



Examining the Role of Race in the Emotion Work of Ontario's Midwives of Colour

Examen du rôle de la race dans le travail émotionnel des sages-femmes ontariennes de couleur

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ABSTRACT

Emotion work has significant implications in midwifery care, impacting midwife-client relationships, the quality of service provided, and professional satisfaction and retention. The existing research on emotion work in midwifery neglects to address how midwives' social location (sexuality, class, ability, race, age, etc.) might influence the emotion work in which they engage. This paper explores how one aspect of social location—race—may play a role in creating more and different emotion work for midwives of colour. A more thorough and nuanced exploration of emotion work is needed to better support the professional lives of

midwives of colour, and ultimately support Ontario's vision of a diverse, equitable, and inclusive midwifery profession.

KEYWORDS

diversity, emotion work, midwifery, race

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RÉSUMÉ

Le travail émotionnel entraîne d'importantes conséquences pour les soins prodigués par les sages-femmes. Il influe sur les relations entre celles-ci et leurs clientes, la qualité du service offert, la satisfaction professionnelle et le maintien en poste. Les recherches existantes sur le travail émotionnel des sages-femmes négligent d'étudier l'influence possible de concepts sociaux (la sexualité, la classe, la capacité, la race, l'âge, etc.) sur celui-ci. Le présent article examine la façon dont un aspect du concept social – la race – est susceptible de jouer un rôle dans la création d'un travail émotionnel accru et différent pour les sages-femmes de couleur. Il faut se pencher d'une manière plus approfondie et nuancée sur le travail émotionnel afin de mieux soutenir la vie professionnelle de ces sages-femmes et, au bout du compte, d'appuyer la vision d'une profession de sage-femme diversifiée, équitable et inclusive en Ontario.

MOTS-CLÉS

diversité, travail émotionnel, pratique sage-femme, race Cet article a été évalué par un comité de lecture

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INTRODUCTION

Midwifery is an emotionally challenging profession.¹ In recent years, researchers have explored the emotional experiences of midwives, and more specifically, the role of emotion work in the profession.²⁻⁵ Emotion work has emerged as a key factor contributing to both the professional satisfaction and the sustainability of midwives' careers. Noticeably absent from the analysis of emotion work in midwifery, however, is the impact of midwives' social location. This article concerns one aspect of social location—race—and the impact of race on the emotion work of midwives. It argues that the racialized experiences of midwives of colour generate different and added emotion work that can affect both professional well-being and retention. The experiences of racialized midwives should be more explicitly researched in order to better recruit and retain a racially diverse community of midwives in Ontario.

This article begins with a review of the concept of emotion work and its application to midwifery. It then addresses two components of emotion work as they relate to midwifery: [1] managing one's

emotions and [2] defining one's work. A full analysis of social location—including sexuality, class, ability, and gender hierarchies—while ideal, is beyond the scope of this article. Identities are not static; they are intersectional and constantly changing in relation to other identities.⁶ Also, there is no single experience for midwives of colour or for people of any shared identity. Despite this complexity, an investigation such as is described here is critical to understanding the diverse ways that midwives navigate, experience, and thrive within the profession.

EMOTION WORK IN MIDWIFERY

The term “emotion work,” introduced by Hochschild in 1979, is used to describe “the management of emotions required for waged work.”⁵ Since then, emotion work has been the subject of study in various fields, including midwifery.^{3,7} Emotion work involves three distinct aspects: [1] managing one's own feelings, [2] defining one's work for oneself or for others, and [3] making others feel a certain way.⁷ In midwifery, these three aspects of emotion work are at play in multiple and dynamic

ways. This article focuses on the first two aspects of midwives' emotion work: managing one's emotions and defining one's role in the maternity care system.

The major findings on emotion work in midwifery have centred on the various sources of emotion work for midwives, with reference to their impact on professional well-being, the sustainability of one's midwifery career, and quality of care. Research so far has been limited to midwifery in the United Kingdom. Hunter and Deery have found that the type of emotion work experienced by midwives is highly context specific, depending on the organization of care (e.g., "team" models), the setting of care (community based versus hospital), and the specific characteristics of each setting (e.g., staffing and case volume).³ Given the highly contextual nature of emotion work, its study in the Ontario midwifery context is highly relevant and arguably underacknowledged.

Mirchandani criticizes the literature on emotion work for its lack of attention to individuals' social location with respect to race, class, and gender hierarchies.⁷ She argues that the assumption of a "universal" experience of emotion work within a particular group leads to a misunderstanding of the range of emotion work that would be experienced in "heterogeneous social and economic environments."⁷ In midwifery, the absence of a social location analysis is based on the assumption that midwives' experiences of emotion work are universal and reproduces the ideas of the dominant hegemony. In 2004, Nestel wrote that "Ontario midwifery has occupied a predominantly white space since its inception."⁸ This sentiment lingers in more recently published work.⁹ Ontario is home to a small but growing number of midwives of colour. Since emotion work is connected to quality of care, professional well-being, and, ultimately, professional sustainability, it behooves the Ontario midwifery community to investigate emotion work more carefully through a racial analysis. This would generate a richer understanding to better support working midwives of colour throughout the province. Mirchandani also noted that one's social location is "relational and shifting."⁷ For midwives of colour, the emotion work might vary, depending on the social context—for example, with white colleagues, white clients, clients of colour, or white colleagues

supporting clients of colour. Introducing a racial analysis allows one to appreciate the complexity of emotion work and to avoid the pitfalls of assuming a single story for all midwives.

Emotion work is not necessarily a negative experience. There are joyful and motivating dimensions of emotion work.⁵ Midwifery offers the potential for rewarding relationships with clients and colleagues, as well as opportunities to derive meaning, experience professional satisfaction, and be intellectually and emotionally stimulated. Investigating emotion work for midwives of colour might yield insight into the ways in which social location can help to strengthen midwives' ties to the profession and community and perhaps drive motivation towards increasing diversity within Ontario midwifery.

The Work of Managing One's Own Emotions

Midwives perform considerable emotion work through the management of their own feelings, using a form of "impression management."^{3,5} Impression management involves ensuring that the presenting self is in alignment with contextual expectation or is displaying the right feelings for the right place and time. The impression management required of midwives can vary, depending on the type of relationship: midwife to client, midwife to midwife, or midwife to interprofessional colleague. The work of managing one's emotions is context specific and is guided by the organizational "feeling rules" of the particular midwifery practice group or setting. Feeling rules are the context-specific rules that dictate which feelings are appropriate or inappropriate to have or display.³ The regulation of performing or disguising certain emotions, based on unspoken feeling rules, has been described as "stressful, exhausting and onerous," even "potentially harmful" if the suppression of emotion results in a "loss of self."³ The pressure to behave appropriately can arise from not wanting to be seen as an "unsuitable" midwife.³ These rules are not universally defined. As with other components of emotion work, incorporating an analysis of the social location of a midwife of colour adds another layer to the understanding of the burden of feeling rules and the pressure to be seen as a "suitable" midwife. For example, what are the unspoken rules

Existing research on the emotion work of midwives fails to capture the ways in which social location (particularly race) impacts midwives' experiences.

for navigating a perceived racial microaggression or for entering a space where one is the only person of colour, and what effect do they have on the professional well-being of midwives of colour? These questions are worthy of more attention.

Research on the experiences of midwives of colour is lacking. In one study, midwives of colour reported feeling like the “other” and disclosed feelings of “oppression, invisibility, and feeling alone” that had long-standing effects.¹⁰ For some, the feelings were felt viscerally. One respondent explained that “there’s a reaction in you when you are rendered invisible...something happens to us when we’re treated like that.”¹⁰ Although these feelings sometimes enhanced their midwifery practice [for example, by increasing their sensitivity to others], the midwives’ racialized experiences took a “psychological toll” on them.¹⁰ Although emotion work was not addressed specifically, the responses of the midwives of colour clearly describe different emotional experiences than those described in research that did not include an explicit racial focus. Research in the nursing profession has already begun to unpack racial dynamics and may serve as a canary in the coal mine for Ontario’s growing midwifery profession. A study of Black nurses’ experiences in Nova Scotia described the nurses’ feelings of loneliness, nonbelonging, and isolation, and revealed an uncomfortable reality wherein they felt that they were silenced, were unable to speak openly, and were not being heard.¹¹ In describing how Black nurses survive on the margins of their profession, Etowa et al. noted the differences within racialized groups of nurses as well—darker-skinned Black nurses report a greater sense of isolation than light-skinned Black nurses.¹² The nurses “report feeling powerless, hopeless, frustrated, angry, bitter, and even experience burnout.” Managing

such emotions both successfully and according to the appropriate rules of the setting requires considerable emotion work above and beyond that of nursing alone. Doing this work privately, silently, and without acknowledgement may even increase Black midwives’ sense of otherness and vulnerability.

In the context of Ontario midwifery, managing this additional emotion work may be an even greater burden because of the incompatibility of these experiences with the profession’s identity of being rooted in social justice work. The experience of having one foot in the privileged identity of “midwife” and one foot in the marginalized identity of “person of colour” may further complicate the emotion work involved, as a study of racialized college professors revealed.¹³ Midwives of colour in Ontario might experience emotion work differently depending on their geographic location. Those working in racially diverse urban centres may engage in emotion work that is different from that done by those working in rural and remote areas, where racism in the health care sector (and in general) may be more overt. Furthermore, how might the *perceived* emotion work affect midwives’ decisions regarding where they might feel comfortable practicing? This takes us into the emerging field of “emotional geography,” which describes “the strong links between emotion and space/place—that is, the emotionally dynamic spatiality of belonging.”¹⁴ The analysis of space and place might extend to the ways in which midwives of colour engage professionally. How might added emotion work affect the capacity or motivation of midwives of colour to participate in committees, interprofessional working groups, or teaching? How does the emotion work manifest differently among different groups (midwives, interprofessional colleagues, students, and clients)? Clearly there is

no single answer. But without the posing of such questions, the strongly stated desire to increase racial diversity among Ontario midwives seems unlikely to be realized.

The Work of Defining One's Work

Defining and making meaning of one's work is another source of emotion work.⁷ This may involve navigating professional ideologies, as Hunter's work with midwives in the UK demonstrated.² Her research revealed that the conflicting ideologies between community- and hospital-based midwives and between junior and senior midwives were a source of emotion work.² Junior midwives described feeling frustrated and alienated, and "integrated team midwives" described feelings of disappointment and "divided loyalty" while navigating the contrast between a community-based "with woman" ideology and a hospital-based "with institution" ideology.² Integrated team midwives also expressed frustration with ambiguous autonomy, "playing 'piggy in the middle' between the women, senior midwives, doctors and organisational policies."²

In Ontario, the tremendous amount of advocacy and organizing that led to the profession's legislation arguably helped to stem similar challenges posed by ideology and autonomy. However, as midwifery is a relatively new profession, work remains to be done to increase public awareness and interprofessional knowledge of midwifery's scope and value. Burton and Ariss agree that "midwifery is still needing to carve out its place in the health-care system."⁹ This is undoubtedly a source of emotion work, especially when the perception of midwives and midwives' perception of themselves are not in alignment.

This role-defining work may be experienced differently by midwives of colour, as shown by Burton and Ariss's study of Ontario midwives' understanding of and engagement in their social justice-oriented "diversity work."⁹ The study's participants, themselves representing a diverse cross-section of Ontario midwives, noted that much of the diversity work they undertake is extraclinical.⁹ As minorities, midwives of colour may see the extra clinical role-defining work as critical to their contributions to the growth of midwifery, particularly as it relates to increasing midwifery's diversity and reach. For Ontario's midwives of colour,

ideologies around midwifery care may not differ (as they did in Hunter's study), whereas ideologies around social justice imperatives may. Studies of Black and minority workers note the importance of professional role models.^{10,12,15} Mentoring midwifery students and new midwives of colour or sitting on boards and committees to serve as role models might be an important part of racialized midwives' diversity work. The additional roles that midwives of colour take on to further their social justice ideologies may have significant implications for their professional satisfaction, and ultimately their retention.

CONCLUSION

This article presents the argument that the existing research on the emotion work of midwives fails to capture the ways in which social location (particularly race) impacts midwives' experiences of emotion work. Social location and emotion work are both relational concepts by definition. Like emotion work, race is a construct that gains meaning only in relation to others. Midwifery in Ontario, as a historically white-dominant space, may prove to be a challenging space for midwives of colour to navigate and feel welcome in. Hunter and Deery note that silence around the stresses of emotion work leads to "an emphasis on individual solutions (resilience) to common difficulties."³ The same can be said for systemic issues such as racism. Placing the burden of responsibility on midwives of colour for the added emotion work that comes from being a racialized minority is not only unfair but also an impractical strategy for building a more diverse Ontario profession. Exploring the experiences of midwives of colour can be a first step towards understanding the inequity and ensuring that all midwives in Ontario feel acknowledged, appreciated, seen, heard, and supported.

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Lisa Thacker is Canadian born of South Asian ancestry. This manuscript was first submitted for publication in 2017, when Lisa was a recent graduate of the Ontario Midwifery Education Program. At present, and at the time of acceptance for publication, Lisa has been working as a registered midwife in Ontario for four years.



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The 2021 cover features a painting by Vincent Van Gogh, a famed cis-male European painter. The painting was chosen as it is a little known work of his called "the midwife". Part of its beauty is the depiction of an elderly woman, when so much artwork features only the beauty of the young. This piece of work was also chosen, recognizing that it's lack of fame is tied to the historic devaluing of midwives as well as older women in general in much of European artwork. Considered one of the greatest 'impressionist' artists his subject matter reveals a celebration of pregnancy, aging and the work of midwives.

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