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*Plenary paper to the  
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**Working with emotion: challenge and resource in  
palliative day care settings**

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**Introduction**

Discourses of professionalism suggest that emotion and feelings should be kept outside the arena of professional practice (Abbott, 1988) and this applies to the helping professions of medicine and health care just as it does to engineering, finance or management. In the context of professional practice across a range of occupations that includes medical personnel, lawyers and mortuary directors, Sloan (2008) found that, although not formally required as part of their jobs, workers in these occupations devote much energy to emotion management. She argues that these workers must regulate their emotions, not only in their interaction with 'clients', but also with co-workers and managers. Although negative emotions (specifically agitation) are the emotions most often reported as being managed (Erickson and Ritter, 2001), all types of emotions (including positive emotions) may be subject to regulation (Hochschild, 1979, 1983). The emotion management undertaken by workers involves the manipulation of inner feelings and may have consequences for their well-being.

Sylvia Gherardi (2006), an organisational theorist writing about the silence of organisations on the emotionality of workplaces, develops this theme pointing to the assumption within corporate culture that the 'smart worker leaves their emotions at home'. Many now are familiar with Arlie Hochschild's (1983) concept of emotional labour that frames only certain types of 'purposeful' or instrumental emotion as legitimate in the workplace, particularly in relation to service occupations. She argues, for example, that 'emotion' and 'management' are constructed as mutually exclusive categories and that the triumph of 'the market' in so many aspects of life has made

rationality, rather than emotionality, the dominant driver of workplace decision-making.

An alternative view, espoused by Hearn (1993) is that we might see all organisational work as emotional and as a form of emotional labour. Indeed, the emotions of dominance and joy, for example, are central to the exercise of organisational power. It thus may be more accurate to distinguish between legitimate and illegitimate emotions in the workplace and Halford et al (1997) add a gendered dimension to this issue, arguing that some emotions associated with masculinity are legitimated within corporate culture, whilst those more readily associated with feminine interests are subject to scrutiny and control and positioned as inappropriate. Other writing (see Watts, 2008a) has found that the emotional components of workplace interaction have to be culturally condoned, if they are not to be seen as disruptive of organisational goals.

### **The concept of emotion work**

Borrowing further from the area of organisational theory, the work of Fineman (2003) adds insight into the ways in which we can understand emotionality in the workplace and, in the context of palliative day care, how this understanding can shape sensitive care practice.

Emotionality is a social process; it 'is given meaning and substance through interactions, expressed through culturally available symbols, particularly language and stories' (Fineman, 2003: 567). He argues that emotionality, rather than disrupting working practices, anchors these to develop an appropriate and acceptable workplace performance. Performance attributes involving communication skills are transmitted in the form of stories, humour and the exchange of personal information as well as through key signifiers of role (for, example, hierarchy). An important consideration for this audience is whether these attributes are intuitive or whether they are developed as professional skills through training and education. Other literature (see, for example, Lloyd-Williams, 2004) suggests that competence in this area is a function of both. Becoming a competent member of any community of professional practitioners requires individuals to absorb and internalise the values of that community that will include adherence to codes and ways of working that are always

subject to interpretation. It is the contention of this paper that emotion work is at the core of palliative day care involving both patients and professionals in ‘giving something away’.

### **Emotion work in palliative day care**

Although it is useful to adopt a cross-disciplinary approach in exploring both theory and practice (and the value of organisational theory to the discussion of emotionality at work remains significant), it is important to reflect that the labour of paid care, despite bureaucratic attempts to commodify this, remains not just a service or business interaction but one that requires substantial emotional input on the part of the employed worker (Edwards and Wajcman, 2005). This is especially the case in respect of end of life care where the emphasis on what I will term ‘continuous personal relationship work’ is key to guiding practice. This particular form of ‘relationship work’, with emotion and the outward expression of feelings at its core, holds both challenges and opportunities for practitioners and also for volunteers whose positive contribution to day care is now well recognised (Andersson and Ohlen, 2005). Drawing on recent research conducted at a community hospice cancer drop-in day care facility (see Watts, 2008b for a discussion of the study’s methodological aspects), some of these challenges are explored below.

If as Radin (1996) contends, caring is both caring about (a motivation) and caring for (an activity), then this cannot, in any sense, be understood as alienated labour (that which is done principally for financial remuneration) but committed work that involves putting personal values into practice. Such work can be stressful and emotionally demanding with impacts on, and costs to, the person beyond the notional boundary of the workplace. In short, it involves the caregiver in some measure of the giving of the self in exchange for real work or role satisfaction. This should not, however, be understood as a rationale for giving free reign to the emotional domain as some measure of emotional control constitutes a professional boundary. Nevertheless, the frequent management of truly felt emotions may increase worker burnout and may evoke feelings of inauthenticity and estrangement from self, which can lead to psychological distress.

My experience of volunteering at a cancer day care facility has provided insight into the possibilities of 'feeling with' patients as an important component of 'relationship work'. This requires emotional openness and a readiness to enter into an emotional transaction that may involve sharing fears and uncertainty as well as hopes and plans. This may entail some measure of emotional risk-taking that I have found to be troubling in a number of ways. Talking about my own fears with users of the drop-in, as they talk about theirs, has made me at times feel vulnerable fearing my own mortality and that of my family. It has, on the other hand, created an emotional gateway through which I have passed, enabling me to enter their emotional space, with story telling of different kinds, a valuable tool in developing meaningful relationships.

Fineman (2003) identifies story telling as one way of connecting and establishing emotionality and this has relevance for day care where patient's identities may have been radically biographically disrupted through life-threatening illness (Bury, 1982). Listening to patients talking about themselves and what is, and has been, meaningful to them, is one way of acknowledging and respecting them as 'whole persons'. Within day care this listening may occur in different contexts, over a game of Scrabble, at a clinical consultation or during an art session. This listening may also involve practitioners in listening to themselves and their inner voices to signal the material contours of their vulnerability. Day care work is not objective work and practitioners bring to their practice their hopes and anxieties. In this sense it can be understood that they bring their 'whole selves' to work as a form of authentic engagement (Roberts, 2007).

### **Authenticity**

Drawing on management theory, Roberts (2007: 329) sees authenticity as the degree of congruence between internal values and external expressions and makes the further point that authenticity facilitates the development of intimate relationships that embrace greater understanding of each other's experiences, feelings, values and cultural backgrounds. People's life experiences and their feelings and fears have to be shared and addressed at the subjective level and that includes those of both the patient and the caregiver. Mutuality contributes to authenticity that is an integral part of emotion work within day care. Suppressing or rendering invisible one's true feelings

compromises authenticity and can result in relational costs including tension, anxiety and some measure of alienation.

It is, however, important to remember that interaction between the patient and the caregiver is inevitably an unequal exchange (see Watts, 2008c forthcoming) due to the vulnerability of users of day care, with the caregiver, as emotional worker, deciding how much authentic feeling to invest in the performance and also having control of the interaction. Authentic engagement within palliative day care is a source of strength and, as a volunteer worker at the cancer drop-in, I was reminded that the 'product' of care is not separable from the person who delivers it and the emotions of the person performing it affect the quality of their product. The emotional intensity of day care work will vary, partly as a response to the particular setting and to its medical or social orientation (Higginson et al, 2000) but also as a function of the patient population it serves (O'Keefe, 2001). This gives rise to some measure of unpredictability in this work that is not routine and characterised by responsiveness on the part of caregivers. Dealing with the unexpected may be emotionally challenging requiring the careful expression and/or management of feelings in this highly sensitive terrain. In my volunteer role, without professional training though with considerable personal experience of informally supporting dying people, I felt as though I was serving an emotional apprenticeship as I endeavoured to offer my 'best self' to service users. This sometimes felt like giving something of myself 'away' to the patient I was supporting, either through a personal disclosure, or through open expression of my feelings.

### **Concluding reflections**

Whilst the role of emotions and emotion work, as part of the general nursing labour process, has now started to be discussed (see Bolton, 2000), in the field of palliative day care this has received little attention and may also be insufficiently acknowledged and undervalued. This paper, as a brief introductory exploration into this topic, argues that emotion work contributes positively to a discourse of professionalism in this area and can be seen as a legitimate component of work in the day care setting. Whilst caution must be exercised about overenthusiastic application, emotion work offers qualitative potential for a narrative way of knowing (Fineman, 2005: 4) about day

care users' hopes and fears. It also offers a shared approach to interpreting these as one way of enhancing quality of life in the face of uncertainty.

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