

Emotional labor and nursing: an under-appreciated aspect of caring work

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This paper describes one component of the findings of a larger research study entitled 'Nurses' social construction of self: Implications for work with abused women'. One of the most consistent themes arising from that study involved nurses' views regarding the relevance of emotional engagement/detachment in pursuit of excellence in their practice. In this article this theme is examined in the light of work on emotional labor and the emotional work of nursing. Nurses' high degree of satisfaction in the emotional rewards of their work with clients is described and contrasted with their dissatisfaction in relation to nursing education and their views of the lack of valuing of nurses' work by others within the healthcare system. The importance of supporting them in relation to the emotional aspects of their work is explored.

Key words: caring, detachment, emotional labor, engagement, satisfaction.

In this paper I explore the concept of emotional labor in relation to the caring work of nursing. Specifically, I examine the notion that nurses' individual tendencies to engage or detach emotionally with their clients may, in part, be a reflection of their approach to the emotional labor of nursing, with all its inherent gains and losses. I then explore the effects of emotional labor on nurses' feelings about the relationship between their work and the profession of nursing. Finally, I detail nurses' descriptions of the impact of emotional work on themselves as individuals. Nurses work closely with their clients at times, often characterized by tension and heightened emotions. The relationship between emotional and physical well-being requires nurses therefore to care for the emotional well-being of those clients as well as the physical. Nurses overwhelmingly feel that care is an essential component of cure (Millward 1995). There is also little debate about the link between caring and 'feeling' — caring involves feeling. Nurses claim that 'the patient-centred interpersonal

orientation ... is central to the claim for professional distinctiveness' (Millward 1995, 319). Emotional caring/feeling is, however, to some extent a choice, mediated by the degree of emotional engagement or detachment an individual chooses. 'Emotional labor' (Hochschild 1983) is a conceptual label intended to capture the notion of costs and benefits to members of professions in which manifestations of feeling, designed to influence clients, are required components of job performance. This concept has been specifically applied to nursing by a number of theorists (Smith 1992; Froggatt 1998).

The findings presented in this paper constitute one aspect of a larger qualitative study which focused on nurses' approaches to the care of abused women (Henderson 1999). Forty-nine nurses from two countries (Canada and the United Kingdom) working in four different clinical areas (emergency, community health, community mental health, and maternity) were interviewed, both in a focus group and individually. All participants had to have been raised and educated (including both basic schooling and nursing education) in the country in which they were presently working. Most of the nurses in the study had received their education in a hospital (UK) program or a community

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college (Canada) program. One UK nurse was working toward a degree and several of the Canadian nurses had a baccalaureate degree. One had a master's degree.

The study was conducted taking direction from the social constructivist approach described by Guba and Lincoln (1989). Eight focus group interviews were conducted with groups of six to nine nurses: one interview in each of the four clinical areas in both countries. The underlying intent of the focus group interview was to elicit information about the nurses' approaches to care of women whom they either knew or suspected to be abused. Thus the focus was on nursing work, clinical setting, client characteristics and beliefs about practice. The nurses were then individually interviewed. These interviews were intended to explore the nurses' backgrounds, beliefs and values and personal and professional experiences, which might logically be argued to have the potential to have an impact on their care of abused women. Thus, in these interviews the nurses discussed their childhoods, their experiences in intimate relationships, their professional education and their work experiences.

In the context of discussing the care of abused women, the nurses identified principles which they thought relevant to the way they work with any patient or client group. One of the areas about which nurses were deeply concerned was the role of emotional engagement versus emotional detachment as a component of their approach to attaining excellence in their practice.

In this paper I discuss the concepts of care and emotional labor in the context of nurses' accounts of work which they find emotionally demanding and personally challenging. I use the terms patient and client interchangeably as they were used by the nurses. I begin by discussing the theoretical concepts which structure this paper: caring, engagement versus detachment and the applicability of the concept of emotional labor to the practice of nursing.

THE NATURE OF CARING IN THE CONTEXT OF THE NURSE'S ROLE

One of the most important issues in this debate revolves around the nature of caring, both as a concept and as applied to the core of the nurse's role. Caring has been defined as 'the mental, emotional, and physical effort involved in looking after, responding to, and supporting others' (Baines et al. 1991, 11). Many nurse theorists have described caring as central to nursing's role and indeed as being the defining characteristic of nursing (Benner and Wrubel 1989; Watson 1990; Swanson 1993). Others have responded by attempting to refine the definition of this concept in order to improve its usefulness both theoretically and pragmatically

(MacPherson 1991; Steen Lauterbach and Hentz Becker 1996). Still others have described the concept as failing to help nursing in its attempt to define its role (Barker et al. 1995; Thorne et al. 1998). Whatever position individual theorists take on the issue, nurses as a group undoubtedly view caring as relevant to their role and somewhat concur with a view of nursing as an altruistic vocation with caring as an imperative.

Nursing's central dilemma has been persuasively described as 'being ordered to care in a society that refuses to value caring' (Reverby 1987, 5). Caring is seen as women's work, not seen, understood or valued but meant to flow naturally and invisibly from being a woman (Baines et al. 1991; Smith 1992). The personal emotional investment is virtually unrecognized and is certainly unacknowledged, but clearly caring involves feeling, and feeling involves personal vulnerability. The decision of any individual nurse to care for (or emotionally engage with) a client is therefore one which exposes that nurse to the potential for personal costs or benefits as well as professional ones.

Emotional labor: the concept

An aspect of caring which can have profound implications for performers of caring roles involves a concept called 'emotional labor', outlined by Hochschild (1983) in her important book *The managed heart: Commercialization of human feeling*. Emotional labor is described as a requirement of employment in many professions and Hochschild defines it as 'the management of feeling to create a publicly observable facial and bodily display' noting that:

This labor requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others — in this case, the sense of being cared for in a convivial and safe place. This kind of labor calls for a co-ordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality (7).

Hochschild (1983) uses the example of flight attendants to illustrate the concept. She describes them as being required to display certain emotions as part of their job performance; they must be welcoming, cheerful, patient, sympathetic and always convey a sense of security and safety. One of the most important aspects of this concept concerns what Hochschild calls 'the search for authenticity' (185–98), which involves the display of emotions which are not just polite but appear genuine. Hochschild describes the personal cost of performing in such roles, where the ability to display genuine emotions must, to some degree, personally involve the 'self', using the example of a flight attendant who:

is not good at depersonalizing inappropriately personal behaviour towards her. For these reasons she is more likely to suffer stress and be susceptible to burnout. Instead of removing the idea of a 'self' from the job either by will or by art, such a person often reacts passively: she stops caring and becomes remote and detached from the people she serves (187).

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Hochschild (1983) discusses nursing only obliquely, but the parallels between the work of nurses and flight attendants are significant and the implications are clear. Portrayal of emotions in a genuine, authentic manner is an integral part of both occupations. Both must care for their clients by calming them and appearing reassuring and positive. Both must make their clients feel cared for and safe.

The concept of emotional labor has been related to nursing by Smith (1992) who observes in relation to one nurse's story (*italics added*):

She recognises that, as a nurse, she is expected to be happy rather than cross and to manage and cope with extremes of feelings ... Like Hochschild's flight attendants, *she must induce or suppress her own feelings, some would say subordinate them, to make others feel cared for and safe, irrespective of how she feels herself*. She learns through 'trial and error' to 'switch off' and 'forget about work' when she goes home. But is this through surface acting to the point that she can no longer remain involved with patients other than at a superficial level, at the risk of becoming detached and alienated? Or *can she learn through experience and systematic training to recognise her feelings to remain therapeutically involved both for herself and patient?* (15).

Many of Smith's observations are relevant to the present study. She touches upon aspects of gender, hierarchy, caring and power in relation to emotional labor. Her work looks at the study of the quality of nursing on particular wards and the experiences of student nurses who were assigned to these wards for their clinical learning. Nurses in Smith's study powerfully describe their experiences, their patients, their colleagues and the circumstances. As described, their individual emotional responses to circumstances seem somewhat mitigated by personality, expectations and those facets of an individual which provide the personal lens on events.

Nurses' willingness to engage also appears to vary according to the opportunities and encouragement within particular work settings to develop strategies to cope with emotional situations. Nurses, describing becoming overwhelmed, use a variety of metaphors, for example 'switching on and off ... drawing the line ... keep[ing] a bit of a barrier up' to capture their approaches to managing the emotional demands in the absence of support (Froggatt 1998, 336).

Value of engagement versus detachment

In this study nurses held a variety of different views about the value of detachment (objectivity) versus engagement (subjectivity) as applied to the nursing care of patients. These views seemed tied to their views of self. One of the nurses who worked in emergency saw herself as always detached and objective. She felt that her own personality and her need to protect herself was the major influence on her approach to patients. She also had some ideas about how she came to have this attitude. She was a woman who had been abused as a child by her mother and who recognized a link between her 'nurse-person' and her 'child-person':

I think to a certain extent I've kind of switched off too, really, something that you don't really want to think about that much, do you know what I mean? My mum always says that I've got a really bad attitude about things like that, and she always thinks that I think people should just pull themselves together because that's how I've dealt with things myself, do you know what I mean? I mean my mum could absolutely batter me at home and I'd go around to my friends or something and forget about it all.

Most nurses did not see engagement/detachment as being so clearly residing in the individual. Generally there was a sense of being on a continuum along which one moved, in response to specific patients or circumstances, as they required or demanded differing degrees of engagement or detachment. Another emergency nurse, recognizing that her recent bereavement had resulted in a lot of personal reflection, said that she had always felt the need to be emotionally connected but felt it even more so now:

Any nurse is attached the moment you walk in there on some level. It depends, on some emotional level whenever I go into a cubicle ... Part of my practice, what I try very hard to do, is to treat every patient as if they're a member of my family. How would I want them to be treated? Especially in the light of recent events [death of husband from cancer] and having first hand knowledge of it. It's changed my practice as well but that's always been my mantra.

A community health nurse eloquently captured a point expressed by many in this way:

That sort of dancing between you and a patient or client where you're feeding off each other and it's backwards and forwards and you're picking up cues from each other. You know it's that real, almost like a tango or something, you learn each other's moves — that can't occur [if you're not emotionally engaged].

The nurses were eager to talk about their tendencies toward detachment or engagement: this was clearly an area of some resonance for them. There seemed to be some relationship between the willingness and skill of individual

nurses to be self-reflexive about their practice, and the value that they placed on detachment versus engagement in healthcare interactions with patients or clients. The more self-reflexive the nurse, the more likely they were to value emotional connection with their patients.

The context and circumstances of a particular patient/nurse encounter also seemed to encourage or impede varying levels of emotional engagement between the nurse and the patient. This makes sense intuitively. Both nurses and patients might be expected to react to a particular situation in part based on their past experiences. Thus, nurses' responses to specific patients may well be mediated by previous situations, either in their professional or their personal lives in which they encountered similar patients or situations that were particularly rewarding or difficult.

Nurses held differing opinions on the 'proper' use of emotional engagement versus emotional detachment in caring work. Although most of the nurses eloquently discussed the importance of emotional engagement, a significant minority emphasized the need for detachment and objectivity. This is not a new finding. The ability to balance engagement and detachment and to monitor the balance, both in order to affect the outcome of the encounter for the recipient of care and to safeguard the emotional health of the nurse, has been discussed before (Carmack 1997). The more emotionally demanding the circumstances, either due to intensity, acuity or length of contact time, the more important it is to learn to balance the two and to maintain as well as interrogate boundaries.

To some extent, the nurses' beliefs about the 'right' amount of emotional involvement seemed to derive from their beliefs about what constituted excellence in their own speciality area. Some of the nurses believed that detachment was also an important aspect of the therapeutic relationship. One of the mental health nurses said:

I think I'm pretty good at detaching myself to a degree, I mean I'm not saying I don't have any empathy or sympathy for them, but I've learned that that's not always helpful, that you have to stay objective and reflect things back to them.

A maternity nurse said:

You have to be conscious, and you have to have a rational detachment otherwise you could become involved in the wrong way and then it would not benefit yourself or this woman, you would sort of be judgmental towards her, and you are there for her to support her.

One nurse felt that to function in emergency departments one had to enjoy drama, speed, short contacts with multiple patients, focus on the immediate presenting problem and have little emotional involvement. She concluded:

Some people choose to work on wards because they want to get to know people and they get a rapport and things like that. I think A & E nurses come to A & E because they like a bit of excitement, they don't like — they're the type of people who don't necessarily want routine, they want something different.

Nurses' views of the value of an orientation to either more detachment or more engagement seem to depend on their views of the work of nursing. They talked about differences between the two positions as they observed them in nurses other than themselves:

I think there's two kinds of nurses. There's nurses who want to care for patients and there's nurses who want to shuffle paper work and who want to be managers, nurses who want to be in charge and boss people about. Nurses who are like that want to remain detached, cool and clinical and there's the ones who can't help themselves, who want to look after patients.

Yeah, because the belief is that if you get too involved you won't have, you won't be able to see the whole picture clearly ... I don't know if its because I've worked labor and delivery for seven or eight years, there was never any detachment. I mean I don't know how you could not [be engaged] You know you've sat with somebody for 12 hours you don't go home until she delivers.

I mean you see a difference with people that would prefer ICU nursing as opposed to hands on. Or operating because you're so detached. Some people, in ICU you've got to know how to work the machines.

The descriptions clearly illustrate a valuing of a high degree of emotional engagement. While a few nurses view detachment/objectivity as a goal to be attained in order to ensure effective nursing, others feel that some nurses stay detached to protect themselves from harm or because they have already been harmed and have shut down. The majority, while espousing engagement as a desirable end, also acknowledge that 'too much' emotional engagement may render the nurse incapable of doing the job. A high degree of consensus exists that nursing is a job demanding emotional engagement that, although it can be accomplished from a detached position, nonetheless:

if you want to be a very good nurse you have to get those feelings in there. Most people don't like the kind of nurses that just go in, do their thing and get out. That's not what people look for most of the time.

The majority of nurses, then, see emotional engagement as a requirement of excellence in nursing practice. They also see nurses as occasionally needing the ability to balance engagement with an appropriate degree of detachment to accomplish some tasks.

As nurses describe their care of patients/clients, the intricate relationship between themselves as nurses and

themselves as people sounds so mutually embedded as to be impossible to disentangle; that relationship may affect their approach either positively or negatively. One nurse, after describing types of patients she had difficulty working with, analyzed why she felt that the patients with whom she connected emotionally might receive a better quality of care *because* of her emotional response to them. She found, however, that some people are easier to engage with than others:

you know, that's where the difference comes in, it's an expectation that I help that person, so then, because it's my job, I will help this person, as opposed to being *drawn* to help this person. So I think it's a characteristic that somehow touches you, and whether it comes from within you or reminds you of someone else, that you care about, that's probably where a lot of it comes from.

Either way, it is clear that these nurses valued personal awareness, of themselves as nurses and as people, as an essential element of superior practice. One of the emergency nurses, who defined herself as totally committed to excellence in the care of abused women, captured the comments of many nurses this way:

who you are when you step behind that curtain is really going to turn the tide. You can't separate the woman from the nurse and I think some nurses are able to deal with it and some aren't because of their lives. Some are very uncomfortable with it and I think it's important for nurses themselves to recognise how comfortable they are with the whole issue. It's a self search, it has to be, and perhaps it can be guided through education and support from the hospital but it is something you have to do yourself and that's part of nursing anyway. You're always looking at yourself for everything you do. Many times I come home and I say 'How did my feelings affect how I looked after this person?' Sometimes I'm not proud of myself ... To be a good nurse you have to keep looking at yourself.

Thus, in her view, the profession demands that nurses involve themselves as people in an ongoing quest for professional improvement and self-awareness. While addressed in the literature, this skill was not one to which nurses had been formally exposed by their professional education (Swanson 1993; Steen Lauterbach and Hentz Becker 1996). One of the factors which seems particularly significant in the nurses' accounts is nursing education. Many of them expressed profound disappointment in the failure of nursing education to address the emotional requirements of the work:

I was trained very much that you just got on with it. The first child I saw die [I was] crying and I was told pretty clearly that that wasn't the way to go on, and to keep a stiff upper lip. You weren't suited for nursing if you couldn't — you know. Externally I spent a lot of time covering up emotions.

The same nurse went on to describe her present beliefs as deriving from working with excellent mentors who helped her appreciate the role of 'emotional awareness':

The effect of having those emotions is that it makes you a much more informed practitioner, sensitive and more help to the patients and clients ... in the end I think it makes you a more effective practitioner.

Three brief quotes summarize the nurses' views of the value of their original hospital or college-based educational programs:

To be quite honest, what we got in college was management this and management that, how to manage time, how to manage resources, how to manage money ... I've learnt nearly everything on the wards. From other people's knowledge, other staff nurses and in just talking to your patients.

I remember doing the basics in class and thinking 'all this stuff, you know, is of no use to me'.

Q. What, from your nursing education, is influencing your practice now?

A. You mean my original nursing education? Nothing.

Q. Nothing?

A. (Emphatically) Nothing. Pardon me — other than your basic mechanical thing like taking a blood pressure. That's it. Everything else has been acquired on the job.

This theme arose time and time again in a variety of guises. They used their discomfort working with abused women as an example of the failure of nursing education to provide the necessary background for them to integrate their own emotional responses to any highly emotional work situation. None of the nurses felt that their nursing education had, in any way, prepared them for the personal emotional cost of nursing.

In addition, although they received considerable support from colleagues, they generally also felt professionally ignored and unappreciated by their employers and by other healthcare professionals within the workplace:

Well I feel in that kind of sense is we're still very much in the dark age. I still think nursing is seen as a woman's work. A lot of the doctors — their attitude ... a bit backwards in their thinking.

But at the end of the day, you know, the hours that you have to put in, the over time that you have to put in, the unsocial hours, the night duty, nobody could care less about you, they just push you to the limit.

The oft-repeated charge that caring work is unappreciated and largely invisible resonated loudly through the nurses' accounts even as they described the intense satisfaction that the work frequently brought to them (Reverby 1987; Baines et al. 1991; Steen Lauterbach and Hentz Becker 1996).

EFFECTS OF BEING A NURSE ON SELF AS A PERSON

Thus, in relation to the emotional labor of nurses, it is clear that nurses not only experience strong emotions in the context of work but also consciously use those emotions to hone, refine and improve their practice. This is a high-level skill and one which requires great honesty, tenacity and perseverance. Not surprisingly, such a high degree of personal investment can have both positive and negative effects. I asked about the personal cost of this work. The nurses identify enormous changes which they see as resulting from their choice of profession. Most of these nurses feel, not surprisingly, that coming into nursing exposed them to experiences that they would not have had otherwise. They are generally content with the changes they see in themselves and grateful to nursing for that:

I'm totally accepted when I tell people that I'm a nurse. There seems to be a certain respect there. I'm a lot more aware of resources and of what I can do to achieve excellence in my life. I may not have had that awareness if I was working as a secretary or something. I may not have dealt with a lot of things that I have dealt with over the years.

With my personal stuff, because of my nursing background I knew that it was OK to go for counselling, and I knew it was OK to seek help when my marriage was breaking down, which has contributed to who I am today, I'm a much stronger person, and I take that into my practice too.

It feels like it's been so long it's who I am. I can't remember not being a nurse. Nursing has given me the opportunity and the privilege of getting to know a lot of people and a lot of intimate and personal things about people's lives that I would never have had the opportunity to know. Sometimes I look at other people and at their reactions to things and I feel almost as if I have a knowledge that a lot of others don't have.

Conversely, many of the nurses feel that, while nursing has had a profound effect on them as people, the nurses that they have become results from who they were before entering the profession. The relationship is a circular and interdependent one (Baines et al. 1991; Steen Lauterbach and Hentz Becker 1996). In other words, the self which is private person and the self which is nurse are constantly interacting and changing one another. This makes sense when one recognizes in these nurses' accounts the idea that a nurse is something one 'is'. They also think that what one 'is' derives from the childhood one had:

I think it's got to be a lot of what you are as a person, definitely.

When I think of what makes me a nurse, and what makes me the nurse I am, I think it's influenced a lot by, you know, who you are coming into nursing, and what kind of personality and person that you are.

I think it's all interrelated. I think you can't separate one from the other.

This interrelatedness works in all directions. For example, the nurses who perceive themselves as coming from less than idyllic family backgrounds attribute their ability to resolve issues from their early lives to skills they had acquired within the profession. One nurse who had been raised in a profoundly abusive family and who describes herself as grateful to nursing for the skills she has gained said:

When you're dealing with your own emotional problems at home or with work I've always been — in nursing preparation or in life preparation, its always been — its okay to talk to your friends, its okay to talk to, you know, teachers or social workers. Talk to a professional, anybody talk, get it out whereas in my family I'd always been taught, you know, keep it to yourself. Nursing has been great for me in that respect.

Thus skills derived from nursing are used to address both professional and personal problems; who they are as people cannot easily be separated from who they are as professionals. Few negative feelings are expressed about the overall impact of nursing on nurses as people. A far more prevalent emotion is a sense of excitement, of interest and of purpose arising from the practice of nursing. One nurse captured it this way:

Well, it's given me a professional identity, I suppose, I'm asked at parties what do I do, I say I'm a nurse, and that gives me some kind of an identity. So that's important because, many years in my life I didn't have an identity, I was kind of drifting, looking for one, and I have one. It's given me a job which I find endlessly challenging and incredibly rewarding and absolutely frustrating and tiring and all those other things, but one which, every day I get up — and, I mean I've done all kinds of other sort of jobs, but I get out of bed and I never think, 'Oh, I don't want to work today', I never look at the watch — only to think, 'Oh crikey, I'm late', you know, I'm supposed to be somewhere else, I never think, 'Oh, I wish it was five o'clock,' you know, it just never happens, and that's the job I've always dreamed of, because, you know, I think that, it's important to me to work and if I'm going to work I want to work at something that I enjoy and I think that I'm good at. and it's given me a lot of self-confidence, cause I think that I am good ... I think I could be better, but I think I'm good at it.

This nurse expressed an excitement about the actual work of being a nurse which is echoed in many of the nurses' accounts. This quote illustrates a common theme through these accounts — that nurses genuinely enjoy (many say 'love') nursing and describe it as 'a privilege' in so far as it means caring for patients. Most nurses described emotional engagement with clients as critical to excellent nursing care, with only a few talking about a preference for remaining detached and for avoiding an emotional connection with patients.

DISCUSSION

Emotional labor, caring and the emotional engagement/detachment continuum are concepts with implications which reach beyond nursing. There are multiple occupations in which these characteristics are equally recognizable (Acker 1991; Halford et al. 1997): social workers, childcare workers, teachers, psychologists and Hochschild's (1983) flight attendants all spring to mind. As well, there are numerous examples of caring work in which unpaid carers, either volunteers or family members, experience the same kinds of demands for emotional involvement (Baines et al. 1991; Armstrong and Armstrong 1994). Many of the implications regarding nurses are equally applicable to all these groups.

Implications of an old saying, 'what one person sees as a threat another sees as a challenge', might be considered in relation to expressions of emotional labor. Obviously some individuals are more adept at dealing with the effects of emotional encounters than others yet, in a member of a caring group, the need to do so is clear (Steen Lauterbach and Hentz Becker 1996). Emotional labor implies a relationship between the carer and the cared for and can be viewed as a commodity to be factored into considerations of the value of caring work. Respondents in James' (1989; 1992) studies talked about the feelings that caring work engendered in them and eloquently identified the personal costs of such work to the carer. James (1989) discusses the gendered nature of emotional labor as it is enacted within healthcare settings and the way in which caring work gets constructed as 'naturally female', deriving naturally from women's position and work within the family, and therefore devalued as a commodity:

The invisibility of emotional labor and its associations with family care mean it has ambivalent status. While the ideological values of family care may be attractive, the low status and unacknowledged transferability of the skills mean that they do not fit effectively with professional strategies (505).

Clearly there are implications for nursing in these observations.

Emotional labor may also explain the interaction between the person as nurse and the person as private individual. Suzanne Gordon (1997), a veteran reporter, was observing a nurse for a story she was writing when she received word that one of her own old friends had been diagnosed with lung cancer. She describes how the nurse initially helped her to cope and, later, how she spent considerable time helping her to prepare for a visit to her friend shortly before his death:

She told me how to interpret his symptoms, talk to him about his illness, tolerate his feelings of loneliness and terror, and nourish his hope. She encouraged me to talk to him

about my feelings and tell him how much I loved him and would miss him ... weeks before he died I went to visit him at home ... A year before I would have felt I had to 'do something.' I would perhaps have found it too difficult to be in a situation where there was literally nothing to be done. But I was undergoing my own apprenticeship in caring, and I could now tolerate simply being with someone in pain ... I will always cherish the memory of that afternoon (xiii).

The recipient of this care and guidance then moved through her life profoundly changed by the experience. But at what cost to that nurse — and what benefit? While the benefits of encounters with emotionally engaged nurses are intuitively obvious (and possibly expected to correlate with better outcomes), there is no sense in these nurses' accounts that this facet of the nurse/client relationship is encouraged, nurtured, fostered or supported by nurse educators or by other members of the healthcare team.

There is both a personal reward and a personal cost associated with the performance of an occupation requiring a caring (Hochschild 1983; James 1989; Ackroyd 1993; Steen Lauterbach and Hentz Becker 1996; Carmack 1997; Halford et al. 1997). Clearly, nursing is such a job — even though some nurses choose to remain detached, it is apparent that the choice is one made with a consciousness of the implications of engagement/detachment. Also clear is that these nurses believe that emotional engagement is a necessary attribute of caring in an excellent nurse. This perception seems to be experienced as an either/or proposition. These nurses appear to believe that a nurse 'should' be taking either an objective or a subjective approach and that approaches other than their own, in some way, represented inferior practice. The question that remains to be answered is: is emotional engagement a necessary part of caring or can people effectively 'care' without 'feeling'? This question has been somewhat addressed in a number of forums (Watson 1990; MacPherson 1991; Barker et al. 1995; Carmack 1997; Froggatt 1998); however, the need for further exploration is highlighted by the present work.

For example, we need to be aware of the implications for quality of care when some practitioners feel the need to expose themselves to a high degree of emotional openness in their relations with their clients, while others avoid emotional contact. Clearly, the care experience of the client in these differing situations might be expected to be qualitatively different, yet it is unclear whether that difference is necessarily better or worse from their perspective. Perhaps the subtle blend of client characteristic and carer approach combine to produce a degree of engagement/detachment that is comfortable for both; it is unclear how, precisely, feelings are utilized in the provision of care. How, specifically, do the expert practitioners *use* emotional engagement

to affect the encounter in a positive way? Some of the nurses in this study described themselves as consciously monitoring and moderating their own emotional responses in relation to the effect on the client. In general, they believed that their emotional engagement was associated with a more positive result for their patients and there is some evidence that patients agree (Brooks and Phillips 1996). However, the precise mechanism by which these positive results occur again requires further exploration.

An interesting discrepancy was evident between the tone of present literature on nursing education and the nurses' reports. There is considerable evidence that nursing education is increasingly emphasizing self-awareness on the part of the nurse as well as increasing understanding of the patient as a whole person with emotional needs which influence physical ones (Mason et al. 1991; Malterud 1993; Steen Lauterbach and Hentz Becker 1996; Wells-Federman 1996). Yet, from these nurses' accounts, they are not receiving the message during their education. These nurses clearly do not think that their education prepares them for the impact of this work, either in relation to their practice or in relation to themselves as people. However, they do appear to be in a state which allows them to recognize excellence in a form they describe as emotional engagement when they enter the work place. Perhaps this indicates that they are 'getting the message' during their educational programs but not recognizing its relevance until they enter practice.

It may be particularly crucial, in these days of increasing patient acuity, nursing shortages, declining enrolments and an ageing nurse population, to recognize the impact of emotional work on nurses. This impact, which derives both from the satisfaction it brings the individual nurse and from the value (or lack thereof) we place on caring work, is both positive and negative and we need to remember both. For many, much of the satisfaction they derive from the job is predicated on the emotional contact with patients. Nurses receive the support and encouragement from their peers toward becoming better nurses that they do not see themselves receiving from their education or from formal sources within the workplace. Nursing is an extraordinarily complex job. These nurses' accounts help to illustrate just how complex. Understanding the emotional demands of caring work may be one of the most important steps toward retaining many of the nurses we have by recognizing the enormous contribution of the profession to health-care.

Nurses, as well as other caring practitioners, certainly view emotional labor as an important facet of their work. We need to support them as well as safeguard them in its practice. The connection between job satisfaction and overall morale is well recognized. As much attention needs

to be given to the emotional components of the preparation and support of those in caring work as is given to the theoretical and skill components. Clearly, emotional labor and emotional engagement or detachment are under-theorized in relation to caring work in general.

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