

LEARNING THE ROPES OF EMOTION LABOR:
HOW ARE CERTIFIED NURSING ASSISTANTS SOCIALIZED TO MANAGE
EMOTION?

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Kristina Anne Wenzel

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Learning the ropes of emotion labor:
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Kristina A. Wenzel

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ABSTRACT

Wenzel, Kristina Anne, M.A., Department of Communication, College of Arts, Humanities, and Social Sciences, North Dakota State University, June 2010. Learning the Ropes of Emotion Labor: How are Certified Nursing Assistants Socialized to Manage Emotion? Major Professor: Dr. Amy O'Connor.

This project explores the organizational socialization of emotion among certified nursing assistants employed in nursing homes. Six certified nursing assistants in the encounter phase of organizational socialization participated in this study which seeks to understand how certified nursing assistants learn the ropes of emotion labor. The results of this study offer partial support of Scott and Myers (2005) research as results indicate four essential categories of new certified nursing assistants' experiences: (a) customer service expectations, (b) repeated exposure to emotional events, (c) observational-information seeking, and (d) being selected for emotion management capacity. Additionally, this study describes the workplace emotion new certified nursing assistants experience during the encounter phase of organizational socialization. This study concludes with theoretical and practical applications and suggests areas for future research.

KEY WORDS: Organizational socialization, proactive socialization, emotion labor, certified nursing assistant, nursing home, interviews.

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CHAPTER ONE

INTRODUCTION

Due to an aging population of baby boomers and increasing life expectancy, the number of older Americans is expected to rapidly increase over the next 40 years. For example, the U. S. Census Bureau reported the “oldest-old” population or the population of Americans 85 years old or older, was 4.7 million in 2003. This population is projected to double to approximately 9.6 million by 2030. Moreover, in 2050, when the baby boomers reach the “oldest-old” category, an estimated 20.9 million Americans will reach that category (He, Sengupta, Velkoff, & DeBarros, 2005). Unsurprisingly then, the U.S. Census Bureau reported that the age group of 85 years old and older is the fastest growing group of the U.S. population (U.S. Census Bureau News, 2006). The economic, health, and social implications of an increasing population of older Americans are profound.

The rapid increase of older Americans presents a particular challenge for public health programs and long-term care organizations. As people age, they increasingly rely on public programs for financial aid. For example, in 2000, 65% of medical services were paid by public programs such as Medicare and Medicaid as opposed to 19% being paid out of pocket and 7% being paid by private insurance (He et al., 2005). For older people, Medicare and Medicaid are the main sources of financing for long-term care, and thus these programs will need to adapt quickly in order to provide for the projected greater population of older people.

To meet the needs of an older population, the organizations that serve them are adapting and creating services, products, and living arrangements. For example, there is evidence that improved home care services, community services, assisted living

residencies, and retirement communities are emerging to provide care for and assist the growing and increasingly active older population who either resist or do not need the higher levels of care provided in nursing homes (e.g., Sinner, 2009; Davidson, 2009). As a result, the people who reside in nursing homes have become older and more severely impaired (Gabrel, 2000).

Of the older people who reside in long-term care facilities, 90% live in nursing homes while the other 10% live in mental institutions or chronic disease hospitals (Gabrel, 2000). To meet the need, the long-term care industry employs 1.6 million people, which makes it the largest employer among the industries caring for the elderly (i.e., home health care services, community care facilities, & services for the elderly and persons with disability) (Watson, 2005). Of those employed in the nursing home industry, the three principal careers—Certified Nursing Assistants (CNAs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs)—are subject to government scrutiny. For example, one pivotal regulation is the Omnibus Budget Reconciliation Act of 1987 (OBRA), which mandated 50 hours of formal training for certified nursing assistants (CNAs) who help with activities of daily living (ADLs). Attention to the nursing home industry, as well as the employees who work in nursing homes, has increased within the last 20 years and care will certainly continue to evolve as the population of older people increases.

Greater attention to the work lives of nursing home employees may help nursing homes adapt to the rapid aging of the population and increased attention and regulation on the nursing home industry. One look into the work lives of nursing home employees has revealed the unique way emotions are managed in work that focuses on providing care and maintaining ongoing relationships (Sass, 2000). Within the context of a nursing home,

Sass found cultural performances of emotion labor were used to accomplish tasks, define relationships, gain compliance, and manage emotion (Sass, 2000). The descriptive data on performances of emotion labor Sass (2000) provided has contributed to organizational communication literature by using the conceptualization of emotion labor to understand the work of providing care.

Recent literature in the nursing discipline has paid attention to nurses' emotional experiences; in particular scholars have argued that nurses' ability to portray emotions in a genuine manner is an integral element of their work (Henderson, 2001; Huynh, Alderson, & Thompson, 2008). While nurses may feel emotionally committed to their patients, a fundamental value of the nursing profession is the expectation that nurses are committed to displaying authentic emotion while providing care to patients. Within the context of long-term care organizations, CNAs are in constant contact with residents, and must learn how to interact with residents and to manage their emotion for the well being of themselves and the residents. The present study contributes to the discussion on the manifestation of emotion in organizations by examining how CNAs are socialized to manage emotion on the job.

The process of socialization is complex and can be examined from a few different perspectives. Prior to Jablin (1982, 1984, 1987, 2001), socialization had been researched from the perspective of the organization (VanMaanen & Schein, 1979). Originally, sociologists Van Maanen and Schein (1979), thought the purpose of socialization was to teach new employees, or newcomers, to "see the organizational world as do their more experienced colleagues if the traditions of the organization are to survive" (p. 211). When the socialization process is viewed this way, the research reflects "a strong managerial as

well as patriarchal bias because it sought to predict and control employees' behaviors, for the sake of the organization" (Allen, 2000, p. 1). This perspective also fails to recognize the agency of employees. By shifting research from the perspective of the organization to include employees' perspective, we can begin to see how socialization is a reciprocal and communicative process. In this manner, socialization is comprised of two dynamic processes. While the organization intentionally and unintentionally socializes the employee, employees who are active agents individualize their role within the organization to better satisfy their personal needs (Jablin, 2001). This perspective begins to uncover how the processes of socialization functions and can address how the socialization processes prepare employees for the management of emotion.

Background

The study of organizational socialization and emotion labor in the industry of long-term care is important for several reasons. First, an increase of older people indicates a greater need for organizations that provide care for the aging population. Research should attend to these organizations in an attempt to offer practical guidance to the organization and organizational members. Second, the study of organizational socialization within the context of organizations that serve older people can contribute to a greater understanding of the contextual factors that influence the socialization processes. Third, the study of organizational socialization can help us understand how organizational members learn to navigate their emotions. Fourth, as nursing homes adapt to the greater number of older and sicker residents, management of nursing homes may become more reliant on formal training, orienting, and mentoring to teach their employees, in particular, CNAs, how to assist and care for the nursing home residents and navigate and manage their own emotion.

By taking a deeper look into the organizational lives of CNAs, a greater understanding of how context factors into organizational socialization processes and how CNAs learn to navigate their emotions is revealed. In doing so, practical guidance on training, orienting, and mentoring programs may be offered to nursing homes and nursing home employees. This study explores organizational socialization in the context of the occupation of CNAs. The purpose of this study is to explore how new CNAs are socialized into the norms for emotion in a nursing home. Rather than studying socialization solely from the perspective of the organization, this study gives primacy to the organizational members who make sense of the organizational socialization processes.

Conclusion

This study seeks to contribute to the literature on organizational socialization and emotion labor by analyzing the socialization processes and emotion labor norms of CNAs. Therefore, this study first reviews the literature on organizational socialization and emotion labor. This chapter grounds the current study using Frederic Jablin's (1982, 1984, 1987, 2001) research on organizational socialization and Arlie Hochschild's (1979, 1983) emotion labor framework. Second, the design of the study is presented. Third, the thematic analysis of responses is presented. Finally, a discussion of the findings and directions for future research is presented.

CHAPTER TWO

LITERATURE REVIEW

This study seeks to provide an understanding of the organizational socialization processes that facilitate communication and organizational expectations for workplace emotion. Therefore, this chapter reviews the scholarly literature relevant to the socialization of emotion labor. First, the chapter explores organizational socialization in relation to the socialization of emotion labor. Second, the chapter provides an overview of the types of workplace emotion. Third, the chapter reviews the organization and occupational influences on workplace emotion. Following the review of literature, the central question guiding this research study is posed.

Organizational Socialization

When individuals enter an organization, they begin to participate in socialization processes. New organizational members integrate into the organization by making sense of their job and the organizational setting (Allen, 2000). During this time, new employees learn how to address co-workers (Morand, 1996), how to communicate with fellow employees formally and informally (Gilsdorf, 1998), and how to use humor to communicate with coworkers (Meyer, 1997). Research has also shown that expectations for emotion in the organization are conveyed, confirmed, and negotiated by organizational socialization (Scott & Myers, 2005; Rafaeli & Sutton, 1987).

Expanding Van Maanen and Schein's (1979) work on the socialization of employees in organizations, Jablin developed a theoretical construct for organizational socialization that encompasses four phases (1982, 1984, 1987, 2001). These phases are anticipatory socialization, encounter, metamorphosis, and disengagement/exit. By

understanding organizational socialization in a phase approach, researchers study communication phenomena as a dynamic, rather than static, process. Furthermore, Jablin's organizational socialization theoretical framework takes into account the negotiation between the organization and the new organizational member by focusing on organizational communication and role negotiation.

The importance of recognizing organizational socialization as a constant negotiation between organization and organizational member has been echoed by other organizational communication scholars. Bullis and Bach (1989) described the socialization process as a dialectal tension between socialization and individualization; a tension that is constantly being negotiated. In their study on graduate students' socialization turning points, they found that students felt an ongoing tension between connection or identification with their organization and segregation from their organization. More recently, Gibson and Papa (2000) posit, "This process is inherently reciprocal in that organizations attempt to influence the assimilation of the newcomer through socialization efforts, while the newcomer seeks to maintain individual habits, values, and beliefs, that may ultimately lead to change in the organizational environment" (p. 70). This research has advanced our understanding on how organizational norms, behavior, and values are both controlled by the organization and negotiated by the organizational members by the social processes illustrated in the four phases in organizational socialization: anticipatory, encounter, metamorphosis, and exit.

Prior to organizational entry, individuals go through an anticipatory stage where they gather information about the organization and develop expectations for the organization. Expectations for the organization can include their employment duties and

obligations, and the organizational climate. Once the new employee has entered the organization, he or she begins the second phase of the socialization process: encounter. The third phase, metamorphosis, occurs once an organizational member has accepted and adapted to the norms of the organization. The final phase, disengagement/exit, is when the individual leaves the organization.

Anticipatory socialization

The anticipatory socialization phase occurs prior to organizational entry. During this time, individuals gather information about and develop expectations for the organization from family, educational institutions, part-time job experiences, media, and friends (Jablin, 1987). These sources contribute to “a set of expectations and beliefs concerning how people communicate in particular occupations and work settings” (Jablin, 1982, p. 680). Therefore employees can acquaint themselves with the norms for expressing emotion in the organization prior to their employment or organizational membership.

Previous research has found that anticipatory socialization experiences and interpersonal relationships with friends and family members contribute to organizational osmosis (Gibson & Papa, 2000). This is the process by which individuals effortlessly absorb “organizational values, beliefs, and understandings on the basis of preexisting socialization experiences” (Gibson & Papa, 2000, p. 84). For example, firefighter job candidates experience organization osmosis when she or he is familiarized with emotion norms and practices through interaction with a friend or family member prior to being hired (Scott & Myers, 2005). Kramer (1974) argued anticipatory socialization among nurses can decrease the reality shock of the job demands and prevent employee burnout.

Encounter

The encounter phase occurs once the newcomer enters the organization. During this time, the newcomer experiences a “breaking-in” period by organizational socialization strategies and proactive socialization. Organizational socialization strategies can include oral and written orientation such as organization handbook, formal orientation programs, training, and formal mentoring. Meanwhile, proactive socialization on behalf of the newcomer also occurs. Proactive socialization can include the act of performing the “newcomer” role, observational information-seeking, information-seeking, and information-giving (Jablin, 2001).

Previous research has found that newcomers in the encounter phase of organizational socialization become familiar with norms associated with communicating emotion (Morris & Feldman, 1996). During the encounter phase, newcomers can experience emotional dissonance in which their “real” feelings conflict with expectations for emotion displays desired by the organization (Morris & Feldman, 1996). Additionally, previous research on nurses and emotion has found that they must follow organizational rules for emotion as well as harmonize their emotion with patients (Henderson, 2001).

Metamorphosis

The metamorphosis phase occurs once the newcomer has ended their encounter phase. When a newcomer has reached the metamorphosis phase, she or he is not a newcomer any longer. She or he has “learned the ropes” of the organization’s norms, values, practices, and beliefs, and their role within the organization. Jablin (2001) remarked that the metamorphosis phase is a long-term period “in which role conflicts are managed, and role negotiation and resocialization” occur (p. 758).

Role negotiation is the process by which newcomers and organizational members interact and communicate expectations for the way a role should be enacted (Jablin, 2001). The newcomer's ability and success of individualizing their role and satisfying organizational requirements is essential to metamorphosis. Previous research has found that open relationships with managers were found to facilitate employees' ability to negotiate their role (Miller, Johnson, Hart, & Peterson, 1999).

Disengagement/exit

The disengagement/exit phase involves preannouncement, announcement and actual exit, and postexit (Jablin, 2001). The preannouncement stage may involve privately telling coworkers of the member's departure months before leaving. As opposed to the private nature of the preannouncement stage, the announcement stage can be understood as a public announcement of the member's departure. Finally, the postexit stage is characterized by the physical and symbolic absence that "is experienced by those who remain at the organization" (Jablin, 2001, p. 791).

Previous research suggests emotional exhaustion is a key component of burnout (Maslach, 1982) which may lead to disengagement. Emotional exhaustion is a state in which employees have a lack of energy caused by "emotional demands made on people interacting with customers (Morris & Feldman, 1996). Maslach (1982) asserts that high levels of emotional exhaustion are caused by frequent emotionally-charged interactions and face-to-face interactions with clients.

The four phases of organizational socialization (anticipatory socialization, encounter, metamorphosis, and disengagement/exit) assist our understanding of communication processes associated with organizational experience. Although all four

phases assist researchers in understanding the full organizational experience of organizational members, focusing on one phase allows for a deeper analysis of communication phenomena. Jablin (2001) suggests future research study lies within the way newcomers are active agents in their socialization during the encounter phase. Furthermore, previous research suggests the normalization of appropriate responses to emotional situations is mainly communicated in the encounter phase of organizational socialization (Morris & Feldman, 1996; Scott & Myers, 2005). Thus the encounter phase of organizational socialization is of particular interest in this project.

Encounter Phase

The encounter phase of organizational socialization integrates an individual into the organization. It is during this time that a newcomer negotiates his or her organizational role and learns the “socially created ‘reality’ of organizations” (Jablin, 1987, p. 694). The newcomer learns, and eventually adapts and identifies to, the organization’s norms, values, practices, and beliefs (Jablin, 2001). In other words, it is during the encounter phase the newcomers learn the ropes of the organization and their organizational role (Allen, 2000, p. 77). Among other things, the newcomer learns how to dress, how to communicate, and the norms associated with the communication of emotion (Jablin, 1987).

Organizational Socialization and Emotion

Despite organizational socialization research being plentiful, research on the organizational socialization practices of emotion is limited. Other than Scott and Myers (2005), few studies have examined how organizational socialization practices promote particular emotion displays in line with organizational goals (for exceptions, see Hochschild, 1983; Katz, 1990; Rafaeli & Sutton, 1987; Tracy, 2000). However, the

viewpoint of socialization process as a dialectical tension between socialization and individualization is of particular importance in Scott and Myers' (2005) study. Specifically, they examined how socialization processes of new firefighters facilitate the organizational norms for emotion display. Their results reveal how newcomers are socialized by the organization (organizational socialization) and participate in their own socialization (proactive socialization) (see Table 1). Moreover, this study is particularly helpful in understanding how new organizational members enact emotion labor techniques and emotion management strategies within the context of a human service organization. The discussion that follows describes 1) the organizational socialization, and 2) the proactive socialization in Scott and Myers' (2005) study.

Table 1

Results from Scott and Myers (2005) Study

Organizational Socialization	Proactive Socialization
Selecting for Emotion Management Capacity	Performing the newcomer role
Repeated Exposure to Emotional Events	Observational information-seeking
Customer Service Expectations	Surveillance

The socialization strategies highlighted are *selecting for emotion management capacity*, *repeated exposure to emotional events*, and *customer service expectations*. These strategies represent passive ways newcomers acquire information about the organization. This type of information “is not actively sought by newcomers but is voluntarily provided to them by others in the organization” (Jablin, 2001, p. 771).

Selecting for Emotion Management Capacity. Newcomers are recruited either through formal organizational literature such as a job advertisement or through informal channels such as interpersonal interactions with friends and family who work or have worked in the organization (Jablin, 2001). Although research has found inconsistent results on how the way a newcomer has been hired influences organizational socialization (Jablin, 2001), Scott and Myers' (2005) results affirm that interpersonal interactions with friends or family familiarize newcomers with organization norms. Specifically, their study about fire station captains reported hiring candidates who were "aware of the emotional persona associated with the firefighter role and the emotion practices necessary to enact it" (p. 78).

Repeated Exposure to Emotional Events. Formal processes to socialize newcomers are organizational training programs. While these formal training programs are typically experienced in a group of newcomers, individual training in a less formal environment is also used to socialize newcomers. Jablin (2001) remarked on how the positive effect training processes have on newcomers has varied and how contradictions between training and application of organization procedures often exist. However, Scott and Myers (2005) demonstrated the value of formal training and instruction. The firefighters reported how formal skills-based training helped newcomers focus on the job during difficult circumstances. They noted the techniques that newcomers learned in training enabled "organizational members to direct their attention and emotional responses in ways that are congruent to organizational objectives" (p. 79). The newcomers reported that this training helped them overcome emotions that were painful, as well as tame "the rush of energy new firefighters experience in the field" (p. 79).

Customer Service Expectations. The written and oral communication a newcomer receives about the organization are formal orientations that socialize newcomers. Examples include formal orientation programs, employee handbooks, discussion of rules and policies, and benefit paperwork. The objectives of orientation programs are to welcome, provide organization information, introduce organizational members, and review compensation and safety with newcomers (Jablin, 2001). For example, the fire department in Scott and Myers' (2005) study published a customer service guide that emphasized the importance of professionalism and the offering of outstanding customer service. While most firefighters reported an aversion to interacting with customers, the customer service guide and customer service classes orient firefighters to the fire department's expectations during client interactions. Scott and Myers (2005) noted that even though the fire department mandates firefighters pledge to provide outstanding customer service it,

may not require firefighters to smile as they are connecting hoses to a fire hydrant, ... it does mean laboring to display emotion in ways that reflect favorably on the department, particularly during client interactions. (p. 80)

The pledge to "do the right thing", as noted by the fire department captain, may keep the firefighters from expressing resentment with difficult customers. Additionally, the interactions between newcomers and veteran firefighters are used to reinforce emotion display rules (Scott & Myers, 2005).

Furthermore, "root metaphors" are central to guiding newcomers to organizational values and norms, and are often found in training manuals and reinforced in conversations during training programs (Jablin, 2001). Research has shown that organizational norms for emotion are communicated with the help of root metaphors (Smith & Eisenberg, 1987). For

example, army training teaches emotional metaphors of army culture to communicate guidelines for emotion such as prevention of aggressive behavior, ways to cope with stress, and promotion of group cooperation (Katz, 1990).

Proactive Socialization

In addition to organizational socialization, Jablin (2001) highlighted the concept that newcomers play an active role in organizational socialization processes. Similarly, Scott and Myers (2005) study revealed three ways firefighters were proactive in their socialization. The three proactive socialization strategies highlighted next are *performing the newcomer role*, *observational information-seeking*, and *surveillance* (see Table 1). These socialization strategies represent active ways newcomers acquire information about the organization and attempt to socialize themselves into their role and organization.

Performing the newcomer role. There are expectations for appropriate behavior by newcomers, and as a result of this performance of the newcomer role, newcomers learn the organization's expectations for emotion display. Newcomers at the fire department are called "booters." During this period, a booter is expected to constantly be busy with tasks like mopping, washing dishes, and cleaning the station (Scott & Myers, 2005). The researchers remarked that

in the context of emotion labor, performing the subservient booter role, including its associated emotional displays ... is an emotional performance in and of itself that communicates trustworthiness and allows the booter to publicly acknowledge his or her place in the station's hierarchy. (p. 81)

By appearing to enjoy the hard work, hiding negative emotions associated with their booter role, and demonstrating a strong work ethic, newcomers prove their ability to manage emotions on the job.

Observational information-seeking. Newcomers proactively socialize themselves by seeking out information about the organization through both covert and overt means (Jablin, 2001). Examples of information-seeking behavior include asking for information directly, using strategies such as hinting and non-interrogative questions to obtain information, and watching experienced organizational member behavior (Jablin, 2001). Scott and Myers (2005) uncovered that, at the fire department, newcomers were expected to be seen and not heard. Thus, information-seeking behavior was primarily demonstrated by means of observation rather than asking for information directly because asking too many questions may have social consequences. While observation by a newcomer may appear passive rather than proactive, it “requires that newcomers actively interpret situations in light of their own performance” (Scott & Myers, 2005, p. 83). Firefighters used observational information-seeking to adopt behaviors by veteran firefighters and to gain knowledge on how to cope with and display emotions. The fire department captain highlighted this observational tactic by saying, “They don’t learn to deal with their emotions in any kind of formal way, but they watch and learn. Then they fake it until they make it” (Scott & Myers, 2005, p. 84).

Surveillance. Newcomers learn emotion labor techniques by retrospectively making sense of their communication and observations. Like observation, the surveillance tactic is an active method of information-seeking and allows newcomers to learn organization norms, which includes norms for emotion. As opposed to observational information-

seeking, surveillance is the retrospective sense-making process a newcomer experiences when reflecting on conversations with and observations of colleagues. Jablin (2001) defined surveillance as “indiscriminately monitoring conversations and activities to which meaning can retrospectively be attributed” (p. 770). For example, Scott and Myers’ study highlighted a booter’s description of an emotional experience on the job. The firefighter explained how following a veteran firefighter’s advice allowed him to manage his emotions during the traumatic event. By doing so, new organizational members employ a surveillance tactic to learn how to manage emotion. Scott and Myers differentiate surveillance from observational information-seeking because new organizational members in this process “learn techniques of emotion management by retrospectively making sense of previous conversations and observations in relation to focal situations” (p. 85).

Summary

The process of socialization according to Jablin (2001) is a dynamic process by which the employee negotiates his or her own role while the organization attempts to socialize the new employee to organizational norms, behaviors, and values. In this section, organizational socialization was reviewed with a discussion of each of the four phases of organizational socialization. Next, the encounter phase of organizational socialization was explained by exemplifying Scott and Myers’ (2005) study. Their research study was highlighted because they emphasize how these dynamic processes, organizational socialization and proactive socialization, work to help new employees learn the ropes of workplace emotion. Next, however, a closer look at workplace emotion literature is provided in order to understand the emotional challenges organizational members face during socialization.

Workplace Emotion

Research on the effects of emotion management on employees has found that employees are impacted both positively and negatively. Many organizational scholars maintain that emotion labor has the potential to be harmful to employees who must perform it (Ashforth & Humphrey, 1995; Hochschild, 1983; Morris & Feldman, 1996; Tolich, 1993; Tracy, 2000; Waldron, 1994). This body of research highlights the negative impact emotion labor can have on employees. For example, Ashforth and Humphrey (1995) found a relationship between emotion labor and low self-esteem, depression, and cynicism. Similarly, Morris and Feldman (1996) suggested that emotional dissonance resulting from emotion labor leads to low job satisfaction. This research has focused on the negative impact on employees when their emotion displays are commodified; however, evidence of a positive impact on employees also exists.

Although not as prevalent as research claiming emotion labor harms employees, some scholars have argued that emotion labor may actually benefit employees. Conrad and Witte (1993) criticize organization researchers for viewing the employees as “passive victims of organization emotional control processes” and suggest that emotion display rules within an organization can lead to positive outcomes for employees (p. 417). They argue healthier employees and a better work environment can result from directing employees to act in a cheerful and happy manner. Moreover, Shuler and Sypher (2000) found emotion labor assisted employees in coping with stress and helped employees avoid negative emotional contagion. This body of research has contributed alternative ways to view the impact of emotion labor on employees; however, a deeper look into *how* all types of workplace emotion are managed and negotiated is needed.

Although Hochschild's (1983) influential work on emotion labor was briefly discussed, it is important for scholars concerned with emotion in organizations to distinguish between the type of emotion employees experience in the workplace. The five types of workplace emotion conceptualized by organizational communication scholars are *emotion labor*, *emotion work*, *emotion at work*, *emotion with work*, and *emotion toward work*. In this section, these types of workplace emotion distinguished and characterized by Miller, Considine, and Garner (2007) are reviewed.

Emotion Labor

Miller, Considine, and Garner (2007) borrow Hochschild's (1983) definition to conceptualize emotion labor. Hochschild's (1983) research on emotion labor provides a foundation to understand how employees manage emotions in the workplace. Emotion labor

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* [italics added]. This kind of labor calls for a co-ordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality. (Hochschild, 1983, p. 7)

Although Hochschild examines flight attendants to illustrate emotion labor, the concept naturally fits with expectations of nursing. Scholars in the nursing discipline define emotion labor as “a process through which nurses adopt a work persona to express their autonomous, deeply or superficially felt emotions during patient encounters” (Huynh, Alderson, & Thompson, 2008). In contrast to Hochschild's (1983) definition, nurses

attempt to harmonize their emotions with patients' emotions. Rather than change patient emotion to fit their own, there is a greater need for nurses to communicate empathy and compassion for patients.

Emotion labor rests on the assumption that organizations prescribe rules for displaying emotions. Hochschild (1983) defines emotion display rules, or feeling rules, as "what guide emotion work by establishing the sense of entitlement or obligation that governs emotion exchanges" (p. 56). For example, Hochschild's research on flight attendants revealed how Delta Airlines trained flight attendants, the employees with the most contact with customers, to act friendly, and happy. The flight attendants were "reminded that their own job security and the company's profit rode on a smiling face" (p. 104). The regulation of emotion within an organizational context is of particular interest for organizational communication scholars. Hochschild (1983) describes two ways employees react to emotion display rules within an organization: *surface acting* or *deep acting*.

Surface acting. Surface acting occurs when workers act out an emotion as if they were performing. The worker does not internally experience the emotion, but he/she attempts to appear to be feeling the emotion. For example, flight attendants were trained to say empathetic phrases like, "I know just how you feel" when a passenger expresses dissatisfaction with the service (Hochschild, 1983). Although the flight attendant appears to be empathetic toward the passenger's situation, she or he is only acting empathetic. Flight attendants may be more likely to experience surface acting compared to those working in fire fighting or nursing. For example, a nurse may be less likely to perform and more likely to feel the emotions he or she is supposed to be displaying in a genuine manner. Whereas

the purpose of surface acting is to convince and influence others, the purpose of deep acting is to influence others and to convince oneself.

Deep acting. Deep acting occurs when emotions are evoked by situations employees find themselves in while working and are internalized by the employee during work interactions. The worker actively modifies (evokes or suppresses) their felt emotions to match the displayed emotions. For example, during the training classes, the flight attendants were encouraged to envision the flight cabin as their living room, and to thus treat passengers as guests in their own home. This analogy encourages flight attendants to modify their feelings, and meanwhile “relations based on getting and giving money are to be seen *as if* they were relations free of money” (p. 106). Therefore, the worker proactively modifies their feelings to match the organizational prescribed emotional display and can appear to be acting genuine.

Emotion Work

In contrast to emotion labor, emotion work is defined as work among professionals who perceive their emotion as authentic. Nurses, social workers, counselors, and other jobs that require highly charged emotional interactions are expected to develop a strong connection with clients and to feel a sense of care, sympathy, and compassion for clients. While emotional connection with clients can provide caregivers satisfaction with their work, it can also carry risks such as blurred boundaries in the client-caregiver relationship (Miller, Considine, & Garner, 2007). Similarly, nursing scholars argue that “nurses want to offer authentic caring behaviour because they feel that it is part of their expected professional role” (Huynh, Alderson, & Thompson, 2008). Therefore, emotion work is most common in occupations requiring highly charged emotional interactions because

these professionals often find it integral to their work persona. Moreover, feeling care and empathy toward clients is expected of caregivers (Miller, Considine, & Garner, 2007).

While emotion labor and emotion work are most pertinent to the present research study, Miller, Considine, and Garner (2007) also identify emotion with work, emotion at work, and emotion toward work as types of organizational emotion.

Emotion with Work

This type of workplace emotion results from the interactions with coworkers and supervisors. The relationships people have with their work colleagues can result in both positive and negative emotion toward their work. Workers expressed positive emotion about workplace relationships when their relationships with coworkers were fun or supportive, and when their boss respected them and they respected their boss (Miller, Considine, & Garner, 2007). Workers expressed negative emotion for work when they considered that work by their coworkers was done incorrectly or felt underappreciated by their boss (Miller, Considine, & Garner, 2007).

Emotion at Work

Although emotion at work was not present in their findings, this type of workplace emotion is found in organizational communication literature and considered an important experience of peoples' work lives. Emotion at work is the type of workplace emotion that takes into account the blending of individuals' private and public lives. The emotions resulting from other social roles individuals occupy (e.g., friends, spouses, sports fans, parents, children) are a part of their organizational lives as well (Miller, Considine, & Garner, 2007).

Emotion toward Work

This type of workplace emotion is the feelings employees have for their work. In other words, work or the workplace is the object of the emotion. Positive emotion toward work was expressed because of a fit between self and job, a sense of meaning and fulfillment derived from work, and more mundane aspects of their work (Miller, Considine, & Garner, 2007). Negative emotion toward work was expressed because employees reported lack of meaning in their job, physical and emotional exhaustion at work, and failure or fear of failure (Miller, Considine, & Garner, 2007).

Summary

The emotional aspects of individual's work lives are certainly important to consider when analyzing organizational life. Beginning with Hochschild's (1983) influential work on emotion labor, this section reviewed the five types of workplace emotion distinguished and characterized by Miller, Considine, and Garner (2007). This review of literature provides an understanding of the aspects of workplace emotion new employees must learn to manage and negotiate. The types of workplace emotion, however, are influenced by organizational and occupational aspects. Therefore, the organizational and occupational factors that influence workplace emotion are discussed in the following section.

Organizational and Occupational Factors

The nature of emotion in people's work lives are influenced by organizational and occupational aspects. First, research has found that the type and culture of the organization influences the strategies that organizations employ to provide employees with guidelines for displaying emotion. Second, research has found that identification with an occupation can influence the presence of emotion labor or emotion work. This section reviews the organizational and occupational factors that influence emotion specifically within the

context of long-term care and the nursing occupation. When considering how emotion manifests in people's work lives, it is important to understand organizational and occupational aspects of work and emotion.

Organizational culture and context

Organizational communication scholars have contributed to emotion labor research by focusing on the communication practices that assist in maintaining and regulating emotion displays within an organizational context. While some organizational communication scholars are concerned with how the shaping and suppressing of emotions affects the employee, others have focused on *how* emotion labor is controlled and regulated in organizations (Kramer & Hess, 2002; Putnam & Mumby, 1993; Tracy, 2000). From this perspective, researchers focus on the complex communication practices within the organization that control and regulate emotion displays as well as allow employees to negotiate and manage emotion displays.

The control and regulation of emotion displays was of primary concern in Tracy's (2000) study on emotion labor in the context of a cruise ship. Tracy (2000) uncovered a number of organizational control mechanisms such as the organization mandating crew members to carry a credo with statements like "We never say no" to attempt to control crew members' emotion on the cruise ship. In this way, expectations for emotion labor are seen as part of the organizational culture and are communicated through bureaucratic practices. However, Tracy (2000) also found that resisting the organizational norms for emotion was a way for crew members to make sense of their identities. For instance, crew members would secretly make fun of passengers to maintain their individuality.

Historically, research on emotion labor has been examined in a variety of organizational contexts. While researchers have focused on emotion labor within the context of retail sales (Rafaeli, 1989; Rafaeli & Sutton, 1990), other researchers have studied how emotion is socially and culturally constructed in Chinese factories (Krone, Chen, Sloan, & Gallant, 1997), emotion work in job loss (Buzzanell & Turner, 2003), emotion labor among cruise ship workers (Tracy, 2000), and how negative emotion is managed among bill collectors (Sutton, 1991). This body of literature has advanced our understanding about the resistance and consent of bureaucratic practices, social construction of emotion labor, and how employees manage emotions in emotionally turbulent times. The study of emotion labor in human service organizations that provide care to the elderly is largely absent.

Due to the nature of human service work, organizational norms for employees working in human service organizations differ when compared to other organizations (e.g., manufacturing, agriculture, construction). According to *The Handbook of Human Services Management* (2008), human service organizations

contribute to the social cohesion of society by redistributing income and resources to the less fortunate, caring for persons whose circumstances fall below what the community has defined as minimally desirable, giving voice to the interests and needs of disenfranchised and powerless persons and groups, and rehabilitating disabled or dysfunctional persons so they can realize their potential and contribute to their families and communities. (Patti, 2008, p. 5)

The type of work in human service organizations differs from other organizations such as retail sales because the workers may enact emotion out of concern for, or in the best interest of, the client (Sass, 2000). Examples of human service organizations include organizations serving the mentally handicapped, vocational rehabilitation services, education services, hospices and organizations that serve the frail elderly in long term care institutions (e.g., nursing homes and assisted living facilities).

Emotion Display Rules in Long-Term Care

Sass (2000) represents the only study on emotion labor in a nursing home. His study used a combination of participant observation and interviews over the course of 20 months, and focused on the cultural performance of emotion labor. Although he does not address how an employees' position within the nursing home hierarchy influences their workplace emotion, his results provide insight into the uses of emotion labor, and the types of emotion labor performances or emotion display rules in a nursing home. The types of emotion labor performances in the nursing home are courtesies, task rituals, and sociabilities, and are explained in more detail next (see Table 2).

Table 2

Results from Sass (2000) study

Courtesies	Task Rituals	Sociabilities
Promoting Positive Emotions	Instructing and Questioning	Affirming Relationships
Managing Negative Emotions	Negotiating	Paralinguistic Cues
Showing Concern	Redirecting	Dramatizing Therapy

Courtesies. Sass (2000) described three courtesies within the nursing home site. The purpose of courtesies or exaggerated acts of courtesy, is to promote cooperation and smooth functioning. The types of courtesies that emerged in Sass' (2000) data were promoting positive emotions, managing negative emotions, and showing concern. These communication strategies “promote cooperation and smooth functioning” (p. 340) within the nursing home. First, examples of how nursing home employees promote positive emotions are complimenting female residents after they visit the in-house beauty shop, congratulating residents for completing a session at physical therapy, and greeting residents by their name. Second, nursing home employees manage negative emotions by reassuring distressed residents in gentle and soothing voices. Third, showing concern is primarily used to gain compliance or maintain the face of residents. Showing concern is demonstrated by listening to and acting upon resident concerns. In addition to courtesies, task rituals are also used in the nursing home.

Task rituals. Sass (2000) uncovered three task rituals common in the nursing home. Task rituals are the daily and mundane tasks that allow the nursing home employees to complete their instrumental tasks. Instructing and questioning, negotiating, and redirecting, were found to be the daily and mundane tasks instrumental to work in the nursing home. These task rituals are facilitated by emotion labor. First, nursing home employees are constantly providing instruction, sometimes in a form of a question, to residents such as telling a resident to eat or asking if they have washed. Second, questions are also used to negotiate with residents. For example, a nursing home employee may ask a resident to try and stand in order to determine the condition of the resident. Third, Sass (2000) reported the residents have a fair amount of freedom at the nursing home site. However, nursing

home employees use questions and instruction to redirect or distract a resident from behavior that restricts smooth operations in the nursing home. While task rituals are used to make work at the nursing home operate smoothly, sociabilities establish and maintain relationships in the nursing home.

Sociabilities. Sass (2000) found three sociabilities – affirming relationships, paralinguistic cues, and dramatizing therapy – to be common in the nursing home. Sociabilities are “highly contextual forms of symbolic play, predicated among an intimacy between/among participants” (p. 347). First, nursing home employees affirm relationships by teasing and talking playfully with residents. Second, paralinguistic cues such as a warm and cheery tone of voice are used when interacting with residents. Third, the mundane activities of therapy are dramatized by residents and nursing home employees. For example, residents and physical therapy aides “use terms like ‘baked’ and ‘cooked’ to refer to the time that residents spend sitting with hotpacks on their joints” (p. 349-350).

When considering how emotion manifests in people’s work lives, it is important to understand the organizational aspects of workplace emotion. A deeper glance into the way organizational communication scholars have analyzed workplace emotion, and how communication rules for emotion are in accordance with organizational norms and job conditions within a long-term care organization, were reviewed. While this research provides an idea of the workplace emotion that new employees must manage and negotiate when they enter a nursing home, workplace emotion is also influenced by occupational aspects.

Nurse Occupational Identity

Previous research has highlighted the influence of role identification or occupational identity with a certain occupation being a key element of emotion management (Henderson, 2001; McCreight, 2004; Zhang & Zhu, 2008). More specifically, the occupational identity, defined as “the shifting, material, and discursive framing of image and practices associated with a particular type of work” (Meisenbach, 2008, p. 263), of a work group influences how workplace emotion is experienced. The occupational identity of a new employee may indeed guide how they experience and portray emotion in the workplace.

As they make sense of their new work, new CNAs may begin to understand how their occupational identity guides their emotion in the nursing home. As previously mentioned, one of the central characteristics of the occupation of nurses is an authentic sense of care for their patients. Nurses are expected to portray their emotions in a genuine manner (Henderson, 2001; Huynh, Alderson, & Thompson, 2008). However, this may not pertain to all types of nurses. It is unknown whether CNAs have considerable differences that may influence the negotiation and management of emotion in the workplace.

Similarly, workplace emotion is influenced by professional identity. Recent literature has found that professional identity influences organizational members’ behaviors, work conditions, and their emotions (Lammers & Garcia, 2009). The importance of navigating emotion as a professional were frequently mentioned in Kramer and Hess’ study (2002). They found six rules for the expression of emotion in an organizational context but most common was to “express emotions professionally [which entailed] having control over one’s emotion displays and maintaining a ‘businesslike atmosphere’” (p. 72). The meaning of professionalism, however, was described differently

among participants suggesting that the understanding of “professionalism” is “is often tacit knowledge learned through observation and experience” (p. 75).

Summary

When considering how emotion is experienced in people’s work lives, it is important to consider organizational and occupational aspects. This section first reviewed the organizational factors that influence workplace emotion with special attention paid to the nursing home organization. Secondly, this section reviewed the occupational factors that influence workplace emotion while highlighting nurses and in particular CNAs.

Conclusion

Emotion in organizations is an intriguing area of organizational communication research. An area that deserves more attention is how new employees are socialized to manage and negotiate workplace emotion. This chapter reviewed the scholarly literature relevant to the socialization of workplace emotion for the occupation of CNAs. First, the chapter explored organizational socialization in relation to the socialization of workplace emotion. Second, the chapter provided an overview of the five types of workplace emotion. Third, the chapter reviewed the organizational and occupational factors that influence workplace emotion.

The purpose of this study is to use the organizational socialization theoretical framework to understand how new CNAs make sense of the organizational socialization and proactive socialization processes that facilitate communication and workplace emotion. This study expands Sass’s (2000) research by exploring the communication processes that socialize new employees to workplace emotion. First, this study follows Allen’s (2000) lead by giving primacy to the experiences of organizational members who make sense of

the organizational socialization process, rather than studying socialization from the perspective of the organization. Second, this study focuses on how newcomers make sense of their first encounter with an organization. Therefore, the central question that guides this study is: How do CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor?

CHAPTER THREE

METHODOLOGY

Emotion labor has been studied mostly by using methods of observation, ethnography, and interviews. Scholars who research emotion labor have been encouraged to continue to analyze the narratives that organizational members provide about their work life rather than analyzing the expression of emotion in the organization (Miller, Considine, & Garner, 2007). This study follows previous research methods by using a qualitative research design relying on the narratives participants provide during interviews. The methodology for this study was chosen because it allows the researcher to analyze how, in their own voices, organizational members make sense of their experiences. Therefore this section describes how the research question that guides this study is answered. First, the design of the study is explained. Second, the participants are described. Third, the data collection procedures are explained. Fourth, the data analysis process is described.

Research Design

Narrative as a form of qualitative inquiry allows the researcher to view research participants as narrators who shape their experience and reality in their own voice (Boje, 2001). According to Chase (2008), narrative is retrospective meaning making and “is a way of understanding one’s own and others’ actions, of organizing events and objects into a meaningful whole, and of connecting and seeing the consequences of actions and events over time” (p. 64). This process provides the researcher with a greater understanding of the stories and cultural texts that have shaped the participant’s experiences and perspective (Boje, 2001). In addition, emphasizing the participant’s voice highlights the “versions of self, reality, and experience that the storyteller produces through the telling” (Chase, 2008,

p. 65). Thus, this study uses narrative as a form of qualitative inquiry to collect and interpret stories about lived experience and its meanings. For this project, six CNAs were interviewed to identify themes common to all participants, indicating a glimpse into the organizational lives of CNAs.

Participants

A purposive sample was drawn for this study. Specifically, participants were working as CNAs no less than six and no more than eighteen months in the greater-Minnesota and North Dakota area. This population was chosen because the research that has focused on the encounter phase of socialization has generally marked the end of the encounter phase at three to six months after the newcomer entered the organization (Jablin, 2001). The timeframe of six to eighteen months assures participants have experienced the encounter phase of organizational socialization and can reflect on their experiences during the encounter phase with a fresh memory. The location was chosen primarily because of its close proximity to the researcher.

The participants in this study were six paid CNAs. The participants were employed as CNAs between 7 and 18 months (see Table 3 for a list of research participants). Within the field of long term care, and specifically CNAs, women are the majority of the workforce. Likewise, all of the participants were women. All of the participants self-identified as Caucasian and all of the participants were under 28 years of age. Four of the participants were enrolled in college classes at a mid-sized upper Midwest university at the time of the interview.

Procedures

Participants were located through a snowball sampling technique, beginning with

Table 3

Research Participants

Pseudonym	Months Employed as CNA
Amber	9
Annie	18
Courtney	9
Heather	8
Eileen	11
Katy	7

the researcher's personal and professional contacts and extending to the local community of a mi-sized upper Midwest city. Flyers were posted in coffee shops and the public library and college students enrolled in a mid-sized upper Midwest university were asked to participate by flyers posted around campus (see Appendix A). An email announcing the study was sent to all of the nursing students enrolled in a local university and extra credit was given to students enrolled in a communication course (see Appendixes B and C). Finally, directors of nursing in local nursing homes and assisted living facilities were asked to promote the study to their CNAs. Individuals were invited to participate in a study focusing on their experiences as a new CNA. If eligible, volunteers were asked to contact the researcher to schedule an interview.

Data for this study were drawn from semi-structured, in-depth interviews that took place in March and April 2010. Volunteers for the study were informed of the topic and procedures. Next, participants were assured of their confidentiality and voluntary nature of the study if they agreed to participate. If the individual agreed to participate, they were

required to sign a consent form. Participants were reminded before the interview began that they could opt out of the research study at any time during or following the interview (see Appendixes D and E).

In order to elicit stories of participants' organizational experiences in the encounter phase of socialization, the researcher used the interview protocol from Scott and Myers (2005) study (see Appendix F for complete interview protocol). The protocol focused on: a) expectations for the job (e.g., Before you started working in your current position, what were you expecting it would be like?), b) emotion (e.g., Is part of your job managing your emotions? If so, how?), c) socialization (e.g., How did you learn what is and what is not acceptable? If you were training someone new, what advice would you give them about managing their emotions?). These questions were used to invite and uncover personal narratives about newcomers' experiences of organizational socialization. Follow-up questions were asked for clarification.

In-person interviews took place at a mutually agreed upon public location and ranged in length from 31 to 65 minutes with an average length of 45 minutes. Prior to these interviews, one interview was conducted with a volunteer who was newly employed in long-term care so the researcher would become familiar with the interview protocol and procedures. In sum, six interviews took place and are included in the data analyses. The interviews were audio recorded to ensure accuracy of participants' responses. The audio tapes are secured in a locked file cabinet in the researcher's office. The audio recordings were transcribed verbatim, producing 78 double-spaced pages of text. Identifying information such as names and organizations were changed to protect confidentiality.

Data Analysis

The data collected in the interviews provide an understanding of lived experience of CNAs. Transcripts of the interviews were created immediately after the interview took place to ensure participants' responses were transcribed accurately since the interview was fresh in the researcher's memory (Lindolf & Taylor, 2002). The audio recordings produced a total of 1,649 lines of text. Once the data were transcribed, the process of coding began. The transcripts were coded early in the process so that the researcher could "respond with a fresh memory to the events depicted in the data" (Lindolf & Taylor, 2002, p. 219).

Data analysis occurred in two phases. In the first phase, the transcripts were deductively analyzed and coded using Scott and Myers (2005) typology. In the second phase, data that did not readily fit within the Scott and Myers (2005) typology was inductively coded. This two phase approach accounted for data unaccounted for by Scott and Myers' (2005) framework used to analyze data deductively.

First, data were deductively analyzed using existing categories previously developed by Scott and Myers' (2005) study. As previously mentioned, their study uncovered three strategies the organization used to socialize the newcomer and three strategies the newcomer used to participate in their own socialization (Scott & Myers, 2005). This etic perspective allowed the researcher to compare and contrast the data in this study to the existing framework presented in Scott and Myers' (2005) study and acted "as a source of supplementary validation" (Lindlof & Taylor, 2002, p. 214). To do so, the data were analyzed in two steps. First, the researcher carefully examined transcripts. This involved three close readings of the transcripts. Second, the researcher coded for the following organizational socialization categories: 1) Selecting for Emotion Management Capacity. The organization uses selection processes to ensure the newcomer is capable of

enacting the appropriate emotion management strategies. 2) Repeated Exposure to Emotional Events. The organization orients the newcomer by exposing the newcomer to repeated exposure to emotional events and providing direction to the newcomer for managing their emotion. 3) Observational Information-Seeking. The organization provides formal training to teach the newcomer the organization's customer service expectations. Next, the research coded for the following proactive socialization categories: 1) Performing the Newcomer Role. The newcomer learns communicative behaviors associated to the newcomer role. These behaviors help the newcomer manage emotions. 2) Observational Information-Seeking. The newcomer seeks out information about organizational procedures and norms. 3) Surveillance. The newcomer makes sense of their organizational role by modeling after veteran organizational members.

Inductive coding was used to analyze much of the remaining data that could not be coded deductively. Data were inductively analyzed using a grounded theory approach (Strauss & Corbin, 1998). First, the researcher conducted open coding to identify categories. During this stage, 7 categories were identified. Second, the researcher conducted axial coding (Strauss & Corbin, 1998) by identifying subcategories to help understand how the categories related to one another. According to Lindolf and Taylor (2002), integrating the categories "changes the nature of categories from mere collections of incidents into theoretical constructs" (p. 222). In this phase, the categories that arose from open coding were collapsed into four categories. Finally, selective coding was used to determine over-arching categories that tied all categories together (Strauss & Corbin, 1998) resulting in two over-arching categories. The over-arching categories that emerged from

the data represent common phenomena of how CNAs in the encounter phase of socialization learn the ropes of emotion labor.

Conclusion

The study is designed to understand how CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor. The goal is to understand how newcomers make sense of the socialization process and to relate their experiences to an existing framework developed to explain organizational socialization and proactive socialization (Scott & Myers, 2005). To achieve this objective, in-depth, semi-structured interviews with employees who had been working at the nursing home for less than 18 months were analyzed.

CHAPTER FOUR

RESULTS

The research question posed is: How do CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor? In the first phase of data analysis, the transcripts were analyzed and coded using Scott and Myers (2005) typology. These categories represent 43% of all data coded and analyzed. In the second phase, data that did not readily fit within the Scott and Myers (2005) typology was inductively coded. These categories represent 41% of all data coded and analyzed and resulted in two categories. The results for the two phases of coding are presented below. The remaining 16% of the data were comments unrelated to the discussion question posed.

Deductive Phase Results

The six categories uncovered in Scott and Myers (2005) represented 43% of all coded data are (a) Repeated Exposure to Emotional Events, (b) Observational Information-Seeking, (c) Selecting for Emotion Management Capacity, (d) Performing the Newcomer Role, (e) Customer Service Expectations, (f) Surveillance (see Table 4). These categories represent the socialization experiences and process of learning to manage and communicate workplace emotion for new CNAs. None of the participants had formal training focused on socializing new employees to the norms of emotion management in the nursing home.

Customer Service Expectations

While not explicitly expressed by all participants, human service organizations tend to emphasize *customer service expectations*. Scott and Myers (2005) found that the new firefighters had to sign customer service contracts and attend customer services classes. Although neither of these socialization strategies were mentioned in the interviews with

Table 4

Results from Deductive Analysis

Percentage of Data	Presence in Interviews	Category
16%	100%	Customer Service Expectations
14%	100%	Repeated Exposure to Emotional Events
11%	100%	Observational Information-Seeking
9%	100%	Selecting for Emotion Management Capacity
4%	67% (4/6)	Performing the Newcomer Role
2%	50% (3/6)	Surveillance

participants, all of the participants talked about two particular customer service expectation at the nursing home: behaving in ways that reflect being resident-focused and building relationships with residents. This category represented 16% of all data coded. For example, Eileen (CNA 11 months) explained:

When you're starting out as a CNA, I feel like it is really kind of engrained in you that the resident is first, or the resident is the most important so I just still feel very strongly that the resident is first and I hope that all CNAs feel, thought I know that that's not true.

The *customer service expectations* influenced appropriate conversation around residents.

Amber (CNA 9 months) explained:

I know you're not supposed to talk about personal stuff really like "oh, I went out last night and did this and met this person" ... I learned that in training actually but I've heard that recently because it happens and then the

resident says something to someone else and then it gets out and then the nurses or the supervisors will say something to that person, and then they'll say it to everyone else. "Remember, you're not supposed to talk about your personal life"

Additionally, CNAs are particularly expected to build relationships with residents. For all of these new CNAs, learning about the residents and building relationships with the residents was a part of the nursing home's customer service expectations. The new CNAs reported devoting a considerable amount of time and attention to learning about residents and learning how to communicate with residents. Some of the participants described how becoming familiar with the residents made the job easier. For example, Heather (CNA 8 months) explained how the work becomes easier when you "know how everyone is." When she trained someone new she tried "to give her [...] pointers to what everyone likes and how people react in different situations." Toward the end of the interview, Heather added that when she is assigned to newly admitted residents, it "can be difficult 'cause you have to learn everything about them and like what their needs are, how they act, so it's always new." Similarly, when Katy (CNA 7 months) was asked "if you were training someone new, what advice would you give them about managing their emotion on the job?" she explained how it is important to teach new CNAs about residents:

I would just tell them to kind of go with the flow. I haven't trained anyone in yet but I do see other people train in other people and this specific resident you know there's just sometimes you just have to ignore her or sometimes you just kind of have to walk out while she's still talking and leave, and you know, later on I'll catch them and be like "you know she just

needs, maybe just tell her, you know, we'll be back in a moment, I have to go help someone else.”

Participants also expressed how they believe building relationships with residents allows CNAs to provide better care for the residents. For example, Katy (CNA 7 months) noted “it is important to get to know the history and get to know the person. It just helps you care for them as a person rather than them as [...] another to-do list.” Similarly, Eileen (CNA 11 months) explained that she thinks good CNAs “have a great knowledge of the duties of a CNA. You provide great care, and you can train people well and easily and credibly, and um, I think also you deal with your managers appropriately and I also think that you know the residents inside and out.” Eileen also described an example of how knowing residents well can make the work go smoother:

I think that if you don't know your residents, you're not providing the care they need. Because I think each resident's care is different, not only stated in the care plan, but just like, by face time with them, and just knowing them and knowing what they need emotionally, and mentally, and what they like and dislike. Like instead of putting each resident in front of a TV, maybe you bring them to the sun room because they'd rather sit in the sun and look outside on the river and whatnot. And some residents, we have a resident that loves watching the TV but new CNAs and other people that don't work on our floor don't know that, so when they put her in a sitting room somewhere, she cries, and so it's just like it's knowing those little things about residents that make it so important to know each resident very well.

Similarly, Katy (CNA 7 months) described how knowing the history of residents was important to providing good care. She explained:

The more that you know the history of that person, or be able to ask them questions, poignant questions, to get them to share their life, then you're seeing also, as you're caring for [them, and saying] "I've gotta get these tasks done" you're getting to know the person better as well so um so it's helpful, and yeah, and everyone like has neat rapport with each one ... and like they'll get someone to talk and I'm like "I've never heard that person talk before!" and they're like "Oh yeah, this is what you have to do."

Repeated Exposure to Emotional Events

After CNAs were hired, they were repeatedly exposed to emotionally-charged events at the nursing home. Skill-based training procedures provide direction when newcomers encounter emotionally-emotional charged events (Scott & Myers, 2005). The formal instruction can also "enable organizational members to direct their attention and emotional responses in ways that are congruent with organizational objectives" (Scott & Myers, 2005, p. 79). 14% of all data coded and all study participants expressed that *repeated exposure to emotional events* was present in their first 18 months of work at the nursing home. Examples of emotional charged events include feeling anxious before, during, or after shift, empathizing with residents, and frustration with coworkers.

Annie (CNA 18 months) described why she thought it was important to be exposed to emotional events. She said, "You can't be afraid of the resident, and you have to be able to like talk it through and if you, if you're like, if you haven't been associated with a lot of

different situations, emotional situations.” When asked to describe the formal training she has, Heather (CNA 8 months) explained:

Well I guess I mean you just kinda pick it up as you go, like when you’re being orientated like they don’t really tell you like everything, they just show you how to do like the tasks so I mean you kinda [pick it up by] listening to the nurses and like how they talk to families.

And, “The nurses will tell you like if you do something wrong like they’re not afraid to tell you.” Heather also explained how the nursing home she worked for required all employees to complete the “virtual dementia tour.” She described the class:

we had to they put gloves on us with like popcorn seeds in them, and this was meant to represent people with arthritis like how they feel things and then they made us wear these goggles with like Vaseline rubbed on them and like that was for people who can't see very well and then we had to wear these head phones and it was just like a radio playing, then they were zipping us around in wheel chairs and brought us into this room with strobe lights and we had to do so many tasks like fold towels and like set a table, so they, it was really an eye-opener because you know you get to kinda see how some of these people feel and like so when you are getting frustrated cause these people don't understand you can think of that and like kinda see like what they're going through and try and be more like understanding.

Most of the participants reported that on-the-job instruction was helpful to understand how to manage time requirements and anxiety. Katy (CNA 7 months) said:

I don't have enough time to brush their teeth, and the person would show me like tips and things of how, well actually this person can brush their teeth, I didn't know, you know, you're just kinda learning your residents, so it was the first month, and I didn't know that this person was capable of brushing their own teeth because they required a lot of assistance in other things so I could get their stockings on while they're brushing their teeth, like just little tricks that helped me, so it's funny the demands of time, two hours to get four people ready and me not knowing what to do. Just really caused a lot of anxiety but as my coworkers helped me out it was like "okay."

Observational Information-Seeking

Consistent with Scott and Myers (2005), participants expressed engaging in *observational information-seeking*, which involves a strong reliance on covert means to gain information about organizational procedures and norms. Participants described formal shadowing programs and day-to-day observation techniques to understand expectations for emotion. Although formal shadowing programs are organizationally developed, participants had to proactively gather how to and how not to display emotion. All participants articulated this category and it represented 11% of all coded data.

All of the participants explained how shadowing a veteran CNA helped them better understand their role and the expectations for emotion. More specifically, they learned how to manage the routine of providing care to the residents, the expectations for emotion on the job, and how to effectively communicate emotion with residents and their families. The person shadowed by the CNAs had a great deal of impact on their first experiences at the nursing home. Katy (CNA 7 months) described her shadowing experience:

They put me with a woman who had been working there for 30 years, so she knows the job, she knows the job very well, and knows the residents very well, and so I would shadow her, go along with her, [...] and she would just take me through everything until I felt comfortable.

Shadowing a veteran CNA served to socialize new CNAs in handling and managing the nursing home's time requirements as well. As exemplified in the following quotation, new CNAs were immediately told and showed how to spread their time across all of the residents they were assigned to care for.

I followed a funny Hispanic woman that's been working there for like 25 years and she told me like "now you can't do this," "you can't do that," and "you can't take this much time because all the residents need your help"
(Annie, CNA 18 months)

Shadowing veteran CNAs also helped them recognize how communicating with residents was important in gaining the respect of and forming relationships with residents. During this shadowing period, Amber (CNA 9 months) recognized how conversation with residents, no matter how mundane, was an expectation of the job.

Some people are just good at making conversation, you shouldn't just go in and do what you have to do and leave. You should talk to them and stuff.
[...]When you first start working, it kinda depends on who you follow because some people are really good at it and you just have the same conversation, "oh, it's nice outside," which is the most conversation that happens there but then sometimes when you first train in, you follow a

CNA, [some are] just not really conversation people so you don't pick it up from there so it's harder.

While some of the participants conveyed that conversing with residents and resident families came natural, other participants learned how to communicate with residents by observing veteran CNAs. Shadowing veteran CNAs helped newcomers grasp the nursing home's expectations for appropriate communication with residents and resident families.

For example, Heather said:

You just kinda pick it up as you go, like when you're being orientated, they don't really tell you like everything they just show you how to do the tasks [...] like listening to the nurses and like how they talk to families.[...] You can pick it up a little bit but I mean, I guess it's like yourself, like what you think is appropriate for the job.

This formal shadowing process shaped how new CNAs understood the way that nursing home policies are practiced, and how to express emotion when they help residents with the activities of daily living. For instance, Courtney (CNA 9 months) talked about how training with a veteran CNA taught her how to adhere to nursing home privacy policies. She explained:

You get so used to seeing someone when they're not dressed [...] you have to just realize this is their privacy. You can't be just standing there just watching them when you're just like "Okay, let's hurry up." you know what I mean, so just especially, I think especially with privacy issues, you don't even think about in health care field. It just seems so second nature to you, you're just like okay whatever, this person's doing this or whatever, and

they're not comfortable with that, so that's one of the things that I especially learned from her.

The act of shadowing a veteran CNA helped new CNAs see behavior and emotion displays they did not want to emulate. Many new CNAs expressed the determination to avoid the rote attitude employed by the veteran CNAs that they shadowed. For example, Amber (CNA 9 months) described feeling dissonance between the veteran CNA's expectations and her own:

[Y]ou go and watch other people, and you can even sometimes see the responses on the residents faces - like they're not happy when someone does something you know - and sometimes I'll say something to the other person but most of the time they'll get mad so I just make sure that I do it right, but I'll go and I'll watch like one of my, back at [another nursing home] I had a bunch of them, they were all kinda like my age and they were just, they were just doing it for work and for money, you could just tell that even some of the residents would say stuff like, "I don't like her." when she'd walk out of the room, and I was like, "I don't want to be that person."

In talking about how she picked up her expectations for emotion, Amber further explained how she learned to talk to residents when she was in their room:

I think it's just rude to go in there and like not even tell them. You have to tell them what you're doing, you knock, "Oh you want to get ready for bed?" and you tell them you're going to change them and stuff but you don't just walk in there[.] I had one lady when I was working, I was her CNA the next day and I came in and she was just so mad at me because she said last night

the lady [another CNA] came in and she pulled her shirt off and just threw her in bed and she [the resident] was just mad at me and so I just tried to calm her down.

Other participants reported similar stories. Courtney (CNA 9 months) noticed the uncaring attitude, with which a veteran CNA approached their work, explaining:

I know someone on my floor who's been working there for ten years and you know a lot of the residents haven't been there that long but they have been there for a few years they just treat them like it's the same every day. I think they need to try to keep things new and fresh but I mean it's hard on both ends.

Eileen (CNA 11 months) described that she has connected with another CNA who shares her mentality of caring and creating a more dynamic environment for the residents. She shared:

We have a lot of CNAs that have been in the job a long time and it's almost like it's a job to them, where for me, it's not just a job for me, and with this other CNA that I really related to, it's not just a job to her. We're doing this for the residents and that's our main mentality and so we tend to, um, [...] have a gentler hand, not in no way [are] my coworkers abusive, but it's just a different way of dealing with the residents.

When asked to clarify how she differentiates herself from the more senior CNAs, Eileen explained:

They provide great care, but they, it's like if for some reason they have to go out of the routine of the day, it's a huge hassle for them so you know if a

resident needs to be changed at an obscure time, or something like that, it's a huge hassle. And so where I see it as you know, let's just do this, this is our job, this will make the resident feel more comfortable and feel better about themselves, they have the same mentality but it's clouded by now they have all these years in the job, and it's work, like I said it's a job to them so it's kinda like "let's get this day done."

Selecting for Emotion Management Capacity

Participants identified friends and family members employed in CNA positions and other nursing professions as being a source they utilized to understand the CNA role. In other words, Scott and Myers explained that newcomers who are exposed to the organizational culture through anticipatory socialization "possess a more nuanced understanding of local emotion demands and practices" (2005, p. 78). All participants articulated this category and it represented 9% of all data coded.

When asked what made her choose this job, Heather (CNA 8 months) replied:

Well like I said, I wanted that close relationship and I've been caring for people all my life I guess. I've been babysitting since I was 11 and I did that all throughout high school. My mom's an RN so I guess it runs in the family but [laughter] I just really wanted do show that compassion for others.

Annie (CNA 18 months) noted a similar experience when she described her previous experiences with nursing and nursing homes:

Ever since I was little I knew I wanted to be a nurse and everyone like no one in my [...] immediate family, but my aunts are and they've talked to me about it and my mom always used to say that she would go to the nursing

home when she was little, and with my sister when she was older, so they started us doing that when we were little and I always thought that the elderly and the residents there were always so funny so I thought it would be a really fun job and you have to be a people person, you can't be introverted or anything but um I don't know, I want to, I always want to help. I always had to be talking. I'm a people person, that's why I wanted to do it, I always thought it would be the best thing, so hands on and always talking to people.

Courtney (CNA 9 months) explained how she became interested in nursing:

I think when I first started to realize that this was what I wanted to do, when I was probably in high school or maybe even in middle school, my sister had surgery on her knee and she needed someone to be with her all the time so I ended up staying with her at her apartment and that's what kinda got me interested in it. I was helping her and I loved it and my sister and I don't get along very well but I loved doing it.

Additionally, participants expressed how CNAs need to enjoy taking care of people, be compassionate, and be considered a people person. For example, Eileen (CNA 11 months) commented, "I don't think everyone has the knack to connect with people, I don't think that everyone can stomach the job, I don't think that everyone can physically do it or emotionally." Katy (CNA 7 months), who was quitting her CNA job in the next few months to enter a convent, was asked "before you started working in your current position, what were you expecting it to be like?" She responded:

I've been a missionary for three years so I'm in this transitional stage right now so I knew I wanted to be with people rather than just a typical job and

so I wanted the interaction and I thought gosh, the vulnerability that older adults have like in terms of having bowel movements being taken care of, being bathed, like all these vulnerable things that I know would be difficult for myself, it was like I want to be able to care well for people and to respect them.

Performing the Newcomer Role

The category, *performing the newcomer role*, involves a distinct behavior by newcomers. In this role, newcomers are supposed to portray a good attitude about hard work. *Performing the newcomer role* “is an emotional performance in and of itself that communicates trustworthiness and allows the [newcomer] to publicly acknowledge his or her place in the station’s hierarchy” (Scott & Myers, 2005, p. 81). This category represented 4% all coded data but expressed by only 67% or four out of the six participants.

Annie, the participant who has been there the longest (18 months) shared feelings about her experiences with newcomers. She said:

I’m one of the mentors, like I’m not a registered mentor, but I have students but a lot of the don’t even want to do some stuff, like they are grossed out, and I’m like “why are you here?” Like it’s embarrassing, when you have a student, it’s the worst thing, you want to teach them but you don’t get any of your work done and you get frustrated ‘cause they don’t want to do half the stuff, like with residents going to the bathroom, you need to wipe them, and they need to do it because they’re getting graded on it, and they’ll say “no, that’s gross.” Yea it’s your job. It’s so frustrating, it’s like the worst thing

getting students, like it's really fun getting students who are all into it and really excited.

Report was described by Katy (CNA 7 months) as a meeting where all the nurses and managers meet to discuss resident care plans, nursing home conflicts, and make announcements. She explained:

I was kind of late, I'm still slow [...] The stressful and emotional part was, I know I'm letting my coworkers down or that's what I'm assuming, so all these thoughts, these emotions are happening, from what I'm assuming but not communicating so I was like "oh I'm sure I'm letting them down because I'm fifteen minutes late for breakfast every day because I'm new." And I know they care but uuuuggggh! And so I realized in report to just tell them [...] I said "you guys, I'm so sorry, I feel like I'm a pokey little puppy and I don't mean to be" and it was totally dispelled in that moment.

Most of the CNAs shared that they were required to prepare six to eight residents for breakfast in the morning or bed in the evening, within a span of two hours. They expressed feeling pressure from veteran CNAs and residents under their care to meet time requirements. A few participants mentioned that veteran CNAs reinforced the organizational time requirements by verbally pressuring them to keep up. Heather (CNA 8 months) reflected on this time:

We were following people so I was thinking like "alright, it shouldn't be too bad" but my first day of orientating I got a little nervous because the lady I was with—she's been working there for like three years and she has a schedule to everything—so she's like "Okay, come on! Hurry, hurry, we

gotta go! We gotta get them in bed, we have to walk these people." So I mean the first day was really scary and I was like "I don't think I can do this." I wasn't really looking forward to the next day.

Courtney (CNA 9 months) expressed a similar experience when she shared:

I remember before I went to work, I was just like almost in tears, like oh my gosh. These people, and when I first started, all the CNAs I had been working with were all like in their 30s and 40s and had been CNAs since they were my age, so they were just like "Come on, let's go! Let's go!" so it was really hard.

Surveillance

The final category, *surveillance*, represents the way newcomers integrate emotion labor techniques into their job and then retroactively make sense of it later. Scott and Myers (2005) remarked, "more importantly than the content of the emotion management technique, the surveillance tactic employed to learn it represent and active but inconspicuous method of information seeking" (p. 85). 50% of the participants talked about surveillance and the category was found in 2% of all data coded.

Amber (CNA 9 months) expressed how "every situation is different" in the nursing home and that she has learned how to react to residents who are crying, or who ask her out on dates, by remembering how she, or other CNAs, reacted in the past. She explained, "You just have to remember how you handled it, like, if you have handled it before, you can handle it again. You just have to think about it and don't worry that you're doing something wrong and stuff like that." Heather (CNA 8 months) noted that she would

become frustrated with a resident who had dementia, and she would mimic the way a certain nurse would talk to her. She said:

I've seen the nurse, there's one nurse that can interact with her really well and so, just like hearing what she says to make her cooperate like you pick up on those cue words and then you just try and use those.

Although new CNAs initially learn through demonstration, the proper response to certain situations is often only learned through practice and observation. Katy expressed that she learned how to approach people with dementia on an informational video the nursing home showed during a training class, but that it can be hard to remember the correct way when doing her day-to-day work. She explained that by self-surveillance, she was able to correct her actions so to provide better care for people with dementia:

So, I was able to experience it myself being like, "Oh my gosh, this really works!" [T]his person is an expert in dementia care and I started practicing the things personally and trying to incorporate them into the day to day interactions and so I was able to share with um some of my coworkers and you can see!

Summary

The data were deductively analyzed using Scott and Myers (2005) typology. These categories were: (a) customer service expectations, (b) repeated exposure to emotional events, (c) observational-information seeking, (d) selecting for emotion management capacity, (e) performing the newcomer role, and (f) surveillance. These data describe how CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor.

Inductive Phase Results

To present a complete picture of participant experiences, data that did not readily fit within Scott and Myers (2005) typology was inductively coded. The inductive analysis revealed a final category that represented 28% of all data coded. The final category, *workplace emotion*, describes the emotional challenges new CNAs encounter.

Workplace Emotion

The types of workplace emotion new CNAs face in the encounter phase of socialization were described in participant responses. The types of workplace emotion were emotion labor, emotion work, and emotion with work, emotion at work, and emotion toward work (Miller, Considine, & Garner, 2007). Each of these types is described and exemplified.

Emotion labor. Most of the participants identified being emotionally challenged by adhering to nursing home requirements, managing relationships with residents, and managing co-worker conflict. One example of the emotion labor participants experienced was articulated by Heather (CNA 8 months). She talked about how she manages her emotion before she starts her shift. She explained:

If you're having a bad day like you can't go in there and bring those bad feelings with you cause that will just that won't do you any good, it will make your shift even longer so you just kinda have to go in there with a new set of feelings and that will help you out a lot [laughter].

She also shared: “like everyone has to like get their baths and showers and get their walks in so there's not much time to like fret about things so you just kinda have to push it out of your mind.”

Emotion work. Emotion work, or workplace emotion participants perceived as authentic emotion, was reported by participants mostly when they discussed the strong connection they feel with the residents. While these examples are presented previously in the *Customer Service Expectations* category, Annic (CNA 18 months) articulates emotion work well when she explained the close relationship she formed with a female resident. She said:

I have one resident that was like my favorite, she always asked me if we can get an apartment together and live with each other and like I used to wear two necklaces all the time and I saw her one day and she had two necklaces –that did not match- on. And I was like, “did you forget to take one off?” And she’s like “You wear two, why can’t I wear two?” They attach to you just as well as you touch them because you’re taking care of them so they have a lot of trust in you so you don’t want to screw up so it’s hard to not let your emotions affect you.

Emotion with work. An example of emotion with work was reported by participants when they described feeling emotionally conflicted between complying with residents’ wishes and abiding by the nursing home’s regulations or time requirements. Managing this tension was a technique they expressed learning early on at the nursing home. For example, Annie (CNA 18 months) described how this conflict affects CNAs:

There are things that you have to do and that's with everything, that's with eating, that's with getting up, going to the bathroom, anything but it's the same thing, like they'll [the resident] say no but we have to chart on them for that and it says you have to take them to the bathroom during these times but

a lot of them don't want to go or they don't want to walk or they don't want to eat and it's hard to like separate them from the actual workplace. So it's kind of a struggle to always do the right thing, and not lose your job for listening to them. It's kind of a tough thing.

When Heather (CNA 8 months) was asked if part of her job is managing emotion she responded with:

When you get frustrated that's a big one. Like if a resident is refusing care or just not cooperating with you, and not treating you right, like you can't like disrespect them. You can tell them, like, "I don't like to be talked to like that" but you know, you can't like just blow up or start crying so you have to stay calm and maybe just take a step back and collect your thoughts because it gets frustrating sometimes. When you have a lot to do and people aren't willing to help you [...] it can be crazy.

Courtney (CNA 9 months) responded with a similar response. She explained:

I just it's very, very stressful for me. I just I have a lot of anxiety in the mornings, like when we're trying to get them all up, and like I have a group that's really hard. Like you need a lot of machines to get the people up and you can't do those alone, so I just have a really hard time. It makes me feel bad when I'm getting someone up and I hear an alarm going off, and I need to go, but I know I'm not giving this person the attention that they need, or the care that they need, because I don't want to be giving care that's not 100%.

When Annie (CNA 18 months) was asked if there are times that are more difficult to handle than others, she explained:

When the resident is mad at you for something you can't control. That's the hardest thing, like if they're mad at you for trying to do something that is your job, like it's such a big conflict, that's the worst thing, you can't do anything about it, but you have to so it's like you have to do it because it's your job but you have to listen to them, but sometimes they don't know that's what they have to do that's good for them, that's like the hardest thing to like control that emotion.

Another emotional challenge participants faced was managing co-worker conflict, also an example of emotion with work. For example, Courtney (CNA 9 months) described how she is frustrated when the nurses do not help out the CNAs:

Where I work most of the nurses what they'll do is like pass out meds, I feel like the nurses don't at all like they'll hear an alarm, most of them will just stand there and keep filing and like, this person's out of bed and they're going to hurt themselves, and I just feel like especially nurses I feel like sometimes they think that's CNA work, I'm not going to do it, but they are your residents too.

Emotion at work. Participants reported emotion at work, or workplace emotion that takes into account the blending of individuals' private and public lives. *Emotion at work* was explained well by Courtney (CNA 9 months). She explained how CNAs enjoy talking about their personal lives and to bring in gifts for the residents but that these behaviors can often be frowned upon by nursing home management. She explained:

All of them [the residents] want homemade food from you and you can't bring it in. Like I had tons of food at home that they all want, like homemade lefsa. And like you legally can't bring it in and that's why one of the nurses was taking over-time. She would always bring like the German, German sausage and she got in trouble for bringing it in.

Emotion toward work. Finally, participants reported the feelings they have for their work. For example, Courtney (CNA 9 months) admitted, "I'm not planning on staying at this job for very much longer because I have a really hard time with like the anxiety and the pressure that gets up on in the morning." While other participants felt similarly about the high pressure of the work, they expressed feeling fulfillment from the work. For example, Heather (CNA 8 months) explained:

It's very rewarding at the end [of the day], like during [your] shift it's really tough and you're just like "I want it to be done already" but at the end you know these people can't help like how they are so you just have to think of how they're feeling and it's rewarding.

Annie (CNA 18 months) explained her thoughts on working as a CNA. She said:

You have to love your job. You have to love your job and have a high tolerance. You can't hate it 'cause then you're not going to treat them [the residents] well. So, you have to have a high tolerance and you have to love it. That's it.

Summary

The results of this study offer partial support of Scott and Myers (2005) research as participants articulated strong support for four of the six categories of new CNAs'

experiences: (a) customer service expectations, (b) repeated exposure to emotional events, (c) observational-information seeking, and (d) being selected for emotion management capacity. Additionally, this study describes the workplace emotion facing new CNAs in the encounter phase of organizational socialization.

CHAPTER FIVE

DISCUSSION

The purpose of this study was to explore how CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor. In order to do so, this study examined the experiences of six new CNAs employed at a nursing home. In answer to the research question, this study contributes four findings that expand our understanding of emotion labor and socialization.

First, this study exposes the time and attention new CNAs dedicate to building relationships with residents. For scholars, this finding may signal relationship building as another characteristic of organizational socialization especially significant to newcomers at organizations providing care. One potential explanation for the customer service expectations to build relationships with residents is that the participants continually care for the same residents and were able to do their job more effectively and efficiently when they build and maintain a positive relationship with residents. In contrast to the firefighters in Scott and Myers (2005) study, CNA newcomers occasionally felt the need to persuade residents to do activities the residents were hesitant to do (e.g., going to meal service, walking, going to the bathroom) which requires a trusting relationship. Additionally, participants in this study reported feeling job satisfaction with their work when they connected, communicated, and built relationships with residents. In fact, a few of the participants expressed that building relationships with residents was an aspect of CNA work that appealed to them prior to working. For organizations, these findings suggest greater attention be paid to fostering CNA-resident relationships especially since participants expressed how they believed they provided better care when they had a

friendly and trusting relationship with the resident. Participants in this study described how they were advised by nursing home management to avoid disclosing information about the self, but the author questions how a trusting relationship is built and maintained without self-disclosure from both individuals. Nursing homes and other caretaking professions should consider the advantages self-disclosure can have on relationship building and caretaking. For those interested in CNA careers, this finding may provide insight into the significant of relationship building will have on their future caretaking role.

Second, this study illuminates the prominent role newcomers play in organizational socialization. As previously mentioned, the participants in this study expressed proactively gathering information about their role by observation information-seeking strategies. These findings are consistent with previous research on the proactive role new employees' play in socialization (Scott & Myers, 2005). However, these findings suggest that observational information-seeking occurred during organizationally developed formal shadowing programs. For scholars, this findings suggests that organizational effort can encourage opportunities for covert ways to gather information about the organization. It may not always be possible to distinguish between organizational socialization and proactive socialization. Formal shadowing programs are developed with the intent that new employees mimic veteran employees, however; the findings in this study suggested this also facilitated identification through antithesis (Burke, 1969; Cheney, 1983). The identification of new CNAs was defined by their effort of uniting against the veteran CNAs rote attitude. They redefined emotion rules by identifying and dismissing behavior they deemed as not living up to the "caretaker" role. The identification through antithesis new CNAs descried demonstrates the agency new organizational members have to employ

change in the organizational culture and in particular, the organizational norms for emotion labor. For scholars, this finding raises questions about the influence newcomers have on organizational culture and emotion labor norms.

This study also demonstrates how care is needed to distinguish between expectations established by the organization and the way veteran employees do the job. It is incorrect to assume all veteran CNAs have adopted the caretaking expectations established and promoted by the organization. For organizations, these findings may signal a need for more and continual communication to all organizational members regarding their customer service expectations or caretaking expectations.

Third, this study provides a greater understanding of the emotional struggle between engagement and detachment that is present in the caretaking role. The participants in this study expressed how being emotionally engaged and maintain strong connections with clients were an essential characteristic of caretaking but in order to provide proper care and to monitor the emotional health of the nurse, previous research suggests that nurses need to *balance* engagement and detachment (Henderson, 2001). However, this study's findings suggest that by simultaneously feeling engagement and detachment, new CNAs learn the necessary emotion management techniques to cope with these feelings. For scholars, this finding suggests the interaction between engagement and detachment be viewed as a dialectical tension (Baxter & Montgomery, 1996) significant to the occupational socialization of nurses. This finding also raises questions about how occupational identification as caretaker impacts organizational socialization.

Additionally, this finding raises questions about the role organizations may play in occupational socialization. For nursing home organizations specifically, this finding

suggests that greater attention be paid to assessing the expectations of new CNAs and either meet more of these expectations or provide more realistic expectations for their job. A practical implication is for nursing homes to implement comprehensive anticipatory socialization programs. The emotional response from reality shock may not be so extreme. For those interested in CNA careers, these findings may provide insight into the emotional struggle of engagement and detachment they will experience.

Fourth, this study illuminates how organizational context plays a role in organizational socialization. Although all of Scott and Myers (2005) categories were present in the data, the findings indicate a lack of support for *performing the newcomer role* and *surveillance*. For scholars, this finding may suggest how the different emotion labor and emotional challenges organizational members experience may impact the organizational socialization strategies. Additionally, the high levels of turnover among CNAs (American Health Care Association, 2007) may attribute to lack of organizational socialization processes at the participant's nursing homes. For nursing home organizations, these findings may suggest a need to implement formal training on emotion management strategies. The immense amount of anxiety participants reported resulted primarily from keeping up with organizational requirements like preparing six to eight residents for breakfast in the morning or bed in the evening, within a span of two hours. Many CNAs may benefit from formal training on effective emotion management strategies. Additionally, this finding suggests nursing home organizations may benefit by employing collective socialization strategies. Two participants expressed how a coworker who was also a new CNA was a person they felt they could "bounce ideas off of" and "laugh with." Previous research suggests that collective training can provide employees with higher job

satisfaction, lower levels of role ambiguity, and greater group cohesion compared to individual training (Zahrly & Tosi, 1989).

Limitations and Directions for Future Research

The design of this study has several limitations which can be considered as opportunities for future research. First, the analysis of this study focused on a homogenous sample. A purposive sample was drawn for this study. Participants were required to be working as a CNA no less than six and no more than eighteen months in the greater Minnesota and North Dakota area. An advantage of this purposive sample was the ability to focus on the encounter phase of socialization for a particular occupation; however, a primary limitation of this study was the homogeneity of the sample. All of the participants identified as Caucasian women either in college ($n = 4$) or graduated within the last five years ($n = 2$). Further studies should sample a variety of ethnic and racial populations to consider how this may impact CNA's socialization experience. Additionally, even though the occupation of CNAs is primarily employed by women, future research should be conducted with CNAs who are men to consider how the stigma of being a male nurse may impact socialization and emotion experiences in a nursing home. Next, all of the participants considered their CNA position as "temporary" and a stepping stone to the next job. Further studies should sample CNAs who have chosen this job later in their career to consider how this may impact CNA's socialization and emotion experience. Finally, organizational socialization research would benefit from analyzing the continuous training.

Second, this study collected self-report data by conducting in-depth interviews. Therefore, future research on socialization and emotion labor in nursing homes can be enriched by alternate data collection methods. For instance, ethnographic research methods

can contribute rich-descriptive data on nursing home socialization and emotion labor. While this study focused on CNAs in the encounter phase of organizational socialization, future research would benefit by including veteran CNAs in the sample to gain a greater understanding of the newcomer role. Additionally, rhetorical analysis of the employee handbook, and other nursing home literature with discussion on emotion or treatment of residents can provide further understanding of how new CNAs understand their role in the nursing home.

Finally, the sample size of this study was small ($n = 6$). The researcher had difficulty reaching a population of CNAs who are newly employed at a nursing home for a number of reasons including the lack of incentive for participants. This affects the results of this study. First, the size of the study may have caused the limited presence of three of the six categories from Scott and Myers (2005) typology. Second, it is also difficult to generalize the CNA organizational experience based off of this study. Therefore, future researchers interested in organizational socialization of emotion especially with nurse population are advised to use incentive. This population rarely has extra time and recruiting a larger number of participants would greatly depend on a cash incentive.

CONCLUSION

Organizational socialization creates, guides, and reinforces emotion labor. In the encounter phase of organizational socialization, formal and structured socialization strategies go hand-in-hand with less structured and informal socialization strategies. By looking at both socialization strategies, researchers can provide a complete picture. This study provides a picture of these socialization strategies by examining how CNAs in the encounter phase of organizational socialization learn the ropes of emotion labor. The results of this study are preliminary given the small sample size; however, the study exposes a couple potentially rich areas for future research.

The findings of this study are important to nursing home organizations and CNAs. Smith (1992) thoughtfully challenged the training and socialization of nurses:

But is this through surface acting to the point that she can no longer remain involved with patients other than at a superficial level, at the risk of becoming detached and alienated? Or can she learn through experience and systematic training to recognise her feelings to remain therapeutically involved both for herself and patient? (p. 15)

This study exposed the need for organizations employing caretakers to foster and encourage emotion management techniques newcomers acquire when simultaneously feeling engagement and detachment. These emotion management techniques developed during organizational socialization and maintained through continual reinforcement are significant to the health of the employee, care of the resident, and longevity of caretaking careers.

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APPENDIX A. RECRUITMENT FLYER

VOLUNTEERS NEEDED FOR RESEARCH STUDY

Researchers at North Dakota State University are looking for volunteers over the age of 18 and who have been working in the long-term care industry between 6 and 12 months to participate in a research study.

Kristi Wenzel
Phone: (952) 212-1368
Kristina.Wenzel@NDSU.edu

The purpose of this research study is to understand how people transition into the field of long-term care.

To be eligible in this research study you must be:

- at least 18 years of age
- working at a long-term care facility between 6 and 12 months
- available to meet in the Fargo-Moorhead or Minneapolis-St. Paul area

Your participation in this research study would involve speaking with an NDSU graduate student in person at a mutually agreed upon public location for 45 to 75 minutes.

If interested, please call Kristi at (952) 212-1368 or email her at kristina.wenzel@ndsu.edu for more information or to schedule an interview.

APPENDIX B. RECRUITMENT EMAIL

Subject: Volunteers Needed for Research Study

Dear [insert name or group name here],

My name is Kristina Wenzel. I am a graduate student in the department of communication at North Dakota State University. Currently, I am looking for volunteers for a research study. The purpose of this research study is to understand how people transition into the field of long-term care. In particular, this study will examine how people in the field of long-term care learn to manage their emotion.

To be eligible in this research study you must be

- 1) at least 18 years of age
- 2) working at a long-term care facility (e.g., nursing home, hospice, assisted living facility) between 6 and 12 months
- 3) available to meet in the Fargo-Moorhead or Minneapolis-St. Paul area

Your participation in this research study would involve speaking with me in person at a mutually agreed upon public location (e.g., coffee shop, public library, community center) for 45 to 75 minutes.

If interested, please call Kristi at (952) 212-1368 or email me at kristina.wenzel@ndsu.edu for more information or to schedule an interview.

Thank you for your consideration.

Best Regards,
Kristi

Kristina Wenzel
Graduate Teaching Assistant
North Dakota State University
Kristina.Wenzel@ndsu.edu
Kristinaawenzel@gmail.com
(952) 212-1368

APPENDIX C. RECRUITMENT EMAIL TO COMMUNICATION STUDENTS

Hey Comm110 Students!

My name is Kristina Wenzel and I would like to invite you to participate in a research study. This study requires you to be *employed as a Certified Nursing Assistant for longer than six months and no more than 18 months*. Your participation in this research study would involve speaking with me in person at a mutually agreed upon public location for 30 to 45 minutes.

If you meet that criteria, and are interested in participating in this study to fulfill your entire COMM 110 research requirement (10 points), please email me to schedule an interview.

Kristina Wenzel
Graduate Student and Communication Instructor
Department of Communication
Kristina.wenzel@ndsu.edu

APPENDIX D. RESEARCH PARTICIPANT CONSENT FORM

Research Study

You, as a professional in the long-term care industry, are invited to participate in a research study on how people transition into your field being conducted by Kristina Wenzel, communication graduate student at North Dakota State University's Department of Communication, under the supervision of Dr. Amy O'Connor.

Purpose of Study & Explanation of Procedures

The purpose of this research study is to understand how people transition into the field of long-term care. In particular, this study will examine how people in the field of long-term care learn to manage their emotion. You will be asked to share your thoughts and feelings regarding your work. The interview will last between 45 and 75 minutes. The interview will be audio recorded. Once the audio recording is transcribed, the recordings will be erased. The transcriptions will be kept in a locked office until three years following the completion date of December 2011.

Voluntary Nature of Participation

If volunteer is a student currently enrolled (Spring 2010) in COMM110: Introduction to Public Speaking: You have received 10 points for scheduling and meeting me here with the intention of participating in this research study. You are free to withdraw your consent and to discontinue participation at any time. If you choose to discontinue participation in the research study, even after the consent form has been signed, you can withdraw from participating without penalty meaning you will still receive 10 points toward the COMM110 Research Requirement.

If volunteer is not currently enrolled (Spring 2010) in COMM110: Introduction to Public Speaking: Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time. If you choose to discontinue participation in the research study, even after the consent form has been signed, you can withdraw from participating without penalty.

Potential Benefits & Risks

You will be able to share your thoughts and opinions on your job and the industry of long-term care. In doing so, you will be helping us to learn more about how people in the field of long-term care transition into the role of a professional.

You may experience emotional discomfort when reflecting on your work experiences. Since we are in a public location, you may feel uncomfortable answering some or all of the questions. If this happens, feel free to ask me to skip the question(s), reschedule the interview at another location and time, or choose not to participate.

Offer to Answer Questions

Please feel free to ask questions now or at any time during the study. If you have any questions about this study, you can contact Kristina Wenzel (kristina.wenzel@ndsu.edu)

at (952) 212-1368, or my supervisor, Dr. Amy O'Connor (amy.oconnor@ndsu.edu) at (701) 231-8585. If you have questions about the rights of human research participants, or wish to report a research-related problem or injury, contact the Institutional Review Board Office at (701) 231-8908 or ndsu.irb@ndsu.edu.

Assurance of Confidentiality

To protect your privacy and confidentiality, recordings from the interview will be secured in a locked-cabinet accessible by the researcher only. After all the interviews have been transcribed, the original audio-recorded account of the interview will be erased in order to protect confidentiality. Data and records created by this project are owned by the University and the investigator. You may view information collected from you by making a written request to the researcher. You may view only information collected from you, and not information collected from others participating in the project. Future use of the data generated from this research may include scholarly publication, but your name will not be used in the reporting of results.

Consent Statement

By signing this form, you are stating that you have read and understand this form and the research project, and are freely agreeing to be a part of this study. If there are things you do not understand about the study, please ask the researcher before you sign the form. You will be given a copy of the first page of this consent form to keep.

Participant's Signature

Printed Name

Date

APPENDIX E. ORAL CONSENT FOR INTERVIEW

My name is Kristi Wenzel. I am a graduate student in the department of communication at North Dakota State University. I would like to invite you to participate in a research study I am doing on how people transition into the field of long-term care. In particular, this study will examine how people in the field of long-term care learn to manage their emotion.

I'd like to ask you questions about job. This should take between 45 and 75 minutes. The interview will be audio recorded. Once the audio recording is transcribed, the recordings will be erased. The transcriptions will be kept in a locked office until three years following the completion date of December 2011. The only identifying information I will ask is your name, rank, tenure, job position, type of employment, and ethnicity. This information will be reported in summary form in my study. Your identity and our conversation will remain confidential.

If volunteer is a student currently enrolled (Spring 2010) in COMMI10: Introduction to Public Speaking: You have received 10 points for scheduling and meeting me here with the intention of participating in this research study. You are free to withdraw your consent and to discontinue participation at any time. If you choose to discontinue participation in the research study, even after the consent form has been signed, you can withdraw from participating without penalty meaning you will still receive 10 points toward the COMMI10 Research Requirement.

If volunteer is not currently enrolled (Spring 2010) in COMMI10: Introduction to Public Speaking: Your participation is entirely voluntary. If you do not want to participate, that is completely fine. You can choose to decline or withdraw from participation at any time during the interview.

Since we are in a public location, you may feel uncomfortable answering some or all of the questions. If this happens, feel free to ask me to skip the question(s), reschedule the interview at another location and time, or choose not to participate.

If you have any questions about this project, please call me (Kristina.wenzel@ndsu.edu) at (952) 212-1368 or call my project's supervisor, Dr. Amy O'Connor (amy.oconnor@ndsu.edu) at 231- 8585. If you have questions about the rights of human participants in research, or to report a problem, contact the NDSU IRB Office, (701) 231-8045, or ndsu.irb@ndsu.edu.

Thank you for your participation in this research. If you wish to receive a copy of the results, please call or email me.

APPENDIX F. INTERVIEW PROTOCOL

Begin by asking name, rank, tenure, job position, type of employment (e.g., nursing home, hospice, assisted living facility), and ethnicity.

I'm interested in learning about how people transition into the field of long-term care. I have very few questions, so I'd really just like you to think about each one, reflecting on your particular experience. Take your time in answering, and share any stories that you think would help me better understand your responses.

1. Before you started working in your current position, what were you expecting it would be like? (prior to applying, during the application process, during your training)
2. What made you choose this career path?
3. Is part of your job managing your emotions?
4. What, in your opinion, are the expectations?
5. Do you have any formal training with that?
6. How do you learn what is and what is not acceptable?
7. When do you have to manage your emotions? How do you do it?
8. If you were training someone new, what advice would you give them about managing their emotions?
9. Are there some situations that are more difficult to handle than others? If so, when? With whom?
10. What does it mean to be a "professional" in this profession?
11. How did you learn what it meant to behave like a professional?
12. Do professionals in your field ever burn out? If so, why?
13. Is there anything else you would like to share with me about your job?

Thank you for talking with me and I want to remind you that your privacy and confidentiality of our conversation today is assured. Do you have any questions about our conversation or the research study? If not, please contact me with questions or concerns you may have in the future.