

Outrage and the emotional labour associated with environmental activism among nurses

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ABSTRACT

Aim: To investigate the emotions associated with environmental activism among nurses.

Background: Nursing has a long history of political activism in relation to social justice issues. Some nurses are environmental activists.

Design: Ethnography

Methods: Focus groups and individual interviews were triangulated with additional observational data. The 40 participants (United States of America = 23, United Kingdom = 17) were nurses actively engaged with environmental/sustainability issues. Data collection was from March – October 2017. Data were analysed using discourse analysis.

Results: The trigger for nurses' environmental activism was a strong emotional response to recognising risks to human health. Their activism results in an additional emotion burden above that which they routinely experience in caring for patients. Many feel over-whelmed by the magnitude of the issues. Nurses in America feel more supported and empowered to be activists than UK nurses.

Conclusion: This study reveals for the first time that advocating for the environment is emotional labour, additional to the previously-recognised emotional labour associated with caring for patients. Encouragement and support from others, particularly fellow nurses, helps nurse environmental activists continue to fight for the health of communities and the planet.

Impact:**What problem did the study address?**

- The environment is an important determinant of health. This study is the first to investigate the emotions associated with environmental activism and impact upon nurses who see their role as caring for the environment as well as for patients.

What were the main findings?

- Outrage at threats to human health triggers nurses' environmental activism.
- Environmental activism creates an additional emotional burden above that routinely experienced in caring for patients.
- Nurses in America feel more supported and empowered to be activists than UK

Where and on whom will the research have impact?

- Nurses whose practice embraces environmental activism need practical and emotional support from other nurses.

Key words: [Max 10, including 'nurses', 'nursing', 'midwives' or 'midwifery'. Advice on Search Engine Optimization can be found [here](#).]

Nurses, Nursing, Environment, Sustainability, Emotional labour, discourse analysis, resilience, environmental health, environmental activism

INTRODUCTION

Nursing has a long history of nurses campaigning or advocating on behalf of a cause and going beyond what is routine including activism regarding suffrage, black rights, birth control (Fowler, 2017). As Fowler (2017, p.4) writes, “Nursing’s social ethics has driven nursing’s concerns for addressing structural injustices affecting...all socially marginalized, vulnerable, voiceless, stigmatized persons or groups”. Watson (2018) considers that “Nursing has a global covenant with humanity, to sustain human caring, healing, health, and wholeness for humanity.” Drawing upon a philosophical and social justice perspective, Watson (2018) identifies “sacred activism” as informed moral action by nurses to address moral and social injustices. It is necessary nursing work. In doing so, nurses, like other activists (Jasper 2011) may become norm-transgressors within their role and organisation.

The environment is an important determinant of health. Globally, nurses care for people whose health is affected by toxins, pollution, global warming or poor air quality (Nichols, Maynard, Goodman, & Richardson, 2009). Disadvantaged populations are most at risk (Watts, Amman, Ayeb-Karlsson, Belesova, Bouley, Boykoff, et al., 2018). Despite this, the UK National Health Service (NHS) five-year plan has no environmental strategy despite 264,769 live years being lost in 2010 in England alone because of PM_{2.5} air pollution which is costing up to £18.6 billion a year in the UK (NHS England, 2018). Climate change has been removed from the American National Security Strategy (Calderwood, 2019). Funding to the US Environmental Protection Agency has been reduced (Ritchie, Driscoll & Maron, 2017).

Many nurses express concerns about environmental health issues in their practice and community; their environmental stewardship is evident (Connerton & Wooton, 2019; Kleber, 2018). The International Council of Nurses (2012) identified nurses as having “universal and fundamental responsibilities to promote health, to prevent illness, to restore health, and to alleviate suffering” (ICN, 2012). In 2018, the ICN issued a position statement that it “Strongly believes that nurses have a shared responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction” (ICN, 2018, p.3).

Background

Environmental ethics holds that anticipatory action must be taken to prevent future harm (Salazar, 2006). Salazar, a highly-respected nurse environmental activist, encourages nurses to take anticipatory action (personal communication). Yet few studies have explored nurses’ activism. MacDonnell & Buck-McFadyen (2016) explored activism in forty Ontario nurses (a large sample limited by its localized nature). Activism addressed issues like “women abuse, homelessness, birth control...that were considered part of nurses’ professional role or responsibilities” (MacDonnell & Buck-McFadyen, 2016, p.222). There is little literature regarding nurses as environmental activists. Cezar-Vaz, Bonow, Sant’ Anna, Pereira Rocha, Verde de Almeida, & Santos da Silva’s integrative review (2013, p.1428) found that public health nurses merely need to “understand” environmental health impacts and be “partners” in promoting sustainability. Dunphy (2009, p.415) reported Australian nurses are “gravely concerned” about sustainability. Kangasniemi, Kallio, & Pietilä’s review (2014, p.1476) concluded that nurses have a “critical role observing and highlighting” environmentally responsible health care. Polivka & Chaudry’s (2018) scoping review identified that the primary

focus of nurses' environmental research was disasters/disaster preparedness, occupational health, and the home environment, with only six studies on climate change and four on sustainability.

Despite two decades of discussions over environmental threats to health, nurses' sense of its importance has varied. In the early 21st century, public health nurses talked of 'a lost legacy' of environmental health and the need to reincorporate it into practice (Larsson & Butterfield, 2002). Nurses in a 2002 survey (Van Dongen, 2002) saw clear connections between environmental health and patient health however nursing curricula vary regarding its inclusion. The UK nurse education standards do not mention sustainability or environmental health (Nursing and Midwifery Council, 2018). The term "nursing the environment" disappeared from nursing literature (McKeon, 2005). An explanation may lie in MacDonnell & Buck-McFadyen's (2016, p.223) research which indicated that being identified as a professional nurse was "good" but being a "political activist" was "bad." Political activism challenges perceptions of the public face of nursing (Feldman & Lewenson, 2000). Thus, even though internationally, nurses are increasingly concerned about environmental risks to health (ICN, 2012), environmental activism might seem role-transgressing.

Theoretical Framework

This study investigates the emotional labour (Hochschild, 1979) and impact upon nurses who extend their role beyond patient care to environmental activism. Hochschild (1979) argues that emotional labour requires one to suppress feelings in order to perform the role expected because of socially (or professionally) constructed 'feeling rules' that govern what is acceptable. Feeling-suppression is an antecedent to feeling burdened by the emotional labour of the worker's role

(Badolamenti, Sili, Caruso, & Fida, 2017). Wettergren (2005, p.99) reminds us that “emotions structure and drive social action” and that according to Hochschild (1979, p.128) people hold onto their ideologies with “emotional anchors”. Nursing practice carries a significant burden of emotional labour (Smith, 1998, 2012) which is associated with interacting with patients, families and colleagues and addressing “ideological and organizational demands, differences and conflicts” (Reilly & Weiss, 2016). Tension between their role as envisaged by employers and the nurse’s own, emotionally-anchored ideological beliefs can cause distress.

THE STUDY

Aim

To investigate the emotional labour associated with environmental activism and impact upon nurses who see their role as caring for the environment as well as for patients.

Design

An ethnographic approach with qualitative methods was selected to facilitate the understanding of the beliefs, attitudes and behaviours of participants (Draper, 2015). The lead researcher is a non-nurse, non-activist providing an outsider perspective contrasting with the insider perspective of the co-researcher, a registered nurse with over 40 years of activism, mostly on environmental issues. Like Coombs & Osborne (2018, p.257) our partnership enabled us “to stand on both sides of the insider-outsider hyphen” thereby facilitating challenge and bias-minimisation. Collecting data on two continents separated by an eight-hour time difference was challenging. We triangulated data sources, incorporating participant observation plus focus groups and interviews with nurses whose practice included environmental activism in the form of political, legislative

or civic engagement, policy formation, research, or campaigning at a local, national or international level.

Sample/Participants

Purposive sampling was employed to find information-rich participants (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015), i.e. registered nurses actively engaged with environmental health issues. Potential participants (n = 53) were identified through personal knowledge of their activism, publications (we noted the names of authors when database-searching for the literature review) and those whose environmental activism meant they were listed as Luminaries on the Health Care Without Harm Luminary Project website (we downloaded biographies then searched for employment emails). Forty nurses agreed to participate (23 US, 17 UK) whose experience covered twelve states in America plus England, Wales and Scotland. Some had worked in European and developing countries. Twenty-two had specialist community-based qualifications (thirteen had moved into academia); eighteen were hospital nurses (eight had moved into academia).

Data collection

It was important to witness emotional responses in situ. During two weeks in March 2017, the lead researcher shadowed the co-researcher in her occupational health and activist practices, including witnessing to State legislature. In May 2017, the co-researcher visited the UK for two weeks and further observations were made. A UK participant was observed for a day by the co-researcher. The observations in both countries provided some mirroring. There were 'destination' shopping centres, state-run terrorist-target sites with the potential to cause devastating environmental damage, a First Nations village and a UK eco-village, as well as meetings with environmental activists and activist organisations.

To gather self-reports, we held four audio-recorded focus groups (two in USA and two in UK, each with 3-6 participants) during the two observation periods. The lead researcher facilitated all focus groups, the co-researcher observed. In March 2017, ten US participants (out of 13 invited) attended focus groups. In May 2017, six UK participants (out of 12 invited) attended focus groups. They lasted 46-89 minutes (mean 59 minutes). The focus group questions were (1) what values underpin your activism? (2) what drew you into environmental activism? (3) what examples of your practice as a nurse preventing harm to the environment can you share? (4) how does being a nurse activist affect you?

Data richness is enhanced by combining focus groups and individual interviews (Lambert & Loiselle, 2008). To obtain deeper insights and expanded geographic spread, we invited others who had not attended focus groups to take part in individual interviews (all but three conducted by the lead researcher) between May-October 2017. The same topic guide as for the focus groups was used with the interviewer seeking richer responses and probing regarding emerging insights. Thirteen individual interviews were carried out with participants in America (three face-to-face by the co-researcher, ten by telephone/video call by the lead researcher). Of eleven UK interviews, nine were conducted by the lead researcher by telephone/video call and two were face-to-face, one being done jointly with both researchers. This was not audio-recorded at the person's request; notes were made immediately after. Average interview length was 46 minutes. The lead researcher transcribed. Her reflective research diary and field notes were also data sources.

Ethical considerations

Ethical approval was obtained from both employing universities. Consent was obtained (written for face-to-face interactions, audio-recorded verbal consent for remote). If any participant indicated distress, the interviewer would halt and provide support. The participant could decide whether to continue. The research purpose of any observation visits was identified in advance to others who might be present; it was made clear that nothing they said or did would be recorded.

Data analysis

Social constructivist discourse analysis (DA) (Jørgensen & Phillips, 2002) was employed to understand the personal, social and political significance hidden in participants' narratives, observational data, and field notes (Newham, 2017; Gee, 2014; Lupton, 1992). This helps explicate impact upon individual people as part of society (Schiffrin, 1997; Cameron, 2001).

Audio-recordings, transcripts and other data were kept on a password-secured website accessible only to the researchers. Analysis was done manually (Figure 1). A published DA tool (Newham 2017) drawing on Gee (2011) but designed to address risks of under-analysis in DA (Antaki et al, 2003) helped us understand how nurses' environmental activism impacts upon them. We explored cognitions and emotions, words used, tonal expression and visual indicators like facial expression, stories, identities and interactions. During observations, we witnessed interactions and emotions in situ. Field notes made during focus groups and Skype interviews captured some visuals. Analysis required seeking to understand participants' narratives about themselves, what they valued, what 'identity' was imposed on them, and how they acted, interacted or reacted. The two researchers 'met' virtually (often for several hours) via Skype for debriefing after data collection, during analysis (which involved deep immersion in the data) and writing-up stages (Coombs & Osborne, 2018). These discussions produced consensus. We are confident we achieved data saturation despite it being a challenging claim for qualitative researchers to make

(O'Reilly & Parker, 2013). The final synthesising stage facilitated agreement regarding the three main themes.

Rigour

The Consolidated Criteria for Reporting Qualitative Studies (COREQ) 32-item checklist (Tong, Sainsbury & Craig, 2007) was employed in designing and reporting this study. Triangulation of methods and settings enhanced completeness (Tobin & Begley, 2004). Using a peer-reviewed published DA tool, keeping a reflexive diary auditing how insights emerged (Houghton, Casey, Shaw, & Murphy, 2013), being insider-outsider researchers and providing rich quotes, enhances credibility, dependability, transferability, and confirmability (Tobin & Begley, 2004). Reliability was secured by having another researcher independently analyse four transcripts revealing no major differences. Our dual aspects provided a holistic perspective (Coombs & Osborne, 2018). Together, we explored the “complexity and richness of the space between” (Dwyer & Buckle, 2009, p.62). The three main themes were subsequently corroborated by some of our participants when presented at two conferences (one poster, one oral presentation).

FINDINGS

Participants' activism related to a variety of contexts: their clinical practice and healthcare setting, local community, state, country, global environment, and the planet. It impacted on their roles and identities within their families, nursing and community. Activism commenced when their nurse-centred concern at threats to human and planetary health were irreconcilable with not acting. This was 'sacred activism' for participants. Nursing practices advocacy and the championing of patients; one intriguing finding materialised: some participants saw the planet as a living entity, almost a patient in its own right: “If you think about, about rocks as a life

force...it's a really important view of environmental justice" (US-FG7). He felt outraged at the harm Mother Earth was experiencing. Three themes emerged: outrage at preventable harms, the emotional toll of sacred activism, and handling negative emotions. Each is discussed in turn.

Outrage at preventable harms

Associated discourses included the role of the nurse regarding environmental determinants of health, with expressed anger, frustration, and fear for future generations and the planet. "Nature is sacred" (US-FG6). As nurses, they felt embedded responsibility for improving people's health and when their outrage reached tipping-point, they became driven to act. UK-I11 explained how she had "always had an interest in holistic nursing" but became an activist when she read about the health impacts of climate change and "the death and destruction that we are doing as humans".

Most framed environmental damage, such as pollution and climate change, in terms of health injustice to the poorest or least powerful in society. "[Global warming] is not just about polar bears, it's about our communities being destroyed," (US-I3). Like other employees, nurses' health is affected by workplace pollutants. One participant had to stop nursing because of exposure to toxic chemicals: "By 2003, I couldn't take responsibility for patients anymore was evident.

The behaviour of corporations was a source of significant outrage. One participant was involved in the aftermath of the BP Oil Spill:

"[We] demanded that the [Environmental Protection Agency] released the chemical ingredients so we could understand what people were being exposed to. There were people with rashes that

infectious disease docs had no idea what was going on, people with asthma who'd had it under control that was completely out of control, people with diabetes who'd had their blood sugar managed that was no longer managed. We talked to teachers who had closets full of nebulisers.” (US-FG9).

Another participant was outraged by adverts for household cleaning products:

“...if you don't use this noxious spray all over your baby's tray, you're killing your baby. Actually, you are killing your baby because they are inhaling all this nasty, noxious stuff” (UK-I9).

Fears for future generations were common: “The population is growing...this worldwide population, we have these developing countries who are polluting, China and India, and polluting big time now” (UK-FG3).

During one of the observation periods, the person being observed expressed her outrage at how the US legislature seemed more interested in “lining their pockets from the lobbyists” than the risk to “their children of all the toxins in the environment”.

Participants' outrage drove them to take action: “...if it is something I am really passionate about, I will fight for it” (UK-I1). Being a nurse and an activist were embedded into their identity: “I probably, even after retirement, will be the little old lady on the street holding the sign saying ‘I am a nurse and this is what I believe’,” (US-FG1). The need to act was hardwired into them: “We can't continue to destroy our earth...we have to stand up and fight” (US-I6).

The failure of the nursing profession to embrace environmental issues as a valued aspect of the nurse's role caused outrage: "It's made me really angry at nursing for not recognising and stepping up to be an advocate for their skill sets in other places" (US-FG2). Another commented on how hard it is to get colleagues to maintain sustainable practices: "the recycling bins get mixed up with all the rubbish" (UK-FG4). "We're not retrofitting the existing [nursing] workforce in any way...on environmental problems...we've just had a heatwave, there must have been additional deaths in that heatwave that were preventable. And I want to know why they're not doing anything about it" (UK-I5).

Participants were driven to action by their sense of 'sacred activism', that tackling environmental threats to health is an urgent and vital part of the nurses' role.

Emotional toll of sacred activism

Taking action took an emotional toll. Discourses of sadness and grief were common: "The [campus] buildings were built with an environmental footprint in terms of heating and air cooling, and yet we waste so much in every other aspect [sighed]" (UK-FG2). When their beliefs were threatened or dismissed, it affected them deeply:

"...when it taps into the emotional burden or toll for me is...I always rely on science and evidence, which apparently is 'questionable'...When there's compelling evidence and argument that is sound, and then, there's no action [grief evident in voice]...That's where I think the emotional burden is. You pour, not just your heart into these arguments but...your mind, and

your knowledge into it, and those two things, hand in hand, are still not able to convince people to act and do things different.” (US-I1)

Feeling-suppression was evident. Some participants felt they needed to suppress their response to workplace practices that were environmentally-unfriendly such as poor waste management: “So there you are at home being as environmentally-friendly and green as possible then you go to work for twelve hours and do the opposite” (UK-I7). During a factory visit in her capacity as an occupational health nurse, the co-researcher was observed tailoring her responses whilst advocating for employee health. Later, her suppressed feelings emerged in a diatribe against “low income migrant workers being taken advantage of”.

A discourse of ‘fear-for-themselves’ was evident. Organisationally-constructed ‘feeling rules’ that govern what is acceptable meant that there were differences between the two groups in how they reacted to potential political sensitivities. American participants freely spoke about social justice but their UK counterparts suppressed such language for fear of how their employers might react. One UK nurse academic related:

“Recently I was teaching on some sort of public health module...and I didn’t once use the words ‘social justice’ [I: Really?] Scared to. I was scared to. Not that anybody says ‘don’t’, it’s not about that, but it’s very much about jumping the line to politics.” (UK-I4)

This same participant referred to someone else’s experience affecting what she published:

“Her equivalent research was banned...if it doesn’t agree with current public policy, position, they don’t want to know...it won’t get you promoted...I was fearful...I didn’t publish part of my PhD because of the sensitivities around the issues.” (UK-I4)

In contrast, American participants seemed more prepared to transgress those feeling-rules.

“It has been quite ugly...people being told they can’t use the term ‘climate change.’...I had a conference for nurses...because we were using grant money, they needed to check to make sure that it was okay that we used that term. And I thought, ‘listen, I’m using it’.” (US-I3)

The emotional toll of US participants extended to receiving litigation threats to stop their activism on behalf of population health risks: “The [urban] town where I work has a large wood smoke pollution problem...the hearth products industry, and the rental and the real estate industry came, lawyered up and said...you have to allow people the right to burn wood in their homes” (US-FG7).

The combination of feeling outraged at environmental threats to human health, the need for feeling-suppression as employees, and the disparagement of their emotionally-anchored ideological beliefs meant that negative emotions could become overwhelming. Discourses of isolation were common: “I feel like I, I’m a bit of a lone voice” (US-FG3). Feeling-suppression occurred in interactions with family and friends: “I feel that my message isn’t getting through...it starts to affect relationships” (US-FG5). “I back off...it does drain you” (US-FG1).

Isolation could be exacerbated by bullying. One participant spoke of how, having participated in a press conference about the links between health and air quality, he was subjected to a bullying letter campaign in the press orchestrated by one of the corporations opposed to the legislation.

“The very next day in the newspaper...there were no less than about ten letters to the editor directly criticising me...saying some really mean things about me...I was gut shot! How can people think this of me?” (US-I2)

UK participants found holding onto hope challenging. Speaking with great sadness in her voice, one said: “I have no expectation that we will prevent, to any degree, global warming...So, in a sense, emotionally what I have done is, I have done my grieving on it” (UK-I5)

One participant referred to the prison diaries of Antonio Gramsci (1999):

“I’ve never been depressive, I’ve never had those tendencies, but I have to say, this issue has taken me to some dark places...It’s been hard to maintain a degree of optimism. I think it has been attributed to Antonio Gramsci who talked about having pessimism of the intellect but optimism of the will as two emotions within oneself. I’ve certainly got the pessimism of the intellect...have I got optimism of the will? [sighed] [laughed] It’s hard.” (UK-I8)

Despite the emotional toll, participants kept fighting for their beliefs. When America pulled out of the Paris Accord on Climate Change, the observee noted, “this is perhaps where those nurses who are committed to supporting environmental health have to fight even harder”.

Handling negative emotions

How they handled negative emotions was where US and UK participants differed markedly.

Discourses related to hope, support, companionship, and the need to develop emotional

resilience. The more resilient held onto hope through taking action (expressing optimism of the will):

“Environmental health is like the stages of death and dying - denial, anger, bargaining, acceptance [laughter] but, I’d add a fifth to it; that is action. Because I would be so angry and frustrated and paranoid if I didn’t feel like there was something I could do about it.” (US-FG5).

“...you can feel a sense of being over-whelmed, a sense of despair...I tend to go between those two emotions...It seems too easy to lose hope and be over-whelmed so responsible environmental advocacy means holding out hope and helping nursing students and others see ways that they can help improve the environment.” (UK-I6)

Not trying to take on too much helped participants maintain emotional resilience:

“I’m an operating room nurse and we generate truly obscene amounts of waste in the operating room...things that impact water pollution, air pollution, landfill, gaseous fumes, all kinds of things that our hospitals generate...I began to get this creeping suspicion that healthcare institutions, on a level, are contributing to the very diseases and health problems that we are ostensibly in business to treat. [sighs]...I felt very over-whelmed but decided that one thing I could do was...try to make a difference with recycling.” (US-FG10)

Finding sources of support and solace aided survival. US focus groups participants identified support networks and individual nurses who mentored their activism. It was clear that American nurses had stronger support mechanisms than UK participants. These helped them start fighting

and continue fighting: “[Activist Organisation] taught me how to advocate, practical steps...[Nurse] taught me how to get [laws] in place” (US researcher during observations).

Support could come from outsiders too:

“I’m working with a group of Mexican-American mums who have kids with asthma...I’m drained before I go and meet with them but I come out after my meeting with them, realising that there’s core elements inside humanity that rise above the challenges and can be committed to greater ideals.” (US-FG7)

DISCUSSION

Smith (1992, 2012) in her seminal work on the emotional labour of nursing, used Hochschild’s emotional labour as a framework to explore what ‘people jobs’ require of workers and their labour. This study shows that being a nurse activist for sustainability and the health of the environment is emotional labour. Nursing practice involves influencing through advocacy, planning and acting. Although there are well-known examples of activism such as fighting for women’s rights to birth control, for most nurses, their practice does not cross the border into political activism. Participants in this study expressed powerful emotions which seemed to underpin and sustain their environmental activism. This mirrors Jacobsson & Lindblom’s (2013) finding in relation to animal rights activism. Nussbaum (2001) identifies that a person’s emotion relates to a particular object (or person) towards which/whom the person has developed an intentional relation and has formed beliefs about the object/person. All participants believed, like Nightingale, that nurses should be acting upon environmental threats to human health. This fits

with Watson's (2018) "sacred activism" as informed moral action by nurses to address moral and social injustices

Participants' recognition of the risks to human health was accompanied by "shock" and outrage. Words were used like "pillaged" and "destroyed." The greater the shock, the stronger the perceived risk (Otieno, Spada, Liebler, Ludemann, Deil, & Renkl, 2014). When threats go to the heart of a person's identity and what they hold 'sacred', feelings of outrage emerge (Wettergren, 2005). As Benski (2000, p.58) explains, outrage at violation of what people hold sacred turns into "righteous anger that is directed at violators and their actions". Tackling determinants of ill-health to improve community or population well-being is a key tenet of nursing (ICN, 2012) and participants felt betrayed by their profession's failure to show more effective environmental leadership. As nurses, their "global covenant with humanity" (Watson, 2018), is a deeply-embedded ideological position for which they were willing to role-transgress and shoulder the associated burden. Our participants displayed the "human caring/eco-caring" for which Watson (2018) calls.

Participants suppressed feelings about the need to take action on environmental threats to protect relationships with colleagues, employers or family. Suppressing feelings is an antecedent to feeling burdened by the emotional labour of the worker's role (Hochschild, 1983). Negative consequences of emotional labour identified by Badolamenti et al (2017) include emotional dissonance, worker dissatisfaction and emotional exhaustion. Some of our participants exhibited these. Some believed it is too late to take effective action nonetheless suppressed their feelings of being overwhelmed and exhausted to continue fighting. Environmental activism creates a huge

emotional burden for those who see it as integral to their identity as a nurse. Smith, in revisiting her seminal work noted, “It is interesting to see nursing language returning to an emphasis on health and illness prevention” (Smith, 2012, p.191). Participants in this study felt that caring for the environment is under-recognised within nursing as a means of illness-prevention - this was part of the emotional toll of their “sacred activism”. American participants had read the Climate Science Special Report (Wuebbles, Fahey, Hibbard, Arnold, DeAngelo, Doherty et al, 2017) which clearly states the threats to US citizens. They foresaw the risks to worker and community health with the reductions in legislative protection yet found colleagues and employers belittling their concerns.

Their distress was accompanied by feelings of isolation thus compounding the emotional labour involved in their environmental activism. Environmentally-engaged nurses may feel a tension between supporting their employer’s interests and the wider good of the community or planet (Cribb, 2011; Resnik, 2009) because health activism invariably involves a challenge to the existing order (Laverack 2013). Even though the American Nurses Association (ANA) (2015) Code of Ethics calls for nurses and nursing associations “to advocate...for social justice” (ANA, 2017) participants worried that their activism could affect their employment or risk their research being suppressed. For American academic participants, tenure provided some freedom although litigation threats remained real. The UK academic participants were on permanent contracts but feared reprisals more than their US counterparts. This was clearly a deterrent to their environmental activism and willingness to be a “lone voice”. Worldwide, others have reported similar concerns (McLaine & Dowden, 2011; Westward, Walsh, & Gibbs, 2017; Ritchie, Driscoll, & Maron, 2017).

Environmental activism can leave nurses feeling unsafe and at risk of being bullied. In relation to providing good patient care, Smith (2012, p202) has argued that “the staff who care for [patients] must also feel safe and cared for.” The support of like-minded nurses and the holding onto hope is vital to counter negative feelings and prevent burnout. The US participants had much stronger support networks than the UK nurses and their focus groups revealed strong bonds between participants. Positive consequences of their emotional labour were evident in the way participants embraced caring for the planet, and fought to counter environmental threats to patients, communities and future generations.

Their nursing background possibly helps activists not to be over-whelmed by devastating scenarios. This differentiates them from the non-nurse participants in O’Neill and Nicholson-Cole’s (2009) study. For our participants, environment activism raised similar emotions to caring for dying patients which Smith (2012, p.196) describes as “the ultimate emotional labour”. The Kubler-Ross (1969, 2009) five stages of bereavement were sometimes referred to and caring for the planet seemingly invoked even deeper emotions than caring for dying patients. Participants perceived the planet as critically-diseased and killing people, often the most vulnerable, yet believed even small actions are helpful. Nurses can be “formidable instruments for social justice” (ANA, 2017). When people have “constructive hope” regarding the possibility of countering climate change, they believe they can influence matters (Ojala, 2015, p.134). The “critical passage from hope to implementation of change” (Castells, 2015, p.273) depends on the willingness of institutions to alter course. Our participants were willing to challenge their employing organisations and external institutions. What emerged strongly is participants’ self-

constructed identity as “strong” nurses who control their negative emotions and turn them into action. They shoulder their emotional burden, hold onto hope, and fight for patients, communities (and the planet).

Limitations

This study only recruited from the UK and USA as we lacked scope to include nurses in other countries. Observational data was limited but this aspect of the study is unique in allowing the witnessing of emotions in situ of a nurse environmental activist.

CONCLUSION

This study reveals for the first time that nurse environmental activism is emotional labour. The initial trigger is outrage on recognising risks to human health. The more nurses engage in activism, the greater the risk of feeling isolated and overwhelmed. With encouragement and support from others, particularly fellow nurses, they can hold onto hope and be formidable fighters for patient, community and planetary health.

Conflict of Interest statement

No conflict of interest has been declared by the authors.

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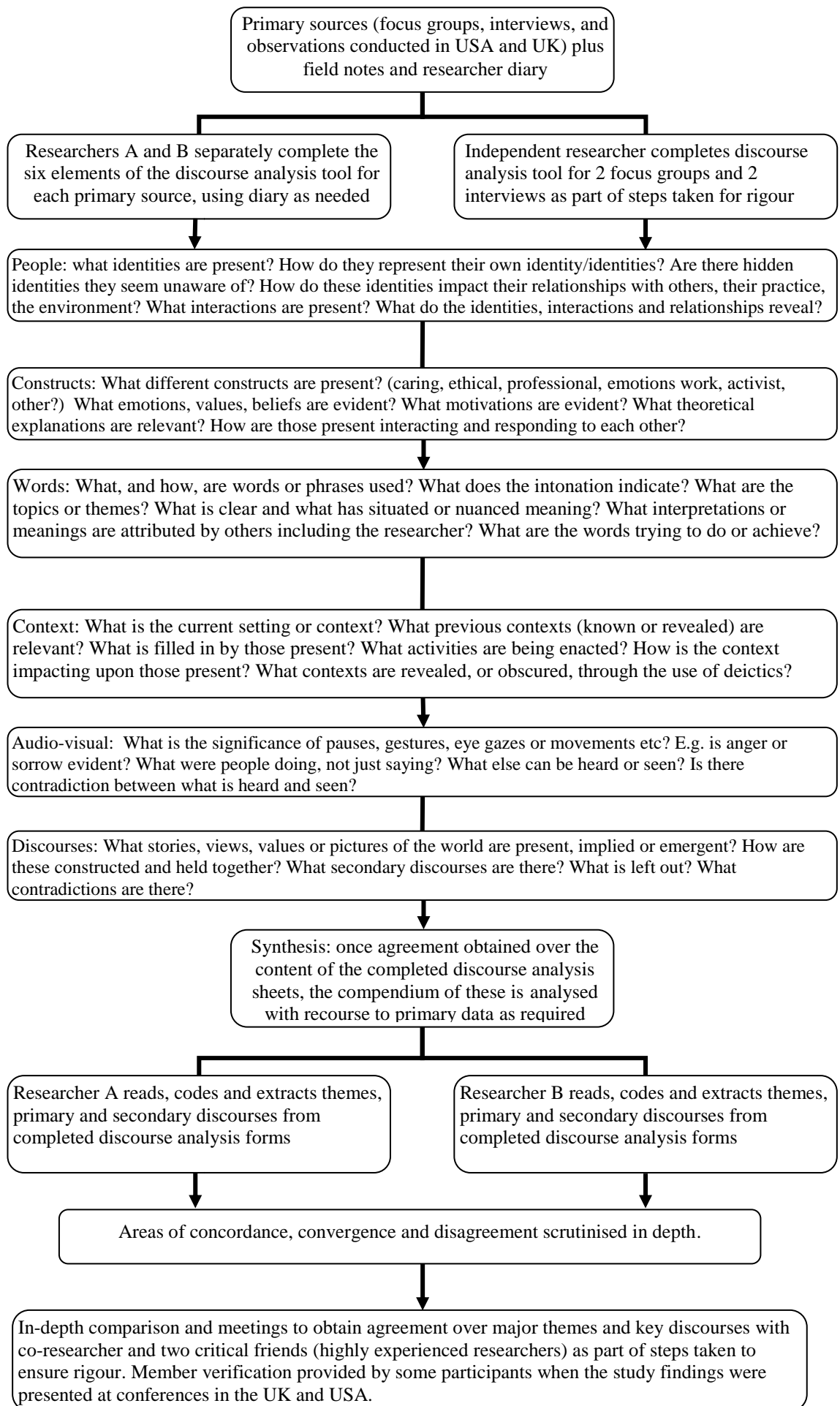


Figure 1: Diagram showing the application of the DA method