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# The Emotions Involved in Care and Training. The Emotional Dimension Amongst Nursing Students

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# The Emotions Involved in Care and Training. The Emotional Dimension Amongst Nursing Students

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*Abstract:* Emotion management (especially negative ones such as frustration and disgust) is one of the key aspects of care work (Ashforth & Humphrey, 1993; Grandey, 2000; Morris & Feldman, 1996) and is therefore one of the sources of stress, with consequences that can even have physical repercussions (Gross, 2002). In care work, the carer is expected to feel and show emotions that are in line with and appropriate to the situation, which requires, as Hochschild (1979) says, two types of work: evocative work, when the emotions required by the context are shown, even when they are not felt; suppressive work, when emotions that are not appropriate to the situation are controlled to the point that they are eliminated. This requires emotional awareness and work on one's emotional dimension (Mortari, 2017), which oscillates between detachment and involvement (Zamperini, Paoloni & Testoni, 2015), and would appear to take shape in the training stage. The qualitative study was conducted between March and June 2018, by organising a focus group amongst nursing students at the University of Verona's Trento campus. The aim of the study was to investigate the emotional experience of nursing students, by analysing the changes and transformations taking place over the three-year course, with regard to the teaching experiences (lectures and seminars, workshops, practical training) and, consequently, the relationships with the various figures with which the students come into contact (lecturers, tutors, ward tutors, fellow students, ward nurses, etc.). The topics around which the focus group outline was constructed were as follows: The emotional recognition process: the process of understanding what one is feeling; Emotional negotiation: working on emotions; Conventional alignment: the management of emotions in relation to the context.

*Keywords:* emotion work, emotional labour, student nursing, sociology of emotions

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## **Emotion work: theoretical background**

Emotions are complex experiences because they relate biological, subjective, social and cultural aspects with one another through human experience. The interest for emotions originates from the fundamental criticism of one of the key conceptual nodes of Western thinking: the reason/emotion dichotomy.

In “The Managed Heart” (1983), Arlie Hochschild introduces the concept of emotional labour, according to which workers are expected to manage their feelings during the interactions that develop at work. Emotion work is the act of trying to change in degree or quality an emotion or feeling (Hochschild, 1979). It aims to bring feelings into line with the setting, and can come about by means of three techniques: cognitive, bodily and expressive.

A distinction can be made between:

- emotion work, the controlling of feelings in one’s private life;
- and emotional labour, in occupational settings, where it is necessary to induce or suppress a feeling (with the intention of producing a certain state of mind in another individual).

A specific approach to emotion work investigates gender differences as an important variable for this type of work. Literature has demonstrated that women show greater emotion expression than men (Hoffman, 1972; Deaux, 1985; La France & Banaji, 1992), because they are more capable of expressing their feelings (La France & Banaji, 1992) and have a greater need for social approval (Hoffman, 1972). Tronto (2013) states that traditionally, and this is still the case today, care work is a strictly female occupation, given the typical gender characteristics that women possess or are attributed. This outlook has led to a devaluation of care work, because it expresses a disparity that originates from inequalities in the distribution of powers and privileges.

In the professional setting, emotional labour must produce sincere emotions, because this is how they must be perceived by “customers”. Otherwise, a situation of emotive dissonance arises (Sarchielli, Toderi & Zamboni, 2009), in which the professional attempts to show emotions that he/she does not feel, that do not reflect his/her actual condition. According to these authors, in addition to creating a situation of stress, in the long run, this emotive dissonance alienates the subject from his/her emotions. As confirmation of this, professionals such as nurses are expected, as part of their job, to know how to control negative emotions in order to appear welcoming, confident and upbeat. However, in this environment, emotions are often made to be invisible and are often seen as a tacit and unencoded skill. The management of emotions (especially negative ones such as frustration and disgust) is one of the key aspects of care work (Ashforth & Humphrey, 1993; Grandey, 2000;

Morris & Feldman, 1996) and is therefore one of the sources of stress, with consequences that could also have physical repercussions (Gross, 2002).

In care work, the carer is expected to feel and show, emotions that are in line with and suited to the situation, which requires, as Hochschild (1979) says, two types of work:

- evocative work, when the emotions required by the context are shown, even when they are not felt;
- suppressive work, when emotions that are not suited to the situation are controlled to the point that they are eliminated.

This requires emotional awareness and work on one's emotional dimension (Mortari, 2017) that oscillates between detachment and involvement (Zamperini, Paoloni & Testoni, 2015) and would appear to take shape in the training stage.

## **The study**

The study was conducted between March and June 2018 and involved nursing degree students at the University of Verona's Trent campus (total number of students 320).

In addition to the theoretical aspects, during the three-year course, the Nursing Degree syllabus includes eight continuous practical training experiences of varying duration (4-6 weeks) in different clinical contexts including both inpatient wards, community health centres, hospices and nursing homes for the elderly. The tutorship scheme implemented on the Trent campus involves practical training experiences in which students are monitored in clinical settings by dedicated clinical tutors, alternated with experiences in which the student is followed by a professional expert who works at the practical training site. Teaching includes lectures and seminars, workshop and practical sessions, group tutorials and the discussion of clinical cases.

The aim of the study was to investigate the emotional experience of nursing students, by analysing the changes and transformations taking place over the three-year course, with regard to the teaching experiences (lectures and seminars, workshops, practical training) and, consequently, the relationships with the various figures with which the students come into contact (lecturers, tutors, ward tutors, fellow students, ward nurses, etc.). The purpose of the research was to reconstruct the emotional experience of nursing students, in an attempt to identify both the strong and the weak points of the training programme.

### ***The research technique: the focus group***

As a focussed group interview, the data collected were the result of a continuous discussion between participants, as each individual contribution

is always filtered by that person's relationship with the other members of the group and can, therefore, change or form during the discussion. In this case, we attempted to create a pathway that started with each participant talking about his/her emotional experience before progressing to its perception, awareness and, ultimately, the emotions experienced.

The students were provided with the following stimuli:

1. The emotional experience: the emotions felt and perceived during the various learning experiences;
2. The emotional transformation: the emotional dimension experienced and its transformations in terms of student expectations;
3. The emotional drive: the control and management of emotions.

At the end of the focus group, each student was given the following list of emotions:

- Pride (self<sup>1</sup>);
- Frustration (discomfort);
- Joy (eudemony);
- Embarrassment (inadequacy);
- Trust (prosociality);
- Resentment (rivalry)
- Indignation (hostility)
- Certainty (society)

The emotions put forward were chosen from the feeling areas proposed by Cattarinussi (2006). Of the emotion areas identified by Cattarinussi (2006), the fear area, which includes anxiety and fright, was excluded, because given the nature of the training programme, it was presumed that the anxiety and fright generated by the unknown would have prevailed. Each student had to identify the three emotions most frequently experienced during their nursing degree course and justify their choice.

### **The empirical reference set**

The study was conducted on 46 students attending the nursing degree course at the Trent campus. The study was conducted between March and June 2018. The choice of empirical reference set was dictated by convenience and the participants were asked to confirm their willingness to take part in the scheduled focus group sessions and were provided with written details of when the sessions were to take place.

The focus groups were scheduled for each year of the degree course, at times in which the students were on campus.

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<sup>1</sup> The emotion area put forward by Cattarinussi (2006) is shown in brackets.

The only exception was for second-year students, because they were busy with exams or practical training during the study period.

The study involved 6 focus groups, broken down according to the year attended:

- 1st year: 3 focus groups;
- 2nd year: 1 focus group;
- 3rd year: 2 focus groups.

Breakdown of participation in the various focus groups (Table 1):

Table 1. Focus group

code		Females	Males
1ST YEAR			
I1	Focus group 1	9	-
I2	Focus group 2	8	-
I3	Focus group 3	7	1
2ND YEAR			
II1	Focus group 1	6	1
3RD YEAR			
III1	Focus group 1	6	1
III2	Focus group 2	6	1

*Each focus group session was recorded and the recordings were later transcribed. The interview transcripts together with the moderator's notes were analysed in an attempt to identify the influences that came to light during the discussion and any group phenomena.*

## Results of the study

As mentioned previously, the topics around which the focus group outline was constructed were as follows:

The emotional recognition process: the process of understanding what one is feeling;

Emotional negotiation: working on emotions;

Conventional alignment: the management of emotions in relation to the context.

### ***The emotional recognition process: emotions and learning experiences***

Generally speaking, the students taking part in the study said that they undertook the course with enthusiasm, driven by the curiosity to learn and the desire to help others<sup>2</sup>.

<sup>2</sup> The students believe that, unlike other medical and health sector professionals, nurses are undervalued in terms of social recognition.

What they found most fascinating, but, at the same time most fear-provoking, is the great importance of the practical aspects of this course. Having the chance to implement and put into practice what is learnt in theory makes the course fascinating but, at the same time, generates considerable anxiety. It is a programme that, as the students themselves said, has an extremely fast pace, with tight time-frames that generate fatigue and performance anxiety *“It’s so tiring! There’s the physical fatigue, which you can deal with! And then there’s the mental tiredness, which is exhausting because you never have any downtime... it’s one thing after another (exams, lectures, practical training)...”* (III2), an impression that was also echoed by the “older” students. This perception was particularly common amongst first-year students *“Lots of people have told me different things. I think it’s purely subjective. [...] They’d tell us “you won’t make it”... even during exams”* (I1<sup>3</sup>).

The unknown generated fear and anxiety in all situations. The students recognised this anxiety and broke it down into three aspects.

First and foremost, it consisted in anxiety associated with a “leap into the unknown”, dictated by the fear of finding themselves in difficult situations for which they did not feel ready. Although one of the positive aspects of the degree course is the almost immediate practical application of the knowledge acquired, this is also an element that can cause emotional difficulties. *“do I have what it takes? What will it be like?...I’m putting myself to the test to find out if I really am the person I think I am and that I want to become”* (I2).

A second type of anxiety identified by the students is the anxiety associated with assessment, in the various learning situations, such as OECD *“I do something there in an unknown situation, where I have no before and no after, which you have in practical training”* (II1), or in workshops where *“the tension starts to mount... you’re there to learn, and so okay, your tutor might be there watching you, but is quite laid back... there’s a bit of tension at the beginning because you realise that you have to know so many things...”* (III1).

Lastly, anxiety is due to refusal. First and foremost, there is the refusal that a patient may express by refusing to be treated by a student, because he/she recognises someone who is still at the training stage. *“I’m scared that patients don’t want to be washed or have their pressure taken by us first-year students”* (I1), a patient fear that, in any case, the students themselves, understand *“if I were a patient, I don’t think I’d want a student to do it. So I think: why should the other person? Especially the more elderly and debilitated patients...”* (I1).

The student’s experiences brought to light the fact that practical training is the environment that generates most concern: knowing how to put theory into practice, the complex nature of the relationship with the patient, which

<sup>3</sup> The focus group codes used are those indicated in table 1.

is complex because it is determined by a number of different factors (skill, support, the fragility of the patient) but also the relationship established with tutors, peers and the patient's family.

As it involves applying knowledge to real life, practical training is a learning situation that creates a great deal of anxiety *"above all because, while you're doing things in a workshop on simulators, if the worst comes to the worst, you get it wrong and nothing happens, here you're dealing with human life, with real people"* (I3). *"On a theoretical level, I can either know or not know things, but with practical training, things are completely different. I might not be able to put what I know into practice on a human being"* (I1).

To these aspects, we can add the students' self-awareness, in recognising that they are not suited to all types of unit. *"in the first year, it's difficult to understand what kind of nurse you will be ... to understand what is suited to you. Each nurse has his/her own environment. It's something that is inside you ... everyone's made for a specific context"* (III1). Some students realise and know that they are suited in terms of character to a department based on the inter-personal and caring aspects<sup>4</sup>, some admit they have difficulties when caring for babies and paediatric patients *"when you're dealing with elderly patients, you don't feel so bad because you know that they have lived a long life. Whereas with young patients, for example in the oncology unit, you tend to risk less, because you're more likely to become attached... I think you're more likely to remain detached for fear of suffering too much later"* (I1), others still prefer a sector in which demands are high.

The relationship between care setting and individual emotions that came to light in the third-year student focus group when talking about nursing homes is particularly pertinent. Whereas some students find the age and fragility of the patients, work that is based primarily on care-giving and the administration of medication and the irreversibility of the patient's condition difficult to deal with and frustrating, others find it a source of satisfaction.

Some said that they found nursing homes *"anxiety-provoking. I felt like I was getting nowhere. Anxiety and anger. I felt as though I was in a place where time stood still. Where nothing really changed"*, and, on the other hand, some students said *"I felt much more relaxed in the nursing home. I knew what I had to do... it's a very straightforward kind of care. On the other hand, I found intensive care really hard. In the nursing home I felt useful"* (III2).

The anxiety associated with assessment mentioned earlier obviously depends on the relationship the student establishes with the various figures he/she comes into contact with.

Although, when talking about lecturers, they complain above all that *"they treat us like kids and give us homework"* (I1), it is the tutor that students

<sup>4</sup> One example could be geriatrics.



are most worried about, because they feel that they are constantly being judged. Once again, they agree that *“it depends on the person. All tutors are different... some make you feel anxious... each situation is different, but it also depends on the type of person”* (II1).

Feedback is the most difficult part of the learning process and is considered a crucial part of growth. *“We’d meet once a week for debriefing. We’d talk about a patient, she’d get me to think things through, she’d correct me without making me feel anxious or under pressure, I felt relaxed, even when I was being corrected...I felt that I was learning... when I went to see my tutor, she would correct me where I’d made mistakes and, most importantly, she gave me the feedback I needed to improve”* (II1).

Most of the students said that the programme is demanding and generates anxiety but that, fortunately, *“all this anxiety... spurs us on”* (III1), and the happiness, the joy that ties them to their degree course is the motivation they need to overcome the difficulties that they identified.

### ***Negotiation: the emotions associated with expectations***

The focus groups confirmed that nurses are able to recognise their emotional experience and also how it changes over the years, attributing these changes to their training experiences, which do not always live up to their expectations.

*“When I enrolled, I felt like I was preparing for a journey... I prepare everything I might need... and then whoever you meet on your journey, you try to give them the best part of you... regardless”* (I2).

There are expectations, including on an emotional level, that change over time *“in the first year, you have lots of expectations and you just don’t know what it will really be like. Sometimes you feel really happy, and at others they really get you down. Sometimes they put you in situations where you feel uncomfortable”* (III1).

At first, the enthusiasm seemed to prevail over the fear regarding what might happen during the course. In actual fact, students say that the fast pace of the course, the academic demands, the sometimes difficult relationships with the various figures involved in the course in a certain sense altered their vision of the course and of their emotional experience. The student nurses state that, to begin with, they were driven by enthusiasm and joy at having passed the entrance exam and curiosity that, despite still being present in certain situations (usually, when learning something new), appear to dwindle *“at the beginning, I felt such joy at having passed the entrance exam... but that gradually wore off and the fatigue set in. It’s so tiring! There’s the physical fatigue, which you can deal with! And then there’s the mental tiredness.”* (III2).

Although at the beginning the anxiety experienced by students is due to their facing the unknown, as the students themselves say *“in the first year, the anxiety was associated with performance (exams, tutors, comparisons)”*, with time *“you become more aware, it becomes more an anxiety regarding ourselves”* (III2). The programme already covered, the knowledge and skills acquired, the context and the relationships with the other players in the academic programme may keep students under pressure, with a different kind of pressure associated with what others expect of them. With time, the fear of getting things wrong, of not being ready transforms into the fear of not satisfying expectations, of not being able to manage a situation as one should. *“I realise the responsibilities that come with this job”* (I3).

However, apart from the anxiety, students start to see the way, to glimpse the path ahead, to have the target tangibly within their sights, which leads to an increase in positive emotions because *“you can see that you are studying for a profession and not because the lecturer tells you to”* (I2).

One of the emotional needs described by the students is greater stimulation by the main players in their academic life, from whom they expect *“serenity, certainty and enthusiasm”* (I2), but who, at times, appear, according to the youngsters taking part in the focus groups, to be excessively taken up with the teaching and assessment aspects of their job.

### ***Conventional alignment: emotions and their management***

The nursing degree course on the Trent campus is known for being particularly demanding, even compared to other universities. Nevertheless, and perhaps in part for this very reason, the students are of the opinion that they would recommend the course, and they bring to light certain important points. *“You have to be convinced of your choice. Don’t take it too lightly. There were lots of people at the test and they said “why not? I’m going to do nursing”, what they don’t know is that you have to perform physical exams on patients, they think a nurse is just someone who takes blood samples. You have to be constantly committed”* (I2).

According to the students, when you are driven by curiosity, it is enthusiasm that draws you to a certain degree course; however, in the case of nursing, you make it to the third year thanks to the enthusiasm that allows you to manage the greater amount of knowledge and, therefore, the greater responsibility. You need a great deal of motivation, which, together with enthusiasm, the students say can grow over time.

This is why, when faced with anxiety and difficulties, you have to *“create yourself a shield. And, for example in the relationship with patients, you have to try not to get involved”* (I1), because there will be gratifications, both in the results and in the relationship with the patient, the aspect that

the students believe to be most important *“when the patient says “thank you” or the nurse says “well done, thank you”, it’s important to be humble... and all it takes is for a patient to acknowledge you, to call you by your name or ask after you... and that makes all of the effort worth it.”* (II1).

### ***The emotional experience and the most common emotions***

As mentioned previously, at the end of the focus groups, each student was given a list of emotions<sup>5</sup>. Each student had to choose which three emotions he/she felt most often during the course.

The three emotions most chosen were:

1. Pride;
2. Frustration;
3. Joy.

On the other hand, the emotion that scored lowest was resentment, which the students who chose it took it to be a synonym for anger. Drawing inspiration from psychology, Cattarinussi (2006) states that anger implies a non-acceptance of the inevitability of an event, which fuels a feeling of injustice, incomprehension and frustration. These are the emotional elements that are associated with resentment, chosen by students and was therefore dictated by an inability to accept that sense of impotence that originates when an individual finds him/herself in care-giving situations in which the patient is not going to recover.

The three most commonly chosen emotions would appear to be states of mind that are closely associated with the achievement of or failure to achieve specific objectives.

*“I’m proud of myself...I’m already able to put what I have learnt into practice”* (I2).

Pride is the emotion that comes from a positive judgement on a specific action and it would seem to be associated with the consolidation of an individual’s confidence.

Glimpsing the possibility of achieving the target set, drawing closer to a profession that gradually takes shape in terms of knowledge and concrete actions, makes students feel proud. *“Because you know and can see that you are useful”* (II1).

Pride that is crowned by the results, but, most of all, by the thanks and acknowledgement of the patients on the ward. *“During your practical training, you might find it difficult at first, but then you pulled yourself up... you might get compliments. And patients might thank you.”* (III2).

Although pride is a feeling associated with the self (Cattarinussi, 2006), it also appears to be an emotion that falls within the discomfort sphere: frus-

<sup>5</sup> See section “The research technique: the focus group”.

tration, to be defined as the emotional state that arises when one is unable to complete an assignment.

This frustration can originate from the training situations faced,

*“with regard to all the situations. Especially the theory for now. I feel frustrated because I’m afraid that I won’t feel good enough to stay here. That I won’t pass all the exams... that when asked a question, I won’t know what to answer”*.(I3).

but also in the relationship with the various key players, who are guilty of not giving enough gratification. *“there always seems to be a “but”* (III2).

Frustration is associated with *“feeling inadequate”* (I2), not being certain to have made the right choice *“I admire you when you say “I’ve always wanted to be a nurse”, I’m not sure... and I find this frustrating, because if I don’t like the practical training, next year I have to start another course... but where? What?”* (I1), with a subsequent state of mind, which is that it is *“tiring also on a psychological level”* (III2).

One of the mechanisms that, according to students, makes it possible to overcome this state of mind is comparing oneself to others, seeing that colleagues also feel the same thing *“when you talk to other people, you see that lots of them have been through it”* (I1).

Joy appears to be a strong emotion that makes it possible to overcome tiredness, difficulties and frustration. An emotion belonging to the eudemony area, together with happiness and humour, joy is an emotion that gives an individual greater confidence in the future.

Joy is specific to certain situations, *“Because, for example, during the last practical training experience when I left, I was happy and I’d say “I can’t wait to come back here”*” (II1).

This growing confidence could be assumed to be one of the elements that makes it possible to overcome frustration, anxiety and fear, emotions that could cause an impasse, with the consequent feeling of not growing in an academic and professional sense *“I studied like mad... and that’s something I’m proud of... then came all the tiredness, the anxiety, etc... and the concerns, thank goodness all that pays off when a patient says something nice to you, or when your able to help someone, or to solve a problem... I forget all the effort that I put into things. So, from my point of view, it is a profession that brings me joy, I find it gratifying”* (II1).

The students define joy as their driving force because it is associated with the curiosity of knowing, of finding out and learning.

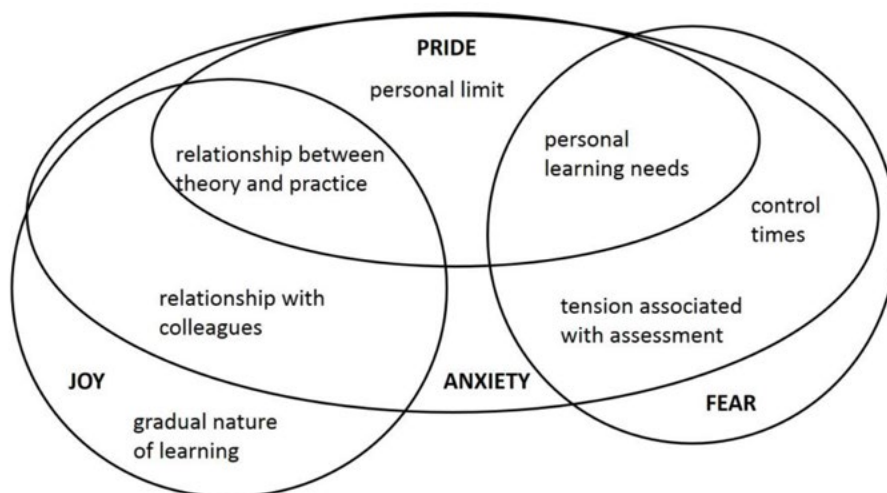
Although many say that they felt joy from the time they enrolled, this emotion can survive thanks to the trust put in them by tutors, nurses and patients. *“in haematology, which is part of the oncology sector, I felt a joy that was passed on to me by patients and I could feel I was doing something good”* (III2).

## Conclusions

This qualitative study made it possible to obtain a picture of student nurses' perceptions of the emotions felt during their training as part of a degree course, more specifically at the Trent campus of the University of Verona.

The focus groups showed that the students recognise transversally in all the different learning situations (lectures and seminars, practical training and workshops) the emergence of specific emotions, that generate emotions belonging to different areas.

Figure 1. Emotional recognition: the students' words



As shown in figure 1, the students' words show the recognition of emotions with different natures and values, despite the fact that they originate in identical training situations.

For instance, there appears to be a relationship between theory and practice, knowing how to recognise one's personal limits and personal training needs are grounds for pride, but, at the same time, they also generate anxiety and fear. Although the practical assessments and/or the knowledge and skills to be acquired are sources of anxiety, once they have been passed or acquired, they become an important cause for pride. From "if I look back, I didn't think that I would make it this far" (III1), to "perhaps I'm building too many castles in the air, maybe I'm raising my expectations too much... the anxiety remains, and it is constant" (I1), are both positions that consider the expectations and demands that each student asks of him/herself but that, as we can see, generate different states of mind.

Although anxiety and fear appear to be similar emotions, in actual fact, they present differences due to a condition of not knowing what the future will bring or the possible threat of damage. However, in the case of anxiety, this fear is due to conditions, situations and objects that are undefined and unknown.

This is why the dimensions that rotate around anxiety are associated with the relationships with colleagues or the relationship between theory and practice, aspects that do not come to light in the case of fear, where, on the contrary, we find tension associated with assessment, control times and personal learning needs, elements that are known and already clear to the students.

It is interesting to note that just one dimension is associated with the emotion of joy alone: the gradual nature of learning. It is the recognition by students of their personal and academic growth, or a graduality that is put into practice by the degree course itself.

A more in-depth analysis of the focus groups sheds light on the students' emotional needs and provides suggestions regarding learning that the students believe can have a positive influence on the emotions experienced (Fig.2). From an emotional negotiation prospective, the students show and affirm that they work on their emotive needs in a conscious manner. The students believe this awareness to be important, because it acts on the context and influences their relationships with others, first and foremost, the patient.

Figure 2. Emotional needs and suggestions regarding learning



The four emotional needs that most frequently emerge from the words used by the students (gratification, enthusiasm, solidarity and confidence) apply to all the different figures they interact with during their training.

More specifically, confidence and gratification are elements that can also be shown by patients and they become decisive for facing the course and the difficulties encountered with a positive outlook and courage.

Students expect their lecturers, supervising nurses and, above all, tutors, to give them constructive feedback that helps them to face difficulties and overcome them in a conscious manner. This creates a relaxed learning climate, in which the various situations are faced with control but also serenity and growth. *“a tutor or lecturer is often seen as someone who is there to dictate rules. Whereas during workshops, we’ve often come up against people who have said to us “Give it a try. We’re here if you need us”, not to set rules ... and I think that is something positive. It puts us at ease”* (I2).

Generally speaking, whilst admitting the difficulties of the degree course, which the students themselves justify by the type of training and the increasing management “of people”, the emotion that drives, or ought to drive, a student to enrol for this course is the joy of knowing and conviction regarding what one wants to do. The awareness that it will be a difficult journey is the first step to be taken along the way. As the students themselves say, it will be demanding because of the fast pace of the course but also on a psychological and emotional level, due in part to the network of relationships that surrounds each one of them. Relationships that prove to be complex because they involve individuals in conditions that are different to that of the student.

This interpersonal dynamism, the speed and fast pace of academic life require great determination because *“you have to really want to make it and be prepared because you have to know it will be demanding. Above all, you need conviction”* (II1).

However, this effort can be rewarded *“it doesn’t take much... a patient who writes a thank you note... that’s all it takes and all this, the effort, the anxiety, the fear, all slip away... and you are rewarded ten-fold...”* (II1).

In the words of Hochschild (1983), joy, determination and enthusiasm contribute to creating a core of positive emotions that bring further positivity in the care relationship, which ultimately benefits the patient. Emotions and their recognition and control can open the doors to a new dimension in nursing (Jack and Wibberley, 2014), the foundations of which are laid at the training stage. Emotion work is therefore a skill that is not only fundamental to care-giving, but also an ability whose importance must be recognised from the training phase.

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