THE INFLUENCE OF ROLES, EMOTIONAL LABOR AND TIMESCAPE ON WORK-FAMILY SPILLOVER AMONG REGISTERED NURSES

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THE INFLUENCE OF ROLES, EMOTIONAL LABOR AND TIMESCAPE ON
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ABSTRACT

The fast-paced work environment of nursing is one that includes exposure to life’s most intimate details, the need to focus on the task at hand during profound moments, and the complexities of interacting with individuals and their families in times of great stress. In addition, as carework professionals, nurses are required to provide skilled emotional labor in time-sensitive, structurally diverse work environments that are often strained due to budgetary restrictions. These daily work requirements, while in one sense mundane, have the potential to produce high levels of work-related conflict and stress both on-the-job and at home. In turn, the experiences and expectations associated with family life may also influence what happens at work. These bi-directional experiences of work-family spillover mediate nurses’ professional and personal lives in ways that are not fully understood. Using audio diaries and follow-up interviews collected from 46 registered nurses employed within a Midwestern hospital system, I examine the lived experience of work-family spillover. Findings illustrate that the nurses’ experiences of work-family spillover are overwhelmingly negative and are influenced by issues related to gender, role-taking, the performance of emotional labor, and the experience and perceived exchange value of time. In particular, results suggest that men are experiencing work-family spillover in ways that are similar to those of women and that this reflects and reinforces an occupational culture that continues to prioritize the public over the private. Moreover, when nurses engage in the emotional role-taking that facilitates their provision of high quality patient care, their experience of negative work-family spillover
may be exacerbated. Nurses are also shown to experience and exchange their work and family time in ways that are shaped by the distinct structural and emotional contexts of their work. Implications of these findings for theory and research on gendered work and family life, emotional labor, and the sociological understanding of time are discussed.
DEDICATION

This dissertation is dedicated to my daughter. I love you, Leah.
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CHAPTER I
INTRODUCTION

The interactional demands of the nursing profession are rigorous, requiring the frequent performance of impression management, emotional labor and the use of coping skills. Nurses are not only expected to manage their relationships with ill patients humanistically, but also must effectively navigate the unequal power distributions between themselves and the treating physicians within a contemporary bureaucratic environment that is often strained due to budgetary restrictions. Nurses serve as health care providers, as well as intermediaries between patients, their families and the treating physicians. In her book *Nursing Against the Odds*, Gordon (2005:9) explains that nurses “are tired of low pay, of poor working conditions, of doctors who treat them like handmaids, and of hospitals and other institutions that view them as cheap and disposable labor.” Some nurses are further challenged by unstable, or rotating, work shifts (Yildirim and Aycan 2008). These daily work requirements, while in one sense mundane, have the potential to produce high levels of conflict and stress (Yildirim and Aycan 2008; Fujimoto, Kotani and Suzuki 2008; Labyak, Lava, Turk and Zee 2002). The stressors involved with the nursing profession have the potential to impact the nurse at home, and in turn, nurses may also experience problems at work due to the stressors occurring in their personal lives.

Stevanovic and Rupert (2009:6) describe “spillover” as the “process that mediates the relationship between professional and personal lives.” Experiences of work-family
spillover have been tied to an extensive list of negative consequences for nurses in the literature. Lambert, Pasupeuleti, Cluse-Tolar, Jennings and Becker (2006) explain that the bi-directional influence of work-family spillover has the capacity to create a “vicious circle” or stress spillover, which has the potential to detract from the qualities of work and family life. Additionally, Erickson and Grove (2008:15) warn that the performance of emotional labor is associated with negative consequences, including, but not limited to: increased anxiety, job burnout, increased depression and physical ill health. As careworkers, nurses are at risk of experiencing frequent work-family spillover which has the potential to negatively influence their work and family roles. Obtaining more detailed insight into the experience and effects of spillover among nurses may yield information that could be useful for the development or modification of policies that not only benefit nurse well-being, and thereby potentially lower absenteeism and turnover, but that also have a positive impact on patient care quality.

One major theme present throughout the multi-disciplinary literature on work-family spillover among nurses is that it is theoretically underdeveloped. Grzywacz, Almeida and McDonald (2002) specifically call for more qualitative research to fill this theoretical gap. The authors write, “more studies are needed that employ diary or short-term repeated-measure designs to facilitate a broader understanding of the linkages between work and family and to further validate the use of self-report items” (Grywacz et al. 2002:29). DeMarco (2002) argues that although the topic of work-family spillover has been discussed among sociologists, it has not been explored effectively within the nursing literature. Lambert and colleagues (2006) also make an argument for additional research into work-family conflict. The purpose of this dissertation is to address this
theoretical gap in the literature through a qualitative analysis of work-family spillover among nurses.

Conceptually, work-family spillover is reciprocal in direction of influence (i.e., work to family and family to work) and, in some cases, it is a gendered construct. Work-family spillover can be considered a gendered construct in that, despite some decreases in gender disparity, women still continue to be disproportionately responsible for household and parenting activities (Lee, Zvonkovic and Crawford 2014). The social consequences of this fact are compounded within the context of the gendered occupation of nursing. Although Buerhaus (2013) estimated that men comprised 11.5% of registered nurses in 2012, the nursing profession is female-dominated and as such, can be considered a gendered occupation. In Turkey, “nurse as a word means sister” (Yildirim and Aycan 2008:1367). Yildirm and Aycan (2008) explain that nurses are an appropriate population to study when investigating the perceived impact of work-life spillover because the field of nursing is female-dominated. Studying work-family spillover among nurses may thus offer insights into the gendered nature of the job, the emotional labor required of care-giving professionals, the impact of power structures in gendered occupations and how these elements may impact experiences of work-family spillover.

The research presented in this dissertation addresses the interplay between work-family spillover and issues of gender, issues related to the role-based performance of emotional labor, and the nurses’ subjective experiences of time. Despite the assumption that women assume a disproportionate amount of household labor, the findings reported in this dissertation suggest that fathers who are nurses, as well as other male nurses who share in domestic duties with their live-in partners, experience work-family spillover in
ways that are similar to that of female nurses. Rooted in a patriarchal society that preferences the professional over the personal, men in this study reported similar types of negative consequences for work-family spillover as those reported by women. In addition, both male and female nurses who practiced emotional role-taking, in which they imagined themselves experiencing the emotional role of the patient, reported similar experiences of work-family spillover associated with this practice. Results reported below also suggest that the nursing timescape, or the exchange value of nurses’ time, is related to experiences of work-family spillover. The integration of emotional and structural timescape experiences of work-family spillover provides a new theoretical framework for future researchers to contextualize the experiences that may lead to burnout and high turnover among nurses. In sum, this dissertation research advances social scientific understanding of how gender is related to the experience of work-family spillover among male and female nurses, as well as an understanding of how performances of emotional labor and the experience of time impact nurses’ work and family relationships.

This dissertation was guided by the following research questions: (1) How do nurses perceive their gender to influence their experiences of work-family spillover?; (2) How do males and females experience work-family spillover working within a gendered occupation?; (3) How do male and female nurses perceive the emotional labor demands of their jobs to influence experiences of work-family spillover?; and (4) How do nurses experience work-family spillover in relation to issues of time?

The current chapter serves the purpose of framing the dissertation content and format. In this chapter, I provide a summary of the three article-length, empirical chapters
that constitute the primary content of the dissertation. As each of these three chapters contribute to the spillover, gender, and sociology of emotion literatures, I also provide a brief introduction to each of these substantive areas. Chapter II presents a detailed overview of the common methodological procedures underlying the dissertation as a whole. Although each of the empirical chapters contain their own sections on methodology, Chapter II provides more specific information about the larger study’s procedures and the analytic process used to generate the results presented in the three substantive chapters. The dissertation chapters are presented in the following order: Chapter I “Introduction”; Chapter II “Methods”; Chapter III “Gender and Work-Family Spillover among Registered Nurses”; Chapter IV “How Do Nurses Perceive Role-Taking and Emotional Labor Processes to Influence Work-Family Spillover?”; Chapter V “The Nursing Timescape and Work-Family Spillover”; Chapter VI “Summary and Conclusion.” As this list suggests, following the substantive chapters I conclude the dissertation with a chapter that provides an overarching summary discussion of my findings, their potential theoretical and policy implications, a discussion of the study’s limitations, and suggestions for future research.

**Dissertation Format and Overview of Empirical Chapters**

Unlike the traditional book-format, this dissertation includes three article-length, empirical chapters. The purpose of this organization is to streamline the publication process. Chapter III, “Gender and Work-Family Spillover among Registered Nurses,” focuses on how registered nurses experienced work-family spillover within the context of gendered expectations associated with their sex and their role as a nurse. I show that
although gendered stereotypes about negative work-family spillover remain pervasive, fathers involved in this form of caring labor express ideologically similar experiences to those of mothers. While my findings suggest that men are now sharing in the wealth of caring and concern brought about by a more egalitarian conception of fatherhood, they also share in the dearth of time, energy and emotion that results from living in a patriarchal culture that still prioritizes the public over the private. This first substantive chapter illustrates how men working in an emotionally labor-intensive, female-dominated job report experiencing work-family spillover in ways that are similar to their female counterparts. Although this can be seen as a positive development in gendered work-family relationships, I also show that without changes to a broader social context that continues to value paid employment over family well-being, men performing this labor suffer the ill effects of this “second shift” in ways that are similar to those reported by women.

Chapter IV “How Do Nurses Perceive Role-Taking and Emotional Labor Processes to Influence Work-Family Spillover?” focuses on how nurses perceive emotional role-taking and the emotional labor demands present within the nursing profession to impact their experiences of work-family spillover. As care workers, nurses are required to assume multiple work-related roles (e.g., medical expert, companion, and personal care provider) at the same time that they are expected to balance these demands with their role expectations from home. These role expectations in the home and work environments have the potential to spill over into the other respective environment. This second empirical chapter examines how the content of the role-taking processes that nurses engage in as part of their job, along with the emotional labor that these practices
often entail, shape the experience of work-family spillover. This chapter illustrates some of the complexities underlying the finding that nurses who practice empathic role-taking also report experiencing high levels of work-family spillover.

Chapter V “The Nursing Timescape and Work-Family Spillover” explores how nurses contextualize their experiences of work-family spillover in relation to their experience of time. Timescape refers to how nurses experience time and is related to the ways in which they assign exchange value to their time at home and at work. This chapter builds on Adams’ (1998, 2000) research on cultural timescapes, as well as Lowson and Arber’s (2013) examination of the timescape experiences of night shift nurses. In the current study, I show how nurses experience work-family spillover within the context of two related timescape dimensions: *structural timescape spillover*, involving the structural demands (e.g., work shift, needs of the unit) of the workplace, and *emotional timescape spillover*, involving the emotional demands and experiences of the workplace.

**Literature Review**

All three of the empirical chapters contribute to the literature on work-family spillover. Although work-family spillover can be bi-directional as well as positive or negative, the negative work-family spillover permeates the literature (Klerk et al. 2012; Barnett 1998; Eby et al. 2005). Conceptually, work-family conflict is a subtype of work-family spillover. Work-family conflict suggests that the domains of work and family are incompatible in some way. Emphasizing the potential incompatibility of the behavioral expectations stemming from home and work, Ergeneli, Illsev and Karapinar (2009:679) characterize work-family conflict as “inter-role conflict.” Within the body of literature on
this topic, the most prominent outcomes of work-family conflict are “overload” or “interference” (Duxbury and Higgins 1991). Role “overload” happens when there are too many role demands to negotiate effectively, while “interference” occurs when the demands of multiple roles are in conflict with each other (Ergeneli et al. 2009).

Drawing on these ideas, Pasupuleti, Allen, Lamber and Cluse-Tolar (2009) considered the effects of bi-directional work-family conflict (i.e., family-on-work, work-on-family), along with a number of work-related stressors, on measures of overall life satisfaction. The authors report significant effects only for work-to-family conflict as well as occupational stressors such as role ambiguity and dangerousness. The greater impact of work-family spillover – as opposed to family-work spillover – on well-being is echoed throughout the literature (Ergeneli et al. 2009; Gregov and Taksioi 2012). For example, in their study of Japanese nurses who had preschool aged children, Fujimoto and colleagues (2008) explain that it is difficult to balance the roles of nurse and mother in ways that were able to avoid the experience of work-family conflict. The authors are also effective in tying this conflict to the shortages of nurses in Japan. Fujimoto, Kotani and Suzuki (2008) suggest structural solutions to the problems identified, such as work hour flexibility, in order to decrease the experience of work-family conflict and thereby encourage nurse retention. Within the Japanese occupational context, nursing positions often require nurses to alternate between three different work shifts. This way of organizing nurses’ work time creates uncertainties about scheduling that negatively impact child care plans and other sources of conflict for working parents.
Work-family spillover as a gendered construct

In addition to the work-family literature, this dissertation also builds on the gender literature. As noted above, nursing is a gendered occupation (Gipson-Jones 2009). Gipson-Jones further explains that this characteristic influences the fact that work-family spillover impacts the probability that a nurse will remain in the field, as well as levels of job satisfaction and psychological distress. For example, Walsh (2013:443) explains that work-family spillover is a “potential source of burnout.” In her discussion of professional compassion fatigue, Melvin (2012:606) argues that there is also a “cost to caring” for nurses as they are frequently and routinely exposed to “considerable pain, trauma, and suffering.” Hochschild’s (1989) conceptualization of gendered stress regarding dual-wage earning households helps to inform this discussion on the influence of work-family spillover by addressing the gendered notions of domestic responsibility. Additionally, Hochschild (1989) effectively uses the description of “time poor” to illustrate the conflicts involved with working full-time and taking care of domestic responsibilities—responsibilities that fall disproportionately on women.

Jang, Zippay and Park (2012) echo Hochschild’s (1989) concept of the gendered “time deficit” of women workers and explain further that women may be more susceptible to stressors associated with work-family spillover. The authors explain that working women continue to assume more household responsibility involving care taking than men (Jang et al. 2012). Due to this assumption regarding household responsibility, it is assumed that female workers also experience more of a time deficit than male workers. This increased time deficit among female workers may make them more susceptible to
work-family spillover, such as conflicts arising from rotating work shifts, or problems securing dependable, safe childcare. Krouse and Afifi (2007) argue that women who are involved in caretaking professions are impacted by work-family spillover due to their socialized roles as caregivers. The authors write:

“No only do these women perform ‘emotion work’ [Hochschild 1983] at home by managing their own feelings and those of the members of their household, but they also perform emotional labor at their jobs for a wage by caring for and about their clientele through a public display of appropriate emotions” (Krouse and Afifi 2007:87).

One common theme throughout the literature is that women and men might be affected differently by work-family spillover. Jang and colleagues (2012:897) found that “schedule flexibility had stronger relationships in reducing negative work-family spillover and stress among women, single parents, and employees with heavier family workloads.” Pleck (1977) originally proposed that women experience more spillover from the home environment into work, while men experience more spillover from the workplace into the home. However, Dilworth (2004) argues that more contemporary studies have not yielded the same gendered results. Dilworth (2004:244) further explains that there are several confounding variables that can influence a gendered experience of work-family spillover; including, but not limited to the number of hours worked, the presence of and ages of children, gendered divisions of labor, as well as the type of employment, such as self-employed versus institutionally employed. Additionally, Yildirim and Aycan (2008:1368) suggest that it is more culturally accepted for work to interfere in family life than it is for family life to interfere with work life. This is no doubt supportive of the traditional patriarchal stance that a man’s place is in the workforce, while a woman’s place is in the home. This cultural ideal is echoed in Garey’s (1995:415)
work as female nurses chose to work the night shift so that they can participate in activities that will “highlight their visibility as mothers.”

As work-life spillover has been linked to a number of negative outcomes (e.g. poor mental and physical health, strained family and personal relations, lower job satisfaction and reduced marital quality (Skinner et al. 2011:215), an examination of the role that gender plays in susceptibility to spillover is warranted. Matjasko and Feldman (2006) suggest that working mothers are more likely to experience negative emotions at home than working fathers. However, the authors also suggest that working mothers are overwhelmed by the household tasks that await them when they return home from work. Hochschild (1989) labeled this work the “second shift” for women. As women are socialized to take on more of these household tasks, they often feel more obligated than men to fulfill the roles. Matjasko and Feldman (2006) further argue that any positive work to home spillover for women is diminished by the demands on their time to complete household duties. In their study of Croatian nurses, Simunic and Gregov (2012:189) reported that “studies show that levels of stress hormones such as epinephrine, norepinephrine, and cortisol remain high in women after the work day is over, women with children in particular.” My dissertation research builds on the previous work by investigating the influence of gender on experiences of work-family spillover within a gendered occupation. The findings suggest that both males and females experience similar negative work-family spillover associated with working within a structural system that privileges the professional over the personal.
Gender role theory

Gender role theory is commonly used to explain the differential socialization experiences of women and men and the subsequent experiences of work-family spillover. Gender role theory addresses the ways in which men and women are socialized into either feminine or masculine roles. Umberson, Chen, House, Hopkins and Slaten (1996:838) explain that young girls are commonly socialized to be more “nurturant and relationship-oriented,” while young boys are socialized to be more aggressive and competitive. The authors explain that these differing emotive values are reinforced through peer groups, media and the educational process. Ultimately, they suggest that this type of gender role socialization leads girls to “develop a stronger moral sense of caring for others” (Umberson et al. 1996:838). Ergeneli et al. (2010:682) further explain that feminine values within gender role theory include values such as “interdependence, cooperation, emotion, receptivity, acceptance, empathy, affection, nurturance and sensitivity” while more masculine values include “independence, self-reliance, autonomy, competence, instrumentalism and control.” This gender socialization then impacts the ways in which men and women are taught to respond to stressors, such as those inherent in work-family spillover (Doucet 2006). Complicating matters for female nurses is the idea, within gender role theory, that women place more significance on their family roles than men (Ergeneli et al. 2010). Offer (2014:916) explains that women continue to bear a disproportionate amount of mental labor that takes place in family work, which she conceptualizes as “the planning, organization, coordination, and management of everyday tasks and duties.”
Despite the popularity of gender role theory, there is a large body of literature that criticizes the simplicity of relying simply on the gender socialization experience (Ferrée 2010; Risman 2004). Ferrée (2010) warns that using the concept of “gender role” runs the risk of turning the “role” into a cultural stereotype. In addition, gender role theory neglects more macro-level influences, such as structure, and instead, focuses on the micro-level influences of socialization and agency.

The valuation of an employee who puts his or her work first and family needs second is problematic for women in a society that continues to culturally assign the majority of family domestic and emotional care to women (Garey 1995). Ferrée (2010:427) further argues that a structural preference or demand for occupational “overwork” has reinforced “gender-specific inequalities” within the workplace. She explains that, due to cultural expectations, the demand for longer work hours has the dual effect of pushing wives down in the workforce, as well as, putting mothers into a position where they “unwillingly” opt out of career track positions (Ferrée 2010:427). Even when women choose to stay active in the workforce, they are likely to work in different “jobs” than men. For example, Acker (2006) explains that within medicine, female doctors are more likely to specialize in fields such as pediatrics whereas male doctors are more likely to be found in the more financially lucrative specialty of surgery. Additionally, Pierce’s (1995) examination of the legal field found that male paralegals were viewed more as junior colleagues where female paralegals were funneled into playing more supportive, mothering roles.

Garey’s (1995) qualitative work illustrates the attempts of working mothers to manage their work-family spillover. In her work, Garey (1995) analyzes the processes by
which mothers working as night-shift nurses work to construct their identities as
“working mothers.” The idea that there are gender differences in expectations between
the home and workplace is echoed throughout the literature. Coser (1991) explains that
while professional women are expected to value their work in similar ways to men, they
are also normatively required to give priority to their families. In order to
overcompensate for this conflict, Garey (1995) found that many nurses in her study chose
to work the night shift so that they could continue to engage in activities that they believe
symbolize motherhood, such as attend school activities, and be physically present when
children arrived home from school. Garey (1995) explains that it is theoretically
significant that these women feel the pressure to “do motherhood” in a similar way that
the night shift allows employed women with children to construct a definition of
‘working mother’ which preserves the dominant cultural ideal of a ‘traditional’ family
form in which the mother is at home during the day.” Essentially, the mothers in Garey’s
(1995) study have found themselves in a structural position that requires long work hours
and this conflicts with cultural notions of the importance of motherhood and family
responsibilities. In essence, the night shift nurses in Garey’s (1995) study chose to work
the night shift so that their roles as mothers were more visible, than their roles as
employees.

The nurses in Garey’s (1995) research have opted into the role of night shift
nursing in an attempt to balance the roles of home and work; however, there are several
examples within Garey’s study of the personal consequences of their attempts to survive
within a stratified gender system. One pattern of behavior that Garey (1995) found
particularly common among her sample of nurses was a tendency to de-normalize sleeping patterns. For example, all of the night shift nurses she interviewed considered themselves to be sleep-deprived, reporting an average of four to five hours of sleep a day following a work shift. Garey (1995) explains that this sleep deprivation is a sacrifice that is built into the structure of these women’s work and family lives. Another social consequence to mothers choosing to work as night shift nurses is that they have less contact with other professional staff, such as doctors and administrators. This, in turn, impacts the probability of occupational promotion. Although the night shift nurses in Garey’s study feel that they are able to portray the preferred image of “mother,” they do so by sacrificing sleep, couple-time, overall psychological well-being and the probability of occupational promotion. My dissertation research also addresses the influence of structurally imposed time issues on work-family spillover (see Chapter V).

**Emotional role-taking and work-family spillover**

Chapter IV of this dissertation builds on the literature of emotions, roles and work-family spillover. Due to the nursing shortages and retention problems identified in the 1990s (Buerhaus, Donelan, Ulrich, Norman and Dittus 2005), a lot of attention has been paid to the roles that “burnout” and “professional compassion fatigue” play (Melvin 2012). However, less attention has been paid to the more insidious issues embedded within the experiences of work-family spillover. At its core, work-family spillover is insidious because the cumulative stress experienced in the different domains is often inseparable and indistinguishable.
Hochschild (1979:5611) defines emotion work as “the act of trying to change in degree or quality an emotion or feeling.” Taking the family as her focus in the Second Shift (1989), Hochschild extends her earlier work by linking emotion and its management to the salient aspects of status within marital relationships. In so doing, she illustrates the “work” involved in negotiating the differences between the emotion norms linked to gender socialization and how one actually feels. Just as gendered emotion norms silently attach themselves to the roles of flight attendant, bill collector and husband and wife (Hochschild 1983, 1989), similar processes are embedded with the profession of nursing – as nurses are socialized to display feelings of comfort, caring, and confidence even though they often work in environments that generate feelings of stress, anxiety and sadness. As Hochschild (2003[1989]:90) explains, “maintaining a difference between feeling and feigning over a long period of time leads to strain.” In addition, Shott (1979) explains that people engage in empathetic role-taking when they imagine how others are feeling, or imagine themselves in the position of their patients and their families. This additional process of empathetic role-taking further facilitates normative nursing behavior.

Although Hochschild’s (1979) original theory is considered to emphasize the influence of cultural constraints in studying emotion and its management (cf. Erickson 2008), subsequent emotions scholars have implemented strategies that focus on the role of relative structural position and affect control. For example, Lively and Powell (2006) explain that structural-relational perspectives on emotion, such as those of Kemper and Collins, consider how emotion norms “apply differentially to those in more or less advantageous social positions” (Lively and Powell 2006:19). Erickson and Ritter (2001)
further explain that “feminized jobs,” as contrasted with more “masculinized jobs,” encourage employees to suppress more anger and to display more “positive, deferential emotions” (Erickson and Ritter 2001:150). The tendency to focus on the expression of anger, which is traditionally an emotion associated with masculinized jobs, was addressed by several authors, including, but not limited to, Erickson and Ritter (2001), Pierce (1995), and Lively and Powell (2006). Lively and Powell (2006:18) justify their choice to focus on the expression of anger by explaining that anger is generally thought to be powerful and potentially harmful and that expressing anger is typically considered “normatively inappropriate in most settings.” Despite these differences, issues of power appear in each examination of emotionally gendered jobs.

In her study of in-home health aides, Stacey (2011) examined the components of emotion management involved in providing direct care to patients. In her qualitative study, Stacey (2011) found evidence to support the idea that surface acting (i.e., a particular form of emotion management focused on modifying facial expressions; Grandey 2003) produces burnout among employees. However, she also found that, partially due to the home environment in which the care was being provided, it was common for aides to unintentionally “lose themselves” or “overinvest” themselves emotionally in their jobs. She defines this unintended psychosocial consequence that is produced by relational work involving “talking, listening, and emoting” as emotional fatigue, a primary feature of burnout (Stacey 2011:66). Stacey (2011:62) explains that the provision of services in a patient’s home complicates the “context of care” regarding the display of feeling rules and emotion management.
In Chapter IV, I link self and social structure through an investigation of the social and self-control processes related to emotional labor, role-taking emotions, and work-family spillover. Shott (1979), building on Cooley’s (1964) and Mead’s (1934) original descriptions of the role-taking process, explains that when people practice empathic role-taking they envision themselves in the position of the other, and in doing so, experience the emotions felt. My findings suggest that role-taking emotions are linked to experiences of work-family spillover in three distinct ways: (1) the emotional labor demands of the job spillover into the home environment; (2) nurses are found to engage in attempts to decrease the extent to which these emotional labor demands spill over; and (3) the practice of empathic role-taking emotions is connected to experiences of work-family spillover. These findings provide some of the emotional dimensions of work-family spillover that are further explored within the context of the lived experience of the “time” in Chapter V.

**Timescape and work-family spillover**

Chapter V incorporates the subjective experience of time into the discussion of how gender and emotional labor influences issues related to work-family spillover. Nurses work within an occupational structure that is time sensitive. Flaherty (1987) argues that the process by which various characteristics of social situations shape the subjective experience of time has been insufficiently addressed in the sociological literature. Adam (1998) originally proposed that the concept of “timescape” contextualizes the concept of time to include the potential for variation in the individual’s subjective experience of time. For nurses, working in a time sensitive environment, the
subjective experience of time is also related to the exchange value of their time, which builds on Marx’s (1973[1857]) conceptualization of time as a medium of social exchange that is inherently linked to economic value. As such, the nursing timescape incorporates nurses’ perceptions of time demands in the home and work environments, as well as the spillover that is experienced between the two. My investigation into the lived experiences of the nursing timescape utilizes an expanded notion of Adam’s (1998, 2000) timescape and Flaherty’s (1987) idea of internal (emotional) and external (structural) influences on the lived duration of time.

The purpose of this chapter was to frame the content and format of this dissertation investigating the experiences of work-family spillover among registered nurses. Chapter II describes the methodology used for this research and each of the three following empirical chapters address the following relationships: between gender and working-family spillover, between role-taking and emotional labor processes and work-family spillover and that between the nursing timescape and work-family spillover. This dissertation concludes with a discussion of the potential theoretical and policy implications of the findings, as well as the limitation and suggestions for future research.
CHAPTER II

METHODS

Original Project Sample and Data Collection Procedures

As described in the introduction chapter, the empirical studies presented in this dissertation are organized as three distinct, journal-length papers. Although each of the empirical chapters contains a “methods” section, the current chapter provides a more thorough description of the data used and the analytic procedures employed in each of the later empirical pieces. The following information from the original project was gathered from the principle investigators, Rebecca J. Erickson and James M. Diefendorff, the original National Science Foundation grant proposal, and by attending and participating in the original research team meetings.

The empirical chapters in this dissertation analyze data from two out of the three waves of a larger project conducted by Rebecca J. Erickson and James M. Diefendorff entitled “Identity and Emotional Management Control in Health Care Settings,” and funded by the National Science Foundation (SES-1024271). The original three phase, mixed-methods project collected data from full-time RNs employed in a Midwestern hospital system from the spring of 2011 through the fall of 2012. In the first phase of the study, hospital unit managers identified nurses who were full-time members of their units (i.e., working an average of at least 36 hours per week). Written questionnaires were initially distributed to 1,702 nurses with reminders being sent four weeks later. A second copy of the survey was then sent eight weeks after the initial distribution to nurses who
had yet to return a completed questionnaire. Out of the 1,702 surveys sent, 762 were returned. This 44.7% response rate is comparable to other similar studies of U.S. nurses (Lucero, Lake, and Aiken 2010).

Participants for Phases II (daily diary recordings) and III (face-to-face interviews) of the project were selected from those who had returned a completed survey in Phase I and had indicated a willingness to be contacted for potential participation in the follow-up phases. The project’s research team applied an explanatory research design, combined with an intentional participant selection process, in identifying nurses to participate in these later phases (Pano-Clark et al. 2008). An explanatory design seeks to use qualitative data to help explain or further understand initial quantitative results. In addition, however, because the goal of the larger project was to examine how identity and emotion management processes varied by key status characteristics (i.e., race, gender, and generational age), Phase II participants were intentionally selected from the sample of survey respondents to reflect the following demographic distribution: nurses of color; male nurses; white, female non-baby boomer nurses (i.e., born after 1963; Leiter et al. 2009); and white, female, baby boomer nurses (i.e., born between 1943-1958). Analysis of completed questionnaires was used to identify members of these four demographic groups. Further data analysis was used to identify survey respondents who reported high and low levels of key identity and emotion management constructs so that the diary narratives describing daily interactions were likely to provide clarifying explanations into the implications of these differences.

Once identified, each potential participant was personally contacted by a member of the research team about his or her further participation. If the nurse agreed to
participate, a meeting was scheduled to explain how to use the audio-recording device, the daily diary booklet, and to obtain informed consent. During this meeting, participants were instructed to speak into the recording device as they reflected on their daily work experiences and interactions during and/or after the end of each shift for six consecutive shifts. Following the procedure described by Theodosius (2008:122), nurses were asked to describe how they were feeling after the shift they had just completed and why they felt this way. To facilitate this reflective process, participants were given a “diary booklet” which reminded them of the general instructions and topics to cover. The booklet also suggested that they might reflect on the routine nursing responsibilities that organized their time at work (e.g., shift change, clinical rounds, distribution of medicine, mentoring students, etc.). This daily “trajectory” approach to eliciting diary information is consistent with the approach commonly used in traditional time-use studies (Robinson and Godbey 1999). When the sixth-shift diary was completed, the participant contacted the same member of the research team to return the device and the booklet and to participate in a short debriefing session about their daily diary experience (Hyers et al. 2006). Participants were paid $75 dollars for their time and effort and received a complete transcript of their diary.

Once diary transcripts were completed and sent to each respondent, a research team member again contacted the participant to request their participation in a follow-up, face-to-face interview focusing on the information contained in their diary. If they agreed, an interview was scheduled to take place at a time and place most convenient for the participant. These locations included participant homes, private rooms in local
libraries, private meeting rooms in the participant’s workplace, and area coffee shops and restaurants. Participants were paid $25 for participating in the follow-up interview.

Interviews ranged in time from about 50 to 150 minutes with the average lasting approximately 85 minutes. During the interviews, nurses were asked structured questions as well as asked to reflect on particular events described in their diaries. Examples of questions that were asked across participants are: Why did you decide to become a nurse? What do you most enjoy and dislike about nursing? Have you ever thought about leaving nursing, and why? What aspects of nursing care are most important to you? (See Appendix A for complete listing.) Identity and emotion-related events coded during the initial analysis of the diaries were used to personalize the interview guide. For example, according to information provided by Dr. Erickson (personal communication), nurses were asked to discuss some of the particular events and emotions described in their diaries, with the benefit of insight gained from the passage of time and distance from the events themselves. During the conversation, participants were asked to reflect on how they now felt about key events (and how they reacted to it or managed the emotion experienced at the time) in order to see if their feelings and interpretations had changed and in what ways. Given that the larger project was focused on issues of identity, participants were also asked about how particular events may have affected how they saw themselves as a nurse.

**Dissertation Data and Sample**

Although my systematic approach to these data cannot technically be considered grounded theory because I was not involved in the original data collection, my approach
included several of the distinguishing characteristics that Charmaz (2004:497) suggests are part of the grounded theory approach: (1) creation of analytic codes and categories developed from the data, not from preconceived hypothesis; (2) the development of middle-range theories to explain behavior and processes; (3) memo-making; (4) delay of the literature review. For this dissertation I conducted secondary analysis on the data obtained from the second and third phases of the original research project. As Irwin (2013) suggests, before beginning my qualitative secondary data analysis, I oriented myself to the original research project by attending research team meetings, by reviewing the original grant proposal, and by reviewing transcripts from the audio diaries and follow-up interviews. These steps, combined with the audio-diary and semi-structured interview designs of the final two phases, allowed me to overcome any epistemological issues related to “effective interpretation and analysis” involved when using data that you were not involved in collecting (Irwin 2013:297). Irwin (2013) explains that qualitative research designs, such as semi-structured interviews are more open to third-party researchers than ethnographies or fieldwork. The data that is generated from an audio-diary or a semi-structured interview is more independent of the researcher than that from an ethnography or fieldwork. As such, my use of the data that were produced from the second two phases of the original research project is an appropriate methodology.

In total I analyzed all 46 audio diary transcripts and 23 follow-up interview transcripts. This sample includes 36 female nurses and 10 male nurses. Although this may appear to be a very small number of male nurses, it should be noted that men make up approximately 7-10% of the nursing population within the United States (Institute of Medicine 2010; Landivar 2013). Because the current sample was drawn from one health
system within the Midwestern U.S., no claims of representativeness are made. However, given current demographic trends within nursing, having male nurses make up 20% of the voices represented in this qualitative data is noteworthy. Table one includes the breakdown of the audio diary and follow-up interview participants by sex.

Table 1: Composition of Audio Diary and Interview participants

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Diaries</td>
<td>10</td>
<td>36</td>
<td>46</td>
</tr>
<tr>
<td>Follow-up Interviews</td>
<td>6</td>
<td>17</td>
<td>23</td>
</tr>
</tbody>
</table>

In an effort to contextualize the experience of the participants in my project, I cross-referenced the identification numbers of the participants in my qualitative data with the original SPSS file containing all of the quantitative data. This step allowed me to pull demographic information, such as marital status, ethnicity, as well as number and ages of children from the survey data, that was not present or obvious within the qualitative data. This process also enabled me to confirm the identification of the participants in the qualitative data files that I used for my research. The results of this step are included in Table 2. In order to protect the identity of the participants, pseudonyms were assigned and utilized throughout the dissertation.

Table 2: Demographic Data for Audio Diary and Interview Participants

<table>
<thead>
<tr>
<th>Case</th>
<th>Pseudonym</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Married/Partner</th>
<th>Children at home</th>
<th>Children</th>
</tr>
</thead>
<tbody>
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<td>1301</td>
<td>Julie</td>
<td>F</td>
<td>26</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>1311</td>
<td>Sarah</td>
<td>F</td>
<td>53</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>1410</td>
<td>Joyce</td>
<td>F</td>
<td>44</td>
<td>Asian</td>
<td>Yes</td>
<td>2</td>
<td>G.S. and M.S.</td>
</tr>
<tr>
<td>1441</td>
<td>Diana</td>
<td>F</td>
<td>28</td>
<td>White</td>
<td>Yes</td>
<td>2</td>
<td>Infant and G.S.</td>
</tr>
<tr>
<td>1451</td>
<td>Suzzie</td>
<td>F</td>
<td>61</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1497</td>
<td>Danielle</td>
<td>F</td>
<td>24</td>
<td>Asian</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1516</td>
<td>Lynn</td>
<td>F</td>
<td>35</td>
<td>Black</td>
<td>Divorced</td>
<td>3</td>
<td>Infant, M.S. and Teenager</td>
</tr>
<tr>
<td>#</td>
<td>Name</td>
<td>Sex</td>
<td>Age</td>
<td>Race</td>
<td>Married</td>
<td>Children</td>
<td>Education</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
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<td>F</td>
<td>25</td>
<td>White</td>
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<td>No</td>
<td></td>
</tr>
<tr>
<td>1624</td>
<td>Kevin</td>
<td>M</td>
<td>29</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1679</td>
<td>Gloria</td>
<td>F</td>
<td>57</td>
<td>White</td>
<td>Yes</td>
<td>1</td>
<td>Over 23 yrs</td>
</tr>
<tr>
<td>1729</td>
<td>Jason</td>
<td>M</td>
<td>50</td>
<td>White</td>
<td>Yes</td>
<td>4</td>
<td>M.S. and 3 teens</td>
</tr>
<tr>
<td>1851</td>
<td>Carrie</td>
<td>F</td>
<td>55</td>
<td>White</td>
<td>Yes</td>
<td>1</td>
<td>Teen</td>
</tr>
<tr>
<td>1860</td>
<td>Jake</td>
<td>M</td>
<td>27</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1929</td>
<td>Betty</td>
<td>F</td>
<td>53</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td>Elaine</td>
<td>F</td>
<td>55</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>Jennifer</td>
<td>F</td>
<td>28</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2241</td>
<td>Amy</td>
<td>F</td>
<td>54</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2378</td>
<td>Annie</td>
<td>F</td>
<td>28</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
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<td>F</td>
<td>26</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2390</td>
<td>Karie</td>
<td>F</td>
<td>55</td>
<td>White</td>
<td>Yes</td>
<td>1</td>
<td>College aged</td>
</tr>
<tr>
<td>2450</td>
<td>Grace</td>
<td>F</td>
<td>53</td>
<td>White</td>
<td>Separated</td>
<td>1</td>
<td>College aged</td>
</tr>
<tr>
<td>2572</td>
<td>Todd</td>
<td>M</td>
<td>37</td>
<td>White</td>
<td>Yes</td>
<td>2</td>
<td>P.S. and G.S.</td>
</tr>
<tr>
<td>2667</td>
<td>Claire</td>
<td>F</td>
<td>28</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2798</td>
<td>Ava</td>
<td>F</td>
<td>48</td>
<td>Black</td>
<td>Yes</td>
<td>2</td>
<td>2 in M.S.</td>
</tr>
<tr>
<td>2833</td>
<td>Jackie</td>
<td>F</td>
<td>55</td>
<td>White</td>
<td>Divorced</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2869</td>
<td>Rhonda</td>
<td>F</td>
<td>32</td>
<td>Black</td>
<td>Yes</td>
<td>1</td>
<td>G.S.</td>
</tr>
<tr>
<td>2870</td>
<td>Laurel</td>
<td>F</td>
<td>53</td>
<td>White</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2974</td>
<td>Harry</td>
<td>M</td>
<td>47</td>
<td>White</td>
<td>Yes</td>
<td>3</td>
<td>2 M.S. and 1 Teen</td>
</tr>
<tr>
<td>3008</td>
<td>Stella</td>
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<td>63</td>
<td>White</td>
<td>Yes</td>
<td>1</td>
<td>College</td>
</tr>
<tr>
<td>3025</td>
<td>Sarah</td>
<td>F</td>
<td>56</td>
<td>White</td>
<td>Yes</td>
<td>1</td>
<td>Over 23 yrs</td>
</tr>
<tr>
<td>3027</td>
<td>Steve</td>
<td>M</td>
<td>45</td>
<td>White</td>
<td>Yes</td>
<td>2</td>
<td>2 teens</td>
</tr>
<tr>
<td>3141</td>
<td>Justin</td>
<td>M</td>
<td>50</td>
<td>White</td>
<td>Divorced</td>
<td>2</td>
<td>G.S. and M.S.</td>
</tr>
<tr>
<td>3187</td>
<td>Samantha</td>
<td>F</td>
<td>57</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>3231</td>
<td>Abby</td>
<td>F</td>
<td>64</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4102</td>
<td>Bonnie</td>
<td>F</td>
<td>53</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>5001</td>
<td>Scott</td>
<td>M</td>
<td>47</td>
<td>White</td>
<td>Divorced</td>
<td>Yes</td>
<td>1 teen 2 in college</td>
</tr>
<tr>
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<td>Angie</td>
<td>F</td>
<td>24</td>
<td>Black</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>5003</td>
<td>Nora</td>
<td>F</td>
<td>54</td>
<td>Black</td>
<td>Yes</td>
<td>3</td>
<td>1 teen, 2 in college</td>
</tr>
<tr>
<td>5006</td>
<td>Tina</td>
<td>F</td>
<td>25</td>
<td>White</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
As indicated in Table 2, 20 of the participants reported chronological ages associated with baby-boomers (50 years old and above) and 24 reported ages less than 50 years old. Of the 20 baby-boomers, 18 identified as white and 2 identified as black. In the non-baby-boomer category, 18 identified as white, five identified as black and two identified as Asian.

Of the 36 female participants in my sample, 19 reported being married or in a partnership and 11 of those same women also reported having children. Four women reported being divorced with only two divorced women reporting that they had children. One female participant reported being separated and having children, while only one reported being a single mother. In addition, 11 of the female participants in my dataset reported being single without children. Demographic data were unavailable for one female participant.

Of the 10 men in my dataset, four reported being married or partnered with children, and one reported being married or partnered without a child. Two reported being divorced with children and two reported being single without children. Demographic data was missing for one male participant.

In total, 24 of the participants reported either being married or in a partnership and 21 total participants reported having children. Within the context of this dissertation...
analyzing aspects of work-family spillover, this demographic composition is important. As indicated previously, over half of the sample of nurses reported either being married or in a partnership. Stated differently, over half of the sample reported having some type of family structure, which is essential when studying work-family spillover.

Analysis

The analytical approach used for this dissertation took place in several stages that included the pillars of secondary data research: orientation to the original data collection (Irwin 2013), open coding, focused coding and memo-making (Emerson et al. 1995; Esterberg 2002; Charmaz 2004). My first stage of analysis included a preliminary exposure to the nursing data. In this first stage, I listened to a sample of audio diaries and read through the diary and follow-up interview transcripts. While listening to and reading through the transcripts I utilized open hand-coding to identify the major themes that emerged. After completing this first stage of preliminary exposure to the data I developed the following questions to guide my research: (1) How do nurses perceive and report their experiences of work-family spillover?; (2) Does gender influence a nurse’s perception of their experiences of work-family spillover?; and (3) How do nurses manage their experiences of work-family spillover? Following the development of these guiding questions, I also developed a coding scheme with which to start my analysis. This scheme included, but was not limited to, the following codes: “work-family spillover from work to home,” “work-family spillover from home to work,” “emotional labor,” and “significant examples.” The “significant example” category ended up being a place where
I placed ideas that I felt were significant, but I was not sure how they fit into the larger picture when I first found them.

In addition, I also started three separate audit trails. The first was an audit timeline trail to record the progression of my research and my insights, findings, and questions for the future. The second was a methodological audit trail to record all of my emergent codes in consecutive order – as a point of reference for my future analysis. The third was a theoretical audit trail, where I recorded all of theoretical ideas that emerged from the data. The process and completion of these audit trails has shaped the structure and organization of this qualitative project. These audit trails later served as points of reference for me when I got to the draft phase of this dissertation.

The second stage of my analysis included the use of QRS Nvivo 10, a qualitative analysis software program. During this stage, I uploaded all 69 of my audio diary and follow-up interview transcripts, starting with the loose coding scheme that had emerged from stage one and adding to it as new themes emerged. As the new codes emerged in this process, I documented them in my code audit trail with the intent of returning to earlier coded transcripts in the event that I decided to focus on certain nodes in my writing phase. A complete list of my coding scheme is located in Appendix B.

After completing refined or focused coding within stage two, I began stage three, which included memo-writing to identify processes that were present within my coding structure. Charmaz (2004:511) explains that the intermediary step of memo-writing between coding and writing your analysis allows researchers to look at their “coding as processes to explore rather than as solely ways to sort data into topics.” As these processes emerged through my memo-making, I also began coding within my previous
nodes during stage two, as well as comparing the emerging themes to the existing literature. This inductive analytic process focused on understanding the interplay between work-family spillover, emotional labor, and roles and prepared me to write the first drafts of my analysis. The results of these memos and focused coding include the areas of focus for each of the three subsequent dissertation chapters: how gender is perceived to influence work-family spillover, how the emotional labor required in the nursing role influences the experience of work-family spillover, and how the nursing timescape influences work-family spillover.
CHAPTER III
GENDER AND WORK-FAMILY SPILLOVER AMONG REGISTERED NURSES

Introduction

Researchers examining the relationship between work and family have observed that women tend to experience greater negative spillover between these domains than men (Dilworth 2004; Keen and Reynolds 2005). If men do experience a negative work-family relationship, it is family that interferes with work, not vice versa. Recently, however, scholars taking a gender theory approach suggest the need to see social institutions as gendered in ways that are distinct from the gendered individuals who inhabit them (Guteck et al. 199; Calvo-Salgureo et al. 2012). Thus, families and workplaces have gendered components that operate in ways that may or may not be reflected in the lived experiences of the men and women who populate them. The current study examines work-family spillover as it is experienced by male and female nurses. Using 69 audio diary and interview transcripts, I show that although negative work to family spillover remains pervasive—thus suggesting the continuing gendered dominance of the marketplace over the family—fathers employed in this form of caring labor express ideologically similar experiences to those of mothers. Thus, although men now seem to be sharing in the wealth of caring and concern brought about by a more egalitarian conception of fatherhood, they also share in the dearth of time, energy and emotion that result from a patriarchal culture that still prioritizes the public over the private.
Work-family Spillover

Work-family spillover is one of the primary domains of analysis among those examining the relationship between the permeable environments of home and work. Spillover can be defined as an “intra-individual transmission of stress between roles” (Curbow et al. 2003:311). Spillover, or the transmission of stress, between the home and work environments can involve both positive and negative emotions. Within the spillover literature, examining the direction of influence (i.e., work to family or family to work) has been especially salient to scholars interested in the gendered facets of these relationships. Keene and Quadagno (2004:19) explain that prior to the 1980s scholars generally conceptualized “the work-family balancing act as a ‘woman’s problem’ and assumed that men integrated their work and family roles without conflict.”

Hochschild’s (1989) work on the “second shift” drew attention to the gendered inequities and added burdens women tend to face as they attempt to balance the demands of work and home. At the time, Hochschild called for men to “make a historic shift – into work at home” so that behavior might be brought into line with the emerging egalitarian ideology espoused by both husbands and wives. Although more recent research seems to suggest that fathers are increasingly assuming more household and childcare responsibilities (Galinsky, Aumann and Bond 2011; Harrington, Deusen and Humberd 2011), scholars still seek greater understanding into the conditions that facilitate more egalitarian work-family relationships.

One possibility that, to date, has remained relatively unexamined is the extent to which the gendered dynamics found in the workplace may shape the contours of the work-family relationship. That is, how do job characteristics influence the experience of
work-family balance or spillover? This question may be particularly pertinent to those working in highly gendered occupations (e.g., care work jobs, engineering, construction) that require workers to become adept at thinking, feeling, and behaving in ways that are stereotypical. For example, how might the requirement to provide care and concern to patients and their families shape male nurses’ attitudes and behaviors (see Cottingham 2013)? Might these workplace demands shape the selves of male nurses in ways that are consistent with Hochschild’s (1989) “historic shift?” Drawing on such questions, the first purpose of the current study is to contextualize the elaborated conception of what it means to be a working father (Hochschild 1989:249), suggesting that the lived experience of men in nursing is more complex than expected. The study’s second purpose is to illustrate that despite such potential shifts in men’s lived experiences, the continued hegemonic privileging of the public over the private represents an equal opportunity menace to working fathers and mothers alike.

Through an analysis of 69 audio diaries and face-to-face interviews, I illustrate the ways that male nurses value their home life and family responsibilities, while showing how these men also are experiencing the gendered strains that were previously associated only with working mothers. Specifically, fathers who are nurses – as well as other male nurses who share domestic duties with their live-in partners – experience significant amounts of work-family spillover. Thus, fathers are now also paying the price for the expansion of the job culture into home life that was previously paid primarily by working mothers. Such findings advance Hochschild’s (1989:249) early work on this topic by demonstrating that while fathers employed in such caring labor occupations as nursing have begun to make the “shift” Hochschild called for, they have done so at the
expense of their time, energy and emotion; costs similar to those experienced by their
c Female counterparts.

**The Relationship Between Gender and Work-Family Spillover**

One common theme throughout the work-family literature is that women and men
might be affected differently by work-family spillover. Pleck (1977) originally addressed
the issue of spillover direction by suggesting that women were likely to experience more
spillover from the home environment into the work environment, while men would
experience more spillover from the workplace into the home. However, Dilworth (2004)
notes that studies that are more contemporary have not yielded these types of consistent
gendered results. Moreover, Dilworth (2004:244) identifies several confounding variables
that can influence a gendered experience of work-family spillover. These include the
number of hours worked, the presence of, and ages of children, the gendered division of
labor, and the type of paid work performed by husbands and wives (e.g., self-employed
versus institutionally employed). Supporting this view, Jang, Zippay and Park (2012:897)
found that “schedule flexibility had stronger relationships in reducing negative work-
family spillover and stress among women, single parents, and employees with heavier
family workloads.”

The experience of work-family spillover is commonly connected with gender
roles in the literature. Yildurium and Aycan (2008:1368) suggest that these negative
spillover relationships are likely to continue because it remains more culturally accepted
for work to interfere in family life than it is for family life to interfere with work life.
This is no doubt supportive of the traditional patriarchal stance that a man’s place is in
the workforce, while a woman’s place is in the home. Garey’s (1995:415) early work on nurses echoes this cultural ideal, as female nurses chose to work the night shift so that they could participate in activities that would “highlight their visibility as mothers.” In addition, Simon (1995) explains that men and women have historically assigned different meanings to their work and family roles. Due to these different assigned meanings, men and women have experienced different levels of interdependence between their work and family roles.

Simon (1995:183) explains that women’s family roles have been based on “emotional support and nurturance” while men’s family roles have been tied to economic support. As such, women’s family roles have traditionally been less “closely tied to employment.” Simon suggests that this independence of women’s family and work roles leads to working wives experiencing more role conflicts and higher levels of guilt than their respective working husbands. Simon’s (1995) research concludes that working men and women feel differently about combining work and family roles. Specifically, wives were more likely to report conflict over working outside of the home, while husbands were more likely to report congruence between working outside of the home and their parental roles. In addition, Simon (1995) found that men and women experienced role conflict differently. Men reported specific work-family conflicts, such as missing after-school activities, while women reported more pervasive and nonspecific conflicts, such as their job preventing them from “being there” (Simon 1995:187).

Keene and Quadagno (2004) and others (Brewster and Padavic 2000; Gerson 1998) have explained that although labor force participation has drastically increased over the last half century for women, the organization of labor in the family has not
changed comparatively. The authors explain that this is likely due to gendered ideas about appropriate family and work roles. They suggest two approaches to this issue: the “gender similarity model” and the “gender difference model” (Keene and Quadagno 2004:4). The gender similarity model predicts that with the convergence of work and family demands among men and women we should also see a convergence of attitudes regarding family and work responsibilities. In contrast, the gender difference model is similar to that originally defined by Pleck (1977), in which normative differences exist between men and women regarding men’s (work) and women’s (home) primary domains. The authors report that both models have been supported within the literature, but that their research using data from the 1996 General Social Survey supports the gender difference model.

More recently, researchers suggest that traditional gender roles within families are converging, but have not yet closed the gap in regards to the division of childcare and household responsibilities. In their research among fathers, Harrington, Deusen, and Humberd (2011:20) found that “while fathers believe that caregiving should be divided equally, they acknowledge that this is not the current reality in their families.” The authors go on to suggest that while the majority of men have culturally shifted their individual conceptions of fatherhood and household responsibilities, they continue to work in structural positions that have not yet embraced a modified conception of family gender roles. Using the 2008 National Study of the Changing Workforce, Galinsky, Aumann and Bond (2011) found that while men are taking more overall responsibility for childcare and household duties, they are also experiencing statistically significant increases in work-life conflict compared to three decades ago; such changes were not
reported by women. These findings raise new questions about the ways in which men and women’s experiences of work-family spillover are gendered.

**Gendered experience of negative work-family spillover**

Studies cite Hochschild (1989) as initially drawing attention to the gendered disparities in the household division of labor. She uses the description of “time poor” to illustrate the conflicts involved with working full-time and taking care of domestic responsibilities – responsibilities that have fallen disproportionately on women. Although researchers have conducted a number of large-scale studies attempting to document the gendered trends in family work, results are inconclusive. Galinsky et al.’s (2008) research shows that while male workers were spending more time with their children and doing more housework in 2008 when compared to 1977 male workers, female workers were still disproportionately taking on household and childcare responsibilities. Similarly, in their study of white-collar working fathers, Harrington and colleagues (2011:23) found that while 65% of their sample reported that caregiving “should be” divided equally among partners, only 30% reported that the caregiving “is” actually divided equally in their own families. Using data from the National Survey of Families and Households, Bianchi, Sayer, Milkie and Robinson (2012:56) report that “in 2009/10, women are estimated to do 1.6 times the amount of housework as men, on average.” The authors further argue that gendered childcare is more detrimental to gender equality than gendered housework because housework can be “fit in” around work schedules, while childcare cannot. As a group, these studies suggest that although the gendered disparity in caregiving and household responsibilities has narrowed, the disparity still persists.
Studies of those employed within the healthcare sector have shown that both men and women are dissatisfied with their work-life balance; however, the gender-specific findings are varied. For example, in her quantitative work on doctors, Walsh (2013) found that female doctors are more likely than male doctors to experience burnout and the desire to quit. Walsh (2013) explains that the permeable boundary between work and family is a “potential source of burnout” (443). Some additional studies outside of the healthcare sector have suggested that females experience higher levels of negative work-family spillover (Dilworth 2004; Keen and Reynolds 2005), while others have suggested similar levels of negative work-family spillover among men and women. In contrast, in the National Study of the Changing Workforce (2008), Galinsky and colleagues (2008) found that working fathers in dual-earning households experience significantly greater levels of work-life conflict than working mothers. Stevens, Pedersen, Minnottee, Mannon, and Kiger (2007) suggest that these discrepant findings may be due to the ways different researchers operationalize spillover. The level of inconsistency in findings across studies indicates that there remain unanswered questions about how best to make sense of men and women’s work-family experiences and raise the possibility that other methodological approaches are needed to tease out the complexity of these trends.

Although most work on work-family spillover has been quantitative in nature, there are some qualitative studies that have examined the relationship between gender, parenthood, shift work and spillover. In her work with female nurses, Garey (1995) discusses the symbolic importance of working mothers to choose to work the night shift so that they can increase their visibility of being mothers during the day. Garey (1995) explains that working third shift, “allows women with children to construct a definition of
‘working mother’ which preserves the dominant cultural ideal of a ‘traditional’ family form in which the mother is at home during the day” (417). She further suggests that this focus on increasing motherhood visibility by working the night shift has several negative consequences for women; including, but not limited to the problems caused by sleep deprivation. Although the night shift nurses in Garey’s study feel that they are able to portray the preferred image of “mother”, they do so by sacrificing sleep, couple-time, overall psychological well-being and the probability of occupational promotion.

In their research among nursing mothers, Lowson and Arber (2014) found further evidence to reinforce the disproportionate gendered expectations regarding familial responsibilities among female employees. In addition to the problems caused by sleep deprivation and disruption, Lowson and Arber found that nursing mothers who worked the third shift spent a great deal of time preparing and recovering from the night shift. The working mothers in their study put a lot of effort into minimizing the effects of their work shift on other family members. For instance, the nurses spent a great deal of time making arrangements for child care and transportation in their absence. The authors explain that “this compliance with expectations demonstrates the power of the gendered ideology about women’s responsibility for managing children’s wellbeing” (Lowson and Arber 2014:235). Many of the nurses working the third shift (i.e., night shift) in this study also sought to get up as early as possible following a work shift so that they could attempt to “re-establish” family routines (see Chapter 5 for more on the importance of time to nurses work-family experiences). Essentially, nightshift working mothers paid the price of sleep deprivation in order to maintain a routine for their families. Ultimately, the extra effort that these nurses put into making contingency plans for childcare and travel
arrangements in their absence represents extra work for them, and further increases the already gendered discrepancy in household labor responsibilities (Lowson and Arber 2014).

Some studies suggest that mothers and fathers emotionally and physically experience work-family spillover differently. Matjasko and Feldman (2006) suggest that working mothers are more likely to experience negative emotions at home than working fathers. The authors explain that working mothers are overwhelmed by the household tasks that await them when they return home from work. As women are socialized to take on more of these household tasks (Acker 2006; Ferree 2010) they often feel more obligated than men to fulfill the roles. Matjasko and Feldman (2006) further argue that any positive work to home spillover for women is diminished by the demands on their time to complete household duties. In their study of Croatian nurses, Simunic and Gregov (2002:189) reported that “studies show that levels of stress hormones such as epinephrine, norepinephrine, and cortisol remain high in women after the work day is over, women with children in particular.” Although men and women may emotionally and physically experience work-family spillover differently, it is also possible that these differences are moderated or reduced for the minority sex within gendered occupations such as nursing.

Gendered frameworks for analyzing work-family spillover

In their article discussing the influence of gender on spillover among Spanish as compared to American families, Calvo-Salguero, Martinex-de-Leccs and Aguilar-Luzon (2012) explain that the two theoretical frameworks used to describe the gendered
experiences of spillover are the rational model and the gender role expectations model. The rational model proposes that the number of hours spent in the work and home environments influence the experience of work-family conflict, which is inherently negative (Gutecket et al. 1991). Calvo-Salguero et al. (2012) further explain that in the rational model, the environment in which the person spends the most time is likely to cause conflict in the other environment. This rational model of work-family spillover explains the directional influence of spillover: from work to home or from home to work. For example, a nurse who spends more time in the family domain is more likely to experience a higher degree of family to work spillover than work to family spillover.

In their discussion of the gender role expectations model, Gutek et al. (1991) note that “gender both directly influences perceived work-family conflict and moderates the relationship between hours spent in paid and family work and perceived work-family conflict” (560). In addition, more conflict will be perceived when an individual is spending more of their time in a non-traditional gender role (i.e., women at work and men at home; Calvo-Salguero et al. 2012). In extending this idea to take into account the type of occupational role performed, we might expect male nurses to experience negative work to family spillover due to the fact that nursing has traditionally been an occupation associated with women. Although the findings in this study demonstrate that male nurses experience work-family spillover, the spillover experience does not seem to be a result of the mismatch of working in a non-traditional occupation so much as being employed within an institutional sector that perpetuates patriarchal values that prioritize the public world of work over the personal world of family. The dialectic experienced by male nurses who combine an elaborated notion of fatherhood and household responsibility
with the structural fact of working within an institutional setting that does not value such a reconceptualization, becomes associated with negative outcomes that sound similar to those reported by Hochschild’s (1989) working mothers. Thus, although the findings reported below speak positively towards increasing gender equity in the home, they nonetheless reveal that work organizations – even those involved focused on caring for others’ health and well-being – remain institutional settings that privilege the masculine world of paid employment to the feminine world of uncompensated care.

The preceding issues have helped shape the guiding research questions for this chapter: (1) How do nurses perceive their gender to influence their experiences of work-family spillover?, and (2) How do males and females experience work-family spillover working within a gendered occupation?

Methods

The current study analyzes data from two out of the three waves of a larger project entitled “Identity and Emotional Management Control in Health Care Settings,” funded by the National Science Foundation (SES-1024271). The original project was conducted from the spring of 2011 through the fall of 2012 among nurses within a large Midwestern hospital system. Phase one of the project included a survey that was mailed to all eligible RN’s within the hospital system. Phase two included respondents recording voice diaries after six work shifts. The participants were prompted to include their reflections on their work shifts, any memorable events, as well as their feelings associated with their work shifts. Participants in phase two of the original project were compensated $75 for completing their audio diaries. Phase three included follow-up
interviews from participants from Phase two. Follow-up interview participants were compensated $25.

In total, my qualitative analysis is based on forty-six audio diary transcripts and twenty-three follow-up interview transcripts completed with the registered nurses in the original study. The sample includes 36 female nurses and 10 male nurses. Although this may appear to be a very small number of male nurses, it should be noted that men make up approximately 7-10% of the nursing population within the United States (Institute of Medicine 2010; Landivar 2013). Because the current sample was drawn from one health system within the Midwestern U.S., no claims of representativeness are made. However, given current demographic trends within nursing, having male nurses make up 20% of the voices represented in this qualitative data is noteworthy. A more detailed description of the demographics of the research participants can be found in Chapter 2.

The analytical approach used for this study took place in several stages. My first stage of analysis included a preliminary exposure to the nursing data. In this first stage I read through the majority of the transcripts, open hand-coding major themes that emerged. The second stage of my analysis included the use of QRS NVivo 10, a qualitative analysis software program. During this stage I uploaded all seventy-one of my transcripts, starting with a loose coding scheme that had emerged from stage one and adding to it as new themes emerged. During my NVivo coding process I kept three working audit trails. First, an audit timeline trail to record the progression of my research and my insights, findings and questions for the future. Second, a methodological audit trail to record all of my emergent codes in consecutive order – as a point of reference for my future analysis. And finally, a theoretical audit trail to record any and all theories that
emerged from the data. The completion of these audit trails has shaped the structure and organization of this large qualitative project. After completing coding within stage two, I began stage three, which included coding within my previous nodes, as well as comparing the emerging themes to the existing literature. This inductive analysis process was focused on understanding the interplay between work-family spillover and issues of gender (see Chapter 2 for more details). The final coding structure for the current project is located in Appendix A.

**Findings**

This research offers insight into how male workers are experiencing work-family spillover that was previously associated with female workers. The findings suggest that the men’s experiences are related to both an internalization and an expansion of the fatherhood role, as well as the increasing influence of the insidious workplace structure that preferences the professional at the expense of the personal. The findings discussed below highlight the idea that the structural organization of the workplace that preferences the professional over the private is causing male and female nurses to experience work-family spillover similarly. That is, work-family spillover has become an equal-opportunity family foe.

**Work-family spillover: an equal-opportunity family foe**

The following quotation illustrates the traditional stress of the burden of the second shift for working mothers. Ava, a 48 year old mother of two reports:

*I'm gonna take my frustrated self on home and uhm continue with my other job with my kids, make their dinner for tonight, probably try to make something that's
gonna last a couple of nights because I get home so late and they're already home for almost 3 hours before anyone gets home. (2798 Diary, Ava, 48 year old mother of two)

As Ava reports, the second shift that Hochschild (1989) explained was often experienced as another “job.” The following presentation of results seeks to contextualize this view by adding the lived experiences of working fathers to the discussion of work-family spillover. Working men and women also reported instances of work-family spillover related to working within an occupational structure that preferences the professional over the personal.

Family culture pays the price for the economic efficiency and capitalistic aims of our current occupational system in the United States. This pressure to work extra hours in an under-staffed environment in the spirit of economic gain was a common source of work-family spillover among male and female nurses alike. The tragedy of this situation is that it not only perpetuates an equal-opportunity disadvantage for the family system, but that it also undermines the institution of the family. Findings from this research suggest that both male and female nurses are aware of how their work demands diminish their ability to perform their family roles and responsibilities.

Frustration over demands to work extra hours at the expense of the family was commonly blamed on hospital administrators. Todd, a nursing supervisor explains that:

Staff...[are] frustrated with the administration of the hospital for constantly pushing the envelope with...working with as few nurses as possible, having as many patients as possible, and wanting everyone to change their schedules around and forget their personal lives. (Diary 2575, Todd, 37 year old male two young children)

Todd goes on to explain that “it was just very frustrating to have to watch my staff...give up their personal time and personal...events to staff the units.”
Harry, another father, explains that:

*It is very frustrating in these jobs you’re working, it really is. Takes up all of your time and you give up a lot with your family...you miss ballgames, you miss recitals, you miss a lot.* (Diary 2974, Harry, 47 year old male with three children)

**Elaborated notions of fatherhood among male nurses**

Hochschild (1989) originally called for an expansion of working fathers into the home. My findings support the idea that this taken place for a number of the male nurses in my sample, as well as providing support for the idea that male and female nurses experience work-family spillover similarly. There are several salient examples within the data from male nurses specifically discussing the reciprocal relationship between their occupational and father roles. The first sub-theme within this section is that the role of fatherhood has been elaborated beyond Hochschild’s (1989) conception. For example, Steve, a 45 year old father of two teenagers explains that he feels as though nursing has made him be a better father.

*It's helping me analyze why I do certain things and maybe helping me to be a better father at an older age for my son but um, I think it's helping me to be a better communicator and () and um... I think, um, that it's easier because I AM a nurse now for my kids to turn to me when they need something and share it with me verbally rather than always running to my [wife].* (Interview 3027, Steve, 45 year old father of two teens, emphasis added)

Male nurses also openly talked about their relationships in the home, as well as discussed experiences of work-family spillover due to a strain between their personal and professional lives. For example, Steve goes on to explain that:

*I am at an ambulatory facility. I’m home every weekend, but everything piles up generally. You’re kind of tired when you get home in the evening and by the time everybody eats dinner and everything the day is pretty well shot by the time you get it prepared. My wife also works a full-time job and we have all the house care stuff...so our weekends go, we're taking care of the yard and the house*
and all the shopping. (Diary 3027, Steve, 45 year old male with two teens, emphasis added)

While the elaborated notion of fatherhood is generally positive, it also tends to be correlated with experiencing negative work-family spillover – an experience that has negative consequences for the family. For example, Todd, a 37 year old male nurse with two young children, describes a situation in which, since both he and his wife are nurses, they have to make childcare decisions that are based on the potential gains and losses of both of their positions. Specifically, in a situation in which their expected childcare fell through for the weekend, Todd decided to shift around his work schedule because his wife would face greater consequences for calling off than he would. Fatherhood seemed to be especially salient to Todd. In describing a stressful situation in which he had to begin dialysis on a child he remarked that:

Opposite ends of the spectrum today...at the same time trying to balance home life and not forgetting that I have kids at home, not just kids at work. (Diary 2572, Todd, 37 year old male two young children, emphasis added)

Just as working mothers have traditionally balanced work and family life, it seems that several of the fathers experienced similar strains with work-family spillover. Todd explains that since he has children he has to be very careful not to just emotionally “turn off” to try and cope with work stress. He explains that:

I would say at home there have been times...where things have been just horrible in here and I just feel completely burned and go home and then inevitably there is something else going on and it just feels like it’s just too much...and it’ll feel like I don’t have anything else left. (Interview 2572, Todd, 37 year old male two young children, emphasis added)

Similar to the mothers in Garey’s (1995) study that opted into third-shift work to preserve their maternal identities, male nurses within the study also frequently changed their work schedules to adapt to the needs of their families and fatherhood roles. In
explaining his reasoning for leaving a nursing position that he found great joy in, Steve, a 45 year old father of two, explains that:

When the kids were coming home from school and I wasn’t hearing the stories of what was going on during the day or I wasn’t the one or one of the people that they could turn to with help on a homework problem...I wasn’t even there to hear the stories and a phone call every once in a while just didn’t cover it. I didn’t feel like I was there to fulfill my role as a father because I was away from them...and the hours were, you know, I couldn’t have the open communication with them to get to know them and I felt like I was always missing something. (Interview 3027, Steve, 45 year old male with two teens, emphasis added)

The spillover effect – ‘brain dead’ from constant caregiving

In her book The Second Shift (1989) Hochschild discusses the stressors associated with combining work in the home and outside of the home. Despite some instances of egalitarian relationships between men and women, Hochschild’s research concluded that women continue to disproportionately complete household and childcare responsibilities. Hochschild’s notion of the “Second Shift” is related to work-family spillover within this nursing population in two ways. First, nurses without families and children were highly aware of the added stress for those that did have families and children, and second, it was a salient theme that both mothers and fathers were often too emotionally, mentally and physically exhausted to perform their “second shift” duties.

Nursing spillover is acknowledged to impact nursing parents more than those without family responsibilities:

Lynn, a 35 year old mother of three, reports:

“People go away so exhausted after work that you...cannot make dinner, and I just take care of myself. I do not know how people do it who have children, and a husband, and a boyfriend...even an animal...because literally, like on a hard day, it’s like you go home and you are just like brain dead.” (Diary 1679, Gloria, 57 year old female with one adult aged child, emphasis added)
Jake, a 27 year old male nurse without any children, reports: “I don’t have a family here to take care of, so I don’t have to worry...I don’t know how nurses go home at the end of the workday and take care of your family, pick up kids from soccer practice, take them to band practice, cook a meal, feed a family, put the kids to bed and make sure they do their homework. (Diary 1860, Jake, 27 year old male, no children, emphasis added)

Grace, a 53 year old mother of one explains, “I think for nurses that have children and husband, I think it’s harder for them because they’re caregivers all the time.” (Interview 2450, Grace, 53 year old female with one child, emphasis added).

Essentially their high levels of work-family spillover prevents them from performing their second shift duties, and when they are able to perform these tasks, they often feel guilty about not performing them as well as is expected.

Nurses commonly expressed how tired they were following a work shift, which impacted their ability and willingness to interact with their family members. Jake explained that:

Pretty much after any day at work I just wanna go home, I wanna be alone, I don’t want talk to anybody, I don’t want to be around anybody, I want to eat my dinner, I wanna take my shower [and] go to bed. (Interview 1860, Jake, 27 year old male, no children)

After experiencing a stressful work shift, Ava, a 48 year old mother of two, reported:

I’m gonna take my frustrated self on home and...um continue with my other job with my kids, make their dinner for tonight, probably try to make something that’s gonna last a couple of nights because I get home so late and they’re already home for almost three hours before anyone gets home. (Diary 2798, Ava, 48 year old female with two children, emphasis added)

Jana, a mother, tearfully explained how she avoided seeing her children before bed in an effort to shield them from her work spillover stress:
I'm glad my kids are in bed now...I actually drove home [and] kept driving cause I was crying in my car and **I didn't want my kids to see me crying so I drove around**. (Diary 5022, Jana, female with children, emphasis added)

It was common for fathers and husbands to express similar negative experiences regarding work-family spillover and second shift responsibilities. When asked if he has trouble interacting with people outside of his work shift, Scott, a 47 year old father of three, explains that “you don’t want to hear anybody’s problems, you don’t want to hear your kids say ‘hey dad, I need this’ because you’ve heard it all day long” (Interview 5001, Scott, 47 year old male with three kids).

Todd explains:

*It’s been a real big challenge...not bring it home. And especially when it’s been...you know five days of complete hell in here, and going home for just Saturday and Sunday and trying to release all of it, and **still be a dad and be a husband and help with housework and running errands and taking kids to cub scouts things and all those other kind of things** where I just want to like veg for a little bit or whatever and not being able to do that so it does kinda builds up a little and it gets a little difficult some times. (Interview 2575, Todd, 37 year old male with two young children, emphasis added)*

Samantha, a 57 year old female nurse, describes how her work spillover negatively impacts her relationship with her boyfriend:

*When I got home my guy wanted to go out and get something to eat and I said no cause I was just so tired and I don’t want to say no, I want to be able to say ‘yeh honey let’s go get something to eat, I feel great’ and I was exhausted and he was disappointed...I want to be there more for him, you know it’s like **I love being a nurse, but it’s like it’s almost like you don’t have time for yourself or time for somebody that you love**. (Diary 3187, Samantha, 57 year old female, no children, emphasis added)*

Performing family “caring” responsibilities in the second shift also seemed to be difficult for nurses following work shifts. Scott, a 47 year old male nurse with three children, explains that “You don’t want to hear your kids say ‘hey dad I need this’
because you’ve heard it all day long.” (Interview 5001, Scott, 47 year old male with three kids)

Tonya, a 36 year old mother of two, shares that she feels guilty about not being compassionate enough towards her sister who has Multiple Sclerosis. She explains:

*Dealin’ with all these people with pain today – it’s kina hard, ‘cause then when I come home, the kids are fussing, my sister, who has MS is sitting on her bedside commode...and I have to hear about her pain. And, you know, *I’m ‘pained out’ right about now*...I’m trying’ to be as empathetic and compassionate as I want to be, but I know I’m really not. So, *I feel kinda crappy, guilty*...But I think that’s another part of the whole draining thing- cause you leave it, and you come home to it. (Diary 5017, Tonya, 36 year old female with 2 teens, emphasis added)*

**Preparing for and recovering after the work shift – Non-gendered spillover**

Another common theme found within the nursing data was the energy put into preparing emotionally, mentally and physically for work shifts. This finding is reminiscent of Lowson and Arber’s (2014) findings among night shift workers. In their qualitative study the authors found that night shift working mothers prepared for their work shift in three phases: the preparation phase, the night work phase and the recovery phase. In each of these three phases of working the night shift, the participant were found to attempt to execute their night shift with “minimal disruption to the everyday lives of other family members” (Lowson and Arber 2014:234). In their interview process with the partners of working mothers, the author’s found evidence of “the hidden and implicit gendered nature of their wives responsibilities and family practices” (234). The nurses in my sample openly discussed the work put into preparing for their work shifts and recovering from their work shifts and how these efforts were connected with experiences in the home. The results reported here contextualize Lowson and Arber’s original
findings in that it includes fathers who struggle with their experience of work-family spillover.

Lowson and Arber (2014) found that working mothers did a lot of preparation work before their work shift to minimize the disruption to their family routines. The nurses in my sample mentioned frequently their need to “prepare mentally” and emotionally for their work shifts. In addition, some described their specific tactics for preparing for work shifts.

Grace, a 53 year old female nurse explained that before a work shift she tells:

“my family and friends that for the time that I’m working the stretch of twelve hour shifts that...I won’t be responding back to their calls or their emails, that I pretty much just...come home, take a shower and...real for a little bit to relax and unwind then then...go to bed. ” (Diary 2450, Grace, 53 year old female with one child)

Lynn, another female nurse explains that “I try to mentally prepare that whole day before my next shift so I can be ready to take on whatever comes my way.” (Diary 1516, Lynn, 35 year old female with three children).

Gregg, a 23 year old male nurse describes a similar process:

I’m cleaning up because I guess for me, having my home life in order when you go to work and you constantly come home to a house that’s dirty. So, I mentally prepare my house. I like to at least have a day with my wife so we can sit down and say ’okay, I may not see a lot of you for three days because I’m going to be tired, and it’s important that I get my rest so that I’m as sharp as possible’. (Interview 5012, Gregg, 23 year old male nurse, no children, emphasis added)

Nurses also commonly described their need for recovery following a work shift.

Lucy, a 25 year old female nurse reports:

It was a horrible day, and...if I didn’t have to go back tomorrow I wouldn’t...If I did have a call off available I would call off, because it’s just mentally, physically, emotionally draining and I feel like I’m still shaking after the entire day. So, I’m going home, and relaxing, and um praying that tomorrow is gonna be a better day.” (Diary 1556, Lucy, 25 year old female, no children, emphasis added)
In addition to needing time to prepare and time to recover from stressful work shifts, there were also multiple examples of maladaptive coping strategies to recover from nursing shifts. For example, Jake reported he used alcohol to help cope with stressful work shifts:

*The units been stressful for the last couple of weeks...we all just need to go out, drink, have a party...So, alcohol is always um a crutch...Everybody feels ‘oh God, job sucks, let’s go out, let’s get drunk, let’s go have a good time’. (Interview 1860, Jake, 27 year old male, no children)*

Karie, a 55 year old female nurse reported:

*So I left and I’m at home and having gotten home, was home about ten minutes standing in front of the mirror doing something that’s very bad, picking pimples is one of my big stress relief mechanisms, I know I shouldn’t have been but I think the end of the day did kind of stress me out and...I was on a search and destroy mission...on my face. (Diary 2390, Karie, 55 year old female, one child, emphasis added)*

**Discussion**

The findings above show that both male and female nurses perceive that they experience the burden of the second shift that Hochschild (1989) originally described. A number of examples are provided in which nurses were simply too mentally, emotionally or physically exhausted to complete their second shift responsibilities. Examining this topic qualitatively helps to contextualize the experience of spillover by providing evidence that, among nurses, men are reporting that they tend to experience similar work-family spillover to their female counterparts. Despite these experiences, the findings reported here are not intended to challenge the social reality that women continue to have a disproportionate responsibility for household tasks (Bianchi et al. 2012). Instead, these findings are intended to contextualize the discussion related to work-family spillover by
providing evidence that men working within a caring profession perceive that they are experiencing negative work-family spillover in ways that are similar to their female colleagues.

The findings in this chapter also support Galinsky, Aumann and Bond’s (2011) finding that men are embracing an elaborated conception of family gender roles. The male nurses in my sample frequently reported perceived equitable relationships in their home environments, as well as discussed situations in which they experienced negative work-family spillover due to working in an occupation that continues to preference the professional over the personal. For example, Todd, a 37 year old father of two young children expressed the difficulty associated with working in the stressful work environment and then coming home to household responsibilities. He said, “I just feel completely burned…and it just feels like it’s just too much.” Todd is not alone in feeling overwhelmed by his second shift responsibilities; however his experience of the stress associated with them is a unique addition to the literature in that the burden of the second shift stressors has generally been carried primarily by working women.

While Simon (1995) found that men seem to report more specific experiences of work-family conflict compared to women’s reports of more pervasive and non-specific experiences, my research did not demonstrate similar gender differences. The male and female nurses in my sample both reported specific and nonspecific experiences of work-family conflict. For example, Steve, a 45 year old father of two teens, reported that he didn’t feel as though he was able to fulfill his role as a father because he was “away from them”, while Samantha, a 57 year old female recalls a specific situation in which she opted out of dinner with her boyfriend due to work stress. This difference in findings may
be due to the carework requirements of the nursing job that was the focus of the current study. It is possible that since nursing requires nurturance and emotional support that male nurses experience less independence between their work and family roles than men working in non-carework occupations. Since Simon (1995) found that women typically experience more work-family conflict, due to their decreased independence level of work and family role-identities to men, it follows that men working in carework occupations would also experience more work-family conflict when combing a carework occupation with their family role.

In addition, these results also provide insight into how nurses conceptualize the ways in which they have to mentally, emotionally and physically prepare and recover from the demands of their paid care work. This part of my dissertation project builds on the work of Lowson and Arber (2014) in that it includes the experiences of working fathers in addition to working mothers. My findings also highlight some of the maladaptive strategies that nurses use to cope with their stressful work environments, including alcohol use and self-harm (skin picking). The conditions under which such problematic coping strategies emerge and the extent to which they are practiced represents a potentially fruitful avenue for future research.

One potential avenue for future research is an investigation into the influence of power and structural positions on experiences of work-family spillover. As Bob, a male nurse explains, “It sucks for women, but I could go up the ladder quicker than a female even though they’re just as competent and have the same credentials” (Interview 5007, Bob, age unknown). The valuation of an employee who puts his or her work first and family needs second is problematic for women in a society that continues to culturally
assign the majority of family domestic and emotional care to women (Garey 1995). Ferree (2010:427) argues that a structural preference or demand for occupational “overwork” has reinforced “gender-specific inequalities” within the workplace. She explains that, due to cultural expectations, the demand for longer work hours has the dual effect of pushing wives down in the workforce, as well as, putting mothers into a position where they unwillingly opt out of career track positions. The additional problems that the demand for “overwork” causes for working mothers, and in some cases, working fathers was evident in my nursing data.

One limitation of the current research includes the small number of fathers in my sample. Although the fathers in my sample reported experiencing negative work-family spillover in similar ways to their female colleagues, the small sample size limits the analysis. Future research into the influence of gender on experiences of work-family spillover would benefit from the inclusion of larger numbers of working fathers. Additionally, my findings related to the relationship between gender and work-family spillover are specific to a gendered care-work occupation. Future research involving non-carework occupations could further contextualize this discussion.

Conclusion

This analysis of the interplay between gender and work-family spillover builds on previous gender theory that stressed the disproportionate levels of work-family spillover experienced by women in the respect that it provides evidence for future discussion and research into the male experience of work-family spillover associated with Hochschild’s (1989) second-shift. Additionally, this analysis highlights the burden that the traditional
occupational structure, that stresses the public over the private, puts on family culture. Although male nurses have been shown to have elaborated a new conception of fatherhood, the occupational structure within which they are employed continues to disadvantage the family. In order to improve the institution of the family, the occupational structures must reflect the advances that the private family spheres have experienced. It seems that working fathers, at least within nursing, have started to answer Hochschild’s (1989) call to shift more of their work into the home. The challenge at hand now is to historically shift the occupational culture to one that supports the family unit, rather than one that undermines, disadvantages and disempowers it.
CHAPTER IV

HOW DO NURSES PERCEIVE ROLE-TAKING AND EMOTIONAL LABOR PROCESSES TO INFLUENCE WORK-FAMILY SPILLOVER?

Introduction

As care workers, nurses are required to assume multiple work-related roles (e.g., medical expert, companion, and personal care provider) at the same time that they are expected to balance these demands with those emanating from the roles they are expected to perform at home. Not surprisingly, role-related attitudes and behaviors that are practiced within the work environment have the potential to spill over into the home environment and vice versa. While previous parts of this dissertation (see pages 7-12) have discussed some of the more commonly understood influences on spillover (e.g., time pressures, work overload), the current chapter explores how particular role-related content and processes may shape nurses’ spillover experiences. More specifically, I examine how the content of the role-taking processes that nurses engage in as part of their job, along with the emotional labor that these practices often entail, shape the experience of work-family spillover.

Shott’s (1979) discussion of empathic role-taking processes and emotions provides the foundation for the analysis presented in this chapter. Building on Cooley’s (1964) and Mead’s (1934) original descriptions of the role-taking process, Shott proposed that when people practice empathic role-taking they envision themselves in the position of the other and, in so doing, experience the emotions felt. Although empathic role-taking
is primarily discussed within the context of one interactional context (e.g., behaving compassionately as a result of empathizing with a patient’s suffering), and thus serves as a means of social and moral control within the context of the particular role being performed, the findings presented in the current chapter suggest that these processes and their social/moral outcomes also spillover into other role performances. As such, this chapter illustrates how nurses’ practice of empathic role-taking – a practice critical to the provision of quality patient care – influences their experience of family and personal life in ways that are distinctly linked to the meanings assigned to the nursing role. In exploring how ideas rooted in symbolic interactionist role theory shape our understanding of nurses’ different role-related perceptions, the current chapter seeks to provide new insights into the experience of work-family spillover among registered nurses.

Before delving into the specific literature related to empathic role-taking emotions and work-family spillover, I provide a brief overview of the role theory literature and its connections with the symbolic interactionist approach that underlies this part of my dissertation research.

**Role Theory and Symbolic Interactionism**

Individual behavior and perceived quality of life are influenced by people’s perceptions of their roles, or the expected behaviors associated with a status (Turner 1978; Pearson 2008). Various role experiences examined by social scientists include, but are not limited to, role conflict, role overload, and role spillover. Additionally, the concept of roles is treated slightly differently within each of the major sociological paradigms. McLeod and Lively (2003) explain that traditional role theory, such as that
discussed by Georg Simmel (1950), Ralph Linton (1936) and Jacob Moreno (1934), is commonly criticized for ignoring the role of individual agency. As discussed below, one of the benefits of using an interactionist approach to roles is an ability to account for individuals experiencing and expressing role-related agency as well as an ability to account for the influence of social structure and culture within the contexts of both work and family.

Biddle (1986) explains that there is a great deal of confusion within the role theory literature about how the concept of “role” is defined, as well as about the assumptions and explanations associated with roles. For the purpose of this chapter, roles are conceptualized as the expected behaviors (e.g., caring for patients, providing medical expertise, advocating on behalf of patients and their families) associated with various social statuses (e.g., nurse, spouse, parent, family member), which are influenced by larger social structures (e.g., work, family). Most variations of role theory address issues of structure and agency, to varying degrees. The following discussion briefly illustrates some of the diversity within the field concerning how roles are conceptualized and applied and highlights how these diverse applications are related to the current study.

The role theory literature includes discussions of both functional (traditional) and interactionist role theory. Biddle (1986) explains that functional role theory was the dominant perspective within role theory until the mid-1970s. For the purpose of the current dissertation project, the distinguishing differences between these two approaches involve the treatment of agency and structure. Functional role theory focuses on the characteristic behaviors that are expected from people within a stable social system (Stryker and Statham 1985). As such, within functional role theory, knowledge of roles
induces conformity and roles tend to be discussed within the context of explaining social system stability.

Weber’s (1947) classic discussion of the bureaucratic system exemplifies functional role theory in that it provides us with a conceptual yardstick with which we can compare. In addition, Turner (1976) credits Bates and Harvey (1975:531) with producing one of the “most ambitious works of sociology theory in recent years”. In their work, Bates and Harvey (1975) use functional role theory to develop a structural model capable of analyzing the operation and organization of varying sizes of human social systems. Within their model, social structures are viewed as “collections of designated social positions” which are governed by the shared norms of differentiated behaviors (Biddle 1986).

One difficulty with functional role theory is that it tends to assume the existence of system stability over time and thus neglects the potential role of individual agency to specify the conditions under which change may occur or when the normative constraint associated with particular roles may vary (McLeod and Lively 2003). Biddle (1986) explains that beginning with Mead’s (1934) early statements, symbolic interactionist role theorists address these limitations by focusing on the social experiences of individual actors and the important part played by actors’ interpretations of meaning. For example, in her qualitative work on mental health, Simon (1997) found that people vary considerably in the meanings they attach to their role identities, which is based on how they assess the advantages and disadvantages of their role involvement. This finding supports the idea among mental health scholars that the meanings people attach to situations are integral to discussing differential vulnerability to role-related stress (Simon

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Despite the benefits gained by including individual meanings in its approach to roles, one criticism of symbolic interactionist role theory has been that it does not directly address the structural constraints of roles and role expectations (Biddle 1986).

As suggested above, individual agency is treated differently within structural and interactionist role theory—individual agency is active within interactionist role theory, while the influence of structural constraints is stressed in structural role theory. Heiss (1990) suggests that one limitation within the role literature that might explain these commonly noted distinctions is that authors use different labels to explain the same phenomenon. He explains that roles should be defined as a set of behavioral expectations that vary among individuals and that are connected to social characteristics. Stryker and Statham (1985) agree, arguing that within both symbolic interactionism and role theory the concept of role connects the individual with social structures.

Interactional role theory emphasizes the importance of the self-related processes that come to influence social interaction and how such interactions constitute the recreation of society (Heiss 1990; Stryker and Statham 1985). Stryker and Statham (1985:344) explain that while symbolic interactionism “uses the concept of role to build ‘down’ to the social person,” role theory “uses the concept of role to build ‘up’ from interaction to larger units of organized life.” Heiss (1990) further suggests that future applications of role theory would benefit from integrating structuralist, macro-level analyses with interactionist micro-level analyses – thus focusing on the processes that link self and social structure.

Stryker and Statham (1985) cite Turner’s (1978) work on role-person merger as an example of how a concept may serve such a purpose. For example, they note that role
person merger is the “degree to which roles are invested with self” (Stryker and Statham 1985:347). Turner’s (1978) concept of role-person merger thus addresses the situation that arises when a role becomes so salient to a person that they tend to enact it across all environments. In the context of nursing, the experience of role-person merger might lead to the enactment of the nursing role within family or personal life in ways that are viewed both positively and negatively—such as the father who perceives his nursing role to improve his parenting skills, or when a nurse medicalizes the death of a loved one and fails to exhibit the expected grief at a funeral. As these examples illustrate, in linking self with social structure, the concept of role-person merger reflects one way that role theory has informed symbolic interactionism.

Emotional experiences, particularly Hochschild’s (1983) approach to emotional labor and Shott’s (1979) role-taking emotions, have the ability to serve a similar purpose (Stryker and Statham 1985). They do so by capturing key dimensions of social control processes that emerge from within social structures (e.g., role-related norms and expectations) while at the same time showing how such processes become integral parts of one’s sense of self. As such, these types of emotional experiences and management processes have the potential to regulate individual behavior in a way that promotes system stability at the same time that they may be experienced as reflecting a person’s sense of agency. As such, the current chapter addresses Heiss’s (1990) call for researchers to explicitly link self with social structure by examining the social and self-control processes related to emotional labor and role-taking emotions.
Emotional Labor and Work-Family Spillover

The expectation to provide quality patient care necessitates that nurses display comfort, compassion and confidence while working in stressful and often unpredictable environments (Kostovich and Clementi 2014). Such displays do not emerge naturally but require skilled emotion management to be effectively performed. Although emotion management may be performed within both public and private contexts, when it is performed as a requirement of one’s work, it becomes emotional labor (Hochschild 2003 [1983]). Hochschild defined emotional labor as the suppression, induction, or change of feeling “in order to sustain the outward countenance that produces the proper state of mind in others” within an occupational context (2003[1983]:7). In her original work, she notes that there are three key characteristics inherent in jobs that require emotional labor: (1) Face-to-face interaction with the public; (2) a requirement that employees will elicit an emotional state in others; and (3) employer control over the emotional displays of employees.

Although nursing was not a focus of Hochschild’s original study, the characteristics she defines suggest that emotional labor has been and continues to be integral to nursing practice, nursing education and nursing identity (Henderson 2001; Cricco-Lizza 2014). In addition, these work-related emotional demands have the potential to influence nurses’ experience of the work and family relationship. For example, in their qualitative work on the emotion management performed outside of the job by neo-natal nurses, Cadge and Hammonds (2009) found that emotional labor frequently spilled over into their personal lives. Nurses experiencing this type of emotional spillover were found to attend funerals, to provide emotional support to
families, and to have dinner with families in an effort to help them cope with their grief
over losing a child.

Hochschild (2003[1983]) and others (Ashforth and Humphrey 1993: Erickson and
Grove 2008) have expressed concern over the interpersonal consequences of performing
emotional labor. Hochschild (2003[1983]) originally identified the connections between
providing emotional labor and psychological harm, including emotional numbness and
burnout. Hochschild explains that much of the anguish associated with performing
emotional labor is linked to its invisibility (Hochschild 2003[1983]; also see Evans
2013). Hochschild found that flight attendants who were not able to depersonalize their
job roles reported “periods of emotional deadness” (2003[1983]:187). Erickson and
Grove (2008) further this idea in their discussion of the negative outcomes associated
with emotional labor—including “emotional exhaustion, depersonalization,
inauthenticity, job burnout, increased anxiety, increased depression, and physical ill
health” (15). Hochschild (2003[1983]:187) also suggests that the potential interpersonal
harm of performing emotional labor can be decreased when people “feel a greater sense
of control over their conditions of their work lives”. As such, nurses who feel that they
have agency on the job and then exercise it may be expected to experience less work-
family spillover. The experiences of nurses in the current study tend to be consistent with
these earlier findings. However, my analysis goes a bit further in illustrating how nurses
intentionally exercised their agency to limit experiences of work-family spillover due to
the emotional labor demands of their job.

Scholars agree that the connection between the emotional labor performed at
work and the experience of work-family spillover is theoretically underdeveloped
(Wharton and Erickson 1993; Hammonds and Cadge 2013; Wagner et al. 2014). Wharton and Erickson (1993:459) argue that “little is known about work or family role demands associated with the management of emotion and their consequences for work-family linkages.” The authors hypothesize that the type and degree of emotion management experienced in work and family roles has the potential to spillover. Hammonds and Cadge (2013:163) explain that hospitals, as a work site, contain “contradictory norms about emotion management” in that nurses are structurally required to provide carework in an environment in which they are also encouraged to display detached concern (Cadge and Hammonds 2012). In their qualitative work with intensive care nurses, Hammonds and Cadge found that nurses typically experienced work-family spillover as a result of the emotional labor that they performed at work. In addition, the authors reported that nurses engaged in several behaviors when they were at home in an attempt to achieve some form of emotional recovery. These efforts included calling in to the unit to check on patients during their days off, seeking social support from friends and family, and engaging in activities (e.g., physical exercise) to distract them from thinking about their work-related feelings.

Similarly, in their examination of the emotional lives of bus drivers, Wagner and colleagues (2014) also demonstrated the connection between emotional labor performed on the job and increased experiences of spillover. Specifically, the researchers found that the performance of daily surface acting by bus drivers was connected with increases in emotional exhaustion after work, work-to-family conflict, and insomnia. Reflecting the potentially positive spillover effects that have been shown in other chapters of parts of this dissertation, Donoso et al.’s (2015) diary study of nurses’ emotional job demands and
emotion regulation concluded that experiences of spillover are due to the combined
effects of demands and regulation ability. More specifically, nurses who reported higher
emotional demands at work, also reported more vitality and positive emotional
experiences at home. These results were enhanced further when nurses reported high
levels of skill in emotional regulation. In sum, performing emotional labor has been
shown to have consequences for work-family relationships. The current study adds to this
literature by examining how job-related role-taking emotions, along with emotional labor,
may also influence nurses’ experiences of work-family spillover.

Emotions, Roles, and Work-Family Spillover

In her theoretical work on the sociology of emotions, Shott (1979) explains that
role-taking emotions are linked to self-control and require that individuals be able to
consider not only another person’s perspective, but also their emotional experience. Shott
(1979) describes two distinct types of role-taking emotions: reflexive and empathic.
Reflexive role-taking emotions include guilt, shame, embarrassment, pride and vanity
and tend to be directed toward oneself, rather than toward another person (Shott
1979:1324). Empathic role-taking emotions are evoked when the individual imagines
how the other person is feeling or might feel in the given situation, and to then behave in
ways that help maintain this emergent social bond. Shott (1979) argues that these role-
taking emotions serve the function of facilitating social control, as they are normative
motivators of moral conduct. In addition, this original work has become a classic because
of the way in which Shott demonstrates how emotional processes themselves need to be
conceptualized as fully social rather than isolated individual experiences.
Shott’s concept of role-taking emotions thus illustrates a symbolic interactionist approach to roles by showing how both agency and structure are able to shape an individual’s experiences and interactions at the same time. For example, role-taking emotions emerge through the active experience of individuals imagining themselves in the position of another person. As Cooley (1964) originally noted, this agentive process leads to the shaping of our own sense of self, feeling, and behavior as being influenced by this “other.” Building on this classic interactionist idea, Shott goes on to observe the ways that the emotional outcomes of this reflective process often serve as instructive lessons in normative constraint. Because this process most often takes place in the context of enacting particular roles, an individual’s emotional experiences are linked, through roles, to the normative expectations of the surrounding social structure. Reflecting the agency-structure connection found within Shott’s theory of role-taking emotions, Stets (2003:320) observes that within environments where individual behavior cannot be fully monitored, such emotions tend to be experienced as part of one’s unique, personal experience at the same time that they operate as mechanisms of self-control and self-regulation.

Building on these ideas within symbolic interactionist role theory, I apply Shott’s (1979) concept of role-taking emotions to illustrate how nurses perceive their roles to impact experiences of work-family spillover. The environment of nursing is one in which careworkers are frequently put into emotionally demanding situations, sometimes involving life and death circumstances. Shott (1979) further explains that the sociological investigation of emotion is important due to the fact that emotions are experienced differently across different segments of society based on their structural positions. The
structural exposure to emotionally demanding situations within nursing, combined with the influence of the nurse’s perception of these experiences on well-being, illustrates symbolic interactionist role theory as well as the connection between self and the larger social structure. Nurses are not only required to perform emotional labor, but their occupational role often requires them to confront life and death situations that are emotionally demanding. For these reasons and others, the field of nursing serves as an ideal site to illustrate how role-taking emotions are related to the experience of work-family spillover. As the data presented below suggest, using Shott’s approach helps to illuminate the connection between empathic role-taking as a central feature of the nursing work role and work-family spillover.

The findings presented below suggest that emotional experiences and management processes are related to work-family spillover in three distinct ways. First, the emotional labor demands of the job spill over into the home environment. As Hochschild (2003[1983]) and others warned, this spillover was often experienced negatively, but the current findings suggest that some of the situations in which this spillover may also be experienced positively. Second, nurses actively engage in attempts to decrease the extent to which the emotional labor demands of the job spill over into the home environment. This supports Hochschild’s (2003[1983]) original suspicion that the harmful effects of emotional labor could be reduced by exercising agency on the job. Third, nurses’ experiences of empathic role-taking emotions (e.g., guilt, shame, fear, empathy) influences their experiences of work-family spillover. This finding is significant to the study of emotions as it serves as an example of the connection between
structural influences on emotion (i.e. emotionally demanding environment), individual perceptions of roles, and the experience of work-family spillover.

**Methods**

The current study analyzes data from two out of the three waves of a larger project entitled “Identity and Emotional Management Control in Health Care Settings,” funded by the National Science Foundation (SES-1024271). The original project was conducted from the spring of 2011 through the fall of 2012 among nurses within a large Midwestern hospital system. Phase one of the project included a survey that was mailed to all eligible RN’s within the hospital system. Phase two included respondents recording voice diaries after six work shifts. The participants were prompted to include their reflections on their work shifts, any memorable events, as well as their feelings associated with their work shifts. Participants in phase two of the original project were compensated $75 for completing their audio diaries. Phase three included follow-up interviews from participants from Phase two. Follow-up interview participants were compensated $25.

In total, the analysis I conducted was based on forty-six audio diary transcripts and twenty-three follow-up interview transcripts completed with the registered nurses in the original study. The sample includes 36 female nurses and 10 male nurses. Although this may appear to be a very small number of male nurses, it should be noted that men make up approximately 7-10% of the nursing population within the United States (Institute of Medicine 2010; Landivar 2013). Because the current sample was drawn from one health system within the Midwestern U.S., no claims of representativeness are made.
However, given current demographic trends within nursing, having male nurses make up 20% of the voices represented in this qualitative data is noteworthy.

In an effort to contextualize the experience of the participants in my project I cross-referenced the qualitative identification numbers with the original SPSS file containing all of the quantitative data. This step allowed me to pull demographic information, such as marital status, ethnicity, as well as number and ages of children (see Chapter 2 for a chart containing participant demographic information). This process also enabled me to confirm the identification of the participants in the qualitative data files that I used for my research.

The inductive analytical approach used for this took place in several stages. My first stage of analysis included a preliminary exposure to the nursing data. In this first stage, I read through the majority of the transcripts using open hand-coding to identify the major themes that emerged. The second stage of my analysis included the use of QRS Nvivo 10, a qualitative analysis software program. During this stage, I uploaded all seventy-one of my transcripts, starting with a loose coding scheme that had emerged from stage one and adding to it as new themes emerged. During my Nvivo coding process, I kept three working audit trails. First, an audit timeline trail to record the progression of my research and my insights, findings and questions for the future. Second, a methodological audit trail to record all of my emergent codes in consecutive order – as a point of reference for my future analysis. Finally, a theoretical audit trail was used to record all theoretical ideas that emerged from the data. The completion of these audit trails has shaped the structure and organization of this qualitative project. After completing refined or focused coding within stage two, I began stage three, which
included coding within my previous nodes, as well as comparing the emerging themes to
the existing literature. This inductive analysis process was focused on understanding the
interplay between work-family spillover, emotional labor, and empathic role-taking
(Shott 1979). A detailed description of the methods used in this research is located in
Chapter Two and the full coding structure for this research project is located in Appendix
A.

Findings

As discussed in previous chapters, work-family spillover includes the
transmission of stress between roles associated with the work and family environments.
Nurses within my sample experienced both positive and negative spillover and they
experienced spillover bi-directionally, from the home-to-work and from work-to-home.
The following examples provide evidence to support the idea that experiences of work-
family spillover are associated with the emotional labor demands of the job and the
practice of empathic role-taking in three distinct ways: (1) the emotional labor demands
of the job spill over into the home environment; (2) nurses engage in attempts to decrease
the extent to which the emotional labor demands of the job spill over into the home
environment; and (3) nurses report increased work-family spillover when they practice
empathic role-taking (Shott 1979).

Nursing role spillover due to emotional labor on the job

Nursing role spillover was experienced in various ways among my nursing
sample. Reflective of the larger empirical literature on work-family spillover (Ergeneli et
nursing role spillover was experienced positively and negatively, as well as bi-directionally – from home to work and from work to home. Reflecting the pervasive emotional demands associated with nursing, Scott, a 47 year old male nurse explains that:

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\text{this is the only profession I know that you can get yelled at, screamed, punched, kicked, called every name in the book, and you have to keep a smile on your face and not lose control. If this was at a restaurant, the police would get called and the patients would get arrested. But, nope- not at our place, not at Branch 2. You gotta keep a smile on your face. Keep acting professional. Which really gets old on the staff, and yet, there’s nothing that we can do about it. (Diary 5001, Scott, 47 year old father of three, emphasis added)}
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Just as in the broader work-family spillover literature, negative experiences of work-family spillover permeated the discussion of nursing roles. Specifically, nurses discussed various situations in which they experienced role conflict and role overload, as well as situations in which the nursing role negatively impacted their lives. Illustrating this point, one female nurse explains that she came to work in a very bad mood one day because she feels like she has “so many roles to take on that it’s kind of wearing on” her.(Diary 1497, Danielle, 24 years old). Various other nurses used such phrases as “I’m drowning” (Diary 2789, Ava, 48 year old, married Female with 2 children) and explained that they felt “pulled too thin” (Diary 1556, Lucy, 25 year old female, no children).

Elaine, a 55 year old mother of one who had just experienced a death in her family, explains the emotional demands associated with being a surgical nurse during an intensive pediatric brain surgery:

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\text{We had a death in the family. My ex-husband died and he is the father of our only daughter, our only child. So uh there’s been a lot of commotion going on and a lot of stress...for the first time in I don’t- I can’t even tell you...I really felt like I wanted to walk out because I was so frustrated with the whole system...they offered to get me out but I didn’t do that. I didn’t feel like, I don’t know, I’m an old nurse and I don’t feel like I can abandon a patient or change plans or anything. I}
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don’t want people to do anything special for me. I just figure you gotta like muddle through…my emotions are so widely scattered right now that it’s um not easy just to you know put on my nurse face and put everything else away. (Diary 1940, Elaine, 55 year old mother of one, emphasis added)

Lucy, a 25 year old nurse shared a similar experience separating the experience of death in her own family from her work.

My grandma had just passed away and one of our family friends…when he was three, he was diagnosed with a brain tumor. So when I went in to work, when I had to go to work, I think it was just that week my grandma had passed away and he [the family friend] ended up in the hospital so it was just, I like started crying to one of the nurses and she was just SO comforting. So I think that’s definitely hard to put whatever’s going on in your own personal life sometimes aside and like just kind of take care of your patients, who you have right there. (Interview, 1556, Lucy, 25 year old female, no children, emphasis added)

Consistent with other research on this topic (Ashforth and Humphrey 1993; Hochschild 2003[1983]; Cadge and Hammonds 2009), the emotional labor demands of the nursing profession often spilled over into the home environment, with negative psychosocial consequences. These consequences included the inability to emotionally perform in the home due to the emotional demands at work, emotional numbing, and the resultant inability to follow emotional display norms in their personal lives.

Several nurses made comments highlighting their awareness of how their nursing role negatively impacted their family and personal lives, demonstrating their awareness of work-family spillover. Turner (1978) explains that when people merge with their roles the expectations and associated behaviors of their roles cross environments (e.g., work and home). Several nurses described situations in which the caring demands of the nursing role had negatively impacted their ability to be caring and compassionate in their personal lives. For example, Tonya, a 36 year old mother of two, describes a personal
situation in which she feels guilty that she is not more empathetic toward an ill family member.

*The draining thing dealin’ with all these people with pain today, it is kindahard, cuz then when I come home the kids are fu*ssing, my sister, who has MS, is sitting on the bedside commode, and her first thing is, ‘I hurt so bad. My arm hurt, hurt, hurt’... And, I have to hear about her pain. And, you know, I’m ‘pained out’ right about now...But, I’m tryin’ to be as empathetic and compassionate as I want to be, but I know I’m really not. So, I feel kinda cr*pp*ny, guilty, maybe about that. (Diary 5017, Tonya, 36 year old single female, with two teenagers, emphasis added)*

Tonya’s reflections illustrates a situation in which the emotional demands of her nursing role negatively spillover into her home environment. She is able to identify that after performing vast amounts of emotional labor at work she is unable to be as empathetic and compassionate as she would like to be in her home environment.

Such negative spillover experiences occurred across gender, as male nurses also describe difficulty in interacting with people outside of work due to the carework demands associated with the nursing role. Scott, a 47 year old father of three explains: “You don’t want to hear your kids say, ‘hey dad, I need this’, because you’ve heard it all day long” (5001, Scott, 47 year old divorced male with 3 older children).

Nurses frequently mentioned that their ability to follow emotion norms in their personal lives was impacted by their work role. Jake, a 27 year old male nurse, explains that his medicalized nursing role has impacted his ability and willingness to be emotional at funerals in his personal life.

*I definitely feel lack of emotion. I think I’m a little bit emotionally numb...I had a couple of funerals this past winter... [From a] medical standpoint, ‘ok, this is why they died’. This is natural progress. This is better off than what they could be. You know, sometimes death is a better option than living as a vegetable, not having any substance to their life. And, I think it takes somebody being in the field. (Interview 1860, Jake 27 year old single male, emphasis added)*
This spillover of emotional numbness was also echoed by Todd, another male nurse, in his report of how his nursing role negatively impacted his ability to attend funerals in his private life.

*So, if I didn’t kind of do this weird stoic kind of thing I don’t think I would survive, which it then kinda pours into my personal life where, you know, a family member maybe has died or whatever and I don’t do well at funerals. And, I hate going to them. And, I think it’s because of what I deal with at work. So, I avoid them at all costs, so family then kind of looks at me as being kind of heartless and that kind of thing.* (Interview 2572, Todd, 37 years old married male, emphasis added)

The previous two examples illustrate how the emotional labor demands of the nursing role negatively spillover into the personal life. In the first example, Jake’s ability to medicalize the cause of death, which is a positive behavior associated with his nursing role, is experienced negatively when he applies it in his personal life. He explains that “it takes somebody being in the field” to be able to understand that death is not always the worst option. Todd’s display of emotional numbness at funerals also illustrates his performance of emotionally protective behavior that is commonly associated with the nursing role. In Todd’s situation he is aware that the degree of emotional numbness that he deems necessary in his job is viewed as “heartless” when he displays it in his personal life. Both situations highlight ways in which the performance of emotional labor in nursing is connected with experiences of negative work-family spillover.

Another situation highlighting the connection between emotional labor in nursing and negative work-family spillover happened when one male nurse reported a situation in which he doubted his ability to fulfill his nursing role due to his inability to effectively act out his nursing role in his personal life. He describes a situation in which his inability to save a family member’s life at home made him doubt his ability to fulfill his nursing
role. He explained that “being a nurse and not having the ability to help him, I think really mentally, made it difficult to come back to work” (Diary 5012, Scott, 23 year old male). Scott explains that:

*This has been the most difficult two weeks that I’ve ever had as a nurse for a variety of reasons. Emotionally, spiritually, my brother—I lived with my brother and he passed away...His death was listed as a natural cause and I was sitting right in the living room when it appeared like he started to have a seizure, the first seizure he’s ever had. And, I did what we’re supposed to do, made sure his airway was open and followed procedure and document—know what the seizure is and what’s going on so I can report it to the ambulance or to the doctors and he can receive the appropriate treatment. I though it was going to be a seizure and it’s over. But unfortunately, he didn’t make it out. He died within 20 minutes...that was the most difficult think that I’ve ever had to deal with in my entire life. And then, being a nurse and not having the ability to help him, I think really mentally made it difficult to come back to work.* (Diary 5012, Scott, 23 year old male, emphasis added).

Scott’s situation represents an extension of the previous two examples in that not only did his nursing role behavior expectations spill over into the home, but his inability to effectively act them out also spilled back into the work environment, illustrating the bi-directional nature of work-family spillover.

The examples in this subsection illustrate situations where nurses experienced negative work-family spillover due to their internalization and practice of emotional labor on the job. For some nurses this negative work-family spillover happens when their internalization of the medical standpoint of life, which is necessary for providing high quality nursing care, makes them appear and act emotionally numb in their personal lives. An example includes the nurse who was unable to emotionally perform at a family funeral due to his internalization of the medical standpoint of death. Another example includes nurses who lack empathy for ill family members due to them viewing their struggles from a medical standpoint. The last example, in which a male nurse doubted his
ability to fulfill his nursing role based on a situation in his personal life, also represents the bi-directional nature of work-family spillover. Part of his nursing role expectations include the ability to provide life-saving interventions. When he was unable to do this in his personal life he subsequently doubted his effectiveness in his nursing role. As such, his nursing role expectations spilled over into his home life, causing self-doubt when he was not able to perform to his nursing standard, which then spilled back into his work life, causing him to doubt his occupational effectiveness.

Exercising agency in an attempt to reduce work-family spillover

Nurses engaged in several behaviors in an active attempt to manage the extent to which the emotional labor demands of their job negatively spilled over into their home environments. One common practice mentioned by the nurses in my sample was an intentional cognitive effort to separate work and home life. In a discussion in which she considers working in a hospice setting, Tina, a female nurse, reports, “The only struggle is it’s very emotionally draining and I’d like to say I don’t care anymore…I’m off the clock now” (5006, Tina, 25 years old female). Tina also reports that she “used to bring everything home and…dwell on it and…would think about it and it would drive me crazy, drive my husband crazy” (5006, Tina, 25 year old female). This quote illustrates Tina’s desire to cognitively separate the home and work environments. This struggle to try to prevent work-family spillover was reported by both male and female nurses.

Jake, a 27 year old male nurse, reports:

*I don’t go home and like...kick the dog or anything like that. I mean, I don’t’ have a dog, so I can’t so that. But, I try to make mental notes to leave work at work, leave home at home. It’s hard to do that sometimes...I try to actually*
make a conscious effort to do that. (Interview 1860, Jake, 27 years old, single male, emphasis added)

Both Tina and Jake are intentional in their efforts to compartmentalize their work and family roles. Tina utilizes the cognitive technique of associating her nursing role expectations and behavior with the time she is “on the clock.” This action demonstrates her effort at reducing negative work-family spillover in her attempt to not let the emotionally demanding parts of her job spillover into her home environment. While Jake admits that it is difficult to do, he also attempts to consistently leave the emotional demands of the job at work in an effort to decrease negative work-family spillover.

In some cases nurses were unable to prevent work-family spillover because they were not able to effectively compartmentalize the thoughts and behaviors associated with their work and family roles. Such is the case of Olivia, a 25 year old female nurse, who explained the difficulty she experienced separating her home and work environments during the time in which she experienced several miscarriages.

Because my personal feelings in life cannot effect or reflect on my job, I keep them, my personal life and my professional life…two very different things and to me they were crossing paths because I was very emotional…I had to be a patient in my ER more times than I’ve ever been a patient. (Interview 5010, Olivia, 25 year old, married female, emphasis added)

Olivia’s situation illustrates an example of the connection between emotions and work-family role spillover in which the emotional labor performed in her personal life spilled over into her work life. In Olivia’s case, she actively attempted to compartmentalize her work and family roles; however, she had difficulty separating the two during a time when she was feeling particularly vulnerable emotionally. Future examples will show this connection between work-family spillover and emotion by incorporating Shott’s (1979) notion of empathic role-taking.
This subsection has illustrated the connections between the emotional labor demands of nursing and work-family spillover. Nurses were also shown to exercise their agency in attempts to decrease negative work-family spillover. Nurses attempted to do this by cognitively separating their work and home environments so that the emotional labor demands of their jobs, or their home lives, did not negatively spillover.

**Emotional identification with a patient exacerbates spillover**

Nurses perform vast amounts of emotional labor and carework on a daily basis; however, my findings suggest that nurses were particularly likely to experience spillover in situations where they were able to relate themselves to the patient, or the patient’s family members. This finding illustrates Shott’s (1979) notion of role-taking emotions, in that the nurses commonly experienced work-family spillover in situations where they were able to picture themselves in the position of the patient or the patient’s family. As might be expected, negative work-family spillover experiences were more common when the patient had had a negative experience. One female nurse explains an experience in which she felt close to a patient that died:

*I’d been with her in the step down for probably like a good…couple weeks. So, I got to know her. I got to know her family and almost like…you know a friend…It was like we had like a friendship…as opposed to like a nurse-patient relationship because we were so close in age. (Diary 1556, Lucy, 25 year old female, emphasis added)*

*I never had a chance to cry…The only time I had a chance to cry was when I transferred her…I literally got like five minutes before I admitted another patient. And, just like processing the whole thing…I’ve been really depressed this week just because of that…Basically, it felt like I was losing a friend. (Diary 1556, Lucy, 25 year old female, emphasis added)*

*It’s hard to push your emotions aside and then try and take care of another patient…I know I have been suppressing my emotions about her…but they’re*
still back there and I…just feeling down like all week…waking up to a text on my day off that said that she had passed away…you’re going over [in] your head constantly…did I do the right thing? (Diary 1556, Lucy, 25 year old female, emphasis added)

The working conditions [and] the patient load are horrendous…I don’t know, in how many other profession…that’s not healthcare people go away so exhausted after work that…you cannot make dinner and I just take care of myself. I do not know how people do it who have children, and a husband, and a boyfriend, even an animal…because, literally, like on a hard day it’s like you go home and you are just like brain dead. (Diary 1556, Lucy, 25 year old female, emphasis added)

Lucy’s story illustrates a clear example of how the emotional labor demands of her job spilled into her home environment. Lucy explains that she only had five minutes to feel emotionally sad over the loss a patient with whom she had felt an emotional connection. She additionally explains how these types of intense emotional labor performances then spill over into her home environment, making her feel “brain dead,” depressed, and unable to take care of simple tasks.

The following example, in which a nurse describes a young patient, further illustrates Shott’s (1979) notion of empathic role-taking emotions. The patient in this situation was admitted to the hospital after somebody put a chemical in his drink that caused burns in his esophagus that made him unable to swallow. Lynn, a 35 year old mother of three, reported:

He was only 21, just started his life. That’s all I can thing about cause I have a 15 year old son and I’m like ‘wow, if somebody did that to my child I don’t know what I would do or where I would be’. (Diary 1516, Lynn, 35 year old, mother of 3, emphasis added)

That little boy…I keep calling him a little boy. He’s twenty-one, a grown man, but he looks like he’s sixteen years old…It’s just so hurtful. He can’t even swallow his own saliva. He just has a portable suction machine wherever he goes to catch his saliva because he can’t swallow it…he has pain in his chest, his esophagus and his stomach and it’s just going to be like continuous…They may have to do like reconstructive surgery or something, but…I just can’t imagine
**how devastating that could be.** (Diary 1516, Lynn, 35 year old, mother of 3, emphasis added)

It was common for nurses to feel stronger emotional connections to patients who were closer to them or a family member in age or in family composition. The following quotations also illustrate Shott’s (1979) idea of empathic role-taking emotions. Steve and Gregg explain:

*The hardest patients to lose are the ones that are closest…to my family’s situation.* So, if I have the patients that are about my wife’s age or my age and they have children about my kid’s age I tent to relate to them very closely and you start to picture your own family in that scenario and how would you be dealing with it if it was your spouse or it was me and I was dying and…leaving my family behind…Those hit very close to home and those tend to be very difficult and…take a while to get over. (Diary 3027, Steve, 45 year old male, married with 2 kids, emphasis added)

*I could picture my wife going through the breast cancer* and going through the treatments and stuff not going well and kind of imagining how it was going to be if that happened to us…It helped me to support them, but it was also very difficult to see me potentially having to go through that…It was making me kinda deal with it on a personal level when I probably didn’t have to. It probably wasn’t healthy. (Interview 3027, Steve, 45 year old male, married with 2 kids, emphasis added)

*My seventh patient was very personal to my heart. She was younger, closer to my age, in her late 30s. And she’s just going through a lot. I mean, cancer for anyone is difficult, but to see someone that is so close to your age and they have things in common with you and you guys can talk about things, it just makes it difficult because you can’t help but to see yourself in that bed and there’s an age-related connection there. You have a connection with all your patients, but there’s just a little bit more.* So that was very, very, very difficult. (Diary 5012, Gregg, 23 year old male, no children, emphasis added)

Several female nurses reported similarly negative experiences with spillover related to their finding similarities between themselves and their patients. One female nurse explains that losing a younger patient around Christmas time was “one of the most difficult thing I have dealt with as a nurse and I think it was because she was so close in age to me and I had gotten so close to her” (Diary 1556, Lucy, female, age 25 years).
In addition to nurses relating to their patients’ ages and family compositions, they also described situations in which their roles as parents influenced the ways in which they dealt with the deaths of children on the job. This experience of personally relating to patients illustrates Shott’s (1979) notion of role-taking emotions, in that nurses were able to relate their personal lives to their work lives. For example, nurses described situations in which they intentionally broke away from standard nursing protocol to handle the bodies of deceased children in an effort to provide comfort to grieving parents and to emotionally manage tragic situations. One male nurse, who is also a father, describes a situation in which a two year old patient died from being physically abused.

He’s…not even two years old and someone kinda beat the crap out of him and he died…He ended up being an organ donor and for some reason he kinda got to me quite a bit. And so, I went with him, took care of him for several days in a row and the day they finally took him to the OR to procure his organs I went with him, stayed in the OR the whole time, and then I actually carried him down to the morgue instead of taking him out on a gurney—just cuz for some reason he kinda got to me a bit….My thirty minute drive home was pretty much just complete emotional release and crying and…I think eventually it just all bottled up and built up and so I don’t’ think there are any guys who can say that at some point it doesn’t get to you a little. (Interview 2572, Todd, 37 year old, married male with 2 kids, emphasis added)

Todd further explains his attempts to prevent the emotional demands of his job from spilling over into his home life, which make him feel overwhelmed by the daily needs of his family.

I really have to be very conscious of not, not interacting, cuz I can’t just emotionally, you know, turn myself off…so that when I go home, I’m still there for my wife and my kids and whatever other family is having an issue or crisis or whatever, cuz inevitably someone has a question about something that they’re calling you up for…It’s been a real big challenge…not bringing it home. (Interview 2572, Todd, 37 year old, married male with 2 kids, emphasis added)
all just spills into my moods or whatever. My wife yells at me for being grouchy
and I get short with the kids and all that kind of stuff. (Interview 2572, Todd, 37
year old, married male with 2 kids, emphasis added)

After describing the trauma that her own mother experienced when she lost a
baby in the 1950s, Karie, a 55 year old female nurse, describes how she intentionally tries
to “make it easier on some other family” who loses a baby:

When I take a dead baby into a room...I know a lot of nurses will put gloves on
right away...I don’t put on gloves. You know, because you don’t usually put on
gloves when you hold a baby...I won’t put gloves on to hand a dead baby to a
mother. I mean, that’s her baby, it not a dead thing you know and I’m not
afraid...I will take the hand and look and say ‘oh, what pretty little hands she
has’...something like that just to try and point out the positives about their
child. (Interview 2390, Karie, 55 year old female with one child, emphasis added)

In both of these cases, knowledge of the parental role impacted the male and
female nurse’s behavior within their individual nursing roles. Additionally, these two
examples serve as another example of the connection between roles and emotions. Both
nurses engaged in empathic role-taking that was related to their willingness to merge the
caring behaviors typically associated with nursing (as opposed to physicians) with more
personalized experiences of empathy and connection. Although it is certainly true that
nurses “care,” the stories noted above appear to have remained salient for these nurses
specifically because they appeared to violate the “standard” practices associated with the
“detached concern” model that permeates rationalized contexts of care (Erickson and
Stacey 2013) and abandon the expected behavior of their nursing roles (i.e. keeping an
emotional distance).

Emotional spillover was also reported by nurses who had experienced deaths in
their own families. In some cases, these experiences in their personal lives made it more
difficult for them to perform their nursing roles, while in others nurses reported an
improved ability to care for grieving families following experiencing death in their own.

The following is an example in which the personal experience of death spilled over into the work environment. A male nurse explains:

*Losing that person and having to go back to work and then experiencing a situation that is similar to that, or experiencing death again, it is like a whirlwind of emotions. Sometimes you don't feel like you are capable of doing your job. Sometimes you want to quit. Sometimes the emotional strain is too much.* (Interview 5012, Gregg, 23 year old male, emphasis added)

There were also situations reported by nurses in which their personal life experiences with illnesses negatively influenced their ability to remain objective within their nursing roles. One female nurse relayed a situation in which she felt anger towards the family of a drug addict.

*I’m* very sensitive for the 54 year old heroin addict because my sister in law is an addict and we’re going through it as a family right now and it’s really hard, and you know I just look at his mother...The second that I heard, oh he lives in his mother’s basement, I just felt anger cuz that’s you know a drug addict. Cannot be an addict without an enabler. (Diary 5022, Jana, female)

One male nurse described his emotional difficulty in working in the emergency room, due to his ex-wife’s illnesses. Although he admits that he is able to relate to patients better because his ex-wife was BiPolar and an alcoholic, he explains that he does not do “very well with them… [when] they get combative”. The nurse goes on to explain that “every day is like my marriage all over again” (5001, Scott, 47 year old divorced male).

In addition to experiencing negative work-family spillover associated with their roles and role-taking emotions, several nurses also reported experiencing positive spillover among their roles. Such is the situation in the following examples where nurses describe how their role-taking emotions have encouraged them to be better nurses.
Even if you do have someone that’s kind of...they just seem unappreciative or they’re giving you a hard time, I just put in my mind like ‘okay, you are sick’. I don’t try to take it personal. I don’t know what other issues they may be going through so I just put it out of my mind and I just still treat them if I was the patient or they were my family how would I want them to be treated, what kind of care would I want my family member to have. (Interview 5002, Angie, 24 year old, single female, emphasis added)

I’m pretty much am know as being a caring nurse on that floor with my patients. I interact with them, I feel like their...family almost. I get connected to them, to their families. I have conversations...I couldn’t imagine not caring...Usually I’m pretty stressed or sad because I do care so much about my patients that I just take on a lot mentally on myself...I’ve had some pretty stressful days, no sleeping cause I can’t get things off my mind. (Diary 5002, Angie, 24 year old single female, emphasis added)

It is really hard once you develop a relationship and you do get really close and they do get sick...that’s happened to me several times I would say, but I think with our relationship...it’s almost like caring for them, they are your loved one, they are your family, so you really take care of them to the fullest extent. (Interview 1556, Lucy, 25 years old, single female, emphasis added)

Although Lucy demonstrates in this quotation that she was able to provide good nursing care due to being able to treat her patients like family members, she also reported several experiences of negative work-family spillover in other places in her audio diary. As the reader may recall, these included feeling brain dead after a hard shift, feeling depressed, and the inability to take care of simple daily activities, such as cooking.

The stories presented in this subsection illustrate some of the ways that nurses experience work-family connections in cases where empathic role-taking emotions were common, and most particularly, in situations where they were able to relate personally to the patient or the patient’s family. These cases demonstrate the bi-directional influence of role-related demands and abilities within the context of work-family spillover. In addition, the results show how empathic role-taking leads nurses to intentionally treat patients more positively by imagining how they would want their family members to be
treated. These findings illustrate the insights that can be gained through an explicit consideration of role-taking emotions, specifically those associated with empathy (Shott 1979).

Discussion

The findings presented in this chapter further contextualize the work within the emotions and work-family spillover literatures in three ways. First, I demonstrated a connection between performing emotional labor on the job and experiences of work-family spillover. Although the majority of spillover stories tended to be reflect negative experiences (e.g. the inability to emotionally perform at home due to work demands, inability to follow emotion norms due to work demands and experiences of emotional numbing), nurses also report experiencing positive spillover. As with the results presented in other chapters of this dissertation, the findings reported here also suggest some of the similarities across gender as male and female nurses talk about their experiences of work-family spillover as it relates to the emotional demands of the job.

The second thematic finding presented in this chapter is that both male and female nurses exercise agency in an effort to decrease the work-family spillover associated with performing emotional labor on the job. One way that nurses attempted to do this was by cognitively compartmentalizing their work and home lives. However, I also showed that, in some cases, the spillover of emotional labor demands was perceived as unavoidable. Additionally, nurses also reported several situations in which emotional labor spilled from the direction of home into work, rather than the typical work to home direction. For example, this was the case for the nurse who had experienced several miscarriages and
reported feeling that she was not always able to emotionally separate them from her work.

The final theme of the results presented in this chapter is that nurses experienced increased spillover in situations where they emotionally identified with the patient or the patient’s family. This spillover, which was due to emotionally identifying with patients, illustrates Shott’s (1978) concept of empathic role-taking emotions. Interestingly, the findings presented also show that, for some nurses, using the technique of emotional-identification enabled them to provide higher quality patient care. This situation was perhaps illustrated most poignantly by the nurse who broke with protocol by handling deceased babies without gloves. In this situation, the nurse imagined how she would have wanted her family member to be treated and this empathetic role-taking influenced her performance of emotionally-caring labor in a positive way. Other examples of positive family to work spillover within the context of performing emotional labor include stories about providing more emotional support on the job to grieving families following the experience of losing one’s own family member. In this respect, experiences from one’s personal life positively influenced nurses’ ability to perform emotional labor on the job.

One limitation of the current research is that the experiences of Registered Nurses could be considered one of “privilege” within the healthcare field. Compared to other occupational statuses within health care, such as Certified Nurse’s Assistants (CNA’s), RNs may experience greater job flexibility in terms of scheduling as well as higher levels of pay. Since schedule flexibility among nurses has been found to decrease perceived work-family spillover (Fujimoto, Kotani and Suzuki 2008), one might expect that lacking such flexibility may exacerbate negative work-family spillover. As such, inquiries into
the connections between work-family spillover and role theory would benefit from inclusion of various occupational statuses in the discussion of how perceived roles influence issues of work-family spillover.

**Conclusion**

This analysis of the connections between emotional labor and work-family spillover extends the literature in this area by providing a discussion of the experiences of male and female nurses working within a similar organizational context. One of the unique contributions of this chapter is that it demonstrates that both men and women are reporting similar experiences of work-family spillover associated with emotional labor performances. Another contribution is that it provides examples of positive spillover related to performances of emotional labor as well as demonstrating the somewhat unique role that role-taking emotions may play in understanding the conditions in which work-family relationships may yield positive and negative occupational and well-being outcomes.
CHAPTER V
THE NURSING TIMESCAPE AND WORK-FAMILY SPILLOVER

Introduction

The fast-paced work environment of nursing is one that includes exposure to life’s most intimate details, such as bodily fluids, the death and dying process, as well as the complexities of individuals and their families. Nurses, as carework professionals are required to provide vast amounts of emotional labor in this time-sensitive, structurally diverse work environment. The nurse’s perceptions of time demands, as well as the experiences of work-family spillover, are dimensions of the nursing timescape.

Timescape refers to how nurses experience time and is related to the exchange value of their time. Unfortunately, the timescape experiences of nurses often lead to feelings of compassion fatigue and burnout. This qualitative analysis of the relationship between the nursing timescape and work-family spillover builds on Adams’ (1998,2000) work on cultural timescapes, Flaherty’s (2012) interactionist approach to time work, as well as Lowson and Arber’s (2013) work on the timescape experiences of night shift nurses.

Using data from 46 audio diary entries and 23 follow-up interviews, this chapter proposes that nurses experience work-family spillover within the context of two related timescape dimensions—those involving the structural demands of the workplace and those involving the emotional demands and experiences of the workplace. The work-family spillover experienced by nurses can therefore be conceptualized in terms of both structural timescape spillover and emotional timescape spillover.
The interactional demands of the nursing profession are rigorous, requiring the frequent performance of impression management, emotional labor and the use of coping skills. Nurses are not only expected to manage their relationships with ill patients humanistically, but also must effectively navigate the unequal power distributions between themselves and physicians within a contemporary bureaucratic environment that is often strained due to budgetary restrictions. Nurses serve as intermediaries between patients, their families and the treating physicians. Some nurses are further challenged by unstable, or rotating work shifts. These daily work requirements, while in one sense mundane, have the potential to produce high levels of conflicts and stress. The stressors involved with the nursing profession have the potential to impact the nurse at home, as well as to be impacted by the stressors that the nurse experiences at home—a process commonly referred to as spillover. Stevanovic and Rupert (2009:6) describe spillover as the “process that mediates the relationship between the professional and personal lives.”

Two evident themes within the multi-disciplinary literature addressing work-family spillover is that there is a lack of qualitative research and that work-family spillover is theoretically underdeveloped among nurses. Previous discussions of work-family spillover have focused on the direction of spillover influence, the gendered nature of the experience and whether the experience was positive or negative (Innstrand et al. 2008; Stevanovic and Rupert 2009; Harr and Bardel 2008). The current chapter discusses and applies an expanded timescape perspective in order to help fill the theoretical gap in the literature of work-family spillover among nurses. The concept of timescape, which Adam (2000) describes as a conceptual approach, moves beyond the dichotomous perspective of work-family spillover being negative or positive, or directional (i.e., work
to family or family to work). A timescape approach contextualizes the experience of the interplay of the individual and their work and family environments. It includes a focus on agency and considers structural and emotional influences. My research, utilizing an expanded version of structural and emotional timescape spillover qualitatively contextualizes social scientific understanding of work-family spillover.

The Concept of Time

The concept of time has been addressed by several sociological theorists, including but not limited to Marx (1973[1857], 1976[1867]), Weber (1904), Mead (1938), Giddens (1979), Adam (1998,2000), Flaherty(1999, 2012) and Lowson and Arber (2014). Marx (1973[1857]) conceptualized ‘time’ as a medium of social exchange – inherently associated with an economic value. Our time thus has value. As such, how we spend our time implies the expenditure of other valued commodities such as energy, effort, and skill. Building on this idea, Adam (1998) further suggests that the contexts within which people exchange time matter. Experiencing time while at work on the night shift, or time spent working from home, shapes the experience of time differently than working day shift or working in a public place. As such, the exchange value of a nurse’s time may be influenced by when (day or night), where (home or work) and how (pace of work or life) time is experienced.

Weber’s (1958[1904]) concept of rationalization also contributes to a sociological understanding of the experience of time within contemporary work settings. Weber viewed the modern industrialized world as becoming rationalized—one that is efficient, organized and logical (Allan 2007). Although Weber stressed the importance of an
empirically accessible world, he also acknowledged the association between the experience of time and individual values. Weber (1958[1904]) wrote “all knowledge of cultural reality,” “[is] always knowledge from particular points of view” (81). In his study of the “Protestant work ethic,” Weber (1958[1904]) further explains that within a culture that values efficiency and productivity “time is money.” Thus, as theorists interested in inequalities, both Weber and Marx approach the modern experience of time in a way that reflects the idea that time has exchange value and, as with other such commodities, its relational exchange can be unequal. In the current context, these ideas are examined in terms of how nurses rationalize their time and how this process shapes the experience of work-family spillover.

Consistent with Weber’s initial conceptualization of the implications of rationalization, Adam (1998) explains that the rational experience of time creates a “sense of stability, certainty and predictability” (388). In her theoretical work, she conceptualizes ‘timescape’ to incorporate the experience of processes and events that are salient to an individual. Her notion of timescape is not intended to define time, but rather to contextualize how it is experienced. She also argues that current understanding of the role that perceptions of time play in sociological theory is inadequate regarding the potential hazards that accompany the contemporary post-industrialized way of life. Stated differently, people place varying amounts of value on different experiences of time, such as that spent at work, at home or in recreation. Time, as a commodity, is not equally exchangeable and is differentially experienced by individuals. Adam’s (1998) notion of timescape contextualizes the concept of time to include, rather than exclude the potential for variations in lived experiences. Adam (1998) warns against imposing a de-
contextualized concept of commodified time on work relations, for it matters to the employee what time of day they are working, how fast they are expected to work and the particular type of environment in which they are working. In her work, Adam (1998, 2000) argues that a more contextualized examination of time, one that moves beyond quantitative research and considers individual interpretations, will strengthen sociological theory on the topic.

Adam’s (1998, 2000) conceptualization of the timescape experience builds on the theoretical work of Anthony Giddens (1979). In his theory of structuration, Giddens (1979) explains that a consideration of time is essential for overcoming the dualism of structure and agency. He stresses the importance of examining the ways that time-space relations are embedded within all social interactions, as well as the importance of situating action “in time and space as a continuous flow of conduct” (1979:3). Adam’s (2000) timescape perspective recognizes three dimensions of time: (1) quantified time (found in clocks and calendars); (2) the context of time (including time and space); and (3) the multidimensionality of time, which incorporates the functions and experiences of time. As such, individual nursing experiences are influenced by the flexibility or rigor associated with their work schedules, the length and time of day of their work shifts, as well as their valuation and interpretations of their work and family experiences.

McKie and Bowlby (2002) explain that Adam (1995) also viewed time as being gendered—in that, tasks commonly associated with men and women are valued differently and that this impacts social power and efficacy in negotiating childcare and home responsibilities. The gendered nature of timescapes is salient to the occupational context of nursing in that women comprise the majority of the workforce, while male
nurses work within a gendered structure that requires vast amounts of carework that is typically associated with women. Work-family spillover can also be viewed as being influenced by Adam’s three dimensions of time (see above). For example, work-family spillover is experienced differently by nurses working third shift compared to nurses working swing shifts.

In addition to Adam (1998, 2000) and Lowson and Arber (2014), my analysis of the connection between the nursing timescape and work-family spillover also draws on Michael Flaherty’s (2012) work. Flaherty’s (2012) analysis of over 400 interviews with people from various social statuses highlights the various ways that people attempt to exercise their agency when it comes to the temporal experience of time. Flaherty’s concept of *time work* captures the effort that people put into manipulating their individual, as well as other’s experience of time. Through his analysis, Flaherty was able to conclude that people engaged in multiple efforts to modify dimensions of time, including the “duration, frequency, sequence, timing and allocation” (244). For example, Flaherty (2012) found that many staff-service workers intentionally ran their errands on their lunch breaks instead of spending all of the time eating, in an effort to use their time efficiently. His informants also reported frequent attempts to *steal time* from others, especially employers. One example includes an employee making personal phone calls while at work. These employee actions, including exchanging their lunch break time and stealing their work time, illustrate Marx’s notion of commodified time and Weber’s idea of how the goal of efficiency operates within modern, rationalized societies.

Several authors have built on Adam’s (2000) *timescape* concept (McKie and Bowlby 2002, Roberts 2008, Flaherty and Fine 2001, Flaherty 2012). McKie and Bowlby
(2002) build on Adam’s ideas regarding time by framing them within the experience of caring. In their collaborative work on gender, caring and work, these authors apply Adam’s (2002) notion of timescape to the lived realities of working women in Britain. They argue that due to the disproportionate amount of carework that women, in comparison to men, are expected to perform, social policies in the United Kingdom need to be adjusted to address the gendered inequalities that many women face when attempting to work outside of the home. These authors conceptualize carework to include all of the child-and elder-care that takes place within the context of the home environment. They go on to explain that the normative expectation that women assume carework responsibilities, while it remains a “choice” for men, places serious financial limitations on women’s earning potential.

*Issues of gender and time*

Various authors have addressed the unique relationship between gender and how time is experienced in the work-family context (Lowson and Arber 2014; McKie et al. 2002; Roberts 2013; Flaherty 2013). These discussion, which include an expanded notion of Adam’s (2002) notion of timescape frame my research into the experience of time and work-family spillover. In relation to carework, Hochschild (2003[1983]) explains that emotion work is an important resource for women due to their subordinate financial position in society (163). Lowson and Arber’s (2014) work documents the extensive planning that night shift nurses engaged in to ensure that carework for the family was ensured during the times that they were at work, or when they were recovering from working their nightshifts. This work highlights the gendered role of providing and
ensuring carework for the family. Lowson and Arber’s (2013) work on time focused on the gendered experiences of nightshift work among nurses in the United Kingdom. Lowson and Arber (2014) used a timescape perspective to highlight the considerable amounts of unpaid labor and unrecognized effort that female nurses perform due to gendered family norms. The authors explain that due to the fact that women continue to spend more time providing childcare and doing housework than their male partners (Hochschild 1983; Parker-Pope and Pope 1999), women who work the night shift expend unrecognized amounts of effort managing their time in ways to attempt to “minimize disruption to the everyday lives of other family members” (Lowson and Arber 2014:234). In their research, Lowson and Arber found that female nurses engaged in three phases of extensive time work related to “preparation” and “recovery” in order to lessen the potential for their work to disrupt the lives of the family members.

The three phases of time work that Lowson and Arber (2014) found among night shift workers represent the temporal experiences of their timescapes. The concept of time work refers to the individual acts of agency, whereas the concept of timescape captures the lived duration of the nurses. The mothers in Lowson and Arber’s (2014) study engaged in time work in relation to the high value they placed on performing childcare and maintaining their family’s routine. For example, prior to their night shift work, nurses engaged in a great deal of complex planning, often weeks in advance, in an effort to coordinate their own work schedule with those of their partners. Such planning included the consideration of who was going to provide childcare as well any transportation needs of family members. The authors report that the mothers in their study felt responsible for providing the primary childcare and making contingency plans for when they were at
work. These nurses were also shown to exchange sleep and extra performances of emotional labor to ensure minimized family disruptions. Lowson and Arber (2014) found that following night shifts, nurses often slept very little before starting their housework. Due to this lack of sleep, nurses had to often engage in extra performances of emotional labor to manage their mood that resulted from sleep deprivation. For example, following a night shift, nurses “described rising as early as possible after their last night shift, despite their tiredness, to re-establish usual routines as soon as possible” (241). Lowson and Arber (2014) conclude that their research highlights gender inequalities within dual-career families. One limitation of Lowson and Arber’s (2014) research is that it only focuses on female nurses that work the night shift.

McKie and Bowlby (2002) further explain that in some cases women are further disadvantaged by employers viewing them as unreliable due to the time requirements of this role. For example, it is assumed that women will be more likely to take time off work in the event a child becomes ill. Building on Adam’s (2000) concept of timescape, McKie and Bowlby (2002:914) suggest that a ‘caringscape’ perspective would consider the complexity of spatial-temporal frameworks and reflect a range of activities, feelings and reflective positions that are involved in balancing home and work. The authors argue that their caringscape perspective could aide future research and policy development in the realm of carework. Both Roberts (2013 and Flaherty (2012) support the need for an elaborated notion of Adam’s (2000) idea of timescape.

Roberts (2013) suggests that the concept of ‘livingscapes’ further expands the previous authors’ concept of ‘caringscape’ by allowing for the inclusion of other facets of life that people routinely combine with their work lives but that do not involve caring for
others (Roberts 2013:438). Roberts (2013) also shared Adam’s (2000) concern over relying too heavily on quantitative components of time in social science research. In an attempt to overcome or expand the analytical tendency for researchers studying time to simply look at issues related to ‘when’ and ‘how long’, Roberts (2013) raised several concerns over relying on a ‘clocktime’, or quantified time perspective when studying work-life issues. The author explains that the work-life relationship is complex and requires contextualization, beyond quantification of tasks and time, in order to capture ‘how’ time is experienced by employees. Building on the work of McKie and Bowlby (2002), Roberts (2013) further explains that a ‘livingscape’ perspective also suggests that ‘work’ and ‘life’ do not have to be in opposition to one another. His concept of the ‘livingscape’ assumes the interconnectedness of work and family life.

While Adam’s (2000) concept of timescape captures how people contextualize processes and events, Flaherty’s (2012) work focuses on the role of individual agency in the temporal experience of time. Flaherty and Fine (2001) stressed the importance of time in the work of Mead (1932), specifically the notion of temporality. The authors explain that Mead’s notion of time focused on the temporal work that people engage in, in which they orient themselves to the past and future in relation to how they interpret the present. Mead (1934) explained that in social interactions there is an intervening moment in time in which a person interprets the situation and considers his or her alternatives. He called this brief moment the specious present. According to Mead (1934), the response based on the interpretation of the situation is uncertain and variable. In this respect, a person’s interpretation of the present influences how he or she defines the past and the future.
Flaherty (1999) builds on Mead’s notion of time, expanding it in a way that captures the micro variations in how individuals perceive the passage of time.

Whereas Mead (1938) focused on the importance of the “specious present” in his theory of stimulus-interpretation-response, Flaherty (2012) expands this temporal experience through an examination of temporal agency in perceptions of time. To capture the inherent agency within the interactionist approach to any topic, Flaherty introduces the concept of “time work.” Time work refers to an individual’s “efforts to modify or customize one’s own experience of time or that of others” (243). For example, within the nursing context, time work includes individual efforts to make future work shifts less stressful by cleaning and organizing the home environment, or by “prepping” family members about the time demands of upcoming work shifts. The extensive preparation that nightshift workers did to minimize the disruption to their families preceding work shifts in Lowson and Arber’s (2014) research also exemplifies time work.

Flaherty (2012) also found evidence of gendered time work in his research. His findings support Hochschild and Machung’s (2003 [1989]) notion of the second shift—in that he commonly found female employees managing home matters, such as making appointments, while at work. Additionally, Flaherty and Fine (2001) explain that lived duration is experienced in two spheres: the “internal environment of mind (thoughts, emotions, physical sensations) and the external environment of perception” (157). Flaherty and Fine (2001) explain that all lived duration is influenced by the internal experiences of thoughts, emotions and physical sensations, as well as the external perceptions of the environment. Adam (2000) originally used the concept of timescape to capture the lived duration that Flaherty and Fine (2001) reference. As such, these
conceptions of the ‘internal environment of mind’ and ‘external environment of perception’ in relation to the lived duration of Adam’s timescape will be combined within this project into the concepts of ‘emotional timescape spillover’ and ‘structural timescape spillover’. My concepts of *emotional timescape spillover* and *structural timescape spillover* capture the internal and external lived durations within a work-family spillover framework.

By utilizing an expanded version of Adam’s timescape perspective and Flaherty’s idea of internal (emotional) and external (structural) influences on lived duration in this project, I will provide insight into the ways in which nurses experience work-family spillover. This chapter contextualizes the temporal links that nurses experience between structural and emotional experiences in the workplace and those in the home. The often-demanding *structural* characteristics of the nursing profession require nurses to manage their responsibilities in various ways, often in an attempt to minimize the disruption to their families, which is a result of working within an occupational environment that prefers the professional over the person, as illustrated in Chapter 3. In addition, the emotional demands of the nursing profession often lead nurses to feel emotionally burned-out after their work shift, influencing their ability to care for the emotional needs of others at home. Emotional burnout is a unique experience related to time spent emotionally performing at work, and as such serves as an example of *emotional timescape spillover* within the current project—in that the time spent emotionally performing at work influences the emotional experience of time (timescape) in the home (spillover).
The current research also extends that of Lowson and Arber (2014) in that it considers all work shifts, as well as the additional timescape experiences of males. My research on work-family spillover highlights similar attempts by male and female nurses to engage in time work to minimize disruptions within their family life – including both structural timescape spillover and emotional timescape spillover. This expanded timescape perspective will highlight the micro-level social experiences of work-family spillover as well as their attempts to ‘manage’ or mitigate the experiences of work-family spillover. The structure of the nursing profession is one that requires the performance of emotional labor within a setting that is often chaotic, time-sensitive and in some cases, overwhelming. My investigation into the lived experiences of the nursing timescape and work-family spillover will help fill the empirical gap regarding the time-space experiences that Giddens (1979) called attention to, and that Adam (1998,2000) declared deficient.

**Methods**

The current study analyzes data from two out of the three waves of a larger project entitled “Identity and Emotional Management Control in Health Care Settings,” funded by the National Science Foundation (SES-1024271). The original project was conducted from the spring of 2011 through the fall of 2012 among nurses within a large Midwestern hospital system. Phase one of the project included a survey that was mailed to all eligible RN’s within the hospital system. Phase two included respondents recording voice diaries after six work shifts. The participants were prompted to include their reflections on their work shifts, any memorable events, as well as their feelings
associated with their work shifts. Participants in phase two of the original project were compensated $75 for completing their audio diaries. Phase three included follow-up interviews from participants from Phase two. Follow-up interview participants were compensated $25.

In total, my qualitative analysis is based on forty-six audio diary transcripts and twenty-three follow-up interview transcripts completed with the registered nurses in the original study. The sample includes 36 female nurses and 10 male nurses. Although this may appear to be a very small number of male nurses, it should be noted that men make up approximately 7-10% of the nursing population within the United States (Institute of Medicine 2010; Landivar 2013). Because the current sample was drawn from one health system within the Midwestern U.S., no claims of representativeness are made. However, given current demographic trends within nursing, having male nurses make up 20% of the voices represented in this qualitative data is noteworthy. Additional demographic information about my sample is located in Chapter 2.

The analytical approach used for this study took place in several stages. My first stage of analysis included a preliminary exposure to the nursing data. In this first stage, I read through the majority of the transcripts using open hand-coding to identify the major themes that emerged. The second stage of my analysis included the use of QRS NVivo 10, a qualitative analysis software program. During this stage, I uploaded all seventy-one of my transcripts, starting with a loose coding scheme that had emerged from stage one and adding to it as new themes emerged. During my NVivo coding process, I kept three working audit trails. First, an audit timeline trail to record the progression of my research and my insights, findings and questions for the future. Second, a methodological audit
trail to record all of my emergent codes in consecutive order – as a point of reference for my future analysis. Finally, a theoretical audit trail was used to record all theoretical ideas that emerged from the data. The completion of these audit trails has shaped the structure and organization of this large qualitative project. After completing coding within stage two, I began stage three, which included coding within my previous nodes, as well as comparing the emerging themes to the existing literature. This inductive analysis process was focused on understanding the interplay between the nursing timescape and work-family spillover. My complete coding structure is located in Appendix A.

**Timescape and Work-family Spillover among Nurses**

As discussed earlier, the timescape perspective includes how a person subjectively experiences time, as well as their interpretation of the exchange value of their time. The work-family spillover experiences of the nurses in my sample were shaped by two distinct, but related experiences of timescape: structural timescapes and emotional timescapes. For the purpose of this discussion, *structural timescapes* refer to the time-related job requirements of nursing; these include, but are not limited to work-shifts, job responsibilities, and time management. Nurses often reported experiencing work-family spillover due to these structural timescape experiences. The following quotation exemplifies the experience of structural timescape spillover. In it, Lynn, a 35 year old mother of two reports the anxiety that she experiences regarding exchanging her work and home time.

*When I work a 12 hr shift to 7:30, around six o’clock I start getting anxious cuz I’m like “Oh it’s getting close to time to go.” I hate to leave late because it make me feel some kinda way….I just, I really hate that. (Diary 1516, Lynn, 35 year old mother of two)*
Whereas the concept of structural timescape spillover captures all of the experiences of exchanging time due to structural work issues, the concept of *emotional timescape* captures all of the time-related emotion work in which nurses engage both within and outside of their work-shifts involving situations that happened at work. As a caring profession, the job of nursing requires nurses to emote on the job. This requirement to perform emotional labor on the job often extends beyond the work-shift, causing the nurse to feel as though they are spending their home time emotionally experiencing something that happened at work. Stated differently, the emotional timescape of nurses often spill over into the home environment. The following example captures the experience of emotional timescape spillover. In her diary, Angie, a 24 year old female nurse, discussed her emotional timescape spillover related to experiencing death on the job.

*I just think that is a terrible situation. Also, today I’m gonna be going to Vegas, so it’s like how do you go from I was just at work...a patient just died and now in a couple hours I’ll be getting on a plane and going to Vegas and having a good time. Sometimes it’s hard to separate...the fact that things just happen.* (Diary 5002, Angie, 24 year old female, no children)

The exploitation of time within the nursing profession is fundamentally different than in most other jobs, in that it occurs within a gendered occupation that requires the performance of emotional labor that is similar to that required in the home environment. The following example illustrates the potential for an exaggerated experience of work-family spillover for occupations involving the care of human life. In it, Abby, a 64 year old nurse describes her response to being responsible for a bad patient outcome, which in the field of nursing can be as extreme as death.

*When I'm the person involved in a bad outcome for a patient, um I very often uh go through my personal review about why it happened, what I could've done that*
was different I spend a lot of time thinking about it, I’m extremely upset about that the event had happened to the patient, I welcome colleague review of what’s called a peer review of my- because I want to keep my personal response out of the picture I want a very critical analysis I want professional analysis and I want um a method either from an outside source or from my own decision about how to change my practice so that I don’t endanger future patients. I accept that I have made a mistake and I don’t brow beat myself over it but I am always um upset with myself for um being the person responsible for it. (Diary 3231, Abby, 64 year old female, no children, emphasis added)

As illustrated, the structural requirements of the job have the potential to compound the work-family spillover experienced by employees working within a gendered, caring profession. This qualitative examination into the structured exploitation of time within a caring occupation will benefit the understanding of the work-family relationship.

*Structural timescape: the irony of no time for self-health among health-care workers*

It is undeniable that a person’s ability to be healthy on the job has implications for their home life. The nurses in my sample reported various examples of how the structure of their work environment impacted their health and spilled into their home environment. One of the most evident structural timescape experiences among the nurses in my sample was the frequent perception that due to time constraints, they were not able to engage in healthy bodily behavior on the job. In these situations, the nurses were exchanging their health for productive work time. In essence, their bodily needs were being put on hold due to the time demands associated with their work structures – a somewhat unique form of physical exploitation that yields higher levels of productivity for the health care organization. This experience of time exploitation is directly connected to a Marxist
analysis and supports the idea of conceiving of time as a commodity to be exchanged, which is captured in the timescape framework.

The most common health complaints were in relation to time for bathroom and food breaks. One female nurse explains the reality of her structural timescape in relation to her health:

"It is hard when your own basic needs area getting deprived...It is hard to go through a twelve hour shift without getting a lunch break or a dinner break. You know there are many times where I didn’t eat for twelve hours and I would intentionally not drink anything because that would mean I would have to use the bathroom and I didn’t have time to use the bathroom so I just wouldn’t drink anything. And so it’s very hard to be perky and upbeat while at the same time feeling very exhausted. (Interview 2667, Clare, 28 year old female, no children, emphasis added)

Not having time to use the bathroom or stay hydrated during a work shift was noted frequently. One nurse mentions that in a conversation with another nurse about improving her health, she “made the comment to her that I don’t even have time to pee to even think about drinking water.” This same nurse also explains that it is very common for her to work a twelve hour shift and never use the restroom, which she describes as “not a good thing at all” (Diary 5002, Angie, 24 year old female with no children).

Elaine, a 55 year old female nurse describes a situation in which her structural timescape experience caused her physical discomfort.

"I had not gone to the bathroom and that was actually an urgent thing first thing in the morning. So it never got done. It is now 4 pm...And I’m going to finally have a cup of coffee and get something to eat...Needless to say I’m hungry, I’m tired...my tummy’s a little messed up from having not been able to go to the bathroom when I needed to for...8 hours. (Diary 1940, Elaine, 55 year old female, no children)

Angie points out the irony that “you’re taking care of other people and you’re not even taking care of our own health” (5002, Angie, 24 year old female, no children). In
regard to this frequent structural timescape experience, another nurse explains that “We make jokes about it like ‘oh I should have a catheter’” (5006, Tina, 25 year old female, no children). Beyond joking about the uncomfortable and unhealthy experiences associated with the structural problems related to eating and drinking, several nurses voiced their concern over the irony of healthcare workers not being able to invest time in their own health.

I can’t say that I know many jobs that allow their employees to go for a full twelve hours without eating, or drinking, or using the bathroom, or having any free time for anything, and I guess that’s one of my frustrations with nursing...we’re healthcare providers, yet we live in a very unhealthy place to work...It’s a pretty brutal job, we get beat up, we get exhausted. It’s physically exhausting, along with emotionally. (Diary 2667, Clare, 28 year old female, no children)

Additionally, due to the structural demands of the nursing profession, nurses also reported “faking” health. For example, Laurel, a 53 female nurse reported that:

I have a tension headache...and I just generally feel miserable and when I get to work I’m not gonna be as perky as usual, well as usually as I try to be but I really don’t want to go around saying to everybody and their brother ‘God I feel sick’ because that is just gross. It doesn’t really help, it just brings everybody down...but I think I’ll be able to make it through the shift, so I’m just gonna, you know, fake it till I make it basically. (Diary 2870, Laurel, 53 year old female, no children, emphasis added)

These examples highlight the nurses experiences of working within a structure that exploits their time in an effort in maximize efficiency. As the nurses described, this structural exploitation of time had negative effects on their health, which crosses over into the home environment.

**Managing structural and emotional timescape spillover**

The time and responsibility demands of the nursing profession are often experienced by nurses as being “overwhelming.” Nurses within the sample dealt with
these structural timescape pressures in various ways. In essence, they engaged in work-
family spillover management techniques that were similar to those originally found by
Lowson and Arber (2014). Specifically, Lowson and Arber (2014) found that it was
common for the nurses in their sample to engage in a “preparation phase” before their
night shift in which they engaged in behaviors in an attempt to minimize the disruption of
their family’s normal routine while they were at work. Grace, a 53 year old female in my
sample, explained a similar preparation phase preceding a stretch of work shifts. She
reported:

*I tell my family and my friends that for the time that I’m working the stretch, of
twelve hour shifts that I won’t be responding back to their calls or their emails,
that I pretty much just…come home, take a shower and read for a little bit to
relax and unwind than then go to bed…I leave my house about 5:45 or 6 o’clock
PM and then I arrive home about 8:30 in the morning or 9:00 o’clock in the
morning…It’s a long time to be awake and on your feet and alert. (Diary 2450,
Grace, 53 year old female with one college-aged child)*

A similar situation in which effort is put into preparing for the work shift is also
described by Gregg, a 23 year old male:

*As you walked in I’m cleaning up because I guess for me, having my life in
order—when you go to work and you constantly come home to a house that’s
dirty…it makes it hard…When I say that mental preparation it’s more than just
actually at work. So I mentally prepare my house. I like to at least have a day
with my wife so we can sit down and say ‘okay, I may not see a lot of you for three
days because I’m going to be tired, and it’s important that I get my rest so that
I’m as sharp as possible’. (Interview 5012, Gregg, 23 year old male, no children,
emphasis added)*

This nurse’s focus on his job, rather than his family extends Lowson and Arber’s
(2014) findings. The authors found that female nurses engaged in a preparation phase to
decrease any negative impacts on their family. In the current research, Gregg, engaged in
a similar preparation phase with his family. However, he also openly explains his future
behavior in a way that validates his choice to sleep for the benefit of his job performance,
rather than exchange sleep to minimize the disruption to his family. In this example, Gregg, manages his structural timescape spillover by contextualizing his future behavior in a way that both prepares his family for his upcoming work shifts, as well as reinforcing the importance he places on his job performance and his willingness to exchange family time while preparing for his work shift.

Another way that nurses in this sample attempted to manage their timescapes and work family spillover was to consider changing nursing jobs. The following nurse, Clare, a 28 year old female, explains her perception of the structural timescape benefits of changing nursing jobs:

"I feel like it’s a lot easier to handle now [stress] because my job currently, I actually have time to eat my meals and I have time to use the bathroom and I have time to drink, I’m actually drinking water now and I feel healthier. My feet aren’t throbbing at the end of the day and I’m less exhausted. (Interview 2667, Clare, 28 year old female, no children)"

The emotionally draining workplace experience is also negotiated in various ways by the nurses. As demonstrated above, this emotional timescape spillover frequently interferes with family time. One nurse explains that call-offs are so frequent among nurses because they commonly need a “mental health day” (1679). Lucy, a 25 year old female, explains:

"It was a horrible day, and If I didn’t have to go back tomorrow I wouldn’t...If I did have a call-off available I would call-off because it’s just mentally, physically, emotionally draining and I feel like I’m still shaking after the entire day...I’m going home, and relaxing and uhm praying that tomorrow is gonna be a better day. (Diary 1556, Lucy, 25 year old female, no children, emphasis added)"

It must be noted that some nurses reported cognitively separating their work and home timescapes in an active effort to reduce work-family spillover. The following example demonstrates this cognitive timescape separation:

"It’s very emotionally draining and I’d like to say that I can cut myself off cause I’d like to do better on that. I can come home and say it’s done. I don’t want to
say I don’t care anymore, but I’m off the clock now. (Diary 5006, Tina, 25 year old female, no children)

**Emotional timescape spillover**

The concept of emotional timescape spillover is timescape specific due to nurses being cognitively aware of the unpaid and unacknowledged ‘time’ they spend processing their emotional experiences. The structure of the nursing job is one that requires detailed time management skills, as well as the frequent performance of emotional labor, a process that Hochschild (1983) originally defined as requiring “one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (7). As Scott, a 47 year old male nurse with three children explains, nursing “is the only profession” where “you can get yelled at, screamed at, punched, kicked, called every name in the book, and you have to keep a smile on your face and not lose control” (5001, Scott, 47 year old male with three children). Emotions experienced on the job, whether performed out of necessity, or experienced authentically, frequently cross the permeable work-family boundary. It was evident that nurses commonly experience emotional timescape spillover – an occurrence that happens when emotions experienced in one environment spill over into another.

The emotional timescape experience of nurses in relation to work-family spillover is dynamic in that it spans feeling anxiety over completing scheduled work-shifts, to experiencing anxiety over sleeping following work-shifts, in addition to the varied emotional experiences related witnessing death and tragedy in the workplace on a regular basis. Gregg, a 23 year old male nurse reports:
In my view that’s what nursing is—the human aspect of things, the emotional aspects of things, the caring part and a lot of the time, the reason that we are so fatigued as nurses and why we have a lot of compassion fatigue and why we are ‘burn-out’ (Diary 5012, Gregg, 23 year old male).

Another nurse reports experiencing an array of negative emotions, such as anger, tension and depression that she attributes to the time drains of the nursing job. She explains that when nurses have to work “more than three shifts a week, it is very daunting and exhausting”, and that it leads to “burnout” (Diary 1556, Lucy, 25 year old female nurse, no children). This nurse also explains that the workplace demands on her time in a carework environment make her feel as if she is “growing old” or becoming a “crotchety nurse.” Lucy explains:

In the situation...that nurses are put in...they can’t be the best nurses that they can be. And, they can’t give everything, because at some point you just have to just do your best to make sure everyone’s alive, everyone’s got their medications, and you know that’s a good day. Because there are just so many demands...from so many people and so many expectations for the nurse (Diary 1556, Lucy, 25 year old female, no children).

In some cases nurses were aware of their emotional timescape spillover. For example, following a co-worker conflict at work, one nursing supervisor reported that she was “really gonna try to dig deep” while she was on vacation to process emotions related to work (Diary 4102, Bonnie, 53 year old female, no children).

It was common for nurses to report experiences in which they had to “exchange” their home or family time, due to their emotional timescape experiences. Following an intense emotional situation at work involving taking a man off of a life-sustaining respirator, one nurse reported that she avoided seeing her children when she got home because she “was crying in my car and” she “didn’t want my kids to see me crying”
This situation is salient in that the nurse was highly aware of the time with her kids that she was giving up, due to her emotional timescape spillover. The emotional timescape spillover experience seemed to permeate nurse-family relationships. Steve, a 45 year old father of two, detailed his emotional turmoil over missing time with his family.

*I didn’t feel like I was there to fulfill my role as a father because I was away from them...and the hours were, you know I couldn’t have the open communication with them to get to know them and I felt like I was always missing something…I just felt like I was missing part of my life working theses evenings and having to work all of these weekends.* (Interview 3027, Steve, 45 year old male with two children, emphasis added)

Steve explains that following a night shift:

*You’re kinda depressed because nobody’s there and you probably sleep a little bit more than you should, and you just go back to work and do the same thing again and then that whole family aspect or that whole outside life aspect seems to be removed from your life when you’re on those evening shifts…it’s just very tough.* (Interview 3027, Steve, 45 year old male with two teens)

This emotional conflict over the loss of time with family members resembles the conflict that Lowson and Arber (2014) found among their night shift nurses. Despite the intense preparation that nurses put into preparing their families for their night shifts, Lowson and Arber (2014) still found that the nurses experienced increased anxiety and tension during the evenings preceding their night shift work. The temporal awareness that the nurses were going to be leaving the family routine to go to work caused stress for the nurses, as well as their family members.

I also found various examples of emotional timescape spillover in relation to additional family members within my research. For example, in recalling the death of her mother, Samantha, a 57 year old nurse, reports that:
You want to spend more time with your family…I lost her [mom] in September and I think back on it and God, I could have been there more, but I was always tired you know and then it takes its toll…a huge sense of guilt about that. (Interview 3187, Samantha, 57 year old female, no children, emphasis added)

Tonya, a 36 year old female nurse with two teens, explains that following her work shift she is unable to be a compassionate caregiver to her sister, with MS, who lives with her because she is “drained” at work. Tonya explains:

Dealin’ with all these people with pain today, it’s kinda hard cause then when I come home, the kids are fussing, my sister who has MS is sitting on the bedside commode…and I have to hear about her pain. And, you know, I’m pained out right about now...But, I’m tryin’ to be as empathetic and compassionate as I want to be, but I know I’m really not. So, I feel kinda crappy, guilty. (Diary 5017, Tonya, 36 year old female with two teens, emphasis added)

In Tonya’s situation, the emotional labor demands of her job impact her ability to emotionally perform in her home environment. Her time spent at work influenced how she was able to experience time at home in that her work experiences led her to feel negative emotions in her home environment.

Experiencing emotional timescape spillover: exchanging time

Nurses frequently report “exchanging time” between work and home environments due to their emotional timescape experiences. Examples of this include nurses feeling compelled to call in to “check on” the floor on their days off, as well as developing and maintain relationships with former patients outside of the treatment setting. In both of these examples, the nurse’s cognitively-managed, emotional timescape experiences spill over from one setting into the next.

When discussing a previous patient, Gloria, a 57 year old female nurse, reports that “I intend to try and go visit her this weekend because actually the facility is just a
few minute walk from our hospital and I think she’ll still be there” (Diary 1679, Gloria, 57 year old female, with one child). Gloria also reported that she has had previous patients and their families over to her house for dinner in the past. Another common experience that was reported was the practice of attending wakes and funerals of patients. Steve, a 45 year old male with two teens, explains that over the years he has actively decreased the number of funerals and wakes that he goes to in an effort to decrease emotional timescape spillover. He further explains that instead of physically attending the memorials, he sends cards to the families.

*I’ve found better ways to deal with it I guess but it’s still hard every time you lose a patient, but I don’t take it home so much as when I first started…I could be very down for several days when I first started as a nurse trying to deal with that, but I think now that I’ve adapted the attitude of making their final days more comfortable and um don’t go to the funerals or wakes as much. I think I am dealing with it better, but it’s still very hard…It’s the reality of what we do.* (Diary 3027, Steve, 45 year old male with two teens)

In Steve’s situation, he was able to recognize that the way that he was previously managing his emotions was not effective and in some cases he was “down for several days.” He explains that this emotional impact on his time was not ideal, and as such, he modified the way that he thinks about the care that he provides in an effort to decrease his experiences of work-family spillover.

For some nurses the emotional timescape spillover experience caused them to feel “numb.” The nurses in this sample reported experiences in which their current emotional timescape was impacted by some type of emotional performance, or experience that had happened in the past. Essentially, the nurses reported that their current ability to perform emotional labor was impacted by their previous emotional timescape experiences. These
experiences of emotional timescape spillover were experienced fluidly, regardless of the type of structured environment (i.e. home, work or pleasure settings).

One common experience that the nurses reported regarding emotional timescape spillover was in relation to their perceived ability to “handle” or emotionally perform at funerals.

*"I definitely feel lack of emotion. I think I’m a little bit emotionally numb...I had a couple of funerals this past winter. I wasn’t sad, you know, just...medical standpoint, ok this is why they died. This is natural progression, this is better off then what they could be. You know, sometimes death is better than living as a vegetable, not having any substance to their life." (Interview 1860, Jake, 27 year old male, no children, emphasis added)*

*"It’s [as] if I didn’t kind of do this weird stoic kind of thing I don’t think I would survive, which it then kinda pours into my personal life where, you know, a family member maybe had died or whatever and I don’t do well at funerals. And, I hate going to them. And I think it’s because of what I deal with at work. So I avoid them at all costs, so family then kind of looks at me as being kind of heartless and that kind of thing." (Interview 2572, Todd, 37 year old male with two small children, emphasis added)*

These examples demonstrate that these nurses are aware that they are unable to emotionally perform in their home timescape, due to the spillover of emotional numbing from their work timescape. This spillover is timescape specific because both Jake and Todd are aware of the unpaid and unacknowledged time they spend in their personal life processing the emotional spillover from their jobs.

These experiences suggest that emotional timescape spillover produces a numbing effect for nurses. However, there were also situations in which nurses reported that although they were aware of the drive to “turn off” their emotions, they chose not to due to their emotional responsibilities to other patients and their own families. Todd, a 37 year old father of two small children, reports his own mindful attempt to overcome the urge to emotionally shut down due to the emotional demands of the workplace:
I really have to be very conscious of not...I can’t just emotionally, you know, turn myself off...in the stresses of work, trying to, trying to leave them at work...so that when I go home, I’m still there for my wife and my kids and whatever other family is having an issue or crisis or whatever, cuz inevitably someone has a question about something that they’re calling you up for....so it’s been a real big challenge...not bringing it home. And, especially when it’s been, you know five days of complete hell in here, and going home just Saturday and Sunday and trying to release all of it, and still be a dad and be a husband and help with housework and running errands and taking kids to cub scout things and all those other kind of things where I just want to like veg for a little bit or whatever and not being able to do that so it does kinds build up a little and it’s gets a little difficult sometimes. (Interview 2572, Todd, 37 year old male with two small children)

While the previous nurses experienced emotional timescape spillover across the home work boundaries, some nurses also experience emotional timescape spillover within one setting. Stated differently, the emotional labor performed or emotions experienced with one social interaction in some cases permeate, or spillover into subsequent social interactions. This is the case for Lucy, a 25 year old female nurse, who experienced emotional timescape spillover for a week due to the death of a patient.

It’s hard to push your emotions aside and then try and take care of another patient...I know I have been suppressing my emotions about her...but they’re still back there, and I’m just feeling down like all week...waking up to a text on my day off that said that she had passed away, like that’s just...your’re going over [in] your head constantly, like did I do, did I do the right thing? (Diary 1556, Lucy, 25 year old female, no children)

Discussion

Marx originally discussed time in relation to how people commodified and exchanged it. This notion of time as a commodity is present within other sociological literature but has not been fully integrated into the analysis of work-family experiences. Adam’s (2000) notion of timescape serves to contextualize how an individual experiences time. This perspective is salient to any discussion of work-family spillover in
that it offers insight into the individual experience of moving between the two environments. Lowson and Arber’s (2013) work demonstrates the timescape experiences of night shift nurses who often engaged in preparation and recovery phases in an attempt to minimize the negative impact of their work on their families. The findings presented in the current chapter help to expand the focus to include all work shifts, as well as how the different structural and emotional demands of the nursing job influence work-family spillover.

My research builds on the work of Adam (1998, 2000), Flaherty (2012), and Lowson and Arber (2000). The findings suggest that the timescape experience of nurses is dynamic. Specifically, nurses in my sample experienced two distinct patterns of timescape spillover—spillover related to structural factors in the workplace and spillover related to emotional factors in the workplace. The results presented here also suggest that male and female workers report somewhat similar experiences of emotional timescape spillover. This finding raises questions about the ways in which experiences of work-family spillover are gendered. Given that nursing is a gendered occupation one might expect to find ample evidence of women reporting more negative experiences of work-family spillover than men; however, my findings raise the possibility that male and female nurses are experiencing structural and emotional timescape spillover similarly. Stated differently, my findings suggest that timescape spillover is a dynamic process that male and female careworkers may experience similarly. Determining the extent to which such results are broadly experienced or generalizable to other helping professions is left to future research on this topic.
The findings in the current chapter also extend Flaherty and Fine’s (2011)
suggestion that time is experienced within the “internal environment of the mind
(thoughts, emotions, physical sensations),” as well as externally, in the “environment of
perception” (157). My concept of emotional timescape spillover expands the Flaherty’s
notion of the internal environment of the mind, connecting the present temporal exchange
of time to the spillover experience of time that is spent emotionally dealing with some
issue that has happened in the past. For example, Gregg (see page 109) explains that he
feels that nurses experience “burn-out” and “compassion fatigue” because of the
“emotional aspect of things” they deal with on the job. In this situation, Gregg’s
description of the “emotional aspects of things” represents Flaherty’s idea of the
experience of the internal sphere of time and “burn-out” and “compassion fatigue” are
specific examples of work-family spillover. Similarly, the concept of structural timescape
spillover expands the external environment of perception, or temporal norms, to capture
the spillover experience of structurally experienced time issues.

One limitation of the current chapter is related to the secondary data analysis
methodology in that specific issues of time were not directly addressed in all of the audio
diaries and follow-up interviews. Rather, the issues related to time and work-family
spillover emerged from the inductive analysis of the audio diaries and follow-up
interviews. This topic would benefit from future research that focused on perceptions of
the emotional and structural nursing timescapes.
Conclusion

This investigation into how the nursing timescape is related to work-family spillover demonstrates similar attempts by male and female nurses to engage in time work to minimize disruption to their families. The expanded categories of emotional timescape spillover and structural timescape spillover highlight the micro-level social experiences of work-family spillover, due to emotional and structural experiences of time in the workplace. This work extends that of Lowson and Arber (2014) in that is considers the experience of males in addition to females, as well as various work shifts. This investigation also helps fill the empirical gap regarding time-space experiences that Giddens (1979) called attention to, and that Adam (1998, 2000) declared deficient.
CHAPTER VI
SUMMARY AND CONCLUSION

Summary

This dissertation addresses the theoretical gap within the literature on work-family spillover (DeMarco 002; Grzywacz et al. 2002) among nurses by qualitatively analyzing the interplay between work-family spillover and issues of gender, role-based performances of emotional labor, and the subjective experience of time. The findings of this research are presented in three article length chapters, each focusing on a different component of work-family spillover that emerged through an inductive research process. Chapter III focuses on how registered nurses experienced work-family spillover related to issues of their gender. Building on Hochschild’s (2003[1989]:249) original work in the Second Shift, this chapter demonstrates that male nurses have made the “historic shift” that she originally called for and are experiencing the negative work-family spillover traditionally experienced by working mothers. My research also demonstrates that although men now seem to be participating in a more egalitarian conception of fatherhood, they are also perceiving a paucity of time, energy and emotion that results from a patriarchal culture that continues to prioritize the public over the private. My research suggests that the men in my sample have risen to Hochschild’s original challenge to care more about their family relationships and yet there remains a serious
challenge in regard to shifting cultural priorities to those that supports families rather than undermining and disadvantaging it.

Chapter IV examines how nurses perceive their performances of role-based emotional labor to influence experiences of work-family spillover. In this chapter, I show that empathic role-taking (Shott 1979) is related to both positive and negative work-family spillover. Nurses who practiced empathic role-taking on the job reported experiencing various negative work-family spillover experiences; including sleep problems, emotional numbing, and an inability to follow emotion norms in their personal lives due to the emotional labor demands of their job. In addition, it was shown that when nurses were able to personally relate to the patient or members of the patient’s family, or to experience empathic role-taking emotions, they treated patients in a highly engaged and personal way. In my view, the most significant finding presented in this chapter is that nurses who emotionally identify with a patient or the patient’s family, or those who practice empathic role-taking emotions, also frequently experience work-family spillover. Consistent with what others have found (Klerk et al. 2012; Barnett 1998; Eby et al. 2005), although there were some instances of positive work-family spillover, the majority of the reported experiences were negative.

Taken together, these findings suggest that the emotions-based processes that may enable the provision of high quality, personalized patient care may be the same ones that put nurses at a higher risk of experiencing negative work-family spillover. These findings also contribute to the understanding of the dynamic ways in which empathy and empathic role-taking may be linked to experiences of work-family spillover. In addition, this finding suggests that quantitative research investigating the role of empathy would
benefit from expanding the conceptualization of emotional labor to include indicators of the level to which employees practice empathic role-taking on the job.

In Chapter V, I use an expanded version of Adam’s (1998, 2000) concept of timescape that incorporates Flaherty and Fine’s (2011) concern about addressing the influence of internal (emotional) and external (structural) spheres on the perception of time. I show that nurses experience work-family spillover within the context of two related timescape dimensions—structural timescape spillover, including the structural demands (e.g., work shift, time demands of the unit) of the workplace, and emotional timescape spillover, involving spillover related to the emotional demands and experiences of the workplace. In this chapter I show that male and female nurses report similar experiences of emotional timescape spillover. The concepts of emotional and structural timescape spillover extend Flaherty and Fine’s (2011) conceptualization of time work in that they connect the experiences of the present to those of the future.

As discussed in Chapter I, negative work-family spillover permeates the literature (Klerk et al. 2012; Barnett 1998; Eby et al. 2005). The findings I have reported in this dissertation research are consistent with this empirical trend. Both men and women reported experiencing negative work-family spillover in ways that Hochschild (2003[1989]) originally reported as occurring only among women. For example, in Chapter III, the men and women in my sample reported that they felt too mentally, emotionally, and physically exhausted to complete their second shift responsibilities. These findings suggest that some men are now reporting similar Second Shift burdens compared to women; however, as discussed, women continue to have disproportionate responsibility for household tasks (Bianchi et al. 2012).
Hochschild (2003[1989]) and others (Erickson and Grove 2008; Cadge and Hammonds 2009) have addressed the potentially negative consequences of performing emotional labor. The findings presented in Chapter IV suggest that although there were some positive examples of spillover, the potentially negative outcomes of such emotional demands may extend beyond the workplace and into the relationship between work and personal life. Both male and female nurses reported negative work-family spillover associated with performing emotional labor, including emotional numbness and the inability to follow emotional norms in their personal lives. In addition, nurses also reported experiencing increased amounts of negative work-family spillover when they practiced empathic role-taking; that is, when they imagined themselves in the position of the patient, or one of the patient’s family members. The negative spillover that was related to empathic role-taking included the spillover of feeling an internalized sense of grief after losing a patient, feeling “brain dead” and losing sleep.

By implementing an expanded version of Adam’s (2000) timescape perspective with Flaherty’s (2012) notion of internal (emotional) and external (structural) influences on the experience of time, I show that nurses commonly report negative work-family spillover related to the structural and emotional dimensions of time that are related to their working conditions. For example, nurses commonly reported experiencing anxiety on and off the job related to the exchange value of their time—which was also commonly related to Second Shift responsibilities. In addition, nurses also reported experiencing negative work-family spillover in relation to their emotional timescape demands, which included situations in which they felt as if they were exchanging their home time emotionally experiencing something that happened at work. The findings presented in
this dissertation also illustrate the unique exploitation of time within the nursing profession that involves the care of human life. Such is the case of the nurse who explained how she meticulously processed a bad patient outcome after her work shift in an attempt to determine if she was responsible.

Discussion

As discussed in Chapter III, the gendered dynamics of the workplace may shape the contours of the work-family relationship. Studying the experience of perceived work-family spillover among a sample of employees working within a traditionally female gendered occupation provides a unique opportunity to analyze how male and female nurses experience the influence of the workplace in relation to their work-family spillover. Further contextualizing this issue is the fact that nursing, as an occupation, requires the performance of emotional labor, which has typically been associated with the female gender role (Lowson and Arber 2014; Acker 2006; Ferre 2010).

The findings in Chapter III demonstrate that male nurses report experiencing work-family spillover situations that are similar to those experienced by women. Based on these findings I suggest that the male nurses in my sample are reporting experiences related to work-family spillover that may illustrate a changing conception of fatherhood. This finding of the emergence an elaborated conception of fatherhood is demonstrated throughout the literature (Offer 2014; Galinsky, Aumann and Bond 2011) and can be conceptually framed as beginning the shift that Hochschild (1989) originally called for in the Second Shift. Nonetheless, this finding should not be interpreted as suggesting that men are now sharing equitably in family responsibilities. Rather, this discussion is meant
to demonstrate that men are now reporting that they are concerned with how their workplace demands may be influencing their ability to be involved in family caregiving and household activities. This distinction is similar to that reported by Harrington, Deusen and Humberd (2011) who found that while working fathers reported that they believed that caregiving should be divided equally, they also acknowledged that was not the case in their families. The authors attribute this disparity to the structural pressures of the workplace to value the professional over the personal. Similar to my finding that men are reporting experiences of work-family spillover that are similar at face value to their female colleagues, Galinsky, Aumann and Bond (2011) also found that working men are experiencing more work-life conflict compared to three decades ago.

Such results suggest that as men begin assuming more carework responsibilities at home, they are also experiencing more work-family conflict. Although men do appear to be experiencing more work-family conflict then they were three decades ago, it cannot be forgotten that studies indicate that women continue to disproportionately assume household and carework responsibilities in comparison to men (Galinsky, Aumann and Bond 2011; Offer 2014; Bianchi, Sayer, Milkie and Robinson 2012).

As discussed in Chapter III it is possible that women and men are affected differently by work-family spillover, but it is important to note that such results are somewhat inconsistent with other findings in the literature. For example, Dilworth (2004) identifies several confounding variables that may influence the gendered experience of work-family spillover, such as the presence and ages of children as well as the type of paid work performed by husbands and wives. As such, Dilworth highlights the necessity to consider alternative explanations of how men and women experience work-family
spillover. Additionally, Stevens, Pedersen, Minnotte, Mannon, and Kiger (2007) point out that the discrepant findings related to gendered differences or similarities of work-family spillover may be due to the ways in which different researchers operationalize spillover. This raises the possibility that other methodological approaches are needed to tease out the complexity of these trends.

Offer (2014) has suggested that one way to alternatively address these discrepant findings is to consider the mental labor in which men and women engage. Offer found that while men and women were likely to spend an equal amount of time thinking about their families, this mental labor was shown to only be emotionally detrimental for women well-being. The author suggests that this finding is due to women being more sensitive to cultural expectations regarding performance of intensive parenting than men. Offer (2014:932) writes: “women are viewed and judged on the basis of a specific moral standpoint that defines what women ought to be doing and thinking as primary caregivers.” All of these points highlight the need for future research into experiences of work-family spillover to consider alternative explanations for and alternative conceptualizations of the concept than the one suggested by the current study.

Offer’s (2014) notion of mental labor also supplements the findings in Chapter V related to the timescape spillover experienced by nurses. As shown in Chapter V, the concept of timescape refers to how nurses experience time and the exchange value associated with it. As shown, this experience of time is sometimes gendered (Adam 1995; McKie and Bowlby 2002). Offer’s (2014) finding that women experience more negative emotional consequences from performing mental labor has implications for the nursing population. My research extends Offer’s (2014) examination into mental labor, by
considering the emotional labor components of the workplace that men and women report being connected to experiences of work-family spillover. My findings suggest that men and women report similar experiences of emotional timescape spillover. These findings illustrate the need for future researchers to examine additional aspects of mental and emotional labor that might be connected to how time is experienced within work, within, families, and in their relation with one another.

**Strengths and Limitations**

One major strength of this qualitative project is that it was designed to satisfy Guba’s (1981) four constructs for establishing trustworthiness in qualitative research projects: credibility, transferability, dependability and confirmability. My exhaustive coverage of the work-family literature helps to ensure that my conceptualization of the work-family spillover concept is internally valid, which lends credibility to my research. In addition, my use of multiple sources of data, including audio diaries, interviews and demographic information from the survey, strengthens my analysis. My confirmatory findings in this dissertation lend support for the external validity of my work. In addition, my use of three separate audit trails and the inclusion of my final coding structure in this document lend support to the dependability and confirmability of my research. Shenton (2004) explains that these four practices strengthen qualitative research projects.

However, despite these strengths, there are also limitations to the current research. The major limitation of this research is that I was not involved in the original collection of the data. Although the secondary data analysis has provided me the opportunity to conduct qualitative analysis of nearly 70 transcripts, it has also limited my ability as a
researcher to probe further into the topic of work-family spillover, which emerged from previous data collection. If I had been able to participate in the original research collection I would have specifically asked all nurses about their experiences with work-family spillover in their follow-up interviews. This focused inquiry might have strengthened the findings that naturally emerged from the diary data.

An additional limitation to the current research is that my sample only included 10 men, of which only six reported having children. This small size is in relation to 36 females in my sample, of which 15 reported having children. The small size of male nurses in my sample impacted my analysis. However, this limitation may be less problematic within the context of this type of work due to the fact that one of the values of qualitative research includes its ability to relate the stories of particular individuals. That said, the men in my sample reported various experiences of work-family spillover related to gender, emotional labor processes and issues of timescape.

An additional limitation related to the sample demographics in this project includes the fact that the nurses in the sample worked within different units and across a few different hospitals. Although each was employed within the same health care system, it is possible that the occupational cultures across units may differ. As a result, it is not possible to connect my findings to the influence of particular facets of the same workplace culture.

**Suggestions for Future Research**

Future researchers investigating issues of work-family spillover among nurses or others employed within human service occupations would benefit from including
qualitative approaches that included interviews with partnered couples. For example, Harrington and colleagues (2011) report that although men reported that caregiving equality in the home was ideal, but not the reality, raises the need to examine the validity of reported experiences using other observational methods. Stated differently, Harrington et al.’s (2011) findings illustrate that the men in their sample valued equitable carework in the home. The fact that men may provide qualitative reports that they are experiencing negative work-family spillover and that they wish this was not the case, does not tell us about the reality of the family work situation as much as it suggests the meanings that males may attach to their espoused ideal. This notion supports the need for research using mixed methods of data collection as well as examining men’s and women’s experiences at home as well as in the workplace.

Future research into work-family spillover would also benefit from analysis of various occupations that are associated with providing carework. The current project only includes Registered Nurses and the findings are specific to that caring, gendered position. I suspect that investigation into the work-family experiences of Licensed Practical Nurses (LPN’s) and Certified Nursing Assistants (CNA’s), both also gendered occupations, would yield similar results regarding the influences of gender and emotional labor on work-family spillover. However, I also suspect that expanding analysis into these categories would highlight different types of class and power experiences related to work-family spillover. The occupational position of Registered Nurse is a position of power and prestige in the hospital setting compared to the positions of LPN and CNA. In relation to experiences of work-family spillover, these issues of power and prestige are further complicated by the decreased earning power of LPN’s and CNA’s. Stated
differently, this dissertation has shown that Registered Nurses experience negative work-family spillover associated with issues related to time and emotional stressors. It is a logical assumption that a person occupying a position with less earning power would experience increased stressors related to the exchange of their time.

**Suggestions for the Field of Nursing**

As demonstrated in this dissertation, the experience of negative work-family spillover is more common than experiences of positive work-family spillover. Such results should be of concern to nursing leaders because this type of outcome has the potential to be detrimental to individual well-being (Melvin 2012; Skinner, Dijk, Elton and Auer 2011), nurses’ family members, occupational role performances (Krouse and Afifi 2007), and potentially the quality of care nurses provide. These findings suggest that administrators and policy makers more closely consider the components within the workplace that are leading to the experience of work-family spillover. These may include unrealistic time demands, under-staffing, and a lack of supervisor support (Fujimoto, Kotani and Suzuki 2008; Jang, Zippay and Partk 2012).

Another potential implication of these findings for the profession of nursing is in regard to the nursing socialization that happens in nursing school (Goodare 2015). The findings in this dissertation demonstrate that many nurses are not equipped to process and effectively manage the emotional labor demands of the job. More of a focus on the personal consequences related to working in the caring profession would benefit the individual nurse, as well as their ability to provide quality care, free of the stressors associated with issues related to work-family spillover.
Conclusion

In conclusion, this dissertation has analyzed the lived experiences of work-family spillover among registered nurses. My findings illustrate that nurses’ experiences of work-family spillover are overwhelmingly negative and that they are influenced by issues related to gender, performances of emotional labor, and their perceived exchanges of time. Results suggest that men report experiencing work-family spillover in similar ways to women and this finding suggests the continued existence of an occupational culture that privileges the professional over the private. In addition, when nurses engage in emotional role-taking to facilitate the provision of high quality patient care, their experiences of negative work-family spillover may be exacerbated. The exchange value of time that nurses experience also was shown to be related to structural and emotional contexts of the workplace. As demonstrated, these findings have implications for theory and research on gendered work occupations, family life, emotional labor and the sociological understanding of time.
REFERENCES


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Goodare, Pete. 2015. "Literature review: “Are you ok there?” The socialisation of student and graduate nurses: do we have it right?” *Australian Journal Of Advanced Nursing* 33:38-43.


Parker-Pote T and K. Pope (1999).“Women’s Secret Shift.” *St. Petersburg Times*, October 3, pp. 7H.


APPENDICES
Interviewer: Thank you for being willing to participate in this last phase of the [NAMED] Project. I’m [Name and research team position] for the [NAMED] Project.

In general, this interview is to follow-up on the information you provided during the diary phase of the study. First, however, we need to have your consent in writing to participate. I have given you a letter of informed consent. Please take a few minutes to read the letter before you consent. If you have any questions as you read the letter, I would be happy to answer them.

When you are finished reading the informed consent, please print your name, sign, and date the form. Once the form is signed, I will put it in a sealed envelope to keep your identity confidential. [Wait for participants to read and sign informed consent. Collect informed consent and make sure both parts have been signed – including the audiotape signature and then place the signed form in a manila envelope and seal.]

Since you have agreed to participate and have signed the informed consent, I want to be sure that you understand that our conversation will be audio taped and that you consent to such taping. (Wait for indication of assent to audio taping and turn tape recorder on)

**Please remember that you are free to speak openly and that everything said here today will be kept completely private.

We will be transcribing the recording being made here today and quotes may be used in a brief report given to UH and in subsequent publication of results. Please be assured, however, as noted in the consent form that all personal identifiers – including your name – will be removed at the time the interview is transcribed and that no UH employee will see the complete interview transcriptions.

Our goal is to create a safe and open environment for this conversation; one in which you feel you can express your views freely and honestly.

Finally, please know that there is no penalty for not answering the question(s) or for changing your mind about participating.

So, do you have any questions before we begin?
Since we will be focusing on the experiences you told us about during the diary phase of the project, I want to make sure that you have a copy of your diary transcript with you. (If participant does not have it – provide copy)

As I’ve noted, this is the final phase of our 2-year project at University Hospitals which is aimed at getting an in-depth understanding of the nursing experience and the situations that have the greatest impact on your well-being, feelings about yourself as a nurse, and your ability to provide quality patient care.

I’m going to start with some general questions about your experiences as a nurse:

Why did you decide to become a nurse?

What do you most enjoy about nursing?

What do you dislike the most about nursing?

Have you ever thought about leaving nursing, and why?

What aspects of nursing care are most important to you?

To what extent are you able to “be yourself” as a nurse? (Situations that facilitate and limit this ability?)

Now we’ll turn to some of the specific experiences you told us about in your diary:

[This part of the interview will be particular to each participant. These questions will emerge from initial analysis of diary transcripts and will ask participants to reflect on these experiences and to tell us their current views of them:]

Have you thought about this particular event since completing the diary? When? How often? What led you to think about it?

Have you talked to anyone else about this event? Who? What did you talk about?

To what extent do you still feel the same way about the event? (Focus on comparing feelings described in the diary and current feelings)

Has the event influenced how you see yourself as a nurse? If yes – How? Can you explain what has changed?

Has the event changed how you do your job? If yes - How? Can you explain what has changed?
If this situation/event were to arise again, do you think you would react differently?
If yes, how do you think your reaction would be different?

Rebecca J. Erickson and James M. Diefendorff
“Identity and Emotional Management Control in Health Care Settings”
Consent Form – UH Phase III – Interviews
APPENDIX B

COMPLETE NVIVO CODING SCHEME

Work Structure - This node will include examples of situations in which the nurses mention how their work structure (i.e. breaks, length of shifts) impacts them (568 references)

- Roles - This node will address any direct references to a nurse’s expectations or mention of any of their roles (353 references)
- Outside Contact - This code will capture any mention of nurses having outside contact with patients. This might include attending funerals, calling them or going to their homes for dinner. Previous to developing this code I have coded all of these incidents under significant examples or under spillover. (14 references)
- New Career - Use this node to document all of the times that nurses mention being interested in working in some other field, or job (31 references)
- Emotional Contagion - This code will capture all of the instances in which the emotional charge of the work environment influences the nurse. It will be interesting to look how different types of nurses overcome or negotiate these experiences of emotional contagion. (61 references)
- Burnout - Will include direct or indirect references to feeling burnout. (28 references)

Spillover W to H - mentions of Spillover from work environment to home environments (251 references)

- W to H positive spillover - includes mentions of positive experiences of spillover from W to H (19 references)
- W to H negative spillover - mentions of negative W to H spillover (43 references)
  - Tired or exhausted due to work - This node will capture all references of nurses being extremely tired, or physically exhausted which spillover in to the home environment. (25 references)
  - Interpersonal conflict - This node will capture all of the references to situations in which interpersonal conflict spills over into the home environment. (7 references)

Spillover H to W job performance - documents how an experience in their personal life has influence on their job performance (23 references)

Spillover H to W - from home to work (167 references)
- **Trauma in personal life impacts work** - this node will be used to capture those situations in which nurses mention different types of trauma (i.e. death, divorce, miscarriages) that negatively impacts their work life (14 references)
- **Tired from home to work** - this node will capture references to nurses coming in to work tired (7 references)

**Significant examples** - This node will include all examples within the data that I might be able to use at a later time in the full document. (427 references)

**Growth of emotion management** - Includes mentions of how the nurse has grown in the emotion management processes through their career (32 references)

**Gender dynamics** - this code will include all mentions of gendered issues (94 references)
  - **Perceived influence of nurse’s gender** - This node will include all situations in which the nurse perceives that their gender influenced the patient's behavior toward them. (40 references)
  - **Male-female dichotomy** - will capture all of those situations in which someone mentions what it means to be "male" or "female" (31 references)
  - **Gender comments about patient** - This node will include all of those examples in which nurses make comments about gender and patients. (11 references)
  - **Gender comments about coworkers** - This node will capture all of the gendered comments that nurses make about their coworkers (30 references)

**Emotional Labor due to personal relevance** - This node will include references that nurses make to their clients being tied to something in their personal life - as a way of tracking potential mentions of emotional labor (67 references)
  - **Positive experiences of emotional labor** - this might include increases in self-esteem, validation of identity, reinforcing of aspects of self (41 references)
  - **Emotion management with coworkers** - this might include emotion management required in reference to coworkers or other staff members (169 references)
  - **Emotion management with caregivers** - examples of nurses supporting the caregivers of patients; including family members (45 references)
  - **Emotion management with patients** - examples of nurses engaging in emotion management with patients (219 references)
  - **Coping with negative emotional demands at work** - Includes any mention of how nurses cope with the emotional demands of their job (144 references)
  - **Advice to coworkers regarding emotion management** - will include all advice given to coworkers regarding emotional labor (18 references)

**Emotional identity of a nurse** - references to how nurses personally emotionally identify. This will include references to being a certain type of person (i.e. empathetic, understanding, etc.) (240 references)
  - **Work impacts emotional self** - This node will capture the ways in which the work experience has impacted the emotional-self identity of the nurses. (176 references)
• **Emotional Identity of Patient** - *This will include references to the emotion/personality of specific types of patients* (10 references)