Exploration of a nursing student’s emotional labour whilst undertaking a clinical elective placement abroad.

Abstract:

Having undergone my elective placement for my nursing degree in a foreign and developing country, I found the expectation of such an experience was massively conflicting with the romantic ideation that I, and indeed many other students have and do place upon such encounters with the foreign health-care world. The challenges of the placement were often not the immediate and direct care I witnessed or participated in, but understanding my role as a student in an entirely different medical environment from which I was accustomed. I explored the personal challenges for students experiencing this field, whilst aiming to consider in what ways these short placements are beneficial to the communities abroad who accommodate these students.

Key Words:

Nursing, Elective, Abroad, Emotional Labour,

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Sometimes viewed as a right of passage and questionably sometimes seen as a chance to holiday, the option of undertaking a clinical elective placement abroad can indeed provide a fantastic journey of social, cultural and clinical learning for those willing to grasp the opportunity. Based on exposure to a completely different environment from that previously experienced on placements, medical and nursing students are encouraged within various universities across the United Kingdom to participate in a placement abroad. The main focus of this essay will seek to investigate the emotional labour experienced by these students whom undertake their electives abroad, specifically in a developing country.

The emotional toll of such an excursion can encompass a variety of influences; the preparation, ward experience, culture shock, communication factors and level of support can all impact on a student’s experience. Managing emotional labour in different clinical contexts is the focus of this essay and as such the experiences of clinical electives will be drawn upon and used in conjunction with relevant literature to analyse the experience of students in such circumstances. The empirical data will often be secondary, by looking into reports and journals of other researchers. Personal accounts of electives from online diaries and blogs will be highlighted in italics and used to illustrate the various emotional labour obstacles that contribute to make an elective placement abroad so remarkably different from students other previous nursing or medical placements.

The ambiguity of one, all-encompassing definition of emotion is difficult to determine due to the influence of social and cultural issues, plus the obvious personal connotations emotions evoke. In summary of such difficulty of a clear cut definition, Parkinson, Fischer and Manstead stated;
“Emotion” is seen as a “fuzzy set” because it often seems impossible to demarcate a strict boundary between what belongs inside and what outside the category, even within a single language.

(Parkinson, et al., 2005:30)

Although everyone experiences emotion in their day to day life, adequately describing those feelings and their implications seems quite challenging. Similarly, the classification of emotional labour additionally features varying delineations. Perhaps confusingly, emotional work and emotional labour are regarded as two separate entities. Of the many different slants on the definition of emotional labour, one coming from Yanar and Shahar, states; ‘Emotional labour is what individuals do with their feelings to comply with professional and/or organisational role requirements’ (1998:1). Meaning those students or nurses in the healthcare environment experience emotional labour as they suppress, encourage or attempt to alter feelings in accordance with their work environment. Contrastingly, emotional work can be described as belonging to the private realm, relating to the individuals personal and inner response (Hochschild, 1983). These two areas of work and personal, private life are often more blurred than such a clear and distinctive explanation as the one stated. A more lengthy identification of emotional labour from Hochschild targeted specifically at nurses states that emotional labour requires;

one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others – in this case, the sense of being cared for in a convivial and safe place.

(Hochschild 1983:7)
Albeit quite dated these definitions from Hochschild hold their relevance in modern classifications of emotional labour. However, Hochschild’s briefer meaning, encompassing a straightforward definition of emotional labour states; ‘the management of feeling to create a publicly observable facial and bodily display’ (1983:7) and will be used in this essay as the lens from which to focus the realisation that nursing students undertaking a clinical elective abroad experience a turbulent journey of potentially stressful emotion. This definition will be used as the conceptual framework to confront concerns with clinical electives such as novel levels of responsibility, cultural insensitivity (such as when students are ill-prepared) and personal and patient risks (Dowell and Merrylees, 2009:123).

Clinical electives are usually offered in a student’s final year as an opportunity to explore potential career choices, strengthen clinical skills in a particular context, or gain experience in a different hospital, health care system or part of the world (Hays, et al., 2013). In the instance of a clinical elective, and specifically an international experience, the planning of such requires more organisation than that of the student’s previous placements where the university usually manages the majority of the logistics. Immunisations, flights, accommodation, health insurance, contact with mentors and the hospital, indemnity insurance, placement objectives, language barriers and visas are just a few of the issues for a student to consider whilst coordinating their elective. Although university’s may offer guidance, in the form of advice, recommendations or talks from students who have already undergone an elective, the student is usually instructed to organise the bulk of the placement themselves. Typically six to eight weeks in length, around 40% of medical students travel to developing countries on their electives (Miranda, et al., 2002). Following successful preparation of these various aspects, arrival into the country itself will perhaps undoubtedly be pursued by further obstacles: Jet lag, culture shock, adjustment to diet change and language barriers may on first
inspection appear overwhelming for the individual, thus provoking emotional labour. Whilst undoubtedly exciting, the emotional labour of an elective may be apparent before the student even reaches their placement, in the form of ‘putting on a brave face’ in spite of their culture shock.

First Days and Cultural Differences

As every student nurse is aware; ‘the first day of placement is never easy’ (Aubrey, 2011:1), the new environment is often daunting regardless of how welcoming staff are, however students do have the assurance that across NHS hospitals certain standards and routines should primarily remain reliable. General ward routine, clinical procedures, ward layout and bed design are just a few of the components of NHS hospitals that students can rely on to be similar from ward to ward. On the other hand in the instance of an international clinical elective the components of hospital reality may be profusely different from anything the student has experienced. Theodosius highlighted the role of the nurse in 2008, stating;

Essentially, the process of nursing care involves one perfect stranger carrying out intimate physical, psychological and social care acts with another perfect stranger, with this often taking place in a public place, such as a hospital.

(Theodosius 2008:33)

Although disputably perhaps an idealistic description of the role of a nurse, this definition encompasses the three fundamental aspects associated with nursing. However, even these three basic components of nursing may be different in another country and different culture. The care of patient’s social circumstance and personal psyche for example may from a western perspective be seen to be lacking. In Msiska, Smith and Fawcett’s hermeneutic
A phenomenological study that explored the learning experience of undergraduate Malawian student nurses, three main challenges were identified that impinged on sound and safe care to patients (2013). A severe shortage of nurses, negative attitudes that some of the nurses displayed towards patients and a lack of essential supplies were found to be the contributing themes leading to an emotive culture of care. Although the study identified some alarming accounts of care and mistreatment of patients, ‘all hope is not lost’ (Msiska, et al., 2013:9) as indeed some nurses were able to uphold their passion for care. The student nurse encountering an environment on their clinical elective where a severe shortage of nurses, lack of essential medical supplies and negative attitudes displayed to patients is apparent may be overwhelmed, shocked and perhaps feel inadequately prepared to cope in such circumstances. However of course, certainly not every clinical elective in a developing country will display these challenges, or perhaps challenges to this extent. Furthermore, western healthcare settings such as those found in the UK are not immune to incidents of breakdown of care. The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry made headlines in 2013 as accounts emerged shocking the nation with incidents of neglectful care disregarding sometimes even the most basic of patient needs (Francis, 2013). Student nurses have a duty to report incidents of care viewed to be concerning (NMC, 2011). The complaints procedure in healthcare settings in the UK is well established, policies exist to implement appropriate action following a complaint made either written or verbally (Allison, 2006). In the case of the Mid Staffordshire Report, numerous complaints were filed, however the complaints were not always adequately investigated and consequently whistleblowing occurred (Francis, 2013). Making a complaint may be a daunting prospect for a student nurse, and indeed finding complaint guidance specifically related to students is fairly sparse. The Nursing and Midwifery Council (NMC) published guidance for raising concerns in healthcare settings amongst nurses and midwives, stating;
As a nurse or midwife, you have a professional duty to report any concerns from your workplace which put the safety of the people in your care or the public at risk.

(NMC, 2011:4)

However, the NMC also states in their guidance for students booklet on professional conduct that; (students should)

Recognise diversity and respect the cultural differences, values and beliefs of others, including the people you care for and other members of staff.

(NMC, 2011:11)

Thus the inner conflict and emotional labour may arise amongst a student on their elective abroad as they are unsure whether the practice they are witnessing warrants a complaint, or should be deemed a cultural difference. In addition to the conflict of whether the practice is unsafe or simply culturally different, the procedure for complaints regarding medical or nursing students on their clinical elective is particularly scarce. Individual universities will normally issue a set of guidelines for students participating in an international elective, and so universities may have their own policy for complaints for students abroad. Furthermore, the hospital or healthcare setting itself may have its own complaints procedure, though this may bring into account such challenges as language barriers, mentorship, cultural barriers and the potential problem of offending those healthcare professionals in the hospital.
Challenging Settings and Shocking Circumstances

The experience of a clinical elective abroad can vary massively between private and public sectors, individual hospitals and countries in terms of resources, cultural customs and modernity. Despite preparation in the form of research, or advice from other students or elective management organisations, the likelihood is that students entering a hospital in a developing country for the first time will experience culture shock to a certain extent. Although statistics vary somewhat, Dowell and Merrylees estimated the number of medical students undertaking medical electives in developing countries to be around forty percent (2009), the figures for nursing students are not clear. Generalising the emotional labour of such a broad range of potential placements expectedly encounters difficulty, however, the importance of highlighting some individual’s initial feelings may be key to understanding the emotional strain students undergo on an elective. One student detailed their experience in Ghana on an online blog, stating;

*I was most shocked by the real suffering I saw, and often felt annoyed by the lack of effort to make patients comfortable. Pain relief was minimal.* (Darvill, n.d.:1)

Clearly this student is frustrated at the care she witnessed and struggling to accept the input of staff toward patient care at the hospital. Further abstracts from the blog find the student grappling with the reality of healthcare in this Ghanaian hospital;
I felt very annoyed by the situation, and helpless to do anything about this increasingly sick baby that wasn’t able to access the necessary healthcare, purely because of the costs of that care in the country he happened to have been born into. (Darvill, n.d.:1)

The students’ uses of the words ‘annoyed’ and ‘helpless’ identify her feelings of powerlessness and are a clear example of emotional labour: Although she may feel annoyed and helpless, the student has to display a professional and caring demeanour, as Hochschild underlines the student must manage their feelings in order to display an appropriate public image. Furthermore, a touching online blog recounting the clinical elective of the writer (who is a medical student) states;

At this point I washed my hands, briskly left the ward and just about managed to get outside before bursting into tears... I think we were both as shaken up as each other but each death/resus we watch after this should only get easier and less upsetting. (Marns, 2013:1).

Speaking of the attempted resuscitation and death of a child, Marns is clearly upset by his elective experience in Vanuatu, however resuscitation and the loss of life are experiences found amongst placements in the UK throughout a students learning, and are not specifically distressing because of the international factor. As stated by Theodosius, ‘Wards are emotional places irrespective of the type of care they offer’ (2008:5), though a student experiencing a clinical context of which they are unaccustomed may feel particularly receptive to an emotional or distressed response. The importance of emotional support throughout a placement is a key aspect of a student’s ability to cope with distressing circumstances, the extent of which will be explored further.
Support, Mentorship and the Link to Emotional Labour

The emerging themes of emotional labour include ‘putting on a face’, valuing teams, the use of an emotional self, getting to the heart of work and lastly, emotional support (Smith, 2013). The importance of emotional support in reference to emotional labour is highly important; students who feel psychologically supported throughout their nursing training are more likely to maintain caring styles and continue to recognise emotional labour as an aspect of their work (Smith, 2012). The students mentor and their relationship has been described as essential to a student nurses learning and their level of support (Smith, 2012), similarly Smith found that charge nurses are also key to a students learning (2012). Mentors receive much support and guidance emerging from organisations such as the Nursing and Midwifery Council, the Royal College of Nursing and mentorship courses, however, clearly in the case of international hospitals the mentor or charge nurse may have widely varying expectations of guidance, support and student nurses abilities.

Due to the vastly different experiences students on clinical electives undergo, generalising the mentorship quality of staff or charge nurses/sisters is not appropriate. A well structured mentored experience is known to have a positive impact on student attitudes (Smith and Weaver, 2006) and most universities will require nursing students to have a mentor for their elective, though often the quality of this mentorship is not brought into question. Various organisations exist to help students organise their elective placements, these include Projects Abroad, Work the World and The Electives Network, such bodies arrange much of a student’s elective, including linking individuals with mentors. Smith (2012) found that mentors in UK hospitals held a pivotal role in relation to students, and could both positively and negatively influence the students learning experience. One extract from a student’s blog from a clinical elective abroad had no mention of an initiation to the ward or guidance from a mentor, they stated;
That first day will always be with me - I was hit with the shock of the thick language barrier, how different the surroundings were and quite simply how far out from my comfort zone I was.

(Gillet, 2012)

This student clearly did not feel adequately supported on the first day of their elective, given the language use such as ‘shock’ and ‘hit’ the reader can assume the student was feeling nervous and perhaps overwhelmed by their new placement surroundings. Whereas another extract from a student outlines a calm and supported placement upon reflection, stating;

Throughout the two weeks, one of the doctors took me under her wing and got me involved...There was no pressure to do anything I didn’t want to do.

(Thomas, 2013)

These two contrasting extracts from different international elective experiences highlight the importance of support from mentors on a placement. Just as on placement in hospitals within the United Kingdom, students require mentors and their support to set the emotional tone of learning, and are necessary for the student’s well-being, safety and learning (Smith, 2012).

Supervision and Boundaries of Competence

Banerjee highlighted the anticipated criticism in opposition of clinical electives that medical students are not doctors and cannot act as health workers from an ethical or medico legal perspective (2010), similarly nursing students on clinical electives are not yet qualified and may encounter emotional labour regarding the extent of which they should participate in clinical procedures. Banerjee opposes this argument concluding that appropriately prepared
students will not compromise their own or their patient’s safety as students should act within
the realms of their own knowledge and competency. Furthermore, students are expected to
abide by the same guidelines that they would on placement in their own country (Banerjee,
2010). All medical schools in the United Kingdom provide pre-departure education or
counselling for medical clinical electives (Haq, et al., 2000), the statistics for nursing
electives however are not clear. Despite these guidelines, Mosepele underlines problems
arising with students on clinical electives, calling attention to unprofessional behaviour,
stating;

unprofessional behavior and unreasonable expectations on the part of student participants,
lack of sympathy and trust between program participants and the communities in which they
are working, and poor leadership of the programs, leading to inadequately supervised
students and injudicious allocation of the local practitioners’ time between teaching and
clinical duties.

(Mosepele, et al., 2010:160)

Indeed although individual accounts of unprofessional behaviour are difficult to find in the
forms of online diaries and blogs about electives (presumably due to the obvious
repercussions of a student admitting such an incident online), understandably doctors in
hospitals abroad may be unaware of the current level of knowledge and ability student medics
and nurses uphold. A study by Radstone in 2005 identified that 80% of health workers in the
Solomon Islands allowed medical students to work unsupervised as they were unsure of the
ability and level of responsibility the students should have (Radstone, 2005). Radstone further
highlighted the issues of student clinical electives abroad, identifying ethical concerns
whereby students are left to do their best with limited supervision and exceptional
responsibility, thus exceeding the boundaries of the individual’s competence (2005). In all
likelihood this stressful and conflicting experience for a student would require emotional labour in the form of a professional façade to hide their fear and concern in the face of excessive responsibility. Students, and indeed patients may be left vulnerable following limited supervision, Shah and Wu articulated the ethical conflict of a student’s desire to help in such an environment (2008), with the need to please and fear of not meeting expectations exceeding their actual capability. Furthermore, Shah and Wu identified the misconception that people living in poverty benefit from medical care provided by individuals regardless of their experience (2008). Students should be particularly aware that resource poor settings are not immune to the same professional and ethical standards of care of that found in their own countries of study (Elansary, et al., n.d.).

Why go abroad?

It has been identified that some students choose to undergo their electives in developing countries as an opportunity to ‘make a difference’ and initiate change in a setting low in resources. Given the time constraints, Hayes, Gupta and Worthington are sceptical that students contribute to sustainable change, and if interested in doing so should approach a longer term programme linked to a health organisation (2013). Although aware that the student may not be contributing to long term or sustainable change in their chosen area, as mentioned previously the confusing divide between acquiring the role of either an observant bystander or an individual there to bring forward western practice can be an unclear split.

Callister and Cox adopt an arguably idealistic approach toward clinical electives abroad, identifying students describing their electives as ‘opening their hearts and their minds’ (2006:97). Whilst this may be true in addition to their argument that electives abroad can increase global consciousness and the improvement of global care, Callister and Cox fail to
confront student electives abroad negatively whatsoever. Without challenging Mosepele’s view identified earlier, whereby unprofessional behaviour was highlighted amongst students abroad, Callister and Cox identify nursing students in an almost romantic manner. The student nurses were described in numerous examples providing assistance and recommendations in the forms of presentations to the hospital and role model labour support (2006:97). Crump and Sugarman highlight the impact that low resource health care settings may have on an individual students’ psyche, with students potentially experiencing an inflated perception of their skills and ability (2008). However the students mentioned in Callister and Cox’s study acted within their boundaries to promote certain aspects of health care. By passing on advice and recommendations and having a general proactive manner in the hospital and amongst staff these students will probably feel that they have positively influenced the care provided to patients. Such action may have lessened or eased their emotional labour as the students may have felt that they encouraged better or safer care, this would have initiated positive feelings rather than guilt which may have arisen if they had not influenced hospital care and been witness to what they considered to be poor practice. Strategies for coping with emotional labour will be further explored, as it is not always possible as it was in this example, to positively influence or change care.

Coping With Emotional Labour

In the face of emotional labour, a student’s feelings of confliction may arise as they display a professional appearance despite inner distress, anxiety or anger in the context of the healthcare environment. Dealing with emotional labour appropriately is a vital aspect of the nurses role as dissonance between genuine emotions felt and those forcibly displayed is
linked with burnout and the formation of a ‘hard nurse’ (Gray, 2009:28). Likewise, Huy stated; (individuals)

who are forced to continually enact a narrow range of prescribed emotions are likely to experience emotional dissonance, which reflects the internal conflict generated between genuinely felt emotions and emotions required to be displayed. This, in turn, can result in emotional exhaustion, leading to burnout,

(1999:339)

Reflection of emotions can be an effective strategy to cope with emotional labour in order to prevent burnout and stress. Nurses are trained and encouraged to continually reflect, assess and monitor their practice (Smith and Gray, 2001). This may be beneficial in the circumstance of a clinical elective abroad where individuals may have more reasons to experience emotional labour than a standard placement in the UK. Gibb’s (1988) model of reflection, albeit slightly dated can still relevantly be applied to a placement incident or experience. By assessing, evaluating, concluding and creating an action plan in six stages an individual may feel better prepared to react to similar situations in the future and improve their practice. In the context of a clinical elective, a nursing student may use Gibb’s model of reflection to gain understanding and make sense of their experiences whilst examining their role in a culturally different environment. The student may find picking just one or two events quite challenging to reflect upon when they may have experienced a vast number of shocking or demanding incidents due to significant cultural differences.

Furthermore, keeping a journal or writing reflective accounts can be a helpful way for students to gain understanding and insight (Maclaren, et al., 2002). Students on electives abroad may also find these diaries helpful on their return to university for further reflection,
personal gain, essay writing or presentations. However, Maclaren et al. (2002) identified that the most beneficial method of reflection was comparison with colleagues; opportunities to discuss and critique responses amongst a team were found to lead to improved morale and communication. Nevertheless, in the context of an international clinical elective, reflection with colleagues may potentially be an obstacle for a student due to language barriers and cultural differences. Students may be able to reflect cross culturally on their experiences with other colleagues from their course by communicating via email or telephone, though obvious potential barriers of accessibility may arise. Furthermore, individuals may be experiencing their elective with other students in similar circumstances, thus providing opportunities to exchange and reflect upon cultural differences. Elective organisations such as Work the World and Projects Abroad usually arrange for students to live together; providing opportunities for comparison exchanges.

Many students feel isolated near the end of their electives, feeling perhaps that their journey has come to an end without a clear pathway of how to continue with their new found interest, or unsure how to express their new experiences which their family, friends and peers are so far removed from (Pollit, et al., 2009). Story telling has been identified as a constructive way for students to express their feelings on reflection about their elective placements. As stated earlier, writing an account to summarise and reflect on the overall placement or a particular incident can be helpful for the individual themselves and other students thinking of undertaking an elective abroad (Pollit, et al., 2009). Similarly, the benefits of storytelling are further accentuated in Smith and Gray’s article ‘Reassessing the concept of emotional labour in student nurse education’ (2001).
Conclusion

Undertaking a clinical elective abroad can be a stressful and emotionally challenging enterprise. Challenges emerging from simply planning such an experience continue into the actual commencing of the elective; language barriers, culture shock, lack of resources, understaffing, excessive responsibility and expectations and feelings of helplessness are just a few of the potential triggers causing nursing students to face emotional labour. The word ‘labour’ used in conjunction with ‘emotion’ emphasizes the caring aspect of a nurse’s role can be hard in a similar way to physical labour, emotional labour should therefore be equally valued as a time consuming and challenging issue (Bolton 2000). Nevertheless, emotional labour is identified as part of the role of a nurse, associated as an integral and vital aspect of the smooth running of a ward and the care culture of the National Health Service (Smith and Gray, 2001). With the use of reflective practice, storytelling, maintaining placement diaries and comparison with colleagues the student can gain understanding and insight into the cultural differences and variations in practice a clinical elective may display. Emotional support is a key aspect of emotional labour and can enhance confidence and relieve anxiety. Support in the form of good mentorship may prevent emotional labour or heightened anxiety occurring in numerous ways; adequate supervision within the student’s realms of capability, appropriate guidance and general support for the students learning, safety and wellbeing are key issues supporting the necessity of an approachable mentor whilst on placement. A clinical elective abroad has the potential to be a wondrous and insightful learning curve, with appropriate planning, reflection and education students may aim to safely make the most of their experience whilst coping strategically and effectively with their emotional labour.
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