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Emotional labour and compassionate care: What's the relationship?

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SUMMARY

Background: Malawi is one of the countries in the Sub-Saharan region of Africa severely affected by the HIV pandemic. This being the case, student nurses' clinical encounters include caring for patients with HIV and AIDS.
Objectives: The study explored the clinical learning experience of undergraduate nursing students in Malawi, with the aim of understanding the nature of their experience.
Design: This was a hermeneutic phenomenological study.
Setting: The study took place at a university nursing college in Malawi.
Participants: Thirty undergraduate nursing students were purposively selected.
Methods: Conversational interviews were conducted and a framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.
Results: The participants reported their experience during the early years of their studies and their current experience at the time of the study, depicting them as novice and senior students respectively. The study findings demonstrated an overt fear of contracting HIV infection among novice nursing students. Such fear led students to deliberately avoid taking care of HIV positive patients and develop a sense of legitimate emotional detachment. However, as students progressed in their studies, and their knowledge and experiences increased, they realised that HIV and AIDS patients needed support and empathy. The learning trajectory demonstrate a gradual change from emotional detachment based on fear to a sense of emotional engagement built on knowledge, experiential insights and the notion of emotions management that led to the provision of care driven by compassion as opposed to anxiety.
Conclusion: The findings illustrate that nursing students need to work on their emotions to provide compassionate care. This is consistent with the concept of emotional labour and the paper argues that undertaking emotional labour is essential in promoting compassionate care.

Introduction and Background

This paper presents part findings of a study exploring the clinical learning experience of undergraduate nursing students in Malawi. This is an area which has been widely explored in western countries. However, it was still needful to conduct this study in Malawi because nursing education practices may share similarities while at the same time there are some distinctions from country to country (Turale et al., 2008). The aim of the study was to gain an understanding of the nature of the students' clinical learning experience. The findings contribute to a body of nursing knowledge that specifically addresses issues of nursing education from an African context. The challenges which confront nurse learning in African countries are in themselves unique and different from those experienced in western countries and therefore, there needs to be a body of knowledge to contribute to our understanding of the situation.

Although the focus of the study was students' learning in the clinical setting, it also reveals salient issues on experiences of nursing students in relation to HIV care. The paper discusses the relationship between emotions and compassionate care and it appears that management of emotions among other factors enabled the students to provide compassionate care to HIV positive patients.

Scheper-Hughes and Lock (1986) indicate that societal and cultural images and representations of 'master diseases' like AIDS can be ugly and degrading and claim that such responses create a second illness in addition to the original affliction. They term this the 'double illness metaphor.' Arguably, dismissive attitudes displayed by health care professionals can have similar effects. Kottow (2001) indicates that although disease presents as an organic disorder, it is an existential crisis. Compassion is therefore, essential in HIV care because of the vulnerability HIV and AIDS places on patients.

Compassion is indispensable in the provision of nursing care. It is said that "any human act which concerns living beings, must be

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thoughtful and concerned, lest it be trivial, harmful, and destructive or even cruel" (Kottow, 2001, p. 59). Compassion in nursing is a core and underpinning philosophy fundamental to the profession (Straughair, 2012). We argue that providing compassionate care should be viewed as a moral obligation for both qualified and student nurses. To this end, Paley (2013) recommends that we must think about how to 'grow and develop' compassion in all nurses.

Effective student nurse recruitment is one of the factors which enhance the development of compassionate behaviours among nursing students, as it promotes selection of the most appropriate individuals (Straughair, 2012). Consistent with this view, Lemonidou et al. (2004) revealed how nursing students demonstrated empathy, caring and emotion during clinical practice at the beginning of their studies. It would seem reasonable to argue that these professional values may not have been learnt so early in the programme, but may have been inherent in them, supporting the need for appropriate recruitment and selection of students. However, this does not preclude the reality that some students may learn how to provide compassionate care in the course of their studies. The question worth asking is how students learn to provide compassionate care. Can compassionate care be taught?

Straughair (2012) argues that uncovering the true meaning of compassion is complex and challenging owing to its subjective nature. Nevertheless, a conceptualisation of what it specifically entails is essential if nurses are to effectively render compassionate care. Paley (2013) asserts that compassion can refer to either behaviour or motivation. "Compassion is an emotion… an altruistic virtue that involves concern for the good of the other person, an imaginative awareness of the other's suffering, and a desire to act in order to relieve that suffering" (Pask, 2003, p. 170–171). Emotion is seen as being essential to the development of effective and meaningful relationships with patients and motivates one's decisions and actions (Freshwater and Stickley, 2004). We therefore argue that compassionate care is about emotions and it requires considerable emotion work. In the literature, issues on emotions are often approached through the concept of emotional labour.

Emotional labour is a concept which was coined by Hochschild, an American sociologist. It is defined 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" (Hochschild, 1983, p. 7). It has to do with the emotions and thoughts that nurses feel inwardly but cannot express in practice (Huynh et al., 2008).We conceptualise emotional labour as the internal regulation or management of emotions which takes place when an individual perceives a mismatch between their 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. Smith (2012) posits that nurses have to work emotionally on themselves to care for patients. Therefore, smiling and being compassionate are forms of emotional labour (Smith, 2008). Hunter and Smith (2007) assert that emotional labour in nursing is particularly needed when working in distressing situations and we argue that caring for patients with HIV and AIDS can be distressing, especially to novice students.

The following sub-concepts are identifiable within the concept of emotional labour: feeling rules, emotional dissonance, harmony, engagement and detachment. Feeling rules are "standards used in emotional conversations to determine what is rightly owed and owing in the currency of feeling" (Hochschild, 1983, p. 18). They are the determinants of whether one should engage in emotional labour or not. Emotional dissonance requires an individual to suppress instinctive emotions such as disgust or frustration, while emotional harmony occurs when an individual instinctively identifies with and feels for the patient's suffering and must manage their emotions to be detached enough to carry out their role (Mann, 2005). While Henderson (2001) claims that emotional caring is a choice that individuals make between emotional engagement and detachment, Carmack (1997) emphasises the need to maintain a balance between detachment and engagement for the well-being of care providers. As Henderson (2001) indicates, emotional engagement is a requirement for excellence in nursing practice. In this paper, the terms emotional labour, emotion work and management of feelings are used interchangeably.

Methodology

Research Approach

The study explored the clinical learning experience of undergraduate nursing students in Malawi, employing a hermeneutic phenomenological approach. Heidegger (1889–1976) and Gadamer (1900–2002) are the two phenomenologists whose philosophical tenets underpinned the study.

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). His 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 does not come from a consciousness that looks at the world but from our experiences in the world that we must then make sense of (Freeman, 2007, p. 927). Similarly, student nurses do not just occupy their world; they are involved and interact with it. 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.

Furthermore, He believed that phenomena manifest themselves in a 'self-concealing manner' (Moran, 2000), implying that phenomena do not manifest themselves fully. His assumption was that the lived experience is veiled and the researcher's responsibility is to unveil the experience through interviewing, reading and writing (Wilson and Hutchinson, 1991). He believed that phenomena cannot simply be described, but rather that phenomenology has to do with the seeking of hidden meanings which can be achieved through interpretation of text. He believed that this manifests the hidden structures of a phenomenon (Cerbone, 2006). Likewise, clinical learning is a veiled experience and the students' narrative accounts would not have fully revealed the nature of their experience. It was for this reason that the narrative accounts of the students who participated in the study were interpreted. This approach revealed the hidden structures that inform the students' clinical learning experience.

Application of Gadamer's Philosophical Tenets to the Study

Gadamer (1900–2002) is acknowledged as being central to the development of contemporary hermeneutic philosophy (Pascoe, 1996). His main concern was what made understanding possible (Fleming et al., 2003). He believed that Language is the universal medium in which understanding occurs and he wrote, "Human language must be thought of as a special and unique life process since, in linguistic communication, 'world' is disclosed" (Gadamer, 2004, p .443). Holstein and Gubrium (1997) support that meaning is actively and communicatively assembled in the interview encounter. In view of this, conversational interviews were conducted to obtain accounts of students' experience.

Additionally, Gadamer believed that understanding can only be possible in the presence of a historical awareness which he referred to