A Personal Research Journey

“The Emotional Labour of Nursing”

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“Each Research Study has its own Story”

Where did mine begin?
NURSES SHOULD SHARE IN HOSPITAL CONTROL
NUFFIELD TRUST SUGGESTS ROUND TABLE RULE
RELAX DISCIPLINE, GIVE BETTER FOOD, AVOID FATIGUE

BY AN INDUSTRIAL CORRESPONDENT

More modern ideas of hospital discipline and the removal of rigid "class distinctions" in the hospital hierarchy are among the urgent reforms needed to attract girls to the nursing profession, says the Nuffield Provincial Hospitals Trust in a report issued today.

The report has gone to Mr. Bevan, Minister of Health, as a follow-up of his own Working Party's report on nurses' recruitment and training. It proposes that nurses should be given more say in the day-to-day administration of hospitals and that regular round-table staff conferences should be held. It also urges the need for better feeding arrangements and for more sympathetic supervision of the nurses' health, in order to avoid unnecessary over-fatigue.

The Trust agrees with the Working Party's recommendation that nurses should be given full student
1981-1983 Clinical teacher in a care of the elderly hospital “New End” – *The little things that matter*

1983-1988
Quality of Nursing and the ward as a learning environment: a multi-method approach

1992
The Emotional Labour of Nursing: How nurses care
Influential Studies I

Isabel Menzies (1960)
Social systems as a defence against anxiety

Revans (1964)
Standards for morale: cause and effect in hospitals

Revans clearly demonstrated an association between an infrastructure for maintaining high morale, quality care and positive staff and patient outcomes.
Influential Studies II

1973: The Briggs Report on Nurse Education confirmed nursing and midwifery as the major caring professions.

1980s: Foundation of the "New Nursing"

Transforming relationships with patients - away from a biomedical model towards a holistic approach promoting patients’ active participation in care (Salvage 1991).
Tracing emotional labour

• 1983-1988 Quality of Nursing and the ward as a learning environment: a multi-method approach (Smith)

1992 The Emotional Labour of Nursing: How nurses care (Smith)
The Emotional Labour of Nursing

In the 1980s when UK student nurses were apprentices I undertook a study to find out how they learnt to care. I discovered that it was the work of the head nurse that was so important in supporting them to care by setting the emotional tone.

I first experienced caring as labour during interviews when the language used by students conveyed a sense of the hard emotional work required to maintain a smile or stay calm.
Pam Smith

The Emotional Labour of Nursing
How nurses care
Hochschild’s (1983) definition of emotional labour:

“The induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for in a convivial, safe place.”
Emotional labour involves

• Feeling rules
• Deep and/or surface acting
• There is variation in how different types of work are valued and recognised
The Managed Heart

Characteristics of emotional labour jobs:

• *Face to face or voice to voice contact with the public*

• *They require the worker to produce an emotional state in another e.g. gratitude; fear*

• *They allow the employer through training and supervision to exercise a degree of control over the emotional activities of their employees*
The Role of Emotional Labour

*Gives a language and meaning to care*

*Offers a device taken up by a wide range of scholars and practitioners*

*Links emotions, feelings and caring*
Creating a Caring Culture

The ‘little things’ or ‘gestures of caring’

The caring ward

‘You can only learn to care in a caring climate’.

(Smith 1992)
The Emotional Labour of Nursing: How nurses care (Smith 1992)

The caring ward:

‘You can only learn to care in a caring climate’

‘When I know that the ward sister cares then I feel a bit more at ease. Otherwise I feel that I have to take the whole caring attitude of the whole ward on my shoulders’. (Student nurse)

‘Sisters are critical because of their influence on staff nurses. They in turn influence how the students work and on the way they feel, their morale’
The Emotional Labour of Nursing: How nurses care (Smith 1992)

The caring ward:

‘Fear (which) isn’t a good way to learn. Mutual respect is the best. If you feel appreciated you try to live up to the faith people have in you. It’s a very strong stimulus’. (Student nurse)

‘If staff work well with sister then the atmosphere of the ward is well. They shouldn’t be frightened of her’. (Student nurse)
Some new conceptualisations of Emotional Labour

Bolton ‘the gift relationship’ (2000)

Hunter ‘caring mentors’ (2004)

Emotional labour varies with clinical context

• Cancer care (James 1989, 1993, Kelly et al 2000)

• Gynaecology (Bolton 2000)

• Midwifery (Hunter 2004)
Emotions in organisations

• There has been a shift from the central role of the ward sister/charge nurse in supporting students’ clinical learning to the link lecturer and mentor

• Organisational emotional labour is seen as vital in supporting nurses to care

• Types of emotional labour vary with context

• A multi-model framework is required to understand emotional labour drawing on sociological, psychological and psychotherapeutic traditions

(Smith and Gray 2000).
“The nurses have been brilliant .. They are such good listeners
To give yourself a chance physically you need to have the emotional
side there helping you.”
Recruitment and workforce issues

2004-2006
Researching equal opportunities for internationally recruited nurses and other health care workers

“A workforce of all the talents”

(Smith, Allan, Larson, Henry, Mackintosh, 2006)
Who leads caring and learning in the 2000s?

In 2007 a follow up study was undertaken to find out who currently leads learning and caring in the wards? UK student nurses are no longer counted in the workforce. They spend 50% of their time in practice and 50% in the university.

Sisters/charge nurses’ roles have changed and their work includes increased management responsibilities which take them away from patients and nurses. Students are supervised by clinical mentors who also care for patients.
2007-2009 How have changes in Nurse Education and Health Care Organisation influenced the ways in which student nurses learn? – a case study of leadership for learning (Allan, Smith and O’Driscoll 2009)

2012 The Emotional Labour of Nursing Revisited: Can Nurse still Care? (Smith 2012)
From Tasks to Targets

The health service climate has changed since 2001. I think the target culture is here and is unavoidable. It’s financial .... (Ward Manager)

One of the priorities is to increase discharges and there’s no mistake made about that .... to increase the throughput ... and you become a sort of ....

You’re just like an automaton, I sometimes come into the ward and I’m looking at the patients as numbers and I get quite frightened sometimes because I’m forgetting that they’re people and I have to pull back (Ward Manager).
The ‘little things’ are still important

A student described how she hoped to make a difference to patients:

“...it’s a lot of the little things and I definitely like chatting to patients and asking them if they’re alright, if they slept okay, have they got any worries?”

“I think the students value just being made welcome and little things like being shown where the off duty is and where they can put their coat and it’s the friendly side of it, yeah. They do appreciate that” (Mentor).
The UK Health Agenda

Compassion, dignity, and smiles

Measuring emotions

Good nutrition

Hand washing

Safety
The compassion and dignity agenda
Getting behind the headlines

Are Nurses to be rated on how compassionate and smiley they are’? (Newspaper headline June 2008)

Developing a nursing education project in partnership: leadership in compassionate care (Nursing Times, September 2009)

Elderly patients in half of NHS Hospitals lack ‘kindness and compassion’ (Newspaper headline October 2011)

Politicians still regard nursing as a good place to make savings (Nursing Times, May 2012)
A Caring Nurse is a Safe Nurse

Safety is a key component of quality

A caring nurse is more than willing to promote patient safety

It’s a joint relationship with the patients – they trust you

(Smith, Pearson and Ross 2009)
The Compassionate Care Project

University-Health Service Partnership

NHS Lothian and Edinburgh Napier

“Emotional Touch points”

(Dewar et al 2010)
‘Passing it on’

Supervision of research students using a range of methodologies to study compassion, dignity, care and emotions in nurse education and practice in national and international settings
University of Edinburgh
Nursing Studies’
Leverhulme Writer in Residence
Nicola White

http://nursingwriter.blogspot.co.uk
The Future

• Preparing for the future: educating and mentoring
• Setting an agenda: personal, local, national and global
• Identifying priorities: topics, methodologies and projects
• Establishing supportive mentors, leaders and organisations in education research, policy and practice