. The project aims to propose a new perspective on emotional labor relevant to people's views and contribute to policy and practice in modern health and social care (James 1993b; Gray 2002a, b, 2001; Smith and Gray 2001a, b; Gray and Smith 2009).

The structure of this book tries to reflect the fact that emotions are multifaceted and that emotional labor is employed in a multitude of ways by health and social carers. The stories of participants are quoted at length and discussion in each chapter casts light on the complexity of emotions on the frontline. The book starts with a survey of the literature, which explores different definitions and conceptualizations of emotional labor by a variety of sociologists, psychologists, researchers in health and nursing studies. The unequal history and gender divisions of emotional labor are noted in many of these studies. The review of literature makes a case for focusing more fully on systems of emotional regulation and the way people feel in difficult circumstances in health and social care. Bourdieu's and Hochschild's theories are considered and contrasted to begin to lay the foundations for a new model of emotional labor. Beginning with a review of the literature on emotions in health and social care the study turns to contemporary debates in public policy and practice.

Growing emotional labor in the health and social services is mirrored by a decline in public sector funding. There is an accompanying increase in small and economical services which aim at coping, rather than curing pressing issues of poverty, inequalities in health, and social exclusion (Shaw et al. 2001; Davey Smith et al. 2000; Gray 2009a). Services on the frontline, which cope with increasing demands while having limited funds, are outlined in a description of the East London and Essex areas. This presents demographics and the characteristics of nursing and social services. Study then turns to the sample, methods, and methodology employed in qualitative study to elicit the views of people on the frontline.

The findings are subsequently divided into two parts, which present emotional labor in health care in part one and emotional labor in child and family social care in part two. Part one is composed of three chapters, beginning with an outline of emotions in nursing and then following the pathway of student nurses as they learn to care. Four clinical contexts are then analyzed to study the different aspects and therapeutic affects of emotional labor. Primary care, mental health, AIDS/HIV, and children's oncology show the multifaceted nature of emotion work and the different ways that nurses manage emotions to make a difference in people's lives. Part two begins with defining the macroproblems and emotional dilemmas facing families and workers on the frontline in Tower Hamlets. Ethnicity, racism, and child protection exemplify the struggle of people's emotions in highly difficult circumstances of poverty, stigma, and social exclusion. The management of emotions is an equally strenuous and emotionally draining activity that supervisors talk through with semi-professional workers. Finally, the conclusion will draw together the central findings of the research and describe points of theoretical interest, as well as detailing issues that relate to practice and current policy. The concepts of Hochschild (1983) and Bourdieu (1977, 1984, 1993) will be compared to outline a new model of emotional labor in the health and social work services in modern British society.

Chapter 2
Introduction to Literature and Key Concepts

An Anatomy of Emotions: Understanding Emotional Labor in Health and Social Care

The review of literature touches upon contemporary notions of care and examines the emotional labor of nurses and social care staff in the National Health Service and in community social work. This involves looking at the social and political changes in society and the health services: for instance, the ways that staff, patients, and families view emotional labor as shaping therapeutic relationships and defining care. The summary of literature assesses the significance of emotional labor in health and social care as well as addressing some shifts in the philosophy and education system of nursing.

With the focus at present on interdisciplinarity in the health and social services (UKCC 1999a, 18; DoH 2000a, 2004, 2006, 2008), a vital point of review is the way that different professions provide and manage emotional support with patients and families. Emotional labor varies and should be compared in different clinical, situational, and interprofessional contexts. Critical attention also needs to be given to the potential for emotional care to be used as part of the commercialization of health and social care associated with the introduction of the internal market and the increase in privatized forms of labor (Saks 1990; James 1989). Interdisciplinarity expands the roles and responsibilities of nurses and social carers in areas such as emotional labor, emotional awareness, authenticity, befriending, companionship, and other forms of psychosocial support (James 1993a, 98; Firth-Cozens and Payne 1999; Aldridge 1994; Mamo 1999; Benner 1994). The review of a range of subject areas and social science sources of information will therefore have general appeal and help exemplify the multidimensional nature of emotions in the workplace (Fineman 1993; Clarke and Wheeler 1992; Phillips 1993; Bendelow and Williams 1998). In reviewing these and other issues, the study evaluates the benefits and problems that are associated with close interpersonal contact in the health and social care sectors. This is certainly of empirical and practical significance, in so far as emotional care, labor, and stress are factors that effect the retention of much

B. Gray, *Face to Face with Emotions in Health and Social Care*,
DOI 10.1007/978-1-4614-3402-3_2, © Springer Science+Business Media New York 2012