Reassessing the concept of emotional labour in student nurse education: role of link lecturers and mentors in a time of change

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This article describes part of a follow-up study to Smith's (1992) original work on emotional labour, at a time when questions of the role, scope and crisis in nursing are a matter of local and national debate (Bradshaw 1999, Gillan 1999, Fabricius 1999, Feldman et al. 1999). The article addresses recent changes in nursing and nurse education (UKCC 1986, UKCC 1999a, DoH 1999, UKCC 1999b) as a means of exploring new patterns of learning to care in nursing. Less than a decade ago, emotional labour and helping students learn to care was part of the role of the sister/charge nurse (Ogier 1982, Fretwell 1982, Smith 1992). In this study, the role of the link lecturer, and mentor who currently shape the student nurse's learning experience, is the focus for evaluation. © 2001 Harcourt Publishers Ltd

Introduction and literature

This paper describes aspects of a pilot study, which updates Smith's (1992) original work on emotional labour, at a time when questions of the role, scope and crisis in nursing are a matter of local and national debate (Bradshaw 1999, Gillan 1999, Fabricius 1999, Feldman et al. 1999). The paper outlines the study design, sample and methods; explores current definition of emotional labour; describes students' views of education and support in the clinical context and reviews the findings and their implications.

Defining emotional labour

Hochschild suggests that emotional labour involves the induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared for in a convivial safe place. Emotional labour is typified by three characteristics: face-to-face or voice contact with the public; it requires the worker to produce an emotional state in another; it allows the employer through training and supervision to regulate a degree of control over the emotional activities of workers (Hochschild 1983, Smith 1992, p. 7).

James (1993) describes emotional labour as skilled work requiring experience, affected by immediate conditions and external controls which connects public life with the private household and uncovers its paid and unpaid nature. Because of its association with women's work it is often rendered invisible and undervalued.

The history, division and application of emotional labour to nursing require us to 'grapple with the conceptual complexity of defining care, especially in relation to its...
emotional components and demands’ (Smith, 1992, p. 9). It means concerning ourselves with describing the tacit and uncodified skills associated with emotional work.

**Policy and practice issues**

Making emotional labour in nursing explicit is certainly in line with the philosophy of Project 2000 (UKCC 1986). Project 2000 is based on the principle that nurses must have a flexible and conceptually driven education. Nurses are educated so as to be able to monitor, reflect upon and assess their practice. This leads some to argue that nursing is becoming too academic and research-based (Aldridge 1994).

More recently, the *Fitness for Practice* (UKCC 1999a), *Nursing Competencies* (UKCC 1999b) and *Making a Difference* (DoH 1999) initiatives have attempted to modernize the nursing profession. These documents call for a more evidence-based approach to practice, together with the continued expansion and development in the nursing role (DoH 1999, p. 5). According to the UKCC:

> Further consideration should be given to how service providers can better support students whilst on pre-registration programmes and as newly-qualified nurses and midwives (UKCC 1999a, p. 23).

Emotional labour is a support for student nurses, qualified nurses, patients, relatives and other healthcare staff. The review of emotional labour, therefore, responds to points of local and national priority. The UKCC write:

> The role of lecturers in the teaching and assessment of practice skills needs to be defined... In the immediate future, innovative approaches to practice education are needed (UKCC 1999a, p. 48).

Emotional labour and learning to care remain largely implicit within local services and national groups. Often, emotional labour is not fully recognized and summarized with other ‘essential’ categories of nursing. Nurses must ‘demonstrate a range of essential nursing skills’, such as ‘maintaining dignity’, ‘effective observational and communication skills, including listening’, and ‘emotional, physical and personal care’ (UKCC 1999b, p. 9).

By brushing over the emotional labour of nurses as an essential skill that does not require development, because it is so ‘basic’, the techniques of nurses’ emotional labour go unappreciated and are not developed as resources for the National Health Service (NHS) to draw upon. This means that emotional labour remains uncodified and undeveloped in nursing. Caring relationships in the public domain tend to be perceived as part and parcel of a stereotype of women’s private role in the domestic domain (Smith 1992, p. 6, Oakley 1974, Hochschild 1989).

It is necessary to identify the relationships that sustain the emotional labour of nursing. Just under a decade ago, this was a prime role of the sister and charge nurse (Ogier 1982, Fretwell 1982). The sister and charge nurse not only provided clinical knowledge but their interpersonal skills informed the student nurse about how nurses care and what nursing was all about (Smith 1992). The present study found this no longer to be the case. Mentors and link lecturers in particular, now assumed a central role in student nurses’ clinical learning. This paper focuses on how they were involved in the emotional labour and development of nurses.

**Methodology**

The 6-month pilot study on which this paper is based, draws from the traditions of empirical qualitative data collection, ethnomethodology (Garfinkel 1967) and feminist methods in healthcare research (Oakley 1981, Webb 1993). Feminist methods are especially relevant given that on average 84% of student nurses in the local trusts of the study are women (Smith 1992, pp. 146–148). Ethical clearance was obtained for the study from the Local Health Authorities’ Research Ethics Committees.

**Study design, subjects and settings**

The qualitative data were collected from an opportunistic and purposive sample of subjects and settings. Sixteen people were interviewed which included students from the first, second and third years of training; seven qualified nurses and two general practitioners (not reported in this paper). The students were recruited from an outer London University campus whereas the qualified staff came from a County health care
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setting. This allowed comparison of views from different settings and gives transferability to the research (Guba & Lincoln 1994, p. 114). Respondents were asked to give in-depth and open-ended answers to questions concerning the recognition, understanding and interpretation of emotional labour and the identification of exemplars in education and practice. Interviews were complemented from a variety of data sources, which included:

- Meetings and focus groups with lecturers, mentors, students, clinical staff and representatives from the Students’ Council for Nursing.
- Eleven sample questionnaires on emotional labour and 16 sample questionnaires on images of nursing, completed by student nurses.
- Participant and non-participant observation during student nurse classes in the Common Foundation Programme.

The research fellow spent 4 months cultivating informal relationships to gather information from the respondents, further the research questions and elicit meaningful accounts of the emotional labour of nursing. The data sources included records of informal meetings, tape-recordings, hand-written and mental notes.

Findings

Themes were identified from a content analysis of the responses to the key research questions concerning emotional labour as a component of nursing work and learning for trained staff and students within the clinical context. The findings were developed from the data according to each theme and are presented below.

Emotional labour as part of nursing work

Against some of the more critical literature on emotional labour in nursing, none of the nurse respondents discounted emotional labour from the work they did in clinical and non-clinical settings (Aldridge 1994, Mackintosh 1998). Many nurses said that they had to be ‘tuned in’ to their own and perhaps more importantly the patient’s emotions. ‘Talking about emotions’, as one nurse said, ‘is a key part of the job that helps you to understand what to do’. ‘It’s about continuous contact’ another respondent reported whilst for yet another nurse she described emotional labour as ‘giving the patient the feeling of being safe and warm’.

Emotional routine of nursing

A nurse spoke for others when she described emotional labour as ‘part and parcel of the normal routine of nursing’ which included the psychological and social aspects of care. The psychological aspects of care involved ‘friendship’, being more intimate and building up trust and showing the patient ‘a little bit of love’. The social aspects touched on ‘making patients feel at home’.

Helping with the running of the ward

When emotional labour operated as part of individualised routine care, it also helped the nurse to get to know the patient through more informal relations and maintain the everyday running of the ward (Smith et al. 1998, Savage 1995). As one nurse said of emotional labour in elderly care:

‘It’s just sitting with the patient and feeling that there’s a link. I’ll just sit on the corner of their bed and take their hand so they feel a little better ... I make the patients comfortable and part of the ward. It helps with the running of the ward and everyone getting to know each other...It’s not something that everyone can immediately see, so a lot of the feelings and work you do with the patient just goes unnoticed ... you can communicate with the patient just by looking at them or taking their hand. Just showing that you are attached and that you care. The patient will feel better about talking about their worries. They won’t be so afraid if they need to ask for help or talk things through with you.

In the above extract, emotional labour is reported to make nurse and patient contact easier and create an almost invisible bond that the nurse cultivates with the patient. Indeed, respondents believed patients expected nurses to show care for patients through close interpersonal contact (Smith et al. 1998). As one nurse said:

If you don’t show that you care the patients soon cotton onto the fact and stop talking to
you... If you’re not tuned in to how the patient’s feeling and can’t show you care, you’re not going to be able to deal with all the little problems that come up.

Emotional labour, reflection and learning to care

The clinical contexts in which students learnt to nurse gave them role models and ways of being with patients. At first they focused on familiar caring figures such as mothers and parents. As they progressed through 3 years of education and their perspectives matured, the role of staff, lecturers and clinical leaders were mentioned more frequently as developing the student nurse’s view of emotional labour and the job of nursing. As the following quote demonstrates, emotional labour is accumulated through experience and being able to talk reflectively about nursing experience with staff and colleagues:

When I first came here... I went onto placements without much of a clue about what patients wanted... I didn’t know how to get to know the patient and how you have to feel your way into things with them... First I thought of what my parents would do at home and thought about it like that, like when you’re at home and have to get on... I’m in the last few months of being a student nurse now, and my tutor (link tutor) and my mentor are the most help with what to do... A (student nursing) friend was really upset about a patient dying, you know. The (link) tutor just took a little extra time to talk to her about the patient’s death and I talked to her, which helped... That helped with being much more, you know, sympathetic to the patient’s relatives because you could talk to them so they felt some comfort.

Role of the link lecturer

Link lecturers (also referred to as link tutors) are academic staff who liaise with identified practice areas. Their prime aim is to support students and clinical staff and undertake innovations, assessments and audits. Several key points came up in interviews which confirmed the importance of the link lecturer’s role in sustaining the emotional labour of student nurses. These were:

- Liaison with senior clinical staff/mentors on behalf of students.
- Providing a symbolic link of support between clinical and educational contexts.
- Fostering reflective learning and informal emotional support. For emotional labour, reflective learning was based largely upon shared experiences. Link lecturers gave examples of their past experiences and difficulties in nursing in order to illustrate a present problem that student nurses had. As a link lecturer said:

  It’s better if you can give an example from your own nursing experience. I’ll tell the student nurses what it was like when I was learning and tell them stories from when I was a student nurse. If my student is having a hard time with a really ill patient it helps if I can link that with difficulties I’ve had. That way you actually feel more about it and can relate to the student. It helps to work it through with them and see what to do next.

  Reflective learning was itself seen as an emotional labour. Difficult issues and problems with others (patients, other staff members, other students or relatives) were discussed and worked through by using shared experiences of the emotional labour involved with nursing. Discussion was used to shape the educational experience of the student nurse and also worked to support the student nurse’s emotional labour. Learning how to emotionally labour helped in resolving ‘what to do next’ in nursing practice.

  Storytelling was also frequently mentioned by student nurses, education staff and others involved on clinical placements. Storytelling helped to establish interpersonal relations between the student nurse and link lecturer. Sharing stories also helped to locate nursing experiences and apply these experiences to nursing practice, as in the above example of reflective learning. The practice of storytelling is well documented by Benner (1994, p. 58) who states, ‘The narrative reveals what is significant and relevant to say about situations and events in the practice. The storyteller can be surprised by the way the story is formed and unfolds because
the lived experience can take over the storyteller’s account in its immediacy.

Oral traditions of which storytelling is an example, are particularly well developed in nursing. This was illustrated in a recent evaluation of the health promotion component of clinical placements in local acute and community settings. The use of a specially designed audit tool, revealed the importance of the oral culture among nurses (NHSE 1999, Burke & Smith 2000). Students and mentors were asked to document evidence against a list of dimensions related to their clinical experience of promoting health with patients and clients. In discussion with lecturers, they reported that they found it easier to talk about good practice rather than write about it as requested by the tool.

In the current study, the ‘best’ or ‘good’ link lecturers were said to employ a ‘more informal’ method of teaching and supervision. Student nurses said the ‘best’ link lecturers acted as ‘friends’ and ‘are really more like personal advisers’. All students valued personable and informal relations with link lecturers and other staff (mentors, personal tutor) involved with student nurse education. This made staff ‘easier to approach and talk to about problems’.

The only reservation that student nurses had about link lecturers was that there needed to be ‘more contact’. The visits the link lecturer made could be ‘a bit up in the air’ and were seen as ‘not regular enough’. Visits by the link lecturer to the student nurse’s clinical placement were said to be approximately every 2 weeks. Both students and staff said that any more than 3 or 4 weeks was too long to be out of contact.

**Role of the mentor**

Mentors or practice assessors are registered practitioners who are based in the practice areas and allocated to work with students following the introduction of Project 2000 and supernumerary status. As a regular member of nursing staff, mentors are expected to provide necessary support and advice during the period of the student’s placement and act as a role model. In the study, mentors were said by nurse respondents to organize reflective learning in a similar way to link lecturers. In some cases, small forums of the mentor, sister and ward staff would be convened to share experiences and difficulties with patient care. A student nurse said:

“It’s good to have a group talk at the end of a shift with my mentor and the sister. Then you’ve got the opportunity to ask questions and sort out any problems. It helps if you’ve had a really hard day, just to go over it with other people.”

These forums were said to help in reflective learning and also were reported to act as an emotional support for student nurses.

Student nurses defined ‘good’ and ‘bad’ mentors according to certain characteristics summarized in Table 1.

Egan’s (1990) model of the skilled helper touches on similar themes as the ‘good mentor’. Both the skilled helper and good mentor help with pragmatism and ward work, competence and problem resolution, respect, and are informal and genuine (Egan 1990, p. 56).

The good mentor is particularly helpful in organising reflection on emotional labour (Williams 1999) and assisting student nurses to overcome transitions in their emotional experiences. These transitions in the student nurse’s emotions are monitored by the mentor in order to consult the student nurse. In this manner, the good mentor assists in sustaining the emotional labour of the student nurse and acts as an interpersonal support (Oatley & Johnson Laird 1987, Marquis & Huston 1992).

The ‘bad mentor’ has similar limitations to the model of the toxic mentor that is proposed by Darling (1985). In particular, toxic mentors tend not to facilitate the student nurse and reproduce poor nursing skills, if they pass on any at all. Techniques of avoiding toxic mentors and poor interpersonal support (even neglect of the student) are shown below. These strategies were mentioned by student nurses and mentors, as well as being present in the literature (Darling 1985):

- The selection by the student of a mentor on a specified programme/specialism
- The examination of the mentor’s and student’s interaction for signs of toxicity at regular intervals
- If necessary, the de-selection of poor mentors
- Frequent high quality liaison between the student nurse, mentor, link lecturer and other members of staff
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Table 1  Characteristics of good and bad mentors

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<tr>
<th>Good / helpful mentor</th>
<th>Bad / obstructive mentor</th>
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<tr>
<td>Recognises and attends to the student’s emotional state. Actively manages transitions in the student’s emotions. Helps student to appreciate new nursing experiences. Shows the benefits and drawbacks of different emotional contact with patients. Helps with reflection on different emotional strategies and ways forward. Helps work out learning requirements. Responds to individual’s concerns and interests. Addresses student nurse’s career outcome</td>
<td>Ignores or is largely unconcerned with the student’s emotional state and the student’s transitions in feeling. Does not attend to student’s emotional labour and does not assist in helping the student nurse to make transitions in thinking about emotions. Will avoid or does not have time for reflection. Organizes learning without consulting the student nurse and other members of staff. Does not discuss career possibilities. Has limitations in evaluating these roles, particularly given pressures of time and normal duties. Leaves tacit and unexplored.</td>
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<tr>
<td>Establishes concept of nursing as a career and socialises the student nurse to the profession</td>
<td>Rushes the student. Shouts and is not respectful, especially in front of other ward staff. Does not consult or organise reflection. Shows an inconsistency towards the student and is inflexible (perhaps due to pressures of time, normal ward work, intergenerational conflict).</td>
</tr>
<tr>
<td>Respects the student and the student’s views. Does not rush to judge the student’s abilities, but helps the student to develop those abilities through reflection. Is genuine and honest (not defensive, inconsistent with the student, closed to discussion). Shows flexibility.</td>
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Discussion

A recent follow-up to Smith’s original study of emotional labour (Smith 1992) suggests that Hochschild’s notion of emotional labour still provides a viable conceptual framework to identify the forms it takes and the key role it plays in the creation of caring clinical and learning contexts. However, it is now link lecturers and mentors, rather than sisters and charge nurses, who are more likely to play a central role in students’ learning experiences. Mentors and link lecturers were frequently described as students’ chief role models for learning to care and the main providers of emotional labour and support. The ways in which they did this included liaison between clinical placements and the classroom; providing a symbolic and practical link between practice and education; encouraging reflective learning that elicited talk on emotional labour; sharing their experiences of nursing, communicating and listening to student nurses; encouraging students to learn from personal stories and storytelling; promoting informal and supportive relationships between clinical staff, nurse educators, patients and students.

Emotional labour is often implicit in local clinical and non-clinical settings and the roles of...
link lecturers and mentors in sustaining the emotional labour of nursing need to be recognized. The role of reflection, story telling and the use of oral accounts are ways of accumulating evidence to demonstrate the content and process of emotional labour in teaching, learning and caring. Link lecturers and mentors are in a key position to provide emotional labour for student nurses and Ramage (2000) describes the processes by which they may be facilitated to take on these roles.

The task of grounding the emotional labour of nurses in a formal and systematic way requires clarification in nurse education and the opportunity to combine a variety of theoretical models such as the sociological (Hochschild 1983) and the phenomenological (Benner 1994), to make emotional labour visible and valued and counter the potential for ignoring and exploiting staff and patients’ emotional needs.

**Conclusion**

Research to update Smith’s original study of the emotional labour of nursing and student learning revealed there has been a shift from the central role played by the sister/charge nurse to more emphasis placed on the link lecturer and mentor. The importance of oral traditions was confirmed in the use of reflection and storytelling to describe the content and process of emotional labour. Emotional labour was described as a routine part of nursing the patient and ensuring the smooth running of the ward. Emotional labour continued to be regarded as vital to nurses and an integral part of the culture of care in the NHS. Furthermore, at the level of national educational policy and practice, emotional labour remains largely implicit and there is room for its development and integration (UKCC 1999a, UKCC 1999b, DoH 1999).

More research is required, therefore, to make emotional labour in nursing explicit and develop techniques for recording the evidence which informs education and practice. Finally, the different forms of emotional labour apparent in the clinical and educational contexts under study, indicate the need to adopt a combination of theoretical approaches and empirical traditions in future research.

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