

Emotion work associated with personal faith

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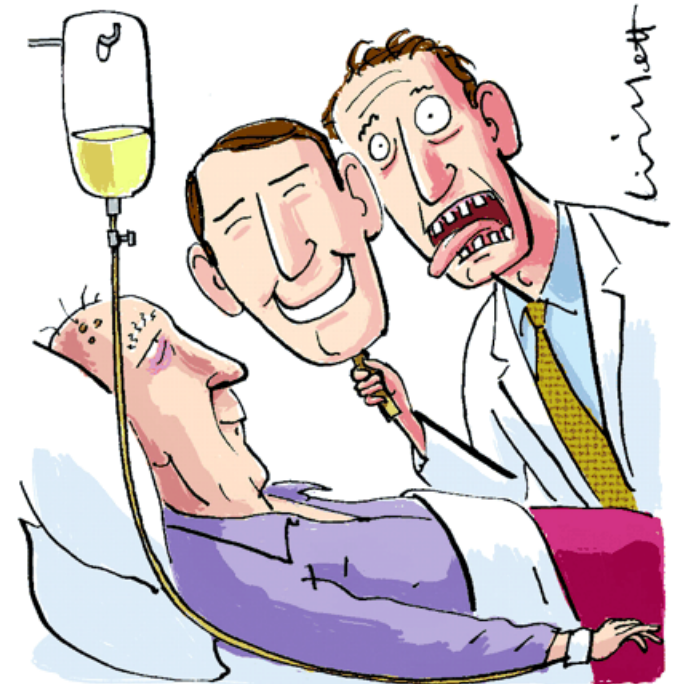
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Background

- Emotion work associated with personal faith
- What is emotion work?
 - Emotion work is the modification of emotions which health care professionals undertake in order to enable patients to feel cared for and to conform to organisational rules¹
 - Related to emotional labour



My research

- Dietitians involvement in decision-making related to artificial nutrition and hydration.
- Decisions may include who to feed, what and when to feed, whether to withhold or withdraw nutrition e.g. if feeding is considered futile.
- Artificial feeding can be emotive and can have deep spiritual and religious meanings².

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Hospital 'starved' elderly mother

A woman has claimed an NHS hospital "starved" her elderly mother rather than continue her care.

Ellen Westwood, 88, was in Birmingham's Selly Oak Hospital for two months being treated for dementia and C.difficile, which she had previously contracted.

Her daughter Kathleen Westwood said the hospital decided in February it was in her "best interests" to halt fluids and nutrition - a move the family opposed.



Kathleen Westwood said she fought hard against the hospital decision

[Video and Audio](#)

My research

- 16 registered dietitians were interviewed for a qualitative phenomenological study exploring their experiences of decision-making related to artificial feeding
- Convenience sampling enabled participants' with a range of clinical experience and from a range of clinical settings to be recruited.
- Interviews were fully transcribed and analysed within an interpretive phenomenological framework

My research – findings

- Dietitians are faced with emotive situations in their everyday practice and they need to manage these emotions.
- Management of emotions requires effort
- Emotion work emerged as a theme, and for some was related to their personal beliefs.
 - In this case hiding true, negative, emotions to conform to professional or organisational norms – i.e. conforming to display rules

- One dietitian's experiences of emotion work related to her Christian beliefs are reported here.
- The dietitian reported feeling conflicted about tube feeding patients she believed were dying or suffering,
 - *'am I just prolonging somebody's life an extra couple of weeks and prolonging their pain...for no other reason than I'm feeding them? I do struggle with that quite a lot.'*
- These emotions seemed to be rooted in her faith and her view that patients were suffering:
 - *'...part of me thinks, "for the quality of life they have is it really worth feeding them and keeping them alive this long?"...I just think that's quite sad really...I suppose what my belief would be to let the patient go to a better place...maybe it's to do with...me being a Christian...'*

- This dietitian had to modify her emotions because she feared the repercussions of expressing her faith:
 - ‘...obviously that’s something you can’t express with the patient...we live in a world...where you can say one thing wrong and the next thing you’re in the newspapers...or brought up in front of the head of department...’
- In the UK there has been a high profile case of a nurse being disciplined for offering to pray for a patient
- So we have a dietitian who is conflicted between her faith and her practice. She feels she can’t say anything because of organisational norms and fear of repercussions.

Does it matter? Yes!

- Emotion work can affect patients and the health professional.
- Does it matter for patients?
 - The literature on the effect of modifying emotions on patient care is mixed.
 - Modifying emotions may be beneficial for patient care, because it suggests emotional intelligence; being aware of the need to show appropriate emotions within the workplace³.
 - It may be beneficial for relationships and the quality of care and so may have a therapeutic benefit⁴ E.g. To show empathy^{4,5}
 - If management of emotions enables patients to believe they are being cared for it is likely to result in a positive response from the patient⁶

Does it matter for health professional?

- Emotion work is associated with emotional distancing
- It is associated with a lack of professional and personal integrity and a feeling of a lack of authenticity^{7,8}
- It is associated with moral distress
- It can increase stress, and has been linked to burnout^{1,10}.
- Burnout is characterised by emotional exhaustion, depersonalisation and a feeling of lack of accomplishment and effectiveness^{9,10,11}
- Burnout has a negative effect on patient care and can lead to errors of judgement¹², and negative, callous, or excessively detached responses⁹ to emotional aspects of a job.
- Burnout can affect team working¹³ and is associated with high rates of absenteeism, low patient satisfaction and higher turnover of staff¹⁴

Does it matter if faith is not disclosed? Yes!

- Decision making should be transparent and should be discussed with the patient as well as by the health care team^{15,16}
- Faith influences decision-making about ANH¹⁷⁻²²
- So not disclosing one's faith may not be best for transparent decision-making.

Conclusion

- Faith influences feelings about tube feeding in difficult situations
- Hiding personal religious beliefs due to fear of professional repercussions can lead to emotion work.
- Undertaking emotion work can effect the patient care and the health professional
- Not disclosing faith may effect transparent decision-making

Implications for practice

- This is just one case however.....
- Emotions need to be discussed more
- Training and supervision to manage emotions
 - Surface vs deep acting
 - Surface acting is the ability to deceive others about what is being felt, without deceiving one's self^{8,23} or as faking it ^{7,24}
 - Deep acting has been described as similar to method acting²⁵
By drawing on emotional experiences, one is able to feel what is being externally shown^{8,23,26}
 - More deep acting with training²³



Surface vs deep acting

- Surface acting
 - associated with the negative effects
- Deep acting
 - Compared to surface acting has more positive effects on personal accomplishment¹¹ and job satisfaction^{6,10,11}
 - Deep acting has also been shown to have a positive effect on shared decision-making between doctors and patients²⁷

In summary

- Personal faith can lead to hiding of emotions and faith due to display rules
- Emotion work has a potential influence on quality of patient care and risk of burnout for the health professional
- Training can lead to more deep acting
- Not disclosing faith may effect transparent decision-making

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