The Impact of Emotional Labour on Workers in Day Harm Reduction Services

Joanna Fabianowska

Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree (Social Science Specialisation) at DBS School of Arts, Dublin.

Supervisor: Dr Niall Hanlon
Head of Department: Dr Bernadette Quinn

April 2012
Department of Social Science
DBS School of Arts
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>3</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>4</td>
</tr>
<tr>
<td>INTRODUCTION:</td>
<td>5</td>
</tr>
<tr>
<td>Emotions</td>
<td>5</td>
</tr>
<tr>
<td>Emotional Labour</td>
<td>6</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>8</td>
</tr>
<tr>
<td>Day Harm Reduction Services: Dublin Region</td>
<td>9</td>
</tr>
<tr>
<td>Staff Profile in Harm Reduction Services</td>
<td>10</td>
</tr>
<tr>
<td>Emotional Labour and People Work in Literature</td>
<td>10</td>
</tr>
<tr>
<td>Caring for the caregiver</td>
<td>12</td>
</tr>
<tr>
<td>Hierarchy</td>
<td>12</td>
</tr>
<tr>
<td>Changes in the workplace</td>
<td>13</td>
</tr>
<tr>
<td>Gender</td>
<td>13</td>
</tr>
<tr>
<td>METHODOLOGY:</td>
<td>15</td>
</tr>
<tr>
<td>Design</td>
<td>15</td>
</tr>
<tr>
<td>Materials</td>
<td>16</td>
</tr>
<tr>
<td>Participants</td>
<td>16</td>
</tr>
<tr>
<td>Procedure</td>
<td>18</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>19</td>
</tr>
<tr>
<td>RESULTS:</td>
<td>20</td>
</tr>
<tr>
<td>Emotions and Professionalism</td>
<td>20</td>
</tr>
<tr>
<td>The state of alertness</td>
<td>21</td>
</tr>
<tr>
<td>Distancing oneself</td>
<td>22</td>
</tr>
<tr>
<td>Bridging the personal with the professional</td>
<td>23</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Acknowledging humanness</td>
<td>24</td>
</tr>
<tr>
<td>Carrying somebody else’s trauma</td>
<td>25</td>
</tr>
<tr>
<td><strong>Emotions, Learning and Training</strong></td>
<td>26</td>
</tr>
<tr>
<td>Dealing with the “other stuff that comes up”</td>
<td>26</td>
</tr>
<tr>
<td>When the knowledge is lacking</td>
<td>27</td>
</tr>
<tr>
<td><strong>Emotions and Reflective Practice</strong></td>
<td>29</td>
</tr>
<tr>
<td>Support in the workplace</td>
<td>29</td>
</tr>
<tr>
<td>Self-care</td>
<td>31</td>
</tr>
<tr>
<td><strong>Emotion and Gender</strong></td>
<td>32</td>
</tr>
<tr>
<td><strong>DISCUSSION:</strong></td>
<td>35</td>
</tr>
<tr>
<td>Emotion and professionalism</td>
<td>35</td>
</tr>
<tr>
<td>Emotion, Learning and Training</td>
<td>37</td>
</tr>
<tr>
<td>Emotion and Reflective Practice</td>
<td>38</td>
</tr>
<tr>
<td>Emotion and Gender</td>
<td>39</td>
</tr>
<tr>
<td>Limitations</td>
<td>40</td>
</tr>
<tr>
<td>Recommendations</td>
<td>40</td>
</tr>
<tr>
<td>Conclusion</td>
<td>41</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td>42</td>
</tr>
<tr>
<td><strong>APPENDIX 1: Research Information Sheet</strong></td>
<td>47</td>
</tr>
<tr>
<td>Consent Form</td>
<td>49</td>
</tr>
<tr>
<td>Topic Guide</td>
<td>50</td>
</tr>
</tbody>
</table>
Acknowledgements

I would like to express my gratitude to my research study supervisor, Dr Niall Hanlon, and the lecturers of the Social Science Research Project module for the advice, feedback and the availability to help with the study.

I would also like to thank all the persons who helped me to organise this research study and the persons who agreed to participate in it. Your good will and understanding turned out to be a great source of support throughout the research process and made the study possible to carry out.
Abstract

The aim of the research study was to understand how emotional labour impacts on workers employed in day harm reduction services. The study’s theoretical framework was based on Hochschild’s (1983) concept of emotion used as an instrument of labour in the workplace. The study had a qualitative design with in-depth interviews used as data collection method and purposive homogenous sampling approach. Having interviewed 10 workers, the data was transcribed, organised and analysed with the help of NVivo software.

As a result, four themes were identified. They were as follows: emotions and professionalism, emotions, learning and training, emotions and reflective practice and emotions and gender. The research study found that emotional labour plays an important role in harm reduction services.
Introduction

“All the world is a stage and, and all men and women merely players” (Shakespeare, 1998, p. 150-151). In this way, through referring to the world of theatre, some of the sociologists start explaining their focus on the concept of emotion in the context of a person’s everyday life (Hochschild, 1983; Turner & Stets, 2005). People experience various emotional states most of the time in various social contexts. A workplace, where people spend a considerable part of their lives, impacts in a significant way on its workers. The aim of this research project is to understand how emotional labour impacts on workers employed in day harm reduction services. The background for the research study is going to be outlined below. There appears to be a gap, to the researcher’s knowledge, in research and literature available on the issue under study, which makes it a pioneer study in its attempt to explore and map the issue of emotional labour in harm reduction services.

Emotions

Emotions have been neglected for a long time in sociological writing. It was not until the 1970s that emotions became a subject of study in sociology (Turner & Stets, 2005, p. 1). According to Bendelow and Williams (1998) the reason why the concept of emotions in human life was not considered as worth of closer study was a “tradition which has sought to divorce body from mind, nature from culture, reason from emotion, and public from private” (p. xv). This particular view of emotions may be traced down to Platonian and later Cartesian thought which claimed that emotions should be controlled, to say the least, by usually “steady (male) hand of reason” (p. xv). The recent developments in the study of emotions indicate that not only the crossover between different faculties is necessary but also the bridging of the dualistic way of thinking that characterises the western thought (p. xvi).
Emotions are essential to human lives. Everything seems to be revolving around them. One could argue if culture and social structure could exist without them. They are a “glue” connecting people together so that they can form meaningful social structures (Turner & Stets, 2005, p.1). Turner and Stets (2005) emphasise human dependence on emotions and how they enable them to create social relationships and “complex sociocultural structures” (p. 1).

Nevertheless, Turner and Stets (2005) and Bendelow and Williams (1998) seem to agree that despite long awaited come back of emotions to scientific enquiry, major questions remain unanswered. For instance, it is not clear what actually emotion is and what is meant by the notions associated with its study such as feelings and moods (Turner & Stets, p. 2). Or perhaps there are as many answers as there are approaches to the study of emotions (Bendelow & Williams, p. xvi). There are several common themes, however, that can be detected in the study of emotions. They include: the place of biology and how emotions affect the body, the social construction of experiencing and articulating emotions, the influence of culture on linguistic labelling them, the ways of displaying emotions like gestures, and, lastly, the way certain situations are viewed and evaluated (Turner & Stets, p. 9).

*Emotional Labour*

Turner and Stets (2005) locate the concept of emotional labour within dramaturgical and cultural sociological theories of emotions as they often compare human interactions to actor’s performances on a stage in front of an audience and they involve an analysis of cultural influence on such performance (p. 23-24). The very concept of emotional labour is coined by Arlie Russell Hochschild.

Hochschild (1983) builds on Erving Goffman’s model of human interaction with an actor (individual) acting out a “cultural script” that determines how to perform it and how to
present themselves to others (Turner & Stets, 2005, p. 28; Hochschild, p. 10). Hochschild similarly argues the importance of “sociocultural determinants of feeling” and the way in which feelings are “defined, appraised and managed” in a particular culture (Hochschild, 1998, p. 5). She refers to them as feeling rules: “a distinctly patterned yet invisible emotional system” which determines the emotions one is supposed to feel in certain situation and how one evaluates the feelings (1983, p. 36 & 57). But as social norms change, feeling rules can change as well (p. 63). In order to follow feeling rules people manage their emotions. According to Hochschild this can be done in two ways: by using surface acting or deep acting (p. 35).

Individuals employ surface acting when they want to influence the way others (audience) sees us. It generally involves muscle movement, raising of an eyebrow, smiling (Hochschild, 1983, p. 37-38). The key feature of surface acting is that one does not fully embody what s/he is acting. The focus of an actor falls on the audience (p. 38). There are two ways of using deep acting: “by directly exhorting feeling, the other by making indirect use of trained imagination” (p. 38). The first way of achieving deep acting involves “coaching” oneself into evading a feeling or looking away from what causes it (p. 40).

The other way of applying deep acting involves using a memory of a feeling of certain experience so that it could be used in deep acting. It implies that one must have “experienced” such a feeling first. Feeling for the purposes of deep acting becomes an “object” with a prospect of being used in the future (Hochschild, 1983, p. 41). A memory of a feeling used for deep acting must not only appear “as real now” but also an actor has to “believe” that this memory of a feeling is “really happening now” (p. 42).

Hochschild is also using Karl Marx’s concept of alienation when she compares a child labourer in the late 19th century who became an instrument of labour to a flight attendant in the 1980s whose “emotional style of offering the service is part of the service itself”
(Hochschild, p. 3-7). Thus emotions become a subject to becoming an instrument of labour as well. As a result, Hochschild draws a conclusion that just as people can become alienated from “goods in goods-producing society,” they can also become alienated from “service in a service-producing society” (p. 7).

Hochschild refers to managed emotion through the use of surface and deep acting in the form of a labour sold for a wage as emotional labour (Hochschild, 1983, p. 89). Emotional labour is compared to a commodity (p. 5). She also argues that there is a price to pay for emotional labour as bridging the disparity (emotive dissonance) between “feeling and feigning” over a period of time causes a “strain.” The strain may further result in estrangement from one’s face and from feeling as well (p. 90).

**Harm Reduction**

Harm reduction model of addressing substance addiction has emerged in the second half of the 20th century as an alternative to total abstinence model, according to one type of classification (Moore, McCarthy, Philbin, MacNeela, MacGabhann, & Proudfoot, 2004), or disease and criminal model according to another (Marlatt, 1998). It has become particularly popular in the 1980s as a result of HIV epidemic (Moore et al., 2004, p. 12). There is no agreement on how to define harm reduction and its criteria in the literature available. Possibly, it is due to the fact that its implementation is conditioned by socio-cultural and historical circumstances of a given country (Bucccieri, 2010, p. 4). The World Health Organisation defines it as “evidence-based public health interventions” aimed at harm minimisation caused by shared used of drugs paraphernalia and to health and social needs of those who are at risk of contracting blood borne viruses (WHO, 2005, p. 9).

Harm reduction model is rooted in pragmatism and it is based on acceptance that some people will always engage in risky behaviours. It does not mean that it negates
abstinence as ultimate goal. On the contrary, gradual harm minimisation may lead an individual to total abstinence. It is a model of working based on advocacy and it involves adoption of low threshold access to services, i.e. with as few barriers as possible. Harm reduction is also characterised by “acceptance and compassion” implying respect for the substance misuser’s decisions (Marlatt, 1998, p. 49-58).

Moore et al. (2004) provides an overview of harm reduction interventions that are used in services internationally and in Ireland. Their focus is “information, education and communication” aimed at drug users. One of the emblematic interventions of harm reduction is needle exchange programme that offers an exchange of used needles for new ones and an access to sterile drug paraphernalia. The other characteristic intervention involves enabling access to drug substitution treatment: methadone maintenance programme (p. 13). The other interventions such as consumption rooms, i.e. supervised injection sites for drug injectors, and supervised provision of heroin, are currently considered illegal in Ireland (p. 63).

Day Harm Reduction Services: Dublin Region

Throughout the country there are a number of statutory, community or voluntary programmes that operate from harm reduction approach which is in agreement with prevention pillar of the National Drugs Strategy 2009-2016. They are usually coordinated and funded by Local and Regional Drugs Task Forces, the Health Services Executive and less often by the Dublin Region Homeless Executive among others (Department of Community, Rural and Gaeltacht Affairs, 2009, p. 43, 81). In Dublin Region these include, to name a few, Merchants Quay Ireland, Ana Liffey Drug Project or Peter McVerry Trust. They deliver day services in a drop in, i.e. drug users are attending the premises, or in an outreach capacity, i.e. meeting drug users in their environments (Moore et al., 2004, p. 42).
Staff Profile in Harm Reduction Services

There is no published material that would discuss “staff profiling” of harm reduction programmes (Moore et al., 2004, p. 49), although it has been acknowledged that staffing has a considerable influence on effectiveness of such programmes (Cox & Robinson, 2008, p. 31). Moore et al (2004) outlines extensively the research carried out by the former ERHA on the issue of harm reduction services delivery in Ireland. The researchers noted that people delivering harm reduction interventions come from various professional environments such as general practitioners, nurses or outreach workers among others. This led the researchers to conclude that it is of vital importance that education and training of “an interdisciplinary nature” is ensured by service providers to staff engaging in harm reduction services delivery (p. 52). Cox and Robinson (2008) focusing in their report solely on needle exchange workers similarly emphasise the importance of a thorough initial training, availability of an on-going training as well as support and supervision (p. 32).

The above mentioned reports do not comment on the issue of professional ethics that staff working within harm reduction model has to abide by. Medically trained professionals such as nurses and general practitioners have to obey the rules of their professional codes of conduct whereas the others so called drug workers seem to fall into the category of social care workers, a profession currently undergoing the process of regulation. It has its own professional ethics (McCann James, Róiste & McHugh, 2009).

Emotional Labour and People Work in Literature

There seems to be an abundance of research into how emotional labour affects nursing staff or people working in so called human services or helping professions. But there seems to be a gap in research and literature into the human cost of emotional labour among staff employed in day harm reduction programmes for drug users. Rance and Fraser’s (2011) study
conducted in Medically Supervised Injecting Centre in Australia recognises the role of staff’s use of emotions in creating a space for positive change for clients using the service (p. 141). But it does not investigate the impact of the use of emotions on staff. Nevertheless, one may observe certain themes in the studies done on individuals employed in people work which are valid for the purposes of this research project.

The importance of emotional labour, its advantages and disadvantages are acknowledged in all research done to date on individuals employed in occupations that involve people work, i.e. “those occupations that have as their focus interaction with other people; usually those outside of the organisation, for example, customers or patients, rather than colleagues, superiors or subordinates” (Kahn, 1993, p. 205).

Stayt (2009) and Meerabeau and Page (1998) find that emotional labour is central to nursing work in Intensive Care Unit and cardiopulmonary resuscitation. Stayt is surprised at the extent of grief that nurses had to manage in their work when caring for terminally ill patients or when “breaking the bad news” to their families (p. 1267). Stayt (2009) and Meerabeau and Page (1998) both find that the amount of emotional investment that nurses put into caring for their patients and relating with their families is a source of great stress to the point of emotional exhaustion partly caused by their perceived lack of competencies and discrepancy between theory and practice (Stayt, p. 1273-1274; Meerabeau & Page, p. 302). Henderson (2001) observes that nurses tended to choose between either detached or engaged way in which they worked with patients (p. 132-134).

Scheid (2008) argues that the difference between caring work and other service sector jobs in which emotional labour is part of the job is that emotional labour is perceived in it as “desirable.” She further notes that emotional labour in caring work involves deep acting rather than surface acting which is prevalent in other service jobs (p.3). Interestingly, she argues that a worker will experience effects of burnout more likely if s/he is prevented from
engaging in the type of emotional labour they are “socialised” to believe is appropriate (p.4). According to Erickson and Ritter (2001), the worker’s experience of negative emotions is directly linked to the sense of inauthenticity and burnout (p. 159). Ashforth and Humphrey (1993) on the other hand, suggest that the more the worker identifies himself with the organisational roles the more authentic s/he will feel thus the cost of emotional labour will not be as high (p. 98).

*Caring for the caregiver*

Mann (2004) similarly finds that emotional labour is core to people work and a “vital skill” (p. 205). He finishes his article on a reflective note: “it is probably a common case that emotional work brings both stress and satisfaction” (Sharma & Black, as cited in Mann, 2004, p. 218). As a result, Mann becomes a strong advocate of developing coping strategies for emotional labour related stress as experienced in the workplace such as using venting techniques, accessing counselling, taking time-out, downtime, “cognitive restructuring” by appreciating that emotional labour is a “skilled part of their job” to name a few (p. 215).

Kahn (1993) in his study observes that individuals engaged in people work (caregivers) need to feel that they are cared for themselves by the organisational structures in the form of supervision, open communication among high, medium and low level employees (p. 539). Work relationships may diminish as well as help in rebuilding their emotional capacity (p. 561).

*Hierarchy*

Kent (2006) considers the relation between emotion work and leadership in health organisations. He notices that the leader’s role in the organisation implies working through the influence they have on others, the way think and perceive things and this very much
involves the use of emotions. There is an expectation that leaders are “steadfast and persevering” and that they generate positivity in their teams often disregarding their own emotions (p. 49-62). According to Davis, LaRosa and Foshee (1992) when considering the issue of hierarchy at work it is necessary to remember that gender does play a role. “Negative assertions” come more difficult to women. They tend to inhibit anger and tend to consider the impact of aggression in terms of damaging relationship and the target person’s self-esteem (p. 514-515).

Changes in the workplace

Several studies discuss the issue of changing practice in the workplace (James 1989, 1992; Olesen & Bone, 1998, Olesen et al. 2000). O’Brien (1994) discusses how emotional labour plays a part in the struggle for “power and authority over health knowledge and information” (p. 408). This change usually implies rationalization of work practice (Olesen & Bone, 1998), bureaucratization of care (Glenn 2000; Rogers, 2001), outcome focused care management (Wilson 1993). Both Wilson and Erickson and Ritter (2001) draw attention to the psychological influence change in the work practice has on the workers and that it may lead to a sense of burnout (Wilson, 1993).

Gender

Gender seems to be of significance not only in nursing (James 1989, 1992; Henderson 2001; Olesen, V., Williams, Gabe & Calnan, 2000) but in the whole caring sector (Husso & Hirvonen, 2012). The issue of gender manifests itself in the way people’s thinking shaped by, what Crompton (2006) refers to as, “domestic gender traditionalism” has an effect on task division in the workplace and their perception of caring work as requiring what is deemed by many as naturally feminine qualities (as cited in Husso & Hirvonen, 2012, p. 42). This
assertion has been found in other studies (Glenn 2000; James 1989, 1992; Olesen et al., 2000). The issue of gender has its impact on beliefs about emotions implying that women are better equipped to deal with “pain, suffering and distress” (Bendelow & Williams, 1998, p. 257-265).

The Finnish study (Husso & Hirvonen, 2012) also finds that male workers are not expected similar intensity of emotional engagement as female workers. Men are also found as being better able to draw the line between private and professional life and they also seemed to be better at coping (p. 40). The fact that women are expected to care also in their private lives makes it more difficult for them to separate between the private and professional and often becomes a source of inner conflict (as cited in Husso & Hirvonen, 2012, p. 42). The current changes in caring sector, caused by neoliberal policies, as argued by the authors, seem to perpetuate this situation. Moreover, they cause “social suffering” and they have a reflection in the fact that women are more likely to suffer from “stress, exhaustion, insomnia and depression than men” (p. 45).
Methodology

Design

The research project has a qualitative approach as this type of approach is “naturalistic” and “interpretive” in nature and therefore considered to be appropriate for the purposes of the research study: to understand the impact of emotional labour on workers in harm reduction services (Ritchie & Lewis, 2003, p. 3). One of the key elements of qualitative inquiry is an attempt at understanding the world by studying the way people interact with each other in relation to symbols that have certain social meaning, for instance language (Berg, 2009, p. 9-10). In the current research study the meaning and use of emotions in the workplace is going to be given full attention.

Rance and Fraser’s (2011) as well as Pearson, Parkin and Coomber (2011) studies seem to support the above view as they find that limitations in scope and size which qualitative research imposes appears to be the only viable and appropriate way of studying this ephemeral field: emotion management in harm reduction model of working. Following Holland’s (2007) argument, one-to-one interaction between the researcher and the participant seems best suited in reaching the aim which is capturing a subject of study as fleeting as emotions at work (p. 201). Consequently, in-depth interviews were chosen as a data collection method, which is a choice supported by Ritchie and Lewis (2003, p. 138-169).

Kvale explains in-depth interviewing in two ways. In the first definition he compares the interviewer to “the miner” who “digs nuggets of data or meanings out of a subject’s pure experiences.” In the second definition Kvale compares the interviewer to “the traveller” who helps the interviewee to uncover his life story and the interviewer “plays an active part in development of data of meaning” (as cited in Ritchie & Lewis, p. 139). In-depth interview allow for the content mapping, content mining and probing questions to be used in order to
achieve a deeper understanding of an issue which seem to be exactly the tools necessary to achieve the aim of the current research study (p. 149-151). Moreover, in-depth interviews as a data collection method has been extensively used in the research on emotional labour (Hochschild, 1983; Kahn, 1993; James, 1989 & 1992; Meerabeau & Page, 1998). Summarising, following Gibbs, Kealy, Willis, Green, Welch and Daly (2007) train of thought, it is paramount that sampling and data collection method work together to meet the research objective, which proved to be the case in the current study (p. 544).

The data collected in this way was further transcribed and analysed by the application of thematic analysis method. The latter one is a method of organising, “analysing and reporting patterns within data” (Braun & Clarke, 2006, p. 79). NVivo software was used for this purpose in order to “enhance and support” the research process (Crowley et al., 2002, p. 194).

**Materials**

Dictaphone was used in order to facilitate the collection of the data.

**Participants**

Purposive sampling was applied in the research project. The researcher aimed at targeting a specific homogenous sample of 10 prospective participants working in similar environment and engaged in interventions with similar population in Dublin Region (Ritchie & Lewis, 2003, p. 78). The rationale behind the choice this particular sampling approach is grounded in the very research question of the study: the need to focus on the study of emotional labour within a relatively small occupational group of people.

Participants who consented to take part in the study consisted of:

Eoin, a keyworker and an outreach worker
Emma, a project worker
Wendy, a team leader
Jim, a project worker and a family support worker
Ron, a project worker
Brian, an outreach worker
Lisa, a project worker
Aisling, a case manager
Kate, a counsellor
Mary, a keyworker and an outreach worker

All of the participants work in harm reduction projects on a full time basis. Five of the workers are trained to do needle exchange or give safer injecting advice. All workers give information on safer substance use on everyday basis. All of the workers engage in one to one often called, keyworking sessions with the clients or group sessions such as creative activities or therapeutic activities aimed at harm reduction and emotional education and support. The workers participating in the study work directly with clients which was the intention of the researcher. All of the workers work in teams; however, two of them are members of inter-professional teams. This had an impact on their sense of professional ethics which in as result added certain amount of pressure on their emotional labour.

It is worthwhile to notice the variety of names given to this homogenous occupational group of people which reflects the different funding streams and overseeing bodies of harm reduction services. This naturally does not concern Kate who beside her work on the so called floor offers counselling service.

Among the participants were six females and four males. All of them are of Irish. Eight of workers are in their 40s, one is in late 20s, and one in early 30s. The sample frame was guided by the researcher’s intention to interview people who perform similar jobs, which
was a rather difficult task in itself considering the fact that relatively few people work within harm reduction model. Thus age, gender and ethnicity were of secondary concern.

Procedure
The researcher was conscious to contact organisation in as many councils as possible to gain a fair representation of the workers from the whole Dublin Region. At the end of the data collection process the researcher was able to interview workers representing three administrative councils of the Region.

The researcher after designing topic guide contacted 10 services within the area of the Dublin Region. Two responded negatively, eight responded positively, however only five services actively engaged in the study. After discussing the details of the research study participation with managers of the services, the date was arranged for the researcher to conduct the interviews. The researcher met with eight participants in their workplace and with the other two in a public space.

It has to be mentioned that prior to proper data collection, a pilot interview was conducted in order to test the topic guide. As a result, the researcher decided to narrow down the scope of the questions in order to give the interview a clearer focus and to allow time and space for probing some of the answers rather than hastily try to cover too many issues. This change proved to bring positive outcomes. The interviewees shared with the researcher a variety of perspectives and a smaller scope of the topic guide with a clear focus on harm reduction interventions allowed for exploring of those perspectives and actually listen to peoples’ stories. The participants gave positive feedback about the initial information they were given before the interview. They said that they appreciated its directness.
**Ethical considerations**

Discussing emotions, even if relating to work practice, is always a difficult matter. The researcher was aware of the sensitivity of the subject throughout the research process. The ethical concerns relating to this issue were resolved during the conversations with managers of the organisations. The researcher circulated among the participants a very informative Research information Sheet together with an abbreviated topic guide to let the workers know what to expect and give the space for making the decision whether to participate.

Following Ritchie and Lewis’s (2003) advice, the participants were explained the confidentiality and that the researcher has to abide by the Data Protection Act 1988 and 2003 and that the study had been approved by the Department of Social Science Ethics Committee at DBS (p. 66). The storage of the data collected was also explained, that it would be destroyed upon the researcher’s graduation. The participants were further informed that names and information that could enable identification of the participants and projects in the transcribed data would be ill be omitted or changed and that pseudonyms would be used.

The researcher also thought that it was necessary to disclose that herself worked with vulnerable population in a harm reduction service. It was necessary to be as open and honest about the researcher’s motivations as possible especially due to the subject under study which seemed quite unusual to the service providers. Such an approach was informed by Fontana and Frey’s perspective on the interview process (Fontana & Frey, 2005, p.696).
Results

All of the workers of day harm reduction projects taking part in the research study: Brian, Aisling, Ron, Emma, Eoin, Jim, Mary, Wendy, Lisa and Kate, work in teams. Nine of the workers perform outreach work at least as part of their duties. It may involve working with clients in prisons, different services, cafés, shooting galleries, i.e. abandoned places used by drug injectors, as well as visiting families who are concerned about their offspring’s drug use or leading workshops for families affected by drug use. The workers also engage in working with clients on so called floor or a drop in. They often work one-to-one or in groups. Their working style consists of a mixture of various interventions: needle exchange, safer injecting session, drugs, psychological or sexual education, crisis intervention, e.g. dealing with overdose or suicidal ideation to name a few. They are used as the situation demands it.

As a result of the analysis of the interviews carried out, four themes have been identified. These are: emotions and professionalism, emotion, learning and training, reflective practice and emotion and gender. Their presentation is provided below.

*Emotions and Professionalism*

The workers accounts revealed the centrality of relationship building and relationship maintaining in their work. This involves not only relationships with clients\(^1\) but everyone involved in the work. As Jim pointed out, “it’s about relationships for me. There’s a relationship between the clients and there’s relationships with staff members and I like them, do you know?”

Work with relationships within harm reduction model seems to require paying constant attention to and negotiation of what Aisling, Jim and Wendy referred to as “personal

---

\(^1\) The term “client” or “individual,” denoting a person using the service, is going to be used throughout this document. The term “client” was most commonly used by the workers taking part in the study. The other term less commonly used was a “service user.”
space.” This involves maintaining certain professional standards such as boundaries, confidentiality and trust:

So, I’m XX years doing this, so my name would be good in the community and it would be good amongst the drug dealers. They know it’s confidential. They know I won’t go to the Guards. They know I don’t break down, I don’t break down relationships. I don’t break confidentiality. They know they can trust me. (Brian, an Outreach Worker)

The state of alertness

Lisa, Wendy and Mary said that it is not possible to plan their work day or any particular one-to-one intervention “because you don’t know what they’re going to say” (Lisa). Nevertheless, a moment of adjustment to professional harm reduction way of working can be identified in the workers accounts on entering the workplace or, if situation allows it, just before certain intervention. They “prepare mentally” (Aisling, Jim). Ron and Jim describe this moment as putting their “professional heads on” (Jim) or “work hats on” or even switching to a “work mode” (Ron). Work experience makes this moment of adjustment seem automatic (Lisa, Jim).

The “work mode” appears to involve adopting a particular type of alertness with the workers’ thoughts and emotions so that they are able to empathise. Wendy spoke about “feeling your approach.” Aisling seems to be using a skill of “reading the person” extensively. The others would “gauge” the situation and the person (Brian) or make sure that they have “the head in the right place” (Jim). The state of empathetic alertness serves as a tool in assessing the client’s situation and it also protects the worker against what the worker might see or hear. But this skill takes a lot of effort:
I worked in the building sites for twenty odd years and I never went home as tired as I did and as I do some evenings, as I do from here and it’s not physical work I’m doing. Mentally it can be extremely draining, you know. You kind of put out so much positive energy towards people. You’re surrounded and you get back a lot of negative energy so you have to be mentally ready to deal with that type of stuff. You don’t know what each day is going to bring or each time the door opens and someone comes in. (Jim)

*Distancing oneself*

Masking of the dissonance between the felt emotions and what the worker can allow himself/herself present seems to be quite known to the workers. Ron self-instructs sometimes that “I mean people show me their veins everyday and I see people covered in scars and they’re all sorts. I suppose I just remind myself that I’m professional, I’m here to do a job.” In his opinion, the type of professionalism which his job involves is about masking “loads of things,” also outside work, as he has to be mindful of boundaries and confidentiality at all times. Lisa, on the other hand, felt that she can ask a colleague to replace her when she is not in the right frame of mind.

When dealing with crisis, the worker’s professionalism involves stretching the distance between personal and professional self. This enables the worker to deal with the situation “without becoming overwhelmed” (Kate). Brian referred to this stretched distance as “automatic pilot” when one Friday morning he found himself dealing at the same time with three women. One who was under the influence wanting to expose her groin injection site, the other one who was raped the night before and, lastly, a woman expressing suicidal ideation. Kate, a counsellor, provided a very clear explanation of this process:
And how is that for you, that inside really... it’s just tough, but on your face you have to maybe …²

Well, you know if the situation demands you have to do it, you usually do it and the feelings usually follow the actions and the thoughts. I mean you’re acting different so your thoughts will change and your feelings will change, you know what I mean. A very CBT [Cognitive Behavioural Therapy] approach there (laughs).

To Wendy, a worker with a more senior role among her colleagues, dealing with various situations and behaviours feels sometimes like staging a performance. Professional distance may become a source of a strain to the point of becoming too much to bear:

I find demands can be very challenging. Sometimes when people are very, very, very needy and you give, and give, and give and maybe on a given day you can’t give because you have a report to do or funding has just run out and you have this smile on your face and nobody knows that we actually have no milk and we have no money to buy it and it’s like you’re a performing seal and yet you’re trying to give yourself to this person, one hundred percent and that’s before you have a home to go to and maybe a student, maybe children, walk the dogs, clean the house, pay the bills and on the day you haven’t got it to give sometimes, you know, that you can get a negative reaction like maybe a bit of sulking, you know. ‘Why are you not here for me? I’m going to complain.’ (Wendy)

Bridging the personal with the professional

Personal identification with harm reduction approach, perceived as essential by the workers, was often reflected in their use of phrases such as “believing” and “buying into” it. Thus, Wendy and Brian described harm reduction way of working as being “the second nature” to

² Font in bold indicates the interviewer.
them. It also comes “natural” to Eoin. Such a personal relation with harm reduction approach seems to be a prerequisite enabling them to do their job. It appears to be important to them that there is an agreement between what they do and their personal moral code. But this coming to terms with the practical side of harm reduction model of working may need to be negotiated every day anew and the worker seems to be always accompanied by the awareness of its dark side:

How is it for me working in harm reduction?

Yeah, when you see also all sides of it as well?

Well, I suppose there’s a big dark side of it, do you know? It’s definitely not a kind of a light topic. It is dark on lots of levels. It’s heavy, you know. It’s very heavy but there is a lot of positives that you see like, you know what I mean? For me it’s a reflection of working in harm reduction I think is very valid, it’s very important that good quality harm reduction services are there for people who need them so I’m happy and glad to be part of a harm reduction agency, administering harm reduction tools and that... (Ron)

Acknowledging humanness

There are times when the workers feel they need to be more flexible with their boundaries. Aisling was delighted when during Christmas dinner she could be “on even level” with the clients without having any “agenda” in mind. Mary has learnt that sometimes “even with boundaries, I suppose its acknowledging that we are humans, you know, that we are human beings and that we do get affected by what we are hearing on a daily basis.”

When faced with verbal abuse Mary challenges the client as it is the case of being real to her, which she understands as:
You know it’s just being honest. It’s not pretending that you don’t notice things. It’s not pretending everything is okay when it’s really not okay. I suppose it’s about challenging in a very, very gentle way. I suppose it’s also about expressing your care for people in an appropriate way too, you know, so it’s just about always being real.

*Carrying somebody else’s trauma*

There is a lot of trauma in the workers’ accounts which they experience through their work with clients. Many of the workers have experienced what they describe as “carrying” of these traumatic events. The boundaries and professional distance will not always protect the workers’ emotional self. Mary spoke of how she was affected by the suicide intervention she carried out in the past. She felt responsible for keeping the individual alive and she was experiencing physical reactions as a result of working with her own emotions which she had to mask to be able to assist the individual in his distress. This involved a very detailed exploration of his reality: going with him to his space. What made this intervention particularly difficult for her was the fact that she found herself being unexpectedly thrown into ethically grey area: the reality of the drug scene, i.e. guns and drug gangs’ feuds:

I really had to explore: ‘okay, let’s say you do this. So let’s say you decide today that you are going to get the gun and you’re going to blow your head off. What is it going to be like for your partner to see that. You’re going to be out in your back garden. What is it going to be like for your son to see your brain?’ Like I had to go that in-depth with him and explain to him like ‘you couldn’t have an open coffin and what’s that going to be like for the people who really love you’...But then we also had to work on how was he going to get rid of the gun. (Mary)
She said that she was “definitely carrying” these difficult emotions. She also noticed that she became fearful about her daughter as a result of this intervention and the negativity surrounding it.

The workers expressed their certainty about the fact that one cannot get immune to what they see or what they hear:

There’s a misconception that you’re in some way inoculated, you know, the more you put up with it the better you get at it and that isn’t the case. It does all go in. All of the image area, all of the words you hear, you know, it all does go in somewhere. You can’t unprocess it. It’s gone in. (Wendy)

Ron seemed to negate this opinion. Nevertheless, later on during the interview he mentioned that he needs to coach himself to look at things through professional lens.

Moreover, Wendy explained how she finds herself experiencing the client’s emotion when she senses that the client is not connecting with it:

I personally find if somebody is sitting there telling me a really traumatic and upsetting story with graphic detail and they’re doing it as if they’re reading the paper. (...) And they have no emotional connection I would find that really upsetting and that’s a night I would probably go home crying (...) It’s like when they’re not connecting with the emotion I nearly do it for them.

Emotion, Learning and Training

Dealing with “the other stuff that comes up”

Mary, Ailsing and Wendy observed that working with individuals, often referred to by the workers as “rolling with it,” means working with how they relate to themselves and to the world. This often implies working with their emotions or being capable of advising on practical matters to the client. Thus, training in brief therapeutic interventions such as
motivational interviewing, cognitive behavioural therapy or brief solution therapy enhances significantly the way Brian works. Acknowledging that he is not a counsellor these therapeutic skills allow Brian to gauge people where they are at: their use and motivation and do so in a skilful manner: “in as good a vibe as possible.” Mary’s educational background enables her to educate clients around their own emotions as this is usually the main problem for the client:

if you’re a person, new person coming into the field of working in addiction and you’ve only been trained on drug and alcohol studies and all that you know is about the drug use, you are going to be shocked because you’re not only dealing with drug use and you can’t control what a person is or isn’t going to say to you. Now, obviously you have to be aware of your own limitations of what you can and can’t work with but it’s for me it’s never just about the drug use, never. Sometimes that doesn’t even come into the equation in a one-to-one with people.

*When the knowledge is lacking*

The world drug users live in often revolves around the continuum described by Brian as:

So, I’m working with some drug users at least XX years and, as you know yourself, methadone maintenance is a long-time program. It’s a chronic, relapsing disease or whatever you want to call it. So, it’s a case where, you know, people get clean, they get relapsed, get clean, they relapse, they overdose, they’re dead.”

Working along this continuum leaves workers in a state of exasperation when they do not have training around the issues of, for instance, bereavement as this impedes their ability of understanding and processing difficult emotions in themselves. Moreover, as they are often the ones whom the relatives of the deceased have known, and they have trusted and relied upon, finding themselves in this difficult situation leaves the workers emotionally vulnerable
in their own eyes and in front of the others. Mary referred to this emotional sensation as being “out of her depth” while Brian wondered:

So, one of the courses I asked for was that we do some training with a counsellor around deaths and around …

**Bereavement?**

Bereavement counselling. But especially... not so much to deal with it, some of it was to deal with it ... But, for me...ehm... I’ll go back to again. Like we are the person in the middle. (...) So, how do we deal with going into somebody’s house – someone who’s overdosed and died? And we got them into treatment... telling their families we’re gonna look after them now... we’re gonna help... we’re gonna support... and so, they’re there... their son or daughter is dead. So, how do you work with those feelings? How do you work with those emotions? How do you work with those issues and...? (Brian)

The understanding of difficult emotions and psychological processes for professional and personal reflective needs is “paramount” not only to Brian but also to Wendy in whose opinion continuing education is a must:

If we have a supervisor, we take a chance and your line manager if they're understanding they might. But I mean I would go off and get most of my questions, I would get the book or try to read something. I would try to find out a little bit of it because we don’t know everything about everything but you do need to know a little bit about a lot of things. So you’re constantly a student.

But educating herself may become a source of pressure at times as she does it in her own time, she admitted.

It is worth mentioning, however, that Eoin, on the other hand, is sceptical about the issue of upskilling. His concern is that education might hinder the relationship with the client:
I think a lot of people have the theories, but the practice end of it I think can get lost in too many tools where they’re working out of theory models that sometimes doesn’t include the client, you know. And that when you hear the word ‘person centred’, I’m not sure everybody knows which person is being centred (laughs).

*Emotions and Reflective Practice*

*Support in the workplace*

Support in the workplace appears to be one of the key elements for the workers. The workers who felt that they were adequately supported said that this was due to the following: the space created for wind downs at the end of the working day, the possibility of negotiating time off when the worker feels s/he needs it, the role of teamwork and appropriate supervision:

The big thing here is the supervision that we get and I think as well the personal friendships that we build, or you know, that grows between the staff members that you always feel as though if I need to talk to somebody, you know, you could say at the end of the day listen I need to talk to you. (...) Every evening there’s a little wind down if we vent... if you’re frustrated in front of everybody else and if you feel as though you need to say something and get out there. That’s a perfect opportunity for us. (Jim)

Internal supervision usually provided by line management was found insufficient to meet the workers’ need for reflective practice. The workers expressed the need for evaluating their practice in the “person centred” environment rather than outcome oriented (Aisling).

Brian spoke of the need of “evaluating” his own practice and “gauging” himself as previously he had gauged the clients so that they could walk away in a positive frame of
mind. The worker expected similar support, i.e. the help in working with their emotions holistically:

It annoys me that the only people who get supervised are the counsellors. That, to me, is just detrimental to our services. Everyone that works in this field is affected by the people they work with. (...) If you’re an Outreach worker, working in somebody’s house… working in a shooting gallery looking at people injecting themselves and craps all over the place and you’re trying to do brief interventions… you know… or if you’re a nurse and you’re working with somebody who has an abscess on their leg so big and you have to clean it out. I think… all these… every discipline should have some sort of supervision and it should be done monthly and whether you like it or not, you have to attend because believe me… It’s only when you attend the supervision and you engage with it, you get the value of it back. You know? (Brian)

Some of the other workers had decided at certain point to start availing of external supervision on their own accord at their own financial expense.

Wendy, Ron, Jim, and Brian spoke of the sense of loneliness caused by the “uniqueness” of their role as they cannot share information and their experiences with anyone else outside work and sometimes even with their teams if the team members have different professional roles (Brian). Consequently, supervision or sometimes the team in the absence of quality supervision seem to address the need of talking things through:

Yeah, you can’t carry everything that’s why you have a team, you don’t work in isolation. You really don’t work in isolation. That’s why it is so important to going back to what we were talking about: the teamwork, you know…. It’s everyone’s to draw the line for themselves and take some time out. That’s really important. (Aisling)
Self-care

Finding a way of recovering emotionally from work is a fundamental matter. Jim emphasised, “it’s hugely important that you find some way to do that because if you don’t you’ll be eaten alive.” They engage in creative activities like playing the instrument or writing (Jim, Kate). They do sports (Jim, Ron). Invest energies in their social lives (Aisling, Eoin).

To Wendy it is important to know what works for her personally in recovering emotionally. She has developed an “aversion” to negative messages available from the media and she consciously uses “blackout” technique in choosing what movie, for instance, she is going to watch. Eoin made a decision for himself to stop going to clients’ funerals as a way of “holding [his] own sanity” and be able to work in “the chaotic lifestyle world.”

Jim and Aisling thought that it is important to have an awareness of when work experiences start affecting them:

I’ve learned how to cope and how to see when things are affecting me. When to turn around to team leaders and say “listen I need a couple of days (...) I think once you have that awareness about you which is something that I think you need here. You need to recognise in this type of work when you’re reaching the top, it’s very important. (Jim)

Aisling and Mary spoke about their frustration about how the way their working day is structured becomes a block to them in building this awareness about themselves and reflecting on their job:

So what I hear from other people... the thing about self-awareness, this seems to be …

Yeah...But if you’re not even getting the time to reflect how can you even have self-awareness. That’s what I do think sometimes, you know, if we’re not even getting
time to stop to reflect on what we’re actually doing you’re going to have a chaotic project working with chaotic people and that alone is just going to cause more chaos. (Mary)

Jim and Eoin both recognised that leaving work behind is “a harder” part of the job (Jim). Eoin credited this to the fact that as a worker in a harm reduction project the pressure to manage his boundaries professionally is especially high. This is aggravated by the fact that he has a personal experience of drug addiction:

I’m going home to try and detox for myself from where I’m after coming from but that’s the challenging part of the work because without blowing my own horn, I know I’m good frontline but I feel sometimes the disadvantages of being a very good work frontline is that its, you need to stay on top of your boundaries because like you may and I have in the past, you may become what it is you’re trying to change because you’re stepping in so much into that kind of world and for me I have a background in that world which works for and works against me, you know. (Eoin)

Emotion and Gender

Jim and Ron acknowledged that they work in a female dominated sector and they noticed that there is a need for a balance as men do have an important role to play. Moreover, it seems that harm reduction services do need a variety of individuals working in them and that this goes beyond the issue of gender. Each worker has certain role to play in the service with his/her own personal attributes:

I personally think that your age does, your gender does [matter]. I think older men working in homeless services or working in these kinds of settings would attract certain individuals, could be drawn to an older man perhaps like a father figure type. Younger men like me would attract, I don’t know it’s weird but I think it does. I’m
sure people who use services would be drawn more so to certain types of characters, to certain profiles and that would depend on the persons own kind of experiences, you know? (Ron)

Male workers spoke of the necessity of being aware of their gender when in one-to-one situation with a female client and of being mindful of emotions it may evoke in her. This seems particularly relevant in needle exchange scenario or when the issue of domestic violence comes up:

I always say to myself, in the back of my mind I always…say to myself, you know, when you’re assessing somebody and you hear things like, you know, they have been in a violent relationship and I suppose that would trigger something in me: “hang on a second, Brian, you’re asking questions now as a male to a female and they’ve been in an abusive relationship all their life”… all that stuff, you know. And I will turn around and say, “Look it, some of these questions can be difficult. Do you want to have a chat with the nurse about it?” (…) I do, especially doing needle exchanges and especially women… I sort of make sure I know them and if I don’t know them, make sure they feel comfortable talking to me. (Brian)

Kate noticed that her being a female is an advantage in situations when she has to deal with difficult behaviour. Clients seem to be responding to her well. She explains it with the general understanding that people have of what being a female means, i.e. being caring, respectful, calm:

I remember when I came here first there was a job coming up, not really a job but a role coming from the prisons and some of the fellas were saying “oh gosh you can’t have women doing that, going into the prisons, you know, they wouldn’t be fit for it, they’d be, you know, too delicate for it”, or something (laughs) or something ridiculous like that and you know I’ve never seen that to be the case. Being a woman
doesn’t stop you in any way and in fact I think even when there’s violence or that like being a woman can be a help because you’re not expected to react in sort of a macho way and stop them and you know. I think I’d find it easier to cope with a violent situation as a woman than a man in, you know, when we’re in here because we’re having to be calming things down and just, you know, I think it works well. (Kate)
Discussion

The aim of the current research study has been to gain an understanding of how emotional labour impacts on workers employed in day harm reduction services. The analysis of the research findings led to identify four emerging themes that show different dimensions of the impact of emotional labour among workers in harm reduction services. These themes are: emotion and professionalism, emotion in relation to learning and training, emotion and reflective practice and, finally, emotion and gender. It is going to be shown below how these findings contribute to answering the research question and how they relate to the existing literature, to be followed up by the statement of limitations, recommendations and the final conclusion of the study.

Emotions and Professionalism

The findings of the current study are in line with Hochschild's (1983) claim that emotions can become an instrument of labour (p. 5-7). Harm reduction work does require an ability to manage emotions as it is relationship based. The fact that emotion management is performed for a salary makes it to acquire the term of emotional labour (Hochschild, 1983, p. 89). Emotional labour is essential in harm reduction model of working and it is closely linked to the notion of professional boundaries. The fact of representing a profession constricted by organisational policies and procedures makes the worker constantly balance on the continuum delineated by professional boundaries and ethics which is a phenomenon not emphasised as much by other studies devoted to the notion of emotional labour in people work (Henderson, 2001; Mann, 2004; McCann James, Róiste & McHugh, 2009; Stayt, 2009). Harm reduction model of working requires a constant state of emotional alertness in working with clients. It implies a deep level of acting, which is a finding supported by
Scheid’s (2008) line of argumentation. Being closely linked to professional boundaries and ethics, emotional state of alertness serves as a protection to the worker’s emotional self against getting overwhelmed by the client’s emotional state as well as ensures, to use Meerabeau and Page’s (1998) expression: “getting the job done,” i.e. assist the clients with the problems they present with.

Often, however, the workers in order to be able to carry on with their duties resort to masking of their emotions in other studies referred to as feigning or inauthenticity (Hochschild, 1983; see also Mann, 2004; Erickson & Ritter, 2001). It is also reminiscent of Henderson’s (2001) detachment and seems to be one of the strategies of surface acting implying “feigning emotions” as understood by Hochschild (1983, p. 33) and Mann (2004, p. 209).

The maintenance of the state of emotional constant alertness, takes a great deal of effort, the impact of which is often experienced by the workers as physical and emotional exhaustion, which confirms Hochschild’s (1983, p. 90) and Mann’s observation (2004, p. 212-213). Sometimes emotion presented by the client is so strong that the worker holds the emotion in their own body which consequently affects their emotions and thinking processes. The worker rather than “estranging,” from their emotions, they adopt and hold (carry) somebody else’s traumatic emotion within their own emotional self (Hochschild, 1983, p. 183). To the researcher’s knowledge, the concept of carrying somebody else’ traumatic emotions has not been explored in emotional labour literature concerning people work profession.

Similarly to Henderson’s (2001) and Ashforth and Humphrey’s (1993) study, it seem a necessity among the workers to identify with their role and the philosophy of the approach they are working off. Nevertheless, the fact of being exposed to the negative and “heavy” aspects of harm reduction makes emotional labour cause a “strain” on the worker
(Hochschild, 1983). The situations when the desired outcome of emotional labour: the organisational agenda, has to be put aside for the sake of humanness paradoxically seem to enhance emotional labour.

**Emotions and Learning and Training**

Hochschild (1983) in her commentary on training devised for flight attendants notices how the emphasis on the term “professionalism” has been shifting from the one implying the occupational grouping that has a reserved right “to recruit, train and supervise its own members” to the one on “standardisation” (p. 103). The findings of the current study, however, seem to indicate that the harm reduction worker’s occupational training, i.e. the standard currently provided, seem to be missing out on certain components that are not about drugs awareness as such, or harm reduction concretely associated with substance misuse. It is rather about issues that relate to problems that drug users and their families may have due to substance misuse or they may be the very cause of substance misuse. These problems are usually related to dealing with difficult emotions and life situations that the worker needs to be able to assist the client with. Henderson’s (2001) and Stayt’s (2009) studies also emphasise the complexity of the skills that nursing job requires.

The current study findings seem to be in agreement with Smith’s (1992) observation on how work experience together with continuous training allow “to remain therapeutically involved” rather than escape from the unknown and the difficult that may lead to depersonalisation, emotional exhaustion, diminished accomplishment and consequently burnout (as cited in Henderson, 2001, p. 132; see also Mann, 2004, p. 212). Building on Smith’s and Hochschild’s thought, it appears that certain standardised quality training would benefit employees engaged in harm reduction work.
Interestingly, the current study seem also to suggest that emotional labour in harm reduction services is not free from the impact of the changes taking place on a wider scale in interprofessional health services as discussed by O’Brien (1994; see also Glenn 2000; Olesen & Bone, 1998; Olesen et al., 2000; Wilson, 1993). This could be interpreted in two ways. On the one hand, the concern that too much education can impede therapeutic relationship forming seems to be an expression of the harm reduction workers’ struggle for recognition of their role and position among other professionals in caring field. On the other, this concern highlights the spread of rationalisation in the sense of the outcome based practice has an impact on the way emotional labour is delivered on everyday basis in harm reduction projects.

**Emotion and Reflective Practice**

The findings supported by other researcher’s (Henderson, 2001; Mann, 2004; Stayt, 2009) show that it is important that the harm reduction workers are offered support as a part of their job. The wind downs, taking time off, support from colleagues, and supportive person centred supervision were found to be beneficial. Interestingly, Mann comments that support at work is just another dimension of emotional labour which enables performing of emotional labour directed at clients (p. 216).

The issue of the availability of external supervision seems to be the one of the areas already mentioned above that shows the problem of the lack of recognition for the cost of emotional labour performed by the harm reduction workers. This supports Moore et al. (2004) recommendation of developing a national framework for support of staff delivering harm reduction interventions (p. 10). The findings support an assumption that the characteristic feature of harm reduction: the interagency way of working may contribute to
the sense of isolation experienced by the workers participating in the study and may obstruct standardisation of training (Moore et al., 2004).

Similarly to Henderson’s (2001) and Kahn’s (1993) studies, the key aspect of the harm reduction work is self-awareness that functions of a safety valve. If the worker is allowed to foster it in the workplace then not only him/herself but also the clients benefit from it as well. In line with Kahn’s argument, the current study finds that self-awareness is best nurtured by incorporating a system of caring and supporting each other in the workplace as a whole rather than focusing solely on frontline staff so as not to generate the sense of loneliness among workers.

**Emotion and Gender**

The research findings in relation to gender do not differ from other research carried out to date. Namely, gender does have an impact on emotional labour in harm reduction services. Female workers are being perceived through “domestic gender traditionalism” which, surprisingly, when dealing with an abusive behaviour may be an advantage as the client is less likely to respond with violence toward a woman (as cited in Husso & Hirvonen, 2012, p. 42).

As in Husso and Hirvonen (2012) study, interviewees initially denied that gender plays any role in their work which is reflecting how deeply rooted in the workplace are gendered expectations. The current study, however, found which is not supported by any other study, that it is important that there is a gender balance in the harm reduction project. On the one hand, this is due to the clients having certain gendered perceptions of the workers and the way they respond to them as a result. On the other, there are situations during which only a worker of a particular gender can be dealing with due to ethical and professional boundary reasons.
It has also been found that gender may have an impact on emotional labour performed by a more senior in the hierarchy female staff member. Senior staff members are under more pressure to engage in surface acting which is in agreement with Kent’s view (2006). But it seems that it is more difficult for a female worker to deal with negative emotions which in consequence leads to stress. This confirms Husso and Hirvonen (2012), Bendelow and Williams (1998) and Davis et al. argument (1992).

**Limitations**

The current research study has a qualitative design with a very small scope which leads to a number of limitations. Its findings are confined to a very specific group of people and they have been dependent on the relation the researcher was able to build with participants. Thus another study of a similar kind may observe or emphasise different dimensions of emotional labour aspects of harm reduction model of working with substance misuse.

The lack of literature, to the researcher’s knowledge, relating to the notion of emotional labour in harm reduction also had a limiting factor to the study. Nevertheless, the research study should be treated as an attempt at exploring and mapping the concept of emotional labour among staff working in harm reduction.

**Recommendations**

As a result of the analysis of the research study findings, it is recommended that the issue of emotional labour in harm reduction model of working is further studied as it would enhance not only service delivery but also the practitioners’ understanding of their emotional involvement in their job. There are many directions in which the future research could continue. It could focus on certain aspects of emotional labour in harm reduction field such
as: the role of policies and procedures, the very notion of belonging to a coded profession, or the issues of carrying of traumatic emotions and connecting with them for the client. The latter one seems of particular importance due to severity of its impact on the worker. Alternatively, the research could focus on specific emotions and their management in harm reduction service delivery.

Conclusion

As the current research project shows the issue of emotion becoming an instrument of labour also concerns harm reduction way of working. It is one of the outcomes of the institutionalisation processes in the caring field as O’Brien’s (1994) study suggests. Emotional labour in harm reduction model of working with substance misuse has a significant impact on the worker. It causes a strain, physical and emotional exhaustion as a result of the following: constant emotional state of alertness, attempts at bridging of the professional with the personal, the exposure to and assisting the client with dealing with traumatic emotions, masking of emotions, and constant awareness of the boundaries.

Consequently, the research has shown the crucial role that adequate education and training play in effective emotional labour delivery for the client and with as minimal cost to the worker as possible. The adequate support in the workplace also plays a significant role in relieving the cost of emotional labour. The support usually involves: wind downs, time outs, and most importantly person centred supervision. It is of greatest benefit to the workers’ emotional well being and their performance when culture of reflective practice is fostered by the organisation by incorporating time and space for it among other tasks and duties on a daily basis.
References


**Research Information Sheet**

*Employees’ Experiences of Harm Reduction Interventions in Harm Reduction Projects*

**Who am I?**
My name is Joanna (aka Asia) Fabianowska. I have worked in various roles in residential projects for the homeless (Depaul Ireland) in the past 5 years. I am undertaking a thesis (research project) as part of my final year of study for the BA (hons) in Social Science at Dublin Business School.

**What the research is going to be about:**
The research study will aim to capture workers’ experiences of harm reduction interventions in harm reduction services.

**Purpose of the research study:**
It is believed that we spend a considerable part of our lives at the workplace. The focus of this research study is going to be on a certain aspect of employee’s work experience. The aim of this study is to understand the worker’s experiences of harm reduction interventions with a particular focus on emotion management regarding those interventions.

The analysis of the research findings is going to be submitted in the form of the thesis to the Department of Humanities and Social Sciences, DBS, under supervision by Dr Niall Hanlon. The study may help to broaden our understanding of harm reduction interventions from staff members’ perspective.

**What the study involves:**
Members of staff in the chosen projects will be invited to participate in interviews. Interviews will take up to 60 minutes and they will be recorded on a Dictaphone. Participants will be invited to speak about their working practice in relation to harm reduction interventions, their reflection on it, and their feelings associated with it.

**Confidentiality:**
The research study is strictly confidential and the Data Protection Act 1988 and 2003 will be adhered to throughout the research process. The study has been approved by the Department of Social Science Ethics Committee, DBS. The information will be recorded and stored on a computer to which only the researcher has an access and it will be destroyed upon my graduation. Undergraduate theses may be sometimes made available in the college library for reference and they may be also published.

Names or information which could enable identification of the participants and projects in the transcribed data will be omitted or changed and pseudonyms will be used. The interview will not take place without seeking beforehand of the written consent from the participant.

**Benefits:**
The findings of the study will be made available to the projects and the participants following the completion of the study.

**Alternatives to participation:**
Participation in the interview is completely voluntary. The participant may withdraw from taking part in the interview at any stage. Also, while it would be beneficial for the research study if all questions were answered, the participants do not have to answer questions if they do not want to.
Questions:
I am readily available to discuss this study in more detail or to answer any questions in relation to it at julieung6@yahoo.com or by phone 0851403495. You can also contact my supervisor at niall.hanlon@dbs.ie or by calling 01 4178743.
Employees’ Experiences of Harm Reduction Interventions in Harm Reduction Projects

Consent Form

I give my consent to participate in the study the aim of which is to understand the worker’s experiences of harm reduction interventions with a particular focus on emotion management regarding those interventions. I give my consent to participate in the interview which will be recorded. The aim and rationale of the study, as well as my own rights regarding confidentiality, protection of my anonymity and storage of the information which I am going to give, has been explained to me. I am aware that I can seek further explanation if I wish to.

Signed /printed name/: ..........................................

Signed: /signature/:........................................... Date:..............................................

Researcher’s signature:..........................................
Date:..........................................................

Should you require any further information about the research, please contact Joanna Fabianowska (julieung6@yahoo.com) or Dr Niall Hanlon (niall.hanlon@dbs.ie)

Thank you for participating in this study

Topic Guide
Employees’ Experiences of Harm Reduction Interventions in Harm Reduction Projects

Objectives:

- To broaden the understanding of worker’s experiences with the focus on emotion management in relation to harm reduction interventions
- To broaden the understanding of harm reduction interventions from staff members’ perspective

Introduction:

- explain briefly the study and its purpose; confidentiality, consent, timing

I. Present circumstances

- Age bracket 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-65
- Gender
- Ethnicity
- How long working in harm reduction project
- Length of experience in helping profession

II. Themes to be covered during the interview:

1. Your role in your project.
2. The role of harm reduction interventions at your work.
3. Your understanding of harm reduction intervention.
4. Harm reduction interventions usually carried out while on duty.
5. Feelings and preparation before doing an intervention.
6. Delivering harm reduction interventions.
7. The most successful harm reduction intervention.
8. The most challenging harm reduction intervention.
9. Feelings associated with the fact of carrying out harm reduction interventions on a regular basis.
10. The wind down after taking part in a harm reduction intervention (here a name of a specific intervention to be mentioned as appropriate).