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Antecedents and consequences of emotional work in midwifery: A prospective field study

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ABSTRACT

Background: Given the effort made in today's birthing rooms to increase women's childbirth satisfaction, special attention is directed to midwives' expressions of authenticity (namely to display emotions that he/she actually experience) in birth encounters.
Objectives: To explore antecedents and consequences of emotional work strategies expressed in a specific birth encounter, to (1) understand the specific factors in a midwife–birthing woman encounter, namely parity (whether or not it is a first birth), use of epidural analgesia, induction of labor, and instrumental birth that stimulate the use of deep or surface acting; (2) test the link between emotional work strategies and birthing experience, and (3) assess whether associations between the midwife's choice of strategy (deep acting or surface acting), and the woman's childbirth experience is moderated by the birthing woman's perception of the midwife's emotional work strategies.
Design: A prospective-correlational field study.
Participants: 104 births, selected by a convenience sampling method—including 24 midwives and 104 birthing women, in one birthing room in Israel.
Methods: Data were collected by validated questionnaires at two time points: immediately after labor and 48 h after labor.
Results: Linear mixed model analyses revealed that of the antecedents to emotional work strategies, epidural analgesia was negatively associated with surface acting ($\beta = -.301$, $p < .05$); primigravida was significantly associated with deep acting ($\beta = 611$, $p < .01$) and negatively associated with surface acting ($\beta = -.433$, $p < .01$); induction of birth was not associated with deep or surface acting ($p > .05$), and instrumental birth was significantly associated with deep acting ($\beta = -.590$, $p < .05$) and positively associated with surface acting ($\beta = .444$, $p < .05$). Regarding consequences of emotional work strategies, the midwife's engagement with surface acting was negatively related to the woman's birthing experience ($\beta = -.155$, $p < .05$), whereas the relationship between midwife's engagement in deep acting and the woman's satisfaction also depended on the latter's perception that the midwife had engaged in deep acting ($\beta = -.096$, $p < .05$).
Conclusions: The midwife–birthing woman encounter is becoming globally significant for improving childbirth outcomes. Therefore, these findings offer empirical support for the importance of the midwife's expression of authenticity toward the birthing woman in improving her childbirth experience, especially when the woman perceives the midwife's emotional work strategy accurately. Also noteworthy are the aforementioned conditions that shape the midwife's engagement in deep acting or surface acting, with important recommendations to improve women's childbirth experiences.

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What is already known about the topic?

- In today's birthing rooms pursuit for attaining birthing women satisfaction, midwives are required to engage in emotional work.
- Emotional work strategies have been considered as stemming from personal traits or job characteristics, consistent across labor encounters.
- Midwives' use of emotional work strategies affects their health and well-being, yet their impact on the birthing women's satisfaction remained unsolved.

What this paper adds

- Findings identify the conditions that shape midwives' engagement in deep or surface acting. These include: use of epidural analgesia, birth parity, instrumental birth, and induction of birth.
- Midwives' expression of authenticity (namely honestly and sincerely displaying emotions that are actually experienced) to the birthing women can improve their birthing experience.
- Accurate detection of midwives' emotional work strategies by the birthing women is crucial in improving their birthing experience.

1. Introduction

Contemporary birthing rooms, at least in developed countries, typically operate in a competitive environment, vying for a greater market segment and attracting mothers-to-be (Eastaugh, 2011; Jenkinson et al., 2014). Efforts are made to improve the quality of service and care (Overgaard et al., 2012) although economic constraints are significant and must be taken into consideration (e.g., Deery and Fisher, 2010; Hunter, 2009). To address these conflicting goals, birthing rooms often take a woman-centered care approach, which focuses on the birthing woman and her partner (if available) in an effort to create a "positive" childbirth experience (Fahy et al., 2008; Hodnett, 2002). In this approach, midwives are encouraged to express compassion, care, and empathy for the birthing woman, and at the same time to develop professional detachment (e.g., Hunter, 2009). Such contradictory demands require midwives to engage in *emotional work*, i.e., "the management of feelings to create a publicly observable facial and bodily display" (Hochschild, 1983, p. 7). By engaging in emotional work, midwives can produce in birthing women a sense of being cared for, while also complying with the organizational display rules to develop a level of professional detachment (e.g., Hunter and Deery, 2005; Hunter, 2006, 2009).

The present study focuses on midwives' emotional work strategies, enacted to regulate their expression of emotions in accordance with the organizational display rules in the birthing room. Research on emotional work in midwifery was initiated by Hunter (2001). He noted that although midwives usually encounter healthy women experiencing normal life processes, some of their encounters with pregnant or birthing women have the potential of being emotionally charged. Nevertheless, the destructive consequences of such encounters often go unnoticed and undervalued (Deery and Fisher, 2010; Hunter and Deery, 2005). This line of research, which has been mostly qualitative, describes how midwives' unique work conditions create the need for emotional work, and can further affect their health and well-being, ultimately leading to burnout and stress (e.g., Deery and Fisher, 2010; Hunter and Deery, 2005; Hunter, 2010). These important findings notwithstanding, other issues of emotional work in midwifery still warrant exploration. First, previous studies focused on how the unique characteristics of birthing rooms and the midwives' role elicit surface acting or deep acting (Deery and Fisher, 2010; Deery, 2005, 2009; Hunter and Deery, 2005; Hunter, 2004, 2006, 2009). When engaging in *surface acting*, midwives suppress their felt emotions and convey emotional expressions according to the organizational display rules. Engagement in *deep acting*, by contrast, involves honest and sincere attempts to modify felt emotions in order to experience them authentically; Doing this entails avoiding the tension felt when expressions and feelings diverge (Hochschild, 1983; Rafaeli and Sutton, 1987). However, little is known about how midwives interweave these different strategies in different situations. Each birthing woman–midwife encounter has its particular characteristics, which might distinctively elicit deep or surface acting. Second, most studies have investigated how midwives' use of emotional work strategies affects their health and well-being, whereas work-related outcomes such as the birthing women's satisfaction remain unstudied. Our findings can provide useful guidelines for healthcare scholars and practitioners in regard with ways to promote birthing women satisfaction.

To this end, this study explored the antecedents and consequences of emotional work strategies expressed in specific birthing encounters. More specifically, the aims of the study were threefold: (1) to understand the unique factors in a midwife–birthing woman encounter, namely parity (whether or not it was a first birth), use of epidural analgesia, induction of birth, and instrumental birth, which stimulate the use of deep acting or surface acting; (2) to test the link between emotional work strategies and the childbirth experience, and (3) to assess whether association between the chosen strategy (deep or surface acting) and the woman's childbirth experience is moderated by the latter's perception of the midwife's emotional work strategies.

2. Background and hypotheses

2.1. Factors triggering surface acting and deep acting

Previous research has explored the various circumstances of midwifery that elicit emotional work and engagement in surface acting or deep acting (e.g., Deery and Fisher, 2010; Deery, 2005, 2009; Hunter and Deery, 2005; Hunter, 2004, 2006, 2009). First, heavy workloads, lack of time, and devaluation of midwives' work have been identified as provoking emotional work and engagement in surface acting in health care in general, and in midwifery in particular (Deery and Fisher, 2010; Deery, 2005, 2009; Dykes, 2009; Mann, 2005). Second, birthing room characteristics are