



## Exposing emotional labour experienced by nursing students during their clinical learning experience: A Malawian perspective



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### ABSTRACT

**Background:** Clinical nursing education is a fundamental component in the pre-registration nursing curriculum and literature reflects its challenges.

**Aim:** The study investigated the clinical learning experience of undergraduate nursing students in Malawi to explore their perceptions of the experience.

**Design:** This was a hermeneutic phenomenological study.

**Setting:** The study took place at a University Nursing College in Malawi.

**Participants:** Participants for the study were purposively selected from among third and fourth year undergraduate nursing students. The sample consisted of 30 participants and their participation was voluntary.

**Methods:** Conversational interviews were conducted to obtain participants' accounts of their experience and a framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis. In a hermeneutic phenomenological study, interpretation is critical to the process of understanding the phenomenon being investigated. The findings have been interpreted from a perspective of emotions, utilising emotional labour (Hochschild, 1983) as a conceptual framework which guided the interpretive phase.

**Results:** The study findings reveal that the clinical learning experience is suffused with emotions and students appear to engage in management of emotions, which is commonly understood as emotional labour. Emotional labour is evident in students' narrative accounts about their caring encounters, death and dying and caring-learning relationships as they interact with clinical nurses and lecturers during their clinical learning experience.

**Conclusion:** Effective clinical teaching and learning demands the emotional commitment of lecturers. The understanding of emotional labour in all its manifestations will help in the creation of caring clinical learning environments for student nurses in Malawi.

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## 1. Introduction

This paper presents part findings of a study exploring the clinical learning experience of undergraduate nursing students in Malawi. Clinical nursing education is a fundamental component in the pre-registration nursing curriculum (Chan, 2001). It takes place in what is commonly referred to as the clinical learning environment (CLE) and literature reflects the complexity of learning in such an environment. Lewin (2007) maintains that the educational situation in hospital wards is intrinsically more complex than that

in the School because its primary concern is patient care and not student education. Problems prevalent in the CLE in Malawi add to the complexity of learning in the clinical setting. There is severe shortage of nurses and the vacancy rate is 74% (World Health Organization, 2011). In addition, most hospitals are congested with patients and have inadequate supplies and equipment for providing patient care. These problems negatively impact on both clinical teaching and learning and prompted the conduct of this study. Its aim was to explore the students' perceptions of their clinical learning experience, in view of the problems prevalent in the CLE.

The study did not set out to investigate students' emotions, but in a hermeneutic phenomenological study, interpretation is seen as critical to the process of understanding the phenomenon being investigated (Laverty, 2003). The paper discusses the researchers'

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interpretation of the study findings. Geanellos (1998) asserts that interpretive understanding resides within and emerges from a certain perspective. In this paper, the researchers draw on Hochschild's (1983) concept of emotional labour and interpret the students' narratives from a perspective of emotions. The paper therefore discusses emotional labour within the context of clinical learning. It portrays a unique dimension of emotional labour and this can be attributed to the challenging nature of the CLE in which Malawian nursing students gain their clinical practice experience.

### 1.1. Conceptualising emotional labour

Emotional labour is a concept which was first defined by Hochschild, an American sociologist (Mann, 2005). In simple terms it refers to emotion management or management of feelings and Hochschild defines it as "the induction or suppression of feelings in order to sustain the outward countenance that produces the proper state of mind in others of being cared for in a convivial safe place" (Hochschild, 1983, p. 7). In her seminal work on flight attendants, Hochschild claims that smiles are part of their work, a part that requires them to coordinate self and feeling so that the work should seem effortless. She further claims that part of the job is also to disguise fatigue and irritation in order to promote passenger contentment. She indicates that such a feat calls for emotional labour. Some similarities can be drawn between flight attendants and nurses in that they are both preoccupied with caring in one way or another, and that negative emotions can significantly affect the care they render. Hochschild clearly portrays this similarity by stating that "most of us have jobs that require handling other people's feelings and our own, and in this case we are all partly flight attendants" (Hochschild, 1983, p.11).

Several nursing authors have been instrumental in defining and portraying the application of emotional labour to nursing. For example, Huynh, Alderson, and Thompson (2008) assert that emotional labour has to do with the emotions and thoughts that nurses feel inwardly but they cannot express them in practice. James (1989) defines it as the labour involved in dealing with other people's feelings, a core component of which is the regulation of emotions. In this paper, emotional labour is defined as the internal regulation or management of emotions which takes place when an individual perceives a mismatch between the inner emotions and the expected emotions to be displayed. This is consistent with Mann (2005) who states that it is the emotional dissonance which leads to emotional labour. Hochschild views emotional labour as being part of a distinctly patterned yet invisible emotional system. She conceptualises it as taking place through surface and deep acting. Surface acting involves consciously changing ones outer appearance so that the inner feelings correspond to the outward appearance, while deep acting involves changing inner feelings so that they become authentic feelings. She asserts that surface acting is associated with feelings of dissonance but this is not experienced with deep acting because of the degree of authenticity achieved. While Hochschild claims that emotional labour occurs through acting, de Raeve (2002) argues that the application of acting to nursing is problematic and she wrote, "I would want to claim that a nurse's impetus towards a deepening of his or her understanding and compassion could have nothing to do with acting, whether 'deep' or otherwise" (de Raeve, 2002 p. 470). She further argues that the nurses' efforts to manage emotions are influenced by a sense of moral concern and should not be viewed as acting. This argument seems quite convincing considering that caring is a moral enterprise.

Fineman (1993) maintains that organisations should be regarded as emotional arenas and emotional labour is therefore an important part of the labour process for both private and public service organisations (Hochschild, 1983). In view of this, it is

argued that emotional labour is essential to both nursing practice and nursing education. Smith (2012) asserts that nurses have to work emotionally on themselves in order to care for patients. Nurses engage in emotional labour in order to maintain a professional demeanour of smiling and compassionate nurses (Bolton, 2000; Smith, 2008). Furthermore, Bolton (2000) states that nurses offer extra emotion work as a gift to patients and in such cases this is motivated by altruism. Bolton (2001) also claims that nurses are multiskilled emotion managers and are able to present themselves in different ways depending on the prevailing emotional climate. Nurses draw on different sets of feeling rules to achieve this. Feeling rules are the key determinants of emotional labour and these are "guidelines for the assessment of fits and misfits between feeling and situation" (Hochschild, 1979, p. 566). Smith (1992) defines feeling rules as moral stances that guide action.

## 2. Methodology

### 2.1. Research design

This was a hermeneutic phenomenological study which explored the clinical learning experience of undergraduate nursing students in Malawi. Heidegger (1889–1976) and Gadamer (1900–2002) are the two phenomenologists whose philosophical tenets underpinned the study. The qualitative approach was chosen because it is committed to investigate the social world from the perspective of the people being studied (Bryman, 2004). The social world is the world interpreted and experienced by its members from the 'inside' (Blaikie, 2000). Student nurses are 'insiders' in so far as clinical learning is concerned and their narrative accounts provide the 'insider view.'

Sokolowski (2000) defines phenomenology as the study of human experience and the way phenomena manifest through such experience. Clinical learning is a human experience and this justified the need for a phenomenological inquiry. There are two main approaches to a phenomenological inquiry namely, hermeneutic/interpretive phenomenology and transcendental/descriptive phenomenology. Husserl (1859–1938) developed descriptive phenomenology while Heidegger developed hermeneutic phenomenology. Bracketing was one of Husserl's major concepts, and this implies suspending prior knowledge so that fresh impressions about phenomena can develop without any interference on the interpretive process (LeVasseur, 2003). Fleming, Gaidys, and Robb (2003) argue that it is very difficult, if not impossible to lay aside one's preunderstanding or foreknowledge, which the current researchers concur with, and it is for this reason that descriptive phenomenology was not used in this study.

#### 2.1.1. Application of Heidegger's philosophical tenets to the study

Heidegger is one of the existential phenomenologists and he believed that 'humans' are always caught up in a world into which they find themselves thrown. This led him to develop the notion of 'In-der-welt-sein,' which means 'being-in-the-world' (Moran, 2000). According to Heidegger, phenomenology is directed at understanding 'Dasein,' which is translated as 'the mode of being human' or the situated meaning of a human in the world (Laverty, 2003). This implies that our being is always a 'being-in-the-world,' and therefore our understanding of the world comes from our experiences in the world that we must make sense of (Freeman, 2007). Furthermore, Heidegger claimed that the goal of phenomenology must be to understand 'Dasein' from within the perspective of a lived experience (Moran, 2000). This reflects the need to understand the 'lifeworld' of student nurses on the basis of their lived experience, which constitutes substantially their clinical learning experience.

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