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The Constant Caregiver: Work–family Spillover among Men and Women in Nursing

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Abstract

Work–family spillover is a central concept in the work and occupations literature, with prior research detailing its negative outcomes and gendered dimensions. With increased demands for careworkers and more men entering occupations such as nursing, we examine experiences and perceptions of spillover using qualitative data from a diverse sample of 48 US nurses. We find similarities across men and women in terms of exhaustion and stress as well as in anticipating spillover in their careers. Yet, we also find some differences, with men (but not women) highlighting the transfer of emotional capital between work and family. We extend work–family research by broadening the concept of spillover to include its anticipation and the transfer of emotional capital – both aspects that have been previously under-examined. These findings have implications for the retention and support of careworkers and refine the concept of spillover in ways that could apply to various employment sectors.

Keywords

anticipatory spillover, double-duty caregiving, emotional capital, gender, nursing, work–family spillover

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Introduction

Work–family spillover is a central concept in the work and occupations literature, with prior research detailing its negative outcomes and gendered dimensions. As a concept, work–family spillover is defined as the relationship between the permeable environments of home and work. Spillover is an ‘intra-individual transmission of stress between roles’ (Curbow et al., 2003: 311) that can include the movement of attitudes, emotions, and behaviours across domains. This can involve both positive and negative emotions. When experienced positively, spillover leads to enhanced ‘performance in the other domain’ (Stevens et al., 2007: 244). When experienced negatively, it is felt as conflict between the two domains. Examples of positive work–family spillover generally build from role-enhancement theory (Marks, 1977), which discusses the benefit of holding multiple roles. The positive influence of work–family spillover related to role enhancement might include increased self-esteem, increased opportunities for social relationships and feelings of success (Kinnunen et al., 2006).

Research on the work and family interface and gender is mixed, though some find that women tend to experience greater negative spillover between these domains than men (Dilworth, 2004; Keene and Reynolds, 2005). If men do experience a negative work–family relationship, it is usually family that interferes with work, not vice versa. Care-based occupations such as nursing, childcare, and social work are culturally encoded as feminine work and characterized by greater emotional demands than work seen as traditionally masculine. As women are more likely to work in care-based jobs, one explanation for their greater negative work–family spillover could be the constant caregiver thesis – the emotional demands of caregiving work are similar to and compound the emotional stress of care for others at home. Based on this claim, both men and women in a caregiving occupation such as nursing are likely to experience work–family spillover. And yet, relatively little research has examined men and women in the same care-based occupation to understand their distinct perceptions and experiences of spillover. By examining the work–family experiences of both men and women in the same care-based occupation, the current study more directly assesses the role of gender and emotional resources in the work–family interface, and in so doing, addresses gaps in understanding the experiences of healthcare workers – a workforce projected to expand considerably in the coming decade (Henderson, 2015).

Recent research on carework conceptualizes people who simultaneously perform carework professionally and personally as double-duty caregivers. DePasquale et al. (2018: 466) explain that double-duty caregivers ‘are professional caregivers who informally care for children (double-duty child caregiving) or older adults (double-duty elder caregiving)’. While these concepts build on literature addressing the influence of providing carework on experiences of work–family spillover (DePasquale et al., 2018), double-duty caregiving remains understudied among women and men in the same emotionally demanding occupation. Using ‘spillover’ as a sensitizing concept and drawing on the rich, qualitative reflections of diverse nurses, we develop a new conceptualization of spillover to include (1) the *anticipatory spillover* experiences of younger nurses – that is, the anticipation of future conflict between work and family, and (2) the gendered spillover of *emotional capital*. These findings have implications for key concerns in US

nursing policy, including the prevalence of burnout and staff turnover among nurses (Institute of Medicine, 2011).

Gender and work–family spillover

Prior to the 1980s, scholars generally conceptualized ‘the work–family balancing act as a “woman’s problem” and assumed that men integrated their work and family roles without conflict’ (Keene and Quadagno, 2004: 19). Other scholars have considered specific variables that influence the gendered experiences of work–family spillover, including number of hours worked, the presence of, and ages of children, the gendered division of labour, and the type of paid work performed (Dilworth, 2004; Jang et al., 2012). Yet, recent studies investigating the relationship between gender and work–family spillover have produced inconsistent findings. Some suggest that women experience higher levels of negative work–family spillover (Dilworth, 2004; Keene and Reynolds, 2005), while others have suggested similar levels of negative work–family spillover among men and women. For example, Galinsky et al. (2013) found that working fathers in dual-earning households experience significantly greater levels of work–life conflict than working mothers. Such discrepant findings may be due to the ways different researchers operationalize spillover (Stevens et al., 2007), the various occupations under consideration, and the need for novel methodological approaches that tease out the complexity of these relationships.

Recent scholarship on gender and work–family spillover builds on Hochschild and Machung’s (2003) study of gender disparities in the household division of labour. Their study of the ‘second shift’ drew attention to the gendered inequities and added burdens women tend to face as they attempt to balance the demands of work and home. They included parents working as ‘lawyers, corporate executives, word processors, garment pattern cutters, [and] day care workers’ (Hochschild and Machung, 2003: 2) and called for men to ‘make a historic shift – into work at home’ (p. 249) to bring behaviour in line with the emerging egalitarian ideology espoused by both husbands and wives. Although researchers have conducted a number of large-scale studies attempting to document the gendered trends in family work, results are inconclusive. Galinsky et al. (2013) found that while male workers were spending more time with their children and doing more housework in 2008 when compared to 1977, female workers were still disproportionately taking on household and childcare responsibilities. Similarly, in their study of white-collar working fathers, Harrington et al. (2011: 23) found that while 65% of their sample reported that caregiving ‘should be’ divided equally among partners, only 30% reported that the caregiving ‘is’ actually divided equally in their own families. Using data from the National Survey of Families and Households, Bianchi et al. (2012: 56) report that ‘in 2009/10, women are estimated to do 1.6 times the amount of housework as men, on average’. The authors further argue that gender differences in childcare are more detrimental to gender equality than gender differences in housework because housework can be made to ‘fit in’ around work schedules, while childcare cannot.

The experience of work–family spillover is commonly connected with gender roles. Yildirim and Ayca (2008) suggest that these negative spillover relationships are likely to continue because it remains more culturally accepted for work to interfere in family

life than it is for family life to interfere with work life. Looking specifically at nursing, Garey (1995: 415) echoes this cultural ideal, as female nurses chose to work the night shift so that they could participate in activities that would ‘highlight their visibility as mothers’. Such results reflect how men and women have historically assigned different meanings to their work and family roles (Simon, 1995) and have experienced different levels of interdependence between work and family.

Integrating emotional capital into work–family spillover

Prior conceptualizations of work–family spillover focus on attitudes, feelings and behaviours that can spill between the domains of work or family, producing a beneficial (positive) or detrimental (negative) outcome (Stevens et al., 2007). However, a more precise description of what exactly is being ‘spilled’ between these domains is needed. Missing from prior definitions of spillover and the more general literature on work–home issues (Hyman et al., 2005; Wilkinson et al., 2017), is a consideration of the *emotional resources* that individuals might transfer or develop at the work–family nexus. A more complete understanding of how work in care-based professions interfaces with personal life should attend to emotions, and specifically, emotional capital – defined as *the emotion-based knowledge, management skills, and feeling capacities* that individuals develop in relation to their social location and occupational position (Cahill, 1999; Cottingham, 2016; Reay, 2004; Thoits, 2004).

Scholars have looked at emotional capital in occupations (Cahill, 1999; Erickson and Stacey, 2013; Stacey, 2011; Virkki, 2007) and in home life (Gillies, 2006; Hutchison, 2012; Reay, 2004). Rather than limit analysis to the experience of felt emotion, examining the spillover of emotional capital highlights the emotion-based skills and capacities involved in navigating social life. These are not innate tendencies or gendered personality traits but capacities amenable to development over time and linked to structured social systems such as gender, race, and class. In focusing on careworkers, we can expect that they mobilize and activate emotional resources they have developed over time, including in primary socialization and on the job (Cottingham, 2016). New situations and practical demands may catalyse the development of emotional capital, but it can also remain out of reach for individuals not steeped in specific occupational subcultures (as documented by Cahill, 1999, in his study of mortuary students). Each individual configuration of emotional capital may be unique, but capital developed in response to the practical demands of carework might have consistent features, such as the masking of anger/frustration, cultivation of compassion and empathy for suffering others, and embodied knowledge of how to comfort and communicate with others (Virkki, 2007).

Healthcare is one of the fastest growing employment sectors in the US and is projected to grow at a rate ‘3 times faster than the overall annual growth of jobs in the entire economy’ (Henderson, 2015: 6). Understanding how the emotional demands of healthcare work interface with family and gender is paramount for conceptualizing spillover fully and for developing policies that can address issues of turnover and burnout among this critical workforce. In order to better understand the distinctly gendered and emotional dimensions of spillover, we examine both men and women in the same emotionally demanding occupation. The following research questions guided the study: How do

men and women in nursing perceive and experience the interface of work and family? In what ways do men experience similar or different types of spillover related to double-duty caregiving compared to women in nursing? Finally, how might we refine the concept of spillover based on these reflections?

Methods

The current study analyses qualitative data from a larger project on emotional labour among registered nurses. Phase one of the project included a survey that was mailed to all eligible registered nurses within a single midwestern hospital system in the US. Phase two solicited all men and nurses of colour from the phase one sample to participate in an audio diary study. Additionally, we selected white women born after 1980 and white women born between 1945 and 1960 who scored high and low on measures of emotional labour and burnout in order to select a diverse range of white women. In order to increase the number of men and nurses of colour in the sample, we further targeted a second hospital in the area. The participants for the audio diary study were prompted to include their reflections on their work shifts, any memorable events, as well as their feelings associated with their work. Work–family spillover was not explicitly prompted, but emerged organically in the diaries. Audio diary participants received US\$75 for their time and effort and received a complete transcript of their diaries. Follow-up interviews were also conducted with participants from the diary phase. Follow-up interview participants were compensated with US\$25 for their time.

Using audio diaries as a source of data allowed us to gather the subjective experiences of participants in an unobtrusive manner. Audio diaries are a ‘simple but powerful tool’ (Clarkson and Hodgkinson, 2007: 684) to allow the researcher to contextualize their understanding of theoretical relationships. Monrouxe (2009) further explains that the key advantage to using audio diary research is that it minimizes the influence of the researcher over the participant’s responses. The unobtrusive structure of audio diary research provides a space for participants to share information that may potentially be too embarrassing or negative to share in a face-to-face interview, and, as such, is an ideal methodological tool to use when attempting to contextualize the work–family spillover experiences of nurses.

A total of 48 nurses completed audio diary entries after or during each of six consecutive shifts. The sample includes 28 white women, 9 women of colour, 10 white men, and 1 African American man. Women of colour are over-represented in this audio diary sample – seven African Americans and two Asian Americans. In 2008, it was estimated that the national registered nurse workforce was: 83.2% white/non-Hispanic (compared to 65.6% of the total population), 5.4% Black/African American (compared to 12.2% of the total population), 3.6% Hispanic (compared to 15.4% of the total population) and 5.8% Asian/Pacific Islander (compared to 4.5% of the total population) (US Department of Health and Human Services, Health Resources and Services Administration, 2010). Participants’ average age was 44 years old and 15 participants were born after 1980. Looking at work and family characteristics, there were some differences between the men and women in the sample. Five men were married or living with a partner (45% of men) while 23 women reported being married or living with a partner (62% of women).

Working hours and shifts were roughly similar between men and women (an average of 42 hours for women and 45 for men; 45% of men worked day shifts compared to 51% of women). Men reported more children living at home (1.9 on average for men and 0.76 for women). Due to participant attrition, follow-up interviews were conducted with 23 of the 48 nurses who completed diaries (17 women and 6 men). This sample over-represents men generally, but under-represents men of colour (Institute of Medicine, 2011).

We take an ‘intersectionally sensitive approach’ (McBride et al., 2014) in looking at parental status, gender, and age to understand varied experiences and perceptions of work–family spillover among nurses. The analysis involved several stages, including: orientation to the original data collection (Irwin, 2013), open coding, focused coding and memo-making (Charmaz, 2004; Emerson et al., 1995). The first stage of analysis included preliminary exposure to the data, including listening to a sample of audio diaries and reading through the diary and follow-up interview transcripts. Open hand-coding was utilized while listening to and reading through the transcripts to identify the major themes that emerged (e.g. emotional labour, professional identity and work–family spillover). After completing this first stage of preliminary exposure to the data the following questions were developed to guide the research: (1) How do nurses perceive and experience work–family spillover? (2) How does gender shape experiences of work–family spillover? and (3) How do nurses manage work–family spillover? Following the development of these guiding questions, an initial coding scheme was developed related specifically to the experience of work–family spillover. This scheme included the following codes: ‘work–family spillover from work to home’, ‘work–family spillover from home to work’, and ‘emotional labour.’

In addition, three separate audit trails were recorded. Audit trails provide a space for the researcher to document all of the decisions and activities that took place within a study (Carcary, 2009). Research audit trails are in line with Seale’s (1999: 158) guideline ‘to use “reflexive methodological accounting” in demonstrating that a research study was carried out with considerable care’. For this project, the first was an audit timeline trail to record the progression of research, insights, findings, and questions for the future. The second was a methodological audit trail to record all the emergent codes in consecutive order – as a point of reference for future analysis. The third was a theoretical audit trail, where all of the theoretical ideas that emerged from the data were recorded.

The second stage of analysis included the use of QRS NVivo 10, a qualitative analysis software program. During this stage, all 71 of the audio diary and follow-up interview transcripts were uploaded, starting with the loose coding scheme that had emerged from stage one and adding to it as new themes emerged. As the new codes emerged in this process, they were documented in the code audit trail with the intent of returning to earlier coded transcripts in the event that we decided to focus on certain codes in the writing phase. After focused coding in stage two, stage three included memo-writing to identify processes that were present within the coding structure. Memo-writing between coding and writing the analysis allows researchers to look at their ‘coding as processes to explore rather than as solely ways to sort data into topics’ (Charmaz, 2004: 511). As these processes emerged through memo-making, we also began coding within previous codes during stage two, as well as comparing the emerging themes to the existing literature in an abductive fashion (Timmermans and Tavory, 2012). This process focused on

understanding the interplay between work–family spillover and emotional resources. We identify participants using pseudonyms and note the source of quotations (interview or diary) for each excerpt. Italics are added as emphasis by the authors.

Findings

In examining how nurses experience and perceive work–family spillover, we found both similarities and differences between men and women. We start with areas of overlap that seem consistent with prior work on spillover, including the experience of stress and exhaustion that comes from being both a caregiver on the job and at home. We then discuss ‘anticipatory spillover’ – the anticipation of stress and negative emotions due to expected difficulties balancing work and family – that we found among both male and female nurses. Finally, we turn to a facet of spillover – emotional capital – that appears to vary based on gender. Men in our sample emphasized the transfer of emotion-based skills and abilities in caregiving across work and family domains.

Work–family spillover among mothers and fathers

Among mothers and fathers in our sample, references to spillover of stress and exhaustion were prevalent. Nurses commonly expressed how tired they were following a work shift, which impacted their ability and willingness to interact with family members. The intersection of mental, emotional, and physical demands might make nursing unique compared to other service-based and professional occupations (Erickson and Grove, 2008). In one example, Tracy, a young mother, tearfully explained how she avoided seeing her children before bed in an effort to shield them from her work stress:

I’m glad my kids are in bed now . . . I actually drove home [and] kept driving ’cause I was crying in my car and *I didn’t want my kids to see me crying so I drove around.* (Diary 5022, Tracy, white, 24-year-old mother with two pre-school children)

Tamara, a 36-year-old mother of two, shared that she feels guilty about not being compassionate enough towards her sister who has Multiple Sclerosis. She explained:

Dealin’ with all these people with pain today – it’s kinda hard, ’cause then when I come home, the kids are fussing, my sister, who has MS is sitting on her bedside commode . . . and I have to hear about her pain. And, you know, *I’m ‘pained out’ right about now . . .* I’m trying to be as empathetic and compassionate as I want to be, but I know I’m really not. So, *I feel kinda crappy, guilty . . .* But I think that’s another part of the whole draining thing – ’cause you leave it, and you come home to it. (Diary 5017, Tamara, African American, 36-year-old mother of two teenagers)

This rich quote from Tamara illustrates the crux of the constant caregiver thesis: ‘you leave it, and you come home to it’. Coming home after work, she was unable to activate more compassion for her sister and as a result felt ‘crappy, guilty’. Tamara was one of 10 nurses of colour in the sample and, perhaps not surprisingly, she also reported

race-related prejudice on the job earlier in her diary entries (see Cottingham et al., 2018). After a day of not only caring for others, but also caring for others in the face of racial prejudice, she was completely exhausted.

Joyce, a mother of two, also illustrates the traditional burden of the second shift for working mothers:

I'm gonna take my frustrated self on home and continue with my other job with my kids, make their dinner for tonight, probably try to make something that's gonna last a couple of nights because I get home so late and they're already home for almost 3 hours before anyone gets home. (Diary 2798, Joyce, African American, 48-year-old mother of two)

Characterizing her role as a mother as 'my other job', Joyce keenly illustrated the metaphor of the second shift as she strategized about meal preparation and mundane tasks of caring for her children.

Among fathers, we saw similar feelings of frustration, exhaustion, and stress associated with the conflicting demands of work and family. For example, when asked if he has trouble interacting with people outside of his work shift, Collin, a 47-year-old father of three, explained that 'you don't want to hear anybody's problems, you don't want to hear your kids say "hey dad, I need this" because you've heard it all day long' (Interview 5001, Collin, white, 47-year-old father of one teenager and two adult children). Similar to Tamara's sentiment that 'you leave it, and you come home to it', Collin highlighted the exhaustion that the constant demand for attention and care can cause. Emotional resources are used up in the caregiving interaction and Collin found himself unable to generate these resources after a long day, even for his own children.

We found examples of men in our sample who noted that they try to prioritize their contributions in the home but that the time demands of work often interfere. Patrick, another father, explained that:

It is very *frustrating* in these jobs you're working, it really is. Takes up all of your time and you give up a lot with your family . . . you miss ballgames, you miss recitals, you miss a lot. (Diary 2974, Patrick, white, 47-year-old father of three children)

Unlike Joyce who, at the end of her nursing shift, already began to think ahead to the tasks of food preparation and meal planning, Patrick noted fun events (missed ballgames) from his children's development as the most notable source of frustration. This example echoes Flaherty's (2013) finding that female employees manage home matters, such as making appointments, while at work.

Yet, examples from fathers also suggest that they are actively involved in the mundane aspects of family. Russell, for example, noted:

I am at an ambulatory facility. I'm home every weekend, but everything piles up generally. You're kind of *tired* when you get home in the evening and by the time everybody eats dinner and everything, the day is pretty well shot by the time you get it prepared. *My wife also works a full-time job and we have all the house care stuff . . . so our weekends go, we're taking care of the yard and the house and all the shopping.* (Diary 3027, Russell, white, 45-year-old father of two teenagers)

Russell's quotation highlights the routine tasks of chores and shopping that he and his wife try to shoulder together on the weekends. This does not mean that Russell, in a quantitative sense, performed the same amount of household work as his wife. Quantitative studies of household chores continue to find that women in heterosexual partnerships who have children spend significantly more time on routine housework (Damaske, 2011). But in this example from Russell, we see some evidence of his day-to-day contributions rather than an exclusive focus on ballgames or recitals.

In another example of men contributing to the mundane tasks of the home, Emmanuel described a situation in which, since both he and his wife are nurses, they have to make childcare decisions that are based on the potential gains and losses of both of their positions. Specifically, in a situation in which their expected childcare fell through for the weekend, Emmanuel decided to shift around his work schedule because his wife would face greater consequences for calling off than he would. Fatherhood seemed to be especially salient to Emmanuel. In describing a stressful situation in which he had to begin dialysis on a child, he remarked that:

Opposite ends of the spectrum today . . . at the same time *trying to balance home life and not forgetting that I have kids at home*, not just kids at work. (Diary 2572, Emmanuel, white, 38-year-old father of two children)

Emmanuel went on to explain in his interview that since he has children he has to be very careful not to just emotionally 'turn off' to try and cope with work stress. He explained that:

I would say at home there have been times . . . where things have been just horrible in here and *I just feel completely burned* and go home and then inevitably there is something else going on and it just feels like it's just too much . . . and *it'll feel like I don't have anything else left*. (Interview 2572, Emmanuel)

In this quotation, we see echoes of the examples from Tamara, Ashley, and Joyce, where nurses feel used up and exhausted after work.

Similar to the mothers in Garey's (1995) study that opted into third-shift work to preserve their maternal identities, men also referenced altering their work schedules to adapt to the needs of their families. In explaining his reasoning for leaving a nursing position in which he found great joy, Russell explained that:

When the kids were coming home from school and I wasn't hearing the stories of what was going on during the day or I wasn't the one- or one of the people that they could turn to with help on a homework problem . . . I wasn't even there to hear the stories and a phone call every once in a while just didn't cover it. *I didn't feel like I was there to fulfil my role as a father* because I was away from them . . . and the hours were, you know, I couldn't have the open communication with them to get to know them and *I felt like I was always missing something*. (Interview 3027, Russell)

Russell talked throughout his diary about the Christmas dinners he has missed and the anxiety that an uncertain schedule creates for him and his family. As a result, Russell

opted to take a position that was ‘a little bit closer to home’ in an out-patient unit where he works 8 am to 5 pm. Thus, in our sample, the need to balance family life with one’s career as a nurse did not fall completely to women, nor did the prevalence of exhaustion and stress. Men discussed trying to balance giving attention to their own children with the children they care for as nurses, contributing to the mundane tasks of running the household and orchestrating work schedules around family.

Anticipatory spillover

As detailed above, nurses with dependants reflected at length on the demands of caring for children, scheduling conflicts, and caring for family members with disabilities. Yet, even among nurses who would not fit the definition of double-duty caregiving, the demands of the job and its incompatibility with personal life remained salient. Grace, for example, has one adult child for whom she does not have to care at home. In reflecting on her work schedule (currently the night shift), she compared her experiences with those whom she imagines have a more difficult time balancing work and home life:

for now it [her schedule] does [work] but I don’t have anybody when I get home that I have to take care of right now so it works good. I think *for the nurses that have children and husbands, I think it’s harder for them because they’re caregivers all the time you know.* (Interview 2450, Grace, white, 53 years old, one adult child)

Nurses with children and partners at home who require additional caregiving are used as a foil for Grace as she considers the sustainability of her current work arrangement. Her reflections encapsulate the pressures of constant caregiving and being a caregiver ‘all the time’.

We also saw examples of *anticipatory spillover* – anticipating the added burdens of having dependants – among nurses without children. Ashley, for example, noted:

I don’t know in how many professions, you know that’s not healthcare [that] people go away *so exhausted after work* that you know you can- you cannot make dinner, and I just take care of myself. *I do not know how people do it who have children, and a husband, and a boyfriend, um even an animal,* um because literally like on a hard day, it’s like you go home and you are just like *brain dead.* (Diary 1556, Ashley, white, 26 years old, no children)

Ashley, a young nurse (born 1986), reflected on how difficult it must be to care for others after a long and exhausting day. When exhausted, even caring for herself can be difficult. While spillover has been predominantly studied among working parents, we saw that even among nurses without dependants, there is stress and exhaustion from the job that interferes with personal life. This example also illustrates that Ashley is thinking about what it might be like to have a partner or children – anticipating the demands of such an arrangement – and how incompatible they would be with her current work experiences.

We also saw anticipatory spillover among men. For example, Leonard, a 27-year-old male nurse without any children, reported:

I don't have a family here to take care of, so *I don't have to worry* . . . *I don't know how nurses go home at the end of the workday and take care of your family*, pick up kids from soccer practice, take them to band practice, cook a meal, feed a family, put the kids to bed and make sure they do their homework. (Diary 1860, Leonard, white, 27-year-old male, no children)

Despite Leonard's lack of experience with taking care of a family, he offered a surprisingly descriptive account of the tasks involved in parenting. From the daily transportation to events, cooking, and night-time routines, caregiving does not stop at the end of a shift for those nurses with dependants. Without a family, Leonard highlighted how stress and 'worry' can be anticipated. In his follow-up interview, he elaborated:

Pretty much after any day at work I just wanna go home, I wanna be alone, I don't want to talk to anybody, I don't want to be around anybody, I want to eat my dinner, I wanna take my shower [and] go to bed. (Interview 1860, Leonard)

The exhaustion of working as a nurse – an occupation characterized as people-oriented and nurturing – caused Leonard to avoid people in general, including anyone who might need additional care. Given that both Leonard and Ashley were in their mid-twenties and just starting out in their nursing careers, the anticipation that combining work and family is impossible might lead to significant changes later in their careers. Such references to exhaustion, even among nurses without children, can link to negative health outcomes, including burnout among young nurses (Leineweber et al., 2014; Maslach and Leiter, 2016) and might be a key explanation for higher turnover rates among young nurses (Lavoie-Tremblay et al., 2010; Tourangeau and Cranley, 2006). Leaving a unit or leaving the profession altogether might be the only way some young nurses can realistically envision raising children. While the spillover scholarship has primarily focused on the experience of stress itself and its prevalence among working parents, we can extend this to also consider anticipatory spillover and how it might shape the retention and career trajectories of young careworkers.

Transferring emotional capital

A final theme in our analysis of the work–family interface among nurses, and a facet of spillover that *did* appear to vary based on gender, was the role of emotional capital. While traditional definitions of spillover emphasize attitudes, feelings, and behaviours, emotion-based resources that include skills in anticipating and managing the emotions of others and providing effective nurturance and care (Virkki, 2007) might also spill between domains. In discussing the relationship between their occupational and family roles, only men highlighted the positive transfer of emotional skills that they bring from home to work and, to a lesser extent, vice versa. The absence of positive emotional skill transfer from the reflections of women does not mean that women do not transfer emotional capital between work and home, only that they did not bring up this type of spillover in their diaries and interviews. This might be because these types of skills are often equated with femininity and seen as a natural extension of being a woman (Ridgeway, 2011). For women to suggest that they are now better mothers because of their nursing

experience or better nurses because of motherhood would suggest that they previously lacked nurturing skills – such an admission would go against established stereotypes about women’s innate abilities as caregivers and, for this reason, women may be less likely to recognize or highlight these qualities as skill-based and learned.

Men in our sample, however, were quick to describe the transfer of emotional skills from work to family. As Russell explained:

It’s [nursing] helping me analyse why I do certain things and maybe helping me to be a better father at an older age for my son but um, I think it’s helping me to be a better communicator and I think that it’s easier, because I AM a nurse now, for my kids to turn to me when they need something and share it with me verbally rather than always running to my [wife]. (Interview 3027, Russell)

In this quotation, Russell referenced the skill of analysing himself – or *self-reflexivity* – as being particularly improved as a result of his work as a nurse. Such self-reflexivity transcends a rational/emotional dualism and speaks to the importance of relationality (Holmes, 2010). Russell’s quotation illustrates how reflexivity is caught up in ‘feelings about and connections to others’ (Holmes, 2010: 143) – in this case, his children. Skills in listening and connecting with others have transferred from his relationships with patients at work to his relationship with his children at home. We can conceptualize these as both cognitive and emotional skills – embodied cultural capital – that individuals might transfer from the performance of caring labour at work to their experiences at home.

In addition to transferring capital from nursing to family, the caregiving requirements of fatherhood and family life might also transfer positively into one’s work as a nurse. In his diary, Emmanuel described his daily caregiving at work in terms of helping patients feel ‘comfortable’ and structuring routines with an eye toward not just patients but also parents’ emotions: ‘so I tried to structure things to help mom’s anxiety and to also help her have some faith in the [healthcare] team that was rounding on her daughter’ (Diary 2572, Emmanuel). In his follow-up interview, Emmanuel described his development and transfer of ‘abilities’ from family to work:

I definitely know becoming a dad was a major change in my life that I think really affected my nursing career and just kind of strengthened my ability to hopefully care for patients, especially working in paediatrics. (Interview 2572, Emmanuel)

Rather than frame caregiving as a natural tendency or trait, caregiving to Emmanuel was an ability that *could* be developed and *has* developed as a result of new experiences as a father. This ability is ‘socially formed and socially conditioned’ and centred on the needs of others within the context of carework (Virkki, 2007: 283, emphasis in original). If we were to restrict spillover to only focus on specific emotional experiences such as exhaustion and stress, we would not fully capture the positive skills that men described transferring nor the seemingly gendered nature of this aspect of the work–family interface.

In another example of the transfer of emotional capital from family to work, Collin divulged some of his personal history to explain how he was able to work with difficult patient populations:

I guess the good part is because my ex-wife is bipolar and an alcoholic, *it's easier for me to relate to a lot of patients* and I do very well with them until they get combative. But every day is like my marriage all over again. (Interview 5001, Collin)

While unpleasant, Collin framed his experiences with his ex-wife as 'good' in the sense that they have honed his ability to relate to and develop rapport with patients with similar tendencies. Again, men in our sample discussed these aspects of caregiving as skills developed within their family relationships that then moved across the domains of family to work. Yet, as Collin noted in his diary prior to the interview, this is not always a positive transfer of skills. He suggested that he may reach the limit of his emotional resources when it comes to 'dealing' with this type of population:

I will definitely be leaving [emergency room setting]. I can't handle . . . dealing with the issues of this due to having a drunk ex-wife that was a cutter, bipolar . . . I don't even know if it causes me *to go through burnout faster*, given that I had had that for twenty years. (Diary 5001, Collin)

The ultimate means of coping with work–family conflict – role exit – appeared to be an option that Collin was seriously considering. While personal experiences can lead to skill development that transfers to work, this has its limits and the compounding effect of work–family stress may lead to burnout and turnover. Leaving the unit or leaving the organization are both forms of staff turnover that are costly and are a main contributing factor to nursing shortages in the US (Institute of Medicine, 2011).

In another case, Jerome, while not a father, discussed the positive transfer of caregiving skills from his family experiences to work. Gaining personal experiences in his family life has, he believes, helped to make him a better nurse:

As you grow, you have *more death and experiences in your own family*. So you really *learn how to be compassionate*. Once you have death in your own family, you are able to treat and care for people during that situation in a complete[ly] different light. (Interview 5012, Jerome, African American, 25-year-old male, no children)

While grim, personal experiences of death and the grieving process provided Jerome with the emotional ability to be compassionate and caring for patients and patient family members who may be facing similar feelings. Jerome was not in the position of caring for dependent children at home, but using an extended definition of work–family spillover to include emotional capital, we are able to capture this type of overlap even among those without responsibilities for dependants.

Discussion

Examining spillover qualitatively allows us to capture the richly detailed experiences of men and women in the same care-based occupation while also highlighting ways that work–family scholars should refine the concept. We found examples of stress and exhaustion among both mothers and fathers, as well as examples of how the mundane tasks of childcare and running a household impinged on their work and vice versa.

Certainly, these findings do not discount prior research that finds women shoulder a disproportionate responsibility for household tasks (Bianchi et al., 2012; Horne et al., 2018). However, they do trouble the assumption that men are only likely to see family as interfering with work and not the reverse. While Simon (1995) found that men report more specific experiences of work–family conflict, the men in our sample reported both specific and pervasive experiences of work–family conflict. This difference may be due to the carework requirements of the nursing job. As nursing requires nurturance and emotional support, men might experience a blurring between their work and family roles in a way that men working in non-carework occupations do not.

Based on the findings, we make two suggestions for advancing work–family spillover as a concept. The concept of spillover should take into account both (1) *anticipatory spillover* and (2) the *movement of emotional capital* across domains. In order to improve work–family balance, we need not only family-friendly policies as other scholars have argued (Hyman et al., 2005), but also a more complete understanding of what spillover entails. Anticipatory spillover was illustrated among both men and women in our sample who, though without children in the home, anticipated higher levels of stress and exhaustion if or when they have dependants. Anticipatory spillover could be one key mechanism that explains issues of retention/turnover among younger nurses – a critical issue in nursing workforce shortages (Lavoie-Tremblay et al., 2010; Tourangeau and Cranley, 2006). If younger nurses like Ashley and Leonard see nursing as incompatible with family life (they both say ‘I don’t know how’ nurses with children manage) they may seek out other units in order to find a better fit (creating more staffing issues and turnover in their current units) or leave the profession altogether if they decide to have children. Given the growing need for healthcare workers in the US and other Western industrialized countries, such threats to worker retention should be taken seriously by work and occupation scholars.

The movement of emotional capital was also illustrated in the reflections of men in our sample and could be incorporated into work–family research and nursing policy. Emotional capital highlights the emotion-based skills and capacities needed to be both a good nurse and a good parent. Supporting working parents in nursing might involve more direct attention to the potential transfer of these resources. In addition to structural changes, healthcare organizations and managers could stimulate reflection and discussion among nurses about the skills they take home with them – skills in caring, listening, and activating compassion and nurturance for others. One of the key roles of social science research has been to name what is often invisible – including the invisible but pervasive role of emotions in the workplace (Hochschild, 1983). Male and female nurses could be better trained to identify and claim the nurturing skills they use on the job and at home. Certainly both structural and individual level changes are needed to minimize the negative outcomes of spillover (burnout, turnover, worker shortages) among this growing sector (Erickson and Grove, 2007).

In terms of future research, scholars should continue to investigate whether and how anticipatory spillover is experienced in nursing and other occupational fields as well as the role that anticipatory spillover might play in the career trajectories and retention of younger nurses and younger workers generally. Additionally, in specifying emotional capital as the emotion-based resources (including skills and capacities) that can spill between the domains of work and family, our findings suggest that future work on

spillover should include not only feelings and behaviours, but also the specific skills that are needed on the job. The emotional capital needed varies based on the occupation under consideration, and this should be tailored to specific occupational demands. Future research on anticipatory spillover and emotional capital should develop quantitative measures that can determine their prevalence and test these relationships in a variety of employment sectors in addition to care-based occupations.

With the healthcare sector expected to grow significantly over the coming decade, research on the work–family interface and the role of gender and emotional resources is key to developing robust conceptualizations of spillover and policies that match the complexities of careworkers’ work and family life. By examining men and women in the same care-based occupation, we were able to tease apart the role of gender in the context of constant caregiving – finding that men and women experience negative spillover in discrete and diffuse ways and that even among those without dependants, spillover can be anticipated. Taking an inductive, qualitative approach allowed us to also capture the previously underexplored presence of emotional capital that nurses use and carry with them across the domains of work and family. We found that men were more likely to highlight the positive transfer of emotional skills between domains. Women most certainly possess these skills, but might assume them to be innate qualities that all women should possess. Supporting nurses should include structural changes that make work more malleable to family demands as well as helping women recognize the emotion-based skills they transfer across domains. Such changes could signal to younger nurses that work and family can be compatible, potentially improving the recruitment and retention of this critical but vulnerable workforce.

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