

EMOTIONAL LABOR IN EARLY INTERVENTION

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by
VALERI J. LANE

Dr. Kathy R. Thornburg, Dissertation Supervisor

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The undersigned, appointed by the Dean of the Graduate School, have examined the dissertation entitled

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Presented by Valeri J. Lane

A candidate for the degree of Doctor of Philosophy

And hereby certify that in their opinion it is worthy of acceptance.

Kathy Throuleng

Rebecca

Jean Lopez

Sara Goble

Jean Ann Summers

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Dr. Kathy R. Thornburg, Dissertation Supervisor

ABSTRACT

The purpose of this study was to examine the scope and impact of emotional labor in early intervention. The study was designed to extend the findings of research investigating emotional labor in other professions to the work of Early Head Start home visitors. Focus groups were conducted with home visitors from three Early Head Start programs, and individual interviews were completed with five participants. Data from the focus groups and interviews were analyzed to determine the presence of emotional labor in the work of the participants, and the impact of emotional labor on their personal and professional activities.

Findings from this study show emotional labor to be present in the work of Early Head Start home visitors. Participants experienced physical and emotional effects from managing their emotions in order to maintain an appropriate presence with families. Aspects of the work that contribute to their emotional labor include program expectations of a relationship-based approach with families, the physical and conceptual placement of their work in the center of families' lives, the scope of work with families in poverty, the vulnerability of the children, logistics of the work, and absence of supervisory support.

Study participants identified strategies used to attempt to balance the emotional labor they experienced. The implications of this study suggest the need for additional investigation into the phenomenon of emotional labor in early intervention, and the implementation of policies that will ameliorate this aspect of early intervention work.

Introduction

I had a mom make me dinner. She'd invited me over for lunch to tell me that she was very, very sick. I already had a pretty good idea that she was dying. ... When I got there, she was picking roach pieces out of the rice that she was making. ... I mean, the roach had nothing to do with the fact that this woman was dying. And so, it would be really stupid for me to say, "That makes me sick to see the roach..." So, I went to the restroom, and I stood up against the wall ... and I slid down the wall, and slipped just like, into a fetal position. I did. I slid down the wall and I said, "God, is this a test?" That's exactly what I did. And ... I got my composure and I went back out. 'Cause, I was getting sick. You know? ... It wasn't like there were a *lot* of roaches in there, or anything. ... She just pulled out a leg or two.... I thought, you know, ... I can offend her, and tell her that I'm not going to eat that, or, I can eat it with grace and know that there's nothing gonna happen to me if I get a roach leg. You know? So, I ate.¹

The circumstances of early intervention home visits frequently require those doing the work to maintain an outward appearance that may be radically at odds with their internal response to a situation. Having been trained explicitly that the relationship between themselves and parents is the foundation of their work (Berlin, O'Neal, & Brooks-Gunn, 1998; Bertacchi, 1996; Heinicke et al., 2000; Kalmanson & Seligman, 1992; Powell, 1993; Wasik, 1993; Weston, Ivins, Heffron, & Sweet, 1997), they are called upon to interact with parents in a manner that will build trust, demonstrate respect, and otherwise facilitate the development of an effective partnership. In the course of their interactions, it is not uncommon for the worker to feel the need to manage his or her internal response to a situation in order to keep the relationship with parents open and viable for the work of the program. This internalization of felt emotions has a cost that is often unrecognized and under-supported in a field that is frequently laden with regulations and paper work.

¹ All quotations used in this paper were taken from focus groups and interviews conducted for this study, unless otherwise noted.

The intentional management and display of one's feelings in order to influence the response of others is called emotional labor (Hochschild, 1983). Since the publication of Hochschild's seminal work, emotional labor has been well-researched in the fields of sociology and organizational management. The impact of such work on employees has been documented as predominantly negative across such occupations as airline attendants and bill collectors (Hochschild, 1983), customer service representatives (Abraham, 1998), table servers (Adelmann, 1995), bank and hospital employees (Bulan, Erickson, & Wharton, 1997; Wharton, 1993), fast food workers (Leidner, 1993), university employees across all levels (Pugliesi, 1999), debt collectors, a military recruiting battalion, nurses (Morris & Feldman, 1997), supervisors in a sheltered workshop (Copp, 1998), and a wide cross section of occupational positions (Kruml, 1999). To date, there has been no research of the intersection of emotional labor and early intervention.

Purpose

Given the outcomes of emotional labor identified in the existing literature and the potential for such effects in the field of early intervention, this study was framed to better understand the scope of emotional labor for those who work in early intervention programs. Specifically, the antecedents and impacts of emotional labor will be investigated, as well as strategies that temper its effects on early intervention workers.

Literature Informing the Study

Emotional Labor

Definition. Emotional labor was first defined in an ethnographic study, *The Managed Heart: Commercialization of Human Feeling*, by sociologist Arlie Hochschild (1983). Through extended observation and interviews, the author examined the work of

airline attendants and bill collectors to study the relationships among emotive experience, emotion management, and feeling rules (Hochschild, 1979, 1983). As a result of her research, Hochschild (1983) defined emotional labor as labor that “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others,” or the work of managing feelings “to create a publicly observable facial and bodily display” (p. 7). In keeping with her concern for the way in which this work commercializes human feeling, Hochschild specified that the term emotional labor applied to situations in which workers manage emotions for a wage.

Components of emotional labor. Emotional labor occurs when rules defining the appropriate display of feelings dictate an outward response that is in conflict with the actual emotion felt inside, or when “the *ought* of the feeling struggles with the *is*” (Hochschild, 1983, p. 61). The essence of emotional labor is to bring the emotional display in line with feeling or display rules appropriate to the setting. Feeling rules are described as social guidelines that inform “how we want to try to feel,” (Hochschild, 1979, p. 563). These socially and culturally based rules guide emotion work by providing definition to what is considered an appropriate emotional response in a given situation.

Transmission of display rules. Feeling and display rules may be communicated explicitly in the work environment through such venues as in-service training, mission statements, job descriptions or performance reviews (Grandey, 2000; Leidner, 1999; Rafaeli & Sutton, 1987). In other settings, a more implicit process of organizational socialization may serve as the primary means of defining feeling and display rules (Rafaeli & Sutton, 1989; Yanay & Shahr, 1998). Employee recognition programs that reward “appropriate” behavior, modeling and guidance by supervisors, and new employee

observation of the behavior of peers also shape understanding of company display and feeling rules.

Emotion management. According to Hochschild (1979, 1983), emotional labor occurs through one of two processes: surface acting or deep acting. In surface acting, the “publicly observable display” (Hochschild, 1983, p. 7) is created by simply changing the outward expression. There is no attempt to *change* the actual feeling, just internal work to *manage* the feeling in order to present a response that is in line with applicable display rules. In a participant observation study of McDonald’s fast food workers, Leidner (1993) found surface acting to be the primary means through which workers delivered their service in keeping with company expectations for display. Workers were free to think and feel their honest responses (including inwardly cursing customers), as long as the displayed response was polite, and included a smile and eye contact. In surface acting, the expressed emotion conflicts with the felt emotion, a circumstance that has been described as emotional dissonance (Morris & Feldman, 1997; Rafaeli & Sutton, 1987).

A second way to perform emotional labor is through deep acting. In contrast to surface acting, deep acting is accomplished by actually working to change the felt emotional response, not just the outward display. In a process related to cognitive reframing, the worker may redefine the situation by actively inducing the expected emotion in an approach similar to method acting (Hochschild, 1983). For example, a worker encountering a rude customer may still respond with a smile by thinking empathically to herself that the customer has had a very bad day and deserves a friendly encounter. Workers using deep acting to conform to display rules may experience less

conflict as a result of bringing their emotional response in line with feeling rules—the “ought vs. is” conflict is resolved as a result of the emotional labor.

Antecedents to emotional labor. In *The Managed Heart*, Hochschild (1983) explained that jobs requiring emotional labor have three characteristics: (a) they require face-to-face contact with the public, (b) they require workers to produce an emotional state in another person, and (c) the employer has control over the emotional activities of employees.

These three antecedents are closely linked to the work of home-based early intervention programs. First, consistent with Hochschild’s (1983) criteria that jobs involving emotional labor require face-to-face contact with the public, early intervention workers are the direct link between the program and the participants. Wharton and Erickson (1993) identify those employees as boundary spanners, and indicate they are the employees most likely to encounter emotional labor as a part of their jobs. Boundary spanners are defined as those employees whose position and responsibilities provide the direct link between the organization and those who interact with, but are external to the company. Second, early intervention workers are expected to establish relationships with parents that serve as the foundation of their work. This requires offering respect and producing a state of trust within parents. The third antecedent identified in multiple settings is the explicitness of the organization’s display rules (Morris & Feldman, 1996; Rafaeli & Sutton, 1987). This factor is also consistent with Hochschild’s original criteria that the organization has control over the emotional activities of employees (1983).

An additional antecedent of emotional labor that has potential to be linked to the work of early intervention is the issue of role conflict as defined by Murray (1998) in a

qualitative study of child care workers. Murray found emotional labor inherent in the work of child care. The author revealed intense emotional labor in the work of balancing the role of “mother-like” caregiving against the expectations placed on them in their role as workers. The position of these workers, which involves providing daily care for young children, puts them in a “dance of intimacy” (p. 152) with families that extends far beyond the description of boundary spanners that is the minimal requisite of positions that require emotional labor. Child care workers were expected to care well (in the mundane acts of caregiving) and deeply (in an emotional sense) for the children, but to *not care too much*. Murray identified a challenge in the conflict created by the intimate placement of child care workers on the boundaries of family life (including the responsibility of transmitting information related to the child’s diet, sleep habits, toileting, etc.), against the feeling rules and performance guidelines that govern appropriate expression. In this situation, workers were placed squarely within the realm of intense emotion work.

Consequences of emotional labor. Hochschild’s (1983) data revealed that emotional labor can result in such effects as inauthenticity or alienation from self, stress and personal strain from curbing the felt emotional response, burnout from over-identification with the work role, and self-blame related to feelings of insincerity (from “acting” with the customer vs. revealing the honest, felt response). In studies conducted since her seminal work, the consequences of emotional labor are documented across a wide array of employment settings, including customer service representatives (Abraham, 1998), table servers (Adelmann, 1995), bank and hospital employees (Bulan et al., 1997), sheltered workshop supervisors (Copp, 1998), airline attendants and bill collectors

(Hochschild, 1983), fast food workers (Leidner, 1993), and university employees across all levels (Pugliesi, 1999).

Identification of positive consequences associated with emotional labor has been limited. In a study investigating the moderating effects of job autonomy, job involvement, and self-monitoring ability on emotional labor, Wharton (1993) found that workers performing emotional labor are somewhat more likely to be satisfied with their jobs than other workers, and Spratt (1996) unexpectedly found emotional labor to be positively correlated with emotional rewards in a study of child care workers.

The majority of outcomes identified in the literature connect negative consequences with emotional labor. Negative outcomes that have been identified include emotional dissonance (Abraham, 1998; Kruml, 1999; Morris & Feldman, 1997), self-alienation (Ashforth & Humphrey, 1993), emotional exhaustion (Abraham, 1998; Kruml, 1999; Kruml & Geddes, 2000; Morris & Feldman, 1997; Spratt, 1996), an increase in health symptoms (Schaubroeck & Jones, 2000), decreased employee well-being (Morris & Feldman, 1997), job stress (Pugliesi, 1999; Spratt, 1996), and inauthenticity (Bulan et al., 1997).

The idea of emotional labor leading to emotional dissonance emerged in Hochschild's original work (1983). She described emotional dissonance as comparable to the more well-known concept of cognitive dissonance, and maintained that the work of balancing the conflict between what is felt and what can be displayed in order to meet display rules can lead to emotional disharmony and strain. Subsequent studies have found emotional dissonance to be a significant factor in workers experiencing emotional labor (Abraham, 1998; Kruml, 1999; Morris & Feldman, 1997; Rafaeli & Sutton, 1987).

Moderators. The literature on emotional labor also identifies moderators that, if present, can reduce the negative consequences of such work on employees. The first, job autonomy and employee control over emotional expression (Abraham, 1998; Bulan et al., 1997; Copp, 1998; Kruml, 1999; Morris & Feldman, 1997; Wharton, 1993) is a logical finding, given Hochschild's (1983) original assertion that employer control over emotional expression is one of three criteria that defines emotional labor. These studies all found that greater job autonomy or control resulted in fewer negative outcomes related to the performance of emotional labor. Authors identified less emotional exhaustion (Wharton, 1993), fewer feelings of inauthenticity (Bulan et al., 1997), and reduction in acute distress (Copp, 1998) for workers with greater job autonomy and control. Latitude over the expression of job-related emotions has been found to reduce emotional dissonance in positions where employees are required to manage emotions (Abraham, 1998; Kruml, 1999; Morris & Feldman, 1997).

A second job-related factor that served as a moderator for emotional labor was that of social support (Abraham, 1998; Grandey, 2000). Hochschild (1983) acknowledged the importance of social support indirectly in her discussion of the role peer support plays in helping workers maintain the appropriate emotional presentation. In a study examining emotional dissonance in organizations, Abraham (1998) found that social support among co-workers served as a strong moderator of the relationship between emotional dissonance and job satisfaction among workers who perform emotional labor. Similarly, in a participant observation study instructors in a sheltered workshop for adults with disabilities, Copp (1998) concluded that emotion management fails in the absence of social support.

Personal factors have also been identified as moderators to the consequences of emotional labor (Ashforth & Humphrey, 1993; Bulan et al., 1997; Shaubroeck & Jones, 2000). Wharton (1993) found self-monitoring, defined as the extent to which persons observe and control their presentation of self in interactive situations, to be a relevant factor. Wharton found high self-monitors to be less adversely affected by the performance of emotional labor than low self-monitors. Similarly, Rafaeli and Sutton (1989) suggest that persons with high self-monitoring ability are better able to control emotional expression than those who are less self-monitoring.

These aspects of emotional labor are well-documented in a variety of occupations, however, no research has investigated emotional labor in the field of early intervention. The literature in this field suggests the potential for early intervention workers to encounter emotional labor in the course of their work with infants, toddlers, and their families.

Early Intervention

Theoretical foundations of early intervention. “It is the mission of early childhood intervention to help young children and their families to thrive” (Meisels & Shonkoff, 2000, p. 3). The “early” aspect of early intervention builds on the fundamental premise that significant developmental strides occur in a young child’s life. A basic assumption of these programs is that risk factors compromising the course of development in early childhood can have long-lasting repercussions. Therefore, interventions designed to ameliorate risk in the early years are believed to offer the best chance at diminishing the impact of the risk (Bronfenbrenner, 1975; Guralnick, 1997; Meisels & Shonkoff, 2000; National Research Council, 2000).

A second premise underlying early intervention programs is that a child's development is supported and influenced by the context of the family (Bronfenbrenner, 1979; National Research Council, 2000; U.S. Department of Health and Human Services [DHHS], 1994), with transactions between the child and primary caregivers playing a central role in the course of development (Sameroff & Chandler, 1975). Due in large part to the influence of Bronfenbrenner's (1979) theory of ecological development, the focus of early intervention has broadened from the infant to the family, with the work of providers shifting substantially from a "hands on" approach with infants to one in which the work lies firmly in the relationship between the worker and the parents. This application of ecological theory to practice has emerged as a focus on family-centered care (Dunst, Trivette, & Deal, 1988; Shelton, Jeppson, & Johnson, 1987; Simeonsson & Bailey, 1990; Turnbull, Turbiville, & Turnbull, 2000), and relationship-based approaches to early intervention (Berlin et al., 1998; Bertacchi, 1996; Heinicke et al., 2000; Kalmanson & Seligman, 1992; Powell, 1993; Wasik, 1993; Weston et al., 1997), which now permeate the field.

Early Head Start. One example of an early intervention program is Early Head Start (EHS). This program has a unique focus on the risk factors associated with poverty, and their effect on development. EHS is a program for pregnant women, infants, and toddlers up to age three. Through this and other early intervention programs, the "earlier is better" premise brings a host of providers in direct contact with families of infants and toddlers at a time of great potential and profound vulnerability in the human life course.

Poverty has long been associated with developmental risk (National Research Council, 2000; Schorr, 1988; Zeanah, Boris, & Larrieu, 1997), with evidence that the

effects of poverty on child outcomes involve multiple relationships and pathways (Aber, Jones, & Cohen, 2000; Brooks-Gunn & Duncan, 1997). In response to this complexity, EHS was developed as a comprehensive early intervention program. Four goals serve as cornerstones for EHS: (a) healthy infant/toddler development, (b) support for parents in their role as primary caregivers, and in meeting goals toward self-sufficiency, (c) coordination of community efforts and resources to ensure comprehensive services and supports, and (d) assurance of high quality services through staff development and adequate compensation (DHHS, 1994). EHS may be provided through full-day, full-year center-based care for infants and toddlers whose parents are working or in school, a home-visiting model where families receive weekly, 90-minute visits, or a combination of both models. Recent research on EHS conducted nationally across 17 sites demonstrated positive outcomes for children and families (Administration for Children and Families [ACF], 2002). The most favorable impacts occurred in programs that were fully implemented. This comprehensive study revealed differences in outcomes among subgroups of study participants, with the highest risk families demonstrating the least favorable outcomes.

Best practice in early intervention. Principles of best practice have emerged in the field of early intervention. The primary tenet underlying best practice principles is the recognition that families provide the context for child development. This tenet supports a focus on parent-child interactions through respectful, empowering, mutually trusting relationships with parents as the basis for effective early intervention work (Belsky, 1984; Bromwich, 1990; Bronfenbrenner, 1979; Dunst, Trivette, & Deal, 1994; Guralnick, 1997; National Research Council, 2000; Sameroff & Chandler, 1975; Turnbull et al.,

2000). This has been operationalized in the field through such best practice principles as family-centered care, relationship-based work, and continuity of care.

The principle of family-centered care first emerged in the field of early intervention for infants and toddlers with disabilities, based on the implication that the family context is critical to development (Dunst et al., 1988; Shelton et al., 1987; Simeonsson & Bailey, 1990). Early interpretations of this concept focused on family involvement in decision-making and program responsiveness to family needs (Shelton et al., 1987). Over time, recognition of the significant role of families in child development has evolved to include families as a focus of intervention (Seitz & Provence, 1990), or as integral to the intervention process (Baird & Peterson, 1997; Bromwich, 1990; McCollum & Yates, 1994; Mahoney & Wheeden, 1997). Recent attention has included the complex effects of intervention programs on parent outcomes, parent-child interaction and relationship quality, and child outcomes (Brooks-Gunn, Berlin, & Fuligni, 2000; Harbin, McWilliam, & Gallagher, 2000; Sandall, McLean, & Smith, 2000; Trivette, Dunst, Hamby, & LaPointe, 1996; Turnbull et al., 2000).

The importance of families in child development is taken even further in EHS, where family development is one of four cornerstones of the program (DHHS, 1994). Parents are integrally involved in the governance of the program, they participate in developing and achieving goals for themselves and their children, and they participate in parenting education related to child development, health, mental health, and nutrition. This regulatory support for families as the context of child development results in a program approach that centers on the family rather than the child in isolation.

Relationship-based early intervention. With the focus of early intervention broadened from the infant to the family, the work of early intervention providers has shifted substantially from a “hands on” approach with infants to one in which the work lies firmly in the relationship between the worker and the parents. The context of this work has emerged in the literature as a relationship-based approach to early intervention (Berlin et al., 1998; Bertacchi, 1996; Heinicke et al., 2000; Kalmanson & Seligman, 1992; Powell, 1993; Wasik, 1993; Weston et al., 1997). In a relationship-based approach “primary emphasis is placed on the relationships between parent and child, between parent and providers, and between child and providers” (Atkins-Burnett & Allen-Meares, 2000, p. 373). This model asserts that the method of service delivery is as important as the services actually provided (Pawl & St. John, 1998; Weston et al., 1997). The outcomes desired from relationship-based work include a focus on improved parent-child interactions and family functioning (Weston et al., 1997) intended, in turn, to promote healthy child development. This focus on the relationship between parents and providers as the basis of the work heightens the import of “how providers are” with parents, as they work to establish and maintain the relationships central to the work.

A third principle fundamental to early intervention related to relationship-based work is that of continuity in caregiving relationships (DHHS, 1994; Howes, 1999; National Research Council, 2000; Seitz & Provence, 1990). This principle is perhaps more evident in the importance of infant-caregiver relationships (Bowlby, 1969), but is also a critical piece of relationship-based work with families (Bertacchi, 1996). With a primary focus of early intervention being sustained, healthy, parent-child relationships and interactions, continuity of relationships between providers and parents becomes an

essential piece of the model.

The Intersection of Emotional Labor and Early Intervention

In early intervention programs, program parameters related to the factors discussed above heighten the potential of front-line home visitors in these infant/family programs to experience emotion work. Job characteristics and display rules tied to program regulations and best practice principles triangulate to situate early intervention workers inevitably in the path of emotional labor.

Early intervention workers as boundary spanners. Early intervention workers clearly meet Wharton and Erickson's (1993) definition of boundary spanners. In fact, there is much about the work of early intervention that extends well beyond meeting the definition of providing the link between the organization and the customer. First, the physical boundary being spanned is not the typical work environment assessed in previous studies of emotional labor, such as the counter of a fast food restaurant (Leidner, 1993) or the aisle of an airplane (Hochschild, 1983), but the home of the family being served. The literature on emotional labor identifies a particular challenge inherent in the work of boundary spanners related to their lack of control on the fringe of the organization (Wharton & Erickson, 1993). Placing the work in the living room of program families adds a dimension to the work with potential to profoundly affect the balance of control between workers and program participants. This difference between a traditional definition of boundary spanner and the boundary being spanned by EHS home visitors is depicted in Figure 1.

This is boundary spanning of a different nature, with the physical boundary being spanned having a real impact on the emotional labor of staff, as well as serving as a metaphor for the intimacy of the work.

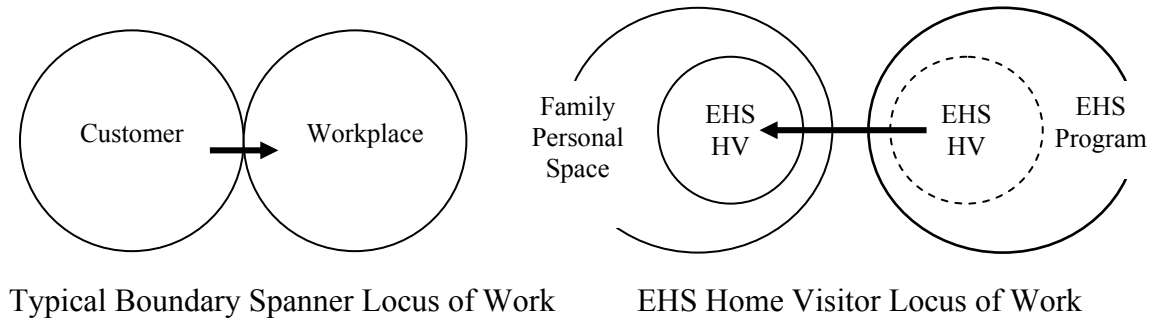


Figure 1. Comparison of locus of work for typical boundary spanner vs. early intervention worker.

Intimacy of the work. The tasks of early intervention place the worker, conceptually as well as literally, in the midst of family life. Not only is the physical boundary removed from the organizational worksite into the heart of the family’s personal space—their own home, the very intimate nature of EHS work takes home visitors into the middle of the family’s life, choices, and activities. When the reason for program participation is poverty and the focus is on child and family development, the work of early intervention is grounded intimately in family culture and routines. This physical and conceptual placement of the work within the realm of the family brings early intervention workers face-to-face with ethical boundaries as well as programmatic boundaries (Bertacchi & Norman-Murch, 1999). If being a boundary spanner in Wharton and Erickson’s (1993) sense increases the likelihood of emotional labor, it is conceivable that working intimately within the realm of the family as an early interventionist increases the potential for emotion work dramatically.

Worker autonomy and control. In addition to the role of workers as boundary spanners, there are a number of aspects of early intervention that reduce workers' autonomy and control, therefore placing them at greater risk of encountering emotion work as a part of their jobs. At the foundation is the family-centered, relationship-based character of the work described above. In these approaches, workers are trained explicitly and implicitly that a trust-worthy, respectful relationship with parents is central to their work. For these early intervention workers, display rules are explicitly defined as an integral part of the family-centered, relationship-based work that asserts "How you are is as important as what you do" (Pawl & St. John, 1998). A worker who feels disgust at the lack of cleanliness in a home is trained not to display that emotion in an effort to establish a relationship with the parent that will allow her to get to the work she is in the home to accomplish. This effort at establishing and maintaining an effective relationship thus heightens the demands of emotional display rules on the staff doing the work.

In addition to this lack of control related to display of emotions, early intervention workers also encounter considerable lack of control as they work with families on the goals identified on the individualized plans required of the programs. In a family-centered approach, parents are integrally involved in the identification of goals to be achieved through the program. Although the work of the programs is to support families in the achievement of these goals related to their own or their child's progress, workers have no actual authority over families to enforce effort toward goals. The ultimate enforcement would be to drop the family from the program for lack of progress. However, that outcome represents ultimate failure given explicit program goals to support family progress and healthy child development. This dichotomy places workers in the difficult

quandary of encouraging progress while working to maintain relationships with parents. Too much pressure on parents to make progress may violate the foundation of the parent-worker relationship and result in withdrawal from services, yet too little encouragement may lead to stagnation in parent and child outcomes. Maintaining an effective balance with parents becomes something of a balancing act for early intervention workers, with the brunt of this effort falling within the parameters defined by emotional labor.

Finally, families exercise considerable control over program participation by canceling or otherwise missing scheduled visits. Research on home visitation completion rates has shown that many programs have been unable to sustain the weekly visits built into the program design (Gomby, 1999; Daro & Harding, 1999; Powell, 1993), with reported completion rates of 40 to 60 percent of intended visits for some programs. A more complete review of the literature on emotional labor and early intervention can be found in Appendix A.

Research Paradigm

Although this review suggests strong potential for emotional labor to impact the work of early intervention, at this time there is no published research that looks at emotional labor in early intervention workers. This study was designed to begin to define the intersection of emotional labor and the work of early intervention. Specifically, the study investigated the emotions experienced by early intervention home visitors, aspects of the work that led to emotional labor, the emotional labor they experienced as a consequence of their work, and the effect of emotional labor on the workers.

A qualitative research approach was used in this study. The purpose of the study lent itself to an open-ended, inductive paradigm due to the absence of research directly

related to the questions under investigation. Patton (1990) identifies qualitative methods as particularly useful in research that is inductive in nature. Although integration of the literature from the fields of early intervention and emotional labor suggests the presence of emotional labor among early intervention workers, a grounded theory approach (Strauss & Corbin, 1998a) was used to discover the parameters of this phenomenon. This method of constant comparison was chosen, as it accommodated both the conceptual density (Strauss & Corbin, 1998b) anticipated in the data, and the author's theoretical sensitivity to the subject (Strauss & Corbin, 1990).

Research Method

Context

This research study was conducted as a discrete project, unconnected with any other studies or investigations. Although the literature reviewed in preparation for the study suggested that emotional labor may be present in an array of early intervention home-based programs, I chose to narrow the focus of this research to a single program model. I made this decision in an effort to keep the data focused on the questions under investigation and eliminate the potential of confounding data from variations in the design of differing program models. Given standards that regulate consistency of implementation across sites, and access opportunities related to the author's role as an Early Head Start Director, EHS was selected as the program of focus for this investigation.

In reference to the potential for bias due to my dual role as both researcher and EHS Director, it is important to clearly identify my position and perspective in this investigation. Indeed, the impetus for the study emerged directly from an experience I had at work. In one particularly moving event, I observed a deeply distraught front-line worker in discussion with her supervisor. Her experience, an initial visit with an EHS family new to the program, had left her emotionally devastated and in need of much support. This worker had an undergraduate degree in psychology and abundant in-service training related to working with families. She had completed the necessary work of a first visit, begun her relationship with the mother, and then barely made it to the edge of the parking lot before breaking down with despair at the circumstances of the child and family.

Just as this home visitor had to work through her internal response to her visit, I spent the evening working through the implications of her response. I was concerned with the emotional impact of the work on the worker. Knowing her value to our program and understanding the importance of continuity in relationships, I had significant concern about employee retention in the face of her response to this visit. Having two years experience with EHS and eight years with a Part C program for infants and toddlers with disabilities since becoming director of our department, I knew her response was not unique.

This event served as the beginning of a search that has culminated in this investigation. As an administrator, I had concerns about her well-being as an employee. As a researcher, I had questions and wanted answers. In an effort to conduct an investigation that was closely related to my work, but in which bias would not adversely affect the results, I drew from Strauss and Corbin (1990), who describe the theoretical sensitivity resulting from professional knowledge and personal experience as an advantage in developing grounded theory. Yin (1994), also identifies “a firm grasp of the issues being studied” (p.56) as a critical skill for a researcher embarking on a case study investigation. Further, Olesen (1998) argues that biases might better be named “resources” (p. 314), and can be helpful in guiding the inquiry and data gathering. In the dual role of researcher/program director I was in a position to observe aspects of the concept under investigation regularly, primarily through interaction with supervisors, as well as random observation of home visitors as they interacted at the work site.

Despite these assertions that proximity can enrich the research, it is more commonly held that this level of proximity to the question being studied offers potential

for bias. With that in mind, validity checks were embedded in the research design to control for contamination through bias. This design was chosen with the expectation that the researcher's experience as an administrator in this field offered insights and access in a manner that enriched, rather than contaminated, the data collection and analysis.

Participants

Research participants were selected from EHS programs within a bi-state area that included a home-based program option. Directors of three programs external to our own were contacted by phone and given an explanation of the research. A copy of the literature review was sent for their review. Within a month, a follow-up call was made to the directors to obtain their permission for staff from their programs to participate in the study. One program declined to participate. Of the three programs that participated, one operates in a high poverty section of a metropolitan area, the second program is located on the edge of a metropolitan area and serves a combination of urban and rural communities, and the third is based in a rural community.

With permission gained verbally by the remaining two program directors, a formal letter of introduction was sent to the program administrators, along with recruitment packets addressed to the home visitors in their programs. A copy of the Informed Consent Form can be found in Appendix B, and the recruitment packet in Appendix C. I attended a staff meeting of the home visitors in our EHS program and provided the recruitment packet at that time.

After allowing time for the home visitors to receive and consider the recruitment letter, contact was made with supervisors in the programs to schedule the initial focus groups. Conversations with the respective program directors and the staff of our own

program clarified that participation was voluntary. In our program, four of the five home visitors chose to participate. A total of 13 home visitors from the three programs agreed to participate in the focus groups. Two of the participants were in their 20's, six were between 20 and 30, two were in their 40's, and three were over 50 years of age. Only one participant had less than three years of experience in home visiting programs, six had three to five years experience, four had 5 to 10 years of experience, and two had greater than 10 years experience in EHS or similar programs. Regarding ethnicity, one of the participants was Hispanic, three were African-American, and the remaining nine were Caucasian.

Of the 13 home visitors, 7 had undergraduate degrees in disciplines related to the work (Early Childhood, Psychology, and Social Work). One had a bachelor's degree in Criminology, one had an Associate's degree in Early Childhood, and the remaining four had high school diplomas with extensive in-service training. Only one of the three programs required degrees for their home visitors.

Data Collection and Analysis

Data for this study were gathered through a tiered approach, beginning with focus groups of 13 home visitors from the three EHS programs. These focus groups were followed by individual interviews with four of the focus group participants. A fifth individual interview was conducted with a home visitor who had not participated in the focus groups as a final check on saturation of data findings.

Focus groups were conducted utilizing the Focus Group Interview Protocol in Appendix D. The focus groups were audio taped, with an assistant accompanying the researcher present at each focus group to manage the tape machines and take notes.

Questions were designed to elicit responses that described the emotions participants experienced in their work, the specific situations that brought about these emotions, descriptions of how the home visitors handled the emotions they experienced, and aspects of their work that they felt contributed to the emotional responses they experienced. The concept of emotional labor was not introduced or defined for participants in the focus groups.

The focus groups were transcribed verbatim, with initial coding and analysis completed for each transcript prior to the next focus group in a constant comparative method (Boeiji, 2002; Strauss & Corbin, 1998b). Open and axial coding (Strauss & Corbin, 1998a) were used in this preliminary analysis. After all three focus groups were conducted, transcribed, and coded in this manner the categories were integrated and refined through selective coding (Strauss & Corbin, 1998a).

At this point, a peer check was conducted as a means of investigator triangulation and initial validity check (Miles & Huberman, 1994; Patton, 1990). Transcripts of the three focus groups were provided to a fellow qualitative researcher who was not previously involved with the project. She coded the focus group transcripts, allowing the author to compare self-identified categories with those identified by the peer. This process confirmed the initial analysis of the data, and did not result in any changes to the emergent themes in the data.

Upon completion of the initial analysis and peer check, individual interviews were conducted with four participants from the focus groups. At least one interview was conducted at each site. Interview participants were selected as those whose comments in the focus groups were most elaborate and descriptive, and most representative of the

themes emerging through analysis. A member check (Emerson, 1988; Miles & Huberman, 1994) served as a second validity check in the process of conducting these interviews, by having each interviewee review a summary of the emergent themes (Appendix E) identified from analysis of the focus groups. This summary served as the springboard for the individual interviews (see Appendix F for the Individual Interview protocol).

Individual interviews were also transcribed verbatim, and analyzed in a constant comparative method (Boeiji, 2002; Strauss & Corbin, 1998a) with each transcript coded into the data set before the next interview was conducted. This process was implemented to allow the inclusion of any new findings in the summary presented as the foundation of the interview. No additional themes were identified.

As a final validity check, a fifth individual interview was conducted with a home visitor who had not previously participated in any aspect of the study. For this interview, the questions in the Focus Group Interview Protocol were again used to obtain a fresh perspective on the original questions asking about emotions experienced at work. Data from this interview were transcribed from audio tapes and coded into the data set, and found to be consistent with the themes identified through the research to date. As no new themes emerged, the data were considered saturated (Strauss & Corbin, 1998a) and data collection ended.

Coding and analysis of the data from this study was completed with the computer software program QSR NVivo version 1.3. Use of the software allowed for efficient management of the data and exploration of themes as they emerged in the data.

Results

The data collected and analyzed for this study reveal that emotional labor is present in the work of EHS home visitors. The primary emotions experienced by study participants that required management included frustration, feeling overwhelmed, and guilt. Data analysis resulted in four themes: (a) emotional labor in the daily work of EHS home visitors; (b) aspects of EHS home visiting that contribute to emotion work; (c) consequences of emotional labor, and (d) strategies employed by EHS home visitors to establish a balance for themselves in the face of the emotion work they experience.

Emotional Labor in Early Intervention

Participant comments in all focus groups and interviews revealed that in their daily interactions with EHS parents, home visitors regularly engage in emotional labor. The data suggest that this emotion work was less evident when families were progressing and engaged in the program, and more present when families were struggling. Examples of both surface acting and deep acting were present in the data.

Surface acting

I had a mom that had just gotten out of prison ... and she didn't want me there. I'd show up weekly, and the first time, she was like, you know, open the door, and she didn't say, "Hi, I'm so-and-so." So, I'd say, "Hi, I'm [your home visitor]," and she would, "Euhhh." She kind of grunted. I found out later that it was part of her parole to get her kid in an early childhood development program. She was not nice to me. [She] had been passed through three home visitors. She did not like me, did not want me being there, and I was getting angry. About the third time in, she got up to leave the room and she brought her pit bull in, and she sat it in the kitchen, and she told me that we'd all better behave, talking about her kids, mainly, not me, but I think she was directing it at me. That she'd be back directly, because, he would watch things, or something like that. ... It was very threatening. And, the emotions inside me were flying! But I very calmly said to her, and it was a total lie, I said, "That's ok. I like pit bulls. They like me. We have no problem. Come here puppy!" [laughing] And, I'm scared to death of pit bulls! Scared to death of them! Well, with her

standing there, that dog came directly to me and sat near me, and, in fact, crawled almost under my legs when she left the room. And then, I was really freaked out, because then she wasn't in the room, and the dog was very friendly when she was in the room.

I: So, when she was looking at you... when you were in her presence, what did she see in you? What did you show her?

HV: She saw... a very strong ... personality... that whole side of me. I have a side of me that can come out when I'm really stressed. And, it's like, I'm just so in control...and I'm so calm. And on the inside, I'm like, "Oh my god! The pit bull's gonna bite me!" But, on the outside, I told her, "That's ok, I've dealt with pit bulls before." You know?

Being threatened with the presence of a pit bull is not an everyday occurrence for home visitors, but managing their internal responses to parents appears to be a regular part of their work. Home visitors spoke of hiding their frustration with parents in order to maintain their relationship with them. One participant narrated an extended story about a particularly frustrating sequence of events in which the family continued to cancel or not show for appointments with the school that the home visitor had arranged specifically for the convenience of the family. She voiced great frustration with the parents, but stated flatly that they "Never knew it. I don't think she could have known it. ... I don't do well to put on a fake smile, but I can be very professional when I need to be."

Participants appeared to understand why they instinctively held back on their emotional responses with parents. Frequent comments addressed the need for home visitors to not be judgmental, and the recognition that keeping the relationship open was the way to accomplish the work of the program. One participant stated the issue adamantly:

I think with this job you can't be very emotional out in the field. ... You're gonna see some things that you just want to scream, "I cannot believe they're doing that!" But, you have to hold it in, because it might just be their custom or their culture. ... You don't want to show too much emotion because, say they're telling you something really personal, that's really hard for them to tell you. And, you show all this expression on your

face, or make all these comments, and they will never, ever, tell you anything else. ... You want that door to remain open. ... You fake it all the time.

Not all examples of surface acting were responses to maintaining open communication with families. All three sites participating in the study brought up stories of hiding their responses to issues of the hygiene and cleanliness of families' homes.

HV 1: There's almost a wall that I kind of have to put up. Because, as I went into a home visit and I sat on the floor, this roach crawled up across my leg. ... I just went [swiped at leg], you know, just wiped it off and kept going about my business with the visit. And, I had to, just literally, block that out. Oh, when I got out in the car, I'm da-da-da-da checking out myself! [This was accompanied by much laughter and overlapping comments revealing consensus.]

HV 2: Yeah, if that had happened at home, we'd be like, "AAaahhh!!"

In a very different example, a participant described managing her emotions in an effort to maintain the parents' engagement in the program. One particular family viewed her visits as social events and did not want her to leave. "Visits with them could go on for three hours if I'd sit there. They want to eat, they want to talk..." Her need to control her responses was related to her recognition of their interest in their work, coupled with the reality of her schedule and personal response. She reflected on hiding her true response quite softly, "'Cause sometimes you feel like, 'I'm ready to go home... You're the third family I saw today. I'm ready to go.' So, they don't see that."

Deep acting

I just had a visit ... her children were almost taken away from her because the housekeeping was not so good. And when I went to visit her ... it was ok. It wasn't spectacularly clean. But, I'm doing paperwork, and the child is playing legos on the floor. And, a roach crawls ... across [the table] by my book. Well... what do you say? You know? She was totally humiliated. I didn't do anything but pick my bag up off the floor and put it on the chair. ... I didn't do anything. *That Mom let me in her home. I am not gonna dis on her roaches. She let me in there. Do I get another visit? Yes, I do. ... Am I gonna get in that home again? Yes, I am. ... I was*

thinking, “Oh, gross!” But she didn’t see that. . . . The roach didn’t matter because the mom allowed me in her home, and she’s saying, “I-want-help-for-my-child-and-children.” . . . And, I’m saying, we’ll worry about the roaches later, because . . . if she didn’t care about her children, she wouldn’t have let me come there. . . . And, you know, it will be addressed. . . . But, not today.

Deep acting involves a process of reframing the felt response by looking within and finding a rationale for a different response. Participants in this study described numerous examples in which they reframe their initial response (the “Oh, gross!” in the passage above), often by placing the immediate event within a larger context. This had the effect of casting a different meaning on the situation. In the passage above, the home visitor was able to manage her emotional response to the cockroach in honor of the parent’s choice to allow her in to her home. She saw the parent’s choice as a strength, a positive step with larger implications than the roach before her eyes, and therefore had no problem managing her response. She believed that maintaining a respectful presence with the parent would further the work she was present to accomplish.

Dialogue in another focus group described a similar process. In this group, participants were discussing the need to not be judgmental when interacting with families. When asked how she did that, one home visitor replied with a classic example of reframing the situation so her outward response would not offend the parent.

What I will say to myself is, I do not know where she came from. I don’t know her background, I don’t know if her mom used to beat her and that’s why she’s hitting her child, or . . . you just don’t know. And, you’re never gonna find out if you walk in there with that attitude and just start taking over, and telling them how to run their lives. It’s just not going to work.

This comment is representative of a strong theme that emerged in the data that home visitors carry out their work with the assumption that current parent behavior is related to the parents’ own upbringing. Many comments revealed that home visitors use

this belief to reframe their emotional responses. “I just try to analyze the whole situation and see where they’re coming from, you know... their mom’s not like my mom. And that helps a lot, to help me emotionally be able to deal with what’s going on.”

Another basic assumption of home visitors appears to serve as the foundation of a second rationale for deep acting. This assumption, that maintaining an effective relationship with parents is a critical piece of their work, was evident across sites. One home visitor spoke on this theme when asked what she did with her initial response to a situation. She replied, “What I shouldn’t do. I just keep it inside and swallow it like nothin’s wrong.” She went on to talk about her understanding that people are motivated by different things, and that showing her frustration was unlikely to serve as a motivator for the family:

Because, if I’d done anything else... it wouldn’t be like, “Ok, [my home visitor is] frustrated, so I’m gonna follow through.” And another reason I guess, just to maintain that relationship, so... I’m frustrated, ... that’s on me... they don’t need to see that. They don’t need to know that.

Another rationale for presenting a response other than the one they felt emerged from the data. Across sites, home visitors described their awareness that the EHS mothers, especially the young mothers, get plenty of judgment elsewhere in their lives. One stated, “The last thing she needs is to think someone else is disappointed with her or frustrated, you know?”

In an interview, one participant described her internal response, and how she managed that response in order to further the work she was there to accomplish. Her statement almost appears as a mantra:

I've had several home visits where the mother screamed the entire time I'm there. Just screamed and screamed and called them names, or whatever. And, I'm thinking, "Oh my gosh, lady! If you call him that one more time..." and wanted to grab him up and run out of the house with him... But, we've been taught so many times, that ... you want to keep the family unified, you want to teach the parent a better way. The mom or the dad is the number one teacher. They know their children way better than I ever could. But, ... a child who's beat their entire life will still love their mother, and think their mother's ... wonderful. ... So, I don't have a huge dilemma with that, because I know then, that's what I'm there for. I'm going to model ... how to talk to them ...

Change over time

In terms of the emotional labor they encounter as a part of their work, some home visitors appear to experience a change in intensity in this phenomenon over the course of their relationship with a family. Multiple comments revealed a sense that there is more emotional labor involved in the early stages of establishing a relationship with the parents, but as the relationship was solidified and mutual trust developed, they experienced more comfort in responding with their true emotions. One participant described this shift in her response when asked why she hid her initial responses to families:

Why do you do that? Because you don't want to offend that person. You want to have her respect, you know. Because, they're strangers to you. You can't just go into somebody's house and say, "You need to do this, this, this, and this." But, if you have that attachment there with that family, they treat you as if... you're a friend. And, you can pretty much be open with them.

She later elaborated that this timeline for moving toward openness was different with different families, and that with some families, "...it takes a little while. And then, some, you never get to that point."

Across sites, participants spoke to their experience of showing more honest responses to families over time in their relationships. They discussed waiting for the level

of intimacy to feel secure before opening up with families. One elaborated that there was more “stuffing” of emotions initially, and that once the relationship was in place, there was more ability to open up and be more emotionally honest with parents. “It depends on where the family’s at, and how long I’ve known them. I’m very careful about that.”

Home visitors also indicated that when they did reach the point of being able to be more honest with parents they felt that their work was more balanced, and that the greater level of honesty allowed them to get more directly to the work at hand. One home visitor described how her ability to be frank with a father had changed over the course of their relationship. “If he does something, like, he tripped the little boy when they were playing, and I said, ‘What are you thinking? He was that far from the grate! Come on!’ And, I wouldn’t have done that two months ago, at all.” This home visitor went on to acknowledge that this level of frankness was not always achievable, “There are some families where I tippy-toe around the whole time I’m there, because ... they still haven’t opened up. ... It’s uncomfortable, and I cannot stand to go there. because, it’s so hard to get anything accomplished.”

A parallel finding emerged in the data related to a change in the amount of emotional labor they experience over the course of their careers. Early in their careers, participants were much more likely to engage in emotional labor to maintain a professional presence with parents and manage their internal response when in the presence of parents. Comments suggested that as they became more experienced in their work, they were more likely to present more honest responses to families and less likely to experience emotion work. Given the emergence of this theme in the focus groups, participants in individual interviews were queried about this tendency. One said, “I think

that the way that I approach my families is different.” When asked to elaborate on how the job was different later in her career, one participant responded:

The emotional aspect of this job is not near as bad as it was in the beginning. I’ve had to figure out different coping skills. Otherwise, I would have sunk in this job. At the beginning, I think that I was taking it home. ... I thought, “I’m just going to go in there and just straighten everybody up.” You know [laughing], and get everybody on their feet.

She discovered in the early years of her work, that the work wasn’t quite as straightforward as she had anticipated, and that “the issues that were important to me were not important to them.”

And so, I changed. And, my relationship with the families is different. I try and find out where they’re at, instead of where I’m at. And, ... I do still take things home. I work very hard not to do that anymore, sometimes I can’t, and it weighs on my mind. But, that’s few and far between now.

I tried to share that with the home visitor that just started. And, she was real frustrated, she [said], “I cannot believe all the stuff that’s going on with these families!” And, it just made me kinda smile, I was just like, I remember being there, you know?

Aspects of Early Intervention that Contribute to Emotion Labor

The data reported in the previous section reveals that emotional labor is indeed a part of the work experienced by EHS home visitors. In order to explore the antecedents of their emotion work, study participants were asked what they thought contributed to the emotions they experienced in their work. The data revealed multiple aspects of early intervention work that contribute to the emotional labor of EHS home visitors. First, the scope of the work that home visitors encounter in the field extends far beyond that outlined on their job descriptions. Frustration at their inability to keep their work with families contained within the parameters defined in the Head Start Performance Standards was a strong theme in the data. This phenomenon was eloquently defined in the words of one participant describing the range of the families’ challenges when she

stated simply, “It looks bigger than me.” A second aspect that led to emotional labor was boundary spanning, particularly the intimacy of their work with families. Following that, the data identified the relationship-based focus of their work with parents as a significant factor, the vulnerability of children, logistics of the work, and absence of effective supervisory support all as contributing to the emotional labor they experienced in their role as home visitors in EHS.

The scope of the work with families in poverty

...I go in the home, and it's like everything just broke loose. You walk in, ready to do a home visit, and, mom's teeth are hurting, she needs to get to a dentist, she's in pain. There's three children in the home. The father ... she kicked him out, and she don't know where he's at, and he's threatened to kill himself. Wondering... he's been gone 3 days... just wondering if he's dead somewhere ... And then the kids are running around, and one doesn't have a diaper, and he just went to the bathroom on the floor. I don't know why, but I was bound and determined to get a diaper on this little boy. I don't know why that bothered me so much, but he's just running all over, climbing on the coffee table, with no clothes on... and, we're trying to talk. ... That just topped it off. I mean, ... he had a bowel movement right in front of us.

And I just walk in and this is all happening, and it just hit me... I just felt... like “Whoa...Where do I begin???” And, it's just challenging to bring mom down, 'cause she's in pain, and all upset, and so, you get in situations like that where... *It looks bigger than me*... It's like ... you want to turn around and go back out the door... But, I sit down, and just talk it through, and calm mom down, get a diaper on... It took me the whole home visit to get a diaper on the little boy.

“*It looks bigger than me.*” EHS home visitors understand that working with parents on child development and family self-sufficiency are the primary and secondary tasks of their work. Regularly, however, they enter homes and lives dramatically complicated by the influences of poverty. As exemplified in the passage above, getting to the work of child development is frequently obstructed by more immediate and pressing needs of the families. Given their training on family context and child development, and

the dual focus that includes family self-sufficiency, they know that these needs are relevant to their tasks. However, the scope of family needs frequently serves as a barrier to the work of child development. This situation of knowing their work, but not being able to get to it, is a source of considerable frustration for home visitors. How can a home visitor get to the work of anticipatory guidance around the development of a 19 month old, if it takes an entire 90-minute visit just to get a diaper on the child?

The home visitors interviewed for this study took their work very seriously. Their consideration for the complex lives of families experiencing poverty was evident throughout the data. They clearly felt the responsibility of their work, as represented in the voice of one participant:

It's a lot of pressure. It's a lot to handle. ... When you go into a house, you can make someone cry, or you can tell they really hang on every word you say. That is a lot of responsibility. You know, it's not like being an accountant, or crunching some numbers, where... that could just be left at the office at the end of the day. These are real people...

Not uncommonly, when working with families, home visitors are faced with issues for which there is no identifiable solution. One participant told of her work with a mother with cognitive delays who called her multiple times daily. This exceptional demand on her time left the home visitor torn between frustration with the mother for the time she was taking from her already full schedule and concern that EHS—although inadequate to meet her needs—was the only service available:

I would love to spend more time with her, because she needs somebody there with her all the time, is the problem. [But]... I can't be that person. There's *nobody* in the community that offers that type of service. So... It gets real frustrating that way too.

This sense that the scope of family needs exceeds the boundaries of their work was a source of considerable concern and frustration for all participants in this study.

The roller coaster effect. Across all sites and interviews, participants spoke to another aspect of families experiencing poverty as a contributing factor to the emotional labor they experienced. This finding emerged as the lack of stability in the families' lives. One focus group participant stated, "You learn that families ... don't thrive unless they're in chaos. When it's calm, it's not good for them." Indeed, one of the most common discussion points throughout the data was the amount of chaos and the number of crises the families experienced. One stated, "There's constant crisis going on. A year just flies by, because you're just going from the next crisis to the next..." A common reference was the presence of a "roller coaster" effect when working with families over time:

The emotions, the positive and the negative, are so jumbled that there are minimal boundaries between them. And, it can go in a roller coaster ride so fast, that you can go from being very happy with a family who's participating into Boom!, somebody tells you something and you just drop down and feel like the bottom's gonna fall out of it.

When asked about the instability of families' lives, another home visitor described being caught up in the fluctuations, and never really knowing what to expect:

That's something about these families. It's like a roller coaster. One week you go in, ...and so much is going on, and [there is] chaos in the home... And I get these feelings like, "What am I doing?" And then, the next week, everything's better. ... There's no chaos. It's fine. It's just weird. You just gotta be ready for anything.

Differences in values and perspectives. An additional factor that appears to contribute to the emotion work of EHS home visitors is the considerable span between the values and perspectives of the workers and those of program families. Multiple examples in the data spoke to the idea that families had a barometer from which they

measured the events of their lives that was far different from that of the home visitors. For example, what the study participants viewed as a major crisis often registered as a mere blip, or even a non-issue, when calibrated against the very different scale that measured the ups and downs of families' lives. One participant was discussing the emotional toll the roller coaster effect had on her. Her emotional investment in the families connected her to their "one day, crisis/next day, fine" fluctuations in a way that left her emotionally drained. She talked about her learning that the fluidity with which families entered and emerged from crisis mode led her to understand that she needed to abandon her personal scale of measurement:

After a while, you just have to feel like it's gonna be ok because that very next week, when you go back... that crisis isn't a crisis anymore, and everything's ok. And so, you just have to know that everything's gonna be ok, or you'll start fluctuating up and down just like that. So, in that moment, it's there. But, you know by the time you get back here and talk with [your supervisor] and get rid of that frustration, you have to know... really, it's gonna be ok because next week... next week it's not even gonna bother them.

In this example, the emotional response of the home visitor extended beyond the moment to recognition of the pattern the parents establish. Knowing the impact of these regular, but intermittent crises on the parents (and subsequently, the children), the home visitor was not "fine" with the fluctuations. Her comments, however, reveal her resignation to the different scale of measurement used by the families with whom she works.

Study participants also recognized the difference in value that families placed on the work of EHS. One spoke to the tenuous nature of the families' tie to the program, and the balance she was required to strike in her work with the families. She was afraid to make too many demands on their participation, because of her concern that the family

would not continue in the program. In her words, “It’s like emotional blackmail to me. ... I don’t want to rile them up, because, I don’t want them to [drop] out of the program. Because the children, ... the whole family needs it.”

In terms of their work with families toward establishing and achieving family goals, particularly those aimed at self-sufficiency, one home visitor discussed her awareness that achieving goals may not carry the same value for the families as it did for her. She told a story of a teen mother for whom she had gone to great lengths to arrange driver’s training. One morning the mother chose to sleep in, rather than attend her session. The home visitor stated of the mother, “She wants it [her license], but... I don’t know... And, that’s where you gotta be careful. Do we want it worse than the family?” This reflection raised the question of whose goals were being met—those of the family, or those of the home visitor. This ambiguity appears to be a regular part of the home visitors’ daily work, and creates yet another level of emotion work in their jobs.

Boundary spanning

Well, I think, just me being in the middle of their home and their real environment. You know, in a bank, or in a situation like [Child Welfare Services], or wherever, they could come in and tell me whatever they wanted to tell me, and I would never know any different. I think it’s easier to not have emotion there, because you can make it whatever you want it to be, and you can make it whatever they say it is. But, when you get plunked down in the middle of their house, with all of their stuff going on around you for 90 minutes a week, you have no choice but to, for an hour and a half, kind of live it and breathe it, and soak it in. It’s all around you. ... You know *everything* about them, in their environment. ... I think when you put us in their life, where we come in every week, we become a part of the family to them. We become a part of ... their day-to-day living. ... They plan for us, ... or, they plan to *not* be there when we come. ... And so, we’re set up to be a huge part of their life ... So, I think being in the home is the biggest thing. Actually being in there, and on the floor, and in their dirt, or... their animals crawling all over you... or other creatures with four legs... And, their kids... you get thrown up on, you sit

in the vomit, or, “Oh, I’m sorry. I didn’t know he took his diaper off and peed there.” And you sit in it...

When Hochschild defined emotional labor in *The Managed Heart* (1983), the first characteristic she identified as a criterion for experiencing this phenomenon was “face-to-face or voice-to-voice contact with the public” (p. 147). Wharton and Erickson (1993) furthered this concept by labeling them “boundary spanners” and defining that they are the employees who provide the direct link between the organization and the external customers. The work of EHS home visitors, as described powerfully in the voice of the study participant above, extends well beyond the face-to-face or front-line contact described in the literature, and lands in the middle of the personal space and intimate business of the EHS external customers—the families.

Participants spoke not only of being in the families’ homes, they often referenced being in the middle of families’ “stuff.” As one home visitor put it, “The intimacy of the work with families takes you to a different kind of relationship with them.” One participant stated with emphasis, “Some of my families, they are so open with me that they tell me everything! When I say everything, I mean *everything!*”

In addition to having the work placed in the family’s home and being centered on family business, a third boundary being spanned that emerged in the data was that of role definition. Several participants shared examples of EHS teen mothers tugging at the boundary defined by the role of the home visitors, in subtle or overt invitations for the home visitors to serve in a mothering role to themselves. One participant stated, “This girl has no mom, and she said to me, in a meeting two weeks ago, you know, ‘You’re like my mom. Everyone thinks you’re my mom...’” This invitation to be more than their role prescribes puts home visitors in the delicate position of needing to define their boundaries

more overtly, when the distinction between what *is* their work and what *isn't* is often lost on young parents. A conversation intended to delineate this distinction can be interpreted by the young parent as rejection. When a relationship-based approach is the venue for the work, this fine line is not easy to tread.

Relationship-based focus of the work

A third aspect of EHS that led to the emotional labor of home visitors was the relationship-based nature of their work. Many comments reflected how home visitors managed their emotional responses to situations in deference to their understanding that their relationship with parents was the foundation of their work. Comments of study participants indicated a fundamental assumption that maintaining a respectful presence with the family was critical to establishing a relationship that would allow them to get to the work at hand. In the selection that follows, a home visitor reflects on her reasons for managing her emotional response:

I don't want her to think, "Oh... she's just like everybody else. She won't give me a chance. She doesn't understand me. She doesn't want to hear it." ... I know a lot of the families we serve have been through really bad experiences with agencies similar to ours, and I want them to know there are agencies out there that aren't like that. So, I don't want to hurt their feelings. And, I don't want to bring them down, because there are so many mental health issues. And they are trusting me so much just to tell me about them, and share that little bit of their life.

Many comments similar to this revealed an assumption that families in poverty tend to have poor social and relationship histories, and that a large part of their work involved demonstrating that relationships can involve trust and respect. One participant spoke directly to a critical point, "A lot of the people that we work with just aren't trusting... You know, they don't trust anybody, because they've never really had anybody."

In an interview, one participant was probed regarding her approach of open vulnerability to the problems and issues of the families. When asked why it was important to open herself up to this level of emotional involvement with the families, she responded that only then would they be able to take the information she was offering and, "...know that I'm only telling them to help them. Not to judge them, or try to take their kids, or be... I don't know... *So, they can trust me.*" In a sequence of probed responses, the home visitor demonstrated her assumptions that a trusting relationship was essential to get to the work of EHS, and that she had to open herself up to emotional vulnerability to gain a level of trust that would allow the work to happen.

The data contained many examples of situations where the relationship-based approach led to emotional labor. Several participants related situations where families responded to the respect and trust they were offered by inviting parents into situations that were clear boundary violations from the perspective of professional behavior, but were natural extensions of the relationship from the perspective of families. This "you must get close, but not too close" tension frequently placed workers in situations face-to-face with programmatic and ethical boundaries. For example, one participant told of a parent dying of AIDS who had papers drawn up giving the home visitor the responsibility of taking care of the children upon her death. "I was very taken aback. I didn't tell her no because she was very sincere about this. I did tell her that there were other avenues we could explore. But, her family was such a mess... She couldn't think of anybody." By default, the proximity to parents that results from successful relationship-based work regularly places home visitors at or near boundaries they are instructed not to cross. This dilemma contributes to the emotional labor of workers.

Vulnerability of the children

This study was begun with the assumption that the vulnerability of the children would be an overwhelming factor in the emotional labor of early intervention workers. As the following results demonstrate, it was indeed a factor they identified, but was not seen as a predominant issue. This unexpected turn in the data from the focus groups led to further probing in the individual interviews. An explanation that emerged was that although the children certainly served as everyone's motivation for working in this field, the bulk of the emotion work was tied to the work with parents. Since child development is the primary focus of the program, there was more programmatic infrastructure to support that aspect of the work, resulting in less emotion work related to children. One participant stated, "It's the 'family work' that doesn't have the easy curriculum." The data did support a fundamental concern for children as a notable part of the emotional labor of home visitors. One home visitor stated:

You know how sometimes you can just sense that... yeah, the family's doing ok. But, due to their family and their friends, and what they're role modeling for the children, you can just sense, "That child's going to have a hard life." You know. You can just see it.

Participants spoke of concern for the children's well-being when they were not present. One told a story of a home visit where the child had fallen and been hurt, and the mother did not respond to his cries. She described modeling an appropriate response, then wondered, "And then when I go home at night I think, 'Well, I wonder how many times he gets hurt and nobody's there' ...you know, to pick him up. Because she doesn't,

she obviously doesn't do that." Another participant added, "...to me, that... that's kind of scary...when somebody doesn't ever get loved."

The comments of several participants acknowledged a bleak sense that their visits were highlights for the children, and their awareness that the children did not get the attention they needed when the home visitors were not present. In one focus group, participants discussed being in homes where children were dirty and hungry, "Or, they want to leave with you," and the parents inability to understand that the toddler's hitting another child was related to a learned behavior vs. the child being "bad." In a separate interview, another participant concurred:

I think you have to really, really love children. You tolerate a lot of outside environmental things so that you can really be there for that child. Because you know at times that you are the only ... light, you're the only positive thing that is in that child's life. So you just put up with a lot of things that maybe you wouldn't ... So that, at least once a week, you know that this child is getting... time... one-on-one attention.

At the most dismal end of this continuum, one participant described her sense that the family's participation in EHS had done nothing more than prolong the removal of the children from the home:

With one family, it was probably two years working with [Child Welfare Services] and me, and they had... tons of stuff going on. Child neglect, lots and lots of stuff... And, we pulled out, and like two months later, the children were pulled from the home. So, sometimes, we feel like we're stopping the... we're stopping the process. ...

In these examples, the data shows that concern for the welfare of the children does lead to emotional labor on the part of EHS home visitors.

Work Requirements

Although maintaining an effective relationship with parents was a primary program design feature participants identified as contributing to emotional labor, there

were a variety of other factors mentioned across sites related to program design. A universal theme was the regular frustration of balancing program requirements, such as paperwork, with the overwhelming issues of the families. One participant talked about her own discomfort at needing to request a parent signature on a visit when the parent was in crisis. “So, when do you do it? In between Mom wiping her nose because she’s crying, because, you know... .. ‘Right here, Mom, I’m gonna need you to sign this, ...’ That’s embarrassing.” Another stated, on a similar theme, “...you become so involved in their life, and it’s so personal. And, then to say, ‘Ok, your electricity’s getting ready to be turned off, but... .. could you sign this before I leave? Because it’s due tomorrow morning.’”

Another work requirement that contributed to the emotional labor of participants was back-to-back visits. Across sites, participants identified feeling overwhelmed by the process of leaving one home and going straight to another. With most home visitors required to complete at least ten visits a week, scheduling necessitated a minimum of three days each week with multiple visits. Although there is some predictability as to which families are more prone to crisis than others, the volatility of family situations is such that home visitors can rarely leave the office to go about their business and be truly prepared for what will emerge. When scheduling demands did not allow for transition time between visits, this “emotional roller coaster” was overwhelming to home visitors. After the emergence of this theme in the focus groups, individual interview participants were asked to comment further on the issue of back-to-back visits. One participant spoke to the difficulty of such scheduling by saying that when leaving the first visit, “sometimes, you’re so uptight you can just bust.” Then, in moving on to the next home:

...they're so glad to see you when you get there, and, they have lots of news to tell you, and all you can think about is where you just came from. And, so, you know, your head is racing, because you're seeing the scene from the last house. I've found myself looking at someone and they're telling me their story, and, I'm smiling, and I have not a clue what they just said.

Lack of supervisory support

A final program design factor related to emotional labor was supervision. The comments of study participants revealed that supervision differed across the sites participating in the study. Most of the comments identified supervision as supportive and an effective strategy for dealing with the emotions they faced daily (discussed later under strategies). However, in one program the supervisor did not play a supportive role with the front-line staff. In this situation, the home visitors felt this lack of support at the supervisory level contributed to their emotion work, as they were not only required to contain their emotional responses when they were with families, but also back at the office. One home visitor shared that a “strengths-based” organizational identity precluded her from being able to use her supervisor for support in the face of the emotion work she experienced regularly:

So, ... there's that internal dilemma... do I dump on my supervisor? Or, not? Do I really let her know the emotional impact that this job is having on me? Or, because I want to move up in the company, do I keep my mouth shut, and, not say anything negative? ... I can't keep all that inside. I really can't.

Consequences of Emotional Labor

The Focus Group Interview Protocol did not include a question probing the consequences of emotion work on the participants, but considerable data emerged that was subsequently coded to this theme. In the individual interviews, participants were asked to reflect on the emergent themes related to the impacts of emotion work.

Consistently, participants spoke of the emotional toll they experienced in this work, with the predominant effect being that the work went home with them and frequently manifested in physical symptoms.

Taking it home

One of the consequences of emotional labor in the work environment is the toll it takes on the emotions and emotional energy of those doing the work. In the participants interviewed for this study, this toll appears to have been revealed in the fact that the workers were not able to shed the emotional aspects of the work as easily as they were able to clock out at the end of the day. Home visitors interviewed for this study spoke frequently of using up their energy with EHS families, and having nothing left for their own when they got home in the evening. “I’ll give it all... all my compassion and everything to my families during the day. And then, when I get home, I just don’t have the patience, with my husband or my kids... I’m tired.” Or from another voice, “There are a lot of days when I’m just worn out at the end of the day. There’s nothing left. I have to fill myself back up before I can go home to my kids, or I’m just gonna be worthless there.”

A common theme of the participants was that the work was “24/7.” One described, “It’s never completely gone out of your, your brain, you know. It’s still, like, haunting you, because, you want your families to succeed.”

Sleep problems/physical symptoms

Consistent with the literature on emotional labor, EHS home visitors also spoke of physical symptoms that they associated with their work. At each site, participants mentioned sleep problems they attributed to their work. Some reported not being able to

sleep, “I didn’t sleep, it was work. ... It was my families. ... It’s not like working in a factory or something. This is people’s feelings, and their children, and you want to do the right thing.” Others reported not being able to “turn off” their work:

...at times, I wake up at night, and my neck is stiff, and my teeth are clenched, and my body is in such a stiff position... and, I’m laying there, and I’m... and then I wake up and I... I think... it immediately goes to a family. *Immediately*, there is something going on. And, I have to think, “Ok. I’m not working. I’m not working. I’m not working.” That’s what I think... “Hey... I’m not working. I’m not working!”

During a discussion of how their work affected their sleep, one home visitor related that the day before, she had carried so much inside that before going home at the end of the day, she had asked her peers to just listen and let her vent. She went on to say, with a changed voice and much slower pace, “And then, ... I slept last night. That’s what I said when I came in this morning, ‘I actually slept last night.’” When asked why sleeping was worth mentioning, she responded that unlike a typical night, it meant, “That... I don’t wake up and, and process cases in my head.” She went on, “The job is 24-7. It is non-stop. There’s always something in the back of my head that I have to do, or that there’s an emotion going on, or that I need to check on, or...something.”

Sleep was not the only physical symptom home visitors associated with the emotional toll of their work. When queried about her symptoms, this home visitor clearly tied her problems to her work:

I started having, like... physical outbreaks, you know? I just wasn’t sleeping... I started having cold sores all the time... my stomach started causin’ problems. ... I think the hardest thing for me was, was when I went home, and I had cold sores and stuff, and my own kids wouldn’t even kiss me. ... And so, I’m like, I’ve got to do something different. ‘Cause this isn’t working. ... Actually, mentally, I wasn’t really even knowing it was happening. And so, they tried to find the right medicine to give me. ... I talked to my doctor... and she said, “You have to change. You have to do something different.”

Strategies for Finding a Balance

...[There] are very strong emotional things that can really play on your heart strings. But, you know as soon as this visit's over you're going to have to find some way to take care of your self needs. You either take a mental health day, you take a vacation day, or you take... go home and soak, hug your family, do what you have to do to take care of your own emotional needs. And so, you learn that early on. That, you're gonna have to do that emotionally, for yourself, or you won't be able to keep doing the job.

In the face of the many emotions they experience regularly, participants in this study described numerous strategies they used to alleviate the impact of this aspect of their work. Themes include focusing on the positive aspects of the work, use of peer and supervisory support, eliminating the emotion work by being straight with families, maintaining professional boundaries, and being proactive in scheduling their visits.

Focus on the positives

...So, not only [did I] work through these situations with families—mental health, abusive boyfriends, physical abuse, issues with the parents—but we built a rapport, and there was a trust there, and there was an understanding. And... a sense of love. I love this family. You know, I have given a lot of love to this family. And, they have reciprocated. They reciprocated by allowing me to be in their life, allowing me to come into their home, allowing me to see this baby take his first step and his first word, ... and... that's the reward. So, sometimes, I would say, even if I would be down and so depressed ...because it felt like I couldn't do anything for them...and I would go to a visit and the baby would do something... you know, crawl... even smile when I arrive. That... just made it worth it. It made all the hassle worth it. ... So... ... that's my story and I'm stickin' to it!

As this selection exemplifies, participants in the study identified focusing on the positives in their work as an effective strategy for striking a balance against the downward pull of the emotional labor they experienced. These positive events included families following through with suggested activities or otherwise demonstrating that they

were somehow listening and applying the information that the home visitors had taken to them. Participants identified these examples that parents were listening as “part of the paycheck.” “When something positive does happen, it’s worth all that yucky stuff we went through.” In another focus group, participants offered specific examples:

HV1: To me, it seems that you’re thinking, “I’m not making any progress...” but then, when you hear that mom turn around and tell the child, “Buckle up!”

HV2: Or, that mom that you’ve known has had a problem with maybe abusing her child, [but] you’ve never seen it ... And then, a year later, have that mom come to you and say, “I want to hotline myself.”
Wow...

In another focus group, one participant summarized a conversation around these positive accomplishments as a reward, “Well, I think we wouldn’t be doing this kind of work if it was not rewarding to us. And that alleviates the emotional trauma of some of the visits that we have.”

Peer and supervisory support

...there’s some times that you just say, “I’ve had it! I’m sick of this job, I don’t know how to do it anymore, I don’t *want* to do it anymore... I’m quittin’. I’m... I’m... This is it... I’m giving my notice.” I’ve done that. And, everybody kind of just comes around and says, “Oh, well... it’ll be ok tomorrow...” Or, “Did you try this?”...

Focusing on positive accomplishments of the families was not the predominant strategy discussed by study participants. Overwhelmingly, comments on how they managed to stay balanced in the face of emotional labor centered on having an emotional outlet in the form of safe peer and supervisory support. The need for an emotional outlet was split into a clear need for peer support, and a need for the supervisor to serve as a receptive outlet for their venting.

Participants spoke of the safety of the peer group, and recognized the importance of simply releasing their emotions. Universally, they indicated that it was healthy to have such an outlet. Repeatedly, participants acknowledged that this venting to their peers was “not for you to fix it, and not for you to...to do anything with it, but just to be able to vent.”

Participants also discussed how the closeness of the group supported this sharing of their emotional overload, and how the process enabled them to feel less isolated. The statement of one home visitor struck a strong chord with the group when she elaborated on how her conversations with her peers made her realize “I don’t feel like I’m alone.”

In addition to their recognition of the value of peer support, all three sites addressed the importance of having a supervisor who was open to their need for emotional release and venting. Although there was a clear distinction between situations in which the home visitors felt supported and those in which they did not, it was clear that having a supervisor in a supportive role was an effective strategy for offsetting the drain of the emotional labor they encountered in their work. At a site where the supervisor was particularly supportive, one home visitor described how she would return to the office in emotional turmoil, then would go to her supervisor to vent and “get her frustrations out.” When asked what happened to what she was holding inside while she talked with her supervisor, she responded, “We throw up, all over her desk.” Although perhaps overly graphic, her response clearly struck a chord with her peers. This venting and unloading of their emotional burden was seen as a vital aspect of their ability to go back out the next day.

Another described how, in a scheduled supervision session, her supervisor took the time to allow the home visitor to also talk about her own response to the work:

I talk to [my supervisor] once a week, at reflection. ... Sometimes we get caught up in talking about me even more than my families. And, [she] will listen to me, and then we get to my families. We talk about frustrations, and things that I'm feeling, and... deal with *my* mental health. And then, we'll get to my families.

The importance of having supportive supervision was identified in its absence at one site. In this group, participants described the difference they noticed in their situation, with their current supervisor offering less support than a previous one, who had, in fact, been a licensed counselor. Their comments revealed recognition that there was a distinct difference between a supervisor with whom “we just talk about our caseload, and, problems with a family...” and their previous counselor/supervisor with whom they could vent emotionally. Their comments clearly indicated that they still needed supervisory support, and missed it as a helpful strategy for their emotional labor. Interestingly, the predominant strategy discussed by this group was the use of peer support, which could be associated with the absence of supervisory support at their site.

Playing it straight

It came to a head one day, I'd had a bad day, and she was the last one, and I walked in and it was total chaos. And, she was mean and ornery, and yelled at me about something that wasn't even my problem or my fault, and I said to her, “You know, they don't pay me enough for this.” And I said that I've been doing this for a long time, and that I don't have to tolerate this from her, that I was here to help her, but she's not receiving any help, that she is rude, and disrespectful, and that I was packing my things up and leaving and that I would not be coming back.

And, she...Oh! She was angry! She was angry. She wasn't like, embarrassed or upset, she was *angry*. And, I was pretty, pretty scared, because, this is a big, bad woman! She was a big woman. And, I didn't know what she had been in prison for! [laughing] ... I didn't know what

was going to happen. And, I left. And, I got back to the office, and she called. ... I was reluctant to even take the phone call. ... I said, "Yes..." and she said, "You didn't tell me when you'd be back next week!"

Well, I missed two weeks because I had strep throat, so, the third week I went back. When I got there, she had made me chicken soup ... and, the kids had made me pictures. It was raining that day, and what really blew me away was when I went to walk to my car, she got an umbrella and walked me out to my car. I was very, very surprised at what happened.

I think it was about four months later, she came in and told my supervisor how wonderful I was as a home visitor... I thought she hated my guts. So, that was quite a deal ... the emotions, were just up and down. I was just so confused. I didn't even know what exactly was just happening there.

[This event] opened me up to be able to say things I needed to say for a long time. I needed to tell her that she was damaging her children by walking around with the belt, snapping it. ... We talked about a lot of issues. She talked about meal time being just a horrible thing for her, because her kids didn't want to eat what she fixed. We talked about ways to get them fed without making them sit there for an hour and making them eat everything on their plate. We talked about the struggles and things started to happen for her. I think it made it easier to talk to her. Because, she told me later that I was the only person that stuck it out with her. That, she'd run people off. She'd run people off on purpose, before they would dump on her... And so, I learned a whole lot about that. ... I'm going to cry now...

The learning that the home visitor took from this episode—that once the relationship is in place, it is safer to be honest in response to families and less necessary to manage emotions—was echoed in stories from other sites. This home visitor acknowledged that the manner in which this relationship was solidified was not one she would recommend. However, the moment when she reached her limit and walked out on the parent served as a turning point. In their newly defined and more effective relationship, she was able to get past the barriers put up by the mother and on to the work of child development.

Another participant described a situation that came to a head in such a way that her level of frustration outstripped her ability to control her response, and she cried while

still in the home with the parents. She went on, "...and, the weird thing is, that this family... they looked at me like, 'Oh, she is human...' And, I care... and that's what came out... it was... I care so much about them..." In this "crucible of honesty," the parent was able to share why she had been balking at making the change they had been working on, the home visitor understood the parent's motivations, and in the end they were able to approach the problem together and the situation was resolved.

In these examples, however, the home visitors reported feeling bad at the time that they let their honest emotions show, only to discover in retrospect that this moment served as a watershed in the relationship. The participants who shared stories of raw, unscripted moments like the two described above noted that this moment altered the families' perspective of them, and made a positive difference in their relationship that resulted in a reduction in their need to engage in emotion management with that family. It is worth noting, that unlike their unquestioned assumption that maintaining a respectful presence with the family was central to developing an effective relationship, this discovery—that given the right set of circumstances, open and honest communication can take their work with families to a more productive level—did not appear to be a lesson learned in training, but one that was discovered individually when they somehow reached that point in their work. In no situation did this adjustment in their approach happen early in the relationship with the family.

Establishing and maintaining boundaries

Although it was clearly effective for those who had reached this point, the strategy of letting the honest portrayal of emotions be the path toward less need for emotion management was not universal. There were a number of strategies used to lessen

the amount of emotion work, however, that were commonly implemented by study participants. At all sites, study participants discussed strategies related to establishing boundaries that helped them maintain a balance with the demands of the work. One described her personal strategy for attempting to let go of her ongoing thoughts about her work:

Well, when I'm out of there, and away...once I've thought about it and done all I can do, you just... .. don't think about it. As best you can, you don't think about it. When you think about it, you don't let it control you. You control it, you know? It's like, "Did I do all I could do?" and if the answer is "Yes," then ... you move on... I guess.

The unconvincing tone of this passage is consistent with much of the data that indicated that although they did recognize the need to put their work out of their minds and "move on," for most of the home visitors, the work does stay with them. Letting go is not as simple as it seems.

In an example that is a bit more convincing as a strategy, another participant described a mental exercise designed to keep her work contained to work hours:

I actually have done something different that's been working for me. ... I say to myself, at... this is weird, ok? I say to myself, "When it hits 6 o'clock, I'm no longer employed at Head Start." [laughing] "I'm free!" and, at 6 o'clock... I mean, sometimes I watch that clock, and when it hits 6 o'clock, I'm just like, "It's over and done." I'm not gonna worry about it till tomorrow morning at 8:00.

Another strategy that was employed by multiple participants in the study was to avoid getting caught in the cycle of family crises by stepping back and taking a longer view of the family's situation. This strategy—akin to deep acting—was more effective for home visitors who had been at the work for a few years and had enough experience to understand the cyclical nature of the lives of many EHS families. All reported being pulled into that cycle early in their careers, but being better able to distance from it

emotionally when they became more accustomed to the frequency of crises in families' lives.

In another example of a mental exercise designed to help home visitors keep their work from impinging on their evenings and their own family life, one participant reported:

And, I heard something wonderful at a training we had. [The trainer] was an experienced home visitor... and she said when you go to a home visit, when you're walking in, you need to think, "What is my job here? What am I doing here?" She said, and that'll focus you on what you need to do with that family. And then she said that when you go home, so that you don't take it with you, you need to say, "What is my job here? What am I doing here?" So that you know, when you leave work, your job is to be a mom, and be a wife, be a companion, you know, to your husband, or whatever... and those are your jobs, and that's what your work is when you go home. So that, you... shift gears.

Proactive scheduling for the emotional load

In another example of a learning that did not appear to have come from training or instruction, but that was evidenced in the data across sites, home visitors instinctively schedule their visits to accommodate the emotional burden they anticipate with the families on their case load. There were multiple references to keeping "high maintenance" families to one a day. Several participants described adjusting their schedules to one visit a day for particularly challenging families. "I have a family that... takes a lot of time... emotionally, physically, mentally...and, they're the only family I see that day. I've just learned that, with this family, I cannot see any other family with this family on top of it." This home visitor regularly scheduled four visits on one day each week, just to accommodate her need to leave one whole day free to manage the work of this particular family. In having this situation shared in an interview, another participant said:

I have a family like that also. I schedule myself to see them at 10:00 in the morning. I can't handle them at 3:00. It takes a lot of energy to go into that house. So, when I'm done, I go eat lunch, then I come back into the office and work the rest of the afternoon. I won't put them with any other family. In fact, when we talked about scheduling, she insisted on a late home visit. And, I told her I couldn't. It would have to be 10:00 in the morning. Not for the reason that I couldn't, it's just that I won't... I won't do it to myself.

This strategy of pacing their energy by scheduling wisely extended to recognition of the positive energy that could be gained from ending the day well:

I've always found that ending the day with a family that is just... good... not a lot of needs... You know they're gonna do everything that they need to do. So you don't have to take that home with you. You know, to end the day on a good note.

Another strategy for emotion management was related to the logistics of the schedule. Many comments in the data spoke to the potent "hangover effect" of a difficult visit, in which the situation or emotional tone of the family was difficult to shake after the visit. Several participants acknowledged carrying images of one visit into the home of the next visit, sometimes to have them actually preclude them from being emotionally present to the family in front of them. One experienced home visitor spoke to this effect:

I've eliminated that stress, because, I do not do back-to-backs like that. I always give myself 30 minutes between visits. I never just have 15 minutes to get somewhere. Because, I usually know it takes me 15 minutes to get to a home visit, and, I take 15 minutes... I have sat on the street, or close to where my family is, and just sat there. And, I ... listen to the radio, chill out, do my breathing. I very rarely do visits back-to-back. I used to.

Discussion

This study examined emotional labor in the work of EHS home visitors. Through focus groups and interviews, the research sought to define the presence of emotional labor in the work of EHS home visitors and to explore the scope of this experience.

Summary of Major Findings

The results of the study demonstrate that emotional labor is present in the work of EHS home visitors, and that the primary impact is a drain on their emotional resources. This in turn affects their work and their personal lives. This finding is consistent with those of Kruml (1999), Kruml & Geddes (2000), Morris & Feldman (1997), and Spratt, (1996) who identified a positive relationship between emotional exhaustion and the work of managing conflict between felt and expressed emotion. With the desired child and family outcomes from participation in EHS derived from effective relationships between parents and staff, it is critical to understand the impact and scope of emotional labor in order to effectively support those doing the work.

EHS home visitors clearly meet the three characteristics originally described by Hochschild (1983) as requirements of those performing emotional labor. In fact, as evidenced by the data collected for this study, the boundaries spanned by EHS home visitors far exceed the minimal requisite of “face-to-face or voice-to-voice contact” (Hochschild, 1983, p. 147) between worker and customer. Throughout the data, participants discussed the fact of being in families’ homes, and the intimacy inherent in that circumstance, as significant components of the emotional labor they experienced. This conceptual and literal placement of the work in the middle of families’ personal business brings home visitors face-to-face with such challenges as differences in values

or personal choices they are not at liberty to judge or address. This finding is consistent with that of Murray (1998), who found intense emotional labor associated with the intimacy of child care work. It is likely that transposing the work from caring for children to working directly with their parents on personal behaviors and choices intensifies the emotional labor associated with the intimacy of the work.

In terms of the requirement that those performing emotional labor produce an emotional state within the customer (Hochschild, 1983) the data reveal that this is indeed true of EHS home visitors. In the literature on emotional labor, the expectation is that those performing this work “keep the customer happy,” or otherwise promote the product at hand. In EHS, the emotional state that workers are expected to produce in their partnership with parents is the very basic feeling of trust. The data demonstrate that study participants carry a strong assumption that many EHS families have histories aligned with an inability to trust. As a consequence, this requirement to produce a state of trust within parents becomes a task that is inherently considered to begin from a position of deficit rather than neutrality. Attempting to affect a basic character trait through the establishment of a trusting relationship with “customers” who have little experience in such matters is far removed from delivering service with a smile (Leidner, 1993). Participants in this study were not naïve to the nature of this challenge, and seemed to recognize that this aspect of their work was one of those that edged beyond the scope of work outlined on their job description.

The third of the characteristics required of those experiencing emotional labor, that employers have control over the response of employees (Hochschild, 1983), is also true of EHS home visitors. Job descriptions and ongoing staff development train staff to

be respectful of parents, to not judge those with whom they work, and to perform their work through a relationship-based approach. This explicit conditioning closely controls EHS home visitors' responses to parents.

In addition to meeting the three characteristics that are required of positions experiencing emotional labor, EHS home visitors face additional factors that contribute to their emotion work. First, the data clearly identify significant frustration related to working with families immersed in the complexities of poverty. Emotional labor was frequently required when the home visitors experienced this frustration, but were not free to exhibit it to families. This frustration is profound, and appeared to be linked to discouraging feelings of failure in their jobs.

Finally, although participants did discuss the vulnerability of children as a factor in the emotional labor they experienced, it was not voiced as a predominant issue. Comments related to children living in circumstances that were often less than nurturing were delivered in a contemplative manner, and couched in terms of sadness as opposed to the frustration participants expressed when discussing issues related to working with parents.

In terms of how emotions are managed in the work of EHS, there were few examples of surface acting as described in the literature (Hochschild, 1983; Leidner, 1993) in the results of this study. Occasionally, participants spoke of "faking it" with parents as they attempted to mask their emotional responses. The predominant method of emotion management accomplished by participants in this study occurred through deep acting. Comments frequently revealed home visitors as quick to rationalize the activities or behaviors of parents that led to a need for them to manage their emotions. Participants

discussed their awareness of the impact of poverty on families, their understanding that the parents' personal histories explained behaviors that were considered less than appropriate, and that the issues that led to the need for emotional labor with parents were the very reason they were doing the work. This work of home visitors to understand the motivations of parents is representative of deep acting as defined in the literature.

One aspect in which the findings of this study veer from those in the existing literature is in the absence of feelings of inauthenticity within those performing emotional labor. Inauthenticity has been identified in previous studies as a frequent and significant consequence of emotion work (Bulan et al., 1997; Hochschild, 1983). In consideration of the data collected for this study, and the absence of this finding, it is possible that the more prevalent use of deep acting and voiced understanding of the effects of being “trapped” in the cycle of poverty gave participants a rationale for their managed responses. Therefore, their work did not manifest in feelings of inauthenticity. It appears likely that home visitors view emotion management as a part of their job related to working with parents, and are inherently committed to this “invisible” work as a means to the end of achieving child and family outcomes.

The findings of this study related to moderators of emotional labor are also consistent with the literature. Abraham (1998), Grandey (2000), and Copp (1998) all identified social support as an important moderator of emotional labor. In this study, participants identified social support, whether through supportive supervision or peer support, as a critical strategy for alleviating the effects of emotional labor they experience. A second moderator of emotional labor identified in the literature is job autonomy or control (Bulan et al., 1997; Kruml, 1999; Wharton, 1993). The data from

this study showed that EHS home visitors employ strategies, such as managing their weekly schedules or leaving “down time” between visits, that have the effect of moderating the impacts of emotional labor. Although proactive scheduling of visits does not represent control over a critical aspect of their work, it was identified by several participants as a strategy employed to attain some measure of balance in a job that is prone to emotional upheaval.

An additional finding of this study that was not universal but bears further discussion is that some of the more experienced home visitors described changing their approach to the work as their relationship with parents became more secure. Participants who identified this change in approach discussed being more open and honest with families after their relationship had developed to the point they felt parents trusted them. This adjustment in approach did not appear to be learned from training, or from supervision, mentoring, or interaction with peers. It appears that this strategy, which was used by experienced staff across sites, was one that the home visitors learned through their own experiences. This strategy is consistent with the literature on moderators of emotional labor in terms of employees having more autonomy or control over emotional expression in their work expression (Abraham, 1998; Bulan et al., 1997; Copp, 1998; Kruml, 1999; Morris & Feldman, 1997; Wharton, 1993). Home visitors who were able to successfully modify their approach and be more forthright with parents reported experiencing less frustration and therefore less need to manage their responses while in the homes.

The major consequence of emotional labor for EHS home visitors is the toll that is taken on their emotional energy. Physical symptoms, primarily sleep loss, were

reported consistently, but the most prevalent effect of the emotion work performed by participants was that they were emotionally drained from the work and frequently unable to “leave work at work.” This effect was compounded by feelings of guilt that they had little or nothing left to offer their own families at the end of the day. These findings are consistent with the literature identifying emotional exhaustion as a consequence of emotional labor (Abraham, 1998; Kruml, 1999; Kruml & Geddes, 2000; Morris & Feldman, 1997; Spratt, 1996). It is possible that these effects represent a significant concern for the field if they have the predictable effect on employee retention or turnover manifested by similar stressors.

Emotional labor is present in the work of EHS home visitors. This aspect of the work takes a toll on the workers, which has an effect on their personal and professional lives. The finding that experienced home visitors were able to reduce the effects of emotional labor suggests that implementation of a system of awareness, and explicit discussion or training of effective strategies to moderate the consequences of this work may result in a more positive work experience for staff. In a field where program outcomes are accomplished through a relationship-based approach, attending to this aspect of the work may prove beneficial to home visitors, parents, and children.

Limitations of the Study

One aspect of this study that has the potential to confound the results is the difference in educational background of the study participants. Educational backgrounds ranged from undergraduate degrees in Social Work to no formal post-secondary education. In order to have a more complete understanding of the ability of home visitors

to balance the emotional labor they encounter, differences in their background training need to be included for consideration.

As stated in the introduction to the study, it is likely that emotional labor is present across the array of early intervention programs, especially where home visits are the primary mode of intervention. The restricted parameters of this study limit the findings to the home-based option of EHS, but suggest their applicability to other programs. In order to fully understand the implications of emotional labor in early intervention work, research will be needed across the range of programs targeting young children and families.

A final limitation of this study was the lack of probing questions when participants spoke of positive responses to their work. It is possible that probing these responses could have led to the identification of additional strategies that moderate the effects of emotional labor.

Need for Further Research

As an initial examination of emotional labor in early intervention, this study raised a number of questions that call for further investigation. First, findings from this study suggest that well-implemented reflective supervision may serve to ameliorate many of the effects of emotional labor in early intervention workers. Until this question is actually researched, this remains an untested assumption. Of further interest related to supervisors is the question of whether or not the process of supporting front-line staff through reflective supervision also takes a toll on the supervisor. Theories of emotional labor state that the worker experiencing emotional labor must be in direct contact with those external to the business. However, the data from this study indicate that supervisors are the

vehicle for much of the emotional venting of front-line staff. It is possible that they experience some residual effect of this process.

A second potential area of research involves investigation of the education and education of home visitors. This study did not differentiate the various levels of preparedness each participant brought to their work. Participant backgrounds ranged from high school diploma to undergraduate degrees and from decades of experience to mere months on the job. Given the finding that home visitors were able to alter their approach and experience less emotional labor after some time on the job, the question of how much time, and what backgrounds are most helpful remains an important one to study. Currently, the Head Start Act does not require specific educational credentials for home visitors. Given the impact of emotional labor on these workers, further investigation into whether a particular degree or field of study offers better preparation for this aspect of their work would serve to inform policy, and help programs define effective hiring practices. Also, this study did not examine the potential effects of a race/ethnicity match between home visitor and parent on the amount of emotional labor experienced by the staff. It is possible that cultural connectedness might somehow moderate the display rules that govern social interactions, thereby reducing the need for emotional labor.

Two areas prime for further research have the potential to greatly impact the amount of emotional labor experienced by home visitors. The first of these is the question of how home visitors might better identify *when* in the course of their relationship with parents they can shift from emotion management to the less stressful approach of including more honest reactions and responses in their work with parents—without risking the connection and relationship they have built. If, in fact, a more forthright

approach does lead to less emotional labor, home visitors need to know how to identify the point in their relationship at which they can effectively make this change.

The second area that has the potential to lessen the amount of emotional labor experienced by EHS home visitors is related to the issue that the complexities of working with families in poverty far exceed the job defined by program standards. This emerged as a primary factor in the emotional labor of participants in this study. Investigation into the question could build upon the preliminary finding that there are some families, typically those with the greatest challenges, for whom EHS is not an effective intervention against the effects of poverty. The many comments in this study related to the level of frustration felt by staff when working with families with multiple challenges supports the finding of recent research that the “unfavorable impacts among the small group of families with four or five risk factors suggests that the services provided by EHS may not be sufficient to meet the needs of the families at greatest risk...” (ACF, 2004, p. 344). This finding, coupled with the emotional labor experienced by staff working with these families, suggests the need for additional research to determine if programmatic expectations (e.g., that Head Start programs serve “the neediest of the needy”) as promoted by the Head Start Bureau might not be setting staff up for an unnecessarily intense level of job-related emotion work.

Finally, this study investigated only home visitors in Early Head Start. This design does not include the assumption that home visitors are the only EHS staff who experience emotional labor. Further investigation into emotional labor in other positions within EHS is needed to understand the scope of the work in all program options. Additionally, more

studies are needed to understand the scope of emotional labor in other early intervention programs, such as Part C, Parents as Teachers, and Healthy Families America.

Implications for Practice

Given the intensity and impact of the emotional labor experienced by EHS home visitors, supervisors should be trained on the existence of this internal work and on strategies to support staff engaged in emotional labor. Currently, there is a significant effort in the field promoting the implementation of reflective supervision in early intervention programs (Fenichel, 1992; Weston et al., 1997). This effort is supported by the findings of this study and by Copp (1998), who found that workers experiencing emotional labor failed in the absence of social support. The site examined in this study where reflective supervision was in place identified that process as helping them maintain a degree of balance in the emotional aspects of their work. In contrast, participants from the site that did not support staff reflection clearly identified their need for a more supportive supervisory process. Given that one of nine principles underlying EHS is that of continuity of care (DHHS, 1994), it follows that it is not in the best interests of the system to set staff up for failure as identified by Copp (1998).

Although there is a current emphasis on implementing reflective supervision in early intervention programs (Norman-Murch, 1996; Norman-Murch & Ward, 1999; Pawl, 1994), the literature does not establish a rationale for *why* such a system is recommended. Including information on emotional labor in the literature and as a part of training would serve to acknowledge the reality of the internal work home visitors experience, and establish a rationale for the importance of reflective supervision.

At the program level, there is need for staff to explicitly discuss the presence of emotional labor in the work of home visitors. Such overt presentation of the phenomenon as a part of orientation or staff training would serve to create awareness of this “hidden” part of their work so that individual home visitors need not question their responses to families and know that they are not alone in this experience. This shared awareness becomes part of the support workers need as they regularly engage in emotional labor.

Also at the program level, programs need to establish appropriate venues and parameters for healthy venting of the pressures home visitors incur in their work. Multiple comments in this study support the fact that venting among peers is an effective and much-used strategy for release. It is not recommended to replace reflective supervision, but is seen as an intermediate strategy for day-to-day endurance of emotion work. With full recognition of the regulations governing confidentiality within the Health Insurance Portability and Accountability Act (HIPAA), it remains possible for staff to achieve an emotional release without breaching confidentiality. Programs that explicitly discuss and define parameters for healthy venting among peers are more likely to avoid confidentiality breaches and inappropriate systems of peer support.

Recognition that home visitors alter their approach with families as the relationship allows, and over the course of their careers, suggests that establishing a mentoring system for newly hired home visitors may soften their initiation into the emotional effects of this work. The data revealed that this change in approach was accompanied by a lessening of the emotional labor they experienced. Pairing veteran home visitors with less experienced staff would serve a dual purpose in providing both with a safe partner for venting, as well as offering a voice of experience to new staff.

Implications for Policy

In a field where the principles of continuity of care and relationship-based work are fundamental to effective practice, and where the focus of the work is healthy child and family development, care must be taken to assure that the well-being of the staff doing the work is maintained. Home visitors in EHS experience substantial effects from the emotional labor that is inherent in their jobs. It is in the very nature of their jobs to regularly encounter experiences that take a real toll on their personal lives, and their ability to maintain the emotional reserves needed for their work. If the work of EHS sets home visitors up for emotional labor, the system should appropriately support the outcome of this work. Reflective supervision, as a moderator of the effects of emotional labor, is costly to programs, and is often not within the means of program budgets. Policy changes are needed to allow for appropriate response to this aspect of the work.

Although this study did not investigate differences in response of home visitors based on level of education, it is possible that preparedness for this job through a particular course of study may lessen the impact of emotional labor on the worker. Given that current policy is silent on the educational needs of EHS home visitors (in comparison to increasing attention and requirements for classroom teachers), it appears that the background training of home visitors is not considered by policy makers to be critical to the nature of their work. The results of this study indicate otherwise, even though the nature of this training is yet to be determined. As future research sheds light on areas of training that are effective preparation for this work, policy makers should lay the ground work for a policy change that supports programs in hiring staff better prepared to be successful in their work with families of infants and toddlers.

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Appendix A

Expanded Review of Literature

Introduction

“It is the mission of early childhood intervention to help young children and their families to thrive” (Meisels & Shonkoff, 2000, p. 3). The “early” aspect of early intervention builds on the fundamental premise that significant developmental strides occur in a young child’s life. A basic assumption of these programs is that risk factors that compromise the course of development in early childhood can have long-lasting repercussions. Therefore, interventions designed to ameliorate risk in the early years are believed to offer the best chance at diminishing the impact of the risk (Bronfenbrenner, 1975; Guralnick, 1997; Meisels & Shonkoff, 2000; National Research Council, 2000).

A second premise underlying early intervention programs is that a child’s development is supported and influenced by the context of the family (Bronfenbrenner, 1979; National Research Council, 2000; U.S. Department of Health and Human Services [DHHS], 1994), with transactions between the child and primary caregivers playing a central role in the course of development (Sameroff & Chandler, 1975). In response to this belief, program approaches focusing on family-centered care and relationship-based work permeate the field (Berlin, O’Neal, & Brooks-Gunn, 1998; Harbin, McWilliam, & Gallagher, 2000; Turnbull, Turbiville, & Turnbull, 2000; Weston, Ivins, Heffron, & Sweet, 1997).

When first considered, these premises do not appear unusual or unexpected. However, when front-line early intervention workers meet with families in the everyday context of child development, an inherent conflict emerges. Early intervention workers,

who enter the home well-schooled with knowledge related to infant development, potential, vulnerability and risk, regularly come face-to-face with circumstances in which vulnerability and risk outweigh environmental factors supporting potential. Indeed, the very reason for their presence with the family is the existence of developmental risk. Even as the worker recognizes and registers concern over risk factors in the environment, training related to establishing positive, respectful relationships with parents influences the worker's outward response. Smiles, warmth, and an open invitation to a mutually respectful and trusting relationship are explicit program norms for most early intervention workers, and govern the response that the family will see. Put more directly, any internal concern related to the child's welfare and well-being is masked by the worker's response aimed at promoting a positive working relationship with the child's parents.

The invisible work that enables a positive displayed response in conflict with the experienced, or felt, emotion is called emotional labor (Hochschild, 1983). This internal management of emotions, or emotion work, is part of the daily repertoire of early intervention workers. It is invisible, it is present on a regular basis, it has been shown to have significant impact on workers who perform it, and yet it is largely unrecognized in this field. The purpose of this integrative review is to examine the construct of emotional labor (Hochschild, 1983) and develop a conceptual argument for the application of this construct to the work of professionals in early intervention programs. This review of literature will demonstrate the need for research into the emotional labor inherent in work with very young children at risk and their families.

Emotional Labor

Definition

Emotional labor was first defined in an ethnographic study, *The Managed Heart: Commercialization of Human Feeling*, by sociologist Arlie Hochschild (1983). Through extended observation and interviews, the author examined the work of airline attendants and bill collectors to study the relations among emotive experience, emotion management, and feeling rules (Hochschild, 1979, 1983). As a result of her research, Hochschild (1983) defined emotional labor as labor which “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others,” or the work of managing feelings “to create a publicly observable facial and bodily display” (p. 7). In keeping with her concern for the way in which this work commercializes human feeling, Hochschild specified that the term emotional labor applied to situations in which workers manage emotions for a wage.

In *The Managed Heart*, Hochschild (1983) explained that jobs requiring emotional labor have three characteristics: (a) they require face-to-face contact with the public, (b) they require workers to produce an emotional state in another person, and (c) the employer has control over the emotional activities of employees. In her research she found emotional labor can result in such effects as inauthenticity or alienation from self, stress and personal strain from curbing the felt emotional response, burnout from overidentification with the work role, and self-blame related to feelings of insincerity (from “acting” with the customer vs. revealing the honest, felt response).

Since the publication of Hochschild’s seminal work, others, primarily in the fields of sociology and organizational management, have built upon her research resulting in deeper understanding of the concept and modifications to the original definition. Although most authors have aligned closely with Hochschild’s internal focus (Grandey,

2000; Kunda & Van Maanen, 1999; Morris & Feldman, 1996; Wharton, 1999), Ashforth and Humphrey (1993) diverge somewhat with a focus on the *act* of expressing emotions as central to their definition rather than the internal work of managing feelings. They define emotional labor as “the act of expressing socially desired emotions during service transactions” (p. 88) using the term to describe managing the *display* of appropriate emotions, or conforming to display rules, rather than managing the feeling. DeVault (1999) offers a simplified definition, defining the concept as the “intentional management and display of one’s own feelings, usually undertaken in order to influence the feelings of others” (p.51). DeVault’s definition, while simple, includes three components that resonate both with Hochschild’s original work and with the work of early intervention providers: (a) The intentional management of feelings in order to (b) manage the displayed response, with the desired outcome of (c) influencing another.

Constructs

In order to build a case for the applicability of emotional labor to the field of early intervention, it is helpful to understand the constructs that underlie the concept. Feeling rules offer insight into why emotional labor occurs, and surface and deep acting explain the process through which it happens.

Feeling and Display Rules

Hochschild (1979, 1983) discussed feeling rules as a primary explanation for why emotional labor occurs. Feeling rules are described as social guidelines that inform “how we want to try to feel,” (Hochschild, 1979, p. 563). The essence of emotional labor is to bring the emotional display in line with these social guidelines, or feeling rules. These socially and culturally based rules guide emotion work by providing definition to what is

considered an appropriate emotional response in a given situation. For example, in mainstream American culture, emotional convention defines the expectation that a bride will feel happy at a wedding and a mourner will feel sad at a funeral. These are not necessarily explicit rules, and their existence may go unnoticed until the rules are breached. A bride who is truly sad about getting married or a person who appears happy at a funeral provokes sanction by others. Sanctions may be direct, as when a parent shushes a child, or indirect, as in avoidance of contact with the transgressor. These sanctions help define cultural feeling rules.

In addition to the feeling rules that are infused into our culture at large, feeling or display rules may also be integral to a work setting. Wharton and Erickson (1993) explain that in work settings, emotional displays fall into one of three categories: (a) integrative emotions, or those that promote friendliness or connection between worker and customer, (b) masking emotions, or presentations of a neutral response, and (c) differentiating emotions, those in which the worker must display negative emotions such as irritation or hostility. The transmission of display rules within the work setting assures that emotional responses will fall into the appropriate category. Through such mechanisms as training, company policies, and job descriptions, feeling rules may be explicitly defined and transmitted (Grandey, 2000; Leidner, 1999; Rafaeli & Sutton, 1987). The explicit communication of display rules is integral to organizations such as Disney and Mary Kay (Rafaeli & Sutton, 1987, 1989), which put considerable emphasis on the display of integrative emotions and attitudes in employee training.

In other settings, a more implicit process of organizational socialization may serve as the primary means of defining feeling and display rules (Rafaeli & Sutton, 1989;

Yanay & Shahar, 1998). Employee recognition programs that reward “appropriate” behavior, modeling and guidance by supervisors, and new employee observation of the behavior of peers also shape understanding of company display and feeling rules. Yanay and Shahar (1998) found implicit transmission the only mechanism in a psychiatric facility where student interns struggled to learn the appropriate responses to the situations they encountered in their work. Through observation and assumptions regarding “professional feelings,” the students picked up masking and differentiating responses that they then used to manage the behavior of the residents.

In the context of paid labor where implicit or explicit rules govern the appropriateness of emotional responses, emotional labor results when a gap exists between the expected emotion and that which is truly felt—or when “the *ought* of the feeling struggles with the *is*” (Hochschild, 1983, p. 61). Emotion management is the type of work it takes to cope with feeling rules when the rules dictate a response contrary to the one that is felt (Hochschild, 1979).

Surface and Deep Acting

If an understanding of feeling or display rules answers the *why* of emotional labor, the concepts of surface and deep acting provide the *how*. According to Hochschild (1979, 1983), emotional labor occurs through one of two processes: surface acting or deep acting. In surface acting, the “publicly observable display” (Hochschild, 1983, p. 7) is created by simply changing the outward expression. There is no attempt to *change* the actual feeling, just internal work to *manage* the feeling in order to display a response that is in line with applicable feeling rules. In a participant observation study of McDonald’s fast food workers, Leidner (1993) found surface acting to be the primary means through

which workers delivered their service in keeping with company expectations for display. Workers were free to think and feel their honest responses (including inwardly cursing customers), as long as the displayed response was polite, and included a smile and eye contact. In surface acting, the expressed emotion conflicts with the felt emotion, a point that will be addressed in a later discussion of consequences of emotional labor.

A second way to perform emotional labor is through deep acting. In contrast to surface acting, deep acting is accomplished by actually working to change the felt emotional response, not just the outward display. Deep acting is most commonly accomplished by actively inducing the expected emotion through an approach similar to method acting (Hochschild, 1983). For example, the worker encountering a rude customer may excuse the person's rude behavior by thinking to herself that the customer has had a bad day. In this cognitive reappraisal (Grandey, 2000), the worker develops empathy for the customer, and the rude behavior is excused as understandable given the imagined circumstances.

Deep acting can also be accomplished by actually creating a mood that fits the expected response through an unrelated means (Hochschild, 1983). This is done by internally reconstructing an appropriate memory in a way that will bring the desired emotion to the fore (e.g., as in thinking of something sad to make yourself sad when being sad fits the feeling rules). Deep acting achieves similar outcomes to surface acting through indirect means. The appropriate emotion is displayed, in this case because it is felt in response to internal manipulation of the emotional response. Workers using deep acting to conform to display rules may experience less conflict as a result of bringing

their emotional response in line with feeling rules—the “ought vs. is” conflict is resolved as a result of the emotional labor.

Antecedents, Moderators, and Consequences of Emotional Labor

With the concept and associated constructs defined by Hochschild, studies since *The Managed Heart* (1983) have investigated variables related to emotional labor.

Research has focused on the antecedents of emotional labor, moderators, and consequences for those who do the work.

Antecedents

Antecedents of emotional labor have been identified in two primary categories. Factors contributing to the presence of emotional labor can be work-related, such as organizational norms or job characteristics, or they can be personal.

Work-related antecedents. Work-related antecedents to emotional labor are typically embedded in organizational factors or norms. The primary organizational factor that contributes to emotional labor is the explicitness of a company’s display rules (Morris & Feldman, 1996; Rafaeli & Sutton, 1987). Display rules may first become evident in the recruitment and selection process (Ashforth & Humphrey, 1993; Hochschild, 1983; Leidner, 1999; Rafaeli & Sutton, 1987). In her observation of Delta Airline attendants, Hochschild (1983) described specific recruitment and interviewing strategies that were used to select job candidates who would fit with the labor expectations of the company. Rafaeli and Sutton (1987) cite multiple studies where recruitment and selection strategies explicitly define the company’s display rules for emotional responses. Obvious examples include McDonald’s description of traits desired in order-takers, and Playboy’s selection of those who will be charming and sexy as

Playboy bunnies. Less obvious are the findings of Forbes and Jackson (as cited in Rafaeli & Sutton, 1987) that interviewees who smiled and maintained eye contact were more likely to be offered jobs.

A second manner in which display rules are explicitly defined is through direct communication with employees. In an ethnographic study of a leading computer firm, Kunda and Van Maanen (1999) describe the company's attempts to clearly delineate the corporate culture and precisely specify the emotional labor required of successful employees. Excerpts from the firm's orientation manual, training sessions, and informal interactions were all used to codify the expected emotional responses of employees. Hochschild (1983) described extensive training received by Delta employees—not only on the affect that should be displayed, but also explicit training on how to maintain that affect. Whether through recruitment and selection strategies or direct communication, the more explicit the display rules for employees, the more likely employees were to encounter emotional labor.

A second work-related antecedent related to emotional labor is specific job characteristics, with the primary factor identified as face-to-face contact with those outside the organization (Morris & Feldman, 1996; Steinberg & Figart, 1999). This finding is consistent with Hochschild's (1983) criteria for jobs that involve emotional labor. Wharton and Erickson (1993) identify these individuals as "boundary spanners," and concur that they are the employees most likely to encounter emotional labor as a part of their jobs. Boundary spanners are defined as those employees whose position and responsibilities provide the direct link between the organization and those who interact with, but are external to the company. In other words, front-line employees are more

likely to encounter emotional labor as a part of their jobs than those whose positions are buffered from external customers, such as supervisors or middle managers. One problem inherent in the position of boundary spanners is the lack of formal authority over those with whom work interactions occur. This factor, coupled with the need to be accountable to the organization, serves as a source of conflict and tension for the employee.

An additional job characteristic that can lead to emotional labor is role conflict. In a qualitative study of child care workers, Murray (1998) found emotional labor inherent in the work of child care. Through participant observation and interviews with workers in two child care centers, the author revealed intense emotional labor in the work of balancing the role of “mother-like” caregiving against the expectations placed on them in their role as workers. The position of these workers, that of providing daily care for young children, puts them in a “dance of intimacy” (p. 152) with families that extends far beyond the description of boundary spanners that is the minimal requisite of positions that require emotional labor. Child care workers were expected to care well (in the mundane acts of caregiving) and deeply (in an emotional sense) for the children, but to *not care too much*. Too much caring suggested identification as a pseudo-parent, a clear boundary violation. Murray identified a challenge in the conflict created by the intimate placement of child care workers on the boundaries of family life (including the responsibility of transmitting information related to the child’s diet, sleep habits, toileting, etc.), against the feeling rules and performance guidelines that govern appropriate expression. In this situation, workers were placed squarely within the realm of intense emotion work.

Personal factors as antecedents. In addition to work-related factors, personal factors may serve as antecedents to emotional labor. Gender is the factor most commonly identified (Bulan, Erickson, & Wharton, 1997; Hochschild, 1983, 1989; Morris & Feldman, 1996; Steinberg & Figart, 1999; Wharton, 1993). The predominant theme of gender as antecedent to emotional labor involves the notion that our culture invites women to do more emotion management, therefore, they come to the job with more connection to the inherent emotion work. Indeed, in her original work, Hochschild (1983) devotes an entire chapter to the topic of gender and emotion management, and states unequivocally, “of all women working, roughly one-half have jobs that call for emotional labor” (p. 11). In *The Second Shift*, an ethnographic study examining how two-job families balance the “second shift” of child-rearing and home responsibilities, Hochschild (1989) acknowledges that “the world turns to women for mothering, and this fact silently attaches itself to many job requirements” (p. 182).

In a related discussion of the “invisible work,” of women, Daniels (1987) points out that the facility with which women perform nurturing work leads to the general assumption that caretaking is not a skill or even learned behavior, but something that women “naturally” do (p. 408). This assumption has led to a cultural expectation that jobs requiring nurturing or caring are considered “women’s work,” and are devalued as invisible and less deserving of the rewards typically associated with skilled employment. Because of the premise that these skills come naturally to women, it is difficult for them to be conceptualized as work. Hochschild addressed this assumption in her recognition that emotion work is “seldom recognized, rarely honored, and almost never taken into account by employers as a source of on-the-job stress” (1983, p. 153).

Two studies specifically designed to examine gender and emotional labor in the workplace demonstrated some gender differences (Bulan et al., 1997; Schaubroeck & Jones, 2000). In a study designed to identify antecedents and moderators of emotional labor, Schaubroeck and Jones (2000) found a significant relationship between gender and emotional labor even after other variables that might account for the difference (such as income, education, and job complexity) were included in the analysis. In an examination of the affective requirements of service work, gender, and emotional well-being, Bulan et al. (1997) analyzed their data according to gender in their sample of hospital and bank workers. Although most of their findings did not demonstrate significant gender differences, they did suggest that women's feelings of job satisfaction were increased when they felt their effectiveness in fulfilling the affective requirements of their work was valued. This finding was not true for men.

A subset of gender as a personal antecedent is the factor of family emotion work. In a study examining the links between women's jobs and family emotion work, Wharton and Erickson (1995) found that the performance of emotion work at home was more of a threat to job-related well-being than the performance of emotional labor on the job. The implications of this finding loom large when viewed within the context of the overwhelming evidence that women carry primary responsibility for family emotion work (Hochschild, 1989; Perry-Jenkins & Folk, 1994; Thompson & Walker, 1989; Wharton & Erickson, 1993).

Wharton and Erickson (1993) strengthen the argument for family emotion work as related to consequences of emotional labor on the job by stating that women who have primary responsibility for emotion management at home may be at risk for role overload

if their jobs also require emotional labor. In an intensive look at the emotion work of mothering, Seery (1996) identified four types of emotion work that are inherent in mothering. Three of these types, distress management, ego work, and relationship management, are closely related to the work of early intervention providers, and place them at risk for role overload as defined by Wharton and Erickson (1993). In her original work, Hochschild (1983) identified the family as a potential “relief zone” (p. 69) from the pressures of work, but recognized the emotion work within family relationships also exacts an emotional toll. These findings support family emotion work as a personal antecedent to emotional labor.

Moderators

In addition to work-related and personal antecedents of emotional labor, several studies examined moderators that affect the impact of emotional labor on employees. As with antecedents, both work-related and personal factors emerged as moderators of the impact of emotional labor on workers.

Work-related moderators. Work-related factors moderating emotional labor include job autonomy and control, and social support. Job autonomy and control were identified as work-related moderators in multiple studies (Abraham, 1998; Bulan et al., 1997; Copp, 1998; Kruml, 1999; Morris & Feldman, 1997; Wharton, 1993). All found that greater job autonomy or control resulted in fewer negative outcomes related to the performance of emotional labor. Authors identified less emotional exhaustion (Wharton, 1993), fewer feelings of inauthenticity (Bulan et al., 1997), and reduction in acute distress (Copp, 1998) for workers with greater job autonomy and control. Several authors spoke specifically to the point that control or latitude over the expression of job-related

emotions leads to reduced emotional dissonance in positions where employees are required to manage emotions (Abraham, 1998; Kruml, 1999; Morris & Feldman, 1997).

A second job-related factor that served as a moderator for emotional labor was that of social support (Abraham, 1998; Grandey, 2000). Hochschild (1983) acknowledged the importance of social support indirectly in her discussion of the role peer support plays in helping flight attendants maintain the appropriate emotional presentation. In a study examining emotional dissonance in organizations, Abraham (1998) found that social support among co-workers served as a strong moderator of the relationship between emotional dissonance and job satisfaction among workers who perform emotional labor. Similarly, in a participant observation study of floor instructors in a sheltered workshop for adults with disabilities, Copp (1998) concluded that emotion management fails in the absence of social support. In the work situation she studied, floor supervisors had the responsibility of generating positive feelings and attitudes among adults with developmental disabilities in the face of boring tasks and long periods of no work. In the author's words, they were "doomed to fail" (p. 299). In this situation, lack of social support (from co-workers or supervisors) in the face of impossible responsibilities led to burnout.

Personal factors as moderators. Personal characteristics that served as moderators to the impact of emotional labor on workers were related to level of identification with the job, the ability to handle emotions, job involvement, and self-monitoring ability. In looking at job identification, Ashforth and Humphrey (1993) applied social identity theory to the issue of emotional labor in service roles. They maintain that individuals who identify strongly with their job, that is, those who perceive their work role as central to

their sense of self, are more likely to feel more authentic when conforming to expected display rules. This sense of authenticity serves as a buffer against the potential negative consequences of emotional dissonance. This prediction was inversely confirmed by Shaubroeck and Jones (2000), who found that persons with low job involvement and organizational identification reported more physical symptoms as a result of emotional labor than persons with high organizational identification.

In addition to identification with the work role, job involvement has a moderating effect for employees who perform emotional labor. Wharton (1993) found high job involvement to be related to negative effects on the emotional well-being of employees who perform emotional labor (the opposite was true for employees who were not engaged in emotional labor). Similarly, Bulan et al. (1997) found lower levels of job involvement to be associated with greater inauthenticity, a consequence that Hochschild (1983) identified as a potential outcome of surface acting.

In addition to job involvement as a potential moderator, Wharton (1993) found self-monitoring to be a relevant factor. Self-monitoring, defined as the extent to which persons observe and control their presentation of self in interactive situations, was hypothesized as a buffer to the negative consequences of emotional labor. Wharton found high self-monitors to be less adversely affected by the performance of emotional labor than low self-monitors. This capacity to be reflective was also associated with higher levels of job satisfaction. Similarly, Rafaeli and Sutton (1989) suggest that persons with high self-monitoring ability are better able to control emotional expression than those who are less self-monitoring.

Consequences of Emotional Labor

In an essay on emotion work, feeling rules, and social structure published prior to *The Managed Heart*, Hochschild (1979) expressed concern over the commoditization of feeling, asking at the end of the essay, “in whose interest” is the work being done (p. 573)? In the opening pages of *The Managed Heart*, she picks up this theme with recognition that a possible cost of emotion work is self-estrangement or self-alienation (Hochschild, 1983). Thus, from the outset, negative consequences have been linked with emotional labor. Although some positive consequences of emotional labor have been identified in the years since the concept emerged, the majority of outcomes identified in the literature connect negative consequences with emotional labor. Negative outcomes that have been identified include emotional dissonance (Abraham, 1998; Kruml, 1999; Morris & Feldman, 1997), self-alienation (Ashforth & Humphrey, 1993), emotional exhaustion (Abraham, 1998, Spratt, 1996), an increase in health symptoms (Schaubroeck & Jones, 2000), decreased employee well-being (Morris & Feldman, 1997), job stress (Pugliesi, 1999; Spratt, 1996), and inauthenticity (Bulan et al., 1997).

Emotional dissonance. The idea of emotional labor leading to emotional dissonance emerged in Hochschild’s original work (1983). She described emotional dissonance as comparable to the more well-known concept of cognitive dissonance, and maintained that the work of balancing the conflict between what is felt and what can be displayed in order to meet display rules can lead to emotional disharmony and strain. The concept of emotional dissonance has gained prominence in studies of emotional labor (Morris & Feldman, 1997; Rafaeli & Sutton, 1987). Using dissonance as an independent variable, Abraham (1998) found it negatively related to job satisfaction. Kruml (1999) found that employees who express true feelings on the job (a definition of low

dissonance) to be healthier than those who do not. Finally, Morris and Feldman (1997) conclude that emotional dissonance has the greatest negative impact on psychological well-being of all factors related to emotion management.

Emotional exhaustion. Four studies found a positive relationship between emotional exhaustion and the work of managing conflict between felt and expressed emotion (Kruml, 1999; Kruml & Geddes, 2000; Morris & Feldman, 1997; Spratt, 1996). In a study examining the effect of emotional labor on the psychological distress of child care providers, Spratt (1996) found emotional labor to be a significant predictor of emotional exhaustion.

Increase in health symptoms. In addition to emotional consequences, Schaubroeck and Jones (2000) found that the perception of demands to express integrative emotions on the job was positively related to physical symptoms in workers (e.g., ill health or the inability to sleep). They found emotional labor to be most unhealthful when the emotions expressed were not a true representation of the self. In their study, they determined that the inauthenticity stemming from the conflict between felt versus expressed emotions lead to health symptoms.

Job stress. Job stress was another outcome identified as related to the performance of emotional labor. In a survey study of all employees of a mid-sized public university examining multiple dimensions of work stress, Pugliesi (1999) found that although work demands had the greatest impact on job stress, the next strongest effects were those of emotional labor. She concluded that the effects of emotional labor increase job stress and psychological distress, and decrease job satisfaction. In a study of child care providers, Spratt (1996) found the level of emotional labor to be predictive of

psychological distress. At low and medium levels of emotion work, there was no effect. High levels of emotional labor had a negative effect on distress.

Estrangement and inauthenticity. A final negative consequence of emotional labor was initially identified by Hochschild (1983) as estrangement and later discussed as self-alienation by Ashforth and Humphrey (1993). Hochschild discussed estrangement as a source of stress stemming from the work of managing the ongoing “estrangement between self and feeling and between self and display” (p. 131). In further elaboration of this concern, Ashforth and Humphrey (1993) drew from Darwin and Freud to examine how emotional reactions serve as signal functions in the realm of human behavior. Their ultimate concern was that continued efforts to bypass the signal function (through deep acting) may lead to the loss of the authentic self and self-alienation. Abraham (1998) echoed this concern in a study which found that controlled expressed behavior, as an artifice, could result in an estrangement between an individual’s emotional responses and the true self. She identified this estrangement as leading to emotional exhaustion and job dissatisfaction.

Positive Consequences. Although the majority of consequences related to emotional labor are identified as negative, two studies identified positive consequences. Wharton (1993) looked at the effect of emotional labor on emotional exhaustion and job satisfaction, and found that women who perform emotional labor are significantly more satisfied with their jobs than men doing the same kind of work. She also found that workers performing emotional labor are somewhat more likely to be satisfied with their jobs. These findings are relative, however, and do not necessarily identify emotional labor as contributing positively to the variables under investigation in this study.

A second positive consequence of emotional labor emerged in Spratt's (1996) study of the effect of emotional labor on child care workers. Unexpectedly, the author found emotional labor to be positively correlated with emotional rewards. In a discussion of pay penalties for positions that require caring work, authors England and Folbre (1999) indirectly support this finding by suggesting that the intrinsic rewards of caring work (such as those identified in Spratt's study) are a potential explanation for why pay is consistently low in caring occupations. They suggest the existence of an implicit cultural understanding that less monetary remuneration is needed in caring work because the intrinsic rewards make up the difference.

Summary of Research on Emotional Labor

This review of literature has identified research investigating the construct of emotional labor, its antecedents, moderators and consequences. The studies cited in this review were accomplished using population samples from such diverse occupations as airline attendants and bill collectors (Hochschild, 1983), customer service representatives (Abraham, 1998), table servers (Adelmann, 1995), bank and hospital employees (Bulan

et al., 1997; Wharton, 1993), fast food workers (Leidner, 1993), university employees across all levels (Pugliesi, 1999), debt collectors, a military recruiting battalion, and nurses (Morris & Feldman, 1997), supervisors in a sheltered workshop (Copp, 1998), and a wide cross section of occupational positions (Kruml, 1999).

Two studies included in this review specifically targeted child care workers (Murray, 1998; Spratt, 1996), a population of workers with closer connection to the field of early intervention than those listed above. Using participant observation, in-depth interviews, and surveys, Murray (1998) conducted research at two child care centers, investigating the intimacy (and subsequent emotional labor) created in child care work. Spratt (1996) used focus groups to validate and pilot an “Emotions at Work” Scale with a sample of 47 family day care providers and 46 child care center workers randomly selected from a state-wide database. Her study examined the effects of job control, job demands, and emotions at work on depression, trait anxiety, and emotional exhaustion. Neither of these studies included risk factors such as poverty, child abuse and neglect, or developmental disabilities. In the body of literature identified for this review, no research was found connecting this concept to the field of early intervention.

Early Intervention: Working with Families of Infants and Toddlers

Program Parameters and Best Practice Principles

As mentioned in the introduction, a fundamental premise of early intervention programs is that experiences in the early years of a child’s life provide a foundation for the developmental trajectory that follows. An abundance of research supports the premise that although developmental tasks occur across the life span (Rutter, 1989), the early years are indeed critical to the development of the child across developmental domains

(Bronfenbrenner, 1975, 1979; National Research Council, 2000, p. 32; Shonkoff & Meisels, 1990; Zeanah, Boris, & Larrieu, 1997). Equally supported in research is the premise that transactions between children and their caretaking environments significantly affect later developmental outcomes (Sameroff & Chandler, 1975; Sameroff & Fiese, 1990). Together, these tenets have become the foundation for early intervention programs targeting children at risk for compromised developmental outcomes.

In the interest of maintaining a reasonable scope, the focus of this review will remain on the earliest interventions—those that attend to prenatal prevention and the birth-to-three population. Although research has identified multiple risk factors affecting development (Zeanah et al., 1997), three programs will be the focus of this paper: Early Head Start, a program for pregnant women, infants, and toddlers born into poverty; Healthy Families America, a program for children at risk for abuse and neglect; and Part C of the Individuals with Disabilities Education Act (IDEA), a program for infants and toddlers with special developmental and health care needs. Through these programs, the “earlier is better” premise brings a host of providers in direct contact with families of infants and toddlers at a time of great potential and profound vulnerability in the human life course.

Early Intervention Program Parameters

Early Head Start. Poverty has long been associated with developmental risk (National Research Council, 2000; Schorr, 1988; Zeanah et al., 1997), with evidence that the effects of poverty on child outcomes involve multiple relationships and pathways (Aber, Jones, & Cohen, 2000; Brooks-Gunn & Duncan, 1997). Early Head Start (EHS), the prenatal-to-three extension of the preschool Head Start program, is one example of an

early intervention program targeting poverty as a risk factor for poor developmental outcomes.

Early Head Start is a comprehensive early intervention program. Four goals serve as cornerstones for EHS: (a) healthy infant/toddler development, (b) support for parents in their role as primary caregivers, and in meeting goals toward self-sufficiency, (c) coordination of community efforts and resources to ensure comprehensive services and supports, and (d) assurance of high quality services through staff development and adequate compensation (DHHS, 1994). Early Head Start may be provided through full-day, full-year center-based care for infants and toddlers whose parents are working or in school, a home-visiting model where families receive weekly, 90-minute visits, or a combination of both models. The primary focus of EHS is serving low-income families, with eligibility set at 100% of poverty or below.

Healthy Families America. Child abuse and neglect is a second risk factor that is associated with compromised developmental outcomes. Children exposed to abuse and neglect, especially in the early years, are more likely to experience later problems with interpersonal relationships, affect regulation, and self-development (Kaufman & Henrich, 2000; National Research Council, 2000). Sexual abuse in early childhood can lead to a range of psychological and socioemotional problems that have even wider ranging affects on development (Briere & Elliott, 1994). Additionally, recent advances in neuroscience have led to emerging evidence from animal research that early and sustained stressful experiences can have detrimental affects on brain development (National Research Council, 2000; Shore, 1997).

Healthy Families America (HFA) is a national early intervention initiative of Prevent Child Abuse America. Based on community need, HFA programs target a defined population at risk for child abuse. Within this population (e.g., pregnant teens or first time mothers), families are determined eligible based on an assessment of risk factors at the time of the child's birth.

The goals of HFA are to (a) promote positive parenting, (b) encourage child health and development, and (c) prevent child abuse and neglect (Healthy Families America, n.d.; Martin, 1999). These goals are addressed through a home visitation model, beginning with weekly visits for those at greatest risk of parenting difficulties. The frequency of visits may be reduced as families meet goals developed in collaboration with home visitors. Eligible families of all income levels receive HFA services from the prenatal period through the child's 5th birthday.

Part C of IDEA. A third factor associated with developmental risk is the presence of a developmental disability. The intent of early intervention services for this population is to reduce the impact of the disability on the child's development. Part C of IDEA is the federal program aimed at providing early intervention services to infants and toddlers with developmental disabilities and their families. Eligibility is determined by state-defined criteria for children ages birth to three. Two primary goals of Part C are to enhance the development of infants and toddlers with disabilities and minimize the potential for delay, and to enhance the capacity of families to meet the special needs of their child (P.L. 105-17).

Part C goals are addressed through the development of an Individualized Family Service Plan (IFSP) with each eligible family enrolled in services. Part C intervention

services are provided in the child's natural environment, defined in the regulations as environments in which age peers might typically be found. This language was intended to move services from clinical settings into environments that include parents and caregivers who regularly interact with the child, and is generally identified as the home or child care setting. The frequency and intensity of intervention visits is determined by individual need and mutual consideration of the IFSP team.

Early Intervention: Principles of Best Practice

Given these program parameters, principles of practice have emerged that best support achievement of program goals, some of which have potential for intersection with emotional labor. The primary tenet underlying best practice principles is the recognition that families provide the context for child development. This tenet supports a focus on parent-child interactions through respectful, empowering, mutually trusting relationships with parents as the basis for effective early intervention work (Belsky, 1984; Bromwich, 1990; Bronfenbrenner, 1979; Dunst, Trivette, & Deal, 1994; Guralnick, 1997; National Research Council, 2000; Sameroff & Chandler, 1975; Turnbull et al., 2000). This has been operationalized in the field through such best practice principles as family-centered care, continuity of care, and relationship-based work.

Family-centered care. Based on the implication that the family context is critical to development, a long-standing practice in the field of early intervention for infants and toddlers with disabilities has been a focus on family-centered care (Dunst, Trivette, & Deal, 1988; Shelton, Jeppson, & Johnson, 1987; Simeonsson & Bailey, 1990). Early interpretations of this concept focused on family involvement in decision-making and program responsiveness to family needs (Shelton et al., 1987). Over time, recognition of

the significant role of families in child development has evolved to include families as a focus of intervention (Seitz & Provence, 1990), or as integral to the intervention process (Baird & Peterson, 1997; Bromwich, 1990; McCollum & Yates, 1994; Mahoney & Wheeden, 1997). Recent attention has included the complex effects of intervention programs on parent outcomes, parent-child interaction and relationship quality, and child outcomes (Brooks-Gunn, Berlin, & Fuligni, 2000; Harbin et al., 2000; Sandall, McLean, & Smith, 2000; Trivette, Dunst, Hamby, & LaPointe, 1996; Turnbull et al., 2000).

The 1997-98 reauthorization of Part C of IDEA supported the importance of the family context to the intervention process with the mandate that Part C services must be carried out in the child's natural environment. This legislative support for an emphasis on the child's developmental context (over clinical settings for therapy) highlights recognition of the central role that families play in child development. Additional support for this focus lies in the Part C goal of enhancing family capacity to meet the child's developmental needs.

In Early Head Start, family development is one of four cornerstones of the program (DHHS, 1994). Parents are integrally involved in the governance of the program, they participate in developing and achieving goals for themselves and their children, and they participate in parenting education related to child development, health, mental health, and nutrition. This regulatory support for families as the context of child development results in a program approach that centers on the family rather than the child in isolation.

Relationship-based work. With the focus of early intervention broadened from the infant to the family, the work of early intervention providers has shifted substantially

from a “hands on” approach with infants to one in which the work lies firmly in the relationship between the worker and the parents. The context of this work has emerged in the literature as a relationship-based approach to early intervention (Berlin et al., 1998; Bertacchi, 1996; Heinicke et al., 2000; Kalmanson & Seligman, 1992; Powell, 1993; Wasik, 1993; Weston et al., 1997). In a relationship-based approach “primary emphasis is placed on the relationships between parent and child, between parent and providers, and between child and providers” (Atkins-Burnett & Allen-Meares, 2000, p. 373). This model asserts that the method of service delivery is as important as the services actually provided (Weston et al., 1997), or in the words of Pawl, “How you are is as important as what you do” (Pawl & St. John, 1998). The outcomes desired from relationship-based work include a focus on improved parent-child interactions and family functioning (Weston et al., 1997) intended, in turn, to promote healthy child development. This focus on the relationship between parents and providers as the basis of the work heightens the import of “how providers are” with parents, as they work to establish and maintain the relationships central to the work.

Continuity of care. A best practice principle related to relationship-based work is that of continuity in caregiving relationships (DHHS, 1994; Howes, 1999; National Research Council, 2000; Seitz & Provence, 1990). This principle is perhaps more evident in the importance of infant-caregiver relationships (Bowlby, 1969), but is also a critical piece of relationship-based work with families (Bertacchi, 1996). With a primary focus of early intervention being sustained, healthy, parent-child relationships and interactions, continuity of relationships between providers and parents becomes an essential piece of the model.

The Intersection of Early Intervention and Emotional Labor

Integrating the program frameworks and principles described above with the literature on emotional labor highlights the potential of front-line workers in early intervention programs to experience emotion work. Cultural feeling rules, personal characteristics, job characteristics, and display rules tied to program regulations and best practice principles all triangulate to situate early intervention workers inevitably in the path of emotional labor.

Cultural feeling rules

Boundary spanners in Early Head Start, Healthy Families America, and Part C work with babies and their families. This presence of infants and toddlers in the daily interactions of staff with families brings cultural feeling rules to the fore as a program antecedent related to emotional labor. Implicit cultural feeling rules, perhaps originating in ethology and sociobiology (Bowlby, 1969), engender nurturing, protective responses for young infants and toddlers. These cultural feeling rules have been validated by recent findings related to brain development (Shore, 1997) and a heightened awareness of both the potential and vulnerability of the human infant in the popular media. Charming infants smiling from the cover of *Time* and *Newsweek* (Nash, 1997; Smith, 1997; Smith, 2000) declare to the world that the first three years are indeed a time of importance.

These feeling rules—that children are to be loved, nurtured, and protected—can be heightened among early intervention workers when the infant in question is at risk for compromised developmental outcomes. The multiple effects of poverty on a child's environment, factors that place a child at risk for abuse or neglect, and the significant

impact of a diagnosis or developmental delay all have the potential to intensify the emotional response of workers to the needs of the child.

Gender

Although the findings reviewed for this paper were somewhat equivocal when gender was examined in relation to the variables under consideration, the predominant assumption guiding the field is that gender is associated with the experience of emotional labor. In her discussion analyzing the finding that workers experiencing emotional labor were more satisfied with their jobs than those who did not, Wharton (1993) raises the possibility that jobs involving emotional labor attract employees with personalities well-suited to the work. This idea, coupled with pervasive cultural assumptions involving women and caring work (Daniels, 1987), offers a possible explanation for the predominance of women in the field of early intervention. Women dominate the gender balance in this field. With the true relationship between gender and emotional labor yet undefined, it remains probable that it plays an important role.

Job Characteristics

Boundary spanners. Early intervention workers clearly meet Wharton and Erickson's (1993) definition of boundary spanners. Consistent with the definition, they provide the link between the organization and the customer, or in the case of early intervention, between the program and the participants. In addition, however, there is much about the work of early intervention that extends well beyond merely meeting this definition. First, the physical boundary being spanned is not the counter of a fast food restaurant (Leidner, 1993) or the aisle of an airplane (Hochschild, 1983), but the home of a family. The literature on emotional labor identifies a particular challenge inherent in the

work of boundary spanners related to their lack of control on the fringe of the organization (Wharton & Erickson, 1993). Placing the work in the living room of program families adds a dimension to the work with potential to profoundly affect the balance of control between workers and program participants.

Second, the tasks of early intervention place the worker, conceptually as well as literally, in the midst of family life. Whether the reason for program participation is poverty, risk of abuse and neglect, or identified developmental disability, the work of early intervention is grounded in family culture and routines. This physical and conceptual placement of the work within the realm of the family brings early intervention workers face-to-face with ethical boundaries as well as programmatic boundaries (Bertacchi & Norman-Murch, 1999). It is not uncommon for early intervention providers to encounter “two needy individuals” (Ware, Osofsky, Eberhart-Wright, & Leichtman, 1987, p. 423) on a home visit. Parents of children at-risk may have developmental needs of their own, and relationship-based work involves attention to the family context. Maintaining ethical boundaries in this situation can be challenging for providers, especially if they enter the workforce understanding the need to develop relationships with parents, but inexperienced in the arena of identifying and maintaining professional boundaries (Ware et al., 1987). Murray (1998) found that the intimacy of simply providing child care (even without developmental risk factors present) kept caregivers continually engaged in emotional labor. If being a boundary spanner in Wharton and Erickson’s (1993) sense increases the likelihood of emotional labor, it is conceivable that working intimately within the realm of the family as an early interventionist increases the potential for emotion work exponentially.

Lack of job autonomy and control. There are a number of aspects of early intervention that reduce workers' autonomy and control. At the foundation is the placement of the work in the homes of program families. As mentioned earlier, there is solid rationale for situating early intervention work in the developmental context of the child, however, one result of this program design is further reduction of workers' control over their work.

The actual work of early interventionists with families involves two additional aspects that highlight workers' reduced job control. The first involves parents' identification and achievement of self-selected goals. In all three programs discussed in this paper, an individualized plan is developed with the family that directs their involvement with the program. Parents identify the goals or outcomes that form the basis of the plan. The worker may have strong feelings about the goals she thinks a parent *should* identify, but the program value is to work with family-identified goals. For example, a parent might set a goal to complete her Graduate Equivalency Diploma (GED), while the worker (concerned with the effects of second-hand smoke on the baby) feels that she should first focus on smoking cessation. Although the ideal situation might be to address both at once, this may not be possible given available resources. Best practice principles dictate that parent-identified goals direct services (45 CFR 1304; P.L. 105-17).

For workers in Part C programs, reduced control takes on an additional dimension related to the historically prevalent "professional as expert" model of service delivery (Able-Boone, 1996; Lawlor & Mattingly, 1998). Although the field of early intervention has moved in the direction of family-centered values, most therapists enter the field from

clinical training in which they are more likely introduced to a compliance model of partnership with parents rather than one in which the parents drive decision-making. This unexpected control differential in the actual work (vs. that they anticipated) can lead to a perception of reduced autonomy.

Second, although the work of the programs discussed here is to support families in the achievement of goals related to their own or their child's progress, workers have no actual authority over families to enforce effort toward goals. The ultimate enforcement would be to drop the family from the program for lack of progress. However, that outcome represents ultimate failure given explicit program goals to support family progress and healthy child development. This dichotomy places workers in the difficult predicament of encouraging progress while maintaining relationships with parents. Too much pressure to make progress may violate the foundation of the parent-worker relationship and result in withdrawal from services, yet too little encouragement may lead to stagnation in parent and child outcomes. Significant potential for emotional labor exists in the workers' efforts to maintain the appropriate balance.

A third manner in which early intervention workers lack control over their work is related to actual engagement by program participants. Families exercise considerable control over program participation by canceling or otherwise missing scheduled visits. Research on home visitation completion rates has shown that many programs have been unable to sustain the weekly visits built into the program design (Gomby, 1999; Daro & Harding, 1999; Powell, 1993; Sharp, Ispa, Thornburg & Lane, 2002), with reported completion rates of 40 to 60 percent of intended visits for some programs. Regardless of

the reason for missed visits, this phenomenon represents an increase in the potential for emotional labor due to reduced job control.

In summary, the literature on antecedents of emotional labor clearly identifies job autonomy and control as critical. These examples portray aspects of early intervention work that place workers in the position of reduced job control related to the responsibilities of their work. This suggests that these workers are at heightened risk for encountering emotional labor.

Display rules. The literature on emotional labor identifies the explicitness of display rules as an antecedent associated with emotional labor (Morris & Feldman, 1996; Rafaeli & Sutton, 1987). Although it is unlikely that in early intervention they are identified explicitly as “display rules,” there is no question as to whether the rules are explicitly defined. Explicit best practice principles related to developing and establishing effective relationships with families implicitly decree provider interaction modes with parents. Display expectations are written into job descriptions, embedded in pre-service and in-service training (Bricker & Widerstrom, 1996; Bredekamp & Copple, 1997; Klein & Gilkerson, 2000; Niemeier & Proctor, 1995; Signer, 1997), and discussed outright in supervision and performance reviews (Norman-Murch, 1996; Norman-Murch & Ward, 1999).

Front line staff entry qualifications

Although not directly addressed in the literature on emotional labor, an aspect of early intervention work that may contribute to the potential for emotional labor is related to the entry qualification requirements for program boundary spanners, or front-line staff.

In recognition of the challenge of working with families in early intervention, Wasik (1993) states,

“Home visitors need not have master’s or doctoral degrees in a helping profession, but the expectations that will be placed on them are similar to those placed upon individuals with higher degrees who provide consultation and counseling in clinics or hospital settings. Offering services in the home does not mean that the skills of the home visitor can be less than those expected in a clinic setting. Indeed, the relationship skills and clinical judgements of the home visitor may go beyond those required of the helper in traditional settings.” (p. 144).

In fact, to support the premise that families are important to child development, one emphasis of staff development activities and in-service training for early intervention providers attends to aspects of working with families (Klein & Gilkerson, 2000; Sandall et al., 2000; Signer, 1997; Wasik, 1993), with a primary focus on family-centered care, involving families in decision-making, and effective collaboration. There is little, if any, emphasis on internal management of emotions resulting from the work.

Of the three programs discussed in this paper, only Part C of IDEA requires professional level certification in the staff doing the work (P.L. 105-17; Martin, 1999; 45 CFR 1304.52[e]&[f]). Typical Part C intervention team members include professionals trained in early childhood special education or therapists trained in health related professions (e.g., physical or occupational therapists, speech-language pathologists, social workers, and nurses). Although Part C providers are required to meet professional certification standards for their related therapy discipline, there is no such federal requirement related to these providers’ preparation for working with families. This

discrepancy exists even though regulatory changes in the field have moved practice in the direction of working with families as well as the children needing the service (P.L. 105-17).

For Healthy Families America and Early Head Start programs, professional education and experience may be recommended, but is not required. Home visitors for HFA are selected on the basis of personal characteristics, with a focus on the ability to engage families and establish trusting relationships, rather than formal education (Martin, 1999). Although most home visitors working in HFA programs have attended or graduated from college, these qualifications are not a requirement. Early Head Start staff who serve as the direct link between the program and the individuals being served may enter these positions with little or no post-secondary education. Although the Head Start Act of 1998 includes a mandate that by the year 2003, 50% of Head Start teachers nationwide must have at least an Associate's degree, it is still possible to be hired as an EHS teacher or home visitor with no professional training.

In-service training

Given that entry-level job qualifications for EHS and HFA do not require college training, and the Part C requirements for therapists remain discipline specific rather than focusing on the role of families in child development, in-service training activities grow in importance (Klein & Gilkerson, 2000). In the absence of formal training requirements for entry level EHS and HFA workers, both programs provide structured in-service training for program staff .

The Head Start Performance Standards require that all EHS teachers must have their Child Development Associate credential within one year of hire (45 CFR

1304.52[f]). This credential, awarded by the Council for Professional Recognition, represents 120 clock hours of training in eight subject areas related to child development. At this point, these training requirements exist for center-based teachers only, and are not required for home visitors (45 CFR 1304.52[e]), although the Administration on Children and Families began work on establishing core competencies for home visitation staff in 2001 (ACYF-IM-HS-01-08).

Regardless of their entry qualifications, HFA home visitors receive intensive training specific to their roles in the program, based on standards of best practice (Daro & Harding, 1999). Specialized training for HFA Family Support Workers includes an array of training in topics ranging from child development and parent-child interaction, to working with families and the dynamics of child abuse and neglect (Healthy Families America, n.d.). For both EHS and HFA, references to developing relationships with parents are plentiful; however, training in emotion management is *not* included (Healthy Families America, n.d.; Signer, 1997).

Early Intervention and Emotional Labor: Implications for workers

In summary, this integration of literature on emotional labor and early intervention suggests multiple avenues for emotional labor to impact the work of early intervention providers. Consistent with variables associated with emotional labor, early intervention providers are predominantly female, are faced with cultural feeling rules and explicit organizational display rules, and have jobs with discernible characteristics that negatively impact job control and autonomy. In addition, even with extensive worker demands and expectations related to working with families, pre-service preparation offers minimal background for this aspect of the work. Workers receive considerable training

on building relationships with parents, but little training on how to manage the emotions they will encounter. Those who enter the workforce with no professional education receive minimal in-service training to perform work that may require skills and expertise typically equated with clinical counseling (Wasik, 1993). The implications of these circumstances are that early intervention workers are ill-prepared for the emotional labor they will encounter in their daily work.

In addition to those that are obvious upon review of the literature, issues may emerge in the integration of emotional labor and early intervention that are not directly addressed in either. One such example is the potential inauthenticity surfacing from Part C therapists being unsure of whether or not they are actually doing the work they trained to do when implementing early intervention in a relationship-based model versus a direct clinical approach (Hanft & Pilkington, 2000; Lawlor & Mattingly, 1998).

The implications of the impact of emotional labor on the work of early intervention are critical. Although the connection has not been researched, it appears likely that the best practice principles that form the core of early intervention set the stage for intense emotion work on the part of front-line staff. Working in a family-centered, relationship-based approach with families of young children at risk for poor developmental outcomes requires emotional labor. This labor can lead to job stress, emotional exhaustion, emotional dissonance, health symptoms, and potential burnout. These conditions are not conducive to employee retention, an essential component of relationship-based work that values continuity of care.

In recognition of the intrinsic challenges of this work, Henry and Purcell (2000) urge professionals working with parents who abuse or neglect their children to “explore

the tensions” inherent in supporting parents in a family-centered model while ensuring the safety of the children. Although abuse and neglect represent only one aspect of risk discussed here, it is possible that the tensions being referenced apply to workers in all three programs. Further, it is probable that emotional labor is the derivation of the tensions they are feeling. Hochschild wrote, “. . .the deeper the bond, the more emotion work, and the more unconscious we are of it” (1983, p. 68). In a field where workers are explicitly encouraged to employ a family-centered, relationship-based approach to their work with young children at risk for compromised developmental outcomes, the bonds *are* deep. It appears there is risk for workers also.

Future Directions

Implications for practice

The primary implication for practice is that it is highly probable that early intervention front-line workers encounter emotional labor in their daily work, and that a more thorough understanding of that work could lead to more effective support and enhanced outcomes for staff. The logical (but untested) conclusion of this premise is that enhanced outcomes for staff will lead to better outcomes for families. Considering the potential for emotional labor in early intervention against the lack of recognition of the concept in the field, an important implication is the need to inform the field. Supervisors and those in leadership roles in early intervention programs will be better prepared to understand and support staff by becoming acquainted with this concept and its implications.

The importance of relationships between parents and providers in early intervention underscores the need for workers who can enter the field, learn the work, and

do the work through stable relationships with families of young children. The potential for burnout and other negative consequences associated with emotional labor (Copp, 1998; Hochschild, 1983; Wharton, 1999) raises the possibility that these demands have the potential to affect employee retention. This potential, coupled with the finding that social support has been shown to moderate negative effects (Abraham, 1998; Grandey, 2000), suggests that supportive models of supervision for workers in this field may be recommended. In fact, reflective supervision, a supervisory model based on reflection, collaboration, and regular, consistent scheduling (Fenichel, 1992) has been strongly recommended in early intervention in recent years (Bertacchi & Norman-Murch, 1999; Norman-Murch, 1996; Pawl, 1994). This model of supervision offers support to program boundary spanners, but is a time-intensive model, requiring a budgetary commitment on the part of organizations considering its implementation.

Implications for policy

Policy changes are needed to assure that early intervention workers have the training and education necessary to do this work. At this time, they may step into intensive emotion work with families of young children with little or no preparation for what they might encounter. As the Head Start Bureau moves in the direction of establishing competencies for home visitors, consideration must be given to recognizing the impact of emotion work and the need to prepare staff to develop strategies for managing their feelings while minimizing negative effects of the emotional labor they will encounter.

A second, less specific, implication for policy is the general need for recognition that emotion work, although invisible, is labor that takes a toll, requires skill, and

deserves acknowledgement in the form of appropriate compensation for those who perform it as a part of their jobs. The historical devaluation of caring work has sweeping effects on positions that are traditionally considered “women’s work” (Daniels, 1987; England & Folbre, 1999), with critical impact on the demographic profile of the workforce. If work with infants, toddlers, and their families is truly important work, policy changes that support a qualified and well-compensated workforce are needed.

Implications for research

At this time, there is no published research that identifies the intersection of emotional labor and the work of early intervention. This review suggests strong potential for emotional labor to impact the work of early intervention. There is a need for research to define this intersection and its impact on workers. Research questions include: What are the parameters of emotional labor in early intervention? What is the impact on workers in this field? What are the moderating effects of reflective supervision? What training content and methods best prepare workers for the emotion work embedded in their jobs? If increased job identification buffers the impact of emotion work, what are effective means of promoting job identification? The nature of these questions suggests the use of qualitative methods to begin investigation into the intersection of emotional labor and early intervention.

Advances in the field of early childhood development (National Research Council, 2000) and legislative changes that support implementation of early intervention programs such as Part C and Early Head Start are exciting both for researchers and those working in the field. However, in this time of heightened awareness of the early years and effective approaches to early intervention, it is critical to also attend to the impact on

those doing the work. A family-centered, relationship-based approach is *absolutely dependent* on the quality of the workforce. In addition to fulfilling the visible tasks and responsibilities that make up the work of early intervention, that workforce is intensely involved in the invisible work of emotional labor. It is time for practice, policy and research to respond to their needs to assure the ongoing quality of work with families of infants and toddlers at risk.

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Appendix B

Informed Consent Form

Emotional Labor in the Infant/Toddler Workforce

Consent for Human Service Providers to Serve as a Participant in Research

1. I hereby agree to take part in research directed by Dr. Kathy Thornburg. I understand that Valeri Lane and other persons may assist Dr. Thornburg or be associated with her.
2. I understand that the focus groups or interviews conducted for this project aim to investigate the emotional labor inherent in infant/toddler/family work.
3. I understand that minors under 18 years may not participate in this study, and will provide proof of age if asked by the researcher.
4. I understand that this will be my part in the research:
 - a. I will be asked to complete one focus group interview that will last approximately 60 to 90 minutes. I may be asked to provide an individual interview based on comments made during the focus group.
 - b. My participation in the research will take less than two hours per event.
 - c. All focus groups and interviews will be audio-taped and transcribed for analysis.
 - d. Participation in the research is voluntary. I am free to withdraw from the project and stop participating at any time. Refusal to participate will involve no penalty.
 - e. A benefit expected from the research is that the information we learn can be used to improve conditions for other children, families, and early intervention professionals.
 - f. My participation is not expected to involve risks of harm any greater than those ordinarily encountered in daily life.
4. I understand by signing this consent form I am giving permission to the researchers to interview me in a focus group and/or individually.
5. The following steps will be taken to protect the confidentiality of my identity and the information I have contributed:
 - a. Results of this research will be coded in such a way that my identity will not be attached physically to the data I contribute. If names are mentioned in the taped sessions, they will be deleted from the typed transcripts. After transcribing, tapes will be maintained by the researcher for three years, then will be destroyed. The questions I answer will be kept confidential.
 - b. Information that I provide will be seen only by the researcher and the dissertation committee at the University of Missouri.
 - c. All of the information collected will be kept confidential.

- d. The data I provide will not be disclosed to anyone other than the researchers, except as may be required by law. Specifically, if a court case were to arise and the data were relevant to it, it could be subpoenaed; and if the data gives rise to a reasonable suspicion of child abuse, the law requires anyone working on the project who knows about it to disclose that fact to the proper authorities.
6. My questions about this research have been answered. If I have further questions, I am to contact Kathy Thornburg, Project Director, at 573/882-9998.
7. I further allow Dr. Thornburg and her assistants or research associates to perform the procedures referred to above; report their findings to government agencies, funding agencies, manufacturers or scientific bodies, and to publish their findings. I will not be identified in any such publication.
8. For additional information regarding human participation in research, feel free to contact the University of Missouri Campus Institutional Review Board at 573-882-9585.

MY PLACE OF EMPLOYMENT _____

MY NAME-PRINTED _____

MY SIGNATURE _____

DATE _____

Appendix C

Participant Recruitment Packet

March 4, 2003

EHS Director
{Address}

Dear EHS Director:

As a fellow program administrator who is also a University of Missouri graduate student involved in research, I have become interested in the impact of infant/toddler/family work on the front-line staff who deliver First Steps and Early Head Start services. I plan to investigate this impact for my dissertation. To gather data for my research, I will conduct focus groups and individual interviews with front-line staff.

The focus of this research is the intensely personal work of interacting with families of infants and toddlers, and its impact on the persons doing the work. Issues with program requirements, administration, or other unrelated concerns are not of interest and will not be queried, encouraged, or discussed.

I am asking your help in recruiting staff to participate in the focus groups and interviews. Enclosed is a letter intended for front-line staff doing the work of First Steps or Early Head Start. I would greatly appreciate it if you would distribute this letter to staff in your program. I am also attaching a consent form for their review prior to the focus group. I will ask them to sign the consent form after I have had a chance to answer any questions they have regarding the process.

For those who participate, interviews and focus groups will be held outside of work hours and will not conflict with work responsibilities.

Please let me know if you have questions by emailing to vlane@iland.net.

Sincerely,

Valeri Lane

March 4, 2003

Dear EHS Provider:

As a part of my graduate research through the University of Missouri, I am seeking EHS or First Steps providers to participate in focus groups or individual interviews. The focus of the investigation is to examine front-line workers' responses to working closely with families of infants and toddlers. I am especially interested in talking with staff who participate in home visits, or otherwise establish close relationships with families of infants and toddlers enrolled in First Steps or EHS, and their supervisors.

Focus groups of 5 to 8 participants will be held first, with workers grouped by program type. From data gathered in the focus groups, selected participants will be invited to participate in individual interviews. All focus groups and interviews will be audio-taped and transcribed for analysis.

Confidentiality will be maintained by removing names and identifying comments from the raw data. Focus groups and interviews are expected to last from one to two hours, and will be scheduled outside of regular work hours.

A consent form is enclosed for your information and review. Please do not sign this form until we have had a chance to answer any questions you have. Those interested in participating will be contacted for scheduling purposes. Questions regarding consent to participate may be addressed at that time.

If you are interested in participating in this research, please let me know by returning the attached Participant Information Form or sending an email message to vlane@iland.net, including the requested information. Please respond by (date 2 weeks from mail date).

Sincerely,

Valeri Lane

Participant Information Form

Name _____

Address _____

Phone (h) _____ (w) _____

Best time to be reached by phone _____

email address _____

Program _____ First Steps _____ EHS

Position with program _____

Years in this position _____

Years working with infants/toddlers & families _____

Education _____

Please indicate your preferred time and day if selected to participate:

_____ 5-7 p.m.

_____ 6-8 p.m.

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ Saturday a.m.

_____ Saturday p.m.

Please return this form to Valeri Lane, 21088 Glenn Rd., Sedalia, MO 65301, or email the information to vlane@iland.net.

Appendix D

Focus Group Interview Protocol

Answer questions about consent forms and get signatures as participants enter.

Introduction of facilitators.

Introduction of project.

As indicated in the recruitment letter, this discussion group is one of four being conducted as a part of a dissertation research project on early intervention.

You have been invited because you do direct work with families of infants and toddlers who fall into a category of developmental risk, as a result of socio-economic status or because they are eligible for Part C. A distinct aspect of your job is that your work is done primarily through home visits with families of infants and toddlers. We are especially interested in effects of this work on you as the worker.

Remind participants that the focus group will be audio-taped for transcription and analysis, but that all names or identifying remarks will be removed in the analysis phase.

[5 minutes] Begin by having participants state their name, position, and years experience working with families of infants and toddlers.

1. [5-10 minutes] During this interview, we are going to focus on some of the emotional aspects of your work. As a “warm-up” exercise, I’d like each of you to mention at least one emotion that you have felt in the past month or so as a result or a part of your work. (Record on flip chart.)

Probe:

- If the list is leaning toward all positives (e.g., I feel worthwhile...I feel good about what I do), or all negatives (e.g., I’m frustrated...I want to cry), say, “Do you ever experience emotions of the other sort? Have you ever had (positive – or – negative) feelings as a result of your work? What are some of these feelings?”
2. [25-35 minutes] Now, I’d like you to describe specific situations in your work with families of young children that brought about an emotional response within you.

Probes:

- How did you feel in this situation? What emotions did you experience?
 - How did you handle this emotion?
 - What about the situation made you feel or respond this way?
3. [10 minutes] What if you were in a situation where you felt you might *not* be able to “handle it” (meaning, the emotion)? What would you do in that situation?

4. [15-20 minutes] Now, to expand on the situations we've just heard about (from Question #2), I'd like each of you to think about the circumstances of your work that contribute to the emotions that you experience as a part of your job. I'm going to pass out a piece of paper & ask you to list 3-5 aspects of your work that lead to emotional responses.

(Allow 2-3 minutes to write.) Now, let's briefly discuss what you have written. What are the aspects of your work that contribute to emotions being a part of your job? (Collect papers when this part of discussion is finished.)

Probes:

- If answer is vague (e.g., "They are so *little!*") ask, "*What about that* causes the emotional response?"
5. [5-10 minutes] Finally, let's talk briefly about aspects of your work that diminish the effects of the emotions you experience. What about your work serves to reduce the effects of the emotions you experience?

Thank you very much for your participation in this group. You have been very helpful! Data from this and the other 3 focus groups will be used to identify themes related to the emotion work of early intervention providers. Once these data have been analyzed, I will send the preliminary analysis out and ask you to read it over to see if your comments (and others) have been accurately represented. At that point, all information or details that could lead to identification of a participant will have been removed.

From the analysis of these focus groups, a few participants will be selected for individual interviews to provide more depth around key themes.

Thank you again for your help with this project.

Appendix E

Summary of Emergent Themes

[Original Focus Group Question: *What emotions have you experienced recently as a result of the work you do with families of infants and toddlers?*]

Felt Emotions

Felt emotions fell into categories that could be divided into positive and negative emotions.

Positive emotions were identified as primarily related to:

- Intrinsic rewards
 - Pride – I’ve made a difference.
 - Reciprocation of home visitor’s investment in the relationship by the family
 - “I was at Dollar General one time, and one of my teen moms was in there with all her friends, giggling and running around, and, she’s like “L.!” And she introduced me to all her friends, “This is who I’ve been talking about! This is my home visitor!” and... it just... you know... .. they’re just still kids...”
- Happiness – parent achievements
- Affirmation - Parents “getting it”
 - “Part of the paycheck”
- Observing child meeting milestones

Negative emotions were mentioned more often. Themes were:

- Frustration – this was the first emotion mentioned each time.
- Feeling overwhelmed (“It’s bigger than me.”)
- Guilt
- Concern for the children/sadness
- Fear for self and child
- Boundary conflicts
- Loss, especially when have strong relationship and child transitions out

Impacts of emotion work

- The work goes home with you – affects your home life, children and families. Participants expressed not having energy to give to their own family.
 - “Nobody likes me at home.”
 - “The job is 24-7. It is non-stop. There’s always something in the back of my head ... or an emotion going on...”
- Emotion work can lead to physical symptoms, such as loss of sleep, anxiety, tension headaches, cold sores.

- “I found out I had anxiety. ... and this job was really triggering it. That’s why I had to get medicated. ... I think the hardest thing for me was, when I went home, and had cold sores [all over her mouth], and my own kids wouldn’t even kiss me. ... And, I’m like, I’ve got to do something different. Because this isn’t working.”
- There is an emotional toll. “I can’t stay up there...” Participants discussed the intensity of sustaining emotions at heightened level over time. The work was described as *draining*.
- The weight of the responsibility (regarding the safety/development of children), coupled with frustration/concern that little progress is “visible,” led to questioning of self.

[Original Focus Group Question: What *circumstances of your work contribute to the emotions you experience?*]

Aspects Contributing to Emotions

Boundary Spanning

- The “work site” is someone else’s home – *their* natural environment.
- The *intimacy* of the work plays a big role
 - The work is in the family’s private space
 - Topics are intimate (child development, family self-sufficiency)
 - Necessary to develop a *relationship* with parents to do the work
 - With teen moms, a real pull to “parent” them
 - They start feeling like “family.”
 - “They start calling you ‘family.’ You know, they think of you as their family.”
- Sometimes it’s hard to set and maintain boundaries.
- Value differences (housekeeping standards, parenting practices) may be different, but you’re on their turf.
 - “Roach” stories from each site ☺

Logistics of the Work/Program Design

- “We’re working with human beings... with people.”
 - “We know what we say can have a great impact on them.” “It’s a lot of pressure. A lot to carry...”
 - “It’s not like being an accountant, or crunching some numbers...”
 - “It’s not like working in a factory or something... you know? This is [about] people’s feelings, and their children, and you want to do the right thing.”
- Having the sense that HV’s are always “on.” “They’re watching every move we make. Am I doing the right thing? Because they are watching. The parents and the children are watching.”
- Keeping the relationship/rapport at the front.

- Sometimes difficult to “shift gears” between families when doing back-to-back visits (causes a roller coaster effect, or the stress of maintaining a heightened level of intensity).
- Transitions are difficult when a family leaves the program, can feel like a loss to you, especially when have truly cared about a child/family—have an emotional investment in the family.
- Families sometimes have great & complicated needs – needs that go beyond the scope of EHS – community supports not there or inadequate, therefore is quite frustrating. (“It’s bigger than me.”)
- Sometimes professional boundaries *create* the conflict. You care about the children/family, and want to give outside professional boundaries (such as helping out at Christmas, etc.).
- Sometimes embarrassing to bring in the impersonal requirements of paperwork in the face of the intimacy of the relationship (which is felt to be the “real” work).
 - “Because you become so involved in their life, and it’s so personal. And then to say, ‘Ok, your electricity’s getting ready to be turned off, but... could you sign this before I leave? Because it’s due tomorrow morning.’”
- “Second Shift” work for HV’s who are wives, parents, ...

Vulnerability of the children

- Sense of urgency related to important developmental issues of early childhood.
- Children are vulnerable –
 - “It’s just the fact that we’re working with children, and children don’t have their own voice. You can go home, but they have to stay. They need to be protected.”
 - “Because you know at times that you are the only... light, you’re the only positive thing that is in that child’s life. So, you just put up with a lot of things that maybe you wouldn’t deal with in your own life. So that, at least once a week, you know that this child is getting time... attention... whatever that child needs.”
- When parents don’t engage in program or seem interested in child’s development.

Parent Factors

- Extended family (especially the mom’s mothers) aren’t always a positive factor.
- Teen moms – they are still children, too.
- Loss of hope among some parents.

The Good Stuff

- When you see something that makes you feel like you made a difference.
- Positive feelings when parents “get it” and follow through.

[Original Focus Group Question: How do you handle the emotion?]

Strategies

For dealing with emotions “in the moment”

- “Surface Acting”
 - Keeping your feelings inside – hiding them in the moment (with families)
 - To establish/maintain relationship
 - [Mother fixing a meal to share with HV – important visit, mother breaking news that she is dying...] “When I got there, she was picking roach pieces out of the rice that she was making. ... I went to the restroom, and I stood against the wall, and I slid down the wall, I slipped just like, into a fetal position. I did. I slid down the wall, and, I said, ‘God, is this a test?’ That’s exactly what I did. ... I got my composure, and I went back out. ... and it wasn’t like there were a lot of roaches in there, or anything. She just pulled out a leg or two. And, I thought, I can offend her, and tell her that I’m not going to eat that, or, I can eat it with grace and know that there’s nothing gonna happen to me if I get a roach leg. You know? So, I ate.”
 - To “protect” fragile (especially young) parents
 - “No way can you be judgmental, and go into somebody’s home week after week after week.”
 - Many examples of “putting on a neutral face” when experienced emotion was strong.
 - GREAT pit bull/mom an ex-con story
 - Venting, releasing to supervisor or peers when in a safe place.
 - “Last night, I said ‘I can’t take it anymore.’ I went to tell my co-workers what’s going on with all my families...not for them to fix it, and not for them to do anything with it, but just to be able to vent. And I took 15 minutes, and kind of ran through some of the stuff... and a couple of them were almost in tears. Just by me telling them. And then... I slept last night. I actually slept last night.”
- “Deep Acting”
 - Rationalizing/reflection – self-reminders that they were not parented like you were, there are reasons behind their behaviors.
 - “Reframing the crisis.” What might seem like a crisis to you as a home visitor, and *appears* to be a crisis while you are with the family, is long forgotten by the time you return the next week. (There seems to be a difference in the measuring stick of “what’s a big deal & what’s not.”)
- “Playing it straight.” Experienced HV’s described a change in their strategies over time. Were more honest in revealing feelings (frustration, concern, etc.) when had been with family for a while, once “relationship” was established.
 - Work is more balanced and less stressful when responses to families more honest in the moment – less to “take home” at this point.

Proactive Emotion Management

- Scheduling week so can balance more intensive with less intensive family work
- Camaraderie, acting silly in the office
- More than one reference to ice cream...

For “letting go” of emotion work after hours

- Establishing and maintaining boundaries, especially for time. (This includes “turning it off” and not letting the work get inside your head at night, etc.)
 - “I say to myself, ‘When it hits 6 o’clock, I’m no longer employed at Head Start. I’m free!’ and, at 6 o’clock... I mean, sometimes I watch that clock, and when it hits 6 o’clock, I’m just like, ‘It’s over and done.’ I’m not gonna worry about it till tomorrow morning at 8:00.”
- Having “down time” between work and home.
- Self care strategies (several, and varied).

Appendix F

Individual Interview Protocol

Answer questions about consent forms and get signatures.

Review of project.

Thank participants for participating in focus group. Explain that all tapes were transcribed and analyzed. Analysis revealed the emergent themes outlined on the Focus Group Emergent Themes document. Provide copy of document to participant.

This time, will conduct individual interviews to check for accuracy of analysis and confirmation of emerging themes.

Remind participants that this interview will also be audio-taped for transcription and analysis, but that all names or identifying remarks will be removed in the analysis phase.

Begin by having participants state their name, position, and years experience working with families of infants and toddlers.

1. In order to check the accuracy of the data, I'd like to do a "double-check" and ask you to go through this "Emergent Themes" document with me. We will go through each section slowly, reflecting on each theme. What I want you to think about is this: Do these themes resonate with your perception of your work? Do they accurately represent how you experience the emotional aspects of your work?
2. If no, please explain in what way your experience is different.
3. If yes, please provide a scenario that supports this statement or theme.

Again, thank you very much for your participation in this project. You have been very helpful! Data from these interviews will be analyzed with the focus groups to see if any new themes emerge. Once these data have been analyzed, I will send the analysis out and ask you to read it over to see if your comments (and others) have been accurately represented.

Thank you again for your help with this project.

VITA

Valeri J. Lane was born February 20, 1952, in Maryville, Missouri. After attending public schools in Missouri, she received the following degrees: B.S. in Education from the University of Missouri-Columbia (1974); M.Ed. in Curriculum and Instruction from the University of Missouri-Columbia (1985); M.Ed. in Early Childhood Special Education from the University of Missouri-Columbia (1995); Ph.D. in Human Development and Family Studies from the University of Missouri-Columbia (2005). She taught in public schools from 1974 through 1990, and as administrator of private child and family services for 13 years. She is currently Director of Family and Child Development for the Center for Human Services in Sedalia, Missouri.