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An exploration of social care workers experiences of emotional labour and professional burnout in domestic violence refuges

Elizabeth Molloy

Emotional labour is associated with human service work as workers have to express different emotions than those felt or suppress felt emotion. Human service work such as social care is also associated with stress and burnout due to being exposed to the distress of clients. This study explored social care workers' experiences of emotional labour and professional burnout in domestic violence refuges. The perspectives of workers were examined in relation to the emotional demands and challenges placed on them in their work supporting women and children living in these refuges. Semi-structured interviews were conducted with four female social care workers. Eligibility criteria were having a minimum of a Level 7 degree in social care and a minimum of one year's experience of working in a refuge in Ireland. The main findings identified that emotional labour was a key feature in the work. However professional burnout was not found to be an experience of participants due to perceived organisational commitment. Self-awareness and reflection were both found to be intrinsically related to the work that social care workers do in domestic violence refuges and findings from this study indicate the importance of emotional intelligence.

Introduction

Domestic violence is currently being addressed seriously from a human rights perspective by societies for the first time in history (Hague & Sardinha, 2010). Ireland is still working towards ratifying the Istanbul Convention (Council of Europe, 2011), an international treaty that protects the human rights of women and young girls. This new integrated approach towards domestic violence at individual, organisational, societal and national policy level is currently being adopted by the Irish government. This approach takes into account the relationship between victims, perpetrators, children and their wider social environment (Department of Justice and Equality, 2015). An approach of this magnitude involves domestic violence refuges achieving specific standards (Safe Ireland, 2015). These standards require social care workers being aware of best practice in this field (Kearns & Coen, 2014) and being fit to practise, so that they can guide, protect and inform the vulnerable public (CORU, 2012).

The World Health Organisation (WHO) (1997) stated that one in five women will be a victim of rape or attempted rape in her life time. International research has shown that a woman is more likely to be assaulted, injured, raped or killed by a current or former partner than by any other person (Garcia-Moreno, Jansen, Ellsberg, Heise, and Watts, 2005). Across Europe one in four people knows a woman who is a victim of domestic violence, among their friends or within their family circle according to the *Domestic Violence against Women Report* (European Union Directorate-General for Communication, 2010). Research has identified that those working in the helping profession can be vulnerable to emotional labour, and professional burnout (Hochschild, 1983; Newell & MacNeil, 2010). In particular, it has been suggested that workers who work with survivors of domestic violence can absorb some of the pain that they feel, which can have a negative impact on the worker's ability to practice effectively (Jirek, 2015).

Workers' subjective experiences and self-awareness can shape their practice and provide detailed information as to how work is carried out in their workplace as well as how workers view themselves and their relationships with others (Lyons, 2007). Research involving nurses (Kinman & Leggetter, 2016), mental health professionals (Ray, Wong, White, & Heaslip, 2013), counsellors (Iliffe & Steed, 2000) and social workers (Wagaman, Geiger, Shockley, & Segal, 2015), indicates that these practitioners are affected by the personal narratives of their clients.

Emotional Labour

Emotional labour is a process whereby workers suppress, change or manage their emotions/feelings in line with their organisation's rules, regulations and requirements (Wharton, 2009). It is considered to be a social care competence (Badolamenti, Sili, Caruso, & Fida, 2017) that is a key part of fitness to practice and in transforming caring into good practice through skilled emotion management (Finnerty, 2012).

Emotional labour is defined by Hochschild (1983, p. 7) as the management of feelings to create a "publicly observable facial and bodily display, emotional labour is sold for a wage and therefore has exchange value". Jobs that require emotional labour have three distinct characteristics. They require "face-to-face or voice-to-voice contact with the public, the worker to produce an emotional state in another person, and an employer through training and supervision exercise a degree of control over the emotional activities of employees"

(Hochschild, 1983, p. 147). There are two dimensions of emotional labour used by workers, surface acting and deep acting (Hochschild, 2003).

Surface acting involves suppressing real emotions and displaying emotions that are not really felt to conform to rules. In surface acting "we deceive others about what we really feel, but we do not deceive ourselves" (Hochschild, 2003, p. 33), thus surface acting can lead to emotional numbing over time (Jirek, 2015). Deep acting however involves becoming completely immersed in another person's emotions, understanding and sympathising with the person and conveying this clearly (Smith & Cowie, 2010). Deep acting is often engaged in when it is believed a service user is not responsible for their circumstances (Badolamenti et al., 2017).

Bolton and Boyd (2003) propose that although the environment is important, interpersonal dynamics within that environment must be also considered, as context often influences rules (Smith & Cowie, 2010). These authors stated that emotions are managed in relation to rules and professional codes of conduct. They are used for commercial gain and are offered as a gift, highlighting the importance of self-awareness, reflection and emotional intelligence. It has been suggested that emotional labour and emotional intelligence are connected (Huy, 1999), as emotions are viewed as a core part of adaptation and change for workers, thus emotionally intelligent workers can recognise and use their own and others emotional states to solve problems (Goleman 1998; Huy, 1999).

Humphrey, Ashforth, and Diefendorff, (2015), in their study of the bright side of emotional labour, suggest that a third strategy exists, natural and genuine emotional labour. This is a frequently used emotional labour strategy that has positive effects for both employees and service users. Genuine acting is considered to be a passive form of deep acting. When workers' genuine emotions are in agreement with what is expected of them at work then they should not experience any negative side effects, thus workers emotional responses are managed well.

Workers who spend a lot of time helping service users to heal can benefit vicariously from their participation in the process (Kulkarni, Bell, Hartman, & Herman Smith, 2013; Wu, Carlson, Odell, Reynolds, & Su, 2016). This is due to observing a service user's growth while sharing positive outcomes and feelings of empowerment (Pooler, Wolfer, & Freeman, 2014). When workers engage with service users they are developing relationships through skilled emotion management. This can contribute to workers being authentic, maintaining a sense of stability and a sense of self while generating good feelings (Finnerty, 2012).

Professional Burnout

Professional burnout has been found to develop over time in response to chronic stress overload, whereas secondary traumatic stress has been proven to be related to specific traumatic cases and can emerge suddenly (Figley, 1995). Professional burnout is a state of physical and emotional exhaustion, that results from chronic exposure or direct practice with those who are vulnerable or suffering (Pines & Aronson, as cited in Newell & MacNeil, 2010). It can be described as an occupational hazard, however it does not occur for every worker in domestic violence refuges, as services differ in relation to supports, resources, organisational climate and structure (Johnson, 2016; Kulkarni et al., 2013).

Burnout, according to Wu et al. (2016), is environmentally driven and results in workers' healthy defences being worn down due to the emotional demands placed upon them. Domestic violence work therefore, can leave workers feeling emotionally and physically drained. The daily task of masking or suppressing true emotions in front of women while presenting a calm image can lead to workers feeling less in their personal life and also when working face to face with women over time (Jirek, 2015). Indeed according to Lasalvia et al. (2009) a higher frequency of face-to-face interactions with service users was predictive of burnout in staff.

Shankar and Kumar (2014), in their study of emotional labour and burnout, suggest that burnout occurs when workers cannot safely distinguish and distance the emotional requirements of their job from their sense of self. This promotes "role conflict and role ambiguity which are known predictors of burnout" (Lee & Ashforth, as cited in Shankar & Kumar, 2014, p. 267). Hooper, Craig, Janvrin, Wetsel, and Reimels (2010) found that emergency department nurses were at greater risk of professional burnout, compared to other types of nurses, due to the nature of their crisis driven work (Sowatzky & Enns, as cited in Hunsaker, Chen, Maughan, & Heaston, 2015). Age and the level of education were found to be factors that impact on the experience of burnout (Sacco, Ciurzinski, Harvey, & Ingersoll, 2015; Wu et al., 2016). Both of these studies found that although younger nurses educated to bachelor degree level were more likely to suffer compassion fatigue than older nurses, it was nurses educated to master's level who suffered higher levels of burnout.

In a study of emotional intelligence, Nagel, Towell, Nel, and Foxall (2016) found that a lack of emotional preparedness can result in workers leaving their workplace or profession due to burnout. This suggests that organisations need to place emphasis on retaining mature experienced workers who share their knowledge and experience with younger nurses, thus

helping younger nurses develop better emotional coping strategies in stressful environments (Hunsaker et al., 2015; Wu et al. 2016). However research conducted with staff working in sexual assault and domestic violence agencies found that older and more experienced workers reported higher levels of distress (Baird & Jenkins, 2003). Maslach and Leiter (2016) report that workers in a profession a long time or those who are not matched to a particular job will be more predisposed to burnout. However situational and organisational factors play a greater role in burnout than individual factors (Lasalvia et al., 2009).

Emotional Labour and Professional Burnout

As discussed above, emotional labour occurs through the process of surface and deep acting and burnout occurs through emotional exhaustion, thus workers physical and emotional health and wellbeing can be affected over time (Hochschild, 1983; Maslach, Schaufeli, & Leiter, 2001). Surface acting can be related to negative work outcomes such as lower job satisfaction, high turnover, emotional exhaustion and depersonalisation (Badolamenti et al., 2017). Performing surface level emotional labour may not change a person's inner emotional state, but the use of cognitive reappraisal can enable workers to carry out their duties, know their role and provide direct care to service users in line with organisational expectations (Lazányi, 2010; Mairean, 2016). When workers suppress their real emotions and experience feelings of not being genuine in their relationships emotional dissonance is experienced, resulting in them acting more, thus impairing their work performance or job satisfaction (Grandey, 2003). However a high level of surface emotional labour can be associated with reduced burnout and increased job satisfaction if workers have the required work performance skills (Pandey & Singh, 2016).

Burnout is caused by "continuous and repetitive emotional pressure that takes place while workers try to maintain close relationships with people for long periods" (Choi & Kim, 2015, p. 583). These relationships can result in workers thinking and feeling that they have an "increased and unreasonable workload" (Kulkarni et al., 2013, p. 123), resulting in them feeling overwhelmed, overworked and emotionally unresponsive. The appropriate use of emotional boundaries has been found to regulate workers emotions through reducing their intensity and duration while at work, thus lowering workers' experiences of emotional labour and burnout while promoting professionalism (Badolamenti et al., 2017).

Emotional labour and professional burnout has become "normalised" and is now included in the everyday language of social care and social work and in the "current

discourse of dignity and compassion" (Smith, as cited in Smith & Cowie, 2010 p. 8). Being true to one's genuine emotions does not always benefit workers. Conforming to expectations of the organisation in which one works may prove to make working life better (Lazányi, 2010).

Factors that contribute to emotional labour and professional burnout

Organisational and individual factors, or a combination, can contribute to and have an influence on emotional labour and the development of burnout (Stamm, 2010). Organisational factors that may have negative consequences and result in job burnout for workers can include, working on the frontline with service users, witnessing abuse and being verbally abused (Gray, 2012). Engaging in emotional labour and the chronic use of empathy while trying to maintain boundaries to avoid becoming too emotionally involved are also considered factors (Hochschild, 1983; Maslach et al., 2001; Shah, Garland, & Katz, 2007).

Compassion fatigue also known as the 'cost of caring' refers to the behaviour and emotions experienced by those who help people who have experienced trauma (Figley, 1995). It can involve the worker being psychologically distressed, not fully engaging with service users or having the capacity to be empathetic towards them, therefore workers "lose their ability to nurture" (Hunsaker et al., 2015, p. 187). Workers dealing with increasing demands made upon them by management and service users alike, particularly if funds are limited, can lead to workers' healthy defences being worn down resulting in them disconnecting from others prompting a higher risk of burnout (Jacobsen Frey, Rothschild, Mirza, & Shapiro, 2013; Kulkarni et al., 2013) .

Individual traits associated with burnout are perfectionism, high need for approval, feeling overly responsible for service users and possessing an external locus of control (Anderson, 2000; Maslach et al., 2001; Siebert, 2005). An external locus of control combined with a workers lack of knowledge or skills can contribute to them experiencing feelings of "helplessness as they cannot accomplish their goals" (Kanter, 2007, p. 291). Feelings of helplessness can also occur when a worker witnesses another in pain. Their "autonomic and central nervous system can become aroused in preparation for action" (Giummarra, Tracy, Young, & Fitzgibbon, 2016, p. 359), resulting in workers bodies often being left in stressful states, impacting on their physical and mental wellbeing.

In particular, observing survivors of domestic violence returning to their abusers time and time again, can result in workers feeling that their own actions to fight oppression are

insufficient and ineffective, thus resulting in workers feeling a "deep level of hurt and wariness, which may be best described as soul pain" (Jirek, 2015, p. 8). This pain can contribute to workers becoming more cynical and less hopeful in their work thus disrupting their capacity to deliver quality care. Excessive emotional engagement with women, can result in workers being unable to regulate their own emotional states in response to ongoing demands (Cisler, Olatunji, Feldner, & Forsyth, 2010).

Emotional labour and burnout can be managed through the process of emotional regulation. Workers' ability to regulate theirs and others emotions and responses can positively impact on women and workers alike (Kinman & Grant, 2011), thus highlighting the importance of workers professional knowledge, skills, increased self-awareness and power.

Research Design

A qualitative approach was selected for this study as it is one that is used for exploring and understanding individuals' experiences from their perspective, thus displaying how they make sense of their world (Seale, 2012). Semi-structured interviews were chosen as the data collection method as they do not follow a set path and allow for the interviewee to introduce additional topics (Bryman, 2012; Sarantakos, 2013). As workers have their own subjective experiences and unique set of responses when working directly with survivors of domestic violence, the semi-structured interview was chosen to allow for participants to tell their own stories about their experiences.

Sample

A sample of four female social care workers was purposively chosen for the interview process. Eligibility criteria included possession of a Level 7 degree in social care and a minimum of one year's experience of working in a domestic violence refuge. Selected participants for this study had between two and eleven years' experience of working in a domestic violence refuge. Organisations that participants worked in were crisis driven domestic violence refuges that provided safety, protection, temporary accommodation, information and support to women and children who were affected by domestic violence (Safe Ireland, 2015). As participants were recruited from different domestic violence refuges the data collected was not just representative of factors within one organisation.

Ethical considerations

Participation in the study was voluntary and ethical approval was obtained within the college, where the research was conducted as part of a degree programme. Permission and informed consent was sought by providing organisations and individuals with a written letter informing them of the aim of the research and the rights of participants. Prior to interviews taking place, participants were asked if they wished to discuss any concerns and verbal and signed consent was sought. Participants' rights were safeguarded throughout the interview process (Social Care Work Registration Board, 2016) by informing them that they did not have to answer questions that they did not want to, and that they could stop the interview for a brief period of time or altogether, should they so wish.

Awareness of organisations' positions and being mindful of the sensitive nature of the subject being addressed for both the participant and researcher was kept at the forefront of the study at all times, through the researcher's ability to "monitor their own and others' feelings, to discriminate among them, and to use this information to guide their thinking and action" (Salovey, Brackett, & Mayer 2004, p. 5). Anonymity was assured to participants by explaining that the written transcription would not have any information in it that could identify them, their organisation or location as names would be omitted or changed to ensure this.

Data analysis

Thematic analysis was used to analyse data obtained from the interviews (Braun & Clarke, 2013). It is a method for identifying, analysing, and reporting patterns (themes) within data. The researcher became familiar with the data through listening back over the interview recordings, transcribing, and reading and rereading all information gained. Coding of information involved fragmenting data into different parts thus identifying themes that were reviewed and examined carefully. The three themes identified as being relevant to the research study included: experiences of emotional labour, experiences of professional burnout and self-awareness and reflection.

Findings and Discussion

All participants were assigned pseudonyms to disguise their identities, so will therefore be referred to as Daisy, Lily, Poppy and Rose throughout this section. Three key themes were

identified in the data. These are participants' experiences of emotional labour, professional burnout and reflection and awareness.

Emotional work and emotional labour

All participants identified emotional labour as being core aspects of their work on a daily basis. This emotional work was identified as being formal (care plan) or informal (listening), depending on the circumstances of women. Poppy identified emotional work as:

> seeing a woman at her lowest, hearing some of the darkest most you know horrible things, that you know sometimes you can't fathom has actually happened to a woman in today's society, and what children may have witnessed or may have experienced … deep stuff.

Emotional work was highlighted by all participants as being the foundation upon which relationships were developed with women and where all other work took place, thus being a crucial part of the social care role in domestic violence refuges. Developing these relationships involved meeting each woman where she was at in a specific moment of time in her life. This was identified by all participants as being essential to understanding them within the context of their situation. Daisy stated that in domestic violence work it's important to understand that "we're not here to force things out of them". Rose also highlighted that for "some women it could be their first time and it's very traumatic" however for others "it's like nearly second nature to them to just come in and sit down and let it all out". In describing her work Daisy stated that:

> My job is to support the woman. Do you know, it's not to sit down and cry with the woman, it's to be there to support her and to help her and to just give her the space to talk and to listen to her.

Participants' awareness of their professional role and management of their feelings in the workplace highlighted that emotional labour is sold for a wage, has exchange value (Hochschild, 1983), and is acknowledged as just being part of crisis driven work. This type of crisis driven work was identified by Hooper et al. (2010) to be associated with job burnout among emergency department nurses through the process of emotional exhaustion, which has been linked to surface acting. All participants in this study stated that their experiences of emotional demands placed upon them occurred while working in difficult situations and

engaging in surface and deep acting with a variety of individuals (Jacobsen, et al., 2013). In describing work with women in the refuge Lily stated that:

> We need to stay with the woman, and encourage her, to help her to regain her self-esteem back if you like, so emotionally you need to be able to listen to her. If she's not talking encourage her, open up a discussion, let her come in because some of them are locked in, they just want to keep quiet … wherever the woman is you have to go and meet her wherever she is.

Meeting women where they are at was highlighted by all participants as being important, however when you meet with women: "it gets harder, and no situation is the same, no woman is the same so you can't prepare yourself for it, you can't prepare for what you're gonna get out, it just flows to you on a link in" (Poppy). Empathising with women was seen by all participants as being imperative.

Participants, in their work with women, said they were not fully prepared for what might happen at any given time. This agrees with the argument of Bolton and Boyd (2003) who stated that it is not always the work place that defines the emotional agenda, but rather what goes on with people within it.

Listening to women's stories was found to be quite emotionally challenging for all participants. Poppy said that listening involved "schooling your facial expressions" and "making sure not to have that oh my god look on your face or the widening of the eyes". While Rose stated that it's challenging "sometimes not to say what I personally think, or what I personally feel maybe about the perpetrator or situation". Lily said that sometimes while in a session with a service user she could get angry and think "who is this b*****d who did this, animal, you won't say that but that's inside me, that would do this to his fellow human being". Daisy identified how the stories of women from different cultural backgrounds could be: "very hard to sit in Ireland and listen to that, where you think janey, like this would never happen".

All participants stated they engaged in surface and genuine acting on a regular basis. While this involved them sometimes deceiving others about what they really felt, they never deceived themselves (Hochschild, 1983). This aspect of workers' emotional labour will be examined further when examining reflection and self-awareness.

The findings of this study suggest that emotional labour is a core part of working in domestic violence services. However, in domestic violence refuges it is the actual act of listening to service users' harrowing stories that has most impact on workers. This suggests

that workers are required to manage both their own and others emotions simultaneously, thus they need to be emotionally intelligent, present and non-judgemental when sharing the life space of women affected by domestic violence. It appears that participants', experiences of emotional labour is consistent with findings reported in existing literature (Smith, as cited in Smith & Cowie, 2010). Suppressing felt emotions and managing facial displays while face-to-face with women, listening to their stories, was found to be a common in participants' discussion of their work (Hochschild, 1983). As professional social care workers in domestic violence refuges, it can be expected that different types of challenges will occur due to the crisis driven nature of their work, in particular emotional work, as this is a core part of caring, understanding, empathising and developing relationships with others.

Professional burnout and organisational preventative factors

Professional burnout was not found to be an experience of participants interviewed for this study, even though: "this is one of the hardest jobs I've ever done" (Poppy). This contrasts with previous research carried out on emergency department nurses and burnout (Hooper et al., 2010; Lasalvia et al., 2009), which found that crisis driven work and a higher frequency of face-to-face interactions with service users predicts burnout in staff. Poppy and Rose, prior to working in the domestic violence sector, did experience burnout when working in the areas of disability and addiction. This burnout was described as:

> Emotional, it's like that stress to the hilt, it had that physical element where you just
> constantly feel tired, your wrecked do you know what I mean? You have trouble sleeping
> if you're having constantly to be in this negative environment … dreading going into
> work on that day, you know waiting for your time to finish.

> (Poppy)

This finding supports Johnson's (2016) proposal that professional burnout does not occur for every worker working in social care, even though the sector as a whole has been highlighted to be one of the most stressful fields in which to work (Heron, 2016). All participants highlighted that organisational factors play a key role in relation to workers experiences. This can occur as supports, resources and organisational structure and can vary from refuge to refuge (Kulkarni et al., 2013). "Supports is like two edged, it could be good sometimes and if

you don't get it, it affects you" (Lily). Participants considered that support was provided by their organisations to enable them to work effectively:

you just need to reach out and get it.

(Lily)

The organisation I'm with now is unbelievable when it comes to looking after their staff and they are so aware of the changes in us in a situation.

(Poppy)

Our management team are very open and very understanding as well which is very important I think cause like its hard work.

(Daisy)

This affected each of the participants' experiences of being able to cope with the challenges of their job (Goodman & Epstein, 2000). Daisy, Lily and Poppy identified supervision as being very positive and a valuable emotional support to them in their work. Rose however did not have this formal support available to her, so turned to her team for support instead. In doing so it was disclosed that: "I feel I'd benefit more from a much more structured, you know sitting down with someone and just going through it personally one to one" (Rose). Although she found her team very helpful in preparing her emotionally for her work and emphasised this was because they were: "a well knowledged team with a lot of experience". Supporting the argument of Nagel et al. (2016), findings here indicate the value of organisations placing emphasis on retaining mature experienced workers, as their knowledge and experience can be shared thus helping new and younger workers develop better emotional coping strategies in stressful environments. The team, as identified by all participants, acted as a buffer against burnout and was the foundation from which they all worked. As Poppy said:

I don't feel like I'm reaching the stage of burnout, you'll have those hard days where you'd question how the hell long more you could do it, but you need to be seeing that support there, then from your team members and your management to where you're like I feel ok about it now, you know?

Sharing a common workplace was found to contribute to burnout occurring by Kulkarni et al. (2013), in their study of organisational factors and burnout. However the findings of this study indicate that similarity in experience are considered to be supportive rather than a contributory factor to burnout. As Poppy said: "It is a very supportive environment in work and I think it's because everybody is kind of going through the same thing as well, yeah". Shared experiences did occur for participants while developing relationships and listening to women's personal stories as also found by Ilife and Steed (2000), in their study of counsellors' experiences of working with perpetrators and victims of domestic violence.

Participants all agreed that boundaries played an important role in preventing them from experiencing tiredness, confusion, becoming emotionally numb and in reducing the risk of depersonalisation. Emotional boundaries, as identified by Badolamenti et al. (2017), were considered by participants to be most helpful in regulating their own and others emotions.

> I think boundaries is really, really important because we're not here to be friends like you know? We're here to support them and to work with them, so there's a big difference in that.

(Daisy)

Although participants did discuss difficulties encountered in managing their work and vicarious trauma:

> It's very hard sometimes to fit everyone in and like you know we're only human we can only do so much.

(Daisy)

> I think in terms of that impact on myself there is that vicarious trauma where it offloads, where it comes on you.

(Poppy)

Remaining conscious of professionalism and focusing on the individuality of clients was also discussed in relation to protective factors and ensuring positive outcomes for service users. In domestic violence work: "there's a risk of being desensitised, there's a risk of you know trying to be presumptuous, trying to predict, trying to you know a one size fits all kind of

approach to things" (Poppy). Instead it is important to adapt to the service user: "I have a particular approach but like it's adapted to the type of woman I'm working with" (Poppy). Being able to identify and remain aware of their professional role was spoken about as a protective factor, particularly when listening to service users' stories: "I have to talk to myself and say okay listen you are in work, so you need to be in the role of the worker here now" (Lily). Also discussed was vicariously benefitting from their participation in the healing process of service users, as also reported by Wu et al. (2016):

> When you see the transformation take place because of the work you've done with them, I would be happy, positive outcomes makes me happy as a worker.

(Lily)

Particularly satisfying and empowering for workers was when clients gained confidence and empowered from talking to them, as also identified by Pooler et al. (2014):

> So she can come up with her own answer as to what to do. She has reflected and that she feels good after chatting to me.

(Rose)

Similar to the findings of Wu et al. (2016) participants considered education to be a factor that protected them: "many skills, number one is your qualification, your educational background" (Lily). Experience also played a role: "the more experience I'm getting the more competent I am to make decisions" (Rose).

Although burnout can occur for some social care workers, it was not found to be an experience of the participants in this study working in domestic violence refuges. They considered support and understanding from management, supervision and working in a supportive and experienced team as preventative factors at the organisational level. In addition they discussed the impact of education as well as remaining acutely aware of their professional role and duties. This suggests that alongside supports from management and co-workers the ability to distinguish and distance the emotional requirements of their job from their sense of self, is an important buffering factor for burnout. Related to the ability to separate one's professional role is the part played by self-awareness and reflection.

Self-awareness and reflection

All participants agreed that self-awareness and reflection are intrinsically related to the work that they do: "I think you should know yourself, you should know yourself, know how your body works, how your mind works, knowing yourself is very important" (Lily). This self-awareness helped participants understand and handle their role and power appropriately and effectively in their relationships with others: "We're not robots, so we have to be able to recognise our own emotions, because if you're not in a good place then you can't help other people" (Daisy). This is coherent with the findings of Humphrey et al. (2015), that genuine emotions and genuine acting are a passive form of deep acting that help prevent participants suffering negative side effects from their work. Recognition that in a relationship based profession such as social care that the workers' emotional well-being can impact on clients was also discussed:

> Everybody has their own responsibility and everyone has their own stresses, so like you know, their taking on, we take on the clients stress, they take on our stress, so there's all there's a spiral there.

> (Poppy)

When participants were asked about their own experience of emotion management, it was identified that:

> I try to be very conscious of how I'm feeling. If I feel like something is hitting home or you know really getting to me. I might ask to be kind of taken off her case ... If I can't work effectively with it.

> (Rose)

Being self-aware, taking breaks and looking after oneself involves:

> Recognising that that's okay, that you're not a bad worker or a weaker worker or you're not a professional, because like you're actually doing better for the people you're working with because you're looking after yourself and you'll be able to look after them better.

> (Daisy)

Self-awareness includes realising when one needs to acquire new knowledge or training and take responsibility for this. Participants identified that the more information they had available to them, then the better they could cater for the needs of service users:

> So it's up to me to update myself. So I would be able to be effective in my service, in my work.

> (Lily)

The support of the organisation in acquiring additional training was also seen as important:

> If I'm struggling like with something in particular, do you know what I mean and I'm not able to manage it, they'll see if I need further training and that will make me more comfortable and they will pay for that and stuff.

> (Poppy)

This provision of training confirms that organisations do exercise a degree of control over the emotional activities of employees as identified by Hochschild (1983). As Daisy puts it: "they recognise that the emotions can, the emotional factor can play a big part in our work. They recognise its important if that if your staff are well then they're going to work well" to promote positive outcomes.

Findings here indicate that participants possess a good degree awareness of their emotional reactions to practice and have strategies developed to control how they manage their emotions. While organisations do have a responsibility in providing needed training or case management the workers see themselves as being active in ensuring that they are self-aware. Emotional labour was found to be an everyday aspect of participants work in domestic violence refuges. It was also identified that participant's self-awareness, reflection processes and emotional intelligence is what really contributed to professional burnout not occurring. Burnout prevention involved participants and organisations being mutually responsible for protecting each other's and service user's best interest's, thus promoting professionalism.

Conclusion and Recommendations

The findings of this study identified that emotional work and emotional labour are key features in domestic violence work/refuges. The act of sitting face to face with service users

listening to their harrowing stories is what participants found most challenging. In particular participants found the hardest part of their work was maintaining composure and controlling expression of their felt emotions. Data indicated that although each organisation was different and participants' experiences were subjective, burnout was not found to be an experience of participants, as the process of genuine acting enabled them to view themselves as being authentic, contributing positively to their work and job satisfaction (Smith & Cowie, 2010).

Perceived organisational commitment and support for workers due to recognising the emotional impact of the work on staff members was appreciated by participants and contributed to their ability to do their work. This, along with positive outcomes for clients buffered against stress and burnout and contributed to job satisfaction. However while participants were aware of the supporting factors provided by organisation they also had developed protective strategies themselves and saw themselves as being responsible for their own wellbeing. Participants discussed the importance of awareness of the emotional labour involved in their work, self-awareness and separation of their professional role from self in order to work effectively with services users and protect themselves against burnout. Therefore it is recommended that tactics are put in place to help workers who may have difficulties developing such strategies. This could perhaps be best achieved through mentoring programmes where experienced workers are paired up with new staff to assist them in developing these skills in self-protection. To complement this training could be provided during induction and at regular intervals to facilitate workers in emotion management and protection against vicarious trauma, particularly as participants in this study stated that listening to service users' harrowing stories was the most challenging aspect of their work. The preparation for the emotional labour involved in working with women who have experienced domestic violence and indeed many areas of social care practice could be begun during educational programmes in social care practice. As part of this preparation social care workers from domestic violence refuges could be invited to attend colleges to speak with students about the importance of being emotionally intelligent in their work with women and children who have been affected by domestic violence. Research indicates that workers needed to be emotionally and socially competent when their work involves emotional labour (Goleman, 1998), thus present, non-judgemental and emotionally intelligent (Huy, 1999).

While three of the four participants interviewed identified supervision as an important support structure one did not, although she did find support within her team. While this was effective for her she did consider the additional benefits of supervision. Thus it is also

recommended that social care organisations take responsibility for ensuring that all staff have the opportunity to partake in individual supervision sessions on a regular basis.

As this was a small study involving only four female social care workers, it is suggested that conducting a larger scale study may provide further insight into social care workers' experiences of emotional labour and professional burnout in domestic violence refuges thus developing knowledge in this area.

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