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“I’m a Community Clinic Kind of Gal”: Coping with Emotional Labor in  
Community-Based Organizing

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**Abstract**

How does the organization's social environment affect the emotional labor employees perform? Previous research on emotional labor has focused on the service sector and omitted examples in nonprofit organizations. To address this gap, I conducted interviews with staff members at a community-based, low-cost reproductive health clinic. Its internal work environment values strong co-worker relationships and support in coping with labor. I found three distinct realms of emotional labor: between clients and employees of the organization; amongst the staff of the organization; and between the organization and the surrounding society. Each realm corresponds to distinct challenges that contribute to employees' experiences with emotional labor. Employees at community-based organizations understand their emotional labor as an extension of their personal values rather than as a way to earn a wage. The results confirm that employees experience emotional labor differently in community-based organizations and expect to be able to cope with this labor through strong co-worker relationships.

As the American economy becomes more concentrated in the service sector, the qualities of service—including emotions—have become more prevalent (Leidner 1999).

Accordingly, an appreciation of the nature of work requires a deeper understanding of emotional labor and how employees experience, identify, and cope with it. Simply naming work as emotional labor, however, masks important variations of service work. Distinctions within the category of emotional labor can reveal interesting and important experiences in different subcategories within the service sector. In politically motivated, nonprofit, mission-oriented organizations, or what I call community-based organizations, emotional labor is central to worker's identity. Employees often come to these organizations because of an interest in their mission and develop a shared stake in the work the organization does. In this sense, the nature of the organization influences the way employees frame their emotional labor and organizational restructuring can prove detrimental to mechanisms employees use to cope with emotional labor.

Arlie Hochschild's (1983) concept of emotional labor takes on a new form in a work place that is mission-driven rather than profit-oriented. She defines emotional labor as "the management of feeling to create a publicly observable facial and body display." It is, "sold for a wage and therefore has exchange value" in the workplace (Hochschild 1983: 7). Employees in the non-profit sector are motivated by "altruism, personal growth, social contacts, opportunities to learn versus more ambition, and intrinsic rewards versus extrinsic rewards like income and money" (Schepers 2005: 203). Employees come to mission-driven organizations with an interest in the work they do and find a collective forum for this passion with other employees. In this sense, emotional labor could conflate the workers' own emotions by being required by their job, but also motivated by personal

desire. Working in an organization itself can evolve emotion in that the “mobilization of heightened emotion is necessary, but not sufficient, for an episode of contention”

(Aminzade 2001: 14). Contention is often times what community-based organizations are built upon, thus employees of these organizations are emotionally invested in the work that they’re doing. Emotional labor becomes central to workers’ identity because of this investment in the work of the clinic. As a result, ideological alignment rather than monetary gain may result in distinct experiences of emotion management.

Sexual and reproductive healthcare is a highly political field that involves many community-based approaches to care. Experiences within it are emotionally charged, deeply personal, and stress inducing for both practitioners and patients. Reproductive health clinics are a unique site in which sexuality is brought into public view because sexuality is a subject within the broader society in which power manifests itself. Drawing on ideas from Foucault (1978), Brewis reminds us, “what [a] sexual act means is always socially and culturally determined, affected by place and history” (2004: 318). At low-cost reproductive and sexual health clinics, we can see this theory intersect with limits of class, race, and position in society. Unfortunately, upper-middle class women today have access to more discrete and convenient forms of contraception and reproductive options than the majority of Americans. Often at low cost clinics, the sexualities are outside normalized definitions of acceptance because the patients they serve are young, unmarried, and underprivileged.

Emotional labor is unique at sexual and reproductive health clinics because of their deeply collective atmosphere. The clinic I investigate is one of a host of such organizations that began in the second wave of feminism in the 1970s. Values of strong

co-worker relationships, equality, and collectivity permeate the work atmosphere. Staff members characterize their relationships as friendships that are loving and nurturing. It is from this interpersonal connection that techniques for collectively coping with emotional labor are created.

I focused my research on the experiences of low-cost sexual and reproductive health clinic workers at one community-oriented clinic I'll call Healthy Community Clinic or HCC. It has a mission of providing accessible and comprehensive sexual and reproductive healthcare and education to its community. The collective organization of its inception has shifted toward a more hierarchical model. When the clinic was a feminist collective, every clinic employee had a say in decisions made about the running of the clinic. A new model was instated to favor specialization in decision-making and a board of directors was hired to work closely with employees in ensuring the clinic's continued success. The board and staff members had an open and connected relationship, which was ensured by the executive director. This model was successful for over twenty-five years. But in 2005 when external economic pressures put the clinic's continued existence into question, a new executive director was hired. The connection between the board and staff that defined the workplace culture was pushed aside because organizational efficiency was the primary concern of the executive director.

In community-based organizations, when restructuring happens as a result of external economic pressures, direct client service takes priority over time used to foster organizational culture, which is often the first cutback to happen. The clinic I researched experienced cutbacks soon before I began my research. A large-scale cutback took place in the fall of 2008, followed by smaller-scale lay offs until the fall of 2009. These

changes were instigated by the board of directors and resulted in veteran employees being laid off and employees' hours being cut. In important ways, the cut backs revealed the importance employees placed on times for fostering friendly co-worker relations and collective coping. These aspects of the organizational environment often contribute to employees' ability to perform emotional labor that is personally motivated.

### **Literature Review**

Scholars of emotional labor make a central contribution to sociological literature on work and social movement organizing (Hochschild 1983, Smith 1997, Taylor 2002). These approaches to emotional labor can provide insights into how economic restructuring influences the experience of workers in community-based organizations. In particular, research has demonstrated that workers' experiences of social structure within an organization vary based on the organization's characteristics (Borzaga 2006, Hochschild 1979, Polletta 2002). Economic strain and subsequent restructuring can disrupt how organizations and workers have institutionalized emotional labor. The resulting changes suggest that restructuring may fundamentally transform emotional labor inside an organization. Economic strain creates tension within organizations as systems of functioning emotional labor struggle to maintain the status quo for employees and customers. The breadth of the literature indicates nuances of experience with emotional labor that often differ by organizational set up. In addition, insights from research on emotional labor can address continuing debates about how to understand the process of social movement organizing.



*Emotional labor*

Hochschild (1983) discusses emotional labor as it pertains to jobs in the service sector, or jobs that sell emotional labor for a wage. Emotional labor prevails in jobs that require employees to act a certain way in order to complete their work. Although it is not always inauthentic, when emotional labor, “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others,” workers’ own emotions become conflated with that which they are paid to perform (Hochschild 1983: 7). When this conflation is self-induced day after day it sometimes, “draws on a source of self that we honor as deep and integral to our individuality” (Hochschild 1983: 7). Thus, personality in terms of emotion is confused, shifted, and sometimes changed entirely because of the job one holds.

Hochschild’s emotional labor research on airline flight attendants offers a paradigmatic example of market-based labor. She observes, “surely the flight attendant’s sense that ‘she should feel cheery’ does more to promote profit for United [airlines] than to enhance her own well-being” (Hochschild 1979: 573). In this sense, the flight attendant’s incentive for performing her emotional labor is monetary compensation. Emotional labor’s exchange value calls into question the invasive nature of service work. Flight attendants may be able to see how their emotional labor is directly commodified because their airline aims to compete with other airlines in part, on the basis of service. Thus their labor can be seen as separate from their personality because it is done primarily for a wage. I argue that in community-based organizations workers understand their labor as contributing to a mission in which they are personally invested, rather than

performed primarily for a wage. Thus the separation between emotional labor and personality seems less likely to occur.

*Importance of emotional labor in political mobilization*

Emotional labor in political organizations is particularly unique because employees have a shared stake in the mission. When generating profit is not the main goal of a workplace and when workers come to the organization as a result of personal conviction, emotion connects to the workers' identity both inside and outside the workplace. Emotional commitments to a cause and the work in support of that cause may fuse workers' work and non-work identity in a less immediately alienating way. This commitment underlies beliefs that activists work 'from the heart' for social movement organizations (Smith 1997: 321). These emotions, however, do not merely reflect pre-existing individual commitments, as argued by scholars that describe activist emotion cultures. These cultures are shaped both by emotional interactions between participants and by the larger social structure and culture that regulate the quality, intensity, object, and setting of emotional reactions more generally" (Taylor 2002: 153). From this perspective, emotions emerge in three aspects of work on politically oriented, non-profit organizations: (1) between employees of the organization and clients, (2) between staff members of an organization, and (3) between employees or the organization as a whole and the larger culture.

Especially in the context of sexual and reproductive health clinics, the mission is politically motivated and the organization's existence within the larger society directly influences not only the emotional context of labor, but the way workers cope with it.

When emotional labor is not simply commodified but fulfilling a mission that employees believe in, it is central to worker identity. Distancing employees' sense of self from their emotional labor is more difficult in nonprofit organizations, making coping with this labor essential to the experience of staff of community-based organizations.

Because emotional labor is sold for a wage and at community-based organizations staff members are compensated comparatively less for their labor, it takes on a different meaning. In a recent study in Italy, it was found that “nonprofits are able to obtain the highest degree of worker satisfaction...notwithstanding their disadvantage in the field of monetary remuneration” (Borzaga 2006: 243). This job satisfaction is rooted in staff members' ideological alignment with the organization and belief in its mission. Because of this root, it is likely that emotional labor will take on a more personal form at community-based organizations than at for-profit workplaces.

The three main distinctions in emotional labor: that which is done through interactions with patients, that which is done between co-workers, and that which is done between the organization and society as a whole, reveal differences in experiences of deep and surface acting. Hochschild likens surface acting to performance on stage in that, “The actor does not really experience the world from an imperial viewpoint, but he works at seeming to” (1983: 38). This emotional labor is a visual display rather than an intimate connection. Deep acting is, “directly exhorting feeling,” and also, “making indirect use of a trained imagination” (1983: 38). Although some employees engage in surface acting more often than deep acting, the labor at sexual and reproductive health clinics directly reflects employees' feelings because they are ideologically aligned with the organization. There is emotional labor in interactions between workers and patients as well as between

employees. The omnipresence of emotional labor as well as the position of the clinic within the larger society makes coping with emotional labor at community-based sexual and reproductive health clinics essential.

As Hochschild points out, “there is a cost to emotion work: it affects the degree to which we listen to feeling and sometimes our very capacity to feel” (1983: 76). Because of the deeply emotional nature of much of the work at sexual and reproductive health clinics and the position of these organizations within the larger society, burnout is an imminent possibility. Hochschild sees workers at risk of burnout as those who, “identify too wholeheartedly with the job” (1983: 187). These workers are often times bad at separating their personal life from their work life. Thus, work becomes central to their identity. Employees at community-based organizations are vulnerable to this classification, making coping essential in these workplaces.

### *Influence of organizational restructuring*

Many sexual and reproductive health clinics grew out of a collective form of organizing in which coping can be facilitated through each employee’s voice being heard. These organizations, that address increased access to free reproductive technology, draw on feminist organizing principles and “attempt to function along nonhierarchical lines” (Joffe 1986: 38). Feminist organizations are characterized by their anti-oppression framework or freedom from all structures that produce domination and privilege. Promoting “equity, inclusion, transformation, and social justice as fundamental aspects of social work practice,” is central to such organizing and was conceived of in the women’s liberation movement of the 1960s and ‘70s. (Barnoff 2007: 57). HCC is an existing

organization that was born of this collective model. Although its organizational structure has shifted, employees still expect an egalitarian work environment and value “relational connectedness” (Haas 2000: 29). Equal deliberative power and the individual’s contribution to the group are of the utmost importance.

Another model of collective organizing was the consciousness-raising group that defined the second wave of feminism. These groups aimed to reject hierarchical organizational forms by implementing a dialogue of friendship. Friendship was seen as an attractive model for political cooperation because friends see each other as equal, find each other in a voluntary manner, and are self-governing and dynamic. However friends are also like-minded and might hesitate to make formal decisions (Polletta 2002: 153,154). Friendship exists as an essential concept of feminist organizations. In workplace culture, not organizational structure, the importance of individual input and interpersonal relationships persists.

Sexual and reproductive health clinics must fulfill their mission of providing equal access to healthcare while also existing in a capitalist economy. It is at this intersection that workplace culture, rationalization, and employee conviction contribute to a social mission as well as the organization’s sustained position in the society surrounding it. A balance between ideology and productivity is not easily sustained. There is always a threshold of growth over which organizations based on friendship principles will not prosper. Whether that threshold is reached by organization growth, outside forces, or shifting ideals within the organization, all members feel the strain.

Robert Michels theorizes this shift in organizational principles in “The Iron Law of Oligarchy.” He sees sustained democratic organizing as delimited because eventually,

“Economic antagonism stifles the ideological superstructure” (1959: 388). Those in charge of the democratic organization will only pursue economic interests contrary to their own for a definitive amount of time. At last, maintaining the organization becomes the main goal of decision makers as democratic intentions fall prey to an economy that values rationalization and hierarchy. A model of organizing based on friendship also runs the risk of falling into what Carol Gould calls the maternal or parental model that has, “obvious limitations in any extrapolation to political or institutional contexts of democratic communities...parenting is more fundamentally a nonreciprocal relation” (1993:407).

As the omnipresence of collective organizing dropped off, efficiency took over as a guiding principle in feminist organizations. Economic downturns reveal that feminist organizations are vulnerable to societal factors, especially when they are community based and nonprofit driven and particularly in times of economic hardship (Hartmann 1976). In feminist organizations that strive to implement an anti-oppression model of organizing, a tension between idealistic wide-ranging social change and sustaining organizational survival within the broader society exists and informs their functions (Barnoff 2007: 67). Economic downturns make this tension particularly evident and can create an especially noticeable decrease in work place morale due to layoffs (Yang 2009). Changes in morale may particularly affect an organization that has feminist aims of equality central to its mission and organizational culture.

The existence of community-oriented feminist organizations within the larger context of a suffering economy reveals alienation and rationalization where they are least expected. A shift toward such means of economic advancement is particularly striking in

an organization that is driven by employee's own motivations, rather than monetary gain. Although Karl Marx (1977) was largely discussing industrial labor, in the context of mission-driven service labor (reproductive and sexual health clinics), alienation takes on new meaning. The worker "alienates his activity from himself, so he hands over to an alien person an activity that does not belong to him" (Marx 1977: 44). As workers in sexual and reproductive health clinics experience cut backs in work hours, control over their work is taken from them. Higher-ups decide how time is spent; workers feel alienated from patients, from fellow workers, and from the work itself. Furthermore, they lack autonomy in allocating time. Weber (1958) saw rational work environments as motivated by the pursuit of economic gain and central to capitalism. Economic hardship provides for this alteration in a work environment that is traditionally motivated to challenge hierarchy and provide free access for patients, not make money. This type of shift in work may have particular effects on how workers are able to manage emotional labor. Whether with each other, between staff members and clients, or with the larger society, emotional labor and means of coping with it may be influenced in important ways by organizational environment.

## **Methods**

The clinic I studied was founded during the second wave of feminism with the intention of serving a population neglected by mainstream healthcare. The organization, HCC, provides access to care and information through outreach and education. It is located in a Midwestern metropolis and is surrounded by a community that is liberal and generally supportive of the services it provides. HCC is an important site for my research

because it grew out of a collective model of organizing that based decision-making on consensus. The organizational model has since changed to focus more on efficiency, establishing a board of directors that makes decisions in terms of the mission, direction, and function of the organization. These changes in the clinic reveal how emotional labor is unique in community-based organizations and show how the organizational environment affects the way employees cope with the emotional nature of their work. Despite this change, an egalitarian organizational culture persists amongst the staff as measured by an emphasis on fostering strong co-worker relationships and a caring work atmosphere.

My work experience at HCC informed my creation of a schedule of interview topics. It also gave me a framework for interview responses. Upon receiving approval from the institutional review board, I conducted eight semi-structured in-depth interviews (just under half of the staff). I received permission from the clinic manager to distribute a letter inviting participation in my study.<sup>1</sup>

Interview participants ranged across clinical departments. I spoke with two employees from each: administrative staff (managers and supervisors), clinical staff (physicians assistants, medical assistants, and nurse practitioners), front desk staff (office assistants), and education outreach employees (sexual health educators out in the community). The relatively intangible task of assessing how clinic workers experience their daily routine in a feminist organization is best understood by in-depth interviews. Employees were able to subjectively explain experiences with the three realms of

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<sup>1</sup> My participants were self-chosen as I distributed the letter twice and received interest in participation. It is possible that a self-selection bias may be present in my findings. Because of this sampling method, feelings from participants may be stronger than other employees.



emotional labor. They were also given the opportunity to express personal values in terms of their work in an intimate setting that was outside of the work place.

Each respondent participated in an interview and answered follow up questions as they arose. Interviews ranged from 30 minutes to two hours and took place outside of the clinic at a location that was comfortable for each particular worker. Conducting interviews at a different place provided further privacy, separation from other workers, and confidentiality about participation in the study. I focused the interview questions around topics, including relationships with coworkers, sources of stress, and the organizational makeup of the clinic, the relationship between the organization's board and worker's day-to-day experiences and interactions. My main goal was to understand the organizational culture and how this affects employees' experiences at HCC.

### **Analysis of Data**

At HCC, the organizational environment affects the way employees experience and perform emotional labor. Because it is a community-based organization and employees come to it with a personal interest in its mission, the emotional labor performed there is central to their identities. Some of the specific services provided at HCC include STI testing, contraception options, pregnancy tests, annual exams, and sex education curricula. These are stigmatized by the larger society because sexual health is perceived to be a shameful matter. Interactions with patients at the clinic reveal this stigma.

Just as the feminist collectives of the 1970s valued friendship amongst co-workers, administrative staff members at HCC work to foster a friendly work

environment. The position of this line of work within the broader society, employee interactions with clients, and managerial work that fosters a collective work environment all contribute to emotional labor that is performed at HCC.

*Positioning this type of work*

The physical, ideological, and cultural location of the clinic within the society that surrounds it is important because employees are personally invested in the services it provides and because sexual activity is still stigmatized by contemporary culture. In community-based organizations, employees' emotional labor is not only representative of the organization, but also the personal investment they have in the mission of the organization that legitimizes their lower level of monetary compensation. Because emotional labor is personal for employees, coping must take on an integral role in the workplace. This clinic is uniquely located within the socio-culture that surrounds it. Ideology brings employees to the clinic rather than monetary compensation and this has a direct affect on the way they perform their jobs at the clinic. As one clinical staff member put it, "I could be making more money at a university hospital, but I'm a community clinic kind of gal...I believe in the care we provide." Because she is ideologically aligned with the work she is doing at the clinic, emotional labor is central to her identity and personally trying.

At this clinic, employees dispense contraception, run pregnancy tests, and test for sexually transmitted infections with the utmost importance placed on privacy and education. One front desk employee expressed her anxiety about upholding confidentiality, "I need to work on that part of it because... I think that serves a really

important piece to the mission, keeping things confidential.” It is clear that the stigma that surrounds sexuality informs worker and client experience at the clinic. The employee has a responsibility to the client, the organization, and the mission, which brought her to the organization, to keep services confidential. She continued, “I’m not a really secretive person, but I know its important to a lot of our patients” that information regarding their sexual health be kept private. Because sexualities, in general, and sexually transmitted infections, in particular are largely stigmatized, services provided at sexual and reproductive health clinics are affected by broader socio-cultural patterns.

HCC is also a unique site for the examination of mechanisms used to cope with emotional labor because of the stigmatization of the care it provides. One front desk staff member pointed out, “Working at a sexual health clinic is really hard because patients are emotional. They’re worried and they’re stressed depending on what they’re coming in for.” She went on to say, “It’s hard to maintain the mission of having this happy face when a lot of the [clients] are taking an attitude with you.” The sexual nature of services provided at the clinic affects the way employees perform emotional labor. Even though, as one clinician put it, “as a culture there’s more conversation about sexuality,” persistent stigmas are prevalent at HCC. Interactions between workers at the clinic and the clients it serves are products of the surrounding culture. Because employees come to work at the organization invested in the services it provides and because stigma is attached to these services, the cultural location of this clinic is important in understanding employees’ experiences.

*Client focused emotional labor*

Interactions with clients require emotional labor that is personal to the worker because employees are deeply invested in the work that the clinic is doing and clients exhibit stress towards issues regarding sexuality. At HCC, Staff members who interact directly with patients experience stress as a contribution to their emotional labor because they vie for patients' well being. Recent cutbacks in clinic hours instigated by the Board of Directors have not translated into fewer people served, rather more people served by fewer employees.

One clinician recounted a heart-wrenching story of trying to help a long-standing patient get medicine for her kidney infection. "She has a history of you know, cocaine abuse and alcoholism and many, many troubles," which prevent her from working. The woman, who is illiterate, was having trouble figuring out the name of her prescription and what doctor prescribed it to her. She could not afford to fill the prescription again but needed to in order to get rid of the infection. The clinician recounted regrettably, "These medications probably would cost us [HCC] less than \$20. So for less than \$20 this woman is out there sick." The clinician spent an hour calling hospitals in the area, trying to track down the prescription but, "I failed, I didn't get it," she said, visibly upset. This sort of emotional attachment to patients is inevitable at a work place that places a positive healthcare experience for patients above all else.

The clinician dropped everything to do what she could for her patient because of her strong commitment to her work and because workplace culture has always encouraged her to provide healthcare, no matter what the financial circumstances. When her efforts failed, there was no collective forum for coping. HCC's organizational restructuring undermined conditions that fostered that coping forum. Thus, she was not

able to come away from the incident with a positive outlook on her role in it. Instead, it is likely that she internalized her actions as failure because she did not receive encouragement from co-workers. Clearly, this active emotional investment on the part of the clinician is more genuine than the emotional labor preformed by the flight attendant.

Other clinical staff shared similar stories with similar reactions and they rarely included times allotted for consoling from other clinicians. Employees used to work similar hours and have coordinated lunch breaks. Their time was less regimented, which provided for lingering, meaningful conversations between staff members during work hours. Now, the time that the clinic is open is tightly scheduled and often produces a highly stressful environment for employees. In order to fit everything thing in, tasks are delegated and regimented. When asked what a typical day is like for her at the clinic, one front desk employee responded in a monotonous tone, “answering phones, saying the same thing over and over again about [state insurance programs], circling things on invoices.” As she trailed off, she rolled her eyes and said, “Any more than 20 hours [a week] gets mind-numbing.” The inadequate size of the front desk staff is evident in the stress employees experience during tightly scheduled clinic hours. This is reflected in their on-the-job attitudes, which went from relaxed and invested to detached and uninspired.

As the historically feminist model of care is shifted to value more efficiency, workers experienced a loss of control over their work. After the reorganization, a cutback in employee hours meant a cutback in visit times for clinical staff. Appointments for annual exams that used to be forty-five minutes long were cut back to twenty minutes. Comprehensive healthcare that aims to decrease the power differential between patient

and practitioner is difficult to fit into twenty minutes. One clinician expresses this feeling of alienation. “There were times when we first made this transition [the reorganization] that really bothered me. I’d come home and just go... ‘Aw, those encounters were bad.’” Because the clinician expects to be able to make a meaningful connection with her patient, she is disheartened by time restrictions. She came to HCC because she has a passion for open and informative health care. The organizational cutback produced alienation for clinicians because it decreased the time they had to provide holistic care, making their work less meaningful.

The care she provides was previously focused on holistic education and providing the best healthcare for the patient within the context of each visit. If a woman came in for a STI test and realized during the visit that she could benefit from an annual exam then the clinician would perform that exam at the earliest convenience of the patient, whether that was immediately or the next day. Well-rounded education was given rather than just a quick dispersion of treatment or medication. Another clinician explains,

I think its important to think of not just throwing pills at somebody and a brochure on how to use them, but to have them see how by making responsible decisions they’re actually taking control of their life. We help them negotiate safer sex with their partners, to put it in the context of their life. Use it as a way of empowering them to make better decisions about what their future families are going to look like, how they’re going to support their educational goals, kind of see family planning in the spectrum of their whole life.

A connection and relationship with patients was of the utmost importance in the formation of HCC. This clinician has been with the organization for multiple decades.

However, with the reorganization that happened the care she expects to be able to provide is no longer a reality.

Along with rationalization comes a decrease in time spent on emotional labor. It is clear that this employee's work is central to her identity. When the ability to perform that work is taken away, so is employee autonomy and satisfaction.

We cut our hours too, so that's the other thing that came out of this [reorg]. We used to have this kind of ethic of really spending a good amount of time with patients, allowing more time for taking careful histories and getting to know them and addressing psychosocial means. And now we're on these 20-minute, one-after-the-other slots so it makes it a lot different kind of medicine. That was another board decision. Other clinics do it this way and that's how they retain their profitability and they can't be so touchy feely, we've got to start seeing more patients. So that was a huge shift in terms of our medical staff dynamic. I mean, we can do it, its not impossible, but it puts the pressure cooker on.

This clinician maintains some ownership over her work, even though the restrictions are less than ideal. She acknowledged that she and her fellow clinic workers are capable of performing in this rationalized way; however, it is not the type of care she prefers to provide.

In the same vein, she asserted a resistance to this alienated form of labor. "It's like, you've got to live with yourself at the end of the day, so I'll do whatever's necessary in the context of each visit." Clearly, being able to perform her emotional labor is central to her identity. By implementing values that motivated the clinic before the reorganization, this clinician maintains ownership of her work and shows that it still has significant meaning for her, despite rationalization by the organization. Throughout this

analysis, it is clear that employees are performing their emotional labor because of a personal investment in the work the clinic does. This motivation combined with the emotionally charged nature of sexual health provides for an employee experience with emotional labor that necessitates extra attention.

### *Managerial emotional labor*

The relationships among staff that management at HCC facilitate reveals an integral dimension of emotional labor in community based organizations. Because employees have a shared investment in the work that the clinic does, emotional labor is personal and thus coping with its effects takes on a collective nature. When decisions by the Board of Directors made the work environment not conducive to holistic healthcare, employees resisted together. This collective mentality makes meaningful emotional labor possible at HCC and also provides for coping with it, when time is available. Further, collective jargon permeates decisions. A clinician said, “I made the decision and I know some of the other examiners did too,” in reference to the resistance she exercised to the rationalization, which shows that the collective nature of the work environment persists amid cutbacks. Strong co-worker relationships assist in defining and coping with emotional labor.

There is certainly little time in workers’ rationalized day to intentionally decompress with co-workers, let alone to form similar bonds with new patients. Most collective management of their emotional labor happens in the form of an uncontested support for one another. Another clinical staff member said,

I think the medical staff in the back has been a team for quite a long time.

I’ve worked with [my coworkers] for a long time, maybe 7 or 8 years. So I



feel like we know each other well, we know everything about our personal lives because we yack. You know, they know all my flaws and quirks and we all tend to look out for each other so we correct each other's mistakes. Because clinical staff members have been together since before the rationalization, The formal decisions toward a more rationalized work structure made by the Board of Directors affects HCC employees' ability to cope with their work. Employees do not have intentional times set aside for addressing their emotional nature, so they have to create an open forum for support in their work environment.

Education outreach employees also expressed a need for institutionalized coping with the emotional nature of their labor. One worker told me about a recent site visit.

Most of the time everything goes well, but then sometimes, like today, I was at the Juvenile Detention center, it was a rough day, usually I have a great time there. But today was a rough day and I found out that a girl that I adore there is involved in a homicide. Or like I was talking about sexual assault and all of these kids have been raped, like multiple times. It's just insane and so like it gets very, very stressful sometimes. So like, today I finished there at 11:00 and I went home for lunch, and I didn't go back to work because it was just like, "Oh my god, I need to get this out, I need to talk about it."

The education outreach employees are able to talk to one another, but not everyday.

Because their site visits are usually recurrent, they form close bonds with their students.

The populations they serve are marginalized in many ways. An emotional reaction to the hardships their students endure is an example of deep acting that employees consider authentic emotions. The emotional labor that they perform is central to their identity because connections to students are rooted in a genuine concern for their sexual health and education. Without adequate time in their schedule to dedicate to dealing with the

bonds they've developed, education outreach employees have to cope with their emotional labor at home.

Just as collectives born of the second wave of feminism valued friendship and personal co-worker relationships as organizational principles, HCC is born out of the same principles and values work place relationships as its driving force. This value is both important to women who seek employment at places like HCC and is supported by the meaning the mission of the organization has to employees.

One administrative worker exemplified the way that employees value the friendliness of the work culture by stating, "I said in my interview [prior to being hired for the job]...that it was important for me to be friends with my coworkers." She came to the organization with the expectation that this would be a place where she could see herself being friends with employees. This expectation had to rest on a sense of meaning in the mission considering she "had only heard of it [HCC] through the grapevine." Just as feminist collectives survived as small, homogeneous groups of like-minded people from geographically similar places, HCC is made up of a lot of women who think alike. "I think that's kind of just natural though, in an organization like this. It is such political work you know, you're working at a birth control clinic; you probably have similar beliefs to other people that are working at the clinic." In this sense, friendship can be seen as resulting from working daily with like-minded people. The mission of the organization appeals to those who find providing accessible contraceptive methods to a broad community worth spending their time on. Many other employees express the organization's mission in terms of a friendly work atmosphere. Importantly, worker-to-worker bonds grow from a collective belief in the work the organization does.

Friendship as a structure for organizing can be a source for contention when a decision is made that is not unanimously agreed upon. Because friendships at HCC are built on common interest in the organization's mission, when decisions about carrying out that mission have to be made, friendship does not provide a productive foundation on which to reconcile differences.

It's partially just because there's so many women involved. That's one thing I've thought about. Men will like, have more boundaries in terms of just taking care of business. I think at this organization, there's a lot of overlap [between friendship and work].

Problem solving on the basis of friendship is difficult as delegation is often taken personally. This both stems from and is perpetuated by the collective importance placed on the organization's mission.

Even though friendship can be a site for contestation, employees refer to friendship amongst co-workers as a reason for continued employment given the erosion of a nurturing workplace atmosphere caused by restructuring. One interviewee cited friendship as a force keeping her at the clinic, "I think what keeps me there at this point are the co-workers. Yep. I really enjoy them... If it weren't for my coworkers, I'd be... Out!" Strong coworker relationships atone for a newly rationalized work atmosphere that stresses efficiency rather than comfort. Others site friendship in co-worker relationships as central to their job satisfaction at the clinic.

I have some great relationships with co-workers here. I feel very attached to a lot of people that I work with. I think it's a special place in that way. People feel close and respected for the most part. I think a lot of people really feel like we have a shared stake in the work that we do.

Again a collective consciousness of the importance of HCC's mission is illuminated in terms of job satisfaction. From this analysis we start to see co-worker relationships, as a support system at a clinic that may, at times, be difficult to work in because of its position in the surrounding community.

Some workers refrain from considering all relationships friendships, but characterize the workplace as "laid back" and "friendly." One front desk assistant summed up the work environment as such, "you know its such a close-knit community, its such a small organization. Everyone that works here knows [everyone] and loves them."

Not only can the culture of the organization be seen in the friendliness that is promoted between its employees, but it can also be characterized by its feminist aims.

I think we're just coming from a really community based, feminist model of care. We came out of a 1970s feminist women's health model. What that means to me is more empowered. Empowering people's bodies and sexuality and spending more time with patients, being more one-on-one, really focusing on education and giving lots of information. This statement reveals that the clinic was built on principles of providing well-rounded reproductive healthcare. Accessible care that is both affordable and confidential is central to the organization's mission still today. Many employees cited this part of the mission as what drew them to the organization. It is clear that this foundation not only provides a draw for people that fit into the semi-homogeneous mold that the staff has become, but it also provides a means for establishing the friendship and friendliness that characterizes the organizational culture.

Employees use terms like "love" and "friendship" to characterize their co-worker relationships, indicating that a support system is created and maintained by these

relationships. This institutionalized friendliness is especially evident in interviews with supervisors. An administrative staff member said,

A decent amount of my day is spent chatting...getting to know people...its helping me get a lot more background information in what people's interests are so that I can come up with projects for them and more interesting tasks than just folding paper and that kind of thing.

Not only is this supervisor's emotional investment in her workers' job satisfaction evident in this statement, but it also shows the care that goes into choosing tasks for employees. For supervisors, supporting their employees means creating a positive work experience for them, but this support does not necessarily translate into friendship across different levels.

I think people that are in leadership roles just need to be more careful of blurring too many lines because if you have to have a conversation, its more difficult. You're just making it harder on yourself if you're going to go out and get together right afterwards, so... um I think really its just making professional stuff professional and friendship stuff friendship.

Maneuvering around lines of friendship and hierarchy reveals the importance of support within the organization's work culture.

Supporting people within the organization often requires a distinction between friendship and professional relationships. However, the distinction is rooted in creating a better work experience for everyone. The maintenance of a friendly and satisfying work place is done as a means of coping with work that is emotionally charged. HCC is a unique location in which work is emotionally charged, and one way of coping with this tension is by turning to co-workers for support, often in the form of friendship.

There is a sense of trust that employees have in an organization when they believe in the work it does. Labor for employees of HCC is emotionally driven. The community

they serve is marginalized and the topics they address are often viewed as shameful by the surrounding culture. One front desk employee points out, “Its not enough pay to compensate that portion of it [emotional labor]. So other needs have to be met. There have to be other benefits for me, for the other workers.” One such benefit is a positive work environment that provides for meaningful relationship development. When this environment is polluted (as it was with the reorganization), coping with emotional labor becomes a site of anxiety for employees.

Administrative staff members express stress in creating a positive work atmosphere for those they supervise. “Maybe this is more for people who supervise a number of people, but for me, I feel our mission more in trying to help make the people I supervise’s work better and easier.” This component of the work HCC does is not explicitly stated in its mission, but by the nature of the work that it does, a positive work environment is essential. Administrative employees that supervise people at the clinic realize the investment that employees have in the work that they do. The emotional reaction that is born out of belief in the mission provides for work that is personal to employees. One way of dealing with this deeply emotional labor is to form bonds with other employees through the mission of the organization. If these support networks are debilitated (through lay-offs and cutbacks) employees have to find other ways to cope.

One of the education outreach employees expressed techniques of coping before and after the reorganization in very different ways. The shift affected her in particular ways because her office was moved to a separate location from the clinic. “It was getting cramped upstairs, so now we’re in the basement which is good and bad.” On the one hand she feels more efficient. On the other hand, “I could go for like days without seeing

anybody.” Her job, which includes emotionally straining visits to the Juvenile detention center, requires techniques of coping in the form of decompression. She expresses comfort in talking to her office mate (also an education outreach employee). But as far as performing these rituals of decompression with other employees, “I don’t know who else I would talk to in the clinic.”

Her office mate expressed her experience of coping as more of an externality after the reorganization. The clinic gave her a laptop and, “now I work from home a lot.” Much of her decompression happens at home now: “I talk to my boyfriend a lot.” In this sense, coping with the emotional nature of her work has taken on a presence outside of the organization. Whereas before the reorganization, a lot of decompression would happen during staff meetings and daily group lunch breaks, now this integral part of employees’ labor is homework.

We don’t get to see each other as much, we don’t talk as much, we don’t know what’s going on in each other’s lives. Honestly, I don’t know how to do it without lunches. Without lunches together...because that’s when it happens.

Knowing what’s “going on in each other’s lives” could mean events outside of work. However, the personal connection to the work environment that strong co-worker relationships foster provides for avenues of coping when emotional labor is trying.

A large component of the education outreach employees’ jobs, evaluating the experiences and positionality of students they teach is inhibited by the newly rationalized schedule at HCC that cuts out hours for coping with co-workers over the emotional labor in their job. Before and after the reorganization workers performed emotional labor assisting each other in coping with the emotional nature of their work. However, after the

reorganization, it is no longer a practice that is budgeted into the clinic's schedule. It is clear that the emotional labor that happens between workers fosters coping with the emotional labor workers perform with clients, which can be emotionally trying.

### *The Board of Directors*

A year before I started my research with employees, a drastic shift in the structure and culture of the organization happened. The governing body of HCC, the Board of Directors, is made up of community members who volunteer to help make business decisions that contribute to the efficient running of the clinic. With recent economic constraints, many nonprofit organizations like HCC have had to make cutbacks. Specifically at this clinic, the shift, or reorganization of the work place had many implications. A clinician who has been with the organization for multiple decades said, "Two people who I thought really embodied and represented HCC in the community got cut out and to me that was a shift in the whole way the clinic was being run. And then the rest of us took like 10% time cuts." Not only were influential members of the clinic laid off, but the remainder of the staffs' weekly hours were cut down, as well as time for coping with the emotional labor preformed by employees of HCC.

The Board of Directors is kept separate from the employees of the organization, a split that staff view as counter-productive in an organization that values a friendly and collective work atmosphere. Sometimes two administrative employees attend Board meetings but they do not cast votes in proposed measures, regardless of how much these measures affect the day-to-day lives of clinic workers. The veteran clinician voiced discontent among the employees,



I think there was a feeling that this was done without staff input. I felt like we didn't deal with them [the cut backs] in the way that we had traditionally done, which was to really pull in the human element instead of, 'What will the corporate funders think of us if we aren't able to trim our costs.'

The employee discontent with the Board's decision was exacerbated by the fact that the staff and the Board are kept so separate. Many employees expressed discontent with the fact that they wouldn't know a board member if they encountered them on the street. One employee said, "This reorganization really reminded people that there's this board that gets to make decisions about the organization."

This disconnect between the Board and staff seems counterintuitive in an organization that values a friendly work culture. An administrative employee remembers,

Out of the whole reorganization thing, um, I think some staff were just pissed at the board. It is a strange relationship to have with a group of people. I mean you know they're making decisions about you, your workplace, and your co-workers. And I mean they're just this faceless group of people. If you don't know, it's just easier to be angry when you don't have that face to face with people I think.

There is an expectation that the organization will be fair to employees, and that the value of friendliness that exists in the work environment will be translated to the relationship between the board and the staff of the organization. When these expectations are not upheld in big decisions like layoffs and cutbacks, employees experience frustration.

An education outreach employee remembers staff reactions to the lay-offs, "I think people were pissed off. Actually some of our board members, they resigned after the decisions were made about the reorganization so it wasn't just the staff." This anger is likely to be more intense at HCC than an organization that doesn't overtly strive to

provide a friendly atmosphere for its employees. Because employees of this clinic expect to feel a sense of belonging at their job and, by extension a sense of satisfaction from their work, their discontent with structural decisions was greater.

This discontent was evident in employees' reminiscence for the values of the organization before the reorganization.

It was sort of an ethic of trying to create an alternative to empower women through health care. It was more of a community service, non-profit, serve the people, clinic. It was a little more organized along principles of traditional board of directors but it was very collective in its ethical aims. This employee saw the board of yesteryear as more in line with the organization's original mission of empowerment through access and education to reproductive healthcare.

Other examples of reminiscing take on the form of daily adjustments that have happened since the reorganization. Most of these adjustments hinder employees' ability to connect with one another.

We don't get lunch breaks together anymore. We used to have a big ol' lunch together every day. It was fun and that's when we got to know each other. Like that's when we got to chat and connect and share stories and share information and that doesn't happen. Now if lunches happen there's maybe 1 or 2 people in the lunchroom. People are just eating when they feel like it at their desks and it has really hurt the staff culture. But, I don't know there's definitely a feeling among some staff that the higher ups just don't care and that we have to run by these tight corporation rules and everything. Rather than seeing it as we're just trying to get by this tough time right now, we blame the higher ups.

Daily lunch meetings are not provided for since employee's schedules were slimmed-back. Along with this cutback comes a strain on time for fostering co-worker

relationships and collective coping with the personal, emotional labor employees perform.

Other than lunch breaks, staff meetings in general are not worked into weekly schedules anymore. What were once weekly staff meetings are now monthly, if that. It is evident that, “people are getting a little more isolated with the lack of money that they have. People just can’t leave their office for a meeting like they used to be able to.” This increased isolation decreases workers ability to keep up with one another. Consequently, group support also suffers from this rationalization. One employee expresses this shift, “Yeah, we don’t get to see each other as much. It’s changed; it’s seriously changed since the layoffs.” Without face-to-face contact, the strong co-worker relationships that exist at HCC are at risk of being a thing of the past. It is clear that the split between the board and staff is counter-intuitive to the organization’s work atmosphere. It also allows problematic decisions to be made when those they affect (employees) aren’t consulted.

## **Conclusion**

Emotional labor varies across types of works and within particular workplaces. The labor performed by employees at low-cost sexual and reproductive health clinics is emotionally charged because of the position of these clinics in the socio-culture that they are situated. Sexuality is highly stigmatized. Patients coming into reproductive health clinics like HCC have cultural preconceptions driving their anxieties. It is the job of employees of the clinic to field these anxieties and create a positive experience for patients. Employees are drawn to community-based organizations because of a deep-

seeded investment in the work they perform. Thus, coping with the emotional nature of this labor was provided for in the collective work culture at HCC.

The rationalization that resulted from decisions by the Board of Directors affected the organization of time at the clinic and demonstrated the connections between the types of emotional labor at HCC. Employees no longer have time to form personal relationships with one another. If this rationalization continues, workplace coping will likely disappear completely along with an emotional labor that is meaningful to employees and contributes to a positive identity formation for both employees and the organization.

Community-based feminist organizations, rather than profit oriented sites, like this clinic are unique places to study emotional labor because employees' motivations stem from an interest in the work the organization does. Interactions between the clinic and the surrounding community, staff members and patients, and managerial staff and other employees, reveal the complexity of emotional labor at this clinic. In the first distinction, the cultural location of the clinic affects who comes to the clinic for employment and how the clinic's patients experience their care. The second distinction reveals how employee investment in the work of the organization makes emotional labor personal in a contested field. The third distinction, interactions between staff members is a critical area so that coping with the personal, emotional labor performed at the clinic is possible. When the Board of Directors provides adequate time in the day for decompressing from emotional labor the workplace culture is positive. However, when this decompression is not provided for in a daily schedule, it becomes homework and detracts from strong co-worker relationships.

Comparative studies would contribute to an important understanding of emotional labor in mission-based organizations. In focusing on one clinic, there is depth in the understanding of the three main distinctions in emotional labor. The findings of my research are limited in that they focus on one site of community based organizing. It could be that other such organizations have different experiences with emotional labor and value coping time that fosters co-worker relations, even in times of economic struggle. As the reorganization experience suggests, perhaps the connections between levels of emotional labor depend on the social organization of workplaces. Complimenting research could evaluate emotional labor in varying organizational environments including co-ops, religious organizations, and other nonprofit organizations in order to understand emotional labor as a characteristic of service sector jobs.

My research is also a suggestion for further research of emotional labor in community-based, nonprofit, social movement organizing. Abilities of coping and experiencing emotionally motivated interactions are particularly important at workplaces that employees are drawn to because of their investment in the organization's mission. Further research that measures employee satisfaction at community-based organizations before and after reorganization is also suggested.

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