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LOVE THE WORK, HATE THE SYSTEM

A QUALITATIVE STUDY OF EMOTIONALITY, ORGANISATIONAL CULTURE AND MASCULINITY WITHIN AN INTERACTIVE SERVICE WORKPLACE

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A thesis submitted in fulfilment of the

requirements for the Degree of Doctor of Philosophy

to the Department of Anthropology and Sociology

at The University of Queensland

March, 1997

I declare that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or part, for a degree at this or any other institution.

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ABSTRACT

This is a qualitative study of emotionality, organisational culture and masculinity within an interactive workplace. The workplace under scrutiny is the Queensland Ambulance Service (QAS), a public sector organisation that provides both conventional and aerial pre-hospital emergency care and transport to all persons living in the Australian state of Queensland. The works of Hochschild, and the burgeoning studies of organisational emotionality provide a framework which illuminates the links between the practice of emotional labour and the privileging of particular kinds of emotionality within the QAS.

The findings are based on observational and interview data collected over a period of fifteen months. During this time, five hundred hours was spent in the field observing one hundred and ten cases. Thirty indepth interviews were held with officers from the seven QAS regions.

This study illustrates that emotional labour needs to be studied in the context of the emotional culture in which it is practiced. This approach to the study of emotional labour has made transparent the crucial role intra-gender relations play in the constitution and reproduction of organisational emotionality within the QAS. The existence of frontstage and back stage masculinities is illustrative of how emotional culture is constructed and maintained through gendered organising processes.

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GLOSSARY OF TERMS

CISD	Critical Incident Stress Debriefing
MVA	Motor Vehicle Accident
EAP	Employee Assistance Program
CPR	Cardiopulmonary Resuscitation
DEBIF	Defiribrillation
CLINICS	Code Three Or Non-Urgent Cases
GERRIE	Slang Term For Geriatric Patient
HUMPER	Same As Above
QATB	Queensland Ambulance Transport Brigade
OIC	Officer-In-Charge
HONORARY	Volunteer Ambulance Officer
ACT	Advanced Clinical Training
UNIT	Ambulance Vehicle
CODE 1	
CODE 2	
CODE 3	

CHAPTER 1

INTRODUCTION

This thesis is a contribution to the burgeoning field of the sociology of emotion, in particular the study of organisations as sites of emotional process work. It uses an intensive case study approach to explore the connections between emotionality, masculinity and culture within an interactive service workplace. This term refers to a service oriented workplace in which interaction between the service provider and service recepient is the activity around which all other activities performed within the workplace revolve. The site chosen for this investigation was the Queensland Ambulance Service (known hereafter as the QAS), a public sector organisation whose primary objective is the provision of pre-hospital emergency care to all people living in the Australian state of Queensland.

As part of their duties as 'caring' ambulance officers, QAS on-road staff are expected to perform as emotionally complex individuals while simultaneously adhering to a rigidly hegemonically masculinist code of conduct. On the one hand, officers are expected to display the 'softer' emotions of compassion, empathy and cheerfulness in public regions whilst on the other hand refraining from the expression of grief, remorse or sadness in the company other officers. This expectation is not harsh in itself, but becomes untenable when the organisation in question relies heavily upon the privatising of emotional process work that is actually a stage in the process of performing emotional labour itself. Emotional process work is defined as the emotion work in which officers engage after emotional labour has been performed. While this practice incorporates what Hochschild (1983) refered to as emotional management, in this

particular context it is used to differentiate between the processes used in emotional labour, and those utilised to make sense of the interaction to which emotional labour is central.

Emotional labour is defined here as the appropriate level of display, feeling and exchange that occurs between the service provider and the service recipient. The practice of emotional labour includes individual emotion work and emotion management of others' feelings. The right level of display is determined both within the immediate parameters of the service encounter, and the emotional culture in which the service encounter is performed. An analysis of how emotional labour is situated within the QAS is one way of determining how organisational emotionality may be constructed and reproduced. In the QAS context, emotional labour is specifically defined as the management of the emotional interface between ambulance officer and patient, and/or persons located within the vicinity of the interaction with whom the officer needs to communicate in order to successfully accomplish the task at hand.

The terms emotional culture and organisational emotionality are used interchangeably throughout this thesis. This is done to highlight two points: how the latter concept is culturally constituted, and to emphasise that organisations are both cultures and affect regulators (Alvesson, 1992). Emotional culture is a concept borrowed from Gordon's (1989) work on the institutionalisation of emotionality, in which he distinguishes between explicit and implicit feeling rules. Feeling rules are guidelines that delineate zones within which an organisational member is able to feel in a given situation. These rules are ascribed to particular group social actions, and are generally indicators for how closely linked certain feelings and situations should be. As feeling rules are cultural products, they are fluid and changeable. For instance, QAS

officers are now able to shed tears after a Sudden Infant or 'Cot' Death (SIDS). This change in feeling rules as they apply to the deaths of children has occurred as a result of a combination of broader societal change as well as micro changes within the QAS. In the case of SIDS, a considerable amount of information about grief reactions to the sudden death of an infant is now widely available. Through the process of informing fathers about the legitimacy of their non-traditional reactions, this information has filtered through to the QAS. Thus, it is now acceptable to exhibit a strong emotional reaction at the scene of a cot death.

The definition of emotionality here is similar to that of Denzin's (1984) definition, in that it simply refers to the process of being emotional. Organisational emotionality then is concerned with how emotion is central to the process of organising and participating in organisational life (Putnam and Mumby, 1993). According to James (1993), emotion is an important process in the creation of the work environment, which is achieved through the practices of emotional management of the self and others, and through the constitution of mostly gendered emotional divisions of labour. Thus, in addition to being a process, organisational emotionality is also chiefly concerned with how emotionality is defined and practiced within a given organisational context.

In developing the concept of organisational emotionality I draw upon the term organisational sexuality. Just as the latter term is somewhat of a paradox, so too is the former. Hearn and Parkin (1987) contend that organisations are prime locations where practices and ideologies are constructured and reproduced. However, organisations are also engaged in the business of de-sexualising themselves through denial of the pivotal role sexuality plays in the construction of gender relations, and in the actual existence of sexuality itself. In this instance, the QAS expends considerable amounts of energy

denying the existence of 'feminine' forms of emotionality while being simultaneously dependent upon them for its very existence.

Organisational emotionality is manifested through emotional architecture (Fineman, 1993), emotional arenas and emotionalised zones (Hearn, 1993). Goffman's dramturgical perspective is used here to demonstrate that the feeling rules that characterise the backstage emotional zones of the ambulance vehicle itself and the ambulance station, not only differ markedly from that of the frontstage zone of public space, but illustrates the limited possibility of frontstage culture affecting backstage culture in any lasting way.

The term 'masculinist' as used throughout this thesis refers to the adoption of an ideological position that privileges hegemonically masculine practices over other manifestations of masculinity. A masculinist culture is one that denies the existence of multiple masculinities. It is also one that defines masculinity by what it is not (Connell, 1995). The adoption here of a critical men's studies approach combined with Connell's (1987) notion of gender regime provides a conceptual framework within which the connections between organisational masculinity and organisational emotionality are revealed. Masculinism therefore refers to an 'intact' form of patriarchy that gives primacy to the belief that gender relations are non-negotiable (Brittan, 1989). While the existence of multiple masculinities is acknowledged (Collinson, 1992), where men are divided by ethnicity, class and sexuality, masculism is an overarching force that privileges men's position in society. In other words, while all men may not individually adopt a hegemonically masculine persona and therefore benefit from that per se, all men do benefit from masculinism to some degree.

The process of being emotional in an organisational setting is often associated with feminine activity. Therefore, only certain kinds of emotion are considered emotional. For instance, while men who express anger in the workplace may be considered masterful and strong, the expression of the same emotion by women can be and usually is labelled as 'emotional' and therefore unstable behaviour. This kind of masculinism comes at a price. The degree to which masculinism pervades an organisation is dependent upon how rigidly "shopfloor" masculinity is practiced (see Collinson 1992). This means that in order for men to be considered masculine, they are required to put considerable distance between themselves and women. This serves to render them devoid of emotion. The choice whether or not to engage in this distancing practice is barely negotiable, for men who do not adopt a masculinist stance risk ostrasicm from both men and women.

Organisational masculinity is not just another indicator of the existence of multiple masculinities, although the creation of various forms of masculinities is certainly part of what constitutes organisational masculinity. Rather, it refers to the inherent masculinism that prevails, as the ideal to which all organisational men must aspire. In other words, organisational masculinity is another manifestation of hegemonic masculinity. It is not just about identity work or enhancement, but is chiefly concerned with the process of masculinism and how it maintains specific forms of intra-gender relations.

The QAS is a male-dominated organisation. Ninety percent of the shopfloor level workforce are men. At some stage in their working day, these men publically perform emotional labour. As there are few male-dominated occupations that have emotional labour as part of their skills repertoire, the QAS, and therefore ambulance

work, is unusual in this respect. While there are many men who perform emotional labour as part of their work role, these workers are mostly located in female dominated industries such as hospitality, nursing and social work. Even when men do enter these industries, they are morely like to move out of front-line service jobs to catch the 'glass elevator' into positions that require a managerial or technical focus (Williams, 1995). When men do move into management, they then set the emotional agenda, and therefore control the emotions of their mostly female staff.

The QAS is also unusual in that it is difficult to find an industry or occupation where significant numbers of men perform caring work in public. It is even rarer to find men performing such work in the company of other men. The QAS is also a rare example of an organisation that promotes an image of men as carers. This contrasts with the status quo, in that men are not only less likely to perform emotional or caring work in either a public or private context, they are also less likely to do this work within a male-dominated environment.

Emotionality in the Workplace: Exploring the conundrum

Since the introduction of Taylorism and scientific management, managers have endeavoured to develop ways of controlling emotions in the workplace (Stearn, 1986). Part of this quest has entailed ways of containing emotion in order to enhance greater profitability and productivity. While managers have enjoyed varying degrees of success in the quest for emotional containment, it is only recently that organisational theorists have discovered emotion as worthy of empirical and theoretical investigation. This increased interest in emotion coincided with the advent of the recent 'quiet' industrial

revolutions - the expansion of the service economy and the mass movement of women into the workplace.

However, this academic interest in how the rise of the service economy affects the individual worker has been, for the most part, based on restricted notions of the self, emotion and work. Sociologists of work have been slow to take up the challenge of emotions. Certainly, there exists several excellent studies of the interactive workplace (Gabriel, 1988; Leidner, 1988, 1993), but even these studies have only circled around emotion as a pivotal component of workers' subjectivity. The lack of attention paid to emotion is similar to that of gender, in particular, masculinity (Hearn, 1993). The study of gender in the workplace is often code for the study of women, as studies of men *qua* men have not materialised to the same extent. Similarly, many studies of emotion in the workplace often deal explicitly with negative emotions as indicators of workplace stress, not emotion per se. Hence, the 'stressed' worker and the emotional worker become indistinguishable (Newton, 1995).

During the many hours I spent talking and working with mostly male ambulance officers about emotions in their workplace, I could always be certain that the term emotion would be consistently linked with the term stress. When this first began to occur in my conversations with officers, I assumed that this linkage was an indication that several officers possessed a considerable amount of insight into my thesis topic. After hearing officers repeatedly using both terms to mean one and the same, I soon realised that many officers did not differentiate between the two. For them, the process of being emotional was in itself a stressful event. After several months in the field, I learnt that their working definition of emotion rarely included positive or uplifting emotions such as joy or happiness. For them, the very act of experiencing emotion was

stressful. In short, the very act of existing as an emotional being, let alone acknowledging their existence as an emotional subject in the workplace, caused many officers a significant amount of stress. This phenomenon not only proved interesting in itself, but also hurled many challenges in front of me as researcher in the field.

This doesn't mean that officers were loathe to express their views about emotionality. Part two of this thesis is testament to the fact that officers were extremely forthcoming about their experiences, from both a personal and an organisational perspective. What it repeatedly illustrated to me was that this unwillingness to provide a complete account of their experience of and contribution to organisational emotionality was more than an artefact of what are considered traditionally masculine personality traits. If anything, women officers were more unwilling to divulge personal and organisational accounts than were men. What this indicated was a deep, sometimes barely discernable pattern buried below the surface of the organisational exterior of the QAS. The key to locating these patterns lay in an analysis of how particular forms of masculism were embedded within the organisational culture of the QAS.

Thus, empirical investigation of emotional labour alone, adrift from the cultural milieu in which it is located, is insufficient. There are a number of reasons why this is the case. First, emotional labour does not exist in a vacuum, but is a manifestation of organisational emotionality. Emotional labour needs to be examined in the context of the ideological, philosophical and historical bases which underpin the definition, practice and reproduction of emotionality within a given organisational context. Components of organisational emotionality include gendered and emotional divisions of labour, emotional zones or arenas, socialisation practices; language and vocabularies and organisational structure.

Second, the paradox of organisational emotionality is linked to that of organisational masculinity. QAS officers are tied to a form of masculinism that only allows displays of 'feminine' emotionality in limited contexts. In order to be 'men', officers are expected to be able to switch between front and backstage emotionality at will.

Third, emotional switching becomes a problem when officers are unable to engage in emotional process work in backstage regions. This suppression of emotional process work plays an important role in the construction and maintenance of organisational emotionality. The identity work required to accomplish this switch is a continuous project, one that is fraught with ambiguity, tension and uncertainty. The virulent form of organisational masculinity that is characteristic of the QAS helps to support a form of organisational culture that does not recognise emotion as a cultural process. Rather, emotion is viewed as an individualised, psychophysiological phenomenon.

Emotional Labour

To date, there have been a limited number of studies where emotional labour has been the sole focus of empirical investigation. These studies have focused mainly on the *practice* of emotional labour, and have not fully considered how occupational and organisational cultures define and determine the practice of emotional labour. Therefore, it is necessary to analyse the organisational and industrial contexts in which emotional labour occurs, as differing levels of occupational and individual autonomy often determine the degree to which emotional labour is pathological or liberating. The service sector comprises a number of industries that vary in their need for employees to

engage in the emotional component of interactive service work. The service sector is also made up of a number of organisational contexts, and the value placed upon emotional labour and how it is monitored and evaluated will vary according to the degree of autonomy afforded individual service providers (Tolich, 1993).

In addition to her major contribution to the sociology of emotions, Hochschild's (1983) work is also a contribution to the study of gender and work. She illustrates in her study of flight attendants that emotional labour is gendered, and implies that it is the gendering of emotional labour that makes it tacit. According to Hochschild, women are more likely to perform emotion work in the workplace that affirms, enhances and celebrates the well-being and status of others. Hochschild suggests then, that emotional labour is a form of tacit labour which, although crucial to task effectiveness, is negated as a form of 'real' labour.

Hochschild also briefly examined the emotional demands of male debt collectors whose main task is to scare and bully debtors into payment of their bills. However, this contrast between the feminine 'niceness' of flight attendants and the aggressiveness of debt collectors does not shed any light on the similarity or difference of men's experience of performing emotional labour.

There are several reasons why a male dominated occupation was chosen as a site for investigation. It is suggested that the effects of emotional labour performed in a non-commercial organisation can be just as harmful as that performed in a commercial setting. While it is recognised that women do perform the bulk of emotional labour in the workplace, it is suggested that studying a site where men are the emotional labourers may assist in further understanding the relationship between emotional labour and emotional culture. A site where men are performing what is essentially 'caring' and

therefore by implication, 'feminine' work will explain by example more clearly the relationship between gender, organisational culture and emotionality. Ambulance officers are expected to display a 'masculine' demeanour of self-control and stoicism, while simultaneously displaying what are traditionally considered feminine qualities of compassion and empathy. It is argued that there are strong connections between the institutionalisation of gender practices and the construction of emotionality in the QAS. The QAS is described as a 'harsh' masculinist emotional culture that is comprised of paradoxical mix of gendered discourses and practices that create a considerable amount of emotional ambiguity.

Research design and fieldwork

This ethnographic style qualitative study of the emotional labour practices within ambulance work utilises a triangulated approach that involves extensive observation of work routines and practices in addition to interview material. Given that self-reports of 'intangible' and unobservable feeling states and inner emotion work may be difficult to validate through formal interviews only, I chose this observational methodological approach because I considered it the most appropriate way of accessing this kind of data. Document analysis of training and human resource materials that outline formal skill requirements, recruitment practices and organisational mission statements also provided a wealth of data which has been utilised. A full description of fieldwork practices can be found in Appendix 1.

There has been much debate about accessiblity and degrees of reflexivity within traditional ethnographic texts. In this instance, I have attached the first person narrative account of fieldwork methods and experiences as an appendix. This 'reflexive' account

has been placed outside the main body of the text to give primacy to the subjects' own accounts.

This is not only in keeping with the ethnographer's role as 'professional stranger' (Agar 1980), but it also minimises the likelihood of QAS employees, patients and bystanders who may read this ethnography or versions of it recognising informants. According to Van Maanen (1988) this ethnography can be categorised as more of a "critical' than 'realist' account of the culture ambulance work. Therefore, it does not focus exclusively on my personal experience as fully immersed participant, but rather a 'critical' account of organisational emotionality and masculinity within a workplace. As much as I was physically and emotionally involved in particular cases, I did not wear a uniform, was not able to comfort or reassure patients, and was not fully accountable to the QAS as an employee or volunteer. My own experiences in the field did not involve 'doing emotion' in the same way as the ambulance officers with whom I observed. This 'distance' from the actual work in which officers engaged is indicative of the well documented dilemma fieldworkers face when they are restricted in their ability to gain unlimited and pure access to informants in the field. My own account of how I dealt with this dilemma is documented in Appendix 1. This appendix also acts as a bridge between the actual written account of the culture (the ethnography) and the actual fieldwork experience.

Fieldwork was conducted within the QAS over an eighteen month period during 1994 and 1995. During five hundred hours of observation on the road with ambulance officers within south-east Queensland, I attended and partially observed one hundred and ten cases.[1] I observed cases with 50 on-road officers, nine of whom were women.

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[1] The term 'case' refers to an individual patient who was either treated and/or transported by QAS officers.

In addition to these observations, I conducted thirty in-depth interviews with ambulance officers across the seven QAS geographical regions (see Appendix 2 for regional map). I also attended training sessions, spent time within communication centres, and held informal discussions with management and counsellors.

As an ethnography is a written representation of either a whole or parts of a culture, it carries serious intellectual and ethical responsibilities (Van Maanen 1988). Therefore, every effort has been made to protect the identities of ambulance officers who agreed to be interviewed for this study. Demographic information about interviewees and details of the 110 individual cases can be found in Appendices 3 and 4. At no time during fieldwork were patients' names were recorded. The names of these interviewees have been changed to maintain anonymity. Care has been taken to chose name that do not correspond with those of officers with whom I observed or interviewed.

In addition, all officers agreed to be interviewed on the proviso that their geographical location was not made explicit. For this reason, the geographical locations recorded in Appendix 4 are comprised of the four main types of regions within Queensland. Metropolitan region or 'metro' includes the capital city of Brisbane and surrounding urban areas. 'Provincial' includes all other major Queensland towns and cities, particularly coastal cities. 'Rural' includes all small towns and surrounding areas in rural areas, and 'Remote' includes all areas that are not serviced by emergency medical services by virtue of their geographical isolation.

Outline of thesis structure

This thesis consists of three parts. Part 1 explores the concepts of emotional labour, emotional culture, and the relationship of gender to emotionality in the workplace. Through establishing a linkage between all three concepts, part one of the thesis will demonstrate that an organisation's conceptualisation of emotion is an important indicator of organisational emotionality. In turn, organisational emotionality and gendered organising processes such as organisational masculinity are also linked. This then assists in further understanding how organisations are both gendered and emotional.

Chapter 2 provides a justification for the adoption of a cultural approach to the study of emotions. An analysis of positivist and social constructionist approaches to emotion provide some understanding about why consideration needs to be given to how an organisation defines emotion. Chapter 2 also includes a detailed analysis of Hochschild's conceptualisation of emotion and emotional labour. This analysis enables an understanding of why a qualitative description of emotional labour alone is insufficient in explaining the role both gender and culture play in determining how the practice itself will be viewed within an organisational context.

A review of the empirical and conceptual literature on the practice of emotional labour indicates that there is still a substantial amount of work to be done on the quantity of empirical work and the quality of theorising and conceptualising the practice of emotional labour. This literature indicates that an uncritical or selective treatment of Hochschild's work has resulted in a dilution or misuse of her findings. Rather than provide a simple replication of previous empirical works, this study hopes to extend and

build upon Hochschild's original work by expanding the parts of her work that address how emotional labour is constitutive of both gender and culture.

Chapter 3 describes how emotional culture and gendered organising processes are linked. A thorough analysis of the concept of organisational culture reveals that adoption of one approach limits the understanding of the phenomenon, in this case, emotionality. Martin's (1992) cultural matrix perspective is used here as an illustration of why the adoption of a multiple figurational perspective is preferred in place of a singular perspective.

A review of the organisational emotionality literature indicates that, in terms of theoretical and conceptual work, the study of organisations and emotions is all about 'reading silences'. Just as the study of gender and organisations has been neglected, so to has the study of emotions. A description of Connell's theory of gender provides a basis for the introduction of the concept of organisational masculinity.

The data presented in part two is divided into three sections. Chapter 4 provides background information about the history and structure of the QAS, and introduces the practice of emotional labour within an ambulance context. Chapter 5 describes in detail how ambulance officers practice emotional labour. Goffman's (1959) dramaturgical concepts of on-stage, backstage and frontstage have been embraced to assist in providing a demarcation between the practice of emotional labour itself, the emotional process work that occurs as a result of emotional labour, and the organisational responses to these two elements of emotional culture. The aim of this chapter is to link the importance of the three dramaturgical sites with how officers do emotional process work.

Chapter 6 concentrates on how the quality of emotional process work as performed by officers is dependent upon the prevailing emotional culture. This chapter describes how the QAS relies heavily upon the spouses and families of officers to assist in emotional process work. This illustrates how the organisation creates a strong distinction between what is acceptable in terms of emotional expression in frontstage arenas where emotional labour is performed, and what is acceptable in backstage arenas. This chapter also describes how the development of a form of corporate masculinity has resulted in further legitimation of masculinist organisational emotionality.

Part 3 revisits both Parts 1 and 2, and provides a linkage between theory and empirical evidence. Part 3 illustrates how emotionality, organisational culture and gender all intertwine to influence how emotional labour is perceived within the QAS. Five points are discussed here - how ambulance work is defined, how the QAS define and respond to emotion, gendered culture and its expressive and feeling rules, bureaucratisation/change management and their contribution to the embeddedness of organisational emotionality, and the persistence of para-military cultural practices, symbols and values. Principal conclusions from this discussion are summarised as follows.

As a culture that operates within a masculinist framework, the QAS is unable to formally provide officers with sufficient emotional support needed in order to carry out their job. It does not recognise that men need both public and private forms of emotional support. This culture is intolerant of the existence of an emotionally complex male ambulance officer, because to do so would require the QAS to acknowledge the existence of multiple masculinities within its ranks. Officers are allowed to step out of a traditionally hegemonically masculine frame only when performing frontstage

emotional labour. However, this restriction denies the need for officers to engage in emotional process work as a legitimate part of ambulance work. There is no doubt that emotional exhaustion and sometimes emotive dissonance is a result of intense interaction with patients. However, problems also emanate from how the organisation deals with the problem of emotional exhaustion. When an organisation ignores the emotional needs of its employees, a second wave of emotional dissonance may occur when employees realise that the organisation is objectifying their emotional selves.

Organisations such as the QAS are prone to privatise emotional process work in several ways. First, emotion is defined as a natural process that is experienced individually and biologically. Therefore, the organisation sees itself as having no role interfering with 'natural' forces or processes. Social constructionist or conceptualisations of emotion are shunned in favour of sociobiological constructions. Second, if organisations do soften their stance on the origin of emotion through faint recognition of the need for emotional process work, they often still see this as a task that should be performed by women, not men. - namely , the spouses of ambulance officers. Thus, spouses become quasi-employees of the QAS in that they provide the bulk of the emotional support needed by officers. Without this private and invisible support, the operation of the QAS would be seriously impaired.

In addition to the lack of recognition of the need for emotional process work, there is strong expectation that the officers will be able to easily slip in and out of front and backstage roles. This slippage, known as emotional switching, occurs because of the significant cultural pressure placed upon officers and each other to maintain a robust form of hegemonic masculinity. To uphold this becomes crucial because it places a brake upon the sometimes high levels of ambiguity officers experience about

performing caring work in public, what is acceptably masculine, and how caring work is defined.

PART 1

CHAPTER 2

EMOTIONALITY AND EMOTIONAL LABOUR:
CONCEPT AND PRACTICE

"You can't divorce emotions from the workplace because you can't divorce emotions from people."(Martin Vargo, executive coach quoted in Nelton, 1996).

Since the advent of Taylorism, the study of emotionality in the workplace has mainly focused on the development of strategies to train workers to become 'stress fit' (Newton, 1995). Much of this work is rooted in psychological discourse and practice . More recently, management theorists have discovered the pivotal role emotionality plays in the organising process.

With the rise of the service economy, managers and organisational theorists have become increasingly concerned with the quality of the human interface between service provider and client (Bitran and Lojo, 1993). As more people are employed in a service capacity that involves attention to other people's behaviour, there has been an increased effort to establish a link between expression of positive emotion and greater levels of productivity (Rafaeli and Sutton, 1991).

The quote that introduced this chapter is testament to the growing trend among corporations to explore more effective ways of controlling the most unpredictable and unmeasurable aspects of their enterprises - employees and their emotions. Executive coaches, management consultants, employee assistance counsellors and even outdoor adventure leaders are currently hailed as the experts on emotion management and emotional control in the workplace.

However, many of these emotional control experts adhere to a conceptualisation of emotion that is individualistic, biosocial and acultural, as cultural notions of the origin and constitution of emotionality are often overlooked as legitimate.

This is particularly problematic for the study of emotional labour. This chapter is devoted to discussing the theoretical and conceptual underpinnings of emotion and emotional labour. It is argued that if emotional labour is as harmful for the individual worker as Hochschild suggests, then it follows that the organisations that demand of the worker performance beyond reasonable expectations, also stand to lose a considerable amount. If attempts by organisations to alleviate emotional stress are based upon a restricted view of emotionality, then such intervention may eventually fail. The following chapter does not set out to entirely dismiss the validity of biosocial notions of emotionality, but rather to illustrate that any attempt to change an individual's experience of emotionality within an organisational context should be informed by social constructionist conceptualisations of emotion.

This chapter discusses in detail the contribution of Hochschild to the sociology of emotions, work and gender. Since Hochschild published "The Managed Heart" in 1983, a number of studies have attempted to either validate or refute her claims about the conceptualisation and consequences of emotional labour. Few studies have considered the possibility that the study of emotional labour in itself is limited in its theoretical and practical application. It is suggested here that the study of emotional labour as a work practice needs to occur alongside the study of organisational emotionality and gendered organising practices. This gap in the literature will be discussed further in Chapter 3.

Emotion as a concept and practice in itself is analysed here within the boundaries of the sociology of emotion literature. A social constructionist approach to emotion is examined and promoted as the most useful framework within which this study is to proceed. An overview and analysis of the empirical and conceptual literature that deals specifically with emotional labour will illustrate how the concept has been utilised and conceptualised within the broader areas of sociology of work and organisational theory. In conclusion, the concept of emotional labour will be defined according to the needs and direction of this empirical study.

EMOTION: CONCEPTS AND THEORIES

The purpose of the first part of this chapter is to illustrate how sociological theories of emotion are crucial to understanding emotion as a social practice. Particular sociological theories of emotion are more likely than others to elucidate how and why emotions are constructed and practised. A second purpose of this chapter is to demonstrate why a social constructionist approach to emotion will be privileged over positivist and some symbolic interactionist approaches.

Preference for this approach is best illustrated by Harré's (1986:4) commentary on the futility of searching for the meaning of sensation or feeling as representative of an emotion itself. Harré describes the social constructionist approach as "a struggle against the persistent illusion that emotions are something out there." He describes this as an "ontological illusion", that there is actually an *it* on which research can be based. The "state" that is often described as the emotion itself is, according to Harré, some physiological state such as the reddening of the face associated with anger or

embarrassment. However, Harré (1986:4) describes the physiological component of emotion as solely an indicator and not constitutive of the actual emotion itself:

> ...What there is the ordering, selecting and interpreting work upon which our acts of management of fragments of life depend.

It is the degree to which physiology is responsible for the experience of emotion that is at the centre of ongoing debates on the origin and experience of emotion within the social sciences. These debates converge around the degree to which emotions are socially and culturally constructed or biologically determined. This dichotomy forms the basis of different schools of thought within the sociology of emotions (Kemper, 1981;1987), and tends to focus around three main issues: the existence of primary and/or secondary emotions; the extent to which particular social relations such as power and gender determine the specificity of emotions and; the extent to which emotions are processual, intentional and cultural.

For example, Thoits (1989) defines emotion being comprised of four components: appraisal, physiology, expression and cultural label. As illustrated in Tables 1 and 2, Thoits also distinguishes emotion from attributes such as feelings, affects, moods and sentiments. Table 1 indicates how emotions are differentiated.

Table 1

Four Components of Emotion and Differentiation from Feelings, Moods, Affects and Sentiments

Component	Description
Appraisal	Appraisal of Situational stimulus or context
Physiology	Changes in bodily states or sensations
Expression	Free or inhibited display of expressive gestures

Source: Thoits (1989)

Table 2

Thoits' (1989) Components of Emotions

State	Description
Feelings	Physical drive states as well as emotional states
Affects	Positive/Negative Evaluations of an object, behaviour or idea ie. (Heise, 1979)
Moods	Chronic, less intense states that are not always related to an eliciting situation
Sentiments	Patterns of sensations, expressive gestures and cultural meanings organised around a relationship to a social object i.e. (Gordon, 1981)

Source: Thoits (1989)

For the purposes of this thesis, Thoits' differentiation of emotion from the attributes previously mentioned is adopted here as the basis of the preferred definition of emotion. This does not mean that these states are not part of emotionality, but merely experienced in conjunction with emotion. Thoits' compilation is illustrative of how sociologists differ in terms of how they define emotion. While most theorists agree that emotions are not simply innate biophysiological phenomena, there is disagreement about the degree to which emotions originate from the body.

It is argued that while it difficult to suggest that emotions are not 'embodied' forms of communication, it is within the socio-cultural rather than the biological or physiological body that emotions are constituted. As Thoits (1989:319) explains:

> Historical and cultural variability suggests that, to an important degree, subjective experiences and emotional beliefs are both socially acquired and socially constructed.

An analysis of the debate concerning the construction of emotion will assist in illustrating this claim.

POSITIVIST APPROACHES TO EMOTION

The positivist school describe emotions as automatic and invariant responses, which are patterned according to particular classes of social stimuli (Kemper, 1978; Scheff, 1979). Positivists adhere to the notion that biological and physiological substrates are crucial in determining specific emotions. It is this emphasis on 'specificity' that distinguishes the positivist approach from the symbolic interactionist and social constructionist approaches.

Positivists also affirm that particular kinds of social relations, specifically power and status, determine which emotions will be experienced in certain sociocultural contexts. This is illustrated by way of a social structural category schema which assists in defining situations, and determines the emotions that those definitions produce (Kemper, 1981).

Positivist promotion of essentialist ideas of emotion are best exemplified in their promotion of the existence of basic or primary emotions, as well as the belief that social stimulus and physiological processes fit together like a 'lock and key' - that is, particular social stimulus 'keys' fit particular physiological locks to produce particular emotions (Kemper, 1987). Kemper disputes the idea that social norms produce emotions. He asserts that different outcomes in social-structural relations such as power and status trigger certain physiological processes. This, in turn, 'becomes' certain emotions.

Kemper (1981) also argues that the "explanatory core" that determines why and how emotions occur cannot be found in cultural explanations. Cultural norms are considered epiphenomenal in that they are mere indicators of surface phenomena. As Kemper (1981:346) explains:

> first comes the social relationship, with its concrete behavioural pattern and its characteristic emotions. Only later does a rule emerge to guard the emotions it evokes.

Kemper, for example, has proposed four basic emotions - fear, anger, depression and satisfaction. However, there is significant divergence of opinion about how many basic emotions actually exist. Table 3 illustrates this wide variation clearly.

One of the fundamental tenets of positivist emotion theory is the existence of basic or primary emotions. Basic emotions are described as primitive building blocks from which stem secondary emotions (Izard, 1977; Plutchik, 1962; Tonkins, 1962,1984).

Table 3

A Selection of Lists of 'Basic' Emotions

Reference	Fundamental Emotion	Basis for Inclusion
Arnold (1960)	Anger, aversion, courage, dejection, despair, fear, hate, hope, love, sadness	Relation to action tendencies
Ekman, Friesen and Ellsworth (1982)	Anger, disgust, fear, joy, sadness, surprise	Universal facial expressions
Fridja (1986)	Desire, happiness, interest, surprise, wonder, sorrow	Forms of action readiness
Gray (1982)	Rage and terror, anxiety and joy	Hardwired
Izard (1971)	Anger, contempt, disgust, distress, fear, guilt, interest, joy, shame, surprise	Hardwired
James (1884)	Fear, grief, love, rage	Bodily involvement

Reference	Fundamental Emotion	Basis for Inclusion
McDougall (1926)	Anger disgust, elation, fear, subjection, tender-emotion, wonder	
Mowrer (1960)	Pain, pleasure	Unlearned emotional states
Oatley and Johnson-Laird (1987)	Anger, disgust, anxiety,happiness, sadness	Do not require propositional content
Panksepp (1982)	Expectancy, fear, rage, panic	Hardwired
Plutchik (1980)	Acceptance, anger, anticipation, disgust, joy, fear, sadness, surprise	Relation to adaptive biological processes
Tomkins (1984)	Anger, interest, contempt, disgust, distress, fear, joy, shame, surprise	Density of neural firing
Watson (1930)	Fear, love, rage	Hardwired
Weiner and Graham (1984)	Happiness, sadness	Attribution dependent

Ortony and Turner (1990) argue that there is scant empirical validity in acknowledging the actual existence of basic emotions. According to Ortony *et al* (1987, 1988), an emotion is a highly valanced state. In other words, an emotion cannot be effectively neutral. They use surprise as a case in point, in that it can either be positive, negative or neutral. When a person becomes surprised, nothing is known or implicated regarding the affective state of that person. Interest is also considered to be either a cognitive or motivational state, and therefore not affectively valanced. As either surprise or interest can be a motivational state, Ortony and Turner (1990) argue they cannot be described as emotions because:

> the role of valence in motivational states is one of cause, not of content
> - the question of valence simply does not arise with respect to the
> content of motivational states as it does for emotional ones.

Ortony and Turner also take issue with the view that basic emotions are biologically primitive. This view bestows upon emotion a specific evolutionary function

that ensures the survival of the species (Plutchik 1962, 1980). For example, Plutchik (1980) asserts that emotions have particular psychoevolutionary functions. Happiness is associated with the need to reproduce and fear with the need to protect the species from extinction. Biological theorists also assert that because emotions are biologically determined, they therefore must also be universal. Basic emotions are therefore 'hardwired'.

Ekman (1982) has attempted to provide empirical evidence to validate the claim that universality of emotional expression must indicate the existence of hardwired emotions in humans and other phylogenetically linked species. Ekman's aim was to identify how neural structures correspond to differing emotional states. As Ortony and Turner (1990) explain, research into the hardwiring of emotions suggest that such circuitry may not actually exist. However, according to Panksepp (1982), they do admit that emotional response systems may exist. Ortony and Turner (1990:329) use the analogy of 'natural' languages to validate their position on the remote possibility of the existence of 'basic' emotions:

> There are hundreds of languages, but linguists do not explain them via postulating a small set of basic languages out of which all others are built. At the same time, they certainly recognise that there are constraints on possible languages, and that there are basic building blocks such as phonological properties and syntactic properties. Some constraints have their roots in the biological nature of people. What is basic, however, are the constituents of languages, and these constituents are not patently themselves languages. So too, with emotions.

Schachter and Singer (1962) conducted a series of experiments to investigate the underlying psychopathology of emotions. They were particularly interested in how emotions became differentiated and specific. Their major finding was that the physiological process for all emotions was the same, and concluded that differentiation

is a result of cultural and social processes. According to Schachter and Singer, there appeared no specific physiological process for specific emotions. Symbolic interactionists draw upon Schachter and Singer's work, stressing that it is the interpretation of generalised arousal on the basis of salient situational factors that is the key to understanding the origin and expression of emotions (Thoits, 1989).

Thus, corporeal changes associated with emotion such as raised blood pressure and increased heart rate are general bodily changes, and therefore cannot be linked directly to the specific experience of emotion. Symbolic interactionists assert then that emotions consist of both generalised arousal and specific socio-cultural factors. Emotions are therefore mostly determined by socio-cultural, not physiological factors (Thoits, 1989). [2]

Schachter and Singer's findings challenged the James-Lange (1922) theory of emotion which differentiated between the 'coarser' emotions of grief, fear, rage and love, and the subtler emotions such as moral, intellectual and aesthetic feelings. James (1884) in particular asserted that emotions originated as a result of internal, physiological, nervous processes. His sequence of emotional experience began with the perception of the exciting fact or object by the person; bodily expression such as weeping or fight/flight; and the actual feeling or emotion, such as anger or fear.

The James-Lange theory does not locate cultural or social 'appraisal' or influence within this sequencing, for emotions are viewed as pre-social and biologically primitive (James and Lange, 1922). This specificity argument proposed by James has been taken up vigorously by Ekman , Friese

n and Ancoli (1980).

Ekman is a strong proponent of the idea that emotion cannot 'be' without some physical response. He proposes that facial and bodily expressions are keyed into specific emotions, that is, there is a definite link between expression and internal feeling states.[3]

Tomkins (1962, 1980) claims that different densities of neural firing trigger innate facial expressions that mediate awareness of discrete emotions. This dominant discrete emotions theory (Izard, 1977; Ekman, 1972; Tomkins, 1982), has helped foster research into the role of psychophysiological processes in affective disorders such as depression. Thus, biochemical theories of emotions have developed a significant degree of acceptance in medical and psychological research.

However, as Roseman (1984) argues, the main limitation with this approach is that *it fails to explain what starts the process.* It is only recently that cognitive-based theories of emotion have developed beyond the earlier works of Schachter and Singer. Roseman explains that a cognitive theory of emotion privileges the interpretation of events rather than events themselves which cause emotion.

Roseman also explains that it is the cognitive interpretation of physiological arousal and situational factors which is instructive here. In other words, a generalised feeling alone does not constitute a fully fledged emotion. It is the cultural and social interpretation that determines what emotion is experienced.

In summary, a positivist approach to emotion is characterised by an adherence to the notion that at least several emotions, for example, anger, sadness and love are universal, basic and hardwired. Sociologists such as Collins (1975) even suggest that emotion is the building block of most structural arrangements. Taken to its most

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[2] However, symbolic interactionists do recognise that 'basic' emotions may exist, and that these basic emotions are, in part, universal (see Mills and Kleinman, 1988).

extreme conclusion, this could be used to explain why some groups experience perpetual poverty and other privelege and power. This idea has recently received widespread attention (Goleman, 1995).

While it is acknowledged that there has been limited success in attempting to control certain deviant and debilitating emotions such as extreme anger, emotions such as anxiety can be successfully controlled (Seligman, 1991). This then suggests that the physiological basis of emotion is not as hardwired as current theories of emotion claim.

SOCIAL CONSTRUCTIONIST APPROACHES TO EMOTION

There are two social constructionist approaches to emotions - the strong constructionist thesis and the weak constructionist thesis. There are two issues upon which these positions differ - the existence of basic emotions and the distinction between primary and secondary emotions. However, regardless of these differences, a basic tenet of all social constructionist approaches is that emotions are social constructs (Averill, 1980; Gordon, 1981; Armon-Jones, 1986; Harré, 1986).

Social constructionists also cite emotions as cultural phenomena which are specific to particular beliefs, symbols and language. These, in turn, are linked to social and cultural processes (Gordon, 1981; Averill, 1980; Coulter, 1979). As Armon-Jones (1985:1) cited in Harré (1986) states:

> emotions are not natural, passive states but are socially determined patterns of ritual action.

Roberts (1988) outlines a typically social constructionist framework. His basic tenet is that emotions cannot be physiological sensations because emotions are

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[3] Ekman is strongly influenced by Darwin's work on the taxonomy of bodily expressions as evidence for the universality of 'basic' emotions (See Darwin, 1872).

intentional states, something that sensations cannot be. Roberts' main thesis is that emotions are always about something, and the 'feeling' associated with a specific emotion should not be confused with emotion itself.

Lutz (1982) describes emotions as statements which are about and motivations for the enactment of cultural values. Similarly, Coulter (1979) states that the ability to experience emotions such as shame, guilt or remorse is dependent upon gaining competency over language which is comprised of cultural knowledge and reasoning conventions.

Thoits (1989) points out that social constructionists view emotions as being dependent on context, vocabularies and beliefs which vary across time and space. While Kemper (1987) locates all social constructionists within the one camp, Thoits distinguishes between symbolic interactionists and social constructionists. The difference between the two can be found in how they perceive basic emotions.

'Strong' social constructionists deny the existence of basic emotions. They argue that all emotions are socio-culturally constructed entities and dismiss the claim that there is a link between physiological, expressive and contextual components. Strong constructionists also assert that it is possible to experience an emotion and not experience an increase in physiological arousal. 'Basic' emotions are therefore infinite, and can be formulated as a society sees fit (Averill, 1982).

Social constructionists also dispute the claim by Scheff (1979) that emotions need to be expressed in order for emotional equilibrium to occur. Scheff takes Freud's early conceptualisation of catharsis and develops the concept further. He cites Freud's notion of catharsis as critical in recovery from mental illness.[4]

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[4] See Thoits (1984) for a critique of Scheff's work on emotions and mental illness.

'STRONG' CONSTRUCTIONIST APPROACH TO EMOTION

The social constructionist view is informed by theories concerning the social and cultural constitution of individual experience (Mead, 1934). Emotions are constituted by systems of cultural beliefs and values, including moral values, and are specifically characterised by beliefs, judgements and desires. Emotions are learnt through immersion in the beliefs, values and norms of a particular culture. Emotions are not natural responses, but are culturally determined patterns of experience and expression. As Averill (1980) states:

> Emotions are a socially prescribed set of responses to be followed by a person in a given situation. The response is a function of shared expectations regarding appropriate behaviour.

Emotions are regarded as serving particular functions in that culturally appropriate emotions act as restraint on excessive forms of behaviour. These, in turn, sustain, promote and reproduce specific cultural values.[5]

Armon-Jones (1986) outlines three central tenets of the 'strong' version of social constructionism. First, as emotion is totally a product of social and cultural processes, it therefore cannot be described or considered as a natural entity. Any similarity between natural responses and 'emotions' is considered coincidental.

Second, similarities between human and non-human behaviour are insufficient justification for a non-constructionist approach because cognitions are an integral part of human emotions. There can be no similarity between humans and non-humans because the latter are allegedly incapable of cognitive actions such as belief and judgement.

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[5] Harré (1986) uses the Japanese emotion 'aname' as an example here. Aname is a combination of childlike and coquettish behaviours that are designed to attract feelings of empathy which has no western equivalent. See Morsbach and Tyler (1986).

Third, actors cannot be said to experience an emotion unless they know what the concept is, and can then apply the concept to their own experiences within appropriate contexts.

'WEAK' CONSTRUCTIONIST APPROACH TO EMOTION

The weaker version of the constructionist thesis is constituted by the recognition of the possible existence of 'discrete' or 'basic' emotions. "Weak" constructionists acknowledge that certain responses may be universally similar, and that all other emotions are totally socially constituted. They often use the emotion of fear as a case in point. Fear, they argue, is a universal phenomenon, expressed in similar ways by both humans and non-humans. However, weak constructionists still differ markedly from positivists, in that they believe that physiological components of emotion are secondary to that of social and cultural components.

An example of the weak constructionist viewpoint can be found in Jaggar (1989). While Jaggar argues that the link between feeling and emotion is "quite untenable", she also makes a distinction between 'mature' emotions and presocial emotions. However, Jaggar also adheres to many aspects of the 'strong' approach, in that she describes emotions as dispositional rather than episodic. She also explains that there is significant cross cultural differentiation in terms of labelling and expression of emotion, especially in relation to grief and anger. Supposedly universal emotions such as love and anger do vary considerably across cultures, and many develop within culturally and historically specific contexts only to disappear when cultural and historical conditions change (Elias, 1978). Jaggar also uses gendered emotional stereotypes as an example of how emotions are culturally constructed. While the

emotionality of women is expected to be quite different to that of men in western cultures, significant changes in gendered cultural norms have occurred during the twentieth century (Stearns, 1989).

In contrast to acultural theories of emotion, Jaggar presents an explicitly political theory of emotions. Jaggar draws upon the Gramscian concept of hegemony to illustrate that emotions are no different to other cultural interests. 'Emotional constitution' is formed to serve vested interests, and those interests, according to Jaggar, are most likely those of male, middle class and anglo-celtic members of society. Emotional responses by the dominant group become embedded to such a degree that most actors take them as being 'natural', and are therefore difficult to change (Jaggar, 1989:166). Emotional sub-cultures develop when people who are excluded from conventional emotional culture experience a subordinated position within society as a whole. These sub-cultures practise 'outlaw' emotions, which may be considered 'politically and epistemologically subversive' (Jaggar, 1989:166).

Gerhard's (1989) schema separates clearly physiological and psychological approaches to emotion. First, he states that emotion is shaped *indirectly* through cultural interpretations which guide understanding of social structures. Second, culture has a direct impact upon emotion through cultural norms (Hochschild, 1983). Third, culturally defined identity types also include assumptions about one's own emotional identity. These types vary according to gender, class, milieu and society (Gordon 1984 cited in Gerhards, 1989).

Gerhard (1989:739) states that there is a need to conceptualise a 'culture of emotions', which can be best described as :

> ... (the) interpretation of emotions commonly shared by people in a society
> or part of a society; only through the culture of emotions, the interplay
> with other factors, are emotions constituted.
> This approach is similar to Gordon (1990), who also privileges 'cultural' models

of emotional constitution.

In summary, the positivist or social structural approach to emotions promotes the idea that individuals experience emotion as a result of their involvement in power and status relationships with others. Those who have developed this approach to emotions are concerned with the ability to predict emotions from social relations.

A positivist approach to emotions also acknowledges universality of emotional expression which are based upon the link between the pysiological specificity of certain kinds of emotions and social relations. In other words, emotions "result from a direct enactment of one's social position" (Kemper, 1991:323).

Conversely, social constructionist or culturalist approaches promote the idea that culture constructs emotions through the provision of a feeling convention or rule, a guide for what is considered emotionally legitimate in given social context. The main difference between a strong and weak social constructionist approach is the acknowledgement of the existence of basic emotions.

How emotion is defined is extremely important for how emotional labour itself is conceptualised. In part two, the data presented will illustrate how the definition of emotion provides the basis for how organisational emotionality emerges. In the case of the QAS, emotion is impicitly assumed to be an innate, biologically driven, 'natural' phenomenon. This disregard for the cultural elements of emotionality has consequences for how the QAS approaches employees' experience of emotional stress and dissonance.

EMOTIONAL LABOUR I: HOCHSCHILD'S CONCEPTUALISATION

Hochschild (1979) initially took a two-pronged approach to the social ordering of emotional experience. The first approach involved an investigation of what social factors induce or stimulate primary emotions. The second approach looked at how social factors determine emotional assessment and management. This second approach focuses on how secondary acts affect primary emotional experience. Using this emotion management approach, Hochschild was mainly interested in three things - the responsiveness of emotion to deliberate management techniques; the establishment of feeling rules as cultural practices; and feeling rules as benchmarks for social exchange.

Hochschild's second major work, "The Managed Heart", extended this perspective through empirical investigations of three sites - college students, flight attendants and bill collectors. In this work, Hochschild presented a case for the diminishing private self through the commercialisation of feeling. This dichotomy between private emotion systems and public emotion systems is central not only to her theoretical position, but also to her conceptualisation of emotional labour. It is this dichotomy that also determines how she defines emotion, and the potential damage and impoverishment of the "true self" caused by performing emotional labour.

There are three aspects of Hochschild's work that warrant inquiry: the definition of emotion; the conceptualisation of emotional labour itself; and the notion of the true/false self. An investigation of these three aspects of Hochschild's work are crucial in understanding her assertion that emotional labour itself is pernicious and damaging to the self. It is argued here that this may be an overdetermined evaluation of the empirical evidence she presents to justify her thesis. This is an important exercise, for if the

effects of emotional labour are as dire as Hochschild suggests, then it will be clearly obvious within the case study presented later. If this is not the case, then alternative ways of theorising need to be sought to explain why emotional labour does not produce alienation in every circumstance.

HOCHSCHILD'S DEFINITION OF EMOTION

Hochschild divides emotion theory into the organismic and interactional schools. Organismic theorists such as Freud (1911, 1915a, 1915b), Lofgren (1968), Darwin (1872, 1955) and James and Lange (1922) defined emotion in relation to a biological instinct or impulse, and biological factors accounted for the questions that these theorists posed. Organismic theorists saw emotion as a fixed biologically given entity, which is not basically affected by social interaction. These theorists were primarily interested in tracing the original source of emotions and, for the likes of Freud and James, these origins were energic and somatic. Darwin, in particular, was interested in the similarities between different groups of humans, and between humans and non-humans.

For Hochschild, the image of emotion that the organismic theorists conjure is that of a sudden, automatic reflex syndrome, similar to Darwin's instant snarl expression, or James and Lange's notion of instantaneous, unmediated, visceral reaction to a perceived stimulus, which occurs unfettered and unaffected by social influences. Hochschild places Collins' attempt to link an organismic account of emotions to social structure within that approach. Collins used the Durkheimian notion that emotions are viewed as capacities within the individual, that are automatically 'triggered' by a social

group who has power over the ritual apparatus that 'triggers' the visceral response (Collins, 1975:59 cited in Hochschild, 1979).

Interactional theorists, on the other hand, view emotion as a social process whereby the processes of management and expression can reflexively 'act back' on an emotion. This, according to Hochschild, comes to constitute what it meant by the term emotion. In her later work, Hochschild draws heavily on the interactionists Gerth and Mills (1964) and Goffman (1956, 1959, 1961, 1967, 1974).

The critical work used as proof by any of the interactionists is a series of experiments that were conducted by Schachter and Singer (1962). They found that the similar emotional responses to stimuli were recorded, and it was impossible to differentiate between emotions based on evidence from visceral response alone. For example, similar responses for anger as for fear or anxiety were reported. This inferred that emotions are 'named' or identified culturally. Thus, the central issues on which these two theoretical camps differentiate are fixity of emotion, reflexivity of emotion and origin of emotion.

In Hochschild's later work, "The Managed Heart", published in 1983, she attempted to develop a new theory of emotion by combining the organismic and the interactional perspectives. For Hochschild (1983:221):

> ... emotion is a biologically given sense, and the most important one. It is a means by which actors know about their relation to the world, and it therefore crucial for the survival of human beings in group life. Emotion is a unique sense because it is related to an orientation toward action as well as cognition...emotion is our experience of the body ready for imaginary action. Since the body readies itself for action in a physiological way, emotion involves biological processes.

At face value, it appears that Hochschild approaches emotion from a positivist perspective. However, she extends her definition to include social processes in an

attempt to combine the organismic and the interactional. Hochschild's preoccupation with emotion's unique relationship orientation toward action is a Darwinian idea, as Darwin labelled emotion as a protoaction or action manqué', that which occurs before or instead of an action. Emotion, for Hochschild, is therefore the experience of the actor's body in waiting for imaginary action. As the body is preparing itself for action in a physiological way, emotions therefore involve biological processes (Hochschild, 1983:220).

This 'action manqué' thesis is the link between the organismic and interactional accounts of emotion, and for Hochschild, it is the most crucial link, one that is the foundation of her 'alienation' thesis. Hochschild stated that when an actor manages an emotion, that person is 'partly managing a bodily preparation for a consciously or unconsciously anticipated deed. This is why emotion is work, and why estrangement from emotion is estrangement from something of importance and weight' (Hochschild, 1983:220).

Therefore, the preparation for action, or the pre-action state that characterises emotion is fixed, in that it always occurs prior to emotional display. This biological link to action, according to Hochschild, is not the only unmalleable component. The social is also unmalleable. To justify this contentious point, Hochschild adds Freud's concept of the signal function to Darwin's 'action manqué'. To tamper with the signal function of feeling is to interfere with the 'unmalleable' communication processes that assist in social interaction between the self and the social.

To fully integrate Freud's notion of signal function as a vital component of emotion as a sense, Hochschild also draws upon the work of Judith Katz (1980). A perception, according to Katz, is not all there is to an emotion or feeling, but is the

principle on which the naming of feeling and emotion are based. Thus, 'what feelings "signal" to us...is how culture influences what we feel and how we feel it.' (Hochschild, 1983:224)

Hochschild uses Katz's five categories of perceptual focus to describe how actors name feeling: attachment; possession; approval/disapproval; causal agent of an event or object; and relation of self to causal agent. Hochschild, therefore, views feeling as an actor's way of seeing something - an actor's labelling of perception. As Schachter and Singer concluded, feelings are not named after physiological states, for in this way, fear has much in common with anger. Feelings are differentiated culturally, which accounts for the variety of names for various emotions in many languages.

The self as emotion manager is an idea that combines both Goffman and Freud. Hochschild, however, sees neither as providing a complete account as to how the self is situated within an emotion management perspective. Goffman's actors appear to be passively acquiescent to social convention, and Hochschild suggests that the approach Goffman took needed to consider not only outward conformity, but inward conformity as well.

Hochschild also suggested that Goffman proposed an intermediate level of conceptual elaboration, 'between' social structure and personality. Goffman's situationism did not address the linkage between macro and micro, and as an analytic tool for a theory of the managed self, it appears a poor substitute for Hochschild (1979:557). In addition, Goffman's notion that interactional episodes are 'played' out through the taxing of social appearance which, in turn, saves the actor the embarrassment of disrepute or deviance, moves away, according to Hochschild, from

structure and personality - and it is these two concepts that are central to the emotion management perspective.

While Hochschild has described Goffman's work as the 'critical set of conceptual connecting tissues by which structure and personality ... are more precisely joined' (Hochschild, 1979:557), she also argues that Goffman's actors do not seem to monitor, manage or shape feelings:

> We are left knowing about 'suppressive work'...but we know nothing of the processes or techniques by which it is achieved' (Hochschild 1979:557). Thus, the core of Hochschild's critique of Goffman is that Goffman fails to distinguish between the management of surface impressions, and the deeper, sub-dermis management, thus giving little credence to the importance of deep acting. This indicates that the social only affects the surface, thus 'underestimating the power of the social' (Hochschild, 1979:557).

Hochschild also used the Freudian concept of signal function in developing her emotion management perspective. However, this perspective differs from the Freudian model in that Freud gave primacy only to anxiety as a derivative of aggressive or sexual drives. The emotion management perspective focuses on the full range of emotions and feelings, with conscious and deliberate efforts to shape feeling. Within this perspective, inappropriate emotion also has a social as well as an intrapsychic side. In other words, it is the continual management of feeling and suppression of 'true' feelings in order to conform to social norms that causes the most problems in terms of feeling as signal function. This is further explained in her work on flight attendants:

> Every emotion does signal the 'me' I put into seeing 'you'. It signals the often unconscious perspective we apply when we go about seeing. Feeling signals that inner perspective. Thus, to suggest helpful techniques for changing feeling in the service of avoiding stress on the worker and making life pleasanter is to intervene in the signal function of feeling.' (Hochschild, 1983:30)

The emotion management perspective is comprised of various kinds of emotion work and feeling rules. It is here that the links between personality and structure that Hochschild is attempting to bring to the fore are evident. Emotion work refers to the act of trying to change the degree or quality of emotion or feeling, and is exclusively concerned with the effort and not the outcome. Emotion work, that is, the evocation or suppression of a desired or undesired feeling in oneself or others, is located within the micro interactions of the social world, but is connected to the macro through culturally defined feeling rules.

Feeling rules, or guidelines that delineate zones within which an actor has permission to be free to feel a particular feeling in a culturally defined situation, are ascribed to particular group social actions. In other words, these group actions are framed, in that they are ascribed definitions or meanings in relation to emotional expression and feeling. Thus, feeling rules are guidelines for how closely linked feeling and situation should be.

Hochschild draws upon the principles of exchange theory to elaborate on the workings of feeling rules, in that they 'establish the sense of entitlement or obligations that govern emotional exchanges' (Hochschild, 1983:56). Together, emotion work, feeling rules, and the 'gift exchange' that constitutes emotional interaction, all make up the private emotion system:

> We bow to each other not only from the waist but from the heart. Feeling rules set out what is owed in gestures of exchange between people (Hochschild, 1983:64).

This gift exchange, necessitated by the adherence to feeling rules, is responsible for maintaining inequitable power relations between child and parent, husband and wife,

and employer and employee. The deferential emotional behaviour common between two people of unequal status often involves the person of lower status being required to put more emotion work into the exchange.

To have a higher societal status means that one has more of a claim on rewards, and this includes emotional rewards. According to Hochschild, actors, particularly women, have more freedom to engage in psychological bowing within the private sphere where they are freer to negotiate the exchange rate. This, however, is not the case within the public sphere, where feeling rules, emotion work and routinised exchanges with the client or customer are mostly determined by the institution. Hochschild utilises her study of the emotional labour of flight attendants and bill collectors to illustrate the links between emotion, social structure and culture even further.

In Marxian terms, the exchange between what an employee agrees to do for an employer and what the employer expects from the employee is evened up by the exchange of a wage, status, and sometimes intrinsic satisfaction. However, as Hochschild points out, the labour power extracted from the worker who engages in physical labour is clearly visible. In the twentieth century, with an increase in service industries and therefore a need for workers to communicate with each other instead of machines, such labour power is not so visible. This invisibility makes it difficult for employees to negotiate what the true price of the exchange is, for service 'products' are mostly intangible and consumed at the same time as production (Czepiel *et al*, 1975).

It is also difficult to determine or justify what causes stress or discomfort to the employee who engages in emotional labour. The effects, harmful or otherwise, are not as visible as say, the machine or needle-stick injury.

Hochschild posits then, if workers are required to maintain a distance between 'true' feeling and 'feigned' feeling over a period of time, in other words to develop emotive dissonance, they become estranged from their 'true' selves. Thus, corporate use of feeling estrange the workers from their 'true feelings', leading to a disruption or deadening of its signal function and eventually the signal function of display.

Therefore, Hochschild takes the view that there needs to be a close connection between behavioural display and emotional experience. To interfere with this connection through emotion work and artificially created feeling rules is to induce a cost which is mostly invisible and pernicious in nature. In other words, to interfere with the "unmalleable" action manqué is to risk inducing the eradication of feeling as a sense.

Therefore, Hochschild, although establishing her theory of emotion as a combination of both the biological and the social, seems to indicate that certain structural and cultural requirements with regards to emotional exchange, are responsible for significant damage to biological processes - trying to turn the unmalleable into the malleable.

If this is the case, and if Hochschild's theory is correct, then it should not be too difficult to find evidence to support it. First, however, an investigation of Hochschild's own evidence is warranted. As mentioned, her empirical evidence was drawn from a group of university students, flight attendants and other staff from an American airline, and bill collectors. The data from the first group was used to crystallise Hochschild's first development of her theory. These data assisted Hochschild in defining exactly what emotion work and feeling rules are.

Hochschild spent considerable time investigating how the airline company trained its flight attendants to manage anger. Descriptions of trainee school are similar

to military academies, where the trainees' own emotional orientation is replaced by an institutional one. Trained flight attendants are required to attend 'recurrent' emotional labour training, where they refresh their emotion management techniques.

Hochschild discovered that the airline company engaged in a considerable amount of surveillance of employees in order to minimise transmutation or emotional pollution control. Achieving the transmutation involves full use of the three components of the emotion management perspective: emotion work, which is now no longer a private but a public concern; feeling rules, that are now no longer discrete but publicly displayed in training manuals; and social exchange, the character of which is confined to what the company deems is appropriate. The key to achieving the transmutation is the ability to engage in deep acting, where the worker will draw upon parts of herself or himself to achieve the feeling required. In the case of Delta Airlines, flight attendants imagined disruptive or difficult clients as small children, made excuses for bad behaviour, or imagined that they were serving guests in their own living room.

Drawing on the Braverman (1974) deskilling thesis, Hochschild states that the immediate cost of transmutation for the flight attendant is less control over the work that is done. To illustrate this, she compares the experience of flying twenty years ago to what it was at the time of publication. Speed-ups, technological change, and increasing fiscal constraint within the industry has led to a flight attendant being required to do more physical work within the same amount of flying time. An increase in physical labour also meant less time available for emotional labour. This has led to what Hochschild calls a 'smile war', where workers refuse to perform emotional labour in the way the company prefers. Instead, flight attendants engage in surface acting, and pretend to show feeling.

Hochschild believes that transmutation on such a grand scale has at least three effects on the worker's ability to define the 'true' self. First, the worker may experience identity confusion, where there is a fusion of the work and company role. If there is a complete fusion the worker may not be able to depersonalise situations, and will experience burn-out if tested too many times by critical incidences.

The main way the flight attendants dealt with this conundrum was to clearly demarcate between the work self and the 'true' self. These workers spoke about their emotional labour in 'mechanistic' ways, speaking not of their emotions as 'spontaneous, natural occurrences but as objects they have learned to govern and control' (Hochschild, 1983:133). Workers saw this deliberate separation as something 'phony', as a 'personal moral flaw, almost a stigma' (Hochschild, 1983:133). Third, the workers' main dilemma was to find a way of maintaining self-esteem while avoiding extreme levels of cynicism and estrangement from their public.

Hochschild concludes by stating that emotional labour poses a challenge to the sense of self, for in order to maintain self-esteem one needs to become an 'illusion-maker', removing the job from the self:

> While some distance themselves from the job by defining it as not serious, for others the job remains serious - but they are not seriously in it. When they cannot go 'into robot', they use their faces as masks against the world; they refuse to act. While many who describe this as a defense, they also acknowledge it as inadequate - withdrawal irritates passengers and are therefore forced to withdraw even further to defend themselves against such irritation. (Hochschild, 1983:135)

The company's insistence on the ability to engage in transmutation is further complicated by gender relations between flight attendants and the effect this has on the status of the worker. Being 'seriously nice' is a feminine attribute, and as such, leads to

considering the needs of the other person as more important than one's own needs (Hochschild, 1983:168). Women in the workplace, if not in the entire public sphere, according to Hochschild, are subject to a 'doctrine of feelings', where women's emotions are more easily discredited than men's. This, in turn, affects the degree of a 'status shield' afforded women, for women are expected to have a higher tolerance for abuse, boring jokes and listening to problems, but with less 'ammunition to use against the emotional onslaught' (Hochschild, 1983:179).

The evidence that Hochschild put forth to illustrate the toxic effect transmutation has upon flight attendants was the comparatively large numbers who receive counselling for estrangement from sexual identity, or pre-orgasmic problems. These women reported that although it is one area in their life where they can 'withhold' a part of themselves, this withholding causes more problems in an already disordered lifestyle.

Keeping in mind Hochschild's original theoretical standpoint, and the strong links between her first and the second work, there appears to be several weaknesses in her 'managed heart' thesis. Initially, Hochschild was concerned with a modification of Goffman's 'situationism' and an expansion of Freud's 'signal function'. These concepts assisted in illustrating, along with Darwin's action manqué, that emotion had a place in structure, and should not remain in the realm of the psychological. This approach is not unique to Hochschild (see Collins, 1975 and Giddens, 1991).

However, one would expect that the aim of any empirical work that followed Hochschild's first work would be to test these propositions. Instead, Hochschild wedded her new theory of emotion to an American form of Marxism, and began to investigate how a private emotional system is subordinated to commercial logic, *and has been changed by it* (own emphasis). The theoretical leap from a theory of how private

emotion systems operate to how public emotion systems operate is an ambitious undertaking, one that Hochschild struggles to make.

For instance, Hochschild presents no evidence to suggest that increasing demands for emotional labour has irrevocably changed the nature of emotion work within the private sphere. Nor does she consider the possibility that there may exist more than one kind of emotion system. There is good theoretical sense (at least, for Hochschild) in not considering this likelihood. If it is the case that there does exist at least two distinct systems, then the unmalleable may not be as inflexible as first thought. Feeling as signal function may not be as fragile as Hochschild posits, and emotion systems may be truly social, exhibiting a grittier and more flexible character than first realised. However, the most crucial theoretical point here is that if private emotion systems need to be so fixed, are also closely tied to social structure, then it calls into question what ontology Hochschild has in mind when she speaks of social structure.

Hochschild states that the problem with Goffman is that he provides no 'structural bridges' between situations. It is here that there is some indication of what Hochschild means by social structure - what many situations add up to. Goffman's deficiencies lie mainly in his description of his work as a study of 'moments and their men (sic), not men (sic) and their moments' (Goffman, 1967). Hochschild argues that Goffman's theory of rule and theory of self do not correspond. The actor is not able to manage internal feelings and has no capacity for emotional management in order to respond to these rules. But while Goffman's actor may have too little inner voice, Hochschild's actor has too much. Just as Goffman sees acting on feeling as derivative of the situation, Hochschild's actor relies too much on the psychoanalytic - there is too much inner voice, struggling against an overpowering social structure. In summary,

Hochschild's vision of the cannibalisation of the private emotion sphere by the public sphere is too heavily laden with personality and structure, with little agency in sight.

To date, Wouters provides the only thorough empirical critique of Hochschild's work, in that he compares her theoretical approach with that of figurational or process sociology. He does this by comparing his own data with that of Hochschild's. For Wouters, what Hochschild really means when she refers to society is capitalism. In his view, Hochschild has not substantially contributed to what could almost be described as a post-Frankfurt debate, because she limited herself to commercial organisation:

> Of all the social constraints that might account for changes in the standards of behaviour or feeling, demanding more of emotion management, she only considers commercial constraints seriously (Wouters, 1989:96).

The major flaw in Hochschild's study involves her use of the dichotomies true and false self, and the public/private self. Wouters claims that when Hochschild's empirical evidence invalidates her claim that the flight attendants do not make a distinction between the real and false self, she simply describes that distinction to reflect a differentiation between the public and the private. Hence, Hochschild's real self is the private self.

Wouters also points out that through designing her whole work around the private-public distinction, she sets this dichotomy up as a 'morally laden' one (Wouters, 1989:98). In reality, according to Wouters, this 'dichotomy' is actually a continuum.

Wouters cites three weaknesses in Hochschild's works -the use of dichotomies, the definition of what a 'true' profession is, and the conceptualisation of transmutation. Wouters main problem with the use of the dichotomies is Hochschild's use of artificial constructs in order to maintain the austere private-public distinction. Wouters believes

that this is done to reify the existence of a pre-institutionalised self, one that needs protection from the emotional ravages of twentieth century corporations. In other words, Hochschild's private emotional system needs to be free of the pressures of institutions for it be kept 'forever wild', hence the simplification of the private and public sphere. Wouters also queries the exclusion of the professions from the list of jobs that require emotional labour on the basis of professionals being able to monitor themselves. These 'true' professionals are able to deflect some of the negative effects of emotional labour because of their increased financial standing in relation to other occupations. Hochschild may start out at the beginning of the book considering all jobs, but at the end she discards many professional jobs that involve interactive service work. In contrast to Wouters, it is argued that Hochschild needed to make this distinction between jobs that are emotionally autonomous and jobs that require emotional supervision. The whole crux of Hochschild's work was to illustrate how routinised emotional labour is increasingly subject to surveillance, something that is occurring more frequently in front-line service occupations. Wouters also fails to consider the concept of the status shield, which is the delineating feature between professional and non-professional jobs requiring emotional labour.

Wouters cites 'transmutation' as the 'conceptual tool' that functions as a bridge between the artificially constructed extremes of the public and private world. For Wouters (1989:102), not only is transmutation also an artificial construct, the private-public direction of the transmutation momentum is also contradicted :

> In this description of a social inheritance of self-regulation between generations along the lines of social class are implicit. This view is not compatible with that of a 'real self' hidden somewhere in the private life or self .

Wouters also points out that the relationship between the theory Hochschild presents in the appendix and her theoretical concept of a private emotion system is not explicit. Hochschild tends to place emotional control outside of the individual, thus creating an image of 'a free and independent individual with a natural self-regulation of his or her own' (Wouters, 1989:103). If people were free of institutional emotional control, then a liberation of their natural tendencies towards self-regulation would occur. As Wouters explains, compared to other animals, humans have little natural propensity for emotional control. While humans may have an innate tendency to learn emotional self-regulation, they still need to learn this in accordance with the social habitus. Such learned regulation takes the form of a tension balance between emotional impulses and emotional controlling counter impulses (Wouters, 1989:103).

In summary then, Wouters' figurational critique of Hochschild's work centres around Elias' concept of 'homo clausus', that is, ' a human self-image according to which the true self of a person is hidden deep inside - one cannot be quite sure inside of what' (Elias, 1987:356). Wouters believes that Hochschild's public/private distinction is misleading because such a distinction is only a recent development and one that is neither universal nor ubiquitous. Hochschild romanticises an ideal past where emotional life was free of institutional constraints. However, as Wouters points out, such a society never existed, and 'feeling rules were never only private acts or negotiations (Wouters, 1989:105). Wouters presents an alternative theory that explains why the rules of feeling and display have, in fact, changed in the opposite direction:

> There is enough empirical data to show that during approximately the last hundred years the models of emotional exchange have become more varied, more escapable and more open for idiosyncratic nuances, thus less rigid and coercive (Wouters, 1989:105).

These changes conceptualised as informalisation indicate that the dominant modes of social intercourse and behaviour, symbolising institutionalised power relationships, have been placed on notice, thus leading to greater flexibility and freedom in ways people interact with one another (Wouters, 1989:106). As Wouters explains:

> The tension seems to be between managing the heart or being managed by it; between detachment and involvement. The tensile force of this tension balance coincides with the ways in which people allow themselves to give into their impulses and the needs of self-interests, while at the same time giving into the need and the coercion to take others into account.

Through Wouters' own research on European flight attendants, he concludes that Hochschild 'got it wrong'. While increased routinisation and standardisation has occurred, so too has a liberalising of dress and behavioural codes. Contact with passengers may be shortened due to industry speed-ups, but this has occurred simultaneously with an increase in the range of emotion management strategies available to flight attendants: As Wouters (1989:133) explains:

> The increased necessity of being able to command respect in all these various contacts has brought about a decline in old types of servility. Now in each contact there is a need to attune one's behaviour to the style of emotion management of the individual passenger, and while the range of styles has greatly expanded, the worker in each case feels obliged to find a pleasant or agreeable balance between formal and informal behaviour, between social distance and intimacy.

The main difficulty with Wouters' assessment of Hochschild's 'managed self' is the inadequacy of the empirical evidence he presents to justify his argument. His sample of flight attendants is small (N=6), which does not appear sufficient to warrant the degree of extrapolation in which he engages. While Hochschild's conceptualisation of emotional labour may be in some way overdetermined, Wouters ignores the bulk of Hochschild's data, particularly the data that indicates significant gender differences in the kinds of emotional labour performed by men and women. While Wouters' assertion

that a figurational approach to emotional labour elicits a much more complex picture of the relationship between workers and corporate ideology, his statement that flight attendants have at their disposal a wider range of emotion management strategies than Hochschild suggests is incorrect.

The very nature of neo-Taylorist work practices indicates that interactive service workers are now subject to more, not less, control and surveillance (Sewell and Wilkinson, 1992). Increased levels of standardisation are indicative of a workplace that disallows workers engagement in the liberal practices supposedly enjoyed by Wouters' flight attendants. Levels of standardisation and routinisation in interactive service work, especially work that requires fleeting contact with customers has significantly increased. Indeed, the technology that assists in creating increased routinisation of interactive service work has become an industry itself (Leidner, 1993).

This increase in surveillance and routinisation is linked to the concept and practice of 'strong' culture (Flam, 1993). Hochschild alludes implicitly to the existence of strong cultures within the airline industry, although she does not elaborate in any descriptive or analytical way on the nature of this culture. Wouters, however, does not consider the possibility of normative control playing a central role in interactive service work. Nor does he consider it a possible reason for such positive answers to his questions. Neither Wouters nor Hochschild refer to or develop the concept of emotional culture much beyond reference to micro cultural norms within specific organisations or macro cultural norms that have undergone change in recent years. It is suggested here that it is difficult to ascertain the role of emotional labour in a given context, or its affect upon workers without analysing the prevailing emotional culture in which it is located.

This applies to both micro cultures that are context specific as well as broader macro emotional cultures.

Hochschild's theory of emotion can be said to be cultural to the degree that she acknowledges the rule bound nature of emotions through her development of the concept of feeling rules. This concept, however, is derivative of social exchange theory, and is not, in Hochschild's work, in any sense anthropological. Hochschild's attempt to link structure and personality is not clearly articulated, and the reason for this is because there is a lack of acknowledgement of 'culture'.

When Hochschild's flight attendants perform emotional labour, they are also 'doing' culture (Kunda, 1992). They are the front-line producers of culture, the 'boundary-spanners' (Bowen and Schnieder, 1985) who are the embodiment of what passengers are primed by advertising to expect. Any 'failure' in the process of transmutation at the front-line of any interactive service organisation is also a failure to produce and reproduce the culture.

Apart from the 'feel good' service the flight attendants are expected to deliver through the performance of emotional labour, they are also engaged in the business of anxiety management. This aspect of their work is given cursory attention by Hochschild. Instead, there is a concentration on exploring the various deleterious aspects of emotional labour through critical incidents.

This is not to suggest that critical incidents are not important. Clearly, they are an important device in illustrating how emotional labour is central to the success of the service interaction. The critical incidents to which Hochschild refers involve the management of the flight attendants' personal anger - what techniques they use to control anger in the face of extreme examples of verbal and sometimes physical abuse.

Therefore, Hochschild's study can be described as a classic Marxist study of alienation. It is also a good illustration of why labour process theory is inadequate in explaining the 'labour process' of interactive service work (Fineman, 1995). This is particularly the case where there is little or no routinisation or direct surveillance.

Hochschild's implicit suggestion is that the key issue at stake with interactive service work is the degree to which the worker has individual autonomy, freedom and control over the work process. However, it is frontstage control of emotional labour that is paramount for Hochschild. While the 'backstage' emotion work is something management attempt to colonise, with varying degrees of success, it is mainly the frontstage work that is assessed by customers, management and co-workers.

Hochschild cites three basic elements of emotional life that make transmutation possible - emotional work that is transformed from a private act into a public or commercial one; feeling rules shift from the autonomous private sphere to the 'managed' public sphere; and restriction on 'authentic' social exchange. The first element is based on the premise that the private emotional system is morally superior to that of a public one. It also suggests that emotional exchange within the private sphere is somehow pure and lacking in instrumentality. The second element suggests that feeling rules within the private sphere are somehow less 'managed'. In other words, less derivative of culture. Given Hochschild's working definition of emotion, this is not surprising.

If Hochschild recognises the existence of primary emotions, then she must also adhere to the notion that situational keys fit emotional locks. In the private sphere, Hochschild appears to suggest that social exchanges which involve emotion are triggers for primary emotions. Therefore, feeling rules are culturally derived notions of what

situational trigger connects with what emotion. This is similar to Kemper's theory of primary and secondary emotions.

However, within the public or commercial sphere, feeling rules then become 'artificial' constructs in that they exist solely for the purpose of making a profit or sustaining a certain organisational logic. Thus, commercial logic tries to make malleable feeling rules that ought to remain as unmalleable as they are within the 'natural' private sphere. The evidence presented by Lindholm (1988) and Middleton's (1990) work on emotional style and culture dispute this binary opposition of nature/private and public/culture. They draw upon the work of Elias (1978) to show that feeling rules are dependent upon both structure and culture, and that both are fluid and changing across time and space. Cross-cultural studies on emotion also indicate that the public/private split is a not a universal phenomenon. The idea that the true self is only experienced within the private sphere is not one that is found in every culture.

The third element of Hochschild's emotional system suggests that choice of emotional display and experience is solely an individual decision. This also suggests that micro emotional cultures do not exist within the private sphere. Isolated communities, religious cults and dysfunctional families may also give the individual little emotional 'choice', and are examples of why Hochschild's romanticisation of the private sphere may lead to a superficial analysis of emotionality within the latter.

Hochschild argues that actors are free to question the going rate of exchange within the private emotional system. This, she suggests, means that there is more of an equal exchange here, because one can terminate a relationship if the exchange is not meeting one's needs or expectations. This seems to be at odds with the findings from

extensive research on family relationships, where women and sometimes children frequently experience unequitable financial and emotional exchanges.

In addition to the fallacy regarding 'equal' emotional exchanges within the family, feeling rules within the private sphere are gendered. Women are no more likely to be free to express anger openly in the home than they are in the workplace. Similarly, men are expected to refrain from expressing certain emotions such as sadness in any sphere, yet alone the private sphere.

This is not to suggest that transmutation is not a useful concept. Transmutation needs to be contextualised, and in order to do this, it needs to be located within emotional culture. It is suggested here that transmutation is an important process in the production and reproduction of emotional culture.

Gordon's (1990) work on emotional culture is instructive here. Gordon defines emotional culture as a combination of emotional vocabularies, and expression and feeling norms and beliefs about emotion. For example, Delta Airline flight attendants' belief that continual suppression of anger is pathological, is in itself partly constitutive of the micro culture specific to that context. While Gordon recognises the universal existence of basic emotions such as fear and anger, he mostly stresses the socio-cultural origin of emotions. According to Gordon, emotion is comprised of four components: feeling (biology); expression (behaviour); relationship concepts (structure); and regulative norms (culture). He states that the socially constructed elements of emotion are most evident in emotional vocabularies, expression and feeling rules, in instrumental behaviour such as courtship and in contextual definitions of emotion-relevant meanings.

Gordon also identifies four socially emergent dimensions of emotion: the origin of emotions which is found primarily in cultural definitions of human relationships; that

emotions are determined by both present and cumulative properties of a social relationship; that the social organisation of an emotion can be independent of the individual emotional experience; and that change in an emotion can occur at either a micro or macro level.

In the case of micro change, emotion is mostly socially or physiologically caused. In the case of macro, historical and cultural trends reduce, intensify or substitute emotions (Cancian and Gordon, 1988; Stearns and Stearns, 1986). Gordon asserts that one of the key roles that emotional culture plays is to legitimate emotional norms. This occurs through the institutionalisation of emotions. This process stabilises and formalises the occasion, expressive and social meaning of an emotion (Gordon, 1990:186).

According to Gordon, it is the institution which has the authority to construct rituals that arouse emotion, and serves as a judge on what is the normative form of expression and feeling. In other words, the institution holds sovereignty over the emotion. Gordon also acknowledges that resistance to institutionalisation occurs when there is tension over what constitutes autonomous or impulsive emotional expression and institutional expression (Turner, 1976). Gordon also suggests that deinstitutionalisation occurs when there are shifts in the definitions and overt practices associated with institutional meaning. Gordon suggests that culture does not just 'impinge' on emotion (Hochschild, 1983:49), but is partly constitutive of what emotion is. This is significantly different to Hochschild's (1983:49) summation of how institutions shape emotion:

> In private life, the person is the locus of the acting process...within institutions, various elements of acting are taken away from the individual and replaced by institutional mechanisms

There is no doubt that Hochschild's empirical work has made a significant contribution to the sociology of emotions. More importantly, "The Managed Heart" created the first bridge between the sociology of emotions and the sociology of work. While Hochschild's work may not have explored the significance of culture in determining the consequences and effects of emotional labour in any depth, her contribution to the cultural theories of emotion and work needs to be noted. Her work has shown how the construction and implementation of feeling rules occur within an organisational context. She has also illustrated how gender and emotional labour are inextricably linked. Hochschild's explanation of why interactive service workers sometime experience emotive dissonance as a result of performing emotional labour has raised important questions for human resource management and occupational health and safety aspects of interactive service work.

EMOTIONAL LABOUR II: EMPIRICAL STUDIES

Emotional labour as an integral part of interactive service work has become the focus of increased attention in recent years. As Ashforth and Humphrey (1993) indicate, emotional labour has usually been located under the rubric of other components such as job design, decision-making, leadership and organisational culture. When discussing any aspect of emotional labour, it is necessary to always refer to Hochschild's definition, e.g.; 'the creation of publicly observable facial and bodily display through the management of feeling'. Whilst emotional labour has *exchange* value, emotion work or emotion management refers to the same behaviours exhibited in a private, non-commercial setting. In the private sphere this kind of work has *use* value. This section of Chapter 2 illustrates how emotional labour has has been further conceptualised and

studied. These studies can be divided into three categories: conceptualisation of emotional labour; effects and consequences of emotional labour for both employee and employer; and socialisation.

Conceptualisation

Emphasis on how emotional labour is conceptualised can be found in two studies. Rafaeli and Sutton (1989) adopted a positivist stance towards emotional labour in that they emphasise measurement of 'display' rather than feeling rules. Rafaeli and Sutton argue that organisations need to be concerned not with how employees say they feel, but rather what feelings they actually display. They also assert that, because there is no simple match between the two, it is important to distinguish between expressed and experienced emotion (Gordon 1981 cited in Rafaeli and Sutton, 1989). This indicates that Rafaeli and Sutton use only the dramaturgical component of Hochschild's conceptualisation of emotional labour. In tandem with this they rely heavily on role theory to explain variation in expressed emotion within service encounters. They justify their focus on display rules in preference to feeling rules on the basis that, as Ekman (1973) explains, there is already a close fit between expression and experience. Because of this close connection, expression is therefore seen as a valid indicator of feeling.

Rafaeli and Sutton propose a model that illustrates reciprocal causation between expressed emotions of service providers and their social-psychological characteristics, including gender, self-monitoring ability (Synder, 1974) and emotional stamina (Hochschild, 1983). At the onset of a service encounter, transaction-defining cues are vital in assisting the service provider to make decisions on how to proceed emotionally

with customers. Service providers' reactions to customers are influenced by temporal context, atmospheric conditions and interpersonal context and season.

Ashforth and Humphrey (1993) also use the term 'display rule' in preference to feeling rule. They use this term because display rules refer to specific behaviour that can be easily assessed by customers, managers and peers. They define emotional labour as the *act* of emotion. Their focus on behaviour is premised on the notion that it is the actual compliance with display rules that directly affects clients, and that one may conform to display rules without having to 'manage' feelings. They too draw upon the dramatugical component, describing emotional labour as a form of impression management. Therefore, redefinition of emotional labour both emphasises behaviour and decouples the experience of emotion from the expression of emotion.

While this decoupling process is problematic in terms of conceptualising emotional labour, what is crucial about Ashforth and Humphrey's work is that they have located emotional labour in its natural setting - the service encounter. Four components constitute a service encounter: boundary-spanning roles; person to person interaction; dynamic and emergent qualities; and intangibility of service production. All of these components place a premium upon the quality of the emotional labour performed within the service encounter, as this 'quality' allegedly affects customer's perceptions of product quality. Thus, Ashforth and Humphrey primarily outline the functions and dysfunctions of emotional labour. While emotional labour may facilitate task effectiveness, it may also encourage the client to erroneously expect more than what the service provider is able to deliver.

In relation to the effects of emotional labour upon the service provider, Ashforth and Humphrey hypothesise that positive identification with the work role is correlated

with a positive impact of emotional labour upon the service provider's psychological well-being. Like Thoits (1991), they see emotional labour as an identity-enhancing experience. In their view, emotive dissonance occurs when the service provider's identity clashes with their work role identity. In summary, Ashforth and Humphrey assert that within the framework of social identity theory, some effects of emotional labour are moderated by one's social and personal identities, and that emotional labour stimulates pressures to identify with the work role.

Both of the latter studies are somewhat incongruent in relation to the conceptualisation of emotional labour. If feeling is as unimportant as they say, then so too is emotive dissonance. Yet both studies insist on referring to this part of the conceptual framework. By limiting themselves to only display, both studies have made implicit that emotional labour is only about behaviour, or surface acting. While display is an important component of emotional labour, it is by no means the only one. What these two studies have done is to consider only the part of Hochschild's definition that 'fit' into their behaviourist framework. While this may assist in the codification of emotional labour at the worksite, conceptually it does not provide a clear picture of how emotional labour is fully performed by individuals.

Effects/Consequences

The empirical studies investigating the practice of emotional labour have concentrated either on its pernicious and/or liberating effects or how emotional labour effects corporate or performance outcomes. Tolich (1993) for instance, in his ethnographic study of convenience store clerks, found that emotional labour was used just as much for the employee's entertainment as it was for the company's benefit.

During slow times, employees engaged in long conversations with customers in order to alleviate boredom and frustration. He also noted that many clerks enjoyed interactions with customers immensely, and took great pride in being able to tune into their needs. Tolich concluded that the issue that was at stake was not who *controls* the emotional display but rather who *owns* it.

Tolich argued that the differentiation between emotional work as having use value and emotional labour exchange value is problematic. He observed that the use/private and exchange/public dichotomy became entangled within the clerk's performance of customer service, which led him to revise Hochschild's definition of emotional labour. While he retains her original definition, he also calls for a concentration on issues relating to control over emotional display. Hence, his new dichotomy consists of regulated emotion management and autonomous emotion management.

Stenross and Kleinman (1989) examined the differences in detectives' emotion work with criminals and victims, outlining strategies that those without status shields may use to transform such labour into 'engaging' work. Similar to Tolich's findings, they posited that emotional labour need not always be alienating, as workers are very adept at developing strategies that turn a mundane task into a more challenging one. While detectives disliked the emotion work with victims, labelling it as not real police work, they often relished the confrontational game-like encounters with criminals that involved significant amounts of emotional labour.

Using Hochschild's 1983 classification of jobs requiring emotional labour, Wharton (1993) examined the effects on workers employed in the banking and health industries. Like Tolich, she found that emotional labour does not impose a deleterious

effect upon all workers. Instead, it is the levels of job involvement, autonomy and self-monitoring ability that determine the level of emotional exhaustion a worker may experience.

Wharton, however, did not just survey exclusively front-line service workers within these industries. She argues that previous studies have concentrated too much upon front-line positions, resulting in these jobs being seen as unique in terms of occupational stress. This concentration on emotional labour within these jobs alone has not allowed for the possibility that other stressors may be responsible for emotional exhaustion. Wharton found that workers employed in jobs listed in Hochschild's classification list were no more likely to experience emotional exhaustion than other workers. In fact, they were even more likely to be more satisfied with their work than those who did not perform emotional labour.

Employees who perform emotional labour well are said to bring about positive financial gains (Peters and Austin, 1985; Peters and Waterman, 1982). Sutton and Rafaeli (1988) in their study on the links between expressed emotions during service encounters and convenience store profits indicate that it was store pace rather than expressed emotion that determined store profits. Store pace was a cause rather than an effect of employee's expressed emotions. Customers who frequented busy stores valued fast and efficient service over friendly smiles. Staff who were employed in slower stores often experienced difficulty adjusting emotionally when the store became busier and customer expectations of the service encounter changed.

Socialisation

Very little attention has been paid to how workers learn appropriate emotion management strategies. Smith and Kleinman (1989) conducted a two year observational

study looking at professional socialisation of medical students and how they developed affective neutrality. During their study, the researchers discovered an informal curriculum and the existence of covert rules and resources for dealing with unwanted or inappropriate emotional responses. They explain that, while students are unable to develop strategies collectively because of the taboo placed upon the public discussion of emotion, their solutions for dealing with emotion on the job are not all individual. Because of cultural norms and expectations providing guidelines or 'feeling rules', students were found to have used the same emotion management strategies.

Smith and Kleinman isolated five major emotion management strategies used by the medical students: transforming patient contact; accentuating the positive aspects of medical practice; coopting the patient through empathy or blame; humour; and avoidance. A crucial observation in their study was the similarities in the emotional desensitisation process experienced by medical students and combat soldiers. Both groups reduced their 'object' to sub-human status through the use of stigmatising labels, and both experienced significant levels of fatigue, which had the effect of 'blunting' the emotions (Smith and Kleinman, 1989:69).

Hochschild's major contribution to the sociology of the emotions is also a contribution to the study of gender and work. Hochschild posited that not only were women socialised to perform emotional labour more so than men, the jobs that required emotional labour were also gender-specific. In the case of the flight attendants, women nearly always received less respect and recognition than men in the same position. Male flight attendants were often mistaken for head pursers by passengers, and were often asked about their plans to move into management. Hochschild also asserted that even in

jobs where both genders did the same kind of work, women had less access to a status shield.

James (1989) validates Hochschild's claim through arguing that primacy is given to the 'rational' over the 'emotional' within the workplace. According to James, expressing positive emotion or empathy at work are categorised as women's work, something that comes naturally for women, and are therefore unskilled. James argues that although women are employed in certain positions on the basis of their 'natural' skills in dealing with human emotion, they are usually not remunerated for these skills.

Male professionals however, are well rewarded for their ability to display 'emotional control'. Even when men are associated with 'caring' work such as nursing, they are more likely to move into management away from the 'unrecognised, unrecorded and low paid' emotion work (James, 1989:38). James contends that even if emotional labour is recognised it is often categorised as 'secondary' work, and 'integrated into the labour process through gendered jobs' (1989:38).

In her study of secretarial work, Wichroski (1994) found that many expectations for women in the workplace are gendered, and that these expectations are not categorised nor formally outlined. In other words, they do not appear within the job description as tangible skills or requirements. Emotional labour, which Wichroski also calls 'political' labour, is expected to come naturally to secretaries because they are women. Skills that are 'natural' and not the result of training or education therefore do not require formal recognition or compensation.

Parkinson (1991) in his study of the strategies of expressive control and interactional styles reported by thirty-nine trainee hairdressers, attempted to operationalise aspects of Hochschild's 'deep' and 'surface' acting, and apply them to the

occupational context of hairdressing. Parkinson found that there were substantial correlations between amounts of tips respondents reported receiving and levels of expression and openness. Openness was not only related to a 'naturally' friendly interactional style with clients, but also length of training experience. Greater well-being was associated with lower levels of private self-consciousness and higher levels of perspective-taking.

Parkinson's findings provided little evidence for Hochschild's thesis that emotional identification with the work role necessarily led to emotive dissonance. Those who connected their social work performance to their own identity showed lower levels of psychological maladjustment and higher levels of job satisfaction. Parkinson attributed this result to two factors. First, hairdressers' work role is more flexible and personalised than that of flight attendants. Second, hairdressers are not required to make the major emotional re-adjustments in order to identify with their performance.

In relation to ambulance officers, Palmer's (1983, 1989) ethnographic accounts of emergency medical technicians, while not focusing specifically on emotional labour, provide a good description of the emotion management strategies utilised in the course of their work. It is interesting to note that the strategies Palmer described are similar Smith and Kleinman's findings canvassed previously.

Smith (1989, 1991, 1992) analysed the role of emotional labour within the occupation of nursing. She conducted participant observation within a teaching hospital in London, and found that nurses were expected by patients to fulfil a feminine 'caring' role. For them, a fleeting touch, a genuine smile or a caring attitude were considered the most important attributes for a nurse to possess. Smith also found that nurse managers who were aware of the value of 'managing' the effects of their staffs' emotional labour

were more able to motivate their student nurses. With the exception of the works on the nursing and medical professions (James, 1989, 1992; Smith, 1989, 1991; Smith and Kleinman, 1989), most of the studies discussed here have studied the practice of emotional labour outside the realm of organisational or occupational culture. The next chapter aims to illustrate why a thorough understanding of emotional culture and hence, organisational emotionality is vital in determining what the effect and consequences of emotional labour mean for both organisational outcomes and individual well-being.

CHAPTER 3

ORGANISATIONAL CULTURE, EMOTIONALITY AND GENDER

This chapter examines the linkages between organisation, culture and emotionality. As discussed in Chapter 2, emotionality is a crucial component of both organisation and culture, and, as such, acts as a signpost for how emotional labour is situated with regards to other work practices. In order to establish this linkage, the first part of this chapter will critically examine the concept of organisational culture in relation to the popular theoretical and practitioner view that suggests there is a link between strong and unitary cultures and organisational performance and outcomes. An examination of the different theoretical and conceptual approaches to organisational culture will highlight the need to view organisations as gendered cultures, processes and emotional arenas. The second part of this chapter examines the link between organisational emotionality and gender. This linkage is an often neglected area within organisational theory and the sociology of gender and work. Because there has been very little empirical and theoretical work conducted on the links between gender, work and emotionality, this component of the chapter virtually charts new territory. The third section of this chapter provides a summary of the theoretical and conceptual framework that informs the following empirical chapters.

ORGANISATIONAL CULTURE: AN OVERVIEW

Organisational culture as a concept has received a considerable amount of attention in recent years both within organisational theory and management literature (Schein, 1985; Smircich, 1983). In order to understand organisational life more fully, an

analysis of the culture of the group or organisation in question has come to be accepted as a normative stage in determining how organisational change and strategy can be achieved (Bate, 1994). However. most of the work conducted on organisational culture differs with regard to definitions of the central concepts of both culture and organisation.

Organisational and management theory has been criticised for privileging a strong bias towards managerial ideology as the foremost manifestation of culture within an organisation (Martin, 1992). Martin also states that organisational culture literature is plagued by 'conceptual chaos', which often leads to the adoption of simplified theoretical perspectives. This means that much of this literature is limited in its ability to illuminate how culture in organisations contributes to the very being of the organisation itself. For example, Alvesson (1992) argues that the practitioner focus of much of the managerial literature on organisation culture leads to an over-emphasis on the need for culture to be good, valuable and above all, malleable. Alvesson argues that the links between the academic and practitioner literature have been so close that they render the distinction between the two insignificant. Thus, the concept of organisational culture has become just another 'tool' of management, similar to information technology or accounting.

While this situation may be useful in some instances, this close relationship has created theoretical and conceptual problems for many organisational theorists. A crisis of 'objectivity' has meant that conceptual work has become secondary to the actual process of cultural engineering. In equating organisational culture with managerial ideology, the supposed revolution in management theory could be described as a kind of ideological victory for those organisations that espouse the value of the culturist

approach in quelling industrial conflict and promoting industrial democracy amongst employees (Alvesson and Berg, 1992). This is particularly evident in studies which focus on the link between culture and performance (Saithe, 1985; Deal and Kennedy, 1982). They suggest that a strong culture provides fertile ground for improved fiscal performance in corporate organisations.

The notion of strong culture, one that is characterised by clearly defined assumptions that are shared by all organisational members, is at the heart of many attempts to engage in cultural engineering (Schein, 1985). These accounts of strong or 'great' cultures are, in essence, functionalist and normative descriptions of organisational processes. In the process of making the distinction between the existence of great and local cultures, Alvesson (1992:118) highlights the problematic nature of organisational research that adheres to a unitary conceptualisation of organisational culture. He suggests that researchers need to adopt a multiple perspective which he calls the 'multiple cultural configuration perspective':

> Organisations can be understood as shaping local versions of broader societal and locally developed cultural manifestations in a multitude of ways. Organisational cultures are then understandable not as unitary wholes or as stable sites of substructures but as mixtures of cultural manifestations of different levels and kind. People are connected to different degrees with organisation, suborganisational unit, profession, gender, class, ethnic group, nation...cultures overlap in an organisational setting and are rarely manifested in 'pure' form.

The idea that organisational cultures are rarely pure and immune from broader cultural influences strongly influences the interpretation of empirical evidence presented in later chapters. Although the Queensland Ambulance Service is unique in terms of historical influences upon culture, the broader cultural influences of how both

masculinity and emotionality are defined largely determine how the micro cultural configurations are developed and reproduced.

CULTURE AS ORGANISATION, ORGANISATION AS CULTURE

It was not until the end of the 1970s that organisational theorists began to change their predominant view that organisations were 'instrumental' social structures that existed independent of culture. Weberian and Parsonian theories of bureaucracy and social structure strongly influenced the development of functionalist approaches to organisation, which were seen to conform to general rules of 'efficiency' rather than cultural edicts (Dobbin, 1994).

Albrow (1992) argues that an overall misreading of Weber facilitated this tendency within organisational theory to develop acultural theories. Albrow argues that Weber was caught between his view of society as rational and acultural, and his vision of *verstehen*. Much of the earlier work on organisations was based on the assumption that this Weberian view of rationality was unproblematic. Culture was either an unimportant feature of organisation, or a non-rational process that interfered with the goals and direction of organisations (Taylor, 1911; Parsons, 1951).

Even during the 1980s when culture was 'discovered' within organisational theory, it was still only valued as a component of organisation, along with other components such as structure (Bate, 1994). This 'culture as variable' approach has heavily influenced practitioner work on organisational culture through the adoption of cultural engineering by many of the major transnational corporations (Kunda, 1992).

Bate (1994) distinguishes between the rationalist 'culture as variable' approach and the anthropological 'organisation as culture' approach. The latter approach to

organisational culture views culture and organisation as one of the same. As Smircich (1983) states, organisations don't have cultures - they *are* cultures. Bate (1994) suggests that conceptual differentiation is crucial for organisations that are in the process of designing cultural strategies, for the adoption of each approach will influence how strategy is conceived and implemented.

FUNCTIONALIST APPROACHES TO ORGANISATIONAL CULTURE

Functionalist conceptualisations of organisational culture are premised on the assumption that the concept of organisational culture itself is unproblematic. Organisation is considered apriori to culture, with culture functioning as the 'social glue' of an organisation (Harlow and Hearn, 1995). Functionalist studies of organisational culture describe culture as a source of identity for organisational members; a way of assisting members to focus on organisational goals; and a mechanism for creating and reproducing organisational equilibrium (Deal and Kennedy, 1982; Siehl and Martin, 1981; Peters and Waterman, 1982; Louis, 1980).

Culture is essentially considered as a phenomenon that is produced by and consumed within organisations. As a product, culture acts as a sense-making device for organisational members (Harlow and Hearn, 1995). Culture is also considered to function as an integrative device that joins the interests of the individual organisational member with the interests of other components of an organisation. Culture is not something that organisational members 'do', but rather something that is done to.

In summary, a functionalist approach views culture as a stabilising force within an organisation. Culture is not organisation, but it is part of the ideological engine that drives it.

CONFLICT APPROACHES TO ORGANISATIONAL CULTURE

Conflict-based conceptualisations focus on the role of culture as an integral part of the struggle for power, status and control within an organisation. This approach does not view organisational culture as a stabilising influence, but rather as a manifestation of how control is achieved within a given organisational context. The struggle for privileging particular kinds of power relations and the reproduction of normative control are central to conflict studies.

Kunda's (1992) study of "Tech Engineering" is instructive here. Through his investigation of how 'Tech does culture', Kunda demonstrates that culture can be, and in the case of Tech, usually is, a mechanism of control. Kunda's conceptualisation of culture is based upon anthropological definitions of culture, and this approach is central to his thesis. Kunda's definition of culture in heavily influenced by Goodnough (1970) who states that culture is "in the hearts and minds of men (sic)." Thus, Kunda's conceptualisation of culture recognises that there a strong affective element to the production and transmission of culture.

Kunda asserts that the functionalist definition of organisational culture is a strongly etic concept which has come to be known as 'strong' culture. The development of strong culture is dependent upon management's ability to encourage organisational members to internalise corporate goals and values. Kunda (1992:10) states that this is achieved through the development of strong emotional attachments to these corporate ideologies and values:

> The process of internalisation of core corporate values and beliefs and goals lessens the need for surveillance or external control because productive work is a result of a combination of self-direction, initiative and emotional attachment...this combines organisational interest in productivity with the employee's personal interest in growth and maturity.

Kunda suggests that this rhetoric of culture is indicative of a shift in managerial ideology to a more intense commitment to normative control. Etzioni (1961) defines normative control as the process of controlling the output of organisational members through control of the emotional, cognitive and experiential experiences that guide the actions of organisational members. Normative control can be viewed in two ways - either as a solution to minimising conflict between organisation and individual as a way of increasing the organisational capacity for growth and productivity; or as a way of dealing with alienation in the workplace. A number of publications that have referred to strong cultures have implicitly lauded forms of normative control as the answer to an organisation's economic and existential dilemmas. Kunda suggests that these studies have promised an organisational culture in which the individual worker has a renewed and revitalised sense of self - in other words, a 'self regained'. Conversely, normative control can also be viewed as a form of tyranny for organisational members, in that the ways in which it is achieved are 'subtle and persuasive' and, by implication, manipulative and undemocratic (Whyte, 1956:397).

Kunda (1992:220) describes his empirical work as an indication that strong cultures are illustrative of a move towards a form of managerial ideology that favours normative control over more direct methods of surveillance. He states that bureaucratic control does not change 'in principle' under normative control. Rather, managerial ideology shifts its focus from structural control to cultural control. This means that corporate culture is now involved more in controlling organisational members' emotional experience of the organisation. Given that the Queensland Ambulance Service was undergoing a fundamental structural change at the time of this study, Kunda's point regarding the shift from structural to cultural control is an important one.

In later chapters, it will be demonstrated that in terms of organisational emotionality, it is normative control rather than direct surveillance that maintains emotional cultural norms and practices within the Queensland Ambulance Service.

PSYCHOANALYTIC APPROACHES TO ORGANISATIONAL CULTURE

Psychoanalytic approaches render conventional conceptualisations of organisational culture inadequate, because they fail to address or even acknowledge organisational identity or the subconscious foundation of an organisational culture (Diamond, 1993). One of the principal features of this perspective is the differentiation between what Schein (1985) calls 'explicit culture', which consists of clearly observable patterns, behaviours and values; and 'implicit culture', which is comprised of an underlay of deep assumptions that govern an organisation's processes and interactions (Diamond, 1993). Diamond's (1993) definition of organisational culture incorporates the idea of explicit (conscious), and implicit (unconscious) components of culture as givens:

> Organisational culture is a product of social intervention and interaction that are influenced by organisational history, artefacts, physical space and architectural design, degrees of formality and informality, social control that involves professional and institutional modes of socialisation or indoctrination, shared symbols and meanings found in myths, organisational leadership personalities, values and management philosophies, groups as sub-cultures, host cultures that include economic and political task environments, and humour/play at work.

This overarching definition indicates that psychoanalytic approaches attempt to cover all aspects of cultural manifestations in order to reach the latent mechanisms that determine how a culture is experienced.

Another central tenet of the psychoanalytic approach is its focus on critical moments. According to Diamond (1988), such incidents are opportunities for exploring and identifying the emotions of organisational members that have either been suppressed or denied. As illustrated in Table 4, this approach to organisational culture focuses on three psychodynamic stages of organisational development.

Table 4

Psychodynamic Stages of Organisations

Modes	Infancy/Childhood separation/individuation metaphors
Prototaxic (The 'mob')	Pre-organisational Pre-verbal No identifiable boundaries Lack of differentiation
Parataxic (Us against them)	Differentiation occurs, but it is incomplete Defensive social systems
Syntaxic (Me and you)	Resilient organisation

Source: Diamond (1993)

The first stage, the prototaxic, is characterised by a group that is pre-organisational and pre-verbal. The group displays no identifiable boundaries and is defined by a lack of differentiation. The corresponding psychodynamic developmental stage in individuals is infancy. The second stage is parataxic. Differentiation occurs at this stage, but it is incomplete, which leads to the development of defensive social systems. Organisations that are stuck in this stage often experience a considerable degree of conflict, for they have not yet developed the mechanisms to cope with ambiguity and difference. Instead, they view internal struggles in terms of an 'us and

them' scenario. Pressure and stress often leads to regressive behaviour, which in turn leads to distortions in communication.

The syntaxic stage is characteristic of the resilient organisation. In Freudian terms, this kind of organisation represents an individual who has succcessfully completed the process of individuation. Diamond suggests that organisations located within the parataxic stage experience distortion in communication which can lead to projections of internalised negative emotions into other organisational members:

> These projections are characteristic of less advanced (prototaxic and parataxic) modes of psycholinguistic experience and prevail among adults in many organisations. (Diamond, 1993:121).

In terms of the site under empirical investigation in this study, this approach assists in the understanding of why the QAS denies various aspects of organisational emotionality.

INSTITUTIONAL APPROACHES TO ORGANISATIONAL CULTURE

The underlying assumption of this approach is that culture is organisation, and, in being so, is central to how organisations are reproduced. DiMaggio (1988) describes institutionalisation as an unstable political process that is reflective of particular vested interests, and the organisational members for whom these interests are paramount. Institutionalisation is also a continuous process that needs to be constantly reproduced. This process of reproduction is not always automatic, as organisational members who have a vested interest in the continuation of the institutional arrangements need to engage in continual institutional work to maintain their hegemony. Institutional reproduction not only occurs at critical moments within an organisation's lifecycle, but

also through recruitment and socialisation of new members, and any decision "influenced by organisational members' allegiance to the institutional order" (DiMaggio, 1988:13).

Tolbert (1988) asserts that the institutionalisation of organisational culture is dependent upon the degree of congruence between new members and current members. According to Tolbert, similarity in social, cultural and occupational backgrounds mean that there is little need to implement more formal socialisation mechanisms to merge interpretative frameworks between new and existing members. Tolbert draws upon the work of Berger and Luckmann (1966:47-72) to illustrate her point. Berger and Luckmann explain that the process of habitualisation of action and interaction minimises the likelihood of disorder and increases the likelihood of predictability of human interaction. Habitualisation results in action acquiring an objective nature, with the original reason for the action taking place being replaced by rationalised myths about why certain patterns of action occur:

> The institutionalisation of behaviour is completed when habitualised activities are transmitted to new members. Because these members have no knowledge of the historical origins of the cultural elements that are transmitted, they have a normative fact-like quality (Tolbert, 1988:103).

Tolbert's study of the process of institutionalisation in law firms found that in situations where the level of congruence was high, there was less need for formal transmission mechanisms to be implemented. Conversely, those firms that placed less emphasis on cultural congruence were more likely to utilise formal mechanisms of institutionalisation.

In summary, when undertaking a study that involves the analysis of organisational culture, it is necessary to consider at more than one approach. This

approach to the study of organisation attempts to overcome the inadequacy of the conceptualisation of culture as a variable or object. Organisational culture is conceptualised as a process that is gendered, historizised and affect-rich. Traditional or functionalist approaches to organisational culture are limited in their ability to elucidate the many patterns and processes that constitute organisation and hence organisational cultures. It is therefore erroneous to talk about organisational culture as a single entity, for acknowledging that there is value is approaching organisational cultures from multiple perspectives means that there is a possibility that each 'single' culture may in fact be a composite of many 'sub-cultures'.

A CULTURAL MATRIX APPROACH TO ORGANISATIONAL CULTURE

Martin (1992) states that in order to understand differences among the three perspectives, it is necessary to adopt a meta-theoretical stance. A multiperspective approach to understanding cultures in organisations brings to the surface the viewpoints of cultural members. Once these members are heard, the notion of a unitary or singular culture is an oversimplification.

Because researchers have failed to agree on precisely what organisational culture is, a theoretical framework is needed in which different approaches to culture can be represented. This matrix approach to organisational culture should be able to clarify why these differences occur and how the relationships between them are manifested. As Martin (1992:36) explains:

> Rather than offering yet another abstract definition of culture, the matrix framework focuses on the cultural manifestations researchers actually study, when they claim to be studying culture. When the manifestations of a culture are arrayed in the form of a matrix, the pattern of interpretation underlying that matrix reveals how a given study is defining culture.

Martin adopted a a three-pronged multiperspective approach which is based upon functionalist, conflict/institutional and post-modern approaches to organisational culture. As illustrated in Table 5, these perspectives are named integration, differentiation and fragmentation respectively.

Table 6 illustrates the different manifestations of organisational culture with respect to forms, practices and content. Forms include rituals, stories, jargon, humour, and physical arrangements such as architecture, interior design and dress codes. Practices include formal structures, task and job descriptions, rules and procedures and financial controls as well as informal norms, communication patterns, and standard operating procedures. Content themes are common threads of concern that are manifest in a subset of forms and practices. They can be external, through publicising to a wider audience, or internal, such as tacit, deeply-held assumptions.

Table 5

Defining Characteristics of Martin's Three Perspectives of Organisational Culture

Perspective	Integration	Differentiation	Fragmentation
Orientation to consensus	Organisation-wide consensus	Subcultural consensus	Multiplicity of views (no consensus)
Relations among manifestations	Consistency	Inconsistency	Complexity (not clearly consistent or inconsistent)
Orientation to ambiguity	Exclude it	Channel it outside subcultures	Focus on it
Metaphors	Clearing in jungle monolith hologram	Islands of clarity in sea of ambiguity	Web, jungle

Source : Martin (1992:13) Table 1-1

Table 6

Manifestations of a Culture - Definitions

Cultural Forms	rituals, stories, jargon, humour, architecture, interior design, dress codes
Formal Cultural practices	organisational structure, task and job descriptions, technology, rules and procedures, financial controls
Informal Cultural Practices	Unwritten norms, communication patterns, standard operating procedures
Cultural content themes	external/internal publicising of corporate objectives "officers must confront their stress" tacit, deeply held assumptions "The QAS is not for emotionally 'weak' men"

Source : Adapted from Martin (1992:37)

Martin (1992:) defines organisational culture in the following passage:

The manifestations of culture in organisations include formal and informal practices, cultural forms (such as rituals, stories, jargon, humour and physical arrangements), and content themes. Interpretation of these cultural manifestations vary. The pattern or configuration of interpretations (underlying matrix of cultural formations) constitutes culture.

Martin's cultural matrix model provides a clear method of illustrating how cultures can simultaneously be homogenous, conflictual and ambiguous. An analysis of the cultural matrix model will assist in explaining how a pluralist rather than a singular approach to organisational culture is preferable.

INTEGRATION PERSPECTIVE

Organisational theorists who work within the integrationist framework define organisational culture as that which is clear, consensual, consistent and shared. For example, Schein (1991:247) stresses that a culture is only defined by what is shared:

...Only what is shared is, by definition, cultural. It does not make sense, therefore, to think of high or low consensus cultures, or cultures of ambiguity or conflict. If there is no consensus or if there is conflict or if things are ambiguous, then by definition, that group does not have a culture with regards to those things.

However, integrationists do differ with regard to exactly *what* is shared. Schein (1985:6) cites basic assumptions of a group or organisation as the essence of what culture is, and treats values and behaviours as 'observed' manifestations of that cultural essence. However, Siehl and Martin (1981:227) define organisational culture as 'the glue that holds an organisation together through shared patterns of meaning'. This definition is similar to that of Saithe (1985) who also sees culture as a shared set of understandings. Integrationists also differ with regard to the depth of sharing meanings. Martin (1992) states that some integration studies define culture in terms of formal and external publications and announcement of content themes such as mission statements. Others such as Barley (1991:39) argue that a focus on these kinds of cultural manifestations invokes a superficial conceptualisation of organisational culture:

Organisational theorists often claim that culture is best understood as a set of assumptions or an interpretative framework that undergirds daily life in an organisation or occupation. However, despite such theoretical pronouncements, few organisational researchers have actually bothered to study the deep structure of a work setting. Instead, most have focused on symbolic phenomena that lie on the surface of everyday life: stories, myths, logos, heroes, and assorted other verbal or physical artefacts. For this reason, cultural research typically belabours the obvious while failing to reveal the core of the interpretative system that lends a culture its coherence.

Many integration studies also emphasise that it is the unique aspect of a culture that distinguishes one organisational culture from another (Clark, 1972; Schein, 1985; Ott, 1989).

One of the shortcomings of the integration perspective is that it does not adequately address the issue of dissent or deviance. In relation to the Queensland Ambulance Service, the sole adoption of an integrationist approach may by-pass any analysis of deep culture and result in a superficial acceptance of managerial ideology.

The method chosen to collect data within this study also limits the kind of conceptual approach to organisational culture that is to be adopted. By its very nature, fieldwork is heavily weighted in favour of confict-based approaches, because fieldworkers rely on description and observation of, and direct involvement in, critical incidents within the fieldwork site to glean information about power relations that would hitherto be hidden from the researcher. While a differentiation perspective may provide much of the framework of a qualitative study of organisational culture, in this instance other perspectives are equally important and therefore utilised.

DIFFERENTIATION PERSPECTIVE

While studies located within the differentiation perspective acknowledge that shared meanings and basic assumptions are important in defining organisational culture, they differ from integrationist studies in that they emphasise the political nature of organisations. The main difference between the two is that the differentiation perspective defines organisational culture in terms of consensus within sub-cultures, rather than within the whole organisation (Louis, 1985; Gregory, 1983; Smircich, 1983; Van Maanen and Barley, 1985).

Differentiation studies are more likely to concentrate on the role that sub-cultures play within a given organisational context. Culture is defined as that which is shared by the group rather than a whole organisation (Smircich, 1983; Louis, 1985; Van

Maanen and Barley, 1985). These studies are more likely to view organisational culture as a multicultural phenomenon (Gregory, 1983).

Studies located within the differentiation perspective aim to illustrate how organisation-wide consensus is an illusion. In taking an oppositional approach, a differentiation perspective acknowledges that the existence of sub-cultures means that consensus with regards to the meaning of organisational culture is impossible. With reference to Table 6, the three defining characteristics of organisational culture from this perspective are inconsistency, sub-cultural consensus, and the marginalisation of ambiguity (Martin, 1992:83). Through focusing on the acknowledgement of conflict and the vested interests of particular sub-cultures, the differentiation perspective is useful for exposing power relations within an organisation. While integration studies often result in a description of 'corporate culture', differentiation studies are more likely to highlight sub-cultural aspects of an organisation, particularly sub-cultures that do not have access to the same degree of power and status as others may do within the organisation.

Two examples of differentiation studies that highlight the value of such a perspective are Van Maanen's (1991) ethnography of Disneyland as a workplace, and Collinson's (1988) study of shopfloor factory workers. Van Maanen's 'realist' description of the tensions and resistance within and between Disneyland workers' sub-cultures belies the corporate Disney image of collective happiness. The 'Smile Factory' as a workplace has an underbelly that is fraught with envy of workers in other, more prestigious sub-cultures within Disneyland, the continual avoidance by workers from the hyper-surveillance practiced by middle management, emotive dissonance from

having to process thousand of park 'guests', and dreams that have yet to and probably won't come true. [6]

An integrationist study of Disneyland would have probably concentrated on how workers come together to form a 'happy' band of Disneyland characters, charming the thousands who visit the park, and keeping the Disney dream alive. However, an ethnographic approach revealed that, as a workplace, Disneyland is anything but a dream.

Similarly, Collinson's study of a northern English factory sheds light on how a differentiation perspective can uncover tensions and conflict between workers and management, and workers themselves. On a superficial level, the male workers on the shopfloor appeared jovial and light-hearted, but further investigation by Collinson found that such humour is used to both unite and divide workers. Humour is used as a cultural device either to resist corporate, white collar masculinity, or to control deviant workers who not not adhere to the dominant shopfloor masculinity.

Both these studies illustrate that viewing organisational culture as a singular entity is limiting, because workers engaged in counter-hegemonic activities to control their own working lives. The Disneyland example demonstrates how workers consistently and sometimes successfully attempt to achieve freedom from the ever-present surveillance to which they are continually subjected. They achieve this through becoming members of a sub-culture that tries to develop some degree of autonomy and power. In Collinson's study, workers form sub-cultures in order to assert their place

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[6] Van Maanen (1991) describes Disneyland as workplace that is characterised by a rigid militaristic heirarchy of workers. The status of the worker is determined by the the degree of training required to do the job. the amount of autonomy afforded the worker and the level of prestige the worker enjoys. The heirarchy ranges from the workers with least status such as cleaners and kitchenhands to those with the highest status such as the well-dressed, bi-lingual park guides. Van Maanen's description of working life at Disneyland contradicts the Disney ideology that promotes the American dream and which is institutionalised in the Disney theme : *When you wish upon a star, makes no difference who you are. When you wish upon a star,your dreams come true.*

within the factory. They do this through reproducing forms of masculinity that are distinct from, and in some way oppositional to white collar masculinity.

Therefore, while there may be subcultural consensus, this does not always extend to the organisation as a whole. Within differentiation studies, inconsistencies at the level of action, symbol and ideology are exposed. Martin (1992:111) suggests that the problem of definition of uniqueness of culture within the differentiation perspective may be solved by adopting a 'nexus' approach to organisational culture:

> What is unique and 'organisational' then, is the way a particular mix of cultures combines and interacts within a given organisation's boundary.

What Martin is suggesting here is that organisations are not isolated entities devoid of contact with the wider cultural milieu, but rather that the interplay between macro cultures and micro cultures is not only inevitable but desirable. Mills (1988:355) also concurs that organisational culture is somewhat inseparable from cultures outside the organisation in question:

> The point is made that people do not leave their cultural perspective at the gates of organisations, they enter with them and this has an important bearing on organisational perceptions.

FRAGMENTATION PERSPECTIVE

The fragmentation perspective is characterised by a focus on ambiguity, complex relationships among manifestations, and multiplicity of interpretations. Central to this perspective is the Derridean concept of 'differance', which assists in explaining the co-existence of complexity, multiplicity and flux.

According to Martin (1992:139), this approach is an antidote for "the shortcomings of more simplified, oppositional modes of thinking". Martin (1992:139) explains the importance of differance in the following way:

> Differance implies that meaning emerges from a process of deferral. Therefore, something is understood in a certain way of what it (apparently) is not. Presence is understood, in part by an analysis of what is absent.

Therefore, the fragmentation perspective is as much about reading silences as it is about reading what is apparent. Within this perspective, organisational culture is defined as a web of organisational members who are intermittently and loosely interwoven by their changing positions on various issues. As Martin (1992:153) states:

> Their involvement, their sub-cultural identities and their individual self-definitions fluctuate, depending upon which issues are activated at a given moment.

This 'post-modern' approach to organisational culture is still a very recent phenomenon, and very few studies have adopted it (Linstead and Grafton-Small 1992). One exception is Meyerson's (1991) study of ambiguity and flux within an occupational subculture of hospital social workers. Meyerson found that ambiguity about occupational roles and locations within the wider hospital context was something that social workers constantly negotiated both within their own group and within the wider hospital culture. What was often perceived as a weakness also turned out to be a powerful tool which was used to provide useful services to clients. The ambiguous nature of social work itself aided social workers in assisting clients to traverse the often rigid and hostile environment of the hospital. Being considered outside but also part of the hospital culture was sometimes a necessary requirement for social workers to understand their clients' dilemmas.

These three perspectives have been described in detail because this assists in understanding just how disparate the study of organisational culture is. It illustrates the pitfalls in adopting a single definition or perspective as a conceptual framework when analysing organisational culture. Adopting a single perspective may result in an analysis that is not only incomplete, but inadequate in terms of explanatory power.

This is especially important in this instance, where the focus is on emotional culture and how it is manifested through organisational culture. An integrationist study of emotional culture may only be capable of illuminating the consensual, corporate manifestations of emotionality in a given organisation. A differentiation approach may expose the power relations that are central to how emotional culture is produced and reproduced. However, sole adoption of this approach may overlook the role of agency, subjectivity and multiplicity in the constitution and institutionalisation of emotional culture. A fragmentation approach is especially useful in 'reading' silences inherent in emotional culture, and for this reason alone, it needs to be considered a useful approach in this instance.

"READING SILENCES I " : EMOTIONALITY AND ORGANISATION CULTURE

This section aims to illustrate the linkages between the practices and beliefs associated with emotionality and organisational culture. Emotionality, or the process of being emotional (Denzin, 1984), is not a solitary process within an organisation, but a cultural process that both illuminates and determines broader cultural processes. As discussed in detail in Chapter 2, this statement is based on the premise that emotionality is socially and culturally constructed, and as such, is open to continuing influence both from within and outside the organisation in question.

Linkages between emotionality, culture and organisation have always been more implicit than explicit in organisational culture literature. Emotionality with organisations has either been cast as a by-product of excessive individuality within a collective context, or as an indicator of (at least particular kinds of emotionalities) strong and therefore effective cultures (Kunda, 1992).

How emotionality is constructed and viewed by corporate actors[7] is largely determined by how they define emotion, what kinds of prevailing gender ideologies are present, and whether emotionality is even considered to be 'cultural' in the first place. The starting premise here is that as emotionality is a cultural construct, it is therefore central to organisation. In short, organisations are therefore 'emotional arenas' (Fineman,1993:9).

In recent times, much of the academic and practitioner literature on organisational culture has attempted to establish a definitive link between strong 'emotional' cultures and performance outcomes (Peters and Waterman, 1982; Deal and Kennedy, 1982).

The term 'strong culture' refers to a culture that is unified, integrated and solid in its goals, values and practices. Strong cultures are reportedly found in organisations that instill a firm sense of commitment, loyalty and positive feeling in their members towards the organisation, which will supposedly translate into higher productivity (Alvesson, 1992). Strong cultures are said to exist because of their ability to inculcate a 'positive' emotionality and sense of attachment among members. Strong cultures are nearly always associated with potent positive emotions such as joy, pride, enthusiasm

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[7] 'Corporate actor' refers to an organisation or group rather than an individual. See Flam (1990a) for a detailed discussion of the term corporate actor.

and happiness. Examples include Mary Kay Cosmetics ("I've got that Mary Kay feeling"), Pepsico, McDonald's and IBM.

The strong culture movement is based on the conventional wisdom that happy employees are both productive and committed employees. This approach however, tends to ignore how both emotionality and organisational culture are gendered and historised. While there may some link between the strength of a culture and performance outcome, there is no definitive evidence that suggest a strong emotional commitment, developed and enhanced by the strength of a culture *always* adds value to performance.

In other words, claims about the validity of the culture-performance link may be somewhat dubious (Alvesson, 1992). If the strong culture perspective is applied within an interactive service context, organisations may need to develop a 'distinctive' emotional culture so that providers can deliver their service efficiently. However, this may not be a strong unitary culture and the culture that is espoused by management may be different from that on the shopfloor. It is suggested here that the reason why the concept of strong culture does not sufficiently explain how emotional cultures develop and work within interactive service organisations, is because such organisations consist of multiple cultures within the one organisation. These emotional cultures are rarely unitary (Martin, 1992).

Interactive service organisations are constituted primarily via the provision of face-to-face service with clients. It is often the very interaction itself that is the product. The service is not just with a smile, but the smile itself is also a product (Hochschild, 1983). To a certain degree, management can control this 'product' through training and routinisation (Leidner, 1988). However, the 'frontstage' expression of emotion as part of

a product or service does not constitute the only manifestation of emotional culture within that organisation. Nor can it be assumed that the frontstage emotional culture is synonymous or indicative of 'backstage' phenomena. There is an assumption that because interactive service organisations provide a friendly and caring public face as part of its service provision, that there would be a definite link between frontstage and backstage emotional culture. While an organisation may develop a reputation for excellence in performance of emotional labour, the kind of emotionality that characterises backstage culture is often culturally divergent. To use a military metaphor, the glamour, bravado and apparent selflessness of the frontline often contrasts greatly with that of behind the line of fire. A closer look 'behind the lines' often provides a different impression of organisational culture (Van Mannen, 1991).

When considering whether the performance of emotional labour within frontline work is indicative of organisational emotionality as a whole, the simplistic model of strong cultures seems an inadequate framework for determining if frontstage and backstage cultures are linked. It is therefore necessary to consider other conceptualisations of culture in order to elucidate how and why there is cultural differentiation or fragmentation within a seemingly unitary culture.

It is proposed here that the lack of a link between frontstage and backstage emotional cultures may be due to differences in feeling rules. While macro feeling rules may influence both frontstage and backstage emotional culture, micro feeling rules are more specific to backstage culture. This idea resonates with Alvesson's notion of multiple cultural configurations, which posits that ambiguous cultural formations within organisations are more likely than a unified, inflexible culture. It is also suggested that

macro emotional culture always influences specifics micro feeling rules and that this can cause significant amounts of tension and stress for individual members.

The degree to which organisations recognise the importance of emotionality is determined by how the organisation defines emotion. For example, if an organisation views emotion as a biological construct that is derivative of the individual, it is less likely to recognise emotional culture as a possible source of conflict and stress within an organisation. Nor is it likely to formally recognise the existence of emotional cultures.

If emotion is conceptualised within an organisation in this way, a definition of emotion that gives primacy to the physiological origins and manifestations of emotion is most likely to be favoured. Instead of viewing emotionality as sociocultural process that is constructed, situational and emergent, emotionality is situated within the realm of the individual. Organisations are seen as being solely constituted by a number of individual personalities, which determine the emotional tone.

Emotion from a socio-cultural approach within an organisation would not only view emotionality as a process, but also as a cultural marker (Clark, 1990). Clark explains that in micro political contexts, emotions are 'place markers' and 'place claims'.

It is argued here that feeling rules, or cultural prescriptions for how an organisational member ought to feel in a given context, are an integral part of what constitutes organisational emotionality. The concept of emotional lines (Hochschild, 1990) is useful in explaining the connection or series of feelings that constitute what are acceptable responses to a series of events. Although Hochschild used this concept to highlight the connections between emotion and gender relations within the private

institutional setting of the family, it is equally transferable to the public sphere of organisational life. Emotion lines link the appropriate cultural response by way of emotionality from the individual to the organisation as a whole. Emotion lines are also a product of emotional culture.

EMOTIONAL CULTURE

Emotional culture consists of three components: emotional vocabularies (Gerth and Mills, 1953; Gordon, 1981); emotional norms (Hochschild, 1975, 1979, 1983; Scheff, 1977, 1979, 1983; Gordon, 1989); and meanings of power and status (Kemper, 1978). Gordon (1990:115) argues that emotional culture is conveyed through symbols:

> [emotional culture] provides accounts for the origin and nature of the various emotions, scripting the vents which typically precede or follow each emotion, and explaining how emotions may be expressed, concealed and modified.

Gordon also differentiates between institutional and impulsive orientations within emotional cultures. Institutional meanings of emotions are those given by organisational members when they are in full control of their emotions. Members effect achievement and maintenance of institutional norms, and in doing so continue to uphold and reproduce emotional culture. Gordon (1990) states that:

> this orientation emphasizes voluntary commitment to pursuing collective goals apart from any spontaneous personal impulses...the emotional rights and obligations attached to institutional roles and statuses are crucial criteria for attributing meaning to particular emotions. We match our emotional experiences against conventional understandings and ideal models of the emotion in question.

The 'ideal' model is not always achieved, for even in the most successful socialisation processes, members may fall through the net. It could be said that there exists a constant and competing tension between institutional and impulsive emotional responses. On the one hand, impulsive meanings emphasise the spontaneous and liberated response, unemcumbered from institutional surveillance. On the other hand, institutional meanings that give structure and form to emotions, saving actors from the potential destructiveness of the impulsive meanings. This tension between institutional and impulsive meanings has ramifications for how emotional labour is performed within both backstage and frontstage cultural configurations, and for the degree to which emotional culture can be viewed as unitary or strong.

In many formal organisations, the application of impulsive modes of emotional expression are often considered as either forms of deviance or indicative of faulty socialisation (Denzin, 1985; Gordon, 1981; Thoits, 1990, 1991). However, permission to express impulsive emotion is granted to those with power and status, typically middle and upper class men of anglo-celtic origin (Collins, 1975; Hochschild, 1983). These differentiations also apply to relationships between clients and organisational members. Those with greater professional status are less likely to witness impulsive orientations to emotion than those with lower status (Hochschild, 1983).

Thus, within interactive service organisations, members are subject to seemingly 'strong' emotional cultures that privilege institutional meanings over impulsive meanings. As Leidner (1988) suggests in her study of fast food workers and insurance salepersons, these feeling rules are not always explicit. In quasi-professional settings, emotional cultures are often but not always implicit, background and tacit (Fineman, 1985).

EMOTIONAL REGIONS AND DRAMATURGY

The concepts of frontstage and backstage emotional cultures are derived from Goffman's dramaturgical perspective. Performance is defined as "all the activity of a given participant on a given occasion that serves to influence in any way any of the other participants" (Goffman, 1959:26). Performances are only successful when individuals can show that their actions are genuine or 'reality', while simultaneously sustaining a 'front' that is considered authentic (Goffman, 1959:28).

Successful performance is also staged by teams "who share both the risk and discreditable information in a manner comparable to a secret society" (Goffman 1959:108 cited in Manning 1992). Teams are organised by 'directors' who manage disputes and decide whom will take on which part. Teams act in 'front regions' which are defined as spaces in which they perform for their publics (Goffman, 1959:102-114). Teams 'rehearse, relax and retreat' to 'back regions', spaces hidden from publics' view when front region performances are 'knowingly contradicted as a matter of course'(Goffman, 1959: 110-114). Front and back regions are connected via a 'guarded passageway'. Goffman's concepts of front and back regions are used here heuristically to further Fineman's (1993) notion of the 'emotional architecture' of organisational culture, in which he suggests that organisations have physical spaces in which different kinds of feeling rules apply.

The concept of emotional culture builds upon Gordon's original conceptualisation, joining both Goffman's description of regional behaviour and audience segregation and the differentiation perspective of organisational culture which recognises the importance of sub-cultures. Therefore, emotional culture can be observed within three 'regions' - front or onstage, backstage and offstage. The front stage sector

is where emotional labour is performed. The backstage sector is where interaction with organisational members occurs and where emotional process work is likely to occur. Offstage spheres are found outside the realm of the organisation itself, such as family or household. As will be demonstrated further, Hosking and Fineman's (1990) differentiation between frontstage and backstage organisational emotionality helps to illustrate how a full understanding of the nature and consequence of emotional labour can only occur if it is considered within the context of emotional culture.

ORGANISATIONAL EMOTIONALITY

The idea that emotionality and organisational culture are closely intertwined is only very recent (Van Maanen and Kunda, 1989; Fineman, 1993; Hosking and Fineman, 1990). In contrast to the idea that culture is a variable, culture has also been described as an affect regulator (Alvesson, 1992). Van Maanen and Kunda (1989) state that "working on culture" is tantamount to working on control of organisational emotionality. Fineman (1993) asserts that emotionality is central to organisation because, like organisation, it is a cultural phenomenon. Similarly, Flam (1990a; 1990b; 1993) presents a convincing argument for the statement that organisations or 'corporate actors' are strongly motivated and constructed by emotion. However, emotion has been noticeably absent in much of the organisational studies literature. This has resulted in what Fineman (1993) refers to as a 'monochrome' perspective of organisation. If emotionality has been addressed at all within the literature, it is usually only certain forms of emotionality that are discussed. For instance, studies that are located with the integrationist approach often only talk about emotions that promote organisational solidarity and consensus, such as love of the company and enthusiasm for work.

Differentiation studies often refer to negative emotions associated with conflict and division such as fear and hatred. Fragmentation studies have yet to address the issue of emotion in any meaningful way. However, Meyerson (1991) implicitly refers to the anxiety that results from the management of ambiguity. Linstead (1995) also acknowledges the possibility of emotion as discourse, seduction and desire in his study of an industrial dispute within an Asian airline company.

Flam (1993) argues that the over-concentration on the expression and manifestation of positive emotions within organisations has led to the negation of how emotions such as fear, guilt and embarrassment also construct organisational members' experiences. Flam (1990a) suggests that there are two reasons for this omission. Organisations have usually been studied from a rational or normative approach, and these approaches are not renown for their recognition of organisational emotionality. Because many of these studies have adopted a functionalist and/or integrationist perspective, positive and therefore 'unifying' emotions are acknowledged rather than 'divisive' negative ones. This narrow approach to emotions in organisational life has lead to a narrowing of the definition of organisational emotionality.

Many studies of emotional labour have continued this tendency in that they have concentrated on descriptive analyses of positive emotion. This, in turn, is often conceptually and structurally divorced from any reference to wider organisational emotionality (Ashforth and Humphrey, 1995). Therefore, much of the empirical work that basically describes, analyses and critiques the practice of emotional labour adds little to a fuller understanding of the constitution and manifestation of organisational emotionality.

Flam (1993) attempts to develop a theory of organisational emotionality by exploring how and why organisational members of 'greedy' institutions (Coser, 1974) delay their decision to exit such an organisation. She argues that the three selves, emotional, rational and normative, work with and against one another to produce 'normative' action. Flam draws upon Etzioni's (1988) idea of normative-emotional 'action logic' to show how the emotional self, although quite distinct from the normative and rational selves, has the capacity to significantly affect choice between rational and normative action courses. This is particularly the case with fear, which mixes with reason to produce rational-emotional action (Flam, 1993:59). Even in circumstances where there is extreme fear, members are compelled to remain within the culture, for varied and complex reasons. Fear is said to stymie an organisational member acting upon 'normative' preferences for action, i.e.; leaving the organisation for health reasons. Although Flam's work is based on fear and loyalty within the Polish Communist Party, she argues that there is evidence to suggest that similar processes occur within western, corporate organisations. She explains that fear is just as significant a motivator within western corporate cultures, and is critical of Peters and Waterman's assertion that it is the rigidity of bureaucratic and rational models of organisation that produces negative emotionality. They argue that emotionally strong cultures produce increases in productivity, flexibility and innovation. This is acheived through a deliberate engineering of culture that privileges certain organisational norms over others. Flam (1993:227) explains that Peters and Waterman's reification of the corporate cultural organisation is misleading and potentially disabling for organisational members. She states that they fail to "link organisational values and structures, individual feelings and employee propensity to take risks and innovate." Flam also

points out that the happy worker in a western corporate culture is also anxiety ridden. The cultural mechanisms that encourage innovation and risk taking are also the factors that produce fear. In order to achieve the latter, workers also need to experience inconsistency, flux and increasing levels of alienation. Therefore, it is the 'representative' emotions symbolising the core values and ideologies of corporate culture that receive most attention in studies on emotion in the workplace, not the emotions organisational members actually experience (Flam, 1990b:227).

In summary, Flam's work suggests that emotion, in this case the emotion of fear, is central to how corporate actors function. Implicit in this proposition is the idea that emotion also determines the calibre or moral fibre of an organisation. This is a theme that runs through much of the work on emotionality and organisation. The absence of emotion within organisational behaviour literature is not just an oversight, but an aberration (Albrow, 1992). Similar to the work it seeks to redress, the study of the neglect of emotion in organisational theory then takes on an ideological hue (Newton, 1995).

In spite of this moral fervour, some attempts have been made to address the gaps within mainstream theory. For instance, Hosking and Fineman (1990) state that much of the organisational behaviour literature trivialises the link organisation has with actors, actions and meanings. In other words, much of the theory is devoid of subjectivity, context and the social. Hosking and Fineman attempt to address this lack of attention to the relational nature of organisation by developing a framework that is comprised of four interconnected organising processes: cognitive, social, political and emotional. They explain that connectedness, complicity and tacit qualities of organising arise from interdependent relations between actors and contexts. In terms of this thesis, their main

contribution to the literature on organisational emotionality is the assertion that the absence of emotion as an organising principle is "symbolic of the divorce between actor and context" that is characteristic of organisational theory generally (Hosking and Fineman, 1990:594).

When emotions are studied within the context of organising processes, they are simplified to such a degree so as to render them of little theoretical or practical value. 'Hidden' emotion then becomes stress, job satisfaction or dissatisfaction, motivation or sometimes industrial conflict (Ashforth and Humphrey, 1993). Hosking and Fineman's (1990:595) central tenet then is that working at organising is also working at emotionality:

> Emotions are not unfortunate aberrations or by-products of insufficiently rational systems: emotions are intrinsic to the texture of such systems.

Albrow (1992) also sheds light on the 'silence' of emotions in organisational theory. He posits that this deficiency developed out of a general misinterpretation of Weber's wider interpretative sociological work, which gave equal standing to irrationality and rationality. Similar to Hosking and Fineman, Albrow states that emotion is a 'property' of organisations, and, as such, plays a central role maintaining the organisation. While emotion may have only just been discovered by management theorists in recent years, there has been little dialogue between organisational/management studies and the sociology of emotions. Albrow (1992:314) suggests that the interpretation of interpretations of twentieth century sociological canons has privileged affectively neutral accounts of organisation:

The contribution of sociology to the understanding of organisations appeared to amount to tracing the institutionalisation of affective neutrality.

Albrow suggests that reference to the 'total' project of Weber's interpretive sociology provides a clear understanding of how Weber's ideal types have been used inappropriately. For example, Albrow agrees that Weber's depiction of the affectively neutral nature of bureaucracy was influenced by cultural definitions of the same, rather than by his sociological analysis. Subsequent analyses of Weberian theories of bureaucracy are located within his wider project on social relationships and order. Albrow also maintains that because Weber was bound by historical conceptualisations of emotion, it was not possible for him to achieve a comprehensive articulation of rationality and emotion. At the time, Freudian and behaviourist notions of emotion were heavily steeped in ideas about emotion as pre-social and biological. Despite these problems in Weber's work, Albrow (1992) proposes a re-reading of Weber. He stresses that this is an essential requirement for reclaiming the role of emotion in organisational theory:

> It took the rationalism of his successors, against whom Weber warned us, to make virtues of these limitations and to laud him as their predecessor. It is they who have suppressed the emotional dimension in his work in the interests of rationalistic organisation. The recovery of emotion in Weber is the counterpart of the recognition that organisations have feelings. (Albrow, 1992:317)

"READING SILENCES" II: FEMINIST APPROACHES TO ORGANISATION, CULTURE AND EMOTIONALITY

Like emotion, gender as an organising process has been noticeably absent within organisational theory (Smircich, 1983; Mills and Murgatroyd, 1991; Harlow and Hearn, 1995). As Acker (1990) explains, feminist scholars have been reluctant to pursue this omission within organisational theory because malestream organisational theory is seen to leave no room for political transformation or cultural change. Similar to the treatment of organisational emotionality, the literature that addresses gender as an organising process is still in its formative stages.

Acker (1990) cites several reasons why there is a need to develop a systematic theory of gender and organisations. First, a majority of organisations are steeped in patriarchal ideologies, meaning that gender segregation and inequality are basic features of most organisations. Second, the centrality of asymmetrical gender relations means that most organisations are complicit in reproducing gender inequality. In other words, organisational processes are also gendered processes. Third, organisations are producers and disseminators of gendered images. Fourth, individual gender identity is produced through organisations. Organisations assist in establishing what is mainstream masculine or feminine practice. Fifth, a central tenet of feminism is to transform organisations through challenging and reconstructing current gender and power relations.

Acker (1990) also cites five interacting gendered processes that are crucial to constructing and reproducing organisational culture. These include a gendered division of labour, symbolic representations of gender, inter-gender and intra-gender relationships, gendering of individual identity, and gendering of social structure. Acker

(1990:151) explains that a gendered analysis of organisation provides a clearer picture of what constitutes organisational logic. For example, much of the work done on organisations and work adopt an exemplar of the worker that is gender neutral, abstract and disembodied:

> The abstract, bodiless worker who occupies the abstract, gender-neutral job has no sexuality, no emotions and does not procreate. The absence of sexuality, emotionality and procreation in organisational logic and organisational theory is an additional element that both obscures and helps to reproduce underlying gender relations.

Thus, a disembodied worker is representative of the separation between work and sexuality (Hearn and Parkin, 1987). The same could be applied to the separation of work from emotionality. The status of the affect-neutral worker is such that embodied processes such as emotionality are not recognised as valid or legitimate aspects of the workplace. Acker's framework of gendered processes can be utilised to explore how emotionality as an organising process is also gendered.

Parkin (1993) claims that the limited attention paid to organisational emotionality is due in part to a cultural predisposition to privilege malestream practices and discourses of emotion. Parkin explains that the suppression, denial and minimisation of the role of emotion within organisations is linked to the propensity to visualise organisation and emotion as binary opposites. While organisation represents the rational male mind, emotion represents the irrational female body. This tendency to split emotion and organisation is further exacerbated by the artificial distinction between public and private spheres. Emotionality is located within the realm of the private, 'feminine' and non-productive sphere. The only exception to this is when private sphere

activities are reproduced within the public sphere. These activities include those characteristic of the 'caring' professions such as nursing, social work and teaching.

This emotional division of labour is naturalised and maintained through the tendency to dichotomise emotionality itself. Emotionality is narrowly defined as including expression of 'feminine' emotions such as compassion, love and grief. Suppression of emotion is therefore equated with the suppression of the feminine. This process is manifest through many gendered processes in the workplace that privilege the 'masculine' practices of emotional denial, suppression and control (Parkin, 1993:183). Stress discourse in the workplace is one example of how gendered and emotional processes work in tandem:

> Stress and emotion are seen in terms of personal weakness and not as a result of organisational structures and pressures...the structures of male rationality may construct and control emotionality through defining emotional strength in terms of male rational norms. (Parkin, 1993:183)

Parkin concludes that the gendering of organisational power is made possible by the male sexual narrative. In turn, this narrative also defines what organisational emotionality is, and how it is practised.

In summary, the 'serious neglect' of gendered processes in organisations, from both a practical and theoretical sense, mirrors that of emotional processes in organisations (Mills, 1988; Hearn and Parkin, 1983). Connell (1987) explains that the main reason for this neglect lies in the origins of the modern western organisation. Historically, the vast majority of powerful public organisations were either male dominated or male specific. Sexuality, in particular, heterosexuality, was relegated to

the private sphere, the location of legitimate sexual activity, and away from the locations of 'legitimate' power (Burrell, 1984 cited in Acker, 1990).

Similarly, the site of 'legitimate' emotionality was not the public sphere, but the home and family. Emotional catharsis, the discharge of emotional tension and impulses that have built up as a result of the pressures of the public sphere, was supposedly vented within the private sphere. Wives, daughters and lovers were expected to soothe and tame the essentially 'wild' nature of the public man through their 'feminine' propensity for emotion work.

However, Stearns (1986) and Stearns and Stearns (1990) explain that this privatisation of emotionality was class-based, as nineteenth century middle class practices of emotional control spilled over into the workplace. In addition to this, increased conflict within the workplace led to new forms of 'anger' control at work.[8] Control of emotions in the workplace, especially the 'masculine' emotion of anger, was deemed necessary for the development of industrial harmony, productivity and worker compliance with managerial ideology. Despite an increase in the numbers of women workers at this time, most of the attempts at anger management were directed at men. Women, however, received their emotional training as wives and mothers (Cancian and Gordon, 1988).

While the development of emotion management as a human resource strategy became more gender-neutral, particularly from the 1930s onwards, most organisations based their approach to emotion management upon the assumption that it was the public masculine forms of emotionality that were the norm. In effect, this meant that the

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[8] During his early years, Taylor was disturbed by the level of anger amongst workers and the effect this had upon productivity. It is has been suggested that this had a profound influence on his subsequent development and implementation of the principles of scientific management. (See Stearns and Stearns, 1990).

expression of particular feminine emotions within the workplace were considered deviant. Therefore, emotion was still located outside the organising processes that privileged instrumental goal orientation and rational modes of organisation.

Putnam and Mumby (1993) employ a post-structuralist feminist approach to analyse this rational/emotional dichotomy that still prevails within organisational theory. Their reading of Simon's (1972) construct 'bounded rationality' critiques the male-centred, cartesian assumptions that underpin the concept. They argue that the ontological basis of this concept is limited, in that it excludes alternative modes of organising. Putman and Mumby use emotional labour as illustration of how bounded rationality perpetuates the mind-body dualism, which in turn disembodies workers by segmenting cognition from emotion. They argue that emotional labour serves instrumental goals and task functions. This effectively alienates and de-contextualises the individual, because it is the mind/body dualism that helps reduce emotion to a form of alienated, abstract labour. Putnam and Mumby assert that when emotion is reduced to bodily display, as is the case with much of interactive service work (Leidner, 1993), this has the effect of divorcing cognitive aspects of work from the emotional aspects. However, direct control and surveillance of emotional display at work is not the only way the labour process is intensified. Emotional control occurs ostensibly through cultural control (Mumby and Putnam, 1992:473):

> Emotions are embedded in symbols such as myths and stories that transmit the organisation's values and ideologies. The orchestrating of symbols extends beyond emotional displays because it can control both the expression and the interpretation of members' feelings.

Because emotions are central to the inculcation of organisational culture, Mumby and Putnam (1992:473) assert that emotions are therefore a key aspect of bounded rationality:

Value premises inculcated through emotional control and organisational identification guide the ways in which members formulate, select and choose alternatives to problems.

As a main feature of bounded rationality is that decisions need to be consistent within a given set of value premises, emotions are therefore 'objectified' as an 'inevitable' and 'immutable' part of organisational culture (Mumby and Putnam, 1992:473).

Putman and Mumby introduce the concept of 'bounded emotionality', which involves a conceptualisation of organising that privileges intersubjective notions of interrelatedness, supportiveness, and personal responsibility as central organising practices and processes. Table 7 compares these practices that constitute bounded rationality with those that constitute the practice of bounded rationality.

Table 7

A Comparison of Bounded Rationality and Bounded Emotionality

Bounded Rationality	Bounded Emotionality
Organisational limitations	Intersubjective limitations
Heirarchy- means/end chain	Heterachy of goals and values
Reduction of ambiguity through satisfying	Tolerance of ambiguity
Gendered and occupational feeling rules	Relational feeling rules

Source: Mumby and Putnam (1992)

In terms of the organisational culture literature outlined previously, this framework illustrates the political positioning of both integrationist and fragmentation studies. It is suggested that most integrationist studies would be located with bounded rationality, while fragmentation studies are located with bounded emotionality. Putman and Mumby have added to Martin's matrix through an emphasis on the ontological positions of at least two approaches to organisational culture. This is particularly evident

in their critiques of the concept of 'sattisficing'. They suggest that this is responsible for the separation of emotion from decision-making processes. Similarly, their acknowledgement of ambiguity highllight the often limited frameworks within which studies of organisation cultures have been conducted.

The distinction they make between emotional labour and work feelings, although an emancipatory project based upon certain concepts of self and its relationship to organisation, illustrates how it is erroneous to assume emotional labour is given, both in a conceptual and practical sense.

Table 8 illustrates the distinction between emotional labour and work feelings. This distinction is similar to Hochschild's work in some respects. While Hochschild concentrated on the pernicious nature of emotionality, her work did not extend to the possibility of cultural change needed to transform the positioning of emotionality within organisations.

Table 8

Distinctions between Emotional Labour and Work Feelings

Emotional Labour	Work Feelings
Organisationally Controlled	Spontaneous and Emergent
Feelings as commodities	Feelings as interrelatedness
Organisationally ascribed	Meaning centred
Instrumental reasoning	Practical reasoning

Source: Mumby and Putnam (1992)

Table 8 suggests that effective organisational change requires cultural change - in this case, extensive cultural change. Putman and Mumby are suggesting that transformation of organisational emotionality requires a significant paradigm shift from rationalistic modes of organising to a more de-centred, post-modern mode.

Given that work done on organisational emotionality and cultural change is virtually non-existent at this stage, such a project is still in its embryonic form. The dearth of literature within this area is further exacerbated by the lack of attention paid to the 'average' male-dominated organisation that is awash with masculinist ideologies of emotionality and traditional normative forms of organisational emotionality. In order to fully comprehend the linkages between bounded rationality and organisational emotionality, the 'silences' within organisational cultures themselves need to be 'read'. One of the most significant aspects of organisational culture that is presently a 'silence' is organisational emotionality. This silence runs concurrently with the silence of organisational masculinity.

ORGANISATIONAL MASCULINITY

Similar to organisational emotionality, the study of organisational masculinity is a relative new endeavour (Hearn, 1993). Morgan's (1992) genealogy of the study of masculinity in the workplace indicates that the terms 'work' or 'working' and 'men' are nearly always linked. This verifies Acker's (1990) claim that the disembodied worker so prevalent in organisational theory is always a man. This cultural construction of 'organisational man' consists of an image of the typical organisational member as affective-neutral, with family responsibility and hegemonically masculine. However, this is a reading of organisational man that recognises the implicitness of masculinity as a basic feature of the organisational ideal type. The masculinity of work and organisation is rarely made explicit (Cockburn, 1983). If it is made manifest, it is often conceptualised as a series of sex role stereotypes.

In recent years, there has been a move to name male workers as 'men' (Cockburn, 1983; Kimmel and Messner, 1989; Connell, 1987; Brittan, 1989; Hearn and Morgan, 1990; Collinson and Hearn, 1993). However, as Morgan (1992:74) assiduously points out, bringing *men* back in to organisational theory is not without its difficulties. Paid work has been described as the centre of men's lives, and as such, is also the basis of dominant forms of masculinity and masculine identity (Ford, 1985; Ingham, 1984). However, masculinity is also the sum of what it rejects. According to Connell (1995), masculinity is defined in relation to femininity. Therefore masculinity is not only what constitutes being a man, (for example, strength, emotional control and an ability to control the immediate environment) but also everything that femininity is not. For instance, the linkage between masculinity and paid work is in direct contrast to that of femininity and unpaid work. Paid work involves control over tasks, people and ideas, where one constructs the world through rational action. On the other hand, unpaid work is associated with maintaining relationships between people within the private sphere. The construal of paid work as real work that occurs solely within the public sphere contrasts significantly with unpaid work, which is construed as maintenance work that occurs within the private sphere. The former is clearly visible within the public sphere; the latter is viewed as invisible and intangible. These dichotomies are closely tied to gendered ideological constructs of appropriate masculine and feminine practice. What these dichotomies do not indicate is that masculinity is contingent upon the symbolic annihilation of femininity, homosexuality and disembodied forms of masculinity.

Morgan (1992) indicates that the complexity inherent in the connection between masculinity and work is tied to the changing nature of work itself. If the fortunes of

masculinity are closely aligned with the fortunes of work, then any 'ontological devaluation' of work that occurs will most certainly influence how masculinity is reproduced (Berger, 1964:217 cited in Morgan, 1992). Therefore, an increase in the devaluation of work through the processes of de-skilling and disintegration of the primary, core and male workforce in favour of a flexible, peripheral and female one will allegedly affect how masculinity is conceptualised and practised.

While this hypothesis sounds plausible, it is argued here that the workplace is only one site where dominant masculinities are created. It is therefore erroneous to assume that changes at the level of work will create a destabilising influence within current gender orders that privilege the role of men as controllers of emotion. If anything, the change is occurring in the other direction. Women are increasingly expected to simultaneously behave like their male colleagues while bringing 'special' qualities into the workplace that are supposed to 'soften' the corporate world (Hochschild, 1983). Therefore, Morgan's warning about the contradictory nature of the relationship between masculinity and work is heeded. To understand this contradictory relationship, a framework is needed to assist in the exploration of the conceptualisation and practice of masculinity.

Connell's theory of gender as structuring social practice assists in developing a working definition of masculinity that accounts for both its complex and contradictory nature. Connell argues that positivist definitions of masculinity based upon by M/F scales are basically descriptions of what men are. These scales require a priori assumptions about gender and are therefore essentially normative descriptions of gendered stereotypes. Essentialist definitions that attempt to account for what is the 'core' of masculinity are often at odds with each other, because there is no agreement

about what the core is. Similarly, normative definitions recognise differences and offer a standard of what men ought to be. Semiotic definitions highlight symbolic differences through the study of masculinity in contrast to what it is not - femininity. Connell (1995:71) argues that any definition of masculinity needs to focus on processes and practices through and in which both men and women are a part:

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> 'Masculinity' to the extent that the term can be defined at all, is simultaneously a place in gender relations, the practices through which men and women engage in that place in gender, and the effects of those practices in bodily experiences, personality and culture.

Connell recognises the existence of multiple masculinities, which can either be hegemonic or subordinated. Connell (1995:77) defines hegemonic masculinity as:

> The configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees the dominant position of men and the subordination of women.

Connell outlines several aspects of gender as social practice that are applicable to masculinity. Subordination indicates that between men there are gender relations of subordination and dominance. Gay masculinities can be found at the bottom of this hierarchy, what Connell (1995:78) refers to as "the repository of what is symbolically expelled from hegemonic masculinity". However, it would be simplifying the process of subordination to the extreme to suggest that the gay/straight dichotomy is the only manifestation of intra-gender relations amongst men. Other heterosexual men are also excluded from the "circle of legitimacy", and this manifested through what Connell (1995:79) as the "vocabulary of abuse". This raises the question of just what and who represents the embodiment of hegemonic masculinity. Connell argues that while most

men do not actually practice hegemonic masculinity in its purest form, most men benefit from the ideology of masculinism that privileges men over women in a general sense.

Therefore, Connell asserts that most men do enter into a "relationship of complicity" in that men can benefit from particular forms of masculinity that are constructed within the ideological realm of patriarchy. In other words, a man does not need to walk, talk or even look like Rambo in order to gain benefits from hegemonic masculinity. This process of complicity occurs most blatantly through the marginalisation of certain groups of men. Men from non-English speaking backgrounds, Aboriginal men and even men who follow certain career paths may experience varying degrees of marginalisation because their practice of masculinity may be deemed in contradiction to the edicts of the wider gender order. In some cases, these individual men who belong to the latter categories may experience marginalisation within the more specific gender regimes of the workplace, leisure, and the family. The structures of class and race intertwine to create further relationships between masculinities:

> marginalisation is always relative to the *authorisation* of hegemonic masculinity of the dominant groups (Connell, 1995:80).

With regard to the organisation under investigation here, the problem that needs addressing is how organisational masculinity intersects with organisational emotionality. It is posited that in this instance, they are one and the same. Hence a question that needs to be answered is how male workers who engage in the 'feminine' skill of emotional labour reconcile these tasks with the demands of a hegemonically masculine gender regime. In other words, how does an organisation juggle the tension-ridden co-existence of caring *and* masculinity?

Collinson's (1992) work on masculinity and subjectivity in the workplace may provide some clues. Collinson recognises the centrality of work as a cultural marker of masculinity, as well as an important site for the exploration of the interconnections between masculinity, subjectivity and class. However, Collinson is critical of the 'compensation' theory of work (Gray, 1987; Cockburn, 1983). This theory suggests that particular kinds of masculinities, such as 'macho' identities, develop as a way of compensating for the "indignities of commodified and controlled manual labour" (Collinson, 1992:36). If this theory is correct, then compensatory masculinities would develop in other sites where men are similarly subjected to conditions not of their own choosing. It is suggested that while individual male workers may lead very rich and fulfilling emotional lives, they do this in the face of increasing pressure from within both public and private spheres to act as traditionally hegemonically masculine 'men'. This expectation is the basis upon which organisational emotionality is constructed. The ideology of masculinism promotes certain organisational practices that stymie attempts to de-institutionalise hegemonic patterns of masculinity. This achieved through a devaluation of emotional labour and the ensuing emotional process work, and the privileging of 'individualised' responses to emotive dissonance. A collective response to certain kinds of emotionality, in the case of the QAS, that is, a recognition that men are as emotionally capable of caring for each other well as patients, is thwarted because it conflicts with the basic tenets of the wider gender regime - men are not carers, and if they engage in public caring work, they need to continually reproduce their manhood in a way that disallows a challenge to hegemonic masculinity. Consequently, the clash between the public' caring' and the private 'conviction' is explained via an analysis of

the interrelationships between organisational masculinity and organisational emotionality.

This chapter has provided an outline of why organisations need to be conceptualised as cultures, processes and gendered emotional arenas. An examination of the merits and limitations of the various approaches to organisational culture, indicated that in order to incorporate emotionality as an integral component of organisational culture, a multiple configurational approach needs to be adopted. It was demonstrated that the adoption of a one dimensional perspective to organisational culture, such as a functionalist or conflictual approach, limits the understanding of how integral emotionality is in organisations. This study requires a conceptual framework of organisational culture that is sensitive to inconsistencies and contradictions within the QAS. Hence, a move away from the concept of strong culture is warranted on the basis that reliance on it would result in a somewhat superficial description of managerial ideology. Therefore, a multiple configurational approach in the form of Martin's cultural matrix model has been chosen as the preferred theoretical framework. This model is based on the assumption that organisational culture is rarely pure and almost never unitary. The second reason for adopting this framework involves the very nature of ambulance work itself which is essentially interactive service work that is conducted within many emotionally charged environments, and where emotionality is central to the provision of services and outcomes.

This thesis is based on the belief that the provision of service to clients in frontstage regions involves a different kind of emotionality than is present within backstage service support arenas. Goffman's concepts of front and back regions are used to illustrate that there is considerable difference between front and back stage emotional

cultures within an interactive service organisation. It is a combination of this differentiation and the non-recognition of emotional culture that creates a considerable degree of emotive dissonance and emotional exhaustion amongst service providers.

The aim of the following empirical chapters is to illustrate how and why the above process occurs. In the case of the QAS, the key to understanding the tension between the two cultural regions can be found in an analysis of organisational masculinity. The QAS is masculinist organisation whose core business involves traditionally feminine work practices such as emotional labour and caring. The latter is conducted within the realm of frontstage cultural regions. In order to understand how the QAS reconciles this differentiation, there is a need to analyse the emotional cultures specific to these cultural regions in terms of both organisational masculinity and organisational emotionality. The following chapters will illustrate that the process of complicity, where men and women condone the marginalisation of certain ideologies and practices of masculinity, operates to quell any challenge to the cultural edicts of the gender regime of the QAS.

PART 2

CHAPTER 4

THE QAS: HISTORY AND PRACTICE

The modern ambulance service originated in two wars - during the crusades

where the order of St. John was established in the Holy City of Jerusalem and on the

battlefields where the Napoleonic wars were fought (Barkley, 1978; Haller, 1992). The

Order of St. John was established in 1113 AD by a religious order of hospitallers whose

chivalrous aim was to provide nursing and convalescence to Christians during the

Crusades. The hospitallers, in alliance with the templars, also provided military support

in battles between the Moslems and Christians (Mackintosh, 1986).

During the nineteenth century, the order of St. John experienced a revival in

England, and in 1887, the St. John's Ambulance Brigade was founded. The influence of

the St. John's Ambulance Brigade during the establishment phase of the QAS was

minimal in comparison to other Australian states such Victoria, where the St. John's

Ambulance Brigade was the sole provider of ambulance services for most of the early

part of the twentieth century (Willis and McCarthy, 1986). St. John's had only one

representative on the first ambulance committee in Queensland.

Haller (1992) explains that although the roots of modern ambulance unit may be

found in earlier times, the ambulance as an emergency transport system originated

during the Napoleonic battles. Haller cites changes in military tactics during these wars,

innovations in surgery, and the introduction of swifter field transport as the three things

which created the modern ambulance. The founder of the modern ambulance is

attributed to Dominique-Jean Larrey, a French military surgeon who was famous for

both developing medical evacuation protocols and perfecting certain surgical procedures specific to battle conditions such as amputation.

The term ambulance was originally applied by Larrey to refer to temporary hospital establishments that operated near army divisions to assist the wounded.[9] Those medical outposts were also equipped to move with the division. Haller (1992:2) points out that the term eventually applied exclusively to two or four-wheeled ambulance wagons:

> The British and American corruption of the word, growing out of the experiences and language of the Crimean and American Civil wars, confused usage to the extent that both meanings have prevailed to the present day.

Thus, the modern ambulance evolved out of religious and military institutions and practices, both influences that are evident in many ambulance services today. A strong military influence within the QAS can be traced from its beginnings. The first ambulance service in Queensland, The City Ambulance Transport Brigade (known hereafter as CATB), was established by a members of the Defence Ambulance Corps (DAC) of the Moreton regiment which was formed in 1884 and stationed in Brisbane, the capital of Queensland. Even prior to the formal establishment of the brigade, the Queensland Turf Club often requested the services of the DAC at their race meetings. At one of these race meetings, Seymour Warrian, a member of the DAC and Dr Stanford Jackson, medical superintendent of the Brisbane General Hospital attended a jockey who had sustained a severe fracture of the leg. Bystanders had tried to get the jockey to stand up and this created a compound fracture.

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[9] The term 'ambulance' derives from the Latin 'ambulare', meaning to move.

It was this incident in 1892 that provided the impetus for Warrian to organise formally a civilian ambulance brigade. The Queensland Ambulance Transport Brigade (QATB) was formed on September 12, 1892, at a meeting of 'ambulance enthusiasts' at the home of Seymour Warrian, who is acknowledged as the founder of the QAS. The QATB was given rooms in the Brisbane Newspaper Company Building and initially comprised of four male staff (QAS, 1992). It is worth noting how these first ambulance officers were described in the local print media. As it will be illustrated later, given the reliance on a strong sense of voluntarism and love for community, the reference to 'stout hearts' and minimal resources is one that best describes how the ambulance service operated for many years:

> With stout hearts, a borrowed stretcher, home-made bandage winder and a stock of unbleached calico, the QATB did not have long to wait to prove its mettle.

The first official QATB meeting was held on December 22, 1892. At this meeting, the first committee was elected. The meeting was chaired by Mr. C.W. Elliot, a member of the St. John Ambulance of London, and there were seventeen people elected to positions - nine were medical doctors, one was a state politician, and at least four were members of the Moreton Regiment. The make-up of this committee also set a trend which, even up until recently, has not changed. The medical, and more recently nursing professions have had significant influence in areas such as training.[10]

Working as an ambulance bearer during the early days of the QATB was physically difficult. Bearers often worked in extreme conditions, and were requested to

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[10] The first president was a politician named A.J. Thynne, who remained president until 1927. Some officers have even suggested that the triad of political influence, medical dominance and the influence of voluntarism through St. John's has oppressed officers and stymied their push for professional recognition.

walk up to thirty four miles a day in all kinds of weather, often running to accidents.

The "sacrifice and inventiveness" of the QATB was recognised in the print media of the

day, the Brisbane Courier, and hailed as a new "institution":

> There are certain established associations working for the benefit of
> humanity at large. Of such associations the Ambulance Brigade has now
> become probably one of the most familiar and important. We can scarcely
> bring ourselves to believe that it has not existed forever. When any
> association holds this position in the mind, it must be ranked amongst the
> permanent institutions of society (February 7, 1902).

The CATB was renamed the QATB in 1902 in recognition of ambulance

brigades established in other Queensland regional centres such as Charters Towers and

Townsville. The QATB became the QAS in 1991. The QAS is therefore a hybrid

medico-military that is still influential in terms of the current emotional culture. Indeed,

it could be said that the combined influences of voluntarism, altruism and militarism

remain strong forces. In turn, these forces affect how ambulance work is defined and

practised within the QAS.

QUEENSLAND AMBULANCE SERVICE: HISTORY

As it stands today, the QAS is a bureaucratic and community-based organisation

that provides pre-hospital care to persons living in all areas in the state of Queensland.

In 1892, formal ambulance services began in Queensland as a result of the combined

efforts of both military and medical establishments responding to a need in the

community. Ambulance services were soon established in the provincial and larger rural

centres, and were administered and operated by members of the community. This

community-based model of operation remained in force until 1989, when the

Queensland Ambulance Transport Brigade moved from being administered by ninety-

six separate committees to become fully operational as a centralised state government body.

Prior to July 1991, these ninety-six 'brigades' were administered by the Queensland Ambulance Services Board (QASB) which was responsible for overall financial management. The local ambulance committees provided routine management of local services. The growth and development of Queensland's Ambulance Brigades has been described as 'haphazard' and 'ad hoc', as there was no central body keeping a check on the operational workings of centres. This meant that while some areas in Queensland were well serviced by ambulances, others received inadequate funding and resources. Centres were funded through local fund-raising and donations, and there existed inequitable distribution between geographical regions with regards to equipment, staffing, support and training. Unlike other public sector services, there was no systematic planning for ambulance services by the state government of the time, and this often led to an over-supply of services in areas of low need.

The QATB originally came under the Hospitals Act of 1897. The Hospitals Act of 1923 and 1944 ensured that the ambulance service was administratively and operationally tied to the state health system. It was not until the amendment to the hospitals act in 1967 that a separate administrative and financial framework was established. This separation from the health system continued with the introduction of the Ambulance Services Act of 1985 which replaced the QATB State Council with the Queensland Ambulance Services Board (QASB).

While these committees were not disbanded entirely, their previously dominant administrative position gave way to a centralised system where funding, operational and administrative support, training and public relations were administered through the

Bureau of Emergency Services. The administration of fire services and disaster response was now combined along with ambulance services under the one agency structure. A parliamentary review of ambulance services in 1990-91 led to the introduction of the Ambulance Services Act 1991 and in 1992 the Queensland Ambulance Service came into being. In relation to the performance of emotional labour and its consequences, the major change that occurred as a result of the shift from community-based to bureaucratic organisation was the introduction of the Priority One counselling service and the Peer Support Program. The 1990 Parliamentary report chronicled low levels of morale within the QATB, and cited environmental, organisational and personal stressors as the cause of this. While these stressors were acknowledged as contributing to extreme levels of emotional stress amongst the officers, the report also conceded that there are some emotional stress factors that are intrinsic to the job and thus, cannot be avoided (see Appendix 5).

The committee found that there were inadequate organisational responses and procedures in place to deal with such unavoidable emotional stressors. Debriefing after potentially stressful incidents was informal and ad hoc, usually done in the staff room by ambulance training officers or District Superintendents who possessed no formal counselling skills. In some cases, female administrative staff or officers' wives acted as defacto stress counsellors. The report also noted that where there was a positive relationship between centre staff and management, there existed in these centres administrative and personnel structures that addressed critical incident stress. Professional counsellors were infrequently employed or shunned totally in some districts and centres (Queensland Parliament, 1990:173).

The report also noted that in many cases, officers frequently declined to report traumatic stress reactions to superior officers. The reasons for non-reporting given by officers included fear of appearing unable to cope in front of colleagues; fear that such information would be used punitively, especially in promotion decisions; feelings that the organisation could not help; and no encouragement by superior officers to report.

The report concluded that it was this lack of recognition of and response to emotional stress by the organisation that contributed to low morale and high turnover of staff. The response and recognition by QATB of the emotional component of the job was deemed 'totally inadequate' and the report proposed the establishment of an adequate employee assistance program within the ambulance service (see Appendix 6). This lack of resources and support services in Queensland was unique, as Employee Assistance Programs and counselling services had been in place within other Australian ambulance services for a number of years. During the 1980s, Victorian and Tasmanian Ambulance Services had established twenty-four hour crisis care counselling services. The first Critical Incident Stress Debriefing (CISD) programme was established in Victoria in 1987, and peer support programmes were also put in place at this time.

ORGANISATIONAL CHANGE WITHIN THE QAS

From 1989 to 1994, the QAS experienced four phases of organisational change. As prdescribed previously, the first phase involved the move from the State Department of Health to the newly formed Bureau of Emergency Services in 1989. The second phase was marked by the restructuring of the QASB into the QAS in 1991. This involved dismantling the 96 ambulance brigades that constituted the Board and the

formation of one organisation comprising of six regions. The number was upgraded to seven in 1993. Appendix 7 outlines the revised QAS organisational structure.

The third phase involved the abolition of the DOCO (District Office Coordination Officer) positions and subsequent removal of senior management. The fourth phase occured after the PSMC (Public Sector Management Commission) report of the Queensland Emergency Services, where the QAS regional structure was brought into line with the Police regional structure. See Appendix 2 for a map of the seven regions.

Since 1989, every aspect of ambulance work within the QAS has come under scrutiny. For example, the QAS inherited 280 types of rosters from the QATB structure. Attempts have been made to develop six to ten basic rosters, but at the time of writing, the QAS still maintains up to 200 different rostering systems inherited from the old system. In 1992, the Associate Diploma of Applied Science (Ambulance) became the standard training requirement for all ambulance officers. Currently serving permanent officers undertook a part-time, block release bridging course to ungrade their skills. In 1993, ninety-six percent of officers were enrolled in this course.

This level of change has not been without trauma. A PSMC interim report to then Minister for Police and Emergency Services in May 1993 indicated that the QAS needed to address a budgetary deficit that occured because of overspending on management positions. Up to 38 middle management positions or DOCOS were created by May 1993 (District Operations Coordination Officers). The function of the DOCO was to be " an ongoing senior ambulance officer who was mobile throughout the ambulance district, able to respond to multi-casualty incidents which require a senior officer on location for command and co-ordination functions" (PSMC 1993:54).

According to this report, these positions were not "foreshadowed in the original structure proposed by the Implementation Steering Committee and there appeared to be little consideration of the recurrent budget implications associated with their creation" (PSMC 1993:55).

This review resulted in the abolition of these positions. Senior Officers were redesignated to the position of station officer with salary maintenance for 12 months. As many of these officers were highly skilled and experienced, the demotions created a dilemma for the service. Officers who had been successfully fulfilling their roles became distraught at losing both their status and the mandate for operational change they had been given. These positions were deemed 'illegal' and this lead to the sacking of the Ambulance Comissioner and the standing down of the Director of the Bureau of Emergency Services. As a result of this report, the QAS introduced stringent new financial management guidelines.

The restructuring of communications systems resulted in the establishment of 12 communication centres. Prior to the establishment of these centres, local QATB centres developed their own radio communication systems that were specific to local needs. These systems were often incompatible with other ambulance systems. Ambulances that transported patients long distances had to 'tune in' enroute to hospital to numerous systems to maintain radio contact. Standardisation of ambulance communications across the state became to forerunner to standardised, joint communications across all emergency services, including fire, police and statewide disaster services such as the State Emergency Service.

One of most recent significant changes involved the establishment of a generic emergency services corporate division whose brief was to oversee the introduction of

Queensland Government public sector reforms. These government-wide initiatives included implementation of PSMC standards, Equal Employment Opportunity legislation, Freedom of Information, State purchasing policy, Human Resource and Financial Management Systems and Employee Assistance Services. These administrative changes replaced a system where "much of the corporate support was provided through local boards and by spouses of staff, largely on a voluntary basis" (PSMC 1993:130).

'A DAY IN THE LIFE OF...' : DESCRIPTION OF AMBULANCE WORK WITHIN THE QAS

Under the provisions of *The Ambulance Service Act 1991*, the QAS is required to fulfil certain roles and functions. The main role of the QAS is to "provide the community of Queensland with timely pre-hospital patient care, specialised patient transport and public education" (Policy and Procedures Manual, 303:3 1).[11] The functions of the QAS are listed in Table 9:

Table 9

QAS - ROLES AND FUNCTIONS

- to provide, conduct and maintain ambulance services
- to protect persons from injury or death, whether or not those persons are sick or injured, during rescue and other related activities
- to provide specialist transport for persons requiring attention at medical or health care facilities
- to participate with other emergency services in counter disaster planning
- to coordinate all volunteer first aid groups in respect of major emergencies or disasters

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[11]Avery (1990:25) defines pre-hospital emergency care as "all aspects of patient care prior to the patients' arrival at hospital and includes all aspects of the identification of traumatic injury, accessing emergency response systems, despatch for emergency response, on-scene extrication, treatment and stabilisation, communication and transport to hospital."

- to adopt and implement all necessary measures (including systems of planning, management and quality control) that will best ensure the efficient and economic operation and use of its resources in the provision of ambulance services
- to provide casualty room services
- to provide community and workplace education in first aid, cardiopulmonary resuscitation and other related matters
- Such other functions as the Minister determines

Source: QAS Policy and Procedures Manual.

QAS officers are considered by management to be members of both health care and emergency services systems within Queensland. Provision of ambulance services to members of the public is not free. Subscriptions of between fifty and one hundred dollars per year ensure provision of both emergency and non-emergency pre-hospital care to subscribers. Non-subscribers may be charged up to several thousand dollars per journey, depending upon the distance travelled and the mode of transportation used.

All requests for an ambulance are allocated a response code. This allocation is based on the information given to the communications operator at the time of the request. Response codes are outlined in Table 10.

Table 10

QAS Response Codes

Code	Description	Examples
Code one	Immediate response	Collapse unconscious Cardiac arrest Electrocution Immersion Multi-casuality motor vehicle accident Breathing difficulty Major trauma
Code two	Undelayed response	Injuries that are not life-threatening i.e.; broken arm
Code three	Routine response	Inter-hospital transfer Transportation to diagnostic testing/medical treatment/therapy

Source: QAS Policy and Procedures Manual.

These codes may change during the course of travelling to a case, or during treatment or transportation from the accident site. All QAS officers are required to wear the prescribed QAS uniform whilst on duty. Completion of an Associate Diploma of Applied Science (Ambulance) is required as a pre-requisite to becoming a qualified ambulance officer. During the time that this study was conducted, the majority of officers were in the process of upgrading their qualifications through completion of a bridging program.

QAS officers work shifts of between eight and fifteen hours in duration. They are required to work any time during a twenty-four hour period, and in some regions are also required to be 'on-call'. The majority of ambulance work involves transporting older patients to hospital or clinics for regular non-urgent medical treatment and/or rehabilitation, otherwise known as code threes. Code two cases, or non-urgent accident or trauma, and code ones, may only form up to twenty percent of an officer's workload. These proportions may vary according to geographical and socio-economic area. For example, areas where there are higher than average numbers of children, persons over sixty-five, non-English speaking background migrants, and Aborigines are said to be associated with a proliferation of certain types of cases and codes.

When officers are not attending cases, they spend time at their station or branch doing either maintenance work on vehicles or equipment, practising technical skills, or study. The amount of time between cases can be long, and to alleviate boredom and frustration, officers spend time talking, joking, eating, reading, playing computer games, and sometimes sleeping.

Baby capsule hire for motor vehicles has recently been introduced as one of the services provided by the QAS (See Appendix 8). Officers are occasionally called upon

to provide this service, one that many officers do not enjoy as they do not think of it as 'real' ambulance work. In some regions, ambulance stations are situated in the same building as regional communication centres, and on slow shifts, officers spend time talking to communications operators and listening to the radio. Sometimes officers are asked to help out. Training Officers also conduct public education classes, and are also responsible for the ongoing skills maintenance of officers.

Cases are despatched to officers who are attached to units, or single vehicles. While most units are staffed by pairs of officers, in rural areas one officer may either be alone or accompanied by an honorary officer. Within the station itself, information about cases are communicated to officers via public address system, phone, or radio. The number of units sent to case is dependent upon the urgency of that particular case. For example, one case observed was attended by three units, and all three were fully utilised. This case involved attending two young adults who were struck by the same car, both of whom sustained serious head and spinal injuries.

How an officer approaches a scene and subsequently responds to the patient will partially depend upon the patient's social and cultural location. In addition to gender, class, ethnicity and age, other factors such as climatic conditions, time of the day or night, built physical environment, and level of intoxication, level of pain and suffering, and the patient's own demeanour will also determine how an officer responds. These attributes will sometimes test the officer's 'tolerance level', or the degree to which an officer can 'calm and reassure' a patient in a friendly and caring manner.

Ambulance work can be described as a service producing job. The service produced is intangible in that the end result can not always be easily measured or defined. Although there are exceptions to this definition, especially when officers

perform 'lifesaving' procedures such as defibrillation or CPR, it is sometimes difficult to ascertain the quality of the outcome. Assessments can only really be made at the actual site of the work either by other officers or medical practitioners who stop to assist. In one interview, an officer of fifteen years service describes ambulance work as the production of 'goodwill':

> In our occupation, at the end of the day, we produce nothing except goodwill. We really haven't produced anything. We've got nothing to show for it. If you were in a factory and you're making nuts and bolts, at the end of the day you can look down the line and see five thousand nuts and bolts, and you've achieved something. In our job you've achieved nothing. Except goodwill.
>
> ("Rod" No.9 AO, Metro)

In his ethnographic study of emergency medical technicians, Palmer (1983) illustrate that this illusionary and intangible quality assists ambulance officers in the performance of their skills. The production of 'goodwill' together with the performance of medical protocols often occurs at a rapid and frenzied pace, particularly during cases where time is crucial to the survival of the patient. According to Palmer, many of the officers in his study found this 'invisible' component of their job enjoyable in that it gave them a sense of power and control. The officers are, in a sense, 'on stage', and many revelled in being able to display their technical and interpersonal skills to the public. It was this component of the work, and not always the production of a tangible outcome that officers found the most satisfying.

Other 'service' occupations, such as nursing involve working within private homes, but generally most work where touch is necessary to task accomplishment occurs within a public context. Ambulance officers are not only given permission to touch people within a private context, but are also allowed to enter space that is considered off-limits to most others. When people give permission to the officer to

enter and touch within a private context, they literally place a large amount of trust in the hands of the ambulance officer, and this trust involves an expectation that the officer will respect them both physically and emotionally. As one officer points out, to be able to instruct someone to do something they would not otherwise do in front of a stranger means that the officer needs to command a considerable amount of confidence and trust:

.

> (Its) just how people react to the uniform. If I walked in off the street in civvies and said to someone, oh, I'm going to have to take your clothes off to do something, they'd call the cops and think you were a pervert. But if I walk in and say I'm an Ambo and say, sorry, I'm going to have to take some of your gear off to do this, it's - oh yeah, that's fine. I suppose it's what the patients see. They're probably not seeing me, they're seeing an ambo. And whether it's the fact that someone is pleased that someone's caring for them.... If you think of the older women... They've got ten layers of clothes on and they're really within themselves. And to be able to get that confidence to say, hey, I'm just going to have to remove some gear or do this or do that. They're quite happy to do it.
>
> ("Al" No.6, OIC, Remote)

This sense of trust was very apparent during observational fieldwork, as this permission was also granted to myself as well as the officers. This meant that patients, relatives and bystanders immediately 'trusted' me along with the officers, and at no time did anyone question my presence, even when I entered their bedrooms, watched as the officers performed their duties in the home, or sought information from me about condition of the patient. This sense of trust and the ensuing permission to enter also applied to public places such as hospital wards, emergency treatment rooms, and nursing homes. The following quote is an excerpt from fieldwork notes:

> We got a call that turned out to be a false alarm... the officers entered the home of a very surprised but cheerful woman whose vital alarm went off. I was surprised at how trusting the woman was. Even though we rushed into

her home unannounced, she welcomed us in and seemed to have complete trust in us.[12]

(Field notes, Case No.2 May 1994 South-east Region)

Thus, I gained first hand insight into how ambulance officers are viewed within the community, and what the community expects of the role of the ambulance officer. The most obvious expectation, based on my observations of how people reacted when the officers arrived at the scene of an accident or at the home of a patient, was that the officers would 'solve' their problems. I often observed the relief on people's faces and the general easing of tension when the officers stepped onto the premises. Many people displayed a level of deference in front of the officers that is usually only seen in the presence of the 'true' professionals such as doctors and lawyers. The following quote from fieldwork notes illustrates this level of deference towards ambulance officers:

> We went to a code one at a football club at about mid-morning. The patient was a man in his seventies who was suffering from a suspected CVA. He was sitting in the bar with his wife and seemed to work there because he was worried about the keys. There were several women who also worked there who seemed very deferential towards us. One woman thought I was a customer but when I told her I was with the QAS she seemed relieved and squeezed my hand... the emotional deference seems strange to me. They see me as one of the 'professionals' and I had a strange feeling of knowing them but also being apart from them.
>
> (Field notes, Case No.6 May 1994 South-east region)

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[12]A 'vital' alarm is brand name for a personal alarm that is popular amongst older people who live alone. The person has the alarm at all times, and it is connected to emergency services such the QAS. When an alarm is triggered, the alarm centre contacts the ambulance, who then treat the incident as a code one case. At no time during fieldwork did anyone question my presence in any situation. I went wherever the ambulance officers went. I was even allowed into emergency treatment rooms during treatment of seriously ill or injured patients. This sometimes caused me some ethical dilemmas, as it was sometimes difficult to determine when ambulance work finished and when emergency medical work begun. In some circumstances, officers often stayed around to observe or help medical staff at accident and emergency departments, and these officers expected me to follow them. Through discussions with officers about this dilemma I decided that in most cases it was an extension of ambulance work. See appendix 1.

In addition to the deference shown to officers, patients often treat the inside of an ambulance as place for confessing secret and intimate thoughts and fears, something that many officers consider a 'privilege'. The following officer illustrates how patients often disclose information that they would not otherwise tell to others:

> Who else will they open up their house to and let walk into a bedroom at two o'clock in the morning? I've had young girls who have attempted suicide and they'll tell you things that they'd never ever tell their parents. And they don't know you from a bar of soap. You've only got them in the car for five to ten minutes and they'll just open up and tell you things they won't tell anybody else. I consider it a real privilege.
>
> ("Rod", AO Metro No.9)

The permission to enter and the trust that comes with that is even more pronounced in rural and non-metropolitan areas, where ambulance officers often experience the status of respected community leaders. Rural officers are more likely to know their patients personally, and are expected to behave as a model citizen both on and off the job. This community expectation is further exacerbated by the fact that rural officers are more likely to be 'on call' after hours, and as such, need to be 'ready always'.[13] This expectation that officers will be 'model' citizens both on and off the job is documented in QAS policy and procedures manual :

> The conduct and behaviour of Ambulance Officers is to be beyond reproach and in accordance with the professional expectations of the community they serve. This applies both whilst on and off duty and whether uniform is worn or not. Officers should conduct themselves in a manner befitting their uniform. They remain ambassadors for the QAS. It is in the interest of all officers that the public image of the QAS is preserved.
>
> (QAS Administration Manual, 4201:42-1).

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[13] The QAS motto is ' Semper Alacer' which translates as 'Ready always'.

In terms of emotionality, there are clear environmental and contextual differences between rural and urban officers. Rural officers often are required to spend upwards of five to ten hours with a patient during a routine transportation, or getting to and from the scene of an accident in a remote or isolated area. In these situations, developing rapport with patients is often at a premium, in that rural officers are expected to adhere to the stereotype of being upstanding, stoic yet caring. Officers in urban areas are more likely to be younger, less experienced in 'long haul' contact with patients, but more experienced at shorter emergency contact:

> Take any officer from the city and you'd be lucky if you could find any more than six years experience on the average, and find somebody who's over twenty eight years old that is on the road. But then in the city, they don't have the time to get personally involved with the people that they are dealing with. They go out, they pick them up, they treat them, they take them to hospital and ten minutes later they're off on another job.... (In the country) You've also got to deal with the isolation...you've got to travel two hundred kilometres to do your shopping...It's a totally different lifestyle.
>
> ("Eric" AO Rural No.24)

While urban officers are more likely to experience a wider variety of cases, they are less likely to gain knowledge of the aftermath of the case they attended. Exceptions to this are major multi-casuality cases or those which have received media attention. Thus, the practice and demands of emotional labour is not uniform across the service. For example, Davidson (1992), through a survey of British Columbia Ambulance staff, found that those working in the most isolated and least populated regions reported higher levels of job satisfaction than their urban counterparts.

When officers are out on the road providing services to patients, they do possess a status shield which may offer them some protection from the public. The uniform and the air of authority and command, technical expertise and the ability to 'save' lives,

permission to enter any establishment or personal space, and the permission to touch all combine to give ambulance officers some form of status and authority in the eyes of the public. While ambulance officers may not possess the same degree of shielding as medical practitioners or lawyers, officers are still in a more authoritative position than most interactive service workers. The 'masculine' nature of ambulance work also serves to provide an emotional shield in that officers are free to be masterful, competent and directive towards patients, relatives or bystanders who do not follow instructions.

In contrast to the flight attendants in Hochschild's study, there are situations where ambulance officers can command compliance and co-operation.[14] However, the autonomy that officers experience on the road can dissipate once they complete their case and come once again under the 'command' of communications and management. Therefore, this status shield tends to diminish when officers engage in internal customer relations. Given the para-military nature of the QAS, this is not unusual, as interaction between organisational members is determined by a chain of command. Junior officers have to show respect and obedience to officers of higher rank, and information flow occurs downwards on a 'need to know' basis. See Appendix 9 for QAS documentation describing the command and control process.

In summary, a combination of factors have influenced the development of the QAS. The para-military influence within the QAS is not just superficially manifested through the wearing of uniforms, chain of command and the use of military titles, but constitutes the very core of values and norms within the service. As previously demonstrated, the commitment to community development through volunteerism has

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[14] The Ambulance Act 1991 gives ambulance officers the power to force entry into premises if those officers believe it will assist in saving a life.

also been central to how the culture has developed. While increased bureacratisation has eroded this influence, the local ambulance committees or 'fiefdoms' have not easily accepted this decline in power and influence. This has subsequently led to a decrease in community support, and an increase in the levels of community estrangement and cynicism towards the ambulance service as a whole. This has mostly occurred in rural areas where membership of a local ambulance committee held some degree of prestige and status.

It will be demonstrated throughout the following two chapters that this sense of community commitment is closely associated with and expressed through the caring work performed by ambulance officers. The term 'care' and 'caring' will be used cojointly throughout the next few chapters. The association between the performance of emotional labour and the practice of caring is one that officers continually make throughout this thesis, and explanation of this link is crucial in explaining the phenomenon of emotional ambiguity within the QAS.

CHAPTER 5

'THE BEST TOOL TO HAVE' :

EMOTIONAL LABOUR AND AMBULANCE WORK

The first chapter of most emergency medicine and ambulance textbooks invariably includes a paragraph or two about the importance of the ability to calm and reassure the patient prior to and during the administration of treatment. This paragraph also usually includes a comment about the importance of developing an empathetic approach, or as some ambulance officers have described it, the "ambo's equivalent of the bedside manner". In most textbooks, this is the only reference to emotional labour as a skilled component of ambulance work (Jacobs, 1991). This tendency was also noted in QAS policy and procedure manuals. These manuals cover all areas of ambulance practice and administration. Although protocols for Critical Incident Stress Debriefing (CISD) are included, there is little reference to protocols that are directly related to the affective component of ambulance work.

In order to observe how ambulance officers perform emotional labour, I participated as an observer during one hundred and ten cases. After each case, I would write a description concentrating on how the officers behaved towards the patient and/or relatives. I mostly observed the ambulance officers' interactions with patients outside the ambulance vehicle. Observations within the vehicle were limited because of the difficulty observing watching from the vehicle itself. For example, in the case of transporting a child, the parent stayed with the child in the back of the vehicle, while I sat in the front. However, riding in the front meant that I was able to discuss the issues

with the officer who was driving, and this often provided useful knowledge about how the case was progressing.

Officers view being 'professional' as a form of surface acting, in that one cannot appear too genuine with patients, lest it interfere with technical objectivity and subsequently total patient care. Tension between being professional and being emotionally genuine occurs frequently, particularly amongst male officers. This tension arises because of the difficulty male officers have with reconciling the 'caring' feminine component of their job with the more masculine 'emotional strength' component. One officer explained that it was possible for him to combine the two elements without undue stress if he kept conscious of the fact that he was drawing upon what he labelled as 'masculine' feeling of strength and competence, of which caring was a component:

> To me, it comes from my heart. It's got to come from within ... Provide service with feeling...as a male I just get this feeling that you feel strong about things, and once you know that is happening, I don't think you cannot be genuine....if you feel that you know you're being genuine.
>
> ("Steve", AO Provincial No.10)

However, not all officers interviewed experienced this 'service with feeling', with some even suggesting that emotional hardening and surface acting was essential to keeping one's sanity. 'Genuine' feeling towards patients was seen as something that caused more emotional stress and therefore needed to be avoided:

> Oh, it's on a superficial level, isn't it? You only have them in the car for at the most an hour...I'll get to know what I need to out of them, and after that if I've developed any bond with them I'll chat with them. It's just up to the relationship you develop... it's not always emotionally charged but there are high expectations placed upon you and they are tied in with what's going to happen to them personally. They know a hell of a lot about their cars and their televisions but they know stuff all about their own bodies. And they're scared. We put on a veneer there, we go to the hospital and put on a veneer there. We put on a veneer with our partner. Sometimes you might even kid yourself. It's a coping mechanism. If you got

emotionally involved or emotionally affected by every case you couldn't cope. You harden yourself to a certain extent. It's only with exceptional cases that it breaks through.

("George" AO Provincal No.23)

Officers frequently described the development of emotional numbness during the course of a shift and referred to it as 'switching off', going into 'auto-pilot' mode, or developing 'tunnel vision'. All officers agreed that this form of emotion management strategy was common. Officers objectified patients either as something other than what they were i.e.; a 'piece of meat', or sometimes just ignored as a human with emotional needs i.e., like a passenger in a taxi. Objectifying bodies as an emotion management strategy was also documented by Smith and Kleinman (1991) in their qualitative study of how medical students learned how to manage their emotions.

The descriptions of having to continually dissociate oneself from one's feelings in the workplace through a temporary suspension of negative emotions are similar to Hochschild's (1983) descriptions of emotive dissonance, where flight attendants suffer emotional alienation through having to constantly divorce their 'true' feelings from their 'work' feelings. A good example of how continual denial can lead to emotive dissonance was evident in the following comments by an officer who was clearly 'burnt out' and 'numbed' by his experiences on the road:

> When they leave the hospital they don't feel any more responsibility stresswise towards that patient. But these practices move across the whole spectrum of their life. When there is something that won't go away pops up they can't handle it. They have no personal skills with which to handle it. In my particular case my marriage broke up. I was practising denial and it was all of a sudden, how am I going to handle this? This is something new. And then when I sat back and looked at what I was doing was what I was practising in my working life. And that's where ambulance officers fail to handle personal and work-related practices because they have no mechanisms to handle anything. And the service is trying to address this with peer support groups and all the rest of it. But that affects the way they interact with patients because there is this piece of meat attitude. The

patient's only a piece of meat. I have them only for ten to twenty minutes.
Just as long as I cover my butt and no one is going to write a report on me.

("Len", AO Metro No.19)

However, not all officers have difficulty in distinguishing between the emotional

dissociation needed for unpleasant and emotionally demanding cases and the kind of

emotionality they practice in their private lives. One officer of over thirty years

experience commented that he learnt how to disassociate early on in his career from

older officers, but this did not lead him to deny his fear of attending fatalities:

> The first day I started I went to my first job where there were three dead
> people. That took me a long time to get over. I started at eight o'clock in the
> morning and that job was at eight thirty-five. It was the first time out by
> myself in charge of a vehicle. That upset me for quite some time. When I
> got back, somebody said to me, did you get your first lot of deadies? I said,
> oh, yeah. Then we sat down and talked about it. A lot of those blokes now
> are dead. I think I've been lucky... When I came back from this accident
> someone said, if you can get it out of your mind and think of them as a
> carcass of meat lying there with no life, the same as a kangaroo or a bullock
> lying on the road. Don't try to think of them as human beings. It was hard
> but it worked.
>
> ("Fred", OIC Remote No.3)

However, this same officer has developed a very strong and intimate support

network which he draws upon for emotional comfort:

> There's another Officer In Charge in this region and he rings me up when he
> gets what he calls stressed out. He rings me up and says, oh, I've just come
> back from a girl who was run over by a semi-trailer and was killed and I feel
> miserable. And I sit down and we talk. We talk about fishing, golf,
> anything. We talk about what he felt like with the case. Again, he knows
> me. He knows my family.
>
> ("Fred", OIC Remote No.3)

Ambulance work involves emotional labour of the most sophisticated kind,

incorporating all aspects of suppression and exhortation of emotion in the workplace.

Specific to ambulance work is the need to engage in a high level of emotional

flexibility. Officers interviewed for this study refer to this as 'switching' or 'changing personality'. This switching involves all the skills required to perform emotional labour, but also demands the ability to sustain a prolonged outward demeanour or surface acting, which includes the suppression of possible leakage of 'true feelings'. It also demands that officers suspend certain emotions for the duration of the case, and sometimes for the duration of the shift. Emotions such as anger, fear and even happiness are put in abeyance, and then (ideally) 'processed' at an appropriate time and place after the event.

In essence, ambulance officers are expected to practise affective neutrality (Parsons, 1951) through the development of an emotionally neutral 'professional' demeanour. In terms of client service, officers' physical workplace is either public space(i.e. the street) or very private space (i.e. the bedroom).

Therefore, officers need to be expert in reading emotional 'signs' that emanate from both patients and people in their vicinity. It could be said that ambulance officers, along with many other interactive service workers, are engaged in the process of emotional decoding. Thus, awareness of the signification of emotions is crucial to task and role performance.

ASPECTS OF EMOTIONAL LABOUR SPECIFIC TO AMBULANCE WORK

There are four main aspects of emotional labour as performed by an ambulance officer that need to be highlighted: the management of anxiety; the management of people out of context; being in a constant state of anticipation; and care.

Anxiety management

The majority of the officers who took part in this study reported that managing the anxiety experienced by both themselves and their patients is an essential part of ambulance work. Previous sociological studies on ambulance officers also confirm this (Palmer, 1983, 1989, Metz 1981, Mannon, 1991). Poor anxiety management is considered one of the major contributors to occupational stress and poor task performance in emergency service work (Mitchell, 1990; Dernocoeur, 1990; Grisby and McKew, 1988).

Anxiety management is a delicate transaction in that too much reassurance given to the patient can be just as damaging as too little. Many officers reported incidents that occurred early in their careers where they gave what they perceived as 'false hope' to the patient or relatives, and the patient either died, or sustained severe injuries that were not immediately apparent to the officer in attendance.

Officers are only too aware of their limited capacity to make accurate medical assessments of patients' conditions, and often feel pressed by relatives to give a definitive answer to their inquiries about the patient's prognosis. Inexperienced officers, or ones eager to display their newly acquired medical knowledge will sometimes give relatives information about the patient's condition which later turns out to be insufficient or inaccurate. This sets the relatives up for what officers themselves call an emotional roller coaster ride, in that relatives have had their anxiety controlled in the short term by the reassurances given, only to find later at the hospital that the patients' condition has deteriorated. In some cases, the patient falls in and out of the danger zone, and relatives who are kept informed of the patient's progress find themselves

swinging wildly between elation and despair. A senior officer of twenty-five years describes this emotional roller coaster in the following passage:

> ...When we were saying before about the 'Am I going to die?' stuff or 'Is he going to die?' stuff, then we say - well, this is what's wrong, this is the bottom line, this is what's going to happen when we get to hospital. Be up front about it and they'll feel a whole lot better about it. I mean if the person is going to die, there's not a heck of lot you can do about it. The problem is in saying if they are going to survive. Just say someone has a heart attack at home, they have a cardiac arrest and we do CPR. They know that it is happening, they realise what's going on. Someone tells them that they'll be all right (and then) they go back up here. They get to the hospital and the doctor says, oh, no, no, no, he's had a fatal heart attack. I mean, they've been to here, they're back up there, they're down to there. And they're really confused.
>
> ("Eddie", SAO, Provincial No.17)

Even when officers clearly have the 'permission to touch', which in itself is a form of anxiety management, other techniques are needed even in the most simple procedures. Patients who are embarrassed about removal of clothing and exposing part of the body are likely to present challenges to officers, particularly if the frontstage area is the street or other public space. At one motor vehicle accident (MVA), the officers were observed making a deliberate effort to examine the young female patient inside the ambulance because of the number of inebriated relatives and bystanders who were crowding the officer and decreasing the amount of privacy available to the patient. The officer explained that in situations where the public refuse to let patients have privacy, it was always necessary for the officer to be mindful of the need to significantly reduce the patient's levels of embarrassment and humiliation. He believed that if these emotions were left unchecked, this could lead to greater levels of patient anxiety and non-compliance.

Officers reported practising a number of anxiety management techniques when anticipating a major case. En route to code one cases, officers 'prepare' themselves from

the moment the case has been assigned. One officer who had recently attended a near drowning said that she prepared herself emotionally by repeatedly running through the procedure in her head and visualising a successful performance. She said that she always did this when she knew she was going to be resuscitating a child.

However, officers also spoke of 'switching off' and 'putting on a veneer' as ways of managing the bodily displays of anxiety. One officer commented that it was necessary to become emotionally hardened in order to cope with the sheer variety and intensity of cases that an officer encountered during his or her career. He stated that this was because ambulance officers were in the unusual position of dealing with societal taboos on an almost daily basis, one needed to learn to quell anxiety and other negative emotional reactions just to cope with the demands of the job. He also added that the most negative outcome of this was that ambulance officers, like other emergency service workers, had difficulty in being treated by civilians as emotionally 'different'.

In cases where a patient has died, officers are frequently called upon to manage the grief of relatives and sometimes bystanders. Managing others' grief on scene requires that officer be mindful of the emotional needs of the grieving, which sometimes involves 'hiding' some of the more distressing elements of the situation. For example, in some rural and remote areas officers also serve as undertakers. The following quote illustrates how the officer manages the situation so that relatives are spared the symbolic bleakness of the 'final sound':

> We also act as the undertaker...(and) therefore have a lot of contact with grieving people. When I'm putting the body in the bag I always try to get them to go outside because if you've got the relatives hearing the zip do up, that's the final sound. I try to get them to go for a walk. We take the body away and then I come back and have a talk again as a friend. In town you could never do that. And it's hard. In eighty percent of the cases, it's

people that you know. They're people that you're friends with or they're friends of your staff.

<div align="right">("Fred", OIC Remote No.2)</div>

Rural officers also spoke about how they are required to take on multiple roles in that they are often the only immediate support for the grieving relative. The following quote illustrates that in many cases, the officer needs to be able to perform social work and link the grievers into the community support systems that are available:

> You have to show a bit of empathy I suppose and that's hard for a lot of people because if an officer hasn't had somebody die in their family or hasn't had anything to do with death before, you don't really know what those people are going through. There's always the old saying, I know exactly what you're going through, but a lot of people don't. But if you can empathise with those people. I suppose I can do that. I've seen quite a bit of death in my family. And you understand a little of what they're going through. If it's a relative and they're on their own, the wife has died and the elderly husband is there on his own, we try to find out if the other members of the family are close by and maybe give them a call to come over to the house. I don't like to see a person left on their own especially when there's grief involved. We can remove the deceased person from the house, but then you're leaving somebody else there and they're prone I suppose to anything. Well, they could end up taking a heart attack themselves if they're elderly you know...you pull somebody else in for them as well, and if they haven't got somebody available maybe the Red Cross or Salvation Army. Maybe the ministry, depending on what religion they are. There's somebody else to come in to help them if there is nobody else there already.

<div align="right">("Phil", AO Rural No.8)</div>

Thus, rural officers are expected to be to intricately entwined in the community, providing more than just pre-hospital emergency care. Appendix 10 is an apt illustration of how rural officers are called upon to provide care well beyond the boundaries of their duties as an ambulance officer.

However, while the emotional demands placed upon the rural officer are sometimes overwhelming, in terms of anxiety management, the urban officer is in a different situation. In rural areas, a major case may occur infrequently, and that event

may require the officer to be with the patient and relatives for hours before medical treatment arrives. In the urban situation however, the officers often complained about how the *lack* of time to attend to all the people who require attention on scene is cause for anxiety.

During observations at an urban station, one officer described how her partner had attended a case where the 'patient' had committed suicide in a violent manner. The dead person's neighbour had found the body and was extremely distraught. When the officer requested extra time to assist the neighbour, this request was denied, and he was told to proceed with 'moving' clinic cases that were pending. A similar scenario is described below where an OIC was 'unable' to attend to the emotional needs of a young passenger in a car that had struck and killed a pedestrian:

> ...I noticed that the windscreen of the vehicle had a hole through it about the size of a basketball, whilst not unusual, it is not really common either. It generally indicates a big impact when they can actually punch a hole through the window. And I went up there and the driver was mid-thirties, very shaken up, pale faced, shaking but generally okay. However the other person was the front seat passenger of the vehicle and I found out he was about twenty one years of age...this kid from the tip of his hair to his ankles was covered in brain matter, vomit, blood and everything that had squirted out of this fellow they had hit. When the guy's head impacted on the windscreen it just went kaboom! And this kid was almost catatonic, he was standing there in shock. But because I had to get back to the office and continue my paper work I had to leave this fellow. I had enough time to assess that the kid was not injured himself, to get some towelling and clean the muck away from his face, get him to take his tracksuit off, and then I passed him into the hands of a few bystanders and said to them, look, go and get him to a tap and allow him to wash himself off. And then I had to depart the scene. Then I went back to the station, and what the ambulance expects of me is to immediately be able to go out of that mode and into doing my paper work. The same as they automatically expect me to go out of my paper work modes, administrative mode into road trauma work. Now I'm the OIC that's supposed to debrief people when they have a traumatic incident like this and I debriefed myself that night with about half a bottle of rum and I continued to be pretty shaken up by that for three and four days again. Because I had to leave the kid. I had to leave him because (according to management) the paper work was more important.
>
> ("Onslow", AO Metro No.16)

Thus, workloads often determine to what extent the officer can manage on scene anxiety and grief. When officers are thwarted in their attempts to engage in emotion work with persons on scene, this has the tendency to create ill feeling towards the organisation and stress within themselves. Many officers believe that there is a strong correlation between managing the anxiety levels of critically injured patients and the eventual clinical outcomes for that patient. While there is no definitive evidence to suggest that this link is valid, officers practice anxiety management techniques outside the formal protocols of the QAS in order to 'manage' the patient effectively on scene. They assert that the successful performance of anxiety management techniques is closely linked to the successful performance of technical protocols. In other words, it is *how* patient care is conducted rather than *what* is done that is the key issue, and that 'how' involves anxiety management. As the following officer explains, a commonly used and effective anxiety management technique is to encourage the patient to have faith in modern medical procedures:

> ... you go to them and you can see that they're having a heart attack. They're grey and they're sweaty. You're not going to sit down and talk to them straight away. You're going to put the oxygen on them and you're going to do all your skilled work but while you're doing it, you're still going to be talking to them and telling them. Look, I'm going to put this mask over your face. Try not to pull it off because it's oxygen and it's going to go down into your system and stop the pain in your heart. We hope. I always say we hope because I never tell them it's going to. If I tell them it's going to and it doesn't, then you've lied to them. Even when I'm taking their blood pressure I tell them why I'm taking it. And then they're quite happy. If you say, I'm going to take your blood pressure, ninety percent of people will ask why. On the ECG you can tell what the heart's doing and you can say to them, look, that's started to go down now. Your heart's starting to slow down, it's starting to get regular therefore your pain should be starting to go. And they'll either tell you that it is. Ninety percent of it is auto-suggestion because it's a relief. And I always make sure. I say, you're not telling me it is because I'm saying it is? If they're not sick you can tell them that and it makes them feel better. But if they are serious you can't afford that. Again, it comes back to treating your patient with respect as a person. As I was told years ago, the ambulance

officer's job is eighty percent caring and twenty percent doing. If you've got someone with a broken leg, some of them treat the leg and not the patient. And all of a sudden they've got a beautifully bound up broken leg, but the patient died on them five minutes ago from a heart attack or from a head injury or something else.

("Fred", OIC Remote No.2)

The clear distinction this officer makes between 'caring' and 'doing' is one that will be explained further in the section on care.

Managing people out of context

Ambulance officers mainly deal with people who are both out of role and out of context. In situations that are abound with crisis and a sense of urgency, there is a sense that both feeling and display rules that guide normative interaction no longer seem to fit the situation. When people find themselves in this situation, embarrassment, shame and even anger occur when they find it difficult to adequately 'reframe' themselves into a different social situation (Goffman, 1974). Trauma and pain also make it difficult for people to 'be' themselves, particularly if this is the first time they have found themselves in this situation. Therefore, it is the officer's task to re-orient people who are out of role and out of context. In many cases, patients do not wish to be transported to hospital, and officers need to be able to allay their fears about becoming a 'patient'.

While it may be difficult to reduce the level of anxiety in older adults that emanates from fear of being out of context, in the case of children, emotional props are used quite successfully. A good example of this is the *carebear*. The carebear is a fluffy toy, usually a small teddy bear dressed in an ambulance uniform, which is used by officers to help sick or injured children make the transition from the familiar surroundings of their home to the sterile environment of an ambulance vehicle. This use

of props such as toys, murals, and pictures of cartoon characters continues when the child reaches the pediatric hospital where the interior decor is somewhat different to that of an adult hospital.

In the absence of emotional props for adults, officers have to rely on developing the kind of rapport with patients that assists in reducing the status difference between officer and patient. This is achieved through conversational banter about sport, current affairs or personal history. I observed this strategy being used when patients had sustained some kind of unexpected physical injury, and this kind of conversation was interspersed with physical and verbal observations of and about the patient. In the following observational example, an officer combined this conversational banter with humour and pain-killing drugs not only to alleviate the patient's pain, but also, given the severity of the back injury, to orient the woman into different role:

> The next call was a code two to the international airport. A woman in her late forties had hurt her back at home and had driven her husband to the airport where the pain had become unbearable. She was in a great deal of pain and it showed. In the back of the vehicle the officer talked to the woman about where she lived and how she came to be lifting heavy weights. This banter went on for the twenty minutes it took to reach the hospital. While he administered penthrax which helped alleviate the intense pain she was experiencing, he used quite a bit of humour, particularly about the drug, and the woman appeared, although still in a considerable amount of pain, much more relaxed.
> (Field notes, Case No.33 September 1994 Brisbane Region)

Being in a state of constant anticipation

It is no coincidence that the motto of the QAS is 'ready always'. Ambulance officers always need to be ready for the unexpected event, and be able to switch both physically and emotionally from a calm position into action at any time. In the course of one shift, an individual officer may switch from a high intensity code one or immediate

response call complete with adrenaline rush and high levels of anxiety, to extremely low intensity calls such as transporting a patient to the physiotherapist.

During observations, officers consistently made distinctions between high and low intensity work. High intensity work requires the officer to perform at a high emotional and technical level, and certain types of cases such as cardiac arrest automatically qualify as high intensity. Low intensity work involves cases such as clinics where the case involves straight transportation. Officers differ in their opinion about the level of emotional intensity and interaction needed with patients during clinic runs. Some officers believe that this is where performance of emotional labour is extremely important, while others openly state that clinics are either "boring" or "time out" from "real" ambulance work.

Mannon (1991), through his ethnographic study of paramedics in a county hospital, found that ambulance work entailed a substantial amount of uncertainty. Given the many hours I spent at ambulance stations experiencing 'downtime' waiting for the next call, I can attest to Mannon's claim that most of this time is spent in a state of anticipation. This state continues even after the unit has been despatched from the station or hospital, and the ambulance has arrived at the scene. According to Mannon, this experience of anticipation involves three different stages. The first and second stages of finding and anticipating the scene occur simultaneously. There is often a considerable degree of anxiety experienced by officers through the 'simple' procedure of finding the location of the case, particularly if the case demands an immediate response. The third stage involves immediate assessment of the patients' trauma and decisions about appropriate medical treatment.

The accepted national average maximum response time for a code one case in an urban area is ten minutes. There were several occasions when I was observing units which arrived at the wrong destination. Even though these most of these cases were not code ones, the officers involved admitted embarrassment when they were unable to find the patient. I attended one case where the officers burst into a carpark office looking for an unconscious patient, only to realise that they had driven to the wrong location. The officers had allayed the bewildered officer workers' fears, and appeared nonchalant about the mistake. However, when we left the carpark, one of the officers turned to me, laughed and said, "Well, you have just witnessed emotional labour".

Officers often stated that they always tried to anticipate what the case may involve before they reached their destination. This is a necessary process for the information officers receive about the case via the radio is often incomplete, and in some cases, inaccurate. A pertinent example of this occured when a unit with which I was observing was sent to an MVA. We were told to expect three seriously injured people, one of whom was a motorcyclist. Not only was the accident difficult to find, but the original information was wildly inaccurate, as there were no serious injuries and there was no motorcyclist involved.

Once at the scene of a case, officers are required to make basic medical judgements. Part of this process includes keeping relatives and bystanders informed about the condition of the patient. Officers decide who they will talk to and what they will tell them on the basis of their initial impressions. Officers will quickly scan the scene and guage the emotional tone. During cases where violence may or is occurring, officers are continually in a state of anticipation. In extreme situations, officers may

spend more time communicating to those around the patient than to the patient him/her self.

Care

Most officers referred to the importance of recognising the physical and emotional vulnerability of patients, and the need to address this in appropriate ways. Officers describe their occupation as a 'caring' one, and many cite this as a component that keeps them in the job. How they define 'care' nearly always involves the ability to empathise with the patient as well as providing 'patient care'. Patient care incorporates both emotional and physical labour which is similar to James'(1992) definition of care.

Care, according to James, involves organisation and a combination of physical and emotional labour. James also distinguishes between the ideologies of workplace and domestic models of care. James (1992:491) states that traditional health care ideologies are concerned with the 'doing' of specific diagnostic techniques, cures and allievation of symptoms. On the other hand, the domestic or private model of health care is constituted by unpaid, unspecific and familial care work. While the ideology of 'formal' healthcare characterises caring as 'caring for', informal healthcare ideologies are concerned with 'caring about'. The differences between the rational and technical focus of care in the public sphere and the relational focus of care within the private sphere are clearly gendered. As James explains, while the role of male carers within the private sphere has been recognised (Ungerson, 1987a; 1987b), the ideology and practice of caring as symbolic of femininity remains entrenched.

The emotional component of care is especially subject to a gendered division of labour. "Caring about" is considered an essential component of 'women's work' within

both the public and private domains. Because this aspect of care involves the practice of emotional labour, this distinguishes it from "caring for", which involves the physical and organisational aspects of caring work. While on-road officers may acknowledge that the difference between caring about and caring for is an important one, the reality is that the heavy emphasis placed upon technical and physical aspects of ambulance work in training programs means that officers are trained to primarily 'care for'.

Within the QAS, the term 'care' is particularly ambivalent. The invisibility of the emotional component of care work contributes significantly to the non-recognition of emotional labour. This does not mean that care work is unrecognised. At the shopfloor level, officers are quick to point out that care work is a skilled part of their work. QAS managers and trainers however, are comfortable with the notion that care work is mainly physical. This is because this component of care requires the mastery of skills that are easily measureable. Because emotional labour, which is a part of emotional care work, is not easily quantified, it is therefore dismissed as an essential part of ambulance training curricula. While it is possible to rectify this omission by changing the curricula, it is much more difficult to problematise the prevailing gendered ideologies of care. In the case of the QAS, there exists a considerable amount of ambiguity as to whether an explicit acknowledgement of male ambulance officers as total carers is warranted. That is, the service is comprised of men who not only care for, but also care about.

Within the ranks of on road officers, men in the service equate the term caring with emotion. Because of this association, male ambulance officers are in a unique ideological, gendered and cultural position. Caring is generally associated with femininity, privacy and intimacy. Men who enter female-dominated caring professions

are more likely to move up the ranks and locate themselves in technical and managerial positions (Williams, 1995), thus reinforcing the notion that the 'caring about' work is really a women's domain.

Therefore, men in the QAS find themselves in an ambiguous position. Through being in the rare position of doing caring work in a male-dominated occupation, they are located outside the traditional ideological and economic framework of caring. The public promotion of the QAS as a 'caring' organisation illustrates this clearly. Appendix 6 is a colour photograph of a male officer comforting what looks like a pregnant woman waiting to be transported by aerial ambulance. However, most official images of ambulance officers very rarely display officers in nuturing or 'feminine' poses with other men, older women, aborigines or adolescents. Even though less than ten percent of the QAS workforce are women, they figure frequently in 'caring' advertisements and official images of ambulance officers (See Appendix 11).

OLDER VERSUS YOUNGER OFFICERS

Older officers are particularly critical of the 'technokids', the new and younger recruits who are receiving superior technical and theoretical training in comparison to what they received early in their careers. The older generation, particularly those who were trained during the QATB era, argue that recruits are now not chosen for their ability to 'care' but rather their academic skills. These officers are adamant that the 'caring' component should be the crucial factor in choosing new recruits:

> The ambulance officer of today is not as skilled as the ambulance officer of ten years ago. You were a social worker, you were a counsellor, you were what ever you had to be at the time. Now, you're an ambulance officer and that's the end of the story. This is my job, this is my defined role and I don't step outside that parameter....and for the old people it's to their

detriment. To ours as well, because we don't have that ability to do that. The older guys, yeah. They still have it. They still do it. I mean I do it out where I am....

("Drew", AO Rural No.1)

While an intensive comparison of generational differences is beyond the bounds of this study, it is evident from the data that these differences do exist. There is little evidence in the observational and interview data to suggest that younger officers are less 'caring' than previous generations of officers. However, data from interviews with officers who entered the service via the honorary system suggests that there may be a cultural difference in relation to how different generations are socialised in terms of emotionality.

Although cultural differences may explain the friction between younger and older officers, certain skills still need to be developed and honed, regardless of age or micro cultural position or orientation. Officers still need to develop the fundamental skill of gaining rapport with the patient, which is a crucial skill if one considers that the officer needs to enter the comfort zone of the patient before she/he can do his/her job:

By the time you arrive on scene you have to establish a good relationship for the first few minutes before you touch them. Because we all have this barrier that we don't want other people to come into, you have to talk to those people and let them know what you're doing, who you are, and maybe even talk to them about their condition.

("David", AO Rural No.25)

While many older officers pushed for recognition as both healthcare and emergency service professionals, many did not envisage that increased professionalism would bring cultural change. One officer, describing the 'tunnel vision' of the newer officers, meshes the frontstage culture of patient care with the backstage culture of competitiveness and professional ambition:

> I come in and in three years I'm going to have this diploma. In another two years I'm going to have an advanced diploma. And that's all they can see. Very tunnel visioned. There's no peripheral vision. They can't see that if I come in at this level and I do this, my vision is going to be this much wider and I'm now in a situation where I can actually help people for the right reasons. Not because I've got tunnel vision and that's my end goal, and I'm going to get there no matter what. No matter who I walk over, no matter what I have to do, that where I'm going to get. That's not client focussed.
>
> <div align="right">("Drew", AO Rural No.1)</div>

It is interesting to note that this officer views professionalism and its ensuing backstage emotionality as that which contributes to the quality of (or lack thereof) frontstage emotional labour. He sees this development towards professionalism, as it is defined by management, as damaging to the quality of service provision to patients. Younger officers are therefore stereotyped by older officers as more rule-bound, inflexible and bureaucratic. Conversely, younger officers are more likely to be nervous about working with older officers who do not follow technical protocols. However, to divide both groups into younger officers as technicians and older officers as emotional labourers is to simplify the problem. I observed younger officers who provided excellent emotional support to distressed, angry and sometimes violent patients, and older officers who followed protocols strictly. What can be said about generational difference is that workloads and performance expectations have increased significantly during the past five years, and this affects the amount of time an officer can spend with a patient. For example, an 'older' officer of twenty-five years experience recalls a time when officers could take more of a personal interest in a patient's well-being outside the normal parameters of the job:

> If you talk to older staff where they've brought older people home, they've been sitting at hospital for hours waiting for the cars to come home. They're coming home at night and they've got no meal. It would not have been rare for an ambulance officer to call into Kentucky Fried or Big

Rooster and pick up a dinner pack for them. Open up the house for them, make certain the lights are on. And anyone who has been in the service under five years now, I don't know whether they would think of that.

("Danny", OIC Metro No.4)

The term caring in the QAS is referred to as an attribute that an 'older' officer brings to the job. They describe it as an innate trait that is embedded within the personality. One peer support officer spoke about how officers collectively score highly on nurturing in psychological personality profiles such as the Myer Briggs Type Indicator. When officers talk about 'caring', they are not usually referring to patient care as a combination of technical and emotional skill, but rather how well an officer can display his concern for the patient:

Officer: In this profession, you have to be a caring sort of person, otherwise you just don't last.

Researcher: No amount of training will change that?

Officer: No.   You've got to have that sort of personality.

("Brian", Training officer Metro No.3)

However, this belief about the innate qualities of a caring nature is contradicted by other beliefs about an over-emphasis on technical skills. One officer was concerned about the consequences of the introduction of Advanced Clinical Training (ACT). He expressed the view that too much emphasis on the biomedical aspects of advanced training may result in a loss of the ability to 'care' for patients. In this instance, caring was equated with 'feeling' for the patient, and taking a holistic approach to the patient. Caring in this example is talked about as a constructed entity:

You cannot let yourself go technical. It's still the patient that you're looking after. If you start thinking, I've got to intubate, I've got to cannulate, you can forget about the patient. You've still got to talk to the patient first and tell him what you're doing. If you're going to cannulate, you can't just grab a needle and whack it in. You've got to say to them, look, I'm going to do this because of this. I think it's going to improve your condition. They've still got to be advised. If you're only machine-oriented, you may as well be a mechanic or something. Everyone's dying to do ACT. I'm not overly anxious to do it. I think it's best to introduce it at a slow rate - maybe just a certain part of it at a time...Introduce skills gradually so that you're not losing contact with your patient. You've still got to be able to talk to the patient.

<div align="right">("Phil", AO Rural No.8)</div>

TRAINING TO CARE

However, relative to technical components of training, the quality of 'human relations' component of ambulance officer training has been inadequate, and the introduction of competency based training in the form of the Associate Diploma has not greatly improved the situation. At present, students complete three subjects that concentrate on developing communication skills, stress management skills, team-building and basic psychological understanding of organisational processes. Only two subjects deal with interaction with patients, and in at least one of these subjects, the major focus is on how to cope with the disturbed or unusual patient. It is interesting to note that the older and child patients are considered 'unusual'. No attention is given to training officers in how to deal with the 'normal' patient, who is most likely to be aged over sixty-five. There was no documentary evidence indicating that ambulance officers receive any formal training on how to be emotional labourers. The fear officers express about losing this component of formal training through more emphasis on advanced clinical training appears in vain, as the emphasis on technical training has always been there.

Officers who joined the service via honorary work[15] expressed strong opinions about what they perceived as the inadequacy of CBT-based tertiary training. They expressed the view that recruiting of younger officers through the honorary system was preferable to getting them 'off the street', because honoraries had already proven their sense of commitment both to the work and the organisation. Officers who had first joined the service as honoraries spoke fondly of their experiences as volunteers, and emphasised the mentoring relationship that developed between themselves and senior officers. In addition to honorary experience, many older officers had gained other experience in volunteer organisations such as Scouts and St.John's Ambulance. They stated that the strongest case for an honorary system was that it gave younger people time outside of their current studies or employment to ascertain whether ambulance work was suitable for them, before they committed themselves to formal ambulance training. As the following quote illustrates, it was also perceived that time spent volunteering also gave them time to freely observe ambulance work without the pressure of having to learn skills right from the first case:

> The honorary system was the best system. They came in and it was their time. It was costing the service nothing and once they got a couple of accidents under their belt, they either said, gee, this isn't for me, or they went in with it and said, yeah. This is what I really want to do because these people need help.
>
> ("Len", AO Metro No.19)

The disadvantages of the honorary system included a random approach to both training and informal socialisation practices. For instance, honorary officers usually worked out of one station, and it was the sole responsibility of the officer in charge as to

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[15]An honorary ambulance officer is essentially a volunteer worker who undergoes a basic level of first aid training and ambulance practice. Honoraries are more likely to be found in rural and provincial areas than in urban areas. There are currently over five hundred honorary officers working within the QAS.

whether the honorary was mentored skilfully in terms of emotional labour, and in some cases, technical labour. Thus, honorary work was often the first stage in organisational and occupational socialisation ladder, and operated as an effective gate-keeping strategy to keep what were perceived to be emotionally weak or unstable men out of the service.

Officers who didn't join the service as honoraries during the QATB era received minimal training prior to being put on the road. During observations with officers who joined the service during the QATB era, officers commented that there was a strong expectation that a trainee officer would learn *his* craft and become socialised through on road experience with senior officers.[16] As one officer of ten years experience explained in the following quote, there was much more emphasis on peer education and training:

> ... that's probably been the dramatic change from QATB days to QAS days. In the QATB days you had no Associate Diploma. All the job-based skills you learnt at the coalface. You started the job, you had a first aid certificate. In some cases you had a four to six week prep course at AOTC and the rest of it you learnt from your peers. You were working with someone who had ten to fifteen years service and you picked up their work practices. .
> ("Bill", AO Metro No.4)

However, as this officer illustrates, younger student officers still have to learn their emotional labour skills on the road:

> The AD has changed that a bit but the critical link is still there. You go back after your block release at AOTC and you spend time with qualified officers and you pick up their habits, mannerisms and language. It's amazing what they pick up, and it's perpetual. It goes on year after year. I mean it becomes the culture. It's our culture.
> ("Ted", OIC Rural No.12)

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[16] The pronoun 'his' is used in preference to a gender nuetral term to highlight the fact that at this stage in the history of the QAS, only men were recruited as ambulance officers.

In relation to changes in emotional culture, what this officer means is that despite a change in duration, intensity and quality of training, this shift is only really significant in relation to technical skills. Students still learn the emotional culture through on-road experience during block release, thus reproducing many of the practices that have been institutionalised over many years. There is still an expectation that an officer will not deviate from what are considered to be standard emotional responses, or emotional norms. According to this senior officer, trainees who attempt to challenge or question feeling rules still experience varying degrees of ostracism from their immediate peers:

> We can be quite cruel to our fellow employees. If someone joins the service who doesn't quite match the culture of the group they are exorcised out of that group, and either they move on or they have a very unhappy work career. I've seen quite a few people come and go like that. The officers can be quite brutal, and the women had that trouble when they first joined. Those that stuck it out were quite tough.
>
> ("Alec", AO Provincial No.5)

This continuation of the previously endorsed emotional culture is also a constant source of tension between older officers trained during QATB days and students who have joined the service during the QAS era. Many older officers I observed often complained bitterly about the technical focus younger officers have adopted. These older officers claim that this trend is not only detrimental to patient care, but also to the profession as a whole. What was noticeable was that many of the younger officers seemed to be always making plans about what they were going to do when they got out of the service. It is uncertain as to whether this could be construed as lack of commitment or whether this is passed on to patients. What is certain is that younger

officers do have a lot more pressure placed on them to perform, and they are socialised to do this from the onset.

It was apparent that many older officers viewed the privileging of technical skills over emotional ones was a form of deskilling. They were critical of the amount of time students spend in formal education practising their skills on either mannequins or each other, and contrary to the previous officer's comments, many older officers think that the students don't receive the same quality of training in terms of relating emotionally to patients:

> We were weaned into the job. You'd come in and you'd do six months of clinics, all you got was people contact. You were dealing with old people. For the first six months you saw nothing but old people. You learnt to communicate and you learnt your way around, and you learnt patience and tolerance. Two very important factors which if you learn at the right time and the right pace they become very important later on. You then came off there and you went on to patients. You're learning how to handle patients who have a problem, and you're getting a background of how this particular injury occurred, or how this particular condition built up and started. You're gaining information all the time. It's like feeding into a computer. Feeding in information all the time. And then after twelve months you slowly got weaned on to the accident and emergency side of it.
> ("Drew", AO Rural No.1)

While this quote is indicative of a very real generational difference between older and younger officers in relation to the amount of knowledge today's ambulance officer needs to know in order to perform her/his job correctly, the essence of this generational conflict is can be found in how each group defines ambulance work.

Many officers who have joined the service during the past five years are not required to develop the community development skills that were characteristic of the QATB. This does not mean that such an orientation does not still exist, but when the initial changeover from charity organisation to centralised bureaucracy occurred in the

early 1990s, community support and focus was discouraged as an integral part of organisational change. According to the training officers, this change in orientation occurred because students are now given a very different kind of brief in comparison to honoraries when they were initially orientated into the service. An officer of twenty-three years experience observed that students are now told from the outset that their brief is pre-hospital emergency care. According to him, during the first few weeks of training, younger officers are not given enough information about the mundane aspects of ambulance work, such as transporting the frail aged. Younger officers are encouraged to think of themselves as allied health professionals who save lives through technological wizardry:

> It's the breed of the animal now. All their education has been trauma or pre-hospital emergency focused, there is very little in their education about the old person, Mrs. Jones going for her physio appointment, and that is the best learning experience you could ever come across because as I said, it's teaching you patience, tolerance and humility. Today they're not getting that at all. (It's) I'm not here to do the physios. I'm here to do the pre-hospital emergency work only. You give me a physio and it's the biggest inconvenience that they've pulled me out to take them to hospital ...(But) that's your bread and butter. And if you don't have your bread and butter, you've got nothing else above it....The role of the ambulance has been redefined even since 1990. We used to go out and get Mrs Jones and take her to her doctor's appointment even if she had her own transport, because it was expected. It was part of the culture.
>
> ("Drew", AO Rural No.1)

Older officers view this redefinition of ambulance work, and the students' eagerness to embrace technical competency above all else as a cultural change that excludes and demotes the 'caring' and 'empathetic' skills that once distinguished an ambulance officer from a mere 'taxi driver'. As emotional labour has never been formally recognised as crucial skill, the emphasis on pre-hospital emergency care professionalism is equated (by older officers at least) with a non-emotional, rational

approach which does not meet the patients' needs. The following quotes illustrate well the fears and concerns many older officers expressed to me during fieldwork about the overemphasis on the development of technical skills as a marker for increased professionalism:

> The training of the people coming in today has fallen down. Technically it's brilliant. But basic grassroots education has gone. The culture, the care, the sense of well-being has been neglected. It's not there any more;

and

> These are people of twenty (and) they've still got the school girl/school boy mentality. They've gone from high school to our training system, and they're expected to be people of the world. They've done their degree or whatever, they've got their stripe and they've got to come out and work in the real world. And the real world is poo, wee, vomit and someone wanting to drop you on the ground because you're an obnoxious little toad. I don't know how they can educate people for that.
>
> ("Danny", OIC Metro No.7)

This image of the new breed of ambulance officer as technically brilliant but emotionally challenged begs the question of how this frontstage cultural change may affect the backstage culture. Given that the backstage culture is still one that is not described by officers themselves as emotionally supportive, it is worth considering the possibility that the 'new' frontstage culture may actually reinforce the worst aspects of the backstage culture. There is some evidence here to suggest that this might be the case.

COMPONENTS OF EMOTIONAL LABOUR

Surface Acting

Most officers admit that they do a significant amount of surface acting, and smiling, teasing and light humour were all manifestations of this. During observations,

there were several occasions when officers were friendly towards the patient, but then complained bitterly about the patient's attitude or expectations after the patient had been transported. In these cases, patients complained about the length of time they had waited for the ambulance to arrive, which irritated officers, because lengthy delays were often out of their control. The following extract from fieldwork notes describes a typical scenario where officers engage in a significant amount of surface acting with patients who vent their frustration about management of ambulance resources upon officers. In this case, the fact that the patient had complained was surprising, for the officers showed no outward signs of any conflict throughout the duration of the case:

> The next case was a code three, a woman in her seventies, and a transfer from a public to a private hospital. I only heard part of the interaction between the ambulance officer and the patient, but after we had completed the case, one of the officers complained to me about how rude the patient was. She was complaining about how long she had had to wait. The officers thought that her criticism was unwarranted, as they felt she was well enough to catch a taxi. However, while they transported her, there were no signs of hostility from the officers towards the patient, and they spent a considerable amount of time putting the patient at ease, asking her questions and joking with her. The officers said that although they didn't like her as a person, it was their job to 'act' as though they did, and not reveal how they truly felt towards her. I got the feeling that one of the officers was in a bad mood and I think he's going to be doing a lot of surface acting tonight.
>
> (Field notes, Case No.51 September 1994 Brisbane Region)

While officers displayed a friendly demeanour in front of most older patients, several officers either ignored dementia patients or treated quiet or depressed patients in a condescending manner. A more sombre demeanour was observed on several night shifts, when officers treated many intoxicated, aboriginal or adolescent patients.[17]

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[17] The death of Daniel Yock, a young aboriginal man who was in policy custody at the time of his death, was witnessed by ambulance officers who were required to give evidence at the inquiry into the cause and circumstances surrounding his death. Since then, officers stationed at inner Brisbane branches are apprehensive when attending cases involving aborigines, police and alcohol. The researcher attended one such case where the officers expressed fear and anxiety about their safety and possible legal ramifications.

During observations, officers reported that they used the techniques of surface acting with almost every patient. Whether it be sharing a joke with a shy or fearful patient, smiling in the face of a recalcitrant or beligerent one, or developing a 'neutral' expression when having to coax an intoxicated person into the back of the ambulance, officers do see acting as part of their work. However, they also distinguish between surface acting, that is, expressing positive or negative emotions even if they are not authentic, and deep acting, when officers are required to actually feel the emotion they are projecting. Officers either define surface acting as the act of expressing positive feelings, especially in circumstances where the situation does not lend itself to positive emotionality, or as the suppression of negative emotions, such as sadness or disgust. In both circumstances, the performance requires the officer to give something that is either not of him/herself, or to deny a part of him/herself.

There are many techniques officers use to perform surface acting successfully. Humour is cited as the major strategy used, and during observations it was noted as the most common way of engaging with patients: As one senior officer states:

> If you can make someone laugh or smile you've got the battle half won. Treat them like an equal. Get their mind off their worries. Have a joke with them or whatever. If you get their mind off what's hurting them you're well on your way.
>
> ("John", SAO Metro No.29)

According to Francis (1990), humour as emotion management involves a sophisticated cultural performance which strengthens and often restores feeling norms. Francis also states that humour is used to as an integrative device that effectively reduces or redefines an external threat. This bonding process is often at the expense of the excluded person or persons.

A good example of how humour is used to alleviate patients' and relatives' anxiety when a man in his eighties was transported home from hospital after a hip replacement operation. Officers need to be able to gauge just how much humour they can 'do', and in this case they used the opportunity to make light of a delicate situation. When the patient arrived home, the officers sensed that the relatives really needed a lot of reassurance and they seemed particularly anxious about the difficulty the patient would experience walking up the frontstairs. The officers were extremely jovial, and joked with both the patient and his relatives. One of the younger officers even took the crutches and ran up and down the footpath outside the house with them. The relatives were not offended by this, and even seemed to appreciate the mild joke at the patient's expense. This is an instance where the officers nicely judged how much humour was acceptable, and in this case they used the 'permission' given by the relatives to engage in 'horseplay'.

Another example where humour was used in a potentially difficult situation involved a woman in her mid-thirties who had fallen and injured her back. When the ambulance arrived, she was unable to get out bed and the officers had difficulty manoeuvring her on to the spine board. The officers joked with her child while wheeling their mother to the ambulance. One of the jokes appeared to be at the patient's expense, but both the patient and the children saw the humour in the officer describing the patient as 'too lazy' to walk. Once again, the officers judged the situation accurately, and used the appropriate amount of humour to help alleviate tension and stress.

However, there are occasions when humour either fails or is not appreciated. When a form of surface acting has failed, officers have the option of reverting to silence or changing the topic of conversation to strictly medical issues. In the case of long haul

trips from country areas to provincial hospitals and vice versa, humour as a strategy is only one of a who array of techniques officers use to quell irritable patients. As this rural officer of six years indicates, there is often a difference between the type of surface acting performed on a long trip in rural areas and shorter urban trips:

> I think a lot of ambulance officers joke a lot of things off and they've got standard lines that they can use to laugh it away and maybe try to get this person around through humour. But there's a bit of a difference there between city and country too because where I am I'll probably have a patient on board a maximum of twenty minutes. So for me, it's quite easy. I can put up with them and be nice to them for that period of time and then I can just refer them on. But with a country person having to put up with a whinger from the back of the bush to Brisbane on an IHT would be extremely difficult. There's two in the car, and if by the end of the day you're starting to wear a bit thin you can swap over....All you can do is what is within your power at the time. All you can do is try to be friendly, try to understand where they're coming from.
>
> ("Eric", AO Rural No.24)

For many officers, using humour to manage anxiety is also a recognition of the heightened state of vulnerability patients find themselves in. One officer described this aspect of emotional work as 'trying to catch' patients who are 'really reaching out to you'. He stated that ideally, the average ambulance officer would try to emotionally catch most patients. However, during the daily grind of ambulance work, this is not only difficult, it is also unwise because it can lead to increased levels of emotional exhaustion.

It is suggested here that the decision to "catch" some patients and let others "go" is based upon a cultural and moral evaluation of a patient's worth and status. While emotional labour with some patients is considered productive and indicative of 'real' ambulance work, with others it is considered extra effort for little return. Thus, 'deserving' cases are the ones that officers are more likely to emotionally catch through

deep acting. These cases include anything to do with children, especially babies and toddlers, blameless injury and trauma such as motor vehicle accidents where the injured party did not cause the accident, or serious trauma that is not self-inflicted and where advanced life support skills are needed.

Officers who worked in outlying urban expanses expressed the view that 'undeserving' cases include drug overdoses, drunkenness and injuries relating the ingestion of large quantities of alcohol, code threes where the officer had determined that the patient does not require the services of an ambulance, and oppressed or disadvantaged groups such as aborigines, homeless people and non-English speaking people. Of course, not every person in one of the latter categories who calls an ambulance will be considered an undeserving case. However, if there is doubt about the severity of the case, officers are more likely to judge the patient more harshly than if they were anglo-celtic and middle class. Palmer (1983) described the slang word for such cases as 'pukes'.

In the course of one night shift I observed how officers make the distinction between deserving and undeserving cases. For instance, early in the shift the unit to which I was attached treated a man in his late seventies who had a suspected fractured neck or femur. The man was from a non-English speaking background, and the officers treated this 'deserving' case with textbook efficiency, accuracy and emotionality. They were extremely kind and gentle, and extended many courtesies to him and his spouse such as checking that his house was firmly secured before they departed for the hospital. Conversely, later that night, the same officers treated a drunken man in his twenties who had fallen over and cut his head. The man had attracted the attention of several other drunken revellers and this group was beginning to treat the man as a source of

entertainment in front of an inner city hotel. The patient was very aggressive and swore

at officers when they tried to look into his eyes to assess him. The officer responded by

saying nothing, but grabbing his chin and pushing it out of the light of the torch. The

police in attendance were attempting to calm the man by trying to tell him that the

ambulance officers were trying to help him. The officers appeared extremely non-

plussed at the actual scene, but when the man got into the ambulance he calmed down

and became remorseful. After the officers had transported him to the hospital, they

talked about the case in a cynical and disparaging way, appearing contemptuous of the

man's lack of self-control and self-respect. The officers lacked sympathy about the

man's situation and made jokes about him on the way back to the station. In these

particular situations, most notably in urban areas, ambulance officers were seen to take

on a demeanour similar to that of the police.

The following excerpt from fieldnotes describes an extreme example of how

officers treat undeserving cases. It is also an illustration of what happens when officers

fail to do the emotion work needed in order to communicate with difficult and abusive

patients:

> The first case was a code one in the city. An unconscious collapse. We
> went to the designated street but found no-one there. We then went around
> the block and finally found a very intoxicated, aggressive man in his sixties
> wandering in the path of oncoming, peak hour traffic. He refused treatment
> and didn't want to be taken anywhere. The two male officers called the
> police and became extremely impatient with the drunken man. Another
> man who was also drunk turned up at the scene and tried to take the man
> away. The officers told him to leave the man alone. This request began a
> heated exchange between one of the ambulance officers and the second
> drunken man...At one point one of the officers swore at the second man
> and this inflamed the situation even more. They told the man that they
> were bound by law to remain at the scene to protect the man from walking
> out on to the road in front of the traffic. After about fifteen minutes of
> haranguing the police finally arrived at the scene. When the man started to
> abuse them they told him to shut up and he complied with their request.
> (Field notes, Case No.53 February 1995 Brisbane Region)

It needs to be stressed that this example of failure to do the appropriate emotion work was extreme and rare, and represents only one of four situations I observed where officers were either rude, dismissive or angry towards patients.

During the course of an average day shift, officers transport code threes or non-urgent cases. These cases do not usually involve a high level of technical skill, but they often do involve a considerable amount of surface acting. Many code three patients are older women, most often frail, and sometimes suffering from dementia. Many officers expressed a significant amount of ambivalence towards these patients. While all officers I observed transporting these patients expressed either positive emotions or affective neutrality, in many cases officers expressed dislike or discomfort about these cases to other officers after these patients had been transported.

One younger officer referred to code threes as 'granny-busting'. Others referred to these cases as 'humpers' or 'geries'. Officers who found code threes tedious were more likely to objectify their patients in this way. However, even in code ones involving older women, officers were observed to be ambivalent. One such case involved a women in her eighties who collapsed while waiting for the bank to open. A crowd had already gathered and was watching intensely how the officers were treating the patient . They appeared extremely gentle and kind, using endearments such as 'love' and 'dear'. After this woman was transported to the hospital, the officers who treated her went back to their station and joked callously about the case being another case of 'granny-busting'.

These disparaging stereotypes perform two functions. Firstly, they create emotional distance between the officer and the older patient. This is necessary for the (usually) younger officer is doing what is deemed by society as inappropriate for him - a

younger man publicly caring for an older woman. The second function these stereotypes serve to dissociate the officer from the fear of ageing, disease and death. As one officer of twenty years explains, this kind of emotional distancing is a vital part of the job for officers who are barely out of adolescence:

> Ambulance Officers dissociate very well. I mean, how can you not? The ambulance service is now made up of officers in their late teens to early thirties who have all got families and they pull kids out of pools and go to motor accidents. In a lot of cases they're treating elderly people around the same age as their parents with the same sort of complaints. If they don't dissociate themselves with that patient emotionally they get caught up in the web of themselves. And occasionally you do.
>
> ("John", SAO Metro No.29)

As one officer explained, emergency service workers are exposed to more emotionally distressing situations in the course of one shift than the many people would experience in a year. This unsanitised experience of the social world is one that most officers come to accept as 'part of the job.' Officers also justify their tendency to distance themselves emotionally as part of the process of developing a veneer. The following quote is from an officer of eight years experience who explains that developing such a shield is important part of acting out the professional role of the ambulance officer:

> A lot of people may be upset but you just harden because you do see so much of death and dying... it's just a part of life. We're not isolated from it the way the general public is. Years ago everyone saw death and dying. There was a lot more blood around, we killed our own animals. It's not that we're necessarily special, it's just that we keep seeing what most people saw forty or fifty years ago. We also get to see a lot more inappropriate behaviour and people trying to cope with things. If you don't have that veneer, if you don't have some hardness, you're not going to survive. Well, that's my opinion.
>
> ("Wayne", AO Provincial No.13)

Therefore, surface acting is not only a strategy for managing patients' emotions, it is also considered an important method in managing one's own emotions. Many officers admit that developing an extreme focus at the scene of major trauma, what they describe as tunnel vision, is the most common method of suppressing or denying individual emotional responses. This form of affective neutrality is also considered necessary for both managing the anxiety of the patient, and appearing 'professional':

> You become more job orientated. You see the patient as a job. You see the patient has this and I must do this, this and this and get them to hospital. You don't see them as a person. Once you get them settled down you might give them some reassurance. It depends on the case. If someone is a bit apprehensive, part of the job is to get their heart rate down and to do that you've got to get them calmer. But you do get job oriented. If I had a case where they were my relatives, then they might be upsetting my perception of how the job should be going. But if someone genuinely needs help, you just have to do the job as professionally as possible. It's a professional thing. You have to close it out. It's very hard to explain.
>
> ("Wayne", AO Provincial No.13)

Thus, officers' perception of professionalism involves successful accomplishment of an affectively neutral performance. In this respect, ambulance officers are not unique. What does distinguish ambulance officers is the degree to which they find themselves in situations that call upon them to engage in deep acting.

Deep Acting

The most common deep acting technique to which officers referred was a process whereby the patient was objectified. The officers develop the image of the patient as a 'thing' or 'piece of meat', and in doing so, temporarily suspend any emotional attachment they may have to the patient as a human being. While most officers would admit that this strategy is one that should not be used frequently, many officers explained that high levels of stress and emotional exhaustion may encourage

overuse of this strategy. One officer justifies the use of this technique by pointing out that the deep acting strategies are no different to those used by other health professionals:

> It is a balancing act. The analogy of a piece of meat was given to me early on in my ambulance career and it's right. I mean, it's a terrible term. But the analogy I was given was that a surgeon treats a patient as a piece meat and does his best possible job on it. Carves it the Michealangelo carved David and then puts it back. And that's the way ambulance officer/nurses/paramedics do their job. If they get emotionally tied to it then they can't effectively do the job.
>
> ("Bill", AO, Metro, No.4)

This process documented by Smith and Kleinman (1989) in their study of how medical students learn to manage their emotions, explains this tendency towards objectification by drawing comparisons between the socialisation processes of military recruits and medical students. Both undergo a process of desensitisation where emotions are blunted by sleep deprivation and changes in the way students perceive bodies.

While some officers may overuse the surface and deep acting strategies needed to achieve emotional distancing, others are prone to emotional over rapport with patients, particularly those patients who remind the officer of a relative, child or loved one. Many officers I spoke to explained that all officers are prone, at some time during their careers, to communicate inappropriate emotional messages to the relatives of the dying patient, because officers find it difficult to reconcile their lifesaving role with the very real possibility of losing the patient.

One training officer of fifteen years explains that appropriate training is necessary so that officers can cope with the emotional demands of relatives during high stress cases such as cardiac arrest:

> When I used to do training I taught people by doing scenarios. And the typical scenario was, and I'd set it up, the officer driving the ambulance, the wife in the front of the car, and the two officers in the back doing CPR. The wife turns to the officer driving and says, "Is he going to be all right?" Now the thing you want to say is, yes, he is. Now the reality is you can't say, yes he is. So I used to teach them by role play and they'd all say, he's going to be all right. And I'd say, how does she feel about that ? She looks back, she's seen TV, she knows that when they do CPR you're not doing real well when someone's pumping up and down on your chest. I mean , you'd love to say to people, "he's going to be all right," but you can't.
>
>   ("Eddie", SAO, Provincial No.17)

Most of the officers who had been in the service for a number of years, described circumstances where they had given false hope to a patient or relative because they were unsure or unable to perform the kind of emotional labour specific to that context. Officers stated that they were most likely to fail in their efforts to engage in deep acting at the end of a series of night shifts, after a series of code ones in one shift, or when they failed to dissociate successfully.

Cases involving critically ill children were cited as the most risky in this instance. This is similar for the majority of emergency service personnel, most of whom cite cases involving the death of or serious injury to children as the most emotionally challenging. The cases I observed that involved children always evoked a 'different' response from officers in that they appeared to work at a faster pace. One officer explained that apart from the fact that many officers had young children themselves, they also feel added pressure to always 'turn the situation around' with children, regardless of the severity of the trauma the child is suffering. This demands of officers a dramaturgical performance that is quite distinct from adult cases. The most extreme example of this is found in cot death cases, where officers have been known to perform CPR on children who have been dead for some time. The following quote from an

officer of eight years experience illustrates the extreme emotional and physical pressure officers finds themselves under during the course of attempting to save a child's life:

> When you walk into a scene where there's a child who is ill, if it's a SIDS or something, there's so much expectation on you. The parents, especially with SIDS, know the child's dead. You know the child's dead. But if the child's still warm you have to give them every opportunity. We worked on one once... There was four of us ... We got the kid back but he ended up being a vegetable... But none of us would stop...something would happen and the others would keep on. We couldn't make a decision to stop but we got him back. You see, there's so much expectation on us when we go into a situation we can't turn around and go to pieces because then we're not doing our job.
>
> ("Ethan", AO Metro No.20)

The death of a child is probably one of the few instances where a strong emotional reaction to a case is legitimised. While several younger officers expressed disquiet about this, most officers believed that that an increase in the acceptance of public displays of grief, if only for children, is a positive change within the emotional culture of the QAS.

In summary, the majority officers interviewed and observed cited emotional labour as an important 'tool' in the ambulance officers' repertoire of skills. During the course of hours of observation on the road and through in-depth interviews, the officers described a number of surface and deep acting techniques utilised in the performance of emotional labour. These included managing the emotions of patients through exhortion and suppression of emotion. The specific techniques included use of humour to manage anxiety, the avoidance of false hope, emotional distancing through developing tunnel vision, disparaging stereotypes, and the categorisation of patients into deserving and undeserving cases. Officers also spoke of the process of hardening through developing an emotional veneer of affective neutrality and professionalism.

EMOTIONAL SWITCHING : SWITCHING BETWEEN CODES

A significant work practice that occurs on a daily basis is the physical and emotional switching between codes one, two and three. Other categories of cases include 'specials', where an ambulance is required for a sporting or cultural event such as a weekend football match or a rock concert.

Ambulance officers learn what kind of code they will be attending through the following channels: the phone at their station; at the accident and emergency department of the hospital where they have just completed a case; the radio in the ambulance itself; or two-way radio. In large stations, the cases called out over a public address system. Codes can also be upgraded or down graded en route. In the case of a code one, which requires an immediate response by the QAS, detailed information about the case is given to the officers en route to the scene of the trauma.

Code ones usually involve sirens and flashing lights as well as increased speed. The quality of the information given to the ambulance officers by the communications centre en route is dependent upon how much information the communications centre operators received from the person who made the initial contact with the ambulance. Code two cases are considered less urgent in that they require an ambulance to reach the scene of the case in less than twenty minutes. Code three cases are dispatched when an ambulance vehicle becomes available. Most code threes or 'clinics', particularly those that have been previously booked, occur in the mornings and late afternoon. In some cases, an ambulance bus transports patients who are able to sit up for the duration of the journey. This service is available for patients who require ongoing treatment, such as chemotherapy, but who do not have any access to suitable transport or social support.

One of the most enjoyable and frustrating parts of ambulance work is the unpredictability of each shift. An officer may be kept busy with many code threes in the morning, only to find that the afternoon is quiet. Then just before the end of the shift, the officer may be called to several code one cases. Although there is a certain amount of predictability in terms of when certain cases might occur, the ambulance officer can not safely predict exactly what he or she will be doing on any one shift.

Code threes make up the bulk of an ambulance officers' work, particularly on day shifts and during the early part of night shifts. Although code threes involve less technically skilled work than code ones or twos, they do involve considerable amount of emotional labour. However, there is no compulsion to perform emotional labour during code threes, and many officers express ambivalence regarding how much 'skill' is involved in these cases. Some officers are openly frank about their assessment of code threes as boring, dead end and no better than 'driving a taxi'. While it is highly likely that officers would attend a code one on every shift in urban regions, in provincial and rural areas officers may have to settle for weeks of code three cases. One officer who is currently working in a provincial station sees this as the reverse of Post Traumatic Stress Disorder:

> If you go for days and days of not getting anything of any interest then that gets very boring. That sort of gets on my wick more than the other stuff. It's the reverse to traumatic stress syndrome. You're all tooled up and nowhere to go...I get frustrated if I don't get it, if I don't get that kind of work. You find that people who are at the busy stations are there because they want to be. They like the trauma work.
>
> ("Rick", AO Provincial No.10)

Mitchell (1984) conducted an empirical study of the relationship between stress levels and the number of 'runs' a paramedic completed during a year. He found that

stress levels were highest amongst paramedics who either did more than six hundred or less than two hundred 'runs' in a given year. In this officer's case, too little work can be just as stressful as too much.

One of the most striking observations I made was that there was also a reluctance to view code threes as 'real' ambulance work. Several officers strongly adhered to the distinction between code ones and twos as 'real' work, and code threes as 'a waste of a day'. Their preference for emergency work is based on the assumption that code one cases involve the most complex and 'skilled' tasks. Clinic cases are therefore perceived as 'unskilled' work. For example, one officer of eight years standing sees the difference between clinic and non-clinic work in terms of the degree to which skill is involved. Interestingly, this officer does recognise the value of emotional labour during clinic work:

> Trauma patients you devote more time to because it's unfortunately more interesting for us. Clinic patients are just, pick them up, take them back in the car. With a clinic patient you don't have to, there's not much interaction with them. Oh, you can have a chat with them, but you don't take observations. There's no necessity for you to use your skills at all. So you just pick them up, have a yak with them, drop them off at the hospital and that's it...we're trained to do trauma work. With the clinic cases it's just like driving a taxi basically. With code ones there's more enjoyment, you use your skills more. It's a bit of a buzz.
>
> ("Rick", AO Provincial No.10)

However, while one officer may complain about too little stress, others experience shifts that are almost dangerously frantic. A busy night shift may consist of up to ten code ones, and each of these code ones may be legitimate. The constant pressure to be emotionally 'up' for the duration of a shift often takes it toll and many officers argue that it may take up to three days to recover both physically and

emotionally from such a shift. One officer who has a military background describes how

being 'up' for extended periods of time can extract an emotional price off-stage:

> We did about six code ones in an eight hour shift recently and each one
> needed to be a code one. It was a difficult job. I was up here all the time
> and I never actually got down. Now that shifts are longer, if you do a nine
> or ten hour shift, you just go all the time. You start to get up and up and up
> and you end up staying there. After twelve or fourteen hours, it's a long
> time to maintain that. When I get home, I just want to veg out. ... but
> everyone else wants company (at home) and I find that hard to cope with at
> times. It's hard for them to understand, and it's not their fault.
>
> ("Mickie", AO Metro No.15)

The extraordinary amount of organisational change that has occurred within the

QAS in recent years has meant significant changes in the volume of work that an officer

is expected to handle. In addition to this, population increases in southeast Queensland

have led to increased demand for ambulance services. An emphasis on structural

efficiency has led the QAS to undertake an efficiency drive, which has resulted in

officers having to do more work but with less resources. This includes changes such as a

reduction in the number of officers rostered to cover weekend shifts and sick leave, and

less "down time" between cases.

The 'speed-ups' (Hochschild, 1983) that QAS officers have experienced in

recent years are similar to what Hochschild's flight attendants experienced during the

1980s. QAS officers are now expected to process more people during a shift while still

providing the same quality of service. This means that there is less time between cases

in which to 'process' emotionally the previous job. This increase in workload is

particularly problematic in the Brisbane metropolitan region. Officers spoke bitterly of

the lack of time between jobs in which to 'come down' from a previously stressful code

one. Many expressed regret at initially supporting organisational change because they

felt it had failed to meet their practical needs on the road.

The increased expectation upon officers to perform more efficiently with less support has ramifications for how officers switch emotionally from one type of code to another. While most officers make the switch from code three to code one successfully, the switch back to code three is often problematic. Problems arise when officers are sent back out on the road immediately following a difficult code one. Officers complained that this was a frequent occurrence, even when the officers involved need to change their clothing. This following quote illustrates how officers negotiate time for themselves in the face of ever-increasing demands to 'ready always':

> Like you've done CPR and your car is a mess and they'll be saying on the way back, do you mind doing this job for us and you've got to get on the radio and tell these people, no. I'm not doing it. I'm coming back, and having a shower and I'm going to get changed. They haven't got that mentality. It might be just our area. I just don't understand it. So, the way I work it out now is I go and do a case, I do the paper work and I don't call free until I've done that, and if we're run all day long, I will stop and I will have my half an hour. Whether they know it or not, they'll lose me for half an hour. I don't like doing that because there might be an emergency that might be pending, they might be looking for you. But that's the only way I can see spreading the pace of my day out.
>
> ("Rod", AO Metro No.9)

One officer expressed the view that management sometimes place unreasonable expectations on officers with regards to making the emotional switch from a code one to a code three, particularly in cases where the patient has not survived:

> It used to affect me when I worked at another station and I used to wonder why I couldn't be demobilised for a time, because it felt quite cold....It felt quite cold with regards to administration and management, that they could be so callous as to give you another three geriatrics after you've finished a cot death or something like that. I started to do things to protect myself, to overcome the emotional states, so it doesn't worry me anymore.
>
> ("Ethan", AO Metro No.20)

What this officer is referring to when he talks about overcoming emotional states is the emotional process work that occurs between codes either by oneself or with a partner, back at the station with other officers or at home with family and friends.

In summary, this chapter has presented data that demonstrates emotional labour as an integral part of an ambulance officer's work day. Several aspects of ambulance work impinge on how and why emotional labour is performed. They include the management of patients'emotions through surface and deep acting; the management of one's own emotions through emotional switching; generational and regional differences between officers; and training to perform emotional labour. There are four emotional labour practices that are specific to ambulance work: the ability to manage the patients' and one's own anxiety; managing people who are out of their usual environment; being able to cope with a constant state of uncertainty; and the ability to simulataneously 'care for' and 'care about'.

Despite the fact that officers now are required to gain more academic credentials to gain permanent employment, formal training for emotional labour is still a rare occurrence. At the shopfloor level, emotional labour may be considered 'the best tool to have'. However, in terms of resource allocation for training, technical skills are still given primacy. This has implications for how the QAS approach the whole issue of emotionality. Younger officers who are being trained as technological experts may be better equiped to cope with the intensity of trauma work because they have developed the technical competence needed to successfully accomplish their work. However, the reality is that a vast chunk of the work day is comprised of mundane, non-urgent work. It is during these cases that the bulk of the emotional labour is performed. Conversely, it is after major trauma cases that the bulk of emotional process work is conducted. Even

after one hundred years, the QAS has yet to successfully prepare officers for this elementary aspect of ambulance work. This inability on the part of the QAS to attend to this enduring problem is discussed at length in Chapter 6.

CHAPTER 6

"PATIENT CARE IS ALMOST A RELEASE":

THE QAS AS A 'HARSH' EMOTIONAL CULTURE

EMOTIONAL PROCESS WORK

Emotional process work occurs after a case has been completed and involves a variety of strategies that are designed to assist the officer to return to a normal emotional state. Ideally, an officer is able to discuss the emotional aspects of a case with his or her work partner, with other officers, or with the Officer-in-Charge at the station.

Thoits (1985) explains that emotion management techniques allow people to transform deviant feelings into normative ones. When such a transformation fails, a person is forced to confront the meaning of the deviant or outlaw emotions. Thoits' study of the voluntary seeking of institutional psychiatric treatment was concerned with how people came to decide whether their attempts at emotional process work had failed. Thoits redefines Scheff's concept of 'residual rule-breaking' as violations of feeling or expression norms. This occurs when a person fails to convince her/himself and others of her or his emotional normality. As Thoits (1985:246) explains:

> When individuals are committed to competent identity enactment and aware of discrepancies between their situational feelings and normative expectations (which may be sub-culturally specific), emotion work attempts should follow and self-attributions of deviance should result from persistent unsuccessful attempts.

Thoits cites two conditions that are central to the prediction of emotion work failure - the persistence or reoccurence of outlaw emotions, and lack of social support.[18] Emotional process work is therefore both an individual and group phenomena that generally occurs immediately after a case has placed a premium on an officer's ability to engage in individual emotion work. Emotional process work may be as simple as one officer acknowledging to another officer that the previous patient was rude or obnoxious, or it may involve many weeks of coping with a major traumatic event such as a plane crash. All officers 'do' emotional process work, and the degree to which they successfully accomplish emotional normativity varies according to level of experience, degree of social support and ability to cope with the demands that the emotional norms of the organisation place upon them.

Until recently, officers received little formal training in either stress or emotion management. Unlike Hochschild's flight attendants, QAS officers are not subject to 'recurrent' emotional training or 'formal' emotion pollution control. As one officer states:

> Although we don't get enough training in how to cope, the expectation is you to have to cope...So you can do your job, you can let the tears flow but you still have to be efficient at what you are doing. At least until you get back to the station. But that doesn't usually happen. You usually wait until you get home...
>
> ("Nick", AO Rural No.14)

This quote illustrates nicely the connections between frontstage expectations and back and offstage realities. The frontstage emotional culture deems that officers 'cope' under all circumstances, regardless of the amount of emotional pressure placed upon

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[18]Social suport is defined by Thoits (1985:246) as " a set of functions performed by others who have experienced similar changes or stresses where understanding and acceptance is provided". Validation of outlaw emotions reduces the likelihood of the individual condemnation of the self as deviant.

officers. As representatives of the QAS officers are expected to perform at their emotional peak with patients, yet from an organisational perspective, maintaining emotional health is an individual responsibility. That officers have to 'usually wait until (they) get home' is a telling comment that indicates the lack of recognition afforded emotional process work as 'work'.

However, emotional process work does occur in backstage regions and contexts, and most officers can detect when it is occurring in a group setting. Case 'autopsies', black humour and 'rapid fire' speech are all indications, according to one officer, that emotional process work is occurring:

> It's not a thing you have to work at. You're doing your job and that generally covers that. After you've finished the job and you go back and you do your autopsy on the job. That's when you have to deal with it. Some ambulance officers deal with it through rapid fire speak. They go on and on and on about every single detail and then they generally ask for encouragement from the others. And then the others will generally get into of a history of a job that they did, and you'll get old stories coming up. And then they'll talk each other out of it. But it's definitely a rapid fire thing. But that lasts up until once they've got about five or six years experience. Once you get past that you generally deal with it on your own. You don't even tell anybody when you get back to the branch. Then while you're at work you tend to think about it but not show much on the outside. Then when you get home at night you might have trouble sleeping. Come out and have a cry or something. And you can't talk to your spouse. They don't seem to understand. You can't paint a graphic picture and they get sick of hearing about it anyway. So you just generally sit there and muse it out by yourself. But then the next day you put your gear on and you don't have any problems. It's not a lasting thing, although there are certain jobs that always tend to stay in your memory.
> ("David", AO Rural No.25)

Thus, most officers maintain emotional balance through a number of strategies that assist in processing the emotional work of the previous case or shift. However, the cases that need extra individual or group process work are the ones that conflict with an officer's moral evaluation of the case. Officers are continually confronted with social

situations, lifestyles and social practices that are in direct conflict with their own. As previously illustrated, in many cases, officers make decisions based upon moral judgements, and this is manifested in the labelling of cases as either deserving or undeserving.

Therefore, difficulty arises when an officer is confronted with a situation that appears, to that officer, as morally reprehensible. In this instance, an officer who works in an outer Brisbane area explains that it is often difficult to process one's feeling when successful emotional process work requires a degree of moral circumspection:

> They are jobs where they conflict with what is your own sense of what should be right in our society. So you get into a situation where a young child has been run over and ends up a vegetable, and the whole situation could have been avoided...Things that irritate you in a personal way...just a pointless waste of a human being, and you sometimes think that all the rules and laws are wrong. So that makes you very angry. And you do get angry. So you go home and take it out on everyone there. So you end up very aggressive. At the same time you end up very lonely...and then there are the jobs where it is just the plight of people. You might get a mother who's just lost her baby and it doesn't matter what you do, you can't comfort the person, and you can't imagine that you can...it will probably destroy them...then there's the teenagers that suicide. They've had a puppy love that's gone wrong and the next thing they're dead. Once again it's a foolish waste. It's very sad.
>
> ("Rod", AO Metro No.9)

In contrast to other allied health professionals, ambulance officers do a significant amount of their work within the patient's environment. This means that officers have to develop the skill of emotional circumspection (Parkinson, 1991), one that is difficult to put into practise when there is often, outside of a sophisticated sociological analysis, no explanation for the circumstances in which some people find themselves.

Regardless of the speed-ups and the morally challenging cases, the vast majority of officers are very creative in finding ways to effectively carve out time and space for themselves on the job. Whether it be taking extra time to complete the paperwork from the previous case, delaying a return to the station, or taking extra time with a code three, the relatively autonomous nature of their on road work, means that officers can find ways of resisting the pressure to be emotionally 'on-stage' at all times during their shift.

The quality of the emotional process work during a shift is often dependent upon the quality of the relationship they have with their work partner. Effective communication and rapport with partners is not only crucial for optimum performance during code ones, it is also important for emotional support. Partners are the first people to recognise that an officer may not be coping emotionally both at work and at home. However, as the following sections will illustrate, strong cultural pressure to adhere to feeling rules means that partners are often stymied in their attempts to help their colleagues.

Thoits' conceptualisation of emotional process work is problematic in that she does not consider who determines the degree to which a 'normative' emotional state is normative. For example, a normative emotional state for ambulance officers mirrors what could be described as a typically "masculine" one. In addition to the public expecting officers to maintain a high level of emotional restraint in the frontstage arena, at the shopfloor level, male and increasingly female officers expect one another to adhere to a masculine emotionality. The normative state in this instance is a masculine version of emotional equilibrium. Because this hegemonic ideal is difficult to acheive continually, it could be safely assumed that many officers may be constantly questioning their inability to meet this emotional norm.

OFF-STAGE SUPPORT: THE PRIVATISING OF EMOTIONAL PROCESS WORK

To state that spouses provide a significant amount of emotional support to QAS officers is something of an understatement. It would be more accurate to state that spouses and significant others play a pivotal role in tempering the effects of the 'harsh' emotional culture of the QAS. Without this off-stage support, the QAS would experience great difficulty in motivating officers to provide the level of commitment and emotional stamina needed. In other words, spouses are the ones who 'care' for the 'carers', and as such, could be regarded as quasi employees of the QAS.

The expectation that the family, particularly the spouse, will provide off-stage support is one based upon the assumption that a certain kind of emotional gender asymmetry exists within heterosexual relationships. As Duncombe and Marsden (1993, 1995) explain, this gender asymmetry is an indicator of a form of emotional power which is situated with the wider context of continuing gender inequalities of societal resources and power.

While the central feature of men's lives may be the rational, affectively neutral workplace, "women carry the emotional responsibility for the private sphere" (1995:150). This includes the performance of emotion work that sustains the relationship itself. During the QATB era, local communities raised the bulk of funding for ambulance stations and spouses, in addition to providing emotional support, were heavily involved in providing ancillary labour to assist in raising funds. Spouses assisted in community fund-raising, provided secretarial assistance, and sometimes acted as surrogate counsellors. This was particularly the case in rural Queensland, where local ambulance officers experience higher status within the community.

While the reliance on women's ancillary labour may have been exploitative in principle and often in practice, the benefit of coopting women into the service meant that the whole family enjoyed status within the community. Conversely, the local ambulance officer was 'owned' by the community, and this meant that officers and their families were expected to adhere to strict moral and behavioural codes. This applied particularly to District Superintendents and Officers-In-Charge, whose role was to care for the ambulance 'family', as well as the whole community. Spouses of senior ambulance officers were also responsible for welcoming new officers and their families into the local community, and into the ambulance family.

As community role models and representatives, officers stationed in rural and remote areas often found themselves with no emotional support outside their family. When major trauma cases occurred officers often found it difficult to process the case emotionally. Community members either kept reminding the officer of the case, and with the possible exception of the local doctor or religious minister, there were few people in whom the officer could confide.

Several rural officers believed that community members viewed them as 'above' feelings or emotion. This hero status meant that officers were expected to perform in a superhuman fashion. Emotional support was either something officers only received from their immediate families, or something that ambulance officers as men did not need. Thus, officers were only ever the givers of public emotional support, never the receivers. This situation was even more difficult for young officers who had no significant other or spouse living in the community.

While most officers who work in urban and provincial centres do not experience this merging of work and home, there is still an implicit assumption by the QAS that

officers will receive most of their emotional support off-stage. The majority of officers interviewed and observed were married with children. With the exception of one officer, all officers admitted that they would find it difficult to do their job without the support of their spouse. They also admitted that the emotional stress of ambulance work often placed significant pressure upon their relationships. In some cases, they cite this as the main reason for marital breakdown and subsequent divorce.

In terms of how spouses assist in emotional process work, officers believe that difficulties arise when there is an attempt to balance the amount of disclosure to family members about work, and the amount of process work an officer chooses to engage in individually. As one officer illustrated, 'protecting' family members from the unpleasant and gruesome parts of the job is in itself an extension of the workday. Therefore, emotional labour continues after hours in the form of shielding the family from the extreme aspects of ambulance work:

> I think I screen a lot of the things I bring home. I share a lot of things with the wife, but there are a few things I won't share. But there are other things that I share with her, as distasteful as they are, I think she knows my warped sense of humour, when I talk about various things at inappropriate times. Over the meal table with all the blood and guts. Pass the tomato sauce please. I often thought whether to use this as a mechanism to make light of a bad situation or to joke it off. I think my wife has to be fairly unique to be able to put up with some of the stuff I bring home. But I don't bring everything home to her. There are certain things that I won't discuss with her. I told her not to look at my textbooks. The pictures that are in them are just too graphic. I find it distressful to look at them myself, particularly if you've got kids the same age as the kids in the pictures in these books.
>
> ("Frank", OIC Metro No.21)

Officers also reported that spouses become frustrated when an officer chooses to be selective about how much disclosure occurs after a shift. As an officer of over twenty years standing explained, there is a fine balance between deciding what the

officer thinks is distressing for the spouse, and guessing what the spouse will want to hear:

> If my wife knew what I'd seen and done over the years, there's no way she would have let me take this job on again. She hasn't the ability to comprehend the scope of what I'd done, seen, been over twenty three years. She can say, I can understand the nature of your job but she can't identify with the job. If I go home and tell her what I've seen, she's got to now deal with that problem. And there are very few women in that context who can deal with that situation. No matter how much they say, I want you to tell me. You've got to deal with a lot yourself and talk to people you can trust but still not totally keep your family out of it. That's a mistake. You're going to fall down in a big way if you do that. You've got to do a balancing act, you have to say, I can tell you this much. I can tell you this happened, but I can't tell you that happened. I've dealt with it, it's no longer an issue. If it's an issue, I'll let you know.
>
> ("Drew", AO Rural No.1)

Officers reported that they negotiated 'routines' with their spouses for dealing with difficult shifts. It is not surprising that the longest serving officers were the ones who were willing to discuss these routines and their relative successes or failures. The success of these routines in defusing anger or frustration depended upon the spouse being committed to doing this kind of emotional process work. For instance, an ambulance 'couple' who have been married for over twenty years have developed a routine whereby the officer 'signals' to his spouse if he needs emotional space when he comes home:

> If you've had a day when you can process the day's work then the switch is quite easy. If it's not then you've finished work and bang, you've gone home. To a large degree you've got to have a very understanding family. A very patient family. Over time my wife had learnt that if I walk in and my mannerisms are such, then she'll just walk out the other door. She'll just go away and leave me alone for an hour or two. Until I've processed it and dealt with it and put it where it's supposed to go. Then I'll walk out and we'll start from there. I've just walked in the door... It's very rare that you'll find anyone who's able to say , that's it. I've finished work. I'm going home. I'll deal with that problem tomorrow. Because you can't. You're still taking it home, and if you don't deal with it, then it's going to affect you personally and the rest of your family. It's got to. I'd defy

anybody who says they can do that and it doesn't affect them. Those who do that, or who try to do that, are the people I think who will have problems dealing with anything. Their stress levels are going to go through the roof.

("Drew", AO Remote No.1)

Learning when to 'go away' is an expectation with which many spouses have extreme difficulty coping, particularly younger couples with children. One young officer stated that his spouse 'hounded' him at the end of every shift to tell her everything that had happened during the day. When he refused to comply, she became frustrated and this often led to marital conflict. The officer's main problem with this situation was that he had little private space in which he could process the day's events and emotions.

By their own admission, many officers became intolerant and irritable at what they perceive as the triviality of life outside the QAS. Requests from spouses to behave like 'average' men outside of work and within the family environment together with shiftwork and the ensuing irregular sleeping and eating patterns, led to conflict about issues of support. One officer who had recently divorced after fifteen years of marriage, admitted that his inability to cope with the emotional switch from work to home was one of the major contributing factors to the breakdown of his marriage:

> I think we're very intolerant at home. I have an interest in telling this because I'm a Mr. Fixit. And that's the mentality that you get into and it's hard not to bring that home. And you get irritated when you're always fixing other people's problems. At work it's expected of you. But when you come home and someone wants to you to fix their problems, it's like, why can't somebody fix my problems? Why am I the Mr. Fixit for everyone? And when your spouse says, can you go to the bank and pay a bill?, sometimes it can just trigger off a rage. Why should I do something like that when all I ever seem to do is fix other people's problems. I fix them at work and now at home I have to fix them. I think I had problems with that during the first five years. I used to come home and I used to think, I've done my work and I've fixed up fifteen patients' problems

today, and then I come home and you've got a migraine and you want me to cook tea, and I think no. I've knocked off. You cook tea. You get very intolerant.

("Rod", AO Metro No.9)

Not all officers felt as though their work was a major imposition on family life. Officers whose spouses worked in related occupations such as nursing reported that emotional process work at home was fruitful because they believed that their spouses has some understanding of how emotionally demanding ambulance work is.

In addition to providing emotional support, spouses often have to deal with frequent absences of the officer from family gatherings, sporting events and social functions. This sometimes leads to tension within the extended family, as the spouse has to do the emotion work of allaying fears of why the officer is not in attendance. While the 'absent father' is not all that unusual at school functions, for an officer involved in a traditional heterosexual relationship, continual absences from family events may cause problems for the spouse in that the family may view the relationship as dysfunctional or abnormal.

While there is no evidence to suggest that ambulance officers have a higher than average divorce rate, there is some validity in suggesting that younger officers who have young children are under considerable off-stage pressure compared with officers who have served for longer periods and whose families are older and more established. It is argued here that younger, married officers and rural officers have the greatest need to develop sound emotional process skills, for it is these groups that may be at greatest risk of emotional burnout if their off-stage support is inadequate or deficient. Emotional process work may involve something as simple as a short amount of time and space away from family and friends, or it may be as complex as a close relationship with a

religious minister or health professional such as a psychologist. The following quote

comes from an officer who has spent most of his ambulance career in remote stations.

He describes how his relationship with a local minister of religion helps him balance his

work and home life:

> We have a station chaplain who is my own pastor. He knows all about the ambulance service. He's a friend and my pastor as well as the work chaplain. He catches up with me wherever I am and it helps me handle not only patient related problems but also other managerial decisions and how they go against you.
>
> ("Al", OIC Remote No.6)

All rural officers commented that there was a strong need to develop a

relationship with someone outside the family circle in whom one could confide. One

officer described a stint in rural Queensland that was particularly traumatic, and how his

visit to his local doctor provided the emotional space he needed to process the 'outlaw'

emotions he experienced:

> In the country you don't talk about it. You deal with it yourself, and you don't show your emotions. I worked in one country town from 1974 to 1982, and one particular year, whether it was a drought or the interest rates were high, there were a lot of suicides. I reckon there would have been one a month. For the whole year I reckon I would have copped ten of the twelve. And this was violent stuff. Shotguns under the chin. Brains just splattered all over the room. Hangings. Carbon monoxide poisonings. Really distressing stuff. And I wanted someone to talk to and the only reaction I would get was if you can't stand the heat get out of the fire. Or you're too weak. You need to be out of the job if you can't handle those sort of things. I needed someone to talk to, and in the country the attitude was different. You had to deal with it yourself and they weren't prepared to help. It's changed now, and it's been five years since I've been in the country. That affected me hard at the time. I ended up going to the local GP. I don't know what made me go there, whether it was for some other reason, but fifteen to twenty minutes later, I came out a different man with a different attitude.
>
> ("Frank", OIC Metro No.21)

In conclusion, the reliance of the QAS upon families, in particular women, to do the unpaid emotional process work comes at a price for both the organisation and the family. In being too dependent upon women within the private sphere doing the bulk of the emotion work, the organisation runs the risk of providing even less support if women start to withdraw their labour. Similarly, families who continue to do emotional process work experience a 'speed-up' when increasing numbers of officers are subject to increased stress in the workplace.

While an officer is allowed to publically acknowledge his need to receive emotional support from his spouse or partner, this permission does not extend to acknowledging male friends and associates as emotional supports. Throughout fieldwork, I heard many stories of how officers were on the receiving end of public admonishment from other officers if they admitted the need for emotional support from within the organisation. As the officer who attended the rural suicides pointed out, there is a very real expectation that officers should not engage in emotional process work during ambulance time. While most officers are quick to acknowledge this 'harshness' as an indicator of the dark side of the QAS, officers were loathe to visibly support the need for emotional cultural change.

The QAS has recently undergone significant organisational change that has involved attempts at deep structural and cultural shift. As Van Maanen and Kunda (1989) explain, if any attempt at cultural change is to be effective, it must include attempts to change prevailing emotional cultures within the organisation. In other words, cultural change can be gauged by how much change in organisational emotionality has occurred within an organisation. In terms of changes to organisational emotionality, the main difficulty the QAS faces is the fact that as an organisation, it has

not recognised that various facets of emotional culture are problematic. In order to understand this conundrum, to understand how the emotional culture developed into its current form, we need to look at how the organisation itself developed. As already outlined in Chapter 4, an historical outline of the origins of the QAS indicated that military influences were strong, and traces of para-military culture are still currently influential.

The para-military dimensions of the QAS include a centralised command structure with a rigid chain of command; clearly delineated lines of communication and authority; emphasis on maintenance of the status quo; a highly centralised system of operations; promotional opportunities which are only usually available to members of the organisation; and lack of flexibility when confronted with situations not covered by existing directives, orders or policies and procedures (Auten, 1981). Based on observations during fieldwork, it is argued here that the QAS has adopted all the inflexibility and rigidity of the classical para-military organisational structure, and this has directly influenced the kind of emotional culture that has developed.

In addition to this, there is close alliance between para-military influences upon emotional culture and the privileging of masculinist forms of emotional expression and coping strategies. This alliance forms the cultural foundation upon which organisational emotionality within the QAS is based. Indeed, it could be argued that the gendered nature of the emotional culture is the key to explaining why attempts at extensive emotional cultural change has failed. This where Martin's cultural matrix is instructive. A differentiation approach to managerial ideology reveals that while management acknowledged the need for emotional cultural change, there has been no real attempt commit necessary levels of funds and resources to facilitate such a change. However,

sole adoption of a differentiation approach would have missed the high levels of ambiguity and complicity present at the shopfloor level with regards to organisational emotionality. A fragmentation approach accommodates the possibility of the existence of multiple organisational masculinities and hence, multiple organisational emotionalities.

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EMOTIONALITY AS PATHOLOGY: PRIORITY ONE COUNSELLING SERVICE AND PEER SUPPORT PROGRAM

The tendency to treat emotionality as pathological is best illustrated through responses officers gave to questions about how organisational change has affected levels of emotional expression outside of the frontstage arena, attitudes towards the public recognition of occupational stress, and the effectiveness and patronage of employee assistance programs such as the peer support program and priority one. Appendix 12 illustrates how the Priority One counselling service has been promoted to officers.

Officers repeatedly remarked about the use value of employee assistance programs such (EAPs) as priority one and peer support. For instance, one District Superintendent argued that the QAS is 'meddling' too much with what he considered the 'natural' coping mechanism of officers. He maintained that encouraging officers to rely on psychological support services to deal with stress only results in a weakening of the individual's capacity to cope. While he acknowledged that the QAS had not provided sufficient organisational support to officers who were suffering from emotional stress and burnout, he intimated that dealing with stress is first and foremost an individual responsibility:

There's a real danger from where I sit. The ambulance service has had a bunch of coping mechanisms that may or may not have been up to scratch. Some of them have been absolutely horrendous... also with the recruiting we're doing we're getting a different type of person than what we were getting in the past. We may change the structure of the ambulance service into one which totally relies on the services of the psychologist to get the job done. I see that as a real danger. What I'm concerned about is that people's coping mechanisms need to be allowed to run. They need help, sure. When they need help they should get it. But don't interfere in their coping mechanisms. Let them mature with those mechanisms and let the system grow.

("Ted", OIC Rural No.12)

This senior officer is referring here to a move towards privileging formal stress management strategies such as CISD over informal ones such as localised support or off-stage support such as friends and family. However, this officer makes a crucial point. Employee assistance programs such as Priority One were established as a counselling service for officers and their families who were in need of assistance in dealing with the emotional demands of the job, particularly critical incident stress. Psychologists and psychiatrists are contracted to provide allegedly confidential twenty-four hour phone counselling. At the time of this study, officers and their families were entitled to three free sessions with a counsellor designated by the service.

While there is no data presented here to validate the previous officer's concerns about what the long terms consequences of such programs are for the service, based on observations at the training centre and many hours of discussion with peer support officers, it is apparent that these counselling services deal mainly with the individual *qua* individual. In one human relations training session conducted by a registered counselling psychologist, a substantial amount of emphasis was placed upon teaching officers to sustain work performance through individual self-management techniques such as visualisation, self-talk and self-knowledge about personality type and stress

management. Reference to the culture of the QAS, and the impact this had upon an individual officer's coping mechanism in this session was cursory and descriptive. While several officers found these sessions interesting, many found them a waste of time and became even more hostile to the idea of approaching a psychologist, particularly one paid by the QAS, for a formal debriefing.

What these sessions lacked was a sociological analysis of how these officers were situated in relation to the organisation, how masculinity, power and emotionality are linked, and how their problems in coping with the emotional demands of the job are experienced collectively. As Fineman (1995:6) states, "Individual stress interventions may assist with personal coping but they are likely to miss the social reproduction of working patterns which contribute to and define stress." During these training sessions, the official message in terms of managerial ideology, was that emotional process work was still primarily an individual responsibility. The very nature of psychological counselling reinforces this. It is argued that the officers are acutely aware of this, as indicated by the many reference in interviews to problems officers associate with a harsh emotional culture.

The reason why many officers are often reluctant to utilise counselling services could be that they are only too well aware that their individual problems are partly cultural in origin, and may feel that such an individual focus does not address the underlying cultural malaise. The philosophical and ideological framework in which counselling services are located, may not be sufficient to assist officers in understanding how their emotional positioning as men within the wider social context is connected to their positioning within the service as men.

EAPs such as Priority One and to a lesser extent, the Peer Support Program were introduced just prior to the commencement of significant organisational upheaval. According to several senior support officers, these programs have been used by officers to assist in processing emotional stress caused by organisational change. Officers are encouraged to differentiate between the inability to cope with the work itself and inability to cope with changes to the system. In other words, this process of compartmentalising individual grieving resultant from the stresses of on road work and hatred of the system further exacerbates the tendency to individualise emotional process work.

The Peer Support Program, which utilises on-road officers as lay counsellors, is treated warily by many officers who perceive it as a management initiative and not one that has emerged organically. This program is developmental in that it is built upon the staffroom informal debriefing ritual that served as the only form of formal emotional processing that occurred prior to the introduction of EAPs. Several officers, especially ones that served during the QATB regime, are fearful that these initiatives are just another form of surveillance whereby those who admit to any form of emotional deviance will be labelled by management as 'not up to the job'. Many officers are also resistant to the idea that they need help with processing their emotions and view any organisational attempt to assist them with this as labelling their behaviour pathological or deviant.

The pathologising of emotionality is one of the possible outcomes when formal organisational initiatives such as EAPs and CISD are introduced. This is not to trivialise the nature of Critical Incident Stress, nor to devalue debriefing or stress

counselling. Clearly, such services are needed when major trauma occurs within the workplace or in the course of normal work practices.[19]

It could be argued that emotionality was pathologised and rendered deviant even prior to the advent of counselling services. While one of goals of EAPs may be to de-pathologise emotionality, their focus on individual behaviour limits their capacity to achieve this goal. De-pathologising requires much more attention to deeper cultural change than one-on-one counselling sessions can ever hope to address.

Such limitations of the counselling model can be found in the Peer Support Program. The program involves a number of officers across the state volunteering their time to train as lay counsellors and emotional support persons. Peer support officers are connected to the Priority One Program through training and supervision, and it is this connection that make many officers wary of the program. Officers become peer support officers of their own volition, and like many volunteer programs, officers don't always join for the most appropriate reasons.

Many officers expressed a considerable degree of ambivalence about the program. While many expressed admiration and praise for several officers who commanded a substantial amount of trust in the officers, others were wary of certain Peer Support Officers' ability to maintain confidentiality.

In terms of the prevailing emotional culture, most officers, including peer support officers themselves, appeared to set extremely high expectations for those who had chosen to care for other carers. This is not unusual, if one considers that ambulance

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[19] Approximately forty per cent of rescue workers who attended the two New South Wales multiple fatality bus crashes experienced some degree of post traumatic stress disorder (Griffiths and Watts, 1992). Many of these workers were ambulance officers who, along with fire fighters and state emergency service volunteers, had to work closest to the crashsite. The massive impact of both crashes was such that bodies were severely mutilated which made body retrieval and identification difficult and traumatic for personnel. As indicated in Appendix 1, retrieval of body parts is one of the top ten stressors.

officers develop an acute awareness of what caring *is*, particularly the emotional component of caring. They are aware of how difficult it is to do their own emotional process work. A peer support officer, by definition, is someone who performs emotional labour amongst peers. As most officers can visualise what constitutes a high standard of emotional labour, then their expectations of the level of emotional labour performed by their own colleagues upon themselves would also be high. The 'ideal' peer support officer then, is someone who they would most like to have attend to them emotionally. There are several reasons why this expectation of a high standard is understandable, and why it is almost impossible to achieve.

Ambulance officers work mostly in partnerships, in critical and highly emotive situations where officers need to strictly adhere to protocols, when performing complex procedures such as defibrillating a patient or performing CPR. Each partner relies on the other one to perform his or her duty both technically and emotionally. The technical imperative that officers are trained to operate within also influences the emotional imperative. In highly tense situations, officers report that they become almost robot-like, suspending their emotional reactions and developing tunnel vision, concentrating only on the task before them. Officers cannot afford the luxury of even a few seconds of emotional reflection, as every second is poured into the saving the life of the patient before them.

It is these experiences that colour officers' ideas of what emotional standards should be applied to peer support officers. Officers demand of themselves and their colleagues exceptionally high levels of emotional suppression during crises, and these expectations leak into other areas of ambulance work and life. Officers expect that peer support officers will 'know' exactly what emotional demands are placed upon officers,

and as such, expect that peer support officers will reciprocate in the form of 'quality' emotional support. In other words, just as there is no room for technical error, the expectations for peer support officers is that there will be no margin for affective error. The image of the perfect 'ambo' is one that exudes solid and unwavering emotional resilience. This peer expectation of perfect emotional resilience is further compounded by the fact that the peer support program has received inadequate resourcing. Peer Support Officers are not always given paid leave to attend supervision sessions, and many officers attend training sessions during recreational leave or on days off when they need to be sleeping, recuperating from the effects of shiftwork, or spending time with their family. Peer support officers are expected to 'catch up with' officers in their station or district outside of work hours, and there is nearly always a shortfall in funding for training and support. As it is difficult to quantify 'outcomes' of this program, there is always pressure to contain it financially.

Given such organisational limitations, peer support officers report that they continue to perform under severe emotional pressure. In some cases, being a peer support officer proves to be too much of an emotional burden. One senior officer explains:

> When I've been asked for references, the answer I've given in most of these cases is, I think this person is going to be good for peer support, but I don't know if peer support is going to be good for them, and I am concerned for their own personal well-being....Even though two of the last peer support people were excellent people, when it came to helping other people, I would be very surprised if it hadn't affected their lives to the point where it might have damaged them. And that's a real issue in itself. Perhaps we're not giving these people enough training to give them enough resilience. I don't know. But I am concerned for these people and their own mental health.
>
> ("Ted", OIC Rural No.12)

In summary, the focus on the individualisation of emotional support with EAPs serves to decouple emotionality from organisation culture. Officers are encouraged to think of their own emotionality as their own problem first and foremost, something that is either innate, a function of particular personality traits such as neuroticism or introversion, or pathological.

The crucial factor these programs fail to address is that officers work within cultural collectivities, and it is within these collectivities where the prevailing 'explicit' forms of emotionality are created, reproduced and sanctioned. The first line of contact officers have with the organisation as a whole is through their unit partners, their relationships with other officers at their station, and their officer-in-charge.

The next group of collectivities with which they make contact are communications centres and other officers temporarily located at accident and emergency departments. It is through interaction with these collectivities that officers learn what the prevailing emotional culture is, what constitutes acceptable forms of emotional expression, and what are considered deviant or outlaw forms of emotionality. In other words, officers continually 'do' emotion by constantly checking their emotionality against others with whom they have frequent contact.

This continual accomplishment of emotionality is what constitutes the emotional culture, and it is this culture that influences the quality of emotional process work. Therefore, contrary to conventional wisdom which suggests that counselling and stress management programs assist in developing a kinder, more caring culture, it is argued here that in their current form such programs only serve to reinforce existing forms of emotionality and emotional culture.

"HARSH" CULTURE: ORGANISATIONAL EMOTIONALITY AND
FEELING RULES

From the very beginning of the study, I was regularly told by officers, management, and counsellors that the culture of the QAS was 'harsh'. The harshness to which officers referred applied to the emotional culture, and many of the officers I interviewed confirmed this. This harsh emotional culture is not solely an artefact of the QAS, for many officers interviewed cited examples of how the QATB regime was also emotionally harsh. Based upon observation both in front and backstage regions, three feeling rules and the ensuing practices that reinforce them are cited as the main indicators of harsh culture.

Fineman (1995) differentiated between explicit and implicit feeling rules. Explicit rules are the ones that are publically observable and often refered to in employment contracts. Leidner's (1988) study of McDonald's is a good example of just how explicit feeling rules can become within interactive service workplaces. Conversely, implicit feeling rules are "woven into the fabric of work and organising process" and are expressed automatically in "routine and habit-bound responses" (Fineman, 1995:124).

The feeling rules discussed here contain both explicit and implicit elements, in that they act as umbrellas for manifestations of sub-rules. For instance, one of the most commonly expressed rules "officers don't cry at work", is located under the rubric of the "don't feel" rule. Adherence to these rules is dependent upon the context in which the trigger for the feeling rule occurs. These practices act as cultural embedding agents in that they determine the level of emotional harshness officers experience.

"Don't trust"

In the situation where problems on the road arise, officers explained that the militaristic chain of command leaves lower ranking officers with very little room for explanation when called up before management for disciplinary action. Officers complained that because management tend to assume guilt prior to talking to the officer, the 'offending' officer is alienated and left to fend for him or herself. Appendix 13 provides a descriptionof the QAS "discipline" protocols.

When problems do arise on the road, officers tend not to talk freely with their peers about the problem and what could be done to avoid it in the future. Because officers fear being singled out by management, they are less likely to publicly support officers who are perceived to be unfairly castigated. As one of officers of twenty years experience put it, officers "don't want to be entertainment for the knitters". The knitters, in this case, are other officers who tend to stay back and watch the offending officer being disciplined, thankful that it is not their turn for the 'guillotine.'

"Don't talk" (to management)

While officers as a group may not be willing to provide emotional support to an officer who is being formally disciplined, nevertheless a code of silence does exist. A former ex-nurse and officer with five years experience explained that although officers may know of colleagues who are experiencing severe emotional stress, they are loathe to seek help formally on behalf of that officer. In many cases, depending on the how integrated the station is emotionally, officers will talk about the problem amongst themselves as a group, and attempt to provide support to the distressed officer. This officer spoke of one officer who displayed excellent technical skills, but had significant

problems relating to patients. Officers within the station had approached her about the

problem on a number of occasions, but none considered approaching any higher ranking

officer about the problem.

One officer described this practice as "not snitching on your mates". Another

officer describes it as protecting "lethal weapons":

> There are people out there who are just hopeless. They're driving around in
> hundred thousand dollar ambulances and they're lethal weapons. They're
> just bombs waiting to go off. And there are signs, and ambulance officers
> are sign people. That's what we do. We read signs. We read people signs.
> And we can read when there is a problem with someone. And we know
> that there are blokes at our centre that are problems. Big problems. They're
> dangerous. Not just to patients but to themselves. We know who they are
> and we've watched them progress and we know that they are big problems.
> They should never have been in the job. For their sake as much as the
> patients'.
>
> ("Rod", AO Metro No.9)

However, a generational difference exists with regards to 'snitching', in that

younger officers, especially students, are reportedly more likely to 'tell' on an older

officer whom they perceive is not strictly adhering to protocols.

One particular case I attended provided me with an insight into how much

pressure officers experience when their ability to provide expert pre-hospital emergency

care either fails or is compromised in some way. Based on my observations of the

workings of the current structure, there appeared no provision for officers

simultaneously talk through the technical and emotional aspects of a case with an officer

who is trained in both aspects of ambulance work. This case, a detailed description of

which can be found in Appendix 14, provided an opportunity to observe all the

components of emotional labour described in interviews. The officer to whom I was

originally assigned was obviously shaken by how this case developed both technically

and emotionally, and it seemed as though he really needed to talk through his account of the incident with someone within the service in whom he placed trust. The officers who had been called in from another station to assist in the case had been extremely unsupportive, and at two o'clock in the morning there was no-one available with whom he could talk. Although he had told me that he wanted to report the officers for leaving him at the hospital by himself, he didn't carry through with his threat and the next day the case appeared to be forgotten.

The next week I observed with a crew who had also attended that case and they told me of the outcome. The only aspect of this case that was discussed amongst officers was how much discomfort the case caused them. It appeared that the officer in question needed to discuss the case with someone from the QAS for three reasons: a fatality was involved; he had assisted staff at the hospital in administering medical treatment; and he had an altercation with other officers from another station within his region. This case illustrated the expectation that officer will not talk in detail about cases , and that will just "get on with it". If there is any detailed discussion of a case, the emphasis is upon technical aspects of the case.

"Don't feel"

Officers themselves describe the emotional culture of the QAS as 'macho', and are aware, at least on a superficial level, of the role that masculinity and masculinism plays in defining the culture. Although CISD has been introduced and is used by officers, a request for a defusing or debriefing is still viewed as a sign of emotional weakness:

> There is a macho thing amongst the men and the women, and if you said to an ambulance officer, I want you to go inside to be debriefed, he would punch you.
>
> ("Ted", OIC Rural No.12)

Prior to the introduction of CISD, officers were subject to operational debriefings after particular cases. Appendix 15 is an example of how officers can describe a case with no reference to the emotional aspects. This example is of particular interest because it involved a very dramatic rescue situation.

One officer explained that counsellors often paid little attention to the reality of shopfloor masculinity, and the ensuing tendency of officers to refuse to acknowledge between themselves that a case may have deleterious emotional effects:

> it's annoying to me, because everyone says to me, it's obviously shiftwork, it's obviously the physical trauma. I say, hang on. If you look at the stats there's probably not that much difference between us. I still believe though that most officers will talk about facts. They're very factual when they talk about a job over lunch at the table. They talk about this happening, this is how we worked this out, how the patient presented and this is what the outcome was. I ask, how did you feel about all of this? Oh, we're talking about feeling here. This is not good. They become very uncomfortable. And I think the same thing happens when it goes home.
>
> ("Elliott", AO Remote No.28)

This quote validates my experience as an observer in similar situations at stations after traumatic cases. Officers appeared extremely reluctant to express any negative or 'unmanly' emotion. In many instances, officers engaged in long bouts of 'black' humour. This is not say that humour is not useful as an emotional process technique. However, humour appeared to be used as a way of denying emotional reactions to cases. Officers who engage in these rituals of black humour are not necessarily callous or unfeeling. The tendency to deny or suppress feeling during work hours is something that is learnt very early in an officers' career. One officer of six years

experience explained that younger officers receive conflicting messages as to the legitimacy of acknowledging or expressing emotion after a demanding case. The following quotes indicate that the message can be very simple - "take it or leave it":

> I remember an incident last year. There was an officer in charge who went to an incident where a little boy got knocked over in a forty km zone and he got very upset about it. And he stated things like that and he was told, if you can't handle it, leave. Whether that was from medium hierarchy. It wasn't from the high management. And that was a big thing going around at one stage. If you don't like it you can always leave. But people don't want to leave. They like the job and they're happy to do it.
>
> ("Malcolm", AO Provincial No.18)

and

> Before I went out bush I was in a large city where there was a lot of students. And me, being the rank that I was and being an ambo who's been around with a lot of service, you always had a student assigned to you...a lot them are just kids coming straight out of school, and handling patients and death that they've probably never experienced. So it's difficult. And even the old school where the controller would say, don't be a souk, don't cry or tell me about your problems. Then they go away and they're worse because you've just worked them through it and helped them process their feelings, and then they get one of the old guys telling them not to be such a pissweak. So then the whole circle then goes around and around.
>
> ("Al", OIC Remote No.6)

This quote illustrates the inherent difficulty in the implementation of emotional cultural change. However, to dismiss this problem as simply another example of generational cultural change is to render it insignificant. In this example, the feeling rule is passed on from senior to junior officers at the scene of traumatic cases. Younger officers who are visbily upset or approach senior officers about how they feel are given a number of signals about 'not feeling'. Messages such as 'take it or leave it', 'don't be a wimp or souk', or 'if you can't stand the heat', all indicate that it is not only inappropriate to acknowledge feelings about certain cases, it is dangerous even to feel at all.

CORPORATE MASCULINITY

Linked in with the expectation to be macho and emotionally strong is the premium put on performance. There is a strong belief amongst officers that if performance criteria is not met, they will experience exclusion or excommunication:

> If you don't perform, you're out. You're excommunicated. Same thing. If you can't measure up to these things...Our deputy commissioner made a point a while back. If people didn't follow the attitude that he had, and his words were, they would either be silenced, muzzled or put down. Those are dreadful words. I have no fear of him as a person, but for him to have that attitude scares me.
>
> ("Ted", OIC Rural No.12)

This emphasis on performance was also validated by a training officer who argued that, contrary to the QATB regime where performance was supposedly an arbitrary consideration, officers now have no choice but meet minimum perform criteria if they wish to remain ambulance officers. While there is no definitive data here to suggest that this performance imperative is now applied to the performance of emotional labour, given the ineffectiveness of organisational change upon emotional culture, this emphasis on performance increases the level of competitiveness amongst officers. This may have the effect of further debilitating any attempts to dispel fear of developing a wider range of emotional expression within the workplace, as officers are now even more afraid than before of being perceived to be emotionally weak.

It needs to be emphasised that such emotional harshness is not a new phenomenon that has developed solely because of massive organisational change. An officer of seven years experience recalled what happened on his first night of pre-service training during the QATB era, an incident which he says set the emotional tone for him:

On the very first night, the head training officer got up there and said, right, there's twenty seven of you here. At the end of the course we'll be picking a certain number to come on full time. We will not tell you how many there are going to be, but to give you an idea, we only took ten out of the last course and it was a similar size to yours. Really, you turned around to the bloke beside you and thought, enemy. And those sort of feelings, expectations and attitude continued the whole way through...

("Onslow", AO Metro No.16)

Several officers who joined the service pre-QAS even made the comment that in some way the QATB culture was easier to cope with because there was a certain amount of predictability in terms of where an officer could expect to receive support:

The QATB was a predictable system. You knew who was going to give you a hard time and who wasn't. In the QAS, you're not really quite sure who is going to help you and who isn't.

("Rod", AO Metro No.9)

An officer of fifteen years standing also points out that the process of bureaucratisation has led to an increase in a sense of alienation. Changes in communications operations has added to this sense of a loss of occupational community. Officer are less likely to have any personal and therefore emotional connection with communication operators:

You're a number now. In those days you were a name. Now you're just a number. People of my vintage still retain a name because some of the hierarchy started at the same time as me. I feel sorry for some of the junior staff because they have become a number and they get lost in the system...There's lots of people I wouldn't know by name and certain some of the people in high positions wouldn't have a clue. And there's such an influx now of transfers, whereas in the old QATB you were pretty well a fixture. Now there's a lot of swapping and interchanging and you run into people all the time you haven't seen before. In the old days you knew who the crews were, and you knew the controllers talking to you. Now you don't know who they are.

("George", AO Provincial No.23)

This loss of community and increased alienation is further exacerbated by the persistence of a culture of fear, where officers feel they have no-one to whom they can articulate problems without fear of retribution or victimisation. Officers who did their initial training outside of Queensland confirm that the emotional culture of the QAS differs markedly from ambulance services in other Australian states:

> They're more assertive down in Victoria than they are here. In the QATB you did as you were told or you got the sack... People here aren't confident enough in their own skills and in themselves because of the way they had to go through all this QATB crap. They didn't have any support, not that they didn't have training, but they weren't given any support. You don't hear them come back and talk about a case, like sit down with their partner. In other places they do because they're confident in the job. Because if they talk about a case and find out they've done something wrong, they think, oh, shit, I've done something wrong, I won't talk about it. They're still scared. They're not confident in their skills. And you find that a lot of the people who are still in power still have that mentality because they're from the old school. And all of the people down on the road are scared to open their mouth. Something can be glaringly wrong in a car and they won't say anything. It's just that they had been brutalised, if you open your mouth you're in trouble. They won't open their mouth, and if they do open their mouth more often than not they *will* end up in trouble.
>
> ("Malcolm", AO Provincial NC)

Although valid comparisons between the emotional cultures of the QATB and the QAS are beyond the scope of this study, the changeover from a community-based, third sector organisation to one that is imbued with bureaucratic, managerial and economic rationalist ideologies and practices has further compounded the problem of emotional embeddedness. The interview data presented here indicates development of a managerial ideology imbued with the values of organisational efficiency and effectiveness. Management practices that have developed out of this ideology have led to a situation where middle management have much less time to interact with road staff.

This has meant that middle management have lost regular contact with the emotional culture within which on road staff are embedded, particularly frontstage emotional culture. This has resulted in a deterioration of internal client relations, where middle and upper management, desperate to meet bureaucratic deadlines, privilege certain forms of communication over others. Issues relating to emotionality are individualised and compartmentalised through referring them to EAPs and support programs, or dealt with through structural mechanisms such as grievance procedures which often do not address the underlying issues of emotionality. At least one officer believed, for him, the community-based QATB culture provided officers with more emotional support than the current one:

> The thing with the old system was that they had a committee system, and the people from the community on those committees ensured that the superintendent of that station ran the station by the guidelines. You had people that you were in contact with personally. You usually found that the superintendent was a person who had feeling for people and because you had this close contact with committee, superintendent and staff, there was a lot of compassion there, more so than now. If there was a problem you could talk about it and solve your problems. But under the new system there's too many people who have gone up the ladder and they're there just to achieve. (They say) I want to be the super of this district, I want to be the district commissioner. I don't give a stuff if I walk over someone else and put someone else down. I don't care about their feelings because I've got a job to do and they will do as I want. They're not prepared to look at personal issues of how that it affects staff. There's not that close contact we used to have. It's all paper work. If you've got a problem put it in writing and give it to me and we'll act upon it. If you don't give it to me in writing, I don't want to know about it. Before you could go in and talk one to one with someone and get a result. Now it's no good going in and talking because they'll turn around and says, 'put it in writing'. To me, the feeling from one person to another is not there anymore. It's just a matter of a paper shuffle.
>
> ("George", AO Provincial No.23)

Clearly, communication between QAS management and on road staff has suffered as a result of organisational change. This is not to suggest that organisational

change shouldn't have occurred. There existed an equitable distribution of resources, training and finances within the QATB, and technical standards were uneven across the state. Funding for the QATB was tied to the fortunes (and misfortunes) of the State Department of Health budget, and medical dominance meant that ambulance services were placed at the bottom of the hierarchy. Clearly, structural and cultural change was needed, but within this change emotionality and emotional cultural change received minimal attention.

Officers may describe the QATB culture as more personalised and compassionate, but in comparison to the QAS, it was also more parochial, inequitable, and sometimes vindictive. These officers mourn the loss of a *gemeinschaft* quality and the disintegration of an ambulance 'family', which has been replaced by what they view as a rational, bureaucratic system devoid of emotion:

> What's happened is that the spectrum has changed. The pressure was on people of my level three to five years before the change. We learnt about performance indicators and working within parameters all that time ago, and we learned to live with that, and those that didn't learn to live with it are gone. But there are a lot of other people out there who have been dropped in at the deep end who haven't learned to live with it and probably never will. And now many are being subjected to it for the first time. It's hurting them like mad... The patient doesn't cause you the distress. I was hoping you would bring that out. Patient care is almost a release. That's why you're there for God's sake. That's what you do for a living. The reality is that the stress comes from management strategies, not from patient care. We can cope with patient care.
>
> ("Ted, OIC Rural No.12)

MICRO EMOTIONAL CULTURE: THE ROLE OF THE OFFICER-IN-CHARGE

That emotional stress does not primarily emanate from patient care and frontstage activities is a theme that continually arose in interviews with officers. One young officer, when asked whether officers talk openly about how they felt about cases,

stated that the emotional problems officers developed were not usually caused by critical incidents, but rather from an inability to manipulate or cope with the micro emotional culture of the station or branch. This quote from a young rural officer of three years standing indicates that boredom and frustration from too much downtime in a rural setting and competitiveness amongst officers often leads to emotional abuse amongst the officers themselves:

> I am nearly ashamed to admit it but it was almost like a breed of hate. Yeah, I could say hate in some circumstances and not necessarily towards myself, but towards other officers. I don't know why, but I think its because the station might have been stagnant for some time. There wasn't fresh blood, so to speak, coming into the station and cleansing with new ideas and fresh faces and general enthusiasm. Most of them were family orientated and it was like they brought in their troubles from home. Coming to work was a chore, something they didn't look forward to because they knew they would have to work with someone they personally didn't get along with... It wasn't so much their emotional feelings on cases, it was more that they were trying to get on top of one another and it was like a pecking order. Just a mob of chooks. It was hard not to become stressed because they were (constantly) at one another. That was the worst part...I think it definitely affects patient care. It's got to. I reckon if an officer's not happy and enthused in his work, it's not going to come through in his patient care. The happier you are, the more you are going to provide to a patient as I have found in my own circumstances. Also, if you're dead tired for some reason, even though you're not necessarily in an unhappy mood, but not as happy as you could be, you're not withholding any major treatment in any way, but there could be certain little instances that could make a case that much better, and they would really appreciate it more and that's where a lot more of the genuine feeling comes through.
>
> ("Steve", AO Provincial No.11)

As this officer has illustrated, the impact of negative backstage emotional culture may have an impact upon frontstage work performance. However, there is no one homogenous emotional culture throughout the service, and emotional sub-cultures such as the one described in the previous quote are not necessarily the norm.

Officers-in-charge (OICs) often do take the responsibility of emotional leadership seriously, and provide immediate support and guidance for officers who have experienced difficult cases that place demands on an officers' process skills. Throughout my observations in at least ten different stations, I witnessed several circumstances where the OIC had taken a proactive role in facilitating his staff's emotional needs. Many OICs are not only aware of problems that may arise on the job, but also keep track of what is going on in officers' personal lives. In other words, a 'good' OIC is one who is pays equal attention to off-stage as well as on-stage process work. OICs are able to act as an emotional backstage buffer, as described here by an officer of twenty-two years experience:

> I've got my ear open all day. Going through the daily statistics, what I'm looking at is what sort of cases they have attended. With coronary care cases, chest pains, have they defibrillated that patient? To defib a patient successfully is big thing. My first defib job was a save and I've never forgotten it. The guys yesterday did a defib and I looked at the stats and it was a save. I went out there and gave them a pat on the back and have a cup of tea with them. Just talked it over. It helped them feel better about it too.
>
> ("Frank", OIC Metro No.21)

How emotionality is framed and embedded indicates what work practises, values and goals are privileged within the wider organisational culture. Even a brief perusal of training and operational support manuals indicate that technical clinical performance is clearly privileged over emotional labour performance and emotion work. Emotionality is hidden like an underground stream than runs under through the organisation, even though it rises to the surface every minute of the day. Because of its tacit status, operational practices relating to emotionality are ignored, as its contribution to

efficiency and effectiveness is either difficult to quantify or too complex to codify in operational manuals.

However, emotional labour does make a significant contribution to the overall efficiency and effectiveness of the QAS. What is not acknowledged is that even if the simplest of emotional labour practices, such as smiling at patients, were not performed, the quality of the interaction between officers and patients would probably be impaired to the extent that officers would have difficulty gaining the trust and confidence of the patients. This is explained clearly by a peer support officer with fifteen years experience:

> My impressions are that the management are very much clinical. They believe a job is well done if it is clinically well done. They look purely at the outcome. If you've got a fractured leg, you put a splint on it and if the person gets to hospital then that's enough. I believe that the communication side of ambulance work is ninety percent of ambulance work. The reassurance (of patients) is something that is often overlooked. I believe that I can settle a person down often without some of the medication that we have. Like someone who may be in pain or someone with a heart rate twice as high as what it should be, that by gently encouraging this person and supporting them, often settles them down very nicely... there doesn't appear to be a great deal done in relation to communications, and that reassurance is sort of somewhat left up to the individual officer to follow their own personal style and to then go and get further education. It seems somewhat of a letdown in that they concentrate solely on clinical outcomes. If you can settle a person down, rather than aggravate them, you're far better off for the patient. Talk to the person as a person, not as a thing. Explain what's going on. Explain what you're doing and why you're doing it, and often they settle down very well. And there's lots of rush, rush, rush. Some officers may come back and boast, we had a fabulous job because we were on scene for five minutes. Is that really good patient care? You may be better off spending twenty minutes on scene talking to the person, and settling the person down. That may be better patient care.
>
> ("Len", AO Metro 19)

Jacobs (1991) suggests that the use of auto-suggestive techniques with highly distressed or critical ill patients is a crucial component of the ambulance officer's work.

His approach is based on the experimental findings of Wright (1967) who found that patients who had been treated by officers who used mind-body language recovered at a faster rate than those who had not.

Jacobs argues that the 'golden hour', the hour immediate after life-threatening trauma occurs, and the hour in which ambulance officers do their work, is a time when critically ill patients are in a state of hypersuggestible consciousness. According to Wright (1967), any negative statements or actions that occur around patients, particularly by caregivers, can adversely affect their physical condition.

Denial of the importance of emotionality at the coalface of ambulance work may now seem to have serious consequences for patients, but denial of emotionality within the backstage arena can have significant ramifications for occupational health and safety record of the QAS. Denial of emotionality and non-recognition of the deleterious effects of harsh micro emotional cultures within stations may lead to officers cultivating a personal crisis to be eligible for stress leave. One peer support officer suggested that the combination of the officers' culture of silence has worsened in recent years, and that those officers under emotional stress are more likely to 'hang on' and go out on stress leave rather than seek out help through informal channels:

> Even on the priority one side, males in particular won't talk to each other. They won't open up. Years ago they did. You could walk into some stations and they would talk about a job. Now if they get stressed, they hang on and hang on, because now they just go out on compo and screw the system for every cent they've got. They just think, well, the system's done me. I'm going to do the system. It's very rare that you will get access to staff that will open up like that. By the time you see them and they do open up they need professional help. It's then out of our scope...I think it depends on the people working in the station and how they get on with each other. Like if you've got people putting each other down all the time, they're not going to open up to anybody. If you've got cliquey groups within the station, little power plays and that, if you don't fit into one of those groups, you'll never open up to anybody. It gets to a point where,

and it has happened in a few stations grievances that have been taken to court which have been sorted out on a one to one basis. That's becoming more common in the QAS now than it ever was. It's sad, because it's destroying the livelihood of the QAS.

("Danny", OIC Metro No.7)

Even when the micro culture is one where officers do engage in a more sophisticated discourse of emotion, operational decisions have a strong bearing on how they feel about the organisation's treatment of them, and whether they will still 'screw the system' by taking leave. Thus, even if the station is viewed as a safe emotional haven and the OIC is supportive and caring, officers who suffer what they perceive as deprivations may be inclined to blame the system.

In summary, the privatising of emotional process work has potential for affecting how officers cope with their work on a daily basis. The data presented here also indicates that the QAS has yet to come to terms with emotional labour as an occupational health and safety concern. While it needs to be recognised that EAPs such as Priority One have been introduced as an acknowledgement of the levels of emotional exhaustion officers are prone to experience, this program itself may in fact exacerbate the problem.

A counselling service may help officers develop short term solutions to individual problems, but it is highly unlikely that such a program will address deeper problems caused by cultural malaise. More importantly, officers are not likely to be encouraged to work through how their personal problems are directly linked to cultural problems with the organisation itself. Based on the many conversations with officers about the inadequacy of the 'system' in terms of meeting their emotional needs, it appears that most have a reasonable understanding of how organisational emotionality impinges upon them individually. However, there appears little understanding at both

shopfloor and managerial level of the crucial role organisational masculinity plays in determining organisational responses to emotionality. This knowledge gap is discussed further in Chapter 7.

PART 3

CHAPTER 7

EMOTIONALITY AND ORGANISATIONAL CULTURE REVISITED

This study originally intended to describe and analyse the practices of emotional labour within an interactive service organisation. The aim was to test the validity of Hochschild's conceptualisation of emotional labour by applying her work within a public organisation to gauge whether commercial logic was the reason for the alienation and emotive dissonance that ambulance officers were prone to experience.

However, within the QAS the performance of emotional labour per se was not problematic. For the most part, ambulance officers enjoyed performing emotional labour, seeing it as an important part of their occupational identity. What did become obvious however, was that separating the study of emotional labour from the study of organisational culture as an intellectual exercise was ineffectual. Early in fieldwork it became apparent that it was the way in which emotional labour was situated with regards to the overall emotional culture that was more important. A study of only one element of emotional culture, in this case emotional labour, would provide an incomplete account of this practice in this particular context.

In addition to this, an exclusive focus on the practice of emotional labour would have ignored the crucial part intra-gender relations and gender ideologies play in determining the status of emotional labour within the QAS. After many hundreds of hours of observation it became clear that the confusion and ambiguity surrounding the differences between frontstage and back stage masculinities was illustrative of how the

emotional culture was constructed and maintained through gendered organising processes. Because frontstage performances of masculinity often clashed considerably with backstage performances, officers' accounts of emotional labour were central to exploring what these differences meant for how organisational emotionality in an overall sense.

Therefore, the links between the performance, training and support of emotional labour were traced through an analysis of the organisational culture of the QAS. As previously outlined in Chapter 3, there is no overarching definition of organisational culture. Because of the concurrence of consensus, differentiation and ambiguity concerning emotionality within the QAS, this lack of consensus about what actually constitutes organisational culture has been used as a strength in this study. It is for this reason that Martin's approach to the study of organisational culture has been adopted here. The adoption of one approach would have resulted in crucial aspects of emotional culture either being ignored or rendered peripheral. It was essential in this study to explore all aspects of emotional culture so that the linkages between emotional labour and emotional culture were clearly apparent.

There are a number of reasons why ambulance services in Queensland have not recognised the emotional component of ambulance officers' work. As already noted, provision of services, up until recently, had been uneven across the state. Consequently, officers in some areas were more likely to receive formal emotional support than others. The provision of this support was often dependent upon the development of a good relationship with high-ranking officers. This parochial approach to service provision also influenced the level and quality of training, which has strongly linked to organisational support and development.

The service was, and still is a 'harsh' cultural entity, consisting of a paradoxical mix of cultural values and practices, such as display of 'softer' emotions to the public such as compassion, empathy and cheerfulness, and an expectation that officers will not display, at any time other 'softer' emotional expressions of grief, remorse or sadness. In other words, officers were expected to keep up a constant 'masculine' demeanour of self-control and stoicism, while simultaneously presenting a caring' and 'feminine' demeanour to patients. In terms of emotional expression, this expectation is not harsh in itself. This expectation becomes problematic when the organisation deems that only a narrow range of feelings can be publicly expressed within a work context. As previously illustrated, officers who express emotions outside the acceptable range risk harassment and ostracism.

The main finding from this study is that while individual officers acknowledge the dramaturgy of ambulance work, the QAS as an organisation does not. Performance of emotional labour is considered, in varying degrees, an important part of the job by on road officers, and it is something they do with expertise. The many hours spent observing officers attending to patients confirmed this. Many officers appeared to gain a significant amount of job satisfaction from this aspect of their work. The power to calm and reassure combined with the power to alleviate pain and suffering is a powerful magnet that provides officers with a strong and meaningful work identity. Also, the status that the uniform confers upon officers, as well as the relative autonomy on road work provides, gives them a sense that their job is not 'just a job', but also a sense of being strongly connected to the community. Many ambulance officers, particularly rural ones, were of the opinion that being an ambulance officer meant that they could actively contribute to the functioning of the community in a very real way.

Therefore, officers were generally positive about the performance of emotional labour. This is in contrast to Hochschild's findings, where the flight attendants spoke of emotional labour as a burden that sometimes led to a lack of connectedness to others. Of course, there are specific reasons why there is this difference between the two groups, and some of them have little to do with emotional labour itself. For instance, flight attendants are prone to suffer dislocation because of the very nature of the work itself. Spending many nights away from home, constant disruption of personal routines, and the stress of years of flying itself all combine to create some sense of alienation. In contrast, ambulance officers do not experience the same level of disruption.

However, both groups perform different kinds of emotional labour. While both are expected to express positive emotions and suppress negative ones, the emotional labour that flight attendants perform is of a more fleeting and routinised variety. Flight attendants do not have the time or the need to connect emotionally with their passengers in an intimate way. Lack of time also places pressures upon the flight attendant in that they have to perform a limited set of 'authentic' emotions in compressed period of time. As Hochschild has documented, this leads to problems of emotional exhaustion.

Ambulance officers however, do not engage in the same degree of routinisation, and are required to be able to 'switch' emotions on an hourly basis. The other main difference is that there is much more emotional predictability for a flight attendant. Ambulance officers are more likely to be exposed to unpredictable, emotionally unstable and sometimes dangerous patients, major trauma, and extreme emotional and physical stress. Excluding a major emergency such as a plane crash or hi-jack, flight attendants are not prone to experience the same extremes of emotions.

However, one finding that does concur with Hochschild's study is the effect organisational change has had upon how ambulance officers do the emotional component of their work. As a result of increased emphasis on organisational efficiency, ambulance officers have experienced 'speed ups' during the past few years. These speed-ups have had a significant impact on the amount of time available to do emotional process work between cases. Officers are now expected to process more cases in one shift, and in some instances this has meant that officers often have had to move from case to case without any breaks. According to many officers, this has lead to an increase in practices of resistance due to disenchantment with the 'system'. Officers feel as though the decisions made that impinge directly upon the work they do, do not take into account the need for the occasional emotional 'time out'.

This lack of 'caring' on the part of the organisation illustrates how the emotional needs of the officers are situated with regard to their other needs. While flight attendants complained about too much attention paid to how they performed emotional labour, the QAS officers complain about a lack of attention. The emphasis on operational debriefs after major cases is instructive here. Management are charged with the claim that they are interested in only 'how the job went' technically. The emotional impact of the case often receives scant attention, and in some cases, is ignored totally.

While flight attendants' emotional skills may receive recognition by management through their commitment to recurrent training, management are loathe to admit that this aspect of the work extracts a price from the worker. That price manifests itself in the form of emotional exhaustion, emotive dissonance and job dissatisfaction. QAS officers however, experienced the added burden of not only having the emotional component of their work marginalised, but also experienced a condition called

'secondary wounding'. This occurs when an officer who has suffered some degree of post-traumatic stress disorder is rebuffed by management.

While Hochschild demonstrates that flight attendants are often unsupported by management when a passenger is abusive or threatening, secondary wounding goes further than management showing little interest in the emotional plight of an officer. In the case of Delta Airlines, management will often acknowledge that the levels of anger to which a flight attendant is subjected. In the case of the QAS, this form of acknowledgement usually does only not occur, there is a tendency to totally disregard an officers' emotional distress. In several cases, officers who have challenged this as an employer's failure to perform a 'duty of care' have been stigmatised.

One of the most obvious differences between the two occupational groups is gender. Flight attendants' work is gendered in that it is considered 'women's work'. The work entails deployment of the traditionally feminine skills of anger management and anxiety reduction. Women have been employed in these positions because of their 'special' emotional abilities. However, the airline companies obviously do not believe that all women possess these skills, for recruitment processes are designed to choose the most skilled and emotionally resilient. The ability to be feminine is a major selection criterion, as women are expected to have the 'innate' ability to set the emotional inflight tone.

In terms of gender, ambulance officers are in a much more ambiguous position. Observations of male ambulance officers indicated that men are also capable of performing emotional labour that requires empathy, compassion and warmth. There also appeared to be little difference between the quality of emotional labour performed by men and women.

QAS publicity material explicitly promotes men as carers. Many of the posters and television advertisements show male officers in caring poses such as holding the hand of a child or older person. Indeed, the fact that the QAS has a baby capsule hire service attests to their commitment to be seen as a caring organisation. However, men are not usually associated with the act of caring in public. Therefore, officers have to reconcile this traditionally feminine act with the fact that they are still men. Men benefit emotionally from the traditionally patriarchal arrangements that separate home and work. In an orthodox Marxist sense, this means that men are able to sell their labour power because they are able to reproduce emotionally within the private sphere. However, this arrangement is contingent upon women being available to engage in emotion work at home.

If this arrangement of man as principal breadwinner and woman as social support changes, this infers that men then have no access to cheap and reliable emotional support. When women withdraw their emotional labour within the private sphere, the consequences for male workers may be considerable. The QAS is heavily dependent upon this public/private arrangement as a means of providing informal and offstage emotional support to male officers.

Because the QAS as a culture is strongly adherent to hegemonically masculine practices and ideologies, it would be fair to assume that the majority of male QAS officers are heterosexual and practice a conventionally heterosexual lifestyle. Apart from student ambulance officers, all officers interviewed or observed were married with children. In most cases the male officers were the principal earners in the family. Many officers interviewed commented on the level of emotional support they received from

their spouses, and most believed that they could not do their work efficiently if this support was unavailable.

When officers are experiencing relationship problems or divorce, according to some officers, their work performance diminishes. If they are unable to secure emotional support from elsewhere, they are likely to be more vulnerable to emotional stress at work. The QAS then is almost totally dependent upon officers receiving emotional support from outside of the organisation. The distinction between work and home then becomes blurred as spouses, partners and occasionally good friends and relatives take on the role of employee assistance counsellor. They are, by default, 'hidden' employees of the QAS.

The QAS as a culture is ill-equipped to cope with a rise in the number of men and women who lack offstage emotional support. The individualistic and masculinist cultural framework within which the QAS operates is unable to provide the kind of emotional support needed by most officers, because as a masculinist culture, it does not recognise that men need public forms of emotional support as well as private ones. The culture is not tolerant of the existence of an emotionally complex ambulance officer, because to do so would require the recognition of multiple masculinities .

Officers are allowed to 'step out of' the traditional hegemonic frame within the confines of performing emotional labour. However, as has been illustrated in Chapters 4 and 5, emotional labour does not end when the patient is left at the hospital. It is processual and extends beyond the boundaries of the narrrowly defined service provider-client relationship. Failure by the QAS to acknowledge the need for officers to have the time, space and permission to engage in emotional process work as a valid part of ambulance work often results increased levels of emotive dissonance and emotional

exhaustion. This does not always occur as a result of the interaction with the patient, but can occur when the officer realises that the organisation objectifies his or her emotional self. This happens when the QAS fails to acknowledge that part of their responsibility to their organisational members is to take into consideration the time needed to replenish the mind, body and spirit when developing operational procedures and policies.

Thus, the QAS has privatised this part of their responsibility to officers by enforcing the implicit edict that emotional process work is something that should occur primarily in the private sphere of the home and family. Given the state of flux that familial arrangements are in, this strategy holds considerable risk for the organisation in question. The QAS has based its strategy upon the assumption that most officers are involved in orthodox hegemonic heterosexual relationships where the female spouse sees it as her role to manage the emotions of her male partner.

If support cannot be found within the private sphere, and if traditional male friendships prove to be inadequate in terms of providing emotional support, then this can lead to officers neglecting to engage in emotional process work. As a form of communication, it is a process that is essential to humans being able to determine whether what they are experiencing is close to the culturally appropriate level of expression and feeling.

As Thoits (1984, 1985) explains, those who admit themselves to psychiatric institutions are more likely to have received less social support. Without this support, people are not able to gauge what they are feeling, or whether their feelings are deviant in any way. Therefore, lack of emotional support, the inability to 'talk out' feelings with others who have some empathy for an officer's situation, may have serious consequences for how officers perceive their mental health. In the case of emotional

stress caused by post-traumatic stress disorder, the likelihood of non-recovery is exacerbated by limited opportunities to address 'outlaw' emotions.

In addition to the lack of recognition of the secondary work required to perform emotional labour, the QAS has an expectation that members can easily slip in and out of the hegemonic masculinity characteristic of back stage culture. There is a strong expectation that officers will quickly revert from the nuturing, caring frontstage ambulance officer to the traditionally wisecracking, tough and emotionally neutral backstage officer. As it has been previously argued, this slippage from the frontstage to backstage masculinity occurs because of the ambivalence male officers feel about performing 'caring' work in public. This does not mean that all officers swagger from one role to the other in a typically macho and stereotypical fashion. There are many officers who are extremely caring and nurturing individuals, and who provide premium quality of care to patients.

This switch from frontstage masculinity to backstage masculinity is problematic because it is driven by heterosexist and hegemonically masculine myths about the true nature of caring and who should engage in caring. In most cultures, caring is considered an activity to which women are naturally suited. Men have traditionally only cared publicly on the battlefield or in times of extreme crisis such as in the aftermath of natural disasters. As already outlined in Chapter 4, ambulance work has evolved out of this tradition. However, ambulance work also involves public acts of caring for members of society that men have traditionally not had any link with in terms of private caring. As already noted in Chapters 4 and 5, officers often engaged in emotional distancing rituals through the use of jargon and disparaging stereotypes. Caring for older patients, particularly older women, in public not only challenged ambulance officers'

definition of ambulance work, but also their common-sense ideas of what the boundaries for masculine practice were.

Clearly, the ambiguity between what is emotionally acceptable within frontstage culture and what is not within backstage culture is fuelled by the notion that men who care in public are required to engage in backstage compensatory work in order to avoid being castigated as not quite 'man' enough. The intolerance of any behaviour that could be considered feminine within backstage culture, particularly 'feminine' emotionality, leads to a situation where QAS officers are forced to deny and reject certain forms of emotional process work.

In other words, officers feel the pressure to confirm to a rigid form of hegemonic masculinity within backstage culture that does not include any emotional expression or admission of emotional distress in a way that may be considered feminine or stereotypically homosexual. When officers find themselves within organisational time and space that is not constitutive of frontstage emotional culture, they are required to conform to masculinist cultural edicts, or they risk being labelled a 'wimp' or in extreme cases, a 'poofter'. The role of backstage emotional culture, it seems, is to act as a surveillance mechanism. It ensures that no slippage from frontstage emotionality occurs and 'pollutes' the wider masculinist culture.

Hochschild's flight attendants' emotional needs were ignored because the "emphasised" feminine practices that constituted the job itself were construed as a natural extension of the women themselves. Similarly, QAS officers are denied emotional support due to the gendered and ideological notions of what a backstage male officer should be.

However, while the flight attendants were well aware that they were performing emotional labour because of their supposed innate skills, ambulance officers experienced a significant degree of ambiguity in this regard. The skills required to perform emotional labour are not considered 'innate' for men. However, officers believed that the ability to care was an innate ability, or at least something an officer brought to the job. They repeatedly stated that the skills required to perform emotional labour were not able to be taught in a classroom setting, or 'from a textbook'. If these skills are not 'innate' to men, and cannot be learned through formal training, then caring is something that has to be learnt from other men, who backstage, are anything but caring. Therefore, young and newer officers receive conflicting messages about their role as emotional labourers and as men within this context.

This ambiguity manifests itself in officers' complaints and expressions of anger and frustration about the level of support they receive from the QAS as a whole. However, to place the responsibility for the reproduction of this cultural practice solely within the realm of the QAS as a unified culture ignores the fact that much of this ambiguity is also constructed on the shopfloor. Thus, subcultural influences assist in maintaining this ambiguity, something that requires a considerable degree of complicity from officers themselves.

It is suggested here that this complicity in the reproduction of emotional and gendered ambiguity is, in part, responsible for the development of the emotional harshness that is characteristic of organisational emotionality within the QAS. Men may have 'permission to care' within the limited context of frontstage culture, but this is off set by the vigilant policing of other men (and women) within the backstage arena. The aim of this surveillance is to purge the culture of a spillover of emotionality that is

counter to the prevailing hegemonically masculine practices characteristic of frontstage emotionality.

While female ambulance officers have to contend with taunts about their lack of 'masculine' strength, inability to cope with masculine violence, and 'feminine' lack of emotional control within the frontstage arena, in terms of gendered stereotypes, male ambulance officers do not have 'biology' on which to fall back. While women generally may be not as physically strong as men, the QAS has overcome this via recruitment of women who have met the physical requirements, appropriate training and socialisation of women into masculinist practices.

Men, however, are not "innately caring", and according to biological determinism, should not be doing any kind of work that goes against their "natures". However, the QAS promotes the idea that the average QAS officer possesses nurturing and caring qualities. This is the dilemma created by an organisation that attempts to contain men (and women) who try to feminise or emasculate the culture. Emotional pollution is therefore contained via cultural practices that privilege particular kinds of masculinities over others. The discourses of these masculinisms are to be found everywhere - in dress codes, rules and regulations, humour and language.

In order to sustain this process of emotional pollution control, the attributes and behaviours that constitute emotional labour are compartmentalised between emotional cultures. The 'guarded passageway' between frontstage and backstage regions in this context plays an important gatekeeping function. Thus, the emotional pollutional control mechanisms may be less formal than those that were put in place at Delta Airlines, but are in a sense more insidious, because they rely on the process of normative control to ensure their effectiveness. While feeling rules established by Delta airlines management

are explicit, similar feeling rules are partially determined by those on the shopfloor themselves, and are more implicit and emergent.

There are five factors that assist in institutionalising and embedding masculinist forms of emotionality within the QAS: how ambulance work is defined; how emotion is defined; masculinism; organisational change and institutionalisation of emotionality; and paramilitary influences. Ambulance work has become increasingly defined as a highly technical and professional occupation. The outcomes of technical work are more likely to be quantified than emotional labour. This technical/emotional split within ambulance work mirrors the rational/emotional dichotomy upon which definitions of skill are based (Mumby and Putnam, 1992). The second factor concerns how emotion is defined from where it emanates, and how it is perceived. In most workplaces, emotion is treated as explicitly problematic, because emotion is set apart from the 'rational' focus of the workplace. In ambulance work however, dealing with emotion is an hourly task - the cries of pain from accident victims, the grieving of relatives, the anger, violence and smashing of glass of patrons at a pub brawl at three o'clock in the morning and the joy and relief of 'saving' a drowning child. This is the stuff of ambulance work.

Whereas most workplaces are spatially and temporally static, the ambulance officer's workplace is the street, the bedroom and the back of the ambulance vehicle. The average workplace is emotionally predictable. The ambulance service does not know literally what is going to happen next. This unpredictability leads to a reactive response which infuses the whole organisation and is, to a certain extent, unavoidable. While multi-casuality incidents may be attended to with military style planning and precision, this rational and disciplined approach is a facade, masking an essentially reactive organisation which does not have time to stop and review its actions. This is a

function of the QAS having to operate twenty-four hours a hours a day, seven days a week. Emotion is therefore defined as something that which impedes the real work of the QAS. It produces disorder, lack of discipline and dysfunction, and therefore needs to be at best, subsumed under the rubric of 'stress', or at worst, expunged entirely from the organisation.

Through contact with EAPs such as Priority One, officers are encouraged to immerse themselves in a stress discourse that both individualises and compartmentalises emotion. The 'psychology' of stress is given primacy over other ways of perceiving stress, and this results in the pathologising of emotion. Contrary to the belief that EAPs such as Priority One assist officers to acknowledge and confront the intricacies of emotion in their work place, these programs promote a discourse of emotion that elevates individualistic and acultural stress management practices.

Third, the QAS is a very masculinist organisation, in that the service does not recognise the interests of men *qua* men. Instead, the organisation is more likely to impose a masculine regime that stifles any dissent or move towards real gendered cultural change. The discrepancy between the public image of ambulance officers in organisational promotions in terms of gendered behaviour and the actual practice within the service is instructive. The image of the 'caring' male officer seen often in QAS promotional material clashes with the often vindictive and cruel cultural practices that occur in order to suppress or stifle any change from masculinist emotionality to a transformational one (See Appendices).

Fourth, massive organisational and cultural change has exacerbated masculinist forms of emotional expression and embedded within the organisational culture a 'harshness' (as perceived by officers themselves). It is argued here that this embedded

emotional harshness is a partially a function of bureaucratisation and centralisation. In addition to what was already a difficult culture to work in for many officers, a bureaucratic layer of workers who are not service providers have been given the power to administer the QAS in a way that views the ambulance service as a matrix or model which can be manipulated. Previously, administrative and operational problems were dealt with by service providers at a local level. While this arrangement was not always adequate, the service provider at least had knowledge of on-stage ambulance work, and had a rudimentary understanding of how backstage decisions affected on-stage practices. This does not only refer to budgetary considerations, but also other policy issues such as organisational development and workplace health and safety issues. The process of bureaucratisation initially occurred with the tacit approval of officers, but most officers did not realise or understand that these "corporate" support workers would not have, in some cases, an understanding of the deep cultural problems within the services. In this case, organisational change has resulted in embedding the already 'punitive' aspects of the previous culture. Thus, workplace emotionality, especially the masculinisation of emotionality, was not de-institutionalised - the previous form of emotionality not only remained, but was encouraged to persist through the introduction of a bureaucratic structure.

Examples of this embeddedness of emotional institutionalism can be found in both service provider-patient and internal customer interactions. Officers are expected to spend less time on scene in order to free them up to 'move' more patients, resulting in less downtime and consequently less time for emotional process work. OICs now have less freedom to negotiate reasonable workloads for their staff. Staff allegedly experience

more 'stress' which has reportedly led to a significant rise in stress and sick leave. In some cases, bureaucratisation has also led to a breakdown of internal customer relations.

An increase in the number of middle management positions has meant more competition for corporate, desk-bound jobs that are seen as an 'out' from the rigours of interactive service work. These positions are in themselves highly stressful. At the time this study was conducted, middle managers were responsible for overseeing the work of up to four hundred officers. This workload meant that these officers have little time to talk face to face with officers, let alone perform emotional labour with staff.

Fifth, the paramilitary influence upon the culture of the QAS is still evident, through symbols and rituals such epaulettes, uniforms, language used in operational manuals and disciplinary procedures. This further complicates the likelihood of de-institutionalisation of emotionality, as studies on para-military occupations and organisations has shown (Auten 1981). As Willis and McCarthy (1986) note, the end of wars in Australia have historically resulted in a significant gain for ambulance services. This 'gain' however is somewhat of a double-edged sword. With the influx of disciplined workers who can readily slot into training and administrative positions, also comes some of the most pernicious elements of para-military culture.

In summary, how the QAS defines what ambulance work is, how it defines and responds to emotion, the presence of a 'masculinist' culture and its expressive norms, bureaucratisation/organisational change and the embeddedness of emotional institutionalism, and the persistence of para-military cultural practices and values all combine to influence how emotional labour is perceived and practised within ambulance work. To use a sporting analogy, when it comes to performing emotional labour as an

integral part of their work, many officers have to navigate an orienteering course blindfolded.

Officers are expected by management, patients and the general community to perform emotional labour, while also enacting a series of skills that are not documented organisationally in an accessible or tangible way. In order to maintain some kind of emotional health and equilibrium in their lives, officers are also expected to 'privatise' the emotional process work they need to do to achieve this. Officers are expected to draw upon a 'stress' discourse that disclaims both cultural and gendered aspects of emotion.

While it is evident from the data that officers do receive a considerable amount of support from each other in terms of processing emotions on the job, it has been illustrated that most processing occurs off-stage with family, friends, and sometimes with professional counsellors.

In terms of emotional culture, the QAS is therefore what Meyerson (1991) refers to as a culturally ambiguous entity. On the one hand, the QAS are willing to recognise the importance of emotional labour through citing 'caring' skills as a crucial component of ambulance work. On the other hand, emotionality and the ability to perform emotional labour is seen as an innate quality, something that officers are 'hardwired' to do. This is best illustrated by the quote from a training officer below:

> Officer: My comment would be that the majority of officers in the service, if they didn't have some level of caring they would not be able to maintain their position because you have to be a caring person to meet the needs of the patients. And probably the biggest impact on people is the level of peak communication that occurs with patients in a critical environment. And if they didn't have that caring nature behind then, they wouldn't be able to achieve the objectives.

> So, what you are saying is that you view it as something they have before they get into the service?
>
> Officer: I believe they do and we can assist them in changing their thinking processes and how to deal with certain situations just to build upon their own innate nature.
>
> ("Brian", Training Officer Metro No.3)

This quote is a good example of how managerial ideology is linked to how emotional labour and emotional culture are viewed within the QAS. Officers need to be able to 'care' to perform 'caring' work, but this ability stems from an officer's innate nature, and not as a result of occupational socialisation. This biological view of caring and emotionality is also at odds with the prevailing masculinities that constitute part of the emotional culture. Thus, this acultural and gender-neutral view of emotionality gives the QAS a basis for absolving itself from the responsibility of addressing the problems of emotionality within the service. This situation is further exacerbated by the reliance on privatising emotion through the emotion work of spouses.

The data presented in this thesis depicts what occurs when organisational change occurs without sufficient attention given to the embedding of an old emotional culture and the rise of a new one. The introduction of EAPs, the rise of an elite group of ambulance managers, and increased pressure upon officers at the shopfloor level to perform more efficiently without receiving the necessary managerial and emotional support combine to create, in an emotional sense, organisational chaos. In addition to this, generational conflict in terms of what constitutes appropriate emotional support have created breakdowns in communication between the officers themselves, between officers and communications staff, and between on road staff and management.

As an observer, I sometimes found myself involuntarily caught up in this chaos. This occurred as a result of attempting to recruit interviewees in certain regions. With

hindsight, I now acknowledge that certain individuals within the QAS tried to thwart my attempts to produce a 'realist' ethnographic account of emotional culture. A combination of good fortune and good politics in the field meant that these individuals failed to achieve their objective.

The term 'emotion' was treated with suspicion by many within the service. In some instances, it was treated with outright hostility. If I had stated from the outset that I was interested in studying stress, I am now certain I would have not have encountered as many obstacles. Although these obstacles were surmountable, my own negative experiences within the QAS do confirm officers' accounts of an emotional culture that is at best, troubled, and at worst, deadly.

I conducted several interview with officers who tearfully described the circumstances surrounding the suicides of other officers. For ethical reasons, I am unable to document these accounts. Officers who told these stories are themselves at risk of extreme emotional reactions to these events, and for this reason, these accounts have not been used in this thesis. However, I must acknowledge that these accounts do exist as a representation of the extreme consequences of an emotionally harsh culture.

While most officers acknowledge this manifestation of emotional harshness as an indicator of the darker side of the QAS, the same officers are loathe to publicly support the need for emotional cultural change. Far from being victims of a kind of emotional false consciousness, officers are only too aware of the relationship between the existence of a harsh culture and the demands officers place upon one another to act like 'real' men in backstage arenas.

The demand to adopt stereotypical hegemonically masculine practices outside of frontstage arenas is further exacerbated by the recent development of corporate

masculinities within the QAS. Whereas a kind of militarised masculinity (see Barrett, 1996) was commonplace within the upper ranks of the QATB, the adoption of managerial practices that are indicative of the ideology of structural efficiency has meant that officers at middle or senior management levels have now adopted a masculinist managerial style. This means that the very officers who are in the position to initiate emotional cultural change, legitimate emotional process work during ambulance time, and encourage an understanding of the ambiguous nature of men as public carers, are the ones who will thwart these changes in favour of a rationalist, masculinist and psychological 'stress-fit' approach to emotional cultural change.

As these senior officers become more embedded within in this form of white collar masculinity, greater distance between themselves and frontstage emotional labour and emotional culture will be created. As Collinson (1992) argues, the development of multiple masculinities within a particular gender regime does not necessarily mean that these masculinities will automatically be alternative or transformational. The development of a compensatory backstage masculinity within the QAS at the shopfloor level, together with the newly developed corporate masculinity has had the effect of reproducing and legitimising a 'harsh' emotional culture. Gendered organising processes are located at the heart of this reproduction of organisational emotionality.

CHAPTER 8

CONCLUSION

This thesis has attempted to explore the connections between gender, emotion and culture within an interactive service work place. It has highlighted how an organisation reconciles the emotional ambiguity that occurs when men perform public caring work within a traditionally hegemonically masculine organisational framework. It has also shown that the ideological framing of emotional labour itself is heavily influenced by how an organisation conceptualises emotion, masculinity and culture. The QAS is a masculinist organisation whose core business involves traditionally feminine work practices such as care work. Both men and women within the QAS are complicit in the marginalisation of transformational practices, and this effectively quells any attempt to challenge the cultural edicts of the gender regime of the QAS.

This study highlights four processes that are critical to the maintenance of organisational emotionality within the QAS . First, the adherence to an acultural and gender-neutral notion of emotionality and the 'outsourcing' of emotional process work to off-stage forms of support combine to render the 'emotional' and 'embodied' worker invisible. Second, reliance on a change management strategy that co-opted the most severe elements of a masculinist organisational culture ensured the development of a clear division between shopfloor and corporate masculinities. This enabled the continuation of the 'harsh', masculinist culture which is manifest through organisational emotionality. Third, the persistence of the para-military practices, symbols and processes within QAS ensured that any attempts at emotional cultural change by persons outside the culture including contracted individual mental health professionals, would

be thwarted. This included resistance by management to the introduction of flexible arrangements for officers to engage in emotional process work. Fourth, the reluctance to view emotional process work as an occupational health and safety issue, outside of the realm of major post-traumatic stress disorder, was further reinforced by a resilient shopfloor culture that has tended to cannibalise those in emotional need.

A variety of theoretical influences and frameworks have been adopted in this study to identify and probe the processes that produce and maintain organisation emotionality. The combination of Gordon's conceptualisation of emotional culture with Goffman's regional behaviour and audience segregation has assisted in disclosing the part shopfloor masculinity plays in the institutional reproduction of emotional culture. Application of these two approaches has illustrated that the provision of service to clients in frontstage regions involves a different kind of emotionality than is present in backstage service support arenas. Goffman's ideas of front and backstage regions have been used to illustrate that there is considerable difference between front and back stage emotional cultures, and that a combination of this differentiation and the non-recognition of backstage emotional culture helps contribute to the experience of emotive dissonance and exhaustion amongst service providers.

Martin's multiple cultural configurational framework has been useful in exposing the many layers of emotional experience within the QAS. A high level of ambiguity within the QAS has been identified through exposing the differences between front and backstage cultures. Sub-cultural influences such as the development of a corporate masculinity which has appropriated para-military elements, has resulted in managers being distanced from the emotional aspects of shopfloor masculinity, and therefore the practice of emotional labour itself. A concurrent analysis of both gendered

and emotional organising processes helps to explanation the creation of this tension between the two emotional regions.

The norm of the disembodied and affect-neutral worker is harder to achieve in an organisation like the QAS because ambulance work cuts across the the traditional emotional division of labour and gendered processes. Men in the QAS find themselves in a unique and ambiguous ideological, gendered and cultural position. Because public and private care work are defined as women's work, their position of carers within a male-dominated occupation locates them outside the traditional ideological and economic framework of caring. Thus, the male emotional narrative, that is defining emotional strength in terms of male rational norms, supports the suppression of feminine emotional processes and practices. In terms of the actual performance of emotional labour, officers are in the rare positon of being able to 'control' their emotional display. Officers can legally command compliance and co-operation from patients, and do enjoy a degree of status, particularly in rural communities.

The techniques used by ambulance officers to exhort or suppress emotions are similar to those used by other health professionals. However, officers differ with respect to the degree to which they engage in anxiety management in situations where patients are out of context. How well they achieve this is dependent upon experience, workloads, ability to develop rapport, use of emotional props (which may include people such as relatives and bystanders) and the ability to focus quickly during high intensity work.

Increased levels of professionalism has meant that a generational gap has emerged. Older officers are critical of what they perceive as the development of a generation of technically competent but emotionally challenged younger officers. However, psychological testing is now part of the recruitment process, and younger

officers are now required to meet a much wider set of criteria than was the case in the past. Interview data indicates that younger officers still have to learn their emotional skills on the road. Younger officers are no longer 'weaned' into the job, but are required to display competencies at a much earlier stage in their careers. Officers who commenced their ambulance careers as volunteers may have learnt how to perform emotional labour 'on the job', but the high attrition rate may have contributed more to the higher numbers of officers 'having that sort of personality'.

The emotional rigours involved in the process of emotional switching is well recognised by shopfloor staff and many OICs, who work within the confines of the system to provide officers with emotional space and support for adequate emotional process work. There is some evidence that attention is paid to problems of understressed officers, particularly ones who work in remote areas. Officers are given an opportunity to serve in busier stations from time to time. These swaps can also work in reverse. However, speed-ups occur mainly in urban areas and demobilisation for overstressed officers is much more difficult.

After one hundred years of operation, the QAS is yet to come to terms with preparing officers for the most fundamental aspect of ambulance work - to calm and reassure. At shopfloor level, emotional labour may be considered the 'best tool to have', but this is not recognised formally. This tendency is intensified through the lack of formal recognition afforded emotional labour as a skill. This occurs because emotional labour is viewed a 'natural' skill. The ability to perform well emotionally is due to either a innate personality trait such as nuturance or empathy. Because of its natural status, it therefore cannot be "taught" as a skill as part of the training curriculum. This is

despite recent revision of the curriculum and this tendency has continued through the introduction of the Advanced Clinical Training Course.

The term 'harsh' culture is one that can be applied to a number of organisational contexts. Kunda (1992) alludes to a similar kind of harshness where the demands of the company are such that employees suffer emotional alienation from both their families and their colleagues. In other words, 'doing culture' involves the total immersion of the self in the workplace culture. Harsh culture is manifested in the level of attention paid by the organisation to the need for emotional process work. In a harsh culture, the organisational man is one who does not need to engage in such work, because his emotional needs are so tied to the company needs he does not need to consider any outside influence. Flam (1993) illustrates this nicely. The acknowledgement of the need to engage in emotional process work is viewed as a sign of emotional weakness, or lack of commitment to the company. The message is clear - adherence to the organisational cultural edicts will keep outlaw emotions in abeyance. If one is toeing the company line, then there is no need for extra 'work' on the self.

Reliance on women's ancilliary labour, which includes the facilitation of emotional process work, is well documented here and elsewhere. However, officers are not a homogenous demographic group. Many younger officers are not married or in permanent relationships, increasing numbers of older officers are divorced or establishing second families, and may not be in the position to rely on their spouses, relatives and friends for constant emotional support. Women ambulance officers may also not have access to the same quality of emotional support, and may even do a second emotional shift at home supporting their spouses and children. Women may even be expected to do more emotional processing for their male ambulance partners.

Therefore, the QAS makes sweeping assumptions about both its workforce collective psyche and demographics. It makes the assumption that all male officers will have someone at home who is willing to provide the offstage emotional support. In the case of female officers, it assumes that, being female, they need less support because they are more 'in touch' with their emotions.

Formal stress intervention programs such as the ones discussed in chapter six have the effect of individualising emotional process work, and encouraging officers to view their own emotional experience as something that is innate or pathological. These programs do not encourage the view that it is within the cultural collectivities that prevailing 'explicit' forms of emotionality are created, reproduced and sanctioned. It is through these collectivities that officers learn what the prevailing emotional culture is, what constitutes acceptable forms of emotional expression, and what are considered deviant or outlaw emotions. Officers continually 'do' emotion by constantly checking their emotional response against others with whom they have frequent contact.

These programs also have difficulty operating effectively within an emotional culture that is characterised by the implicit expectation not to trust, talk about or feel emotion. Counsellors have been criticised by peer support officers because they do not pay attention to the reality of shopfloor masculinity. There is no doubt that shiftwork and the ensuing effects of lack of sleep, poor diet and disrupted circadian rhythms will have some effect on the ability of officers to perform at optimal physical, mental and emotional levels. Regardless of how many officers learn to manage a lifestyle that involves significant amounts of shiftwork, the effects of strict adherence to harsh feeling rules need also be acknowledged. The message that is circulated amongst officers about

expression of certain emotions as unmanly or unprofessional is one that needs urgent attention by mental health professionals who work with ambulance officers.

Massive organisational change has been a ubiquitous feature of the corporate landscape in recent years and the experience of the QAS has not been unique in this regard. Many public sector institutions like the QAS have undergone tremendous upheaval in the wake of structural and cultural reform. These institutions are now increasingly subject to the same logic that was previously specific only to the private sector. Thus, we know refer to organisational rather than commercial logic, for the once clear distinction between public and private sector is now quite blurred.

Apart from purely fiscal reforms such as accrual accounting, outsourcing and application of radical liberal economics, other 'rationalist' reforms include the linkages between performance and productivity. The effects of these rationalist ideas upon operational policy within the QAS are evidenced by the increase in workloads, reduction in staff numbers at 'quiet' stations and linking performance to wage rises through enterprise bargaining. Although some industrial action such as rationalisation of rosters has slowed the pace of reform within the QAS, recent global changes to the Australian industrial relations system indicate the likelihood of losing 'extra'conditions such as overtime payments, parental leave and full access to workers compensation.

It is the loss of these 'extras' such as access to workers compensation due to work-related stress that will impinge upon ambulance officers more so than workers. The onus of proof is now placed upon officers themselves to prove that work was the sole cause of their stress. This will undoubtedly limit the number of stress related claims made by QAS officers, and hence result in a decrease in officially recorded rate of stress in the public sector.

At the outset of this study, the QAS expected a study of the emotional interaction between officers and patients. While it would be unfair to state that the QAS did not want a study of 'management', they nevertheless expressed concern about the extrapolation of any findings. The senior managers with whom I had initial discussions were all exceedingly blunt in their assessments of QAS emotional culture - first, that is was harsh, second, that officers would be very suspicious of any research project in which emotion was a central theme, and third, that my very presence would contribute towards a change in the culture. A fourth point some made was that most officers possessed natural nurturing abilities.

After many months in field, I concluded that that their first assumption of their own culture was the only one supported by my qualitative data. It is correct that several officers were loathe to participate in a study that focused on emotion. However, given that the QAS was in a state of organisational flux during the early part of my research, many officers were suspicious of anything new or unusual. At that stage, research on ambulance practice was a relatively new phemonenon within the QAS. The vast majority of on-road officers and a significant proportion of training staff had low levels of knowledge about how and why academic research, especially sociological research, is conducted. Apart from one young officer who informed me of his very strong views about the wastefulness of such research, all other officers with whom I spoke about my research were open-minded and willing to listen. At least two officers were planning to take up future studies in sociology.

One of the difficulties in conducting an ethnographic study in this instance was that I was constantly explaining the reason for my presence. I have explained this further in the section on entering the field in my methodological appendix. While I aimed for a

consistent explanation, there were times when the situation demanded a detailed explanation of what sociologists did. Most officers didn't differentiate between psychology and sociology. Many initially assumed I was a counsellor or social worker. Some thought I was an anthropologist and were curious to know why I was studying them and not indigenous people. Others believed I was working for the QAS conducting some kind of cultural audit for management. At least two officers were adamant I was a 'spy'. Therefore, there were times when it was difficult to get across to officers the real aim of my research. As mentioned in previous chapters, when I mentioned the word 'emotion', many officers immediately launched into a discussion about stress, particularly that caused by organisational change.

The sometimes dark and seamy underbelly narrative that emerges in studies of this kind include 'tabloid' stories of suicides, of divorces attributed to work, and of frightening cases of post-traumatic stress disorder, and this created something of an ethical dilemma. Many of the victims in the 'shock' stories that were told to me were easily identifiable as other QAS officers. In this way, the officers were too trusting, believing that I would protect their identities and their dignity. This I have done, but not without a cost. Many an excellent but ethically questionable quote or fieldwork note was left in their respective computer documents with only me and a password between them. In survey research one is often left wondering how responses from the non-respondents would have effected the final analysis. Similarly, ethnographies are sanitised documents that often provide only a snap shot of the culture that they propose to represent. Conversely, the opportunity to check the validity of informants' 'realist' accounts does not always present itself within the available timeframe. In terms of future studies of QAS culture, a longitudinal approach would best serve this need. Although, such an

approach was not possible in this instance, it would be best to employ a variety of approaches so as to capture emerging patterns. This would be the best way of tracking the emotions of anger, resentment and fear left residual from organisational upheaval and changes to entrenched organisational patterns.

With the full cooperation of management, a diary approach would have also been an effective method of tracking changes in emotional culture. I recorded only one instance where the emotional tone of a station changed (for the better) over a twelve month period. This was due to the officers feeling as though they had regained some level of autonomy over their work, and when the issue of job security, particularly at management level, was resolved in favour of the on road officers at that particular station.

Women have been working as on road officers within the QAS now for approximately twelve years. During the past five years, the implementation of affirmative action and equal employment opportunity policies has contributed to increasing numbers of younger women entering the QAS as student ambulance officers. While most officers believed that women officers would become 'masculinised', my time spent with at least nine women officers on the road indicates that this may not be the case. Women in the QAS still have to contend with conventional assumptions about their physical and emotional suitability for ambulance work. Not surprisingly, the most resistance to women working in typically masculine situations such as night shifts in urban areas came from male officers who were ex-nurses.

As mentioned in the methodological appendix, I experienced extreme difficulty in getting women to agree to be interviewed. I conclude that this is because of the small

number of women with whom I came into contact, and because many of them had extremely busy lives outside the QAS, and could not spare the time.

Although many women ethnographers have cited gender as a barrier in fieldwork, this is one instance where this was not the case. At no stage did I feel as though being a woman was an impediment. Officers were accustomed to female observers. However, I feel as though the situation may have been different if I was fully immersed in the field as an honorary. In fact, my civilian status was more of a problem than my gender.

Studying emotional culture within an organisation means that one needs to get inside the psyche of groups, cliques and sub-cultures. Although I experienced something of the physical and emotional demands placed upon an officer in the course of a working day through observation, I also acknowledge the limitations of field research. Myriad approaches could be used to explore the many aspects of 'deep' emotional culture (e.g. customer satisfaction surveys, the use of video and audiotaping and ethnomethodological approaches such as conversation analysis).

Theoretical considerations

The main findings here reinforce the importance of locating this study within a social constructionist framework. The debate about the values of a strong or weak approach aside, such an approach provides freedom to focus the links between experiencing emotion and 'doing' culture. In this case, this approach has assisted in revealing the importance of shopfloor masculinity in the construction of organisational emotionality. This approach also makes the political project of transforming organisational emotionality through the transformation of gender relations, in this case,

intra-gender relations. The study of organisational emotionality is one way elucidate how intra-gender relations are configured within specific organisation gender regimes. This is most applicable to the study of gender relations within the workplace.

The psychoanalytic approach to organisations has also shed light on the darker elements of QAS culture. While the assumption of the existence of good and bad emotional cultures may be dubious (although Flam's work provides enough evidence to warrant this assumption), Diamond's three stages of organisational development is a useful schema with which to gauge the emotional functionality of an organisation. It was certainly useful in determining that the QAS was, at the time of writing, locked into a parataxic stage where the psychodynamics of 'us and them' were current. However, the limitations of this approach are similar to the integrationist approach in which the concept of strong culture is located. Obviously, most officers are not locked into a parataxic dynamic with patients, nor to a certain extent, with many of their peers. The combination of psychodynamic approach and longitudinal methods would assist in tracking change in organisational emotionality over a period of time. This would be preferable to a 'snap shot' or 'cultural audit' approach where high levels of ambiguity are difficult to verify without the narrative accounts that have occurred previous to the study.

The Goffmanesque 'ambulance work as theatre' or dramaturgical approach assisted in construing the contradictory and sometimes bizarre elements of the connections between men as public carers and emotional labourers in the frontstage arena and gatekeepers of hegemonically masculine practice in backstage arenas. While this study has not explored the off-stage arena to any great extent, it is suggested that this is one arena where emotionality ambiguity is at a premium.

Organisational theory is already being influenced by the newly developed emotional intelligence movement. The concept of emotional intelligence will no doubt garner a new wave of measurement instruments and batteries of tests that will used in recruitment and performance appraisal procedures. To a certain extent, this trend is not new. Organisational psychologists have been gauging the emotional suitability of employees through testing since Mayo. Similarly, many employees have been inculcated with emotional control techniques through human relations training. The most recent emotional control 'discovery' is NLP (neurolinguistic programming) which has been used by social workers and psychotherapists since the early 1980s.

As major global corporations appropriate the psychological counselling techniques as means of producing and maintaining a more productive and efficient workforce, these cultural innovations will become the norm for many other workplaces. This has been exacerbated by the concurrent development of the 'new age' self-help movement which emphasises a strong sense of individuality through seeking spiritual enlightenment. But this trend towards equipping employees to be expert managers of the self and hence stress-fit employees is not the only arena where the study of organisational emotionality will be important in the future.

Where to from here?

As the 'end of the job' era approaches and new change management strategies are developed, a myriad of stress discourses are developing. It is now becoming more acceptable to differentiate between deserving and undeserving stress. As the workforce becomes increasingly polarised between those who are overworked and those who are seeking more work, stress is viewed in a new light. While organisations may outlay a

considerable amount of resources in teaching employees to control stress and emotion in the face of massive and continuing change, a certain level of legitimacy is being afforded stress induced depression and anxiety that results from breathtakingly swift but often brutal change management strategies, such as business process engineering, and the downsizing, outsourcing and disappearance of whole industries. Future studies of emotion in the workplace will need to take into account that the rapid development of whole new industries, jobs and organisational structures that are difficult to study within traditional organisational theoretical frameworks.

In addition to this, the feminisation of the workforce has provided and will continue to provide fertile ground for the development of organisational theories that incorporate gender and emotion. In particular, the rise of women into the ranks of senior management, although slow, is a phenomenon that will challenge conventional ideas about the nature of emotional expression. There are already mythologies developing about how women bring 'softer' and 'kinder' qualities to the art of management. As the pool of women who have made it into the ranks of upper management is still too small, it is premature to make any valid assumptions about how women will 'change' the way organisations reproduce themselves emotionally.

The study of increasing routinisation of interactive service work, particularly the emotional labour component, is still in an embyronic form. Once again, a longtitudinal approach will be vital in tracking how the "McDonald's" generation of workers cope with the rigours of routinised emotional labour over time. As these workers complete their formal education and move into other industries, it will also be important to follow through how this generation of workers influence the organisational emotionalities within other sectors in the next few years. Many of these workers have started their

working life with an expectation that invasive forms of surveillance are the norm. As well, it will be interesting to discover how these workers, for whom the organisational 'script' is all important, will manage other emotional labourers in the future.

Therefore, it can be safely assumed that the demand for the emotionally skilled or 'intact' worker will continue to increase. At present, changes to how people do their work is presenting all kinds of challenges to how people manage their emotions on the job. These changes have not only occurred in the interactive service sector, but have cut across all sectors. The introduction of self-directed teams, the rise of the mobile office, and the emotional immediacy of video-conferencing and e-mail all challenge the traditional notion of the need for emotional space in the workplace. These changes will all impact upon the ways in which people manage their emotions in a world where satellite technology ensures that anywhere on the planet can be, and is, a workplace.

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APPENDIX 1

METHODOLOGICAL APPENDIX

RESEARCH SITE

The decision to choose the Queensland Ambulance Service as a research site was based upon the following criteria:

1.   A job where emotional labour was performed where two of the three components Hochschild cited were applicable (see Smith, 1989, 1991).

2.   An interactive service occupation.

3.   A job that had little or no status shield

4.   Semi-professional/non-professional status

5.   Male-dominated profession

6.   A job where it was assumed that emotional labour was crucial to performance outcomes.

A number of occupations were considered and evaluated against the set criteria. Ambulance work appeared to be the only occupation that met most of the set criteria. Ambulance officers also form a discrete group in that they can only work within the public sector within Australia.

Several ethnographic studies of ambulance officers have been conducted within the U.S. (Metz, 1981; Manon, 1983, 1991; Palmer, 1983), and these studies provided guidance in terms of determining the research design of the study. All of these studies concentrated on the broader work role of the ambulance officer, and did not focus exclusively on the cultural

aspects of ambulance work. However, these studies did provide valuable descriptions of cultural and structural elements of ambulance organisations. It should be noted that only Palmer (1983) refers to emotions in any depth. None of these studies considered the influence of masculinity or the para-military aspects of ambulance work.

These studies, however, were useful in illuminating the gaps in research. Apart from knowledge gleaned from ethnographies and trade literature, prior to entering the field, I personally knew little of ambulance officers' work. My previous contact with ambulance officers had been either through work or caring for sick relatives. Most of my contact occurred during 1986 to 1989 when I was employed as a support worker in an organisation that provided medium term housing for young people with a mental illness. On several occasions, I had cause to call an ambulance for residents suffering from non-psychiatric conditions such as epilepsy. On one occasion, a young woman had attempted to commit suicide by taking an overdose of her asthma medication. An ambulance was called to the house and the officers behaved in what I thought of at the time was a very unprofessional manner. It seemed that my expectations were that they would behave towards patients in a similar manner to other health professionals. My other contact with the QAS was during the course of fieldwork, when I had to call an ambulance several times for my father. He had suffered several bouts of congestive heart failure, had suffered a stroke and had become immobilised through osteoporosis.

One of these trips to the hospital was due to the latter condition. It was helpful to be in the position of relative of a patient because it gave me insights into my interactions with relatives during observations. This experience also drew attention to what I wasn't observing.

For example, I noticed that the officer who first arrived at the house was extremely animated and gregarious, and called my father 'digger' several times. He seemed to smile too brightly and wore too much cologne. He had to call another ambulance because he was unable

to move my father by himself. When the two other officers arrived, one male officer and one female student, they appeared very nonchalant towards my father and almost ignored me. The officers experienced a few technical hitches with the spine board and didn't hide the fact that there was a problem in front of me or my father. I also noticed that they joked quite a lot between themselves, and some of the jokes were about the internal politics of the QAS. I am sure if they were aware that I understood what these exchanges were about, their behaviour would have been quite different.

This scenario highlighted to me how the observer as participant role strongly influences how a researcher perceives a particular interaction. If I had been observing this interaction as a participant observer, I would have interpreted the actions of the officer in a very different way. For example, I would have over-identified with the patient and relative because I would have understood the hidden context of the case, and this would have influenced my perception of the interaction. This rarely occurred during fieldwork, and when it did I always noted this in my fieldnotes. In addition to this, I always made sure that I conducted my own emotional process work so as to emotionally distance myself from the case. During observations, I always attempted to be mindful of the limitations of my 'objectivity'. In certain cases, I was aware that I was slipping out of role momentarily, and allowing my own biography to influence my perceptions.

ENTERING THE FIELD

I approached the QAS formally in November 1993 through written communication to the Commissioner and Director-General of the Queensland Emergency Services. In their reply they asked me to present them with a detailed proposal of my study, which included the aim of the study, research design and methodology, and details about ethics. I then met with the

Commissioner to discuss the proposal. He was quite pleased for me to conduct research within the QAS, and gave me formal permission to commence fieldwork on the road with ambulance officers in January, 1994. The Commissioner wrote me a letter of introduction which I carried with me at all times during fieldwork. However, I quickly realized that formal permission from the Commissioner was only the first step in obtaining permission to actually organise and conduct fieldwork itself.

At the commencement of fieldwork, the QAS was comprised of six geographical regions across the State of Queensland, with each of headed by a Deputy Commissioner. I wrote to Commissioner requesting further permission to conduct research and attached a copy of the Commissioner's letter of introduction and formal permission. I then received replies from each region via mail or telephone that confirmed permission to approach individual stations or District Superintendents. This correspondence also usually included information needed to arrange observations and interviews in these regions.

I then decided to commence observations in the four South-East Queensland regions. I then contacted District Superintendents by phone to a nominate a definite date when I would commence fieldwork. In addition to this, I also wrote to Regional Training Coordinators and the Manager of the Ambulance Officer Training Centre. I met with an officer of the Training Centre and discussed my fieldwork plans with him. He also gave me permission to spend time researching trade literature in the training centre library. I also contacted the Occupational Support Services staff and met with the coordinator of the Priority One Program. Prior to actual observations I spent time collating information about the operational and administrative structure of the QAS. This enabled me to enter the field informed about the basics of ambulance work, and with some rudimentary knowledge about the workings of the QAS itself.

In most cases, entrée is something that occurs at the beginning of fieldwork. In this case, due to the way the QAS was regionalised and compartmentalised in terms of structure, I found that entrée was a continual process. I conducted observations in ten ambulance stations across four regions. This meant that I had to commence the process of entrée each time I approached a new station. If I was already observing within in a region and wanted to change stations, I had to contact the officer in charge of that station to request permission. This procedure was routine in most cases, and, excluding stations situated with the Brisbane metropolitan area, most Officers in Charge were accessible. In addition to this, I also had to introduce myself to communications staff each time I moved regions.

I also went through the same process with individual ambulance officers. Although the Officer in Charge was always notified of my activities, he or she sometimes did not or could not inform each individual officer that I would be observing on their shift. This meant that I had to introduce myself to each individual officer every time I went into a new station or branch. For the most part this did not cause any problems, and the vast majority of officers readily accepted my presence as an observer. This was particularly the case in the urban stations where officers often had observers ride with them. One station did have some difficulty understanding why I wanted to observe code one cases. In this case, the District Superintendent was very reluctant to let me observe on these cases, because he felt they were 'a bit too gruesome' for me. As a result of this, I didn't get to observe many cases at that particular station.

Entrée also occurred at hospital accident and emergency departments. Emergency staff often asked officers who I was, and they always told them that I was a student observing ambulance work. Sometimes officers would say offhandedly, 'oh, she's with us'. In both cases, the staff didn't question my presence, and assumed that I was a nursing or medical

student. Initially, I was unsure of my role at accident and emergency departments. On at least three occasions, officers asked me to join them to watch medical procedures on patients they had just transported. In all of these cases, the patients were in either a critical or dangerous condition. Initially, I felt uneasy about the ethical aspects of this, and shared my concerns with the officers who had asked me to observe these procedures. They explained that in certain cases, officers' work did not stop immediately at the door of the hospital. This was particularly the case where officers had been performing life-saving procedures such as CPR, defibrillation or any other procedure on the patient prior to admission.

Ambulance officers lift patients on to hospital beds, and in the case of an emergency, are required to stay for the transition period ie.; transferring tubes and equipment. Ambulance officers have to write a report, an MR51, that requires information from both the patient and the hospital. This means that they can spend up to thirty minutes at the accident and emergency department after transportation of the patient. The officers assured me that it was part of their work to enter the cubicle where the patient was receiving treatment to check on their condition before departing the hospital. When I was 'one of them', I too had the right to be where the ambulance officers needed to be.

I was initially surprised at the ease with which I was able to observe ambulance officers procedures at work. Entrée to all settings was virtually straightforward. This included private homes, institutions and workplaces, and public entertainment venues. Residents of private homes rarely questioned my presence, and in most cases were extremely welcoming. On many occasions, members of the public requested information about the case from me. Therefore, I had little difficulty in being accepted in my role as observer, and also experienced the added bonus of being perceived as an 'insider' ie.; a member of the QAS by patients and other 'civilians'.

One of the things that did assist me in achieving acceptance was a strict adherence to dress codes and demeanour. In keeping with the QAS uniform, I always wore a white shirt, dark trousers and flat shoes, and maintained a conservative appearance in keeping with the standard dress codes for women in the QAS. When I attended a case with officers, I behaved as though I was part of the unit. Where possible, I assisted with equipment and treatment. For legal reasons I tried never to touch a patient. During several cases, I spoke to bystanders about the case, and this usually involved reassurance about what the officers were doing.

I tried not to engage in conversation with patients while the officer was also talking to them. I was rarely left alone with a patient, so the opportunity to engage in a detailed or lengthy conversation was limited.

FIELDWORK ROLE

I took on the role of observer as participant which meant that I was partially immersed in the field. This study was totally overt, in that at no time was my role within the organisation ambiguous. Although patients may have 'mistaken' me for one of the ambulance officers, I was already to explain my the reason for my presence fully to any patient, relative or bystander.

The role of observer was made easier by the fact that observers are a common sight in ambulances, particularly in large or provincial cities. Medical, nursing, occupational therapy students, and even surf lifesavers are all required to spend some time doing observations within ambulances. The other role I had the choice of adopting was that of honorary officer. If I had taken on this role I would have had to undergone training.

This role was deemed inappropriate because of the inferior status honoraries experience, and because of this, access to senior officers for interviews and general

information would have been harder to obtain. Confidentiality would have also been a problem in that officers may have been less likely to agree to an interview with me as honorary (and a female one at that) than me as a researcher who had no direct connections with the ambulance service.

The role I adopted gave me relatively greater freedom to pursue my research goals. As a researcher I was free to move between regions and stations, hopping from ambulance to ambulance. This meant that I was able to observe at multiple sites, which provided me with a clearer picture of how ambulance officers perform emotional labour.

It also provided me with a clearer picture of the emotional culture of the QAS. If my observations had been restricted to only one station or district, which would have been the case if I had adopted the role of honorary, I would not have discovered that there actually existed an emotional culture. While Metz (1981) and Palmer (1983) adopted insider roles within ambulance services they studied, similar to Manon (1991), I was able to successfully adopted more flexible fieldwork role through remaining a civilian.

DEVELOPING AND SUSTAINING FIELD RELATIONS

As mentioned, I adopted certain dress codes and demeanours so that I would experience minimal difficulty in being accepted as a researcher. Apart from this, I offered as much help to the ambulance officers as possible. Small things such as knowing when to sit in the front of the ambulance and when to sit in the back, learning where the equipment was stored, and when to physically move out of the way all contributed to a better relationship with on road staff.

At accident and emergency departments, I always offered to help change the linen on the stretchers or clean up the ambulance, pick up litter that the officers had dropped during

treatment, or generally look out for anything that may have been left behind. Several officers realised my use value and asked me to collect equipment from the ambulance. This happened at the scene of the several motor vehicle accidents. At night, I was often asked to hold the torch for an officer if he or she was working on a patient in the dark. However, in most cases, officers did not expect me to help out in any meaningful way, but were always extremely thankful when I did. Towards the end of fieldwork, I began to know where equipment and supplies were located within the ambulance vehicle, and therefore became more 'useful' to ambulance officers.

Officers nearly always asked me of I felt nauseous riding in the back of the vehicle. This was always a possibility, for some vehicles swayed from side to side more than others. However, I only felt ill once, and that was due to a severe flu. I also made sure that I never complained about the physical discomfort I felt in the back of most vehicles. Nor did I ever comment on a officer's driving ability. In spite of several 'dangerous' trips, where the vehicle was travelling in excess of one hundred and forty kilometres an hour, the most difficult rides were code ones in areas where roads were narrow and winding. This meant that the vehicle would go from a stationary position to a speed of one hundred kilometres per hour in a matter of seconds, only to go back to zero in as many seconds. On one occasion, I was riding in the back of a vehicle travelling to a code one when the vehicle stopped suddenly at an intersection. I was tossed about in the back of the vehicle and received a few bruises. In this instance, two women officers were in the front of the vehicle, and I knew that I could not 'act like a girl' in front of these women. There was an unspoken rule in the QAS that women show no outward fear. Women ambulance officers extended this rule to female observers as well.

While I was sometimes the butt of officers' jokes, this was generally in good spirits and not aimed to ridicule me but rather to include me in work rituals. While travelling to and

from cases and during down time at accident and emergency departments, nursing homes and in staff rooms, officers often told many stories about their relationships with management and other officers. In order to sustain their trust, I always adopted the position of empathetic listener, and tried not to question or make negative comments on what they had to say. After a certain amount of time at one station, officers behaved as though I wasn't there and talked quite freely amongst themselves. This meant that I gathered quite a lot of information just by listening to hours of boring, mundane and occasionally humorous small talk. Sometimes officers themselves would volunteer information or opinions that they thought might be useful to my study, even if it was a story about a case they had recently attended.

In general, officers were very forthcoming about their work. However, I found that the most salient data alway emerged after I had observed a code one where more than one ambulance was required. These cases moved at a fast pace, and officers always wanted to talk about them afterwards, especially if they involved motor vehicle accidents or children.

Most officers were confused as to why a non-medical person who was not a psychologist would be interested in studying ambulance officers. Many confused sociology with either social work or counselling psychology, and several expressed the view that they thought my study was a waste of time and money. The most interesting aspect of explaining to officers the aim of my study was that, in nearly all cases, officers linked the term emotion with stress. While officers were loathe to talk directly about emotion per se, they were quite willing to talk about it in the context of stress. The reasons for this distinction between the two concepts are outlined in Chapter 5.

The other important point about how officers perceived the study was that once they understood what emotional labour was, and why their job was an important site for investigation, they often stated that the performance of emotional labour itself was rarely

problematic. Officers nearly always said that it was how management perceived general and cumulative stress that was the source of the problem not the reason for the stress. This in itself was a major cause of emotional stress.

Therefore, I used these emic distinctions officers made between emotional labour, emotive dissonance and stress as a way of getting officers to talk about emotional culture. Officers all had comments on at least one of these elements of their job. There were instances though, when officers appeared fearful, distant and hostile towards me. On two occasion, officers actively avoided the likelihood of me observing with them by 'sneaking out' of the station on a case without me. This was the exception to the rule, as I found that engaging officers in a business-like and non-threatening manner, occasionally becoming invisible, avoiding displays of weakness and emotional behaviour on the road, and dressing appropriately, meant that I was able to maintain and sustain adequate field relations.

OBSERVATION AND DATA COLLECTION

I spent approximately five hundred hours observing ambulance officers attending cases and spending time between cases at station lunch rooms, hospitals and training courses. Observations can be divided into two categories - unfocused and focused observation. The unfocused component of observation occurred, predictably, in the early stages of fieldwork. As well as observing interaction with between officers and patients, I also took note of protocols, work routines and location and usage of equipment. Focused observation occurred during most cases. Where possible, I observed the quality of the emotional interaction between officer and patient. One of the difficulties with this was I was only observing expression of emotion, not the emotion management that the officers engaged in. To counteract this problem, I approached officers after interactions with patients and talked to

them about the case. Sometimes this was not appropriate, because either the case was mundane or routine, the officer expressed the usual frustration about the lack of excitement in doing code threes, or I had yet to gain sufficient rapport with the officers concerned.

In many instances, officers anticipated my need to know about their emotion management techniques and offered detailed explanations. This occurred either when a officer had to deal with a patient who was rude, cranky or disagreeable, or if the case was unusual in some respect. This occurred in about twenty-five percent of cases observed. Where possible, I kept details of cases - how many units attended, the gender of the ambulance officers, patient's condition, whether or not they were transported, code type, ethnicity and age of patient, whether I assisted ambulance officers, destination to and from the station, and whether I talked to ambulance officers about the case.

Observations were conducted during ten days of the human relations module of training. These sessions covered topics such as self-awareness, self-esteem, knowledge of personality types and stress management techniques. These modules were designed and taught by practicing psychologists, and rarely addressed cultural aspects of human relations. Officers who attended these courses came from every QAS region as part of the requirement for the bridging course that all officers who were not students or had not completed an Associate Diploma in Ambulance Practice needed to complete in order to become a qualified ambulance officer.

I recorded fieldnotes at the station where possible, but usually waited until I was out of the field before I did this. If I attended a large number of cases in one shift, I tried to keep notes keep notes of each case during the shift so that I didn't lose the information. Observations took place during both day and night shifts which ranged from eight to fifteen hours in length.

I also perused noticeboards, internal memos, internal and external publications and training materials and videos. Although the interactions between communications officers and callers were not included in this study, I spent four days observing the workings of various communication centres throughout Queensland. This exercise was extremely helpful because it gave me clear insight into how case information is communicated to on road officers. It also provided insight into the difficulties the QAS faces in terms of lack of resources and how this affects their relationship with the community and other health professionals. This also meant that tensions between communications staff and on road staff were easier to understand.

POLITICS OF FIELDWORK

During pre-fieldwork interviews with senior officers, I had been warned by management that the ambulance officers may express suspicion and even hostility towards me. They stated that this was due to the unprecedented and seemingly continuous level of organisational change that the QAS had been experiencing. At the time I commenced entering the field, I was unaware that the QAS experiencing the peak of this change. This often created a considerable amount of frustration for me as a researcher and a civilian. Senior officers who I had phoned or writtten to during the earlier stages of fieldwork had often moved up in the heirarchy by the time I had reached them in the field.

On one occasion, this created friction between myself and senior management in a region outside southeast Queensland. I had arranged to observe a provincial city station, but arrived to find that no-one knew who I was, or why I was there. After a few tense moments, I explained who I was, what I needed and why I was there. I eventually did conduct several excellent interviews with staff who were on shift at the time, but I was unable to get agreement to conduct on road observations.

While officers at several Brisbane stations were extremely supportive, others flatly refused to have me observe on their units. I was told by senior management that Brisbane has always been industrially 'militant'. Due to informal industrial conflict that was occurring at the time, I was told that Brisbane officers were more likely to view me as a 'management spy'. In spite of this resistance, I managed to obtain seven indepth interviews and conduct observations on many cases in the Brisbane region.

While I found Brisbane more difficult in some respects, each region provided its own obstacles. Most of the officers I observed with were polite and helpful. Considering the level of angst generated by the process of organisational change, I was fortunate to collect the data I needed to complete the study. Nevertheless, fieldwork in Brisbane was more stressful than elsewhere.

GENDER

As a woman researcher in a male-dominated domain, I expected this to cause me a considerable amount of difficulty. Given my commitment to feminism, I have to acknowledge with much regret the greatest difficulty I experienced was in encouraging women ambulance officers to participate in in-depth interviews. I observed with many women officers in two regions, and all were very supportive and helpful. However, there were several significant differences between what male and female officers expected of me as a researcher. I always felt as though women officers expected me to maintain an effectively neutral demeanour at all times. Women also expected that I would help them out during cases. They appeared less willing to tolerate an extra woman on board who was not 'pulling her weight'. While it is unlikely that I would have expressed feelings of discomfort during cases to any officer, it was more unlikely that I would have expressed those feelings to a woman officer. While this

initially puzzled me, I soon realised that this situation was indicative of a type of gender regime that was not unique to the QAS. Although few officers openly complained about the presence of women in the service, it was obvious to me women still had a considerable distance to travel in terms of being considered equal. For example, several male officers did express strong doubt about the suitability of women for night shifts.

In summary, I felt as though being a woman did not hinder me greatly during fieldwork. In some instances, it was an advantage. I need to acknowledge that there were several instances where being a woman may have prevented me from gaining greater rapport with several officers.

INTERVIEWS

I conducted thirty indepth interviews with officers from all seven QAS regions, most of whom were recruited through the Ambulance Officer Training Centre. This proved fortuitous as my interview schedule concluded with a group of officers who were in Brisbane for four weeks completing training. As already stated, it was difficult to recruit women for interviews. It was also difficult to recruit younger officers and students. The result is that the interviewing sample is biased in favour of officers who were in the service for more than five years. It is also biased in favour of those officers who entered the service via the honorary system. These considerations notwithstanding, the bias factor has been offset through observation of a large number of women and younger officers.

Efforts were also made to recruit interviewees through stations. I sent out flyers to different stations and many officers said they had seen these on lunch room noticeboards. As stated previously, the response from this recruitment drive was poor. At the same time as I was distributing these flyers, a questionnaire about stress and lifestyle was being distributed

by Priority One and the University of Southern Queensland. Many officers got confused between the two and as a result I received less responses than I expected.

Given these difficulties, I found that the interviews I conducted validated much of what I had previously observed and talked to officers about. Although I used an interview guide to orient the officers, many of them used the interview as a forum for ventilating their feelings about .organisational change within the QAS. Much of this data was rich in information about emotional culture. For this reason the interview guide was only used as a prompt for officers who were either reticent or had strayed to topics that were irrelevant.

Each interviewee was assured of total confidentiality and anonymity. For this reason interview excerpts in this study do not have identifying codes or names. Given the nature of the organisational culture, I decided that officers required a guarantee of total anonymity in both interviews and observational field notes. This guarantee played a significant part in enabling officers to participate openly in the study. For further assurance, I have attempted to disguise the identity of officers and the location of regions where observations were conducted in the text, and in several instances the type of case attended. In some instances this has meant that a particularly good reference that was readily identifiable was discarded in favour of a lesser but adequate example.

In accordance with The University of Queensland ethical guidelines, patients have also been afforded the same anonymity. Patients name and addresses were never recorded and cases that received media coverage and could therefore be identified were either discarded or described only in very general terms where officers have used them to illustrate a critical aspect of their story. Cases referred to in the study also do not have any reference to the QAS region, district or branch in which they occurred. (See Appendix 4).

APPENDIX 2

QAS REGIONAL MAP
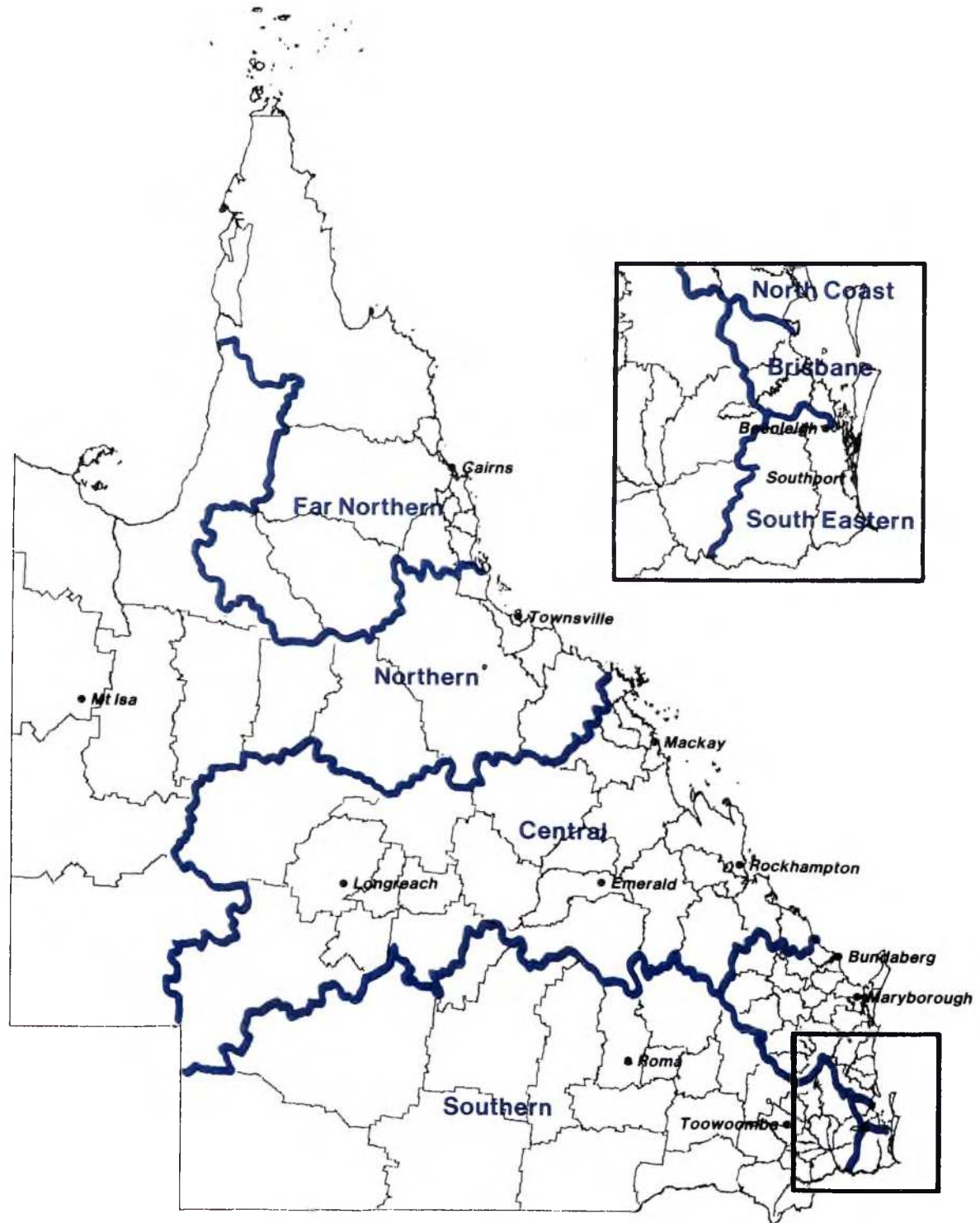
Source: Bureau of Emergency Services 1994/95 Annual Report

APPENDIX 3

AMBULANCE OFFICER INTERVIEWEE DETAILS
(N=30)

Interview No	Name	Age	Years Service	Region	Rank
1	Drew	43	23	Rural	AO
2	Fred	56	34	Remote	OIC
3	Brian	35	10	Urban	Training Officer
4	Bill	40	9	Metro	AO
5	Alec	27	6	Provincial	AO
6	Al	40	15	Remote	OIC
7	Danny	40	9	Metro	OIC
8	Phil	30	10	Rural	AO
9	Rod	38	15	Metro	AO
10	Rick	32	8	Provincial	AO
11	Steve	24	4	Provincial	AO
12	Ted	50	30	Rural	OIC
13	Wayne	39	15	Provincial	AO
14	Nick	30	7	Rural	AO
15	Mickie	35	12	Metro	AO
16	Onslow	40	5	Metro	AO
17	Eddie	45	20	Provincial	SAO
18	Malcolm	32	14	Provincial	AO
19	Len	39	9	Metro	AO
20	Ethan	40	14	Metro	AO
21	Frank	43	22	Metro	OIU
22	Michael	29	5	Provincial	AO
23	George	50	25	Provincial	AO
24	Eric	35	6	Rural	AO
25	David	42	23	Rural	AO
26	Jerry	23	2	Metro	Student
27	Harry	21	1	Metro	Student
28	Elliot	35	10	Remote	AO
29	John	37	15	Metro	SAO
30	Justin	45	20	Remote	OIC

APPENDIX 4

AMBULANCE CASES

Field Work Cases : Details (N = 110)

Case No	Code	Gender	Age	Incident /Destination	Case Type/Condition	Observer	Notes
1	1	F	80s	Nursing home to Hospital	Chest pain	Carried Monitor	Physical Contact Spoke to relatives Verbal affection
2	1	F	80s	N/A	Response to Vital Sign Alarm	N/A	Friendly greeting Trust in officers
3	3	M	80s	IHT/Clinic	CT Scan	N/A	N/A
4	3	M	80s	Discharge from Public hospital	Hip replacement	Talked to relatives	Officers joked and fooled around Smiled alot at relatives
5	3	F	30s Nes	Discharge from public hospital	N/A	N/A	Officers talked to patient's neighbours worried a lot about patient's ethnicity showed children through ambulance
6	1	M	70s	Football Club/Club Bar	CVA	Talked to bystanders	Relatives and bystanders extremely deferential
7	1	F	70s	Bank	Unconcious collapse	Cleaned up debris left by officers	Officer showed compassion vut later made fun of patient in front of other officers at the station
8	1	M	11	Football Ground	Suspected cervical injury	Held Collar	Bystanders were deferential
9	3	M	40s	INHT/Escort	CT Scan/Psych	N/A	Officers were wary of patient because of violent history
10	3	M	80s	Discharge from private Hospital to Nursing Home	Infectious disease - Golden Staph	N/A	Officers wary of patient because of disease
11	3	F	40s	IHT	CT Scan	N/A	N/A
12	3	F	80s	Discharge to Nursing Home	N/A	N/A	Nursing Home staff very condesending towards patient
13	2	F	70s	Doctor's Surgery to Public hospital	LVA	N/A	Verbal affection

Case No	Code	Gender	Age	Incident /Destination	Case Type/Condition	Observer	Notes
14	3	F	11	IHT (escort)	Bone Scan	No trip	Doctor ordered me not to go on trip
15	3	F	N/A	Home to Public hospital	N/A	N/A	N/A
16	3	M	50s	IHT (escort)	CT Scan	N/A	Humour
17	2	M	11	School	Suspected broken leg	N/A	Teachers frustrated and impatient with patient
18	1	F	20s	MVA	Broken neck of femur	Collected equipment from ambulance	2 units attended 2 males, 2 females
19	1	N/A	1	Private home	Convulsions	observed treatment at A &E	2 units attended 3 male officers
20	2	M	93	Private home	Suspected broken hip	Assisted with stretcher	humour reassurance
21	1	M	50s NES	Private home	Chest pain	Oxy-viva	Officers appeared nonchalant with patient
22	3	M	80s	IHT	CT Scan	N/A	N/A
23	3	M	80s	IHT	CT Scan	N/A	N/A
24	3	M	70s	IHT	CT Scan	N/A	N/A
25	3	M	80s	IHT	CT Scan	N/A	N/A
26	3	F	70s	IHT	CT Scan	N/A	N/A
27	3	F	60s	Discharge from Nursing Home	N/A	N/A	N/A
28	3	F	70s	IHT	CT Scan	N/A	N/A
29	1	F	30s	Private home	Miscarriage	N/A	2 units attended - 3 male officers
30	2	M	15	Football Match	Dislocation/fracture of elbow	Comforted patient/mother	false hope - doctor very rude
31	2	F	70	Private Home	Suspected broken neck of femur	N/A	Excellent rapport with patient
32	2	F	40s	Private home	Endocrinal condition	N/A	Humour
33	2	F	40s	Airport	Back pain	N/A	Humour
34	2	F	80s	Nursing home	Dementia	N/A	Hugging technique
35	2	F	70s	Discharge to Nursing home	Surgical	N/A	N/A
36	1	M	75 Nes	Private Club	Chest pain	Oxy-viva	Patient talked about WW2
37	2	M	15	School	fractured clavical	Assisted with spine board and collar	N/A
38	3	M	80s	QRI to nursing home	Radium treatment	N/A	banter
39	3	F	80s	QRI to nursing home	Radium treatment	N/A	banter - Flirting hugging technique
40	3	F	80s	QRI to nursing home	Radium treatment	N/A	banter Flirting hugging technique

Case No	Code	Gender	Age	Incident /Destination	Case Type/Condition	Observer	Notes
41	3	F	80s	QRI to nursing home	Radium treatment	N/A	banter
42	1	F	70s NES	Private home	Chest pain	N/A	Talked about technical expertise
43	1	M	50s	Fire	Smoke inhalation/ Heat exhaustion	N/A	Hand on shoulder
44	1	M	20s	Fire	Smoke inhalation/Heat exhaustion	N/A	Hand on shoulder
45	2	F	60s	Private home	suspected fractured ankle	N/A	Calm and reassurance
46	1	F	20s	MVA	Suspected spinal injury	N/A	
47	1	F	30s	MVA	Suspected spinal injury	N/A	Officers unable to calm and reassure woman
48	3	M	70s	Discharge	N/A	N/A	N/A
49	3	M	80s	QRI to home	N/A	N/A	Good rapport with patient
50	3	M	102	Discharge	N/A	N/A	N/A
51	3	F	70s	Nursing Home to public hospital	N/A	N/A	Patient compliment about service
52	3	M	60s	Discharge	N/A	N/A	N/A
53	1	M	60s	Street	Unconscious collapse/ Intoxication	N/A	Altercation with patient - police called
54	1	F	70s Nes	Nursing home	Difficulty breathing/ Chest pain	Oxy-viva Monitor	Verbal affection humour
55	1	M	60s	Boarding House	Chest pain	Oxy-viva	non-judgemental friendly but clinical Humour
56	1	M	20s	Street	Suspected head injury/intoxication	N/A	Officer used physical gesture to command respect
57	2	M	70s Nes	Private Home	Suspected fractured neck of femur	Spoke to wife	kindness/gentleness
58	1	M	2	Private Home	Convulsions	N/A	Supportive of mother ambo teddy
59	1	M	40s	Vacant Allotment	Difficulty breathing	Oxy-viva	Objectivity Affective neutrality Rowdy friends very calm and professional
60	1	M	40s Nes	Street	Suspected head injuries	Oxy-viva	Tried to convince patient to go to hospital
61	3	F	70s	Public hospital to private hospital	N/A	N/A	

Case No	Code	Gender	Age	Incident /Destination	Case Type/Condition	Observer	Notes
62	3	F	70s	Public to Private hospital	N/A	N/A	Humour
63	1	F	20s	Pedestrian Struck	Head injuries	Held torch and cleaned ambulance	Problems with other crew 3 units attended 5 male officers 1 female officer
64	1	F	20s	Pedestrian Struck	Head injuries	Held torch and cleaned ambulance	Problems with other crew 3 units attended 5 male officers 1 female officer
65	2	F	N/A	Ballroom	Flesh wound	N/A	N/A
66	2	F	20s	Private Home	Labour	N/A	Humour Reassurance
67	2	M	30s	Hotel	Cut hand	Tidied up after treatment	Calm Reassuring
68	1	M	20s Nes	Concert Hall	Unconscious collapse	Oxy-viva	Communication Difficulties
69	1	M	16	Street	Cut hand	Blanket	Officers very firm and directive but compassionate towards violent patient (Police escort)
70	2	M	20s	Street (outside nightclub)	intoxication	N/A	Patient semi-conscious
71	1	M	20s	Nightclub	Convulsions intoxication	Comforted friends oxy-viva	
72	3	F	80s	Nursing Home	N/A	N/A	Verbal Affection
73	3	F	40s	IHT	Surgical	N/A	Humour Compassion
74	1	M	60s	Private Home	Chest pain	N/A	Rapport with relatives Took time to explain procedures
75	3	M	60s	IHT (escort)	N/A	N/A	Friendly doctor
76	3	F	19	IHT	Diabetes	N/A	Patient semi-conscious
77	3	M	80s	Discharge from Private hospital	N/A	N/A	
78	1	M	20s	Street/Pedestrian struck	Facial injuries	N/A	Officer very gentle with patient Kind with friends
79	2	M	70	Nursing Home	Suspected fracture	N/A	
80	3	F	50s	Private home	N/A	N/A	Humour
81	3	M	70s	Discharge	N/A	N/A	N/A
82	3	F	80s	Discharge	N/A	N/A	N/A
83	3	F	60s	Private Home	N/A	N/A	Officers asked patient to get a taxi next time

Case No	Code	Gender	Age	Incident /Destination	Case Type/Condition	Observer	Notes
84	1	F	70s	Private home	Difficulty breathing	N/A	N/A
85	2	M	40s	Industrial site	Fracture	N/A	Humour Reassurance
86	2	F	30s	Private Home	Back injury	Assisted with spine board	Humour
87	2	M	20s	Park	Suspected fracture	N/A	Officers very casual
88	1	F	18	MVA	Facial and knee laceration	Talked to neighbour	
89	1	F	18	MVA	Broken ribs	Carried equipment	
90	3	F	70s	Nursing Home	N/A	N/A	N/A
91	3	F	70s	Nursing Home	N/A	N/A	N/A
92	3	F	80s	Nursing Home	N/A	N/A	N/A
93	2	F	40s	Private home	Surgical	N/A	Humour
94	1	M	7	Private home	lacerations to leg and face blood loss	Put equipment away	
95	2	F	60s	Private home	Pain	N/A	Calmed patient
96	1	F	20	MVA	Suspected spinal injuries	Carried equipment	
97	1	M	20	MVA	Laceration to hand	Carried equipment	
98	1	M	70s	Private home	Chest pain	N/A	Friendly Calm professional
99	3	M	70s	Nursing home	N/A	N/A	N/A
100	3	M	60s	Nursing home	N/A	N/A	N/A
101	3	F	70s	Nursing home	N/A	N/A	N/A
102	3	F	80s	Nursing home	N/A	N/A	N/A
103	3	F	80s	Nursing home	N/A	N/A	N/A
104	3	F	80s	Nursing home	N/A	N/A	N/A
105	2	M	50s	Private home	Chest pain	N/A	Called police relative potentially violent
106	1	M	60s	Private home	Chest pain	Carried equipment	Talked to relatives explained procedures
107	1	M	20s	Street-Pedestrian Struck	Intoxication bruising	N/A	Officers very brusque with patient and friend
108	1	F	11	MVA	Bruising	N/A	Relatives intoxicated
109	1	M	20s	Aerial ambulance	N/A	N/A	N/A
110	1	F	40s	Aerial ambulance	N/A	N/A	N/A

APPENDIX 5

LIST OF TOP EMOTIONAL STRESSORS WITHIN AMBULANCE WORK

The major emotional stressors associated with operational ambulance work include:

- death or serious injury of a fellow colleague in the line of duty

- suicide of a fellow officer

- multiple casualty incidents

- death or serious injury to children

- attending scenes where a victim is known to saff, or reminds staff of a known/loved one

- situations that threaten the life or safety of staff

- situations that entail prolonged rescue work

- situations that attract undue and/or critical media attention

- situations that place heavy and immediate responsibility on staff for the saving of lives

- dealing with body parts

- responding to many difficult situations in a short space of time

- any incident in which the circumstances are so unusual or the sights and sounds so distressing as to produce a pronounced immediate or delayed emotional reaction.

Source: Queensland Parliament (1990)

APPENDIX 6

EXCERPT FROM REPORT INTO QUEENSLAND AMBULANCE SERVICES

CONCLUSIONS AND RECOMMENDATIONS -- PERSONNEL SUPPORT

The Committee believes that personnel support services are necessary to maintain an efficient and effectively functioning group of emergency service workers. During meetings with ambulance staff throughout the State, the Committee found that access to support services for ambulance personnel is urgently needed. Personnel support programmes need to take a variety of forms to cater for different types and levels of need.

The first component of a personnel support programme is education, both at the initial recruit training stage and, on a continuing basis, to deal with stress recognition, its effects and methods of reducing it.

Recommendation Sixty-four

64.1   Ambulance officer education should include such matters as communication skills, recognition of critical incident stress and stress responses, and aims and purpose of counselling services as a measure to minimise the adverse effects of occupational stress.

64.2   An education programme aimed at promoting a better understanding of the causes and consequences of stress in ambulance work should, be directed to existing operational staff, senior management staff and spouses/partners of ambulance officers.

The second component of a personnel support programme is intervention following a major incident. There are a number of models for such interventions, which generally comprise:

an initial "defusing", involving an unstructured discussion of the events of a critical incident within a few hours of it occurring, led by a trained stress debriefer. This should include only those officers most affected, and may circumvent the need for a full formal debriefing;

a formal CIS debriefing, led by a specially trained team of mental health professionals combined with peer support personnel, and involving a psychological and educational group discussion. This process should be aimed at lessening the impact of distressing critical incidents on the officers and hastening recovery from such an event before adverse stress reactions damage the performance, career, health and families of ambulance officers. This discussion may take several hours and should be seen to be confidential. Research suggests that such a process should take place within one to three days of the event to be most effective.

These debriefings may or may not be held as combined emergency services events, but must not be mistaken for operational debriefings, which should be combined service events.

The Committee has found that there are numerous models suitable for use in developing a CISD programme. The use of peer support officers is regarded as a necessary component of any programme, as they may be able to use a low key approach with colleagues to provide support at a time or place when professionals are either unavailable or unwarranted.

Source: Queensland Parliament (1990)

APPENDIX 7

QAS STRUCTURE ORGANISATION CHART

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                    ┌─────────────────────────┐
                    │      Commissioner       │
                    └────────────┬────────────┘
                                 │         ┌──────────────────────────┐
                                 ├─────────┤    Medical Director      │
                                 │         └──────────────────────────┘
                    ┌────────────┴────────────┐
                    │  Deputy Commissioner    │
                    └────────────┬────────────┘
                                 │
                    ┌────────────┴────────────┐
                    │Assistant Commissioners (7)│
                    └────────────┬────────────┘
                                 │
  ┌──────┬──────┬──────┬──────┬──────┬──────┐
  │      │      │      │      │      │      │

Region  Region  Region  Region  Region  Region  Region

  1       2       3       4       5       6       7
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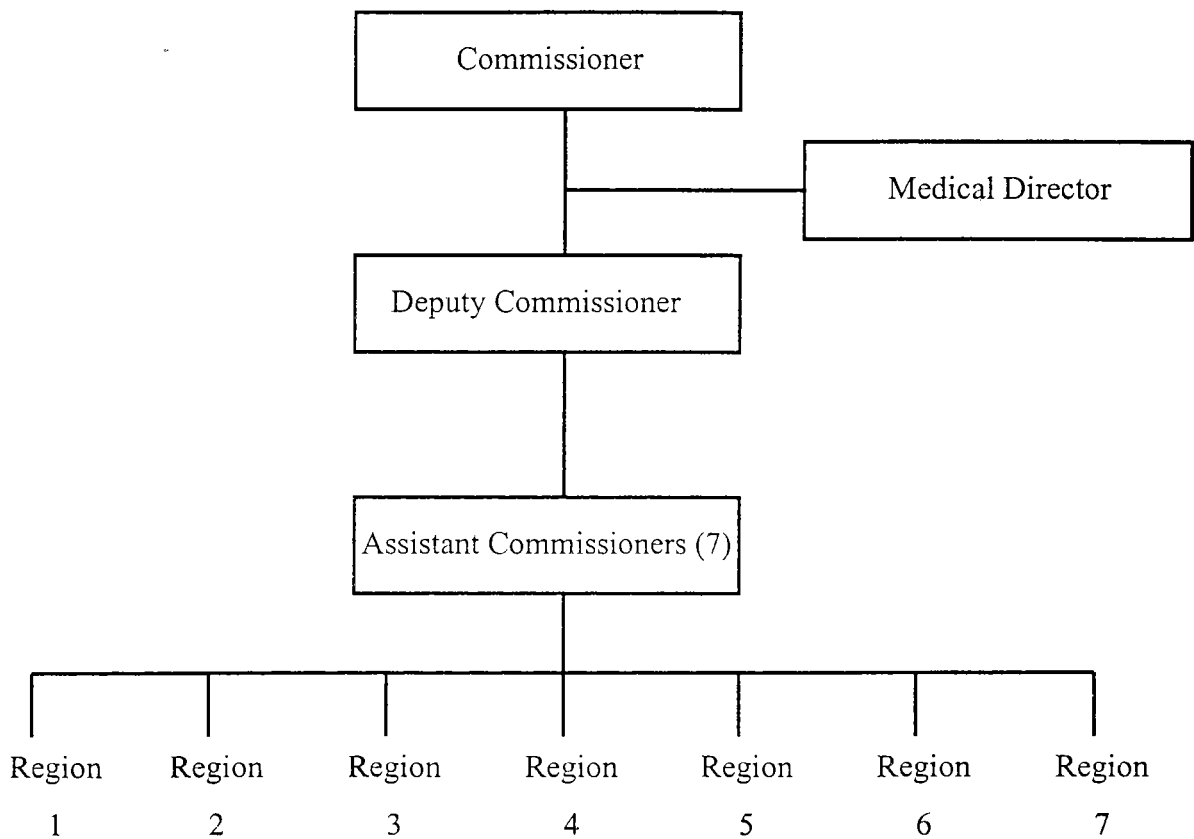
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┌─────────────────────────────────────┐
│                                     │
│            QAS Regions              │
│                                     │
│      1   :   Far North Region       │
│      2   :   Northern Region        │
│      3   :   Central Region         │
│      4   :   South West             │
│      5   :   North Coast            │
│      6   :   Metropolitan           │
│      7   :   South East             │
│                                     │
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Source: Bureau of Emergency Services,
Annual Report 1993-94.

APPPENDIX 8

FRONT COVER OF "EMERGENCY" DECEMBER 1994

BABIES ON BOARD

in baby capsules fitted by the Queensland Ambulance Service

APPENDIX 9

EXCERPTS FROM QAS ADMINISTRATION MANUAL

CHAPTER THIRTY SIX "COMMAND AND CONTROL"

AND

CHAPTER THIRTY EIGHT "CHAIN OF COMMAND"

CHAPTER THIRTY SIX

COMMAND AND CONTROL

Introduction

3601.   Relevant legislation requires the Queensland Ambulance Service (QAS) to perform certain functions, and that structures be put in place to ensure there is supervision through the organisation.

3602.   Command and control is the management approach that ensures objectives are achieved and plans become reality through processes of review and control.

Aim

3603.   The aim of this Chapter is to outline the need for command and control.

Responsibilities

3604.   Ultimately the Commissioner QAS is responsible through the Director-General of Queensland Emergency Services (QES) to the Minister, although the Commissioner may delegate responsibility through recognised levels of the organisation which:

     a.   are responsible for the development of policy, strategies and goals (e.g. Deputy Commissioners, Assistant Commissioners, Managers and Medical Director);

     b.   integrate resources, personnel and information to ensure the goals of the Service are met (e.g. Assistant Commissioners, Managers, District Superintendents); and

     c.   are concerned with the efficient and economical operation of a specific functional area (e.g. Station Officers-in-Charge (OIC), Training Officers).

Need for Command and Control

3605.   Command and control is necessary to ensure that legislative, organisational and community expectations are met. This is reflected in the goals of the QAS and in particular applies to the following areas:

a.   Efficient and effective initial pre-hospital care which is:

(1)   timely
(2)   appropriate to the needs of the patient
(3)   of a high quality
(4)   equitably available;

b.   Specialised patient transport;

c.   Public education;

d.   Expert advice on ambulance transport and the treatment of patients;

e.   Effective personnel support; and

f.   Development and delivery of appropriate training.

Chain of Command

3606.   The chain of command is exhibited in the organisational structure and reflects the Commissioner's response to legislative requirements, missions and goals, and enhances the necessary supervision of the system.   An outline of the organisational structure of the QAS is at **Chapter 3 of the Administration Manual, QAS Organisation Roles and Functions.**

CHAPTER THIRTY EIGHT

CHAIN OF COMMAND

Introduction

3801.   To ensure the operations of the Queensland Ambulance Service (QAS) function in an effective and efficient manner, it is imperative that the formal chain of command is adhered to at all times. Adherence to the established chain of command is one of the fundamental principles of management needed to maintain an effective control mechanism for an organisation as large and as widely dispersed as the QAS.

Aim

3002.   The aim of this Chapter is to detail the requirement for QAS officers to adhere to the established organisational chain of command.

General

3003.   The establishment of formal organisational structures creates definitive management and supervisory channels of communication. Such structures encompass set tiers of command and control and allow for functions to be performed at appropriate levels of responsibility. It is important that communication channels are kept open to ensure the timely passage of information and directives. The flow of information will lead to effective decision making and provide for optimum and timely planning and support.

3004.   The organisational structure of the QAS into defined regions and areas of responsibility effectively permits local matters to be managed at the appropriate local level. In turn, the structure also provides for referral of information for higher decision or direction.

3005.   Adherence to the chain of command must be applied with a common sense approach: it must be made to work and, alternatively, it must be flexible enough to allow the chain to be circumvented when the need arises. It is permissible to by-pass the chain of command in the following circumstances:

a.   Where operational imperatives are such that adherence to the chain of command may cause or impose unnecessary risk to persons or property.

b.   Where a direction is received to provide information, or report directly to a higher level.

c.·   If the immediate superior is absent or otherwise unavailable.

d.   In circumstances of sexual harassment involving an immediate superior.

e.   Where a grievance exists against an immediate superior.

f.   Where time frames or deadlines necessitate such action.

3006.   Where the chain of command is by-passed for reasons other than sexual harassment or grievance, it is appropriate that the person by-passed is informed of the matter, and the reason the chain of command was by-passed, as soon as practicable.

3007.   Complaints of sexual harassment or grievance against an immediate superior are to be directed to the next higher authority above the person against whom the complaint has been made.

Orders and Directives

3008.   Orders and directives are usually written but may be received verbally. A verbal directive will always override a written directive and where more than one verbal directive is received, the directive from the higher authority will take precedence. Where a conflict occurs, the officer involved should make the authority issuing the most recent order aware of the problem and make all endeavours to clarify the situation.

3009.   Formal directives or orders must be obeyed. Failure to obey an order or directive from a superior officer may lead to disciplinary action.

Conclusion

3010.   To ensure the QAS operates in accordance with its role and functions and at the expected professional standards, it is necessary that all officers adhere to the established chain of command.

APPENDIX 10

COUNTRY AMBULANCE SERVICE – A FAMILY AFFAIR
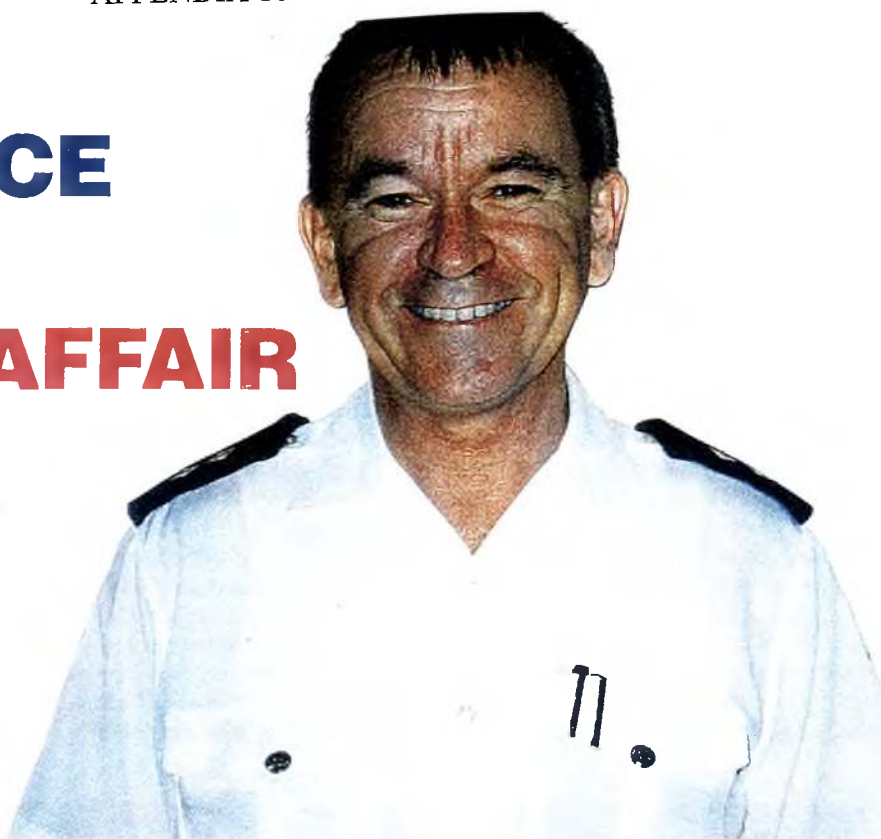
Officer-In Charge Steve McIntyre; "It has its ups and down; but I wouldn't be doing anything else."

Known simply as "Stevie" by almost all of the 1500 inhabitants in and around the North Queensland community of Giru, Steve McIntyre symbolises the irreplaceable role played by Ambulance Officers and their families in many isolated communities.

Like many of his colleagues, Steve and his family provide almost all of the healthcare needs of the community.

Steve's career has become an example for his entire family.

The "black sheep" in the McIntyre family is son Darren, because he is the only one not involved with the ambulance service or healthcare community.

Steve's wife Helen has been an honorary officer for six years, and works seven days a week as Steve's second officer for all emergencies.

Their son, Graham is Officer-In-Charge of the Carmila Ambulance Station, daughter Petrize is a third year nurse, and at 17 years of age, their daughter Bernardine helps wherever she can at the station, and can't wait to become an ambulance officer.

Giru Health Services

If you ask Steve what healthcare services are available in Giru, the answer is brief: "The Queensland Ambulance Service."

"The Blue Nurses come twice a week and the doctor comes once a week from Ayr, and there is a welfare clinic for the children twice a month," he explained.

"Most of these people use the QAS station facilities, and that is all there is.

"Giru is 45 minutes from Townsville, and 30 minutes from Ayr, and if anyone is in a life threatening situation, we are the only people who can help them."

Motivation

Steve had no intention of becoming an ambulance officer when he worked as a youth at the Giru mill, until he witnessed a horrific accident and found himself unable to provide even basic first aid for the victim.

"I saw a nine-year-old boy run over and jammed between the rear wheels of a truck. I ran over to help but when I got over there I realised I didn't know anything about first aid and I couldn't do anything to help," he explained.

"I had a feeling of absolute helplessness and a bit of disgust mixed in with it. The boy died there and I decided to do something about it."

Steve is also the founding President of the Giru branch of the Queensland Cancer Fund, and he and Helen spend a great deal of time caring for cancer patients.

In a recent case, Helen and Steve nursed a terminally ill patient, who asked that his family not be put through the torment of watching him die.

"The family made a promise that he would not have to die in hospital, but they did not realise the size of the task they had taken on," Steve explained.

"When they came to us they were in tears and they were lost.

"Helen and I got to know these people very well in the end. You don't have to have people say thank you because it is in there eyes, and you know."

Saving Lives

Recently, after saving an 18 year old girl with a heart-starting defibrillator, Steve set out to raise enough money for a second machine at the station. Within seven weeks he had achieved his goal.

"She was almost dead when we arrived, and would never have made it to Townsville with out our help," he explained.

"Today she's walking around again and that is one of the highlights of the job.

"That's why I just love what I'm doing, it is a pretty good feeling.

"It has its ups and downs but I wouldn't be doing anything else.

"My biggest ambition was to be a constructive part of the ambulance service and a constructive part of the community, and I think our family has done that."

Steve and Helen have a simple ambition to work in a two officer station somewhere in rural Queensland, where Helen can become a fully fledged ambulance officer, and the family can continue their dedication to the healthcare of local residents.

APPENDIX 11

QAS PROMOTIONAL MATERIAL
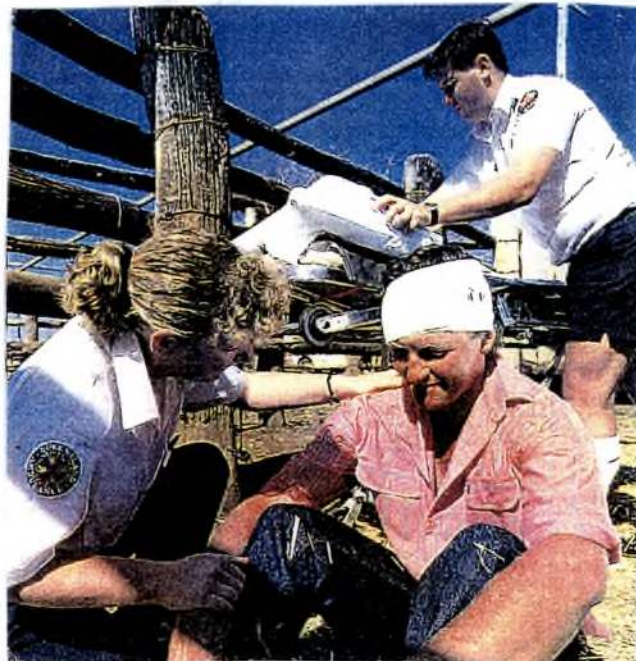
Source: QAS (1992)

APPENDIX 12

PRIORITY ONE 1994 PROMOTIONAL MATERIAL
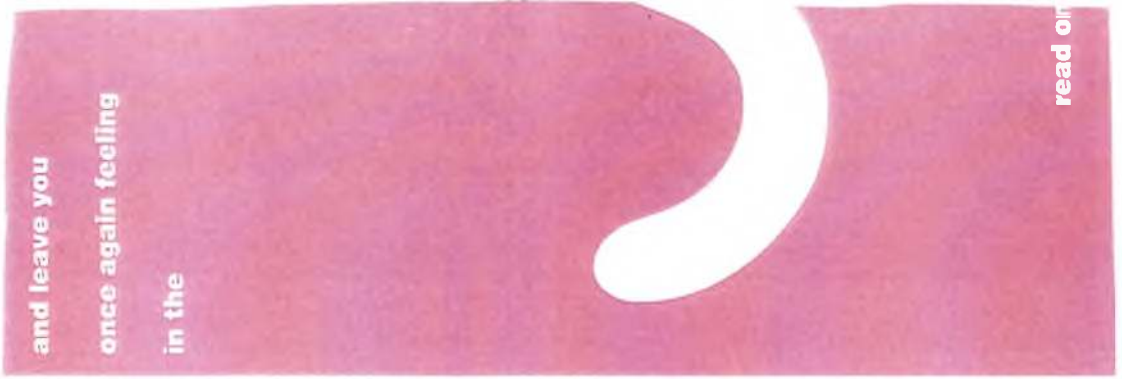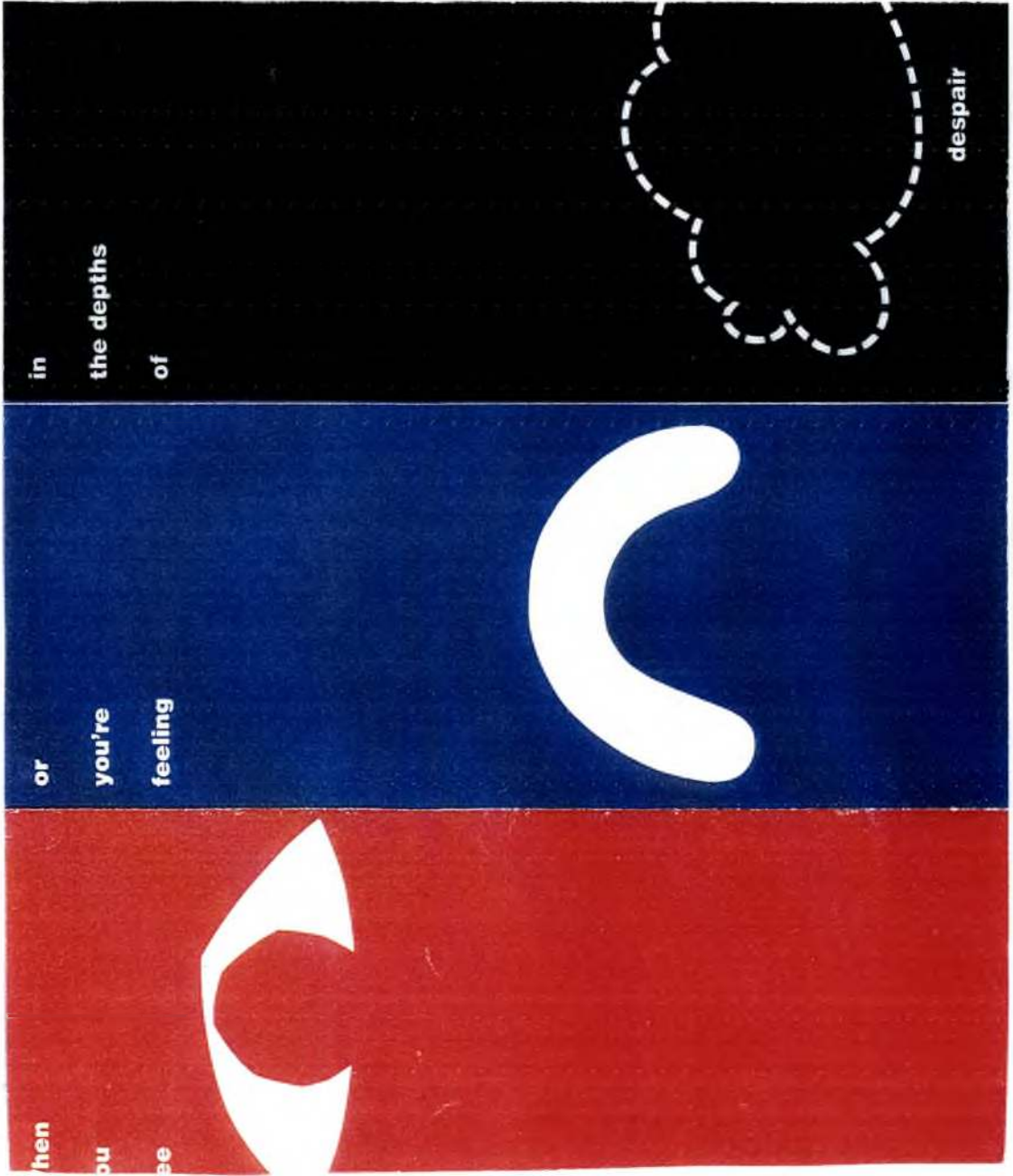
Dear Officers

As the QAS strives to keep pace with the demands placed on it to provide a high standard of health care, it is my wish that there is an equally high standard of care offered to personnel and their families.

In keeping with this, I urge you and your family to take the time to care for yourself and, when appropriate, to avail yourself of the services offered under 'Priority One'.

At times, these services will be offered to you, for example when Critical Incident Stress Debriefing takes place after a significant or unpleasant event. For the most part though, these services will be available for your use when you require them.

Part of the mission statement of 'Priority One' states that the support service strives to "empower" personnel. It is my hope that you will not only care for yourself but also foster the "spirit of fellowship" so characteristic of the QAS, by supporting and sustaining your colleagues in their needs and those of their families.

I regard the 'Priority One' program as a vitally important part of the QAS and essential to the program needs of personnel and their families. All these services, especially the Peer Support Program, are intended to meet your needs. Please make use of your support services.

I commend this program to you.

[signature]

DR GERRY FITZGERALD
Medical Director

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4 Practical ways
Priority One can help
you and your family

Staff Support Service Guiding Philosophy

The Queensland Ambulance Service is a human service organisation which is directly involved with people in crisis, and has as a primary function, the provision of quality patient care. Ambulance Officers enter the service as unique individuals with a commitment to serve patients directly or indirectly.

Purpose: The QAS Staff Support Service exists to promote the physical, psychological and emotional well-being of Ambulance Personnel and their families.

Mission: The QAS Staff Support Service aims to so inform and empower Ambulance Officers that they will understand and be able to gain access to the necessary resources that will sustain them and their families in the important work they do in the community.

The service recognises that an individual's emotional and psychological health in the vocational setting is largely dependent on his/her emotional and psychological health in the wider context of life.

It therefore encourages Ambulance Officers in their pursuit of a satisfying, individually defined lifestyle. Into this context the Ambulance Officer incorporates the vocational functions required by the objectives of the Ambulance Service.

The Staff Support Service seeks to encourage and enhance the individuals personal resources and to introduce appropriate supportive mechanisms when sought. In this way personnel will have control over their destiny with a sense of vocational equity.

Confidentiality is of paramount importance to personnel and therefore to Staff Support Service.

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1 Peer Support Program

Peer Supporters are your work colleagues who have volunteered to undertake special training to assist other employees in coping with personal or job related difficulties. They do this unique task as part of their normal work, and it is this which makes them more accessible and provides you with a first line of contact when you need them.

Peer supporters are not professional counsellors they are individuals who care about their colleagues and have the knowledge and skills to help you obtain the best assistance when it is needed. They can put you in touch with the right people.

Get to know your Peer Supporter — they are very friendly people.

2 Self-Referral Counselling

The QAS has made a commitment to the wellbeing of you and your family by providing a personal Counselling Service.

This Service is provided by Professional Counsellors in or near your area who are in no way connected to the Ambulance Service.

You or any member of your immediate family may discuss any matter with the counsellor. This is not limited to work matters only. Any matter can be discussed.

This Service offers:

■ Complete Confidentiality

No reports or records will be forwarded to the QAS.

■ Three (3) Free Consultations

You may choose to have further visits if you wish. However, the first 3 visits are paid for by the QAS.

■ Self Referral

You do not need to obtain permission to use the service — simply make the appointment by phone.

All counsellors are professionals who have indicated their willingness to provide this service to you. They have an understanding of the problems faced by Ambulance personnel.

For your convenience all Counsellors names and phone numbers are printed in this brochure.

---

3 Telephone Counselling Service

A Phone Counselling Service is now available to Ambulance Personnel and their Families.

■ Simply Dial **008 805980**

■ The Receptionist will answer your call and take your name and callback number.

■ The On-Duty Professional Counsellor will return your call as quickly as possible.

■ You are free to discuss any matter — this is not restricted to work issues.

■ This is a Confidential Service.

■ You may choose not to identify yourself.

The Service is provided exclusively for you and your family in the interests of Health and Wellbeing.

This service is especially useful for Officers and their families living and working in remote areas.

4 Critical Incident Stress Debriefing

Critical Incident Stress Debriefing (CISD) is a relatively new development in caring for Ambulance Personnel. In the event of a major incident where many Officers are involved, or when only a small number of Officers is involved in an incident of high emotional impact you may be invited to attend a CISD.

This is simply an opportunity for you and your colleagues to discuss the effects of the event.

This is NOT an operational debrief, and it is NOT conducted by operational staff. These debriefings are conducted by specially trained people under the supervision of a specialist counsellor.

You can and should ask for a debrief if you think the case you have attended warrants it. Anyone can request a debrief.

Sometimes the help we receive in debriefing is beneficial to our partners and families also e.g., in learning ways to deal with our feelings following an unpleasant event. At times our families are more aware of changes in behaviour and can assist if they are given information as well.

CISD works. It will be there for you when you need it. Take time to read the CISD activation procedure.

Counsellors

Q1		**Q3**	
Cairns		**Toowoomba**	Mr G Gay (07) 364 4544
Ms Robyn Crittenden (076) 510 300		Ms Joy Connolly (076) 382 299	Mr Phil Harlaw 018 733 245
Mr Cliff Nelder (076) 510 300		Mr Ian Goldsmith (076) 382 399	075 464 321 Ms Marie Nagel (07) 366 3544
Mr Kevin Coolahan (076) 510 300		**Dulacca**	Ms Maureen Pauli (07) 836 3599
Mr Robert Waledy (077) 215 767		Ms Robyn Mirabaio (076) 276 108	**Q6**
Ms Jocelyn Clayton (077) 715 649		**Q4**	**Mudgeeraba**
Q2		**Coolum**	Mr Zeke Koscharao (075) 304 638
Rockhampton		Mr William Clarke (074) 461 643	**Ferrvale** Ms Celia Roos (074) 267 469
Ms Denise Britton (079) 224 872		**Q5**	
Mr Con Graves (079) 515 375		**Brisbane** Mr M Conway (07) 368 1300	
Mr Bruce Acutt (079) 379 070		Mr Brian O'Hanlon (07) 397 8250	

Mr Paul Scally, Coordinator, Staff Support Services
(07) 217 5531 Statewide Pager: 008 777 990 Quote: 71371
Metropolitan: 8316199 Quote: 71371

Dear Officers and Family Members

The 'Priority One' program is, as described in its mission statement, intended to serve you and your family.

As the Program Coordinator, I urge you to make full use of the services offered. My vision is to provide the most comprehensive program possible, and in order to achieve this I seek your assistance and advice regarding any issue relating to the program, or ways in which the program can be improved or services enhanced.

I value your input, please contact me with your suggestions. Remember, this is a 'Service' to meet your needs.

Best Wishes

[signature]

PAUL SCULLY
Coordinator/Staff Support Services

APPENDIX 13

EXCERPT FROM QAS ADMINISTRATION MANUAL

Chapter 42 "Discipline"

CHAPTER FORTY TWO

DISCIPLINE

Introduction

4201.   The conduct and behaviour of Ambulance Officers is to be beyond reproach and in accordance with the professional expectations of the community they serve. This applies both whilst on or off duty and whether uniform is worn or not. Officers should conduct themselves in a manner befitting their uniform. They remain ambassadors for the QAS. It is in the interest of all officers that the public image of the QAS is preserved. While discipline is generally a last resort, it is necessary to deal with instances where wilful breaches of QAS policy or procedures are proven to have occurred.

4202.   All officers, particularly those in supervisory positions, are to familiarise themselves with this policy and ensure that its provisions are observed. Failure to comply with the provisions of this policy may be grounds for disciplinary action in itself.

4203.   This Chapter is to be read in conjunction with **Chapters 37 and 39 of the Human Resource Manual, Management of Diminished Performance and Performance Management and Development.**

Aim

4204.   The aim of this Chapter is to detail the discipline policy for officers of the QAS.

DISCIPLINE

Definition

4205.   Disciplinary action includes establishment of the grounds on which an officer can be charged, the procedures involved, the consequences which may follow and the rights of the officer including the right to a hearing and an appeal.

Grounds for Disciplinary Action

4206.   An officer of the QAS is liable to disciplinary action upon any of the following grounds being shown to exist:

a.   Incompetence or inefficiency in the discharge of duties.

b..   Negligence, carelessness or indolence in the discharge of duties.

c.   Wilful failure to comply with any policy or procedural requirements issued by the Commissioner QAS.

d.   Absence from duty except:

(1)   upon leave duly granted;

(2)   with reasonable cause.

e.   Wilful failure to comply with a lawful direction of the Commissioner or another person having authority over the officer.

f.   Misconduct. Misconduct for these purposes means:

(1)   Disgraceful or improper conduct that shows unfitness to be or continue as an officer of the QAS;

(2)   Behaviour that does not satisfy a standard of behaviour generally expected of officers of the QAS.

4207.   Where a District Superintendent or above has reason to believe that officers are liable to disciplinary action, officers may be charged. The District Superintendent (or equivalent) is responsible for initiating all disciplinary processes on notification of possible grounds for disciplinary action.

Stress

4208.   Where disciplinary action is considered, in accordance with this policy, consideration should be given to whether the behaviour of the officer is stress related. If the District or Regional Commander has reason to believe that the behaviour of the employee is stress related, the employee is to be referred for stress counselling. Prior to any disciplinary action being instigated, the counsellor shall be consulted as to the appropriateness of disciplinary action being progressed.

Medical Examination

4209.   Where action against an officer is contemplated on the grounds of absence from duty, the Commissioner may appoint a medical practitioner to examine the officer and report upon the officer's mental or physical condition. The Commissioner may direct the officer to submit to a medical examination.

Authority to Lay/Hear Charges

4210.   Charges may be laid by an officer of at least District Superintendent (or equivalent) rank. Charges are heard by an Assistant Commissioner (or equivalent) except as defined in para. 4215.

Charging Procedure

4211.   Officers against whom a charge is made are to be furnished with a copy of the charge, together with any written evidence. Officers will be required to state in writing, within 14 days of the date of receipt of the charge, whether they admit or deny the charge, and to give any explanation in writing which they wish to furnish in answer to the charge. The form of the charge is to be in accordance with Annex A.

4212.   Where a charge has been made against an officer and a written reply from the charged officer has been received, or no written reply to the charge is received within 14 days of the date of receipt of the charge by that officer, a decision is to be made as to whether to proceed with the charge.

4213.   Where the charge is proceeded with, the District Superintendent is to forward a written report along with the written reply, if any, from the officer charged, as well as any other relevant material, to the Assistant Commissioner.

4214.   For officers of Central Office or the Ambulance Officer Training Centre, the responsible officer to receive such materials is Deputy Commissioner Planning and Support and Manager, Training and Development, respectively. Officers charged while on a course of instruction or otherwise absent on duty from their normal place of duty, will have the report referred to their own Assistant Commissioner.

Hearing Procedure

4215.   If the Assistant Commissioner is satisfied that the charge is to be proceeded with, then the charged officer is to be advised of the hearing date. Where the Assistant Commissioner believes that the conduct outlined in the charge is of such a serious nature as to warrant the consideration of dismissal as punishment, then the charge is to be referred to the Commissioner. All relevant documents are to be forwarded to the Commissioner who will then proceed with the charge. Otherwise, the Assistant Commissioner is to proceed with the hearing which must take place no later than 28 days after the officer is notified of the charge, unless by mutual agreement.

4216.   The Assistant Commissioner is to ensure that the officer charged receives all relevant documentation, including the District Superintendent's report, at least seven (7) days before the hearing and is notified of the timing, location and other administrative arrangements. The charged officer is to be provided with all reasonable assistance to prepare for the hearing, including transport.

4217.   The officer charged is to be heard before the Assistant Commissioner and has a right to be accompanied by a Union Official at the hearing of the charge. If the Assistant Commissioner is satisfied that the charge is proven, the Assistant Commissioner is to be provided with the previous record of the officer charged prior to determining sentence. Previous disciplinary matters, or the absence of any during the part two years, may be taken into account.

4218.   An Assistant Commissioner may also lay charges. The process of deciding to proceed with a charge and hearing it, is as specified in paras. 4211 to 4217 except that it is the Commissioner who is the responsible person.

Powers of Punishment

4219.   The Hearing Officer will determine the nature of punishment to be imposed and provide a written Order. Powers of punishment are:

Assistant Commissioner	Commissioner
Reprimand	Reprimand
A deduction from the officer's salary of an amount not exceeding two penalty units. Penalty units deducted shall be effected in the first pay period following the proving of the charge.	A deduction from the officer's salary of an amount not exceeding five penalty units to be effected over not less than three pay periods.
	Dismissal

4220.   A penalty unit is defined as a pro rata portion of an officer's basic wage. The amount of a penalty unit may vary from time to time.

Implementation of an Order

4221.   Where an appeal is instituted in respect of the disciplinary action, an order must not be implemented until after the determination of the appeal or the withdrawal of the appeal (whichever occurs sooner).

4222.   Where an appeal is not instituted, an order must not be implemented until the time in which an appeal may be instituted has expired. The time allowed for appeal will be advised in writing by the Hearing Officer at the time of imposing a punishment.

Suspension of an Officer

4223.   The Commissioner may suspend an officer where:

a.   It appears on reasonable grounds to the Commissioner that an officer of the QAS is liable to disciplinary action or is suspected of involvement in circumstances such that the proper and efficient discharge of the functions of the Commissioner or of the QAS might be prejudiced if the officer's services are continued.

b.   An officer is charged in Queensland with having committed an indictable offence or is charged elsewhere with having committed an offence which, if it had been committed in Queensland, would have been an indictable offence.

4224.   An officer suspended from duty, who is not entitled to salary for the period of suspension, and who resumes duty upon the lifting of the suspension, is entitled to receive a sum equivalent to the amount of salary payable had the officer not been suspended, diminished by the amount of salary or fees (if any) to which the officer became entitled from any other source during the period of suspension, unless the Commissioner otherwise determines.

4225.   A suspension may be lifted at any time by the Commissioner. Any suspension is to be ended as soon as a decision is made regarding the officer under suspension.

Records of Disciplinary Action

4226.   Where an officer is punished, the notation of such punishment on his/her personal record shall not be considered after two years in the case of any form of punishment other than dismissal or reduction in level of salary, unless further disciplinary charges have been upheld within that two year period.

4227.   All records relating to dismissed charges shall be marked "CHARGE DISMISSED" before being removed from the record. Records of charges and punishments are required to be held on file for periods as determined by Government requirements.

APPEALS AGAINST DISCIPLINE

Appeals

4228.   An officer against whom disciplinary action has been taken, or an officer who has been suspended from duty without salary, may appeal in writing against the decision or the severity of the punishment through the chain of command to the Commissioner QAS who must ensure such appeal is considered within seven days.   If the appellant is still dissatisfied with the Commissioner's finding, he/she may further appeal to the Commission for Public Sector Equity.

Commissioner for Public Sector Equity

4229.   As the QAS is now subject to Public Sector conditions, a further system for disciplinary appeals apply.   This system includes the Commissioner for Public Sector Equity who is one of the three Commissioners of the Public Sector Management Commission which administers such conditions.

4230.   The Commissioner, or the Commissioner's delegate, has the responsibility to hear and determine appeals by officers of the QAS with regard to proposed disciplinary action other than dismissals.

Note: **In the remainder of this Chapter the term "Commissioner" refers to the Commissioner for Public Sector Equity.**

Dismissals

4231.   Appeals in relation to **dismissals** are heard by the Industrial Commission. Appellants should contact their Union or the Industrial Registrar for advice on the procedures to be followed to have an appeal against dismissal heard by the Industrial Commission.

Basis of Appeal

4232.   In the case of punishments other **than dismissal**, an appeal may relate to:

           a.   the decision to discipline the employee; and/or

           b.   the nature of the punishment.

Note: **Part 5 of the Public Sector Management Commission Act, is applicable to disciplinary action appeals.**

4233.   **Appeals Hearing**

An Appeal Hearing takes the following format:

a.   Introductory remarks by the Commissioner.

b.   The appellant and/or appellant's representative will –

·   (1)   state the case;

(2)   question other parties;

(3)   make other comments.

c.   The representative of the QAS will –

(1)   state the case;

(2)   question other parties;

(3)   respond to the appellant's case.

d.   Further directions by the Commissioner as to the conduct of the hearing.

Witnesses

4234.   No witnesses may be called by either party until the specific nature of any evidence that witness will give has been determined and agreed to by the Commissioner.

The Decision

4235.   The Commissioner is empowered to make directions with respect to any aspect of the proposed disciplinary action.

4236.   The Commissioner may:

a.   refuse the appeal;

b.   allow the appeal, and substitute other lawful punishment;

c.   allow the appeal and send the matter back to the QAS for further
         ·   consideration;

d.   allow the appeal and quash the proposed punishment.

4237.   The Commissioner or his/her Registrar will usually advise the parties to the
            appeal of the decision by telephone within 24 hours. A written decision will
            usually be forwarded within a few days.

Employee Assistance Service

4238.   Confidential counselling and referral is available from the Employee
            Assistance Service. This service is open to all public servants.

Related Policy

4239.   This policy should be read in conjunction with **Chapter 37 of the Human
            Resources Manual, Management of Diminished Performance** which
            provides guidance for situations where an officer's performance is not up to
            standard and specific action short of a charge may be required.

Conclusion

4240.   While self–discipline is ideally the best form of discipline, at times the
            requirements may arise for sterner consequences if actions by an officer are
            proven to so warrant. Formal discipline is only one of several means by
            which inadequate behaviour may be dealt with. If applied, discipline must be
            applied strictly in accordance with these procedures, with both parties'
            normal rights and obligations to be observed. · It is only in this manner that
            the full effectiveness of the QAS can be ensured.

4241.   It is imperative that each process for the preferring of charges and any
             subsequent appeals are strictly actioned within established time frames. A
             table of time frames is shown at Annex B to this Chapter.

Annex:

A.   QAS Notice of Charge
B.-   Table of Timeframes

QUEENSLAND AMBULANCE SERVICE

NOTICE OF CHARGE

TO: . . . .

You are hereby charged with a breach of the Ambulance Service Act 1991, in that you

on . . . . (time and date)

at . . . . (place)

did . . . . (the event)

. . . .

. . . .

. . . .

You are hereby given notice that you are required to state in writing to :

. . . . (District Superintendent or Assistant Commissioner)

within fourteen (14) days of receiving this notice whether you admit or deny the truth of the above charge and to give in your written statement any explanation which you desire to give in answer to the charge.

SIGNED: . . . . DATED: . . . . / . . . . / . . . .

TABLE OF TIMEFRAMES

Charge Laid — 14 days — Response Required — 28 days — 7 days — Hearing — 7 days — Appeal Considered — 24 hours

Officer concerned to be given a copy of charge and any evidence

Officer to admit or deny Charge in writing

Officer receives all documentation and reports no later than 7 days prior to hearing

Hearing to occur no longer than 28 days after charge laid

Where an appeal is lodged it must be considered within 7 days of finding

Decision notified to Officer by telephone within 24 hours and formal letter within a few days

APPENDIX 14

EXCERPT FROM FIELD NOTES

The next case was a code one, two pedestrians struck both females in their twenties. When we got there the policy were already in attendance, and because it was dark it was hard to see what had happened at first. Initially the whole scene seemed to be utter confusion. The patients were about twenty metres apart from one another. They had been walking along the side of the road, possibly crossing it with a group of about four friends at about midnight and one of them saw the car coming and pushed the other one out of the way. She took the full force of the impact and was seriously injured. She had massive brain injuries, and the second patient also had head injuries but was conscious.

The officers were running everywhere and the police were yelling at them to come and attend the second patient. The seriously injured woman had a badly disfigured face and was bleeding profusely. A doctor who had been driving past stopped at the scene to help. She was dressed in a black evening dress and there was blood flowing all down her dress. I asked one of the officers if I could help and he was so pumped up and focussed he didn't hear me at first. I was asked to hold the torch for the ambulance officer attending the second patient which I did reluctantly, because I was feeling a bit squeamish by this stage and I didn't want to get too close to see too much gore. If this had happened during the day I would have seen everything but at night it was difficult to view the full extent of the injuries. The first patient was deteriorating rapidly and started to choke on her own blood, and before I knew it they whisked her off leaving the other officers by themselves.

Another crew from a nearby station arrived and literally barged onto the scene. They were extremely brusque and bossy. We put the patient in the back (I sat in the front) and the officers in the back were talking loudly to the patient. We were told to take her to a different hospital which we did and she went straight into the emergency rom. The other crew then took off and left us, once again, to fend for ourselves. I was there alone with the ambulance officer I originally arrived at the scene with, but his partner was at the other hospital with the other crew. He was very shaky and angry at being left by the other crew and said he was going to put in a report. He was so rattled it took him ages to fill in the MR51.

The ambulance was covered in blood and I helped clean it up. It needed a good disinfecting and that was something he couldn't do there because the vehicle didn't have any cleaning agents in it. I thought this was strange. When we had finished cleaning the ambulance the officer took me inside to the emergency room where they were working on the patient. We were in there for what seemed like ten minutes but could have been longer and it seemed a very messy procedure. The officer helped the doctor and nurses dress and suture the head wound. The girl was much better than we first thought. She actually ended up with a surface wound and a big headache, and was released the next day. The other girl was not so lucky. Her injuries were so bad she was placed on life support and died several days later. We passed by the other hospital and her friends were outside the A&E department sobbing and nervously waiting the outcome. On the way back to the station there seemed to be too many drunken young people walking through the streets of the CBD.

APPENDIX 15

EXCERPT FROM "EMERGENCY" DECEMBER 1994

MIRACLE boy Rhys Watson owes his life to the quick action of policeman DARREN HARLAND and Southport ambulance officers GAVIN CLARK and ZAC LUDWIK.

Four weeks after the dramatic rescue, the plucky youngster of 22 months had made a 100 percent recovery and was released from hospital. GAVIN CLARK recounts the rescue.

On Thursday, June 20, at 1622 hours, my partner, AO Zac Ludwik and I were despatched from Southport station to Cronin Island, near Surfers Paradise, responding to a call from police, who had a report that an infant had fallen into a canal.

The infant had been secured in a runaway stroller which had toppled into the canal.

A police patrol arrived at the scene shortly afterwards and the officers assisted bystanders in the frantic search for the infant.

By sheer luck, one of the police officers located the pram with his foot on entering the murky waters. It had been estimated the infant had been immersed for approximately ten minutes.

On our arrival at 1627 hours we witnessed the recovery of the infant from the water. Initial examination of the patient took place and we found him to be pale, cold and with no cardiac or respiratory output.

I began one-officer C.P.R., while my partner assembled the bag/mask resuscitator with supplementary oxygen.

With the aid of a bystander, my partner began two-operator C.P.R., while I prepared the patient for cardiac monitoring.

Monitoring was extremely difficult owing to continuous vomiting of salt water, and the inability to achieve sufficient electrode contact on the patient's chest.

With this continuous vomiting compromising the airway, requiring regular postural drainage, difficulty in maintaining C.P.R. effort was experienced.

A second ambulance arrived with a Medivac Team from the Gold Coast Hospital at 1636 hours. The patient was then cannulated and E.T. intubated, which resulted in the detection of an adequate cardiac output.

We transferred the stabilised patient to our ambulance. Prior to departure under police escort, the patient's cardiac rhythm was recorded as having a heart rate of 110, regular and supraventricular.

We arrived at the Gold Coast Hospital Resuscitation Department at 1658 hours where further stabilisation then took place. At 1815 hours the patient was transferred by the Gold Coast Helicopter Rescue Service to the Mater Children's Hospital in Brisbane.

On visiting the patient at Mater I.C.U. a week later, to find him conscious, alert and breathing unaided, both officer Ludwik and myself felt overwhelmed by his rapid successful recovery. The patient has since been transferred to a regular ward for further treatment.

I feel the success of this case would not have been possible without the professional assistance of the Gold Coast Hospital Medivac Team, Queensland Police Service, Gold Coast Helicopter Rescue Service and the Mater Hospital I.C.U.