# Audio file

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# Transcript

00:00:13 Speaker 1

Welcome to Conversations in MedEd - the people behind the research.

00:00:27 Speaker 3

Hi, Avita. Thank you so much for joining me today.

00:00:30 Speaker 2

Hi, Nikki. Thank you for having me.

00:00:32 Speaker 3

Such a pleasure. Could you just introduce yourself to our listeners? So who are you? Where are you based? What do you do?

00:00:39 Speaker 2

Yes, of course. So my name is Avita. My full name is Avita Rath. I'm a dentist by my profession.

00:00:46 Speaker 2

A periodontist to be to to those who are acquainted with dentistry. I am currently based in Malaysia. I work in a private university at a dental faculty. I'm a senior lecturer here. I am a consultant and I'm originally I'm. I'm from India. I'm an Indian.

00:01:07 Speaker 2

My nationality been in Malaysia for the last.

00:01:11 Speaker 2

Nine years, I believe. Yeah. I'm sorry. I'm bad with counting. So. Yeah. So that's that. I've I've worked in India for a few years. After I finished my postgrad and I got a opportunity to explore Southeast Asia. Never being to the side of the world.

00:01:31 Speaker 2

Even though I'm from Asia myself. So yeah, I thought, OK, let's just explore this site and I've been here ever since then, yeah.

00:01:40 Speaker 3

Great. And so how does a dentist get involved in medical education? What was your journey into sort of going into research and education or?

00:01:49 Speaker 2

Well, thank you for asking that question. I I know it's, I believe it's a very cliche question, but that usually I don't get this question. Nobody has asked me this question. They usually ask me how why did you join dentistry so well for me, I think I I know this will be a very cliche.

00:02:02 Speaker 3

Ah.

00:02:09 Speaker 2

Answer, But it's true. I love teaching. I I I'm an elder sister. I'm and the elder siblings.

00:02:16 Speaker 2

So I love teaching, although it's different than my younger siblings. Don't listen to me.

00:02:20 Speaker 2

That's a different.

00:02:21 Speaker 2

I always had a knack to explain to my juniors and I just loved, you know, being the one who kind of imparts the knowledge. I don't think, I mean, I thought I had the the right kind of knowledge to share. So even when I was an undergrad, I had juniors.

00:02:40 Speaker 2

Because I used to stay in a hostel because I I studied in a in a different state in India from where I come from other than from it's different from where I come from.

00:02:52 Speaker 2

So I was in hostel so when you are in a hostel with other residents, you know you just tend to be, I don't know, you tend to get more interactions with seniors and juniors and your peers. So yeah, I mean that's how I I love teaching.

00:03:11 Speaker 2

And I never thought I would go into education, but I kind of enjoyed explaining frameworks or anything pertaining to dentistry and it kind of reinforced, I think the best way to test your own knowledge is to, you know, teach some.

00:03:28 Speaker 2

Else and that's what I felt, because when someone asked me and I couldn't explain, I would be like, oh God, I need to go back and clear my basics. So yeah, that's how it happened. And then somehow landed up doing my postgrad from the same institution I did my undergrad and out there. Of course there was a mandatory.

00:03:48 Speaker 2

Teaching you had a teaching you need to do to you needed to, to teach. I mean other than so we had to teach the undergrads when we were postgrads. And I kind of enjoyed it because I chose a subject that not many dental undergrads. I mean my subject per say, my disciplined per say is quite ambiguous.

00:04:07 Speaker 2

It's it's, it's.

00:04:08 Speaker 2

Never. It's always a grey area. Everybody keeps fighting. One periodontist keeps fighting with another one. I think it's the same throughout other health professions. If I, if I'm not mistaken. And so the fact of clarifying those concepts, especially when you're a postgrad, you know, you kind of feel like, oh, I'm a doctor.

00:04:27 Speaker 2

You know, you know, I I I can. I can share what I didn't know or or what I couldn't experience as a student. The kind of teaching I wanted from my my teachers. Of course, some of them were amazing, but it was we. I came from a very teacher centric.

00:04:46 Speaker 2

Where students were, I mean, it was our problem. Whatever it was. So when I became a postgrad, I kind of realised that no, it's it's not really always the students problem. It's everyone's problem. If someone is not able to understand something. So yeah, that's how I entered into education. I realised that, oh, I would like to be an academic. And that's where I immediately stepped into academia.

00:05:07 Speaker 2

But I was not a formal academic until just now, when I completed my masters from Edinburgh in health professional education, because there were many aspects.

00:05:21 Speaker 2

I don't know. I mean, I know I had an innate organic sense intuition that I something is not right here, especially when it came to teaching and learning and assessment, and it was more organic in the sense it was very vicarious. What I learned from my my poor seniors or my teachers.

00:05:41 Speaker 2

I didn't learn from them and I wanted to share that with my students.

00:05:46 Speaker 2

But when it.

00:05:47 Speaker 2

Came to the formalities or the formalisation of the.

00:05:50 Speaker 2

Things I struggle a lot and actually my real growth has happened here in Malaysia because the first three years as a as a academic staff, I was still a junior. I was still a ACR. Or you can say just ACA and you know, usually they always dump.

00:06:10 Speaker 2

All the I don't know. You do all the ground work and all the.

00:06:16 Speaker 2

Cleaning The Dirty work from all your seniors, it's always like that. And then I, but I kind of learned a lot in that process and when I came here, the system was kind of different. The curriculum, the teaching and learning everything. So it was really a learning journey for me.

00:06:33 Speaker 2

But I kind of.

00:06:35 Speaker 2

I would say I became my education. It's not because I got a formal degree from a university, but I could label, you know, I could put it into frameworks and concepts. I I know it's a very.

00:06:48 Speaker 2

And it's human to label things right. So then you have something evidence based when you're talking about you kind of feel a little less impostor. Yeah, so.

00:06:57 Speaker 3

Yes.

00:06:58 Speaker 2

Yeah, my, my, my, my.

00:06:59 Speaker 2

Education journey was very organic. It was just how life unfolded and my interest unfolded. But I never thought of taking a formal degree.

00:07:09 Speaker 2

In education, health, professional education per se, until I think, until COVID now struck and I was stuck.

00:07:16 Speaker 2

You know, in a quarantine. So I was like, OK, might as well do something with my life. Even then, I was like, ohh whatever. I'm getting a free degree. Might as well do.

00:07:25 Speaker 2

It I've, I've.

00:07:26 Speaker 2

Shared this even with my supervisor there and I was like, well, I wouldn't say that. Oh, I was always. I mean, who doesn't want? That's the thing. I think it's a very Asian.

00:07:36 Speaker 2

Thing saying that, oh, who doesn't want a degree from UK? Yeah, right. So that's what that that that's what that and I got a scholarship I was like oh why not, you know, I don't have to pay a penny. And I just sit I I just jumped in and even then in the year 1 of my masters I had I had a tough time I mean I was like.

00:07:38 Speaker 3

Yeah.

00:07:56 Speaker 2

What are they talking I?

00:07:57 Speaker 2

Mean it's English, but I'm.

00:07:58 Speaker 2

Like I I can't get the head and tail of this. Why am I in the wrong place? Oh my God. Can I just discontinue? Yeah, it was it was. I would not say it was always awe inspiring to. I mean, at some point in my life and it thought comes in that I should have been in academia.

00:08:16 Speaker 2

Or in education, not because I hate teaching. I still do love teaching just the teaching.

00:08:23 Speaker 2

That alone, but there are so many other nuances that makes it like, oh, I don't know why am.

00:08:29 Speaker 2

I even.

00:08:29 Speaker 2

Here. Yeah. So, yeah, I'm sorry. I think I'm. I kind of deviated.

00:08:33 Speaker 2

From your question, sorry.

00:08:34 Speaker 3

No, no, no. We'll definitely get into all those other aspects a little bit later, but I want to pick up on your comment on impostors. So I do like I agree with.

00:08:37

Yes, yes.

00:08:42 Speaker 3

You I.

00:08:42 Speaker 3

Think especially starting a formal qualification is definitely overwhelming, and it's because you don't really understand what they're talking about, and it's the discourse of the language and you feel like you belong when you finally.

00:08:52 Speaker 3

Have those words to tie things to and and so maybe reflecting on impostor imposter syndrome, not just in academia, but within.

00:08:55

Yeah.

00:09:00 Speaker 3

The field as a dentist, how do you navigate being within, you know Med Ed or health professions education.

00:09:09 Speaker 2

That's an amazing question and thank you for asking me, Nikki, because not nobody has asked me and I don't think anyone asked such questions because when we talk about health, profession, education, I've seen this being now closely associated with the space. It's always a very catch all phrase.

00:09:28

And.

00:09:29 Speaker 2

And even though we know that every discipline is different from each other.

00:09:34 Speaker 2

There's a certain I don't know. There's as you mentioned earlier, there is a certain hierarchy. It's very implicit bias. I would say one thing for sure is of course, when I just give my own experience example here, the cohort I was in was mostly filled up by NHS doctors and nurses and.

00:09:56 Speaker 2

Usually they are the ones who are generally delve into this field. I think first I would say.

00:10:05 Speaker 2

Uh, there was, yeah, yes.

00:10:07 Speaker 2

I would not deny there were few dentist in in the in in the group.

00:10:12 Speaker 2

But.

00:10:12

And.

00:10:13 Speaker 3

Uh it it it?

00:10:15 Speaker 2

It's just it was very selective few and it's not that I felt.

00:10:19 Speaker 2

Out as an outcast, or somebody made me feel that way. It's just that it was really hard to understand that those conversations they were sharing and it was amazing to hear their experiences and share mine too. But.

00:10:35 Speaker 2

Apart from being an Asian uh in a first time European education, not that yeah, everybody made me feel welcome, so I would not say that it was them. It was always me being an introvert, just that the fact that I'm doing this with you. I was having like I was. I just. I took 1000 steps and I was like, OK, and I'm going to just sit and relax and talk today.

00:10:57 Speaker 2

Should I do the right thing? I should have just said, oh, I'm having a bad stomach or.

00:11:00 Speaker 2

Flu. But UM, yeah, it was. It was scary. Maybe first thing is because it was online. Umm. And although we got acquainted with the online setup, it was not the online person, but it was the fact that, you know, you're talking to, I don't know. There are twenty others and yes, everybody the facilitator makes you feel very comfortable and all that.

00:11:22 Speaker 2

That it's just those stories I had nothing to say when they were sharing a very a story that.

00:11:30 Speaker 2

Majority could relate to you see so.

00:11:34 Speaker 2

And I'm sure it it there's.

00:11:36 Speaker 2

Nothing wrong with that. There's uniqueness to every story. It's just that you you. It's not that every anybody makes you feel like an outcast. It's just like, you know the imposter syndrome that creeps in. You know, you just don't feel. Firstly, you don't.

00:11:50 Speaker 2

Feel that you you feel like an impostor because you yourself have doubts? That would I be a good educationist or an academic? Should I do? I deserve to be here. The second thing is, by the mere virtue of.

00:12:01 Speaker 2

Being in a profession that's not really well represented in the meded. Yeah, so much as compared to. I mean, I've gone to to. I mean, this is gonna be my third Amy conference. I mean, I know 3 is 3 Amy conferences are nothing. But even as an online, when I attended the conferences.

00:12:22 Speaker 2

I was a bit.

00:12:24 Speaker 2

It's not the topic or you know the.

00:12:28 Speaker 2

It's, I mean you can Google something if they're talking about some jargon or something more technical. You can always go Google it and nobody expects you to understand because you're not a medical professional or you're not a doctor. Medical doctor. But there are few things I don't know the nuances of the environment that you can't relate to. I don't know if it's because.

00:12:48 Speaker 2

We are geographically apart or we come from different cultures or I I don't know if if it's, if we I was a medical doctor, I could relate better. Yeah, maybe. But you kind of feel a bit less and it's not.

00:12:57 Speaker 3

Yes.

00:13:04 Speaker 2

I don't think it's the course or the university, or because I was talking to somebody who is, you know, just pulls apart from me. I have felt the same kind of discrimination. I'm not OK. I could say discrimination back in my institute when I was a student, when we had.

00:13:24 Speaker 2

Certain classes with the medical students as well.

00:13:27 Speaker 2

So you tend to firstly the medical doctors who are teaching us and them we are always the others and they are the ones you know so. And secondly, they always feel like.

00:13:39 Speaker 2

Oh, you're going?

00:13:39 Speaker 2

To just you know, read about head and neck. You know, you don't need to worry about rest of the body. I mean that's such a wrong thing because in the end we.

00:13:47 Speaker 2

Dentistry, or I think any profession, looks at a very holistic way of treating patients or treating people. But yeah, that that was what was then when I was a I was a student. So I think that kind.

00:13:58 Speaker 2

Just form the base in my head that and and my dad is a medical doctor himself and he was once told me. I don't know what you guys do for I.

00:14:08

Mean.

00:14:08 Speaker 2

That is a very I I don't know if.

00:14:10 Speaker 2

I should just.

00:14:11 Speaker 2

Pull out. Put my dad under the bus like that. But yeah, I mean, because there it was an argument between a medical doctor and a dental doctor when he spoke to me like that.

00:14:21 Speaker 2

I had to argue back. Maybe I could argue back because.

00:14:24 Speaker 2

He is my dad.

00:14:25 Speaker 2

But I mean, that's the general mindset. I I don't know if today it's still true.

00:14:28 Speaker 3

Yes.

00:14:30 Speaker 2

But maybe because now I'm surrounded by a dental fitting.

00:14:36 Speaker 2

It's not like I feel like an outcast, but yeah, when you are in those much in those peripheral spaces with other other specialities, not, not that anyone says, oh, you're just a dentist. No, not.

00:14:47 Speaker 2

Like that you.

00:14:48 Speaker 2

Feel like, oh, I don't have anything common with you. You know this. I think education was the only thing.

00:14:52 Speaker 1

You know.

00:14:55 Speaker 2

Common something would click because when someone says Oh yeah, I get, you know, I want to share something with a with a shared. And you you feel good, you feel like, OK, there's a purpose for you to be.

00:15:06 Speaker 2

There.

00:15:07 Speaker 1

Yes.

00:15:07 Speaker 2

So yeah, I mean dentist. I as a dentist, I personally.

00:15:10 Speaker 2

Me. I personally feel a bit marginalised by the virtue of being a dentist. It's nothing to do with my gender or other identities that I carry.

00:15:19 Speaker 3

Yeah, no, your comments definitely resonate with me and I've I've seen it myself and I'm not a health care worker myself. I was health adjacent and working in a lab as a cancer researcher, but this phenomenon definitely resonate with my own experience. There's a lot we could go into, but I actually want to speak about one of your recent publications and medical.

00:15:27

Yeah, yeah.

00:15:39 Speaker 3

Education called when I say emotional labour that also really.

00:15:44 Speaker 3

Track a accord with me when reading it in preparation for this podcast. So maybe what is emotional labour? And then we can go from there.

00:15:48

Thank you.

00:15:53 Speaker 2

Thank you. Thank you so much, Nikki. That's really kind of you. OK. So the topic of emotional labour was quite recent for my experience. I mean, it's been there since 80s it was.

00:16:07 Speaker 2

Maybe if I just break down the foundation, it was a it was a coin. It was a term coined by American psychologist Ali Hoshin. I came across that very organically. Again, thanks to my supervisor. So I had written an assignment on it in my year 2 of my.

00:16:28 Speaker 2

And it was something on it was on the current topics in clinical education. So I had to choose one topic and I was like babbling around with my supervisor. I was like, oh, I feel this and, but I I'm not able to express it. Da da, da, da, da and she was just quietly listening to me. She just said, OK, I'm going to share one paper with you.

00:16:47 Speaker 2

Just go through.

00:16:48 Speaker 2

I was like, OK, fine. But and then I opened it and it was a very uh, I think it was 1976 paper of Hershel, where I mean it was too. I was it was too long and it was too, because she's a psychologist. She had it. I was like, I love reading psychology paper when you have all the time in the world. And I was like, Oh my God, why did she share this with me?

00:17:10 Speaker 2

She has not really talked about the term as such emotional labour, but she kind of gives a pretext before she shares it in her, you know, seminal work in the book managed the managed heart. So basically emotional labour is.

00:17:25 Speaker 2

You manage your emotions in professional spaces in a way that confirms to the expectations of that professional space. Now this is just my summary. It's not really dictionary definition that I'm giving, but I think people can just Google it and there are beautiful.

00:17:46 Speaker 2

Technicians given by Hochschild and Grandi and there are a lot of lot of pioneer women researchers. If I could just focus on that, that who have come across, who have researched on it. So emotional Labour is basically emotional, a kind of emotional regulation, you could say.

00:18:03 Speaker 2

Which we do in our work environment. As simple as it.

00:18:07 Speaker 2

Is.

00:18:08 Speaker 2

And the term insinuated from research in human service professions like your I think the pioneering research was done on on flight attendants and bank tellers, and now whenever I I step into a flight and I look at a flight and I, that's all I could think about.

00:18:29 Speaker 2

I do have respect for what they do because that's really it requires a lot of patience, dedication and a lot of willpower to control when you want to bash someone up. If someone is behaving.

00:18:39 Speaker 2

Behaving but the way I mean I when I read her book, I mean it it it. It was only from there I started reading and I started reading a lot of papers on emotional labour, which was done, I mean much of the studies have been done in communication, social sciences, of course, psychology.

00:18:59 Speaker 2

Even general education, mostly K12 teachers and so on.

00:19:04 Speaker 2

So forth. There's not there was. I realised that there were not much studies on health professional educators. I mean, there are just very few on nursing educators, but nothing on health, professional education. So even for health professional gets a decent people so.

00:19:25 Speaker 2

And I was like, well, that's interesting. I mean there are things on nursing educators and doctors, I would say, but not on doctors who are educators or dentists who educators. So.

00:19:36 Speaker 2

That then I was like, wow, that's something. I mean, I couldn't believe there are no studies or research because I was like, I'm not properly searching it. How I tried all the databases and I realised that well, there are blogs, beautiful written writers and experiences by a lot of people, but nothing.

00:19:56 Speaker 2

Or say nothing. Nothing specific on a discipline. Let that be medicine or dentistry in terms of academia. So.

00:20:05 Speaker 2

That's when I was like, OK, I'm.

00:20:07

No.

00:20:08 Speaker 2

And and that's what I I felt. So whatever I was babbling to her that day for an hour and I didn't know how to put it up in this formal.

00:20:16 Speaker 2

Terms.

00:20:17 Speaker 2

That's all she just had to share that paper with me. And that's where my whole journey started. Until year 3, where I I was thinking of doing something else and I ended up taking this as my dissertation.

00:20:27 Speaker 2

Stop it and.

00:20:29 Speaker 2

I'm.

00:20:30 Speaker 2

Well, I'm still need to. I'm still working on that paper. But that was something I wanted to do, a qualitative study on the dental educators. Basically my colleagues here. So because it's a masters, I I wanted to just keep it as.

00:20:45 Speaker 2

Was as visible as possible because I was being too ambitious and my supervisor was like, I just just do it on your colleagues first and let's see how it unfolds. And I was like, yeah, why not? Because nothing has been done yet and why the topic is important, I feel.

00:20:54

Yeah.

00:21:01 Speaker 2

This we don't talk much about our emotions, I mean, and this is something I think there are a lot of other authors like there was a recent paper by Rola Jar where she had written a good paper on emotions and feedback among students. But.

00:21:16 Speaker 2

We don't talk about emotional labour of academics. It's it's it feels like we just don't have emotions or, you know, nobody cares about our emotions or it's it's not. It's secondary to student.

00:21:28 Speaker 2

And I have personally experienced it here, where it's always about the patients. It's always about the students and it's great. I mean we are in a profession which is all about philanthropy and all that thing and that's great, but it's always at the cost of your own feelings, you know, so.

00:21:48 Speaker 2

Yes, we do regulate our emotions. I think every human being regulates when you are in a society, you can't just.

00:21:54 Speaker 2

Well, there are people who can just show whatever they want to show, but mostly we do optimise our emotions, right? But when it comes to a work context, it's not just you're regulating emotions because you know you want to give the best to others. You also regulating emotions.

00:22:14 Speaker 2

Because there is a certain pressure from the top down as well which which we again kind of redress it as our professionalism and that's what I found. It's it's a very complicated.

00:22:28 Speaker 2

It it it's a complicated phenomena when it comes to health, professional health, profession or health professional education because it kind of entwines and it gets entangled and messy with professional identity or professionalism. And second thing is there is also a cultural.

00:22:48 Speaker 2

Aspect to it, something that I spoke in the recent paper, there's of course the gender aspect to it. They also found that, you know, it's always emotional. There's always.

00:23:01 Speaker 2

The burden is always much more taken by the women. Yeah, because we are in a patriarchal society. I think every even for that matter, the paper that you have written on. When I say it's global, north and global. So it speaks of the same thing. Education is patriarchal. We we're still stuck sadly in the same dimension may majorly so.

00:23:22 Speaker 2

Women are always expected to be more warm when Nice. I have personal experience as students always run to me even though there is a male counterpart and not because he knows less than me. He may be my senior. He knows more than me. He has more publications than me, but they will come to you because they know.

00:23:30

Yeah.

00:23:39 Speaker 2

You are approachable.

00:23:40 Speaker 2

And they're.

00:23:42 Speaker 2

It's not that you're not firm, it's just that there's some implicit expectation and that's what Austin found herself. And there are a lot of other authors who found that there is an implicit expectation you get a higher evaluation if you.

00:23:55 Speaker 2

Have been nice.

00:23:56 Speaker 2

And perhaps I get a higher evaluation because I'm approachable and I'm not approachable because I don't. If I'm approachable because I'm a woman, because I'm approachable because I'm an Asian, or it's a combination of all.

00:24:09 Speaker 2

Because I feel I I don't know if I'm in the right place to say this, but I always feel there is.

00:24:15 Speaker 2

Always a very.

00:24:16 Speaker 2

The Asian culture gives a little more. It's very value based, very collectivist, you can say.

00:24:23 Speaker 2

And there are a lot of other studies who have done. That's something that I've shared in the paper as well and that they we do come from a culture where values and emotions are always given a little more importance as compared to being objective, but having said.

00:24:43 Speaker 2

That.

00:24:44 Speaker 2

At the same time, you give importance to those values or emotions, but at the same time you need to optimise them as well because you can. You can't just be too emotional. So yeah, I mean the emotional labour is sounds very I don't know. Sounds very commonplace. Sounds like it's hidden, it's just hidden in plain sight. That's why when I took the topic I was like.

00:25:05 Speaker 2

There's so many research has already been done. I don't know why. What's what's so new about talking about it? But problem is it's not talked enough. Yeah, and that's what I saw, because when I asked the question in my interview to my party.

00:25:20 Speaker 2

Happens. They were like I asked him. What do you feel this term means? And they were like ohh. Labour means work, emotional work. And those terms do exist. But there's quite a bit of difference. And they were like, I don't know. Do I do emotional labour?

00:25:35 Speaker 2

I'm not sure about it.

00:25:37 Speaker 2

Do you think this?

00:25:38 Speaker 2

Is how we should behave. We are doctors, you know.

00:25:40 Speaker 3

Yeah.

00:25:40 Speaker 2

We are dentists.

00:25:41 Speaker 2

So UM, it's true.

00:25:43 Speaker 2

It's that ingrained, I don't know. It's it's like it's it's a habit, you know. It's it's. It's like a A what board, you would say it's a habitus that you know you have drawn embodied around you and you become so much it becomes so much a part of you that you don't think it's a label but.

00:26:03 Speaker 2

It does affect you what I saw from my work is it takes a toll on your mental health. It takes a toll on your identity.

00:26:12 Speaker 2

It that's what has led to people kind of getting.

00:26:18

This.

00:26:19 Speaker 2

Detached from their self it.

00:26:22 Speaker 2

Kind of creates a kind.

00:26:23

Of.

00:26:24 Speaker 2

Deep personalization, you could say, and those studies, it's not that I found it in my study, but all the seminal work has found the same thing.

00:26:25

Yes.

00:26:33 Speaker 2

Still, we don't talk about it.

00:26:34 Speaker 2

A lot. So yeah, that, that's.

00:26:36 Speaker 3

Yeah. No, thank you. No, no, no, thanks for sharing. It's super valuable and I agree, it does seem very obvious. Like when I read the paper so much, it was like, hmm. Yes. Yes, yes. But then it is surprising that it's not being researched. So I'm very keen to hopefully read your upcoming publication on it. But you end the piece by giving some possible recommendations or solutions. So I thought that might be actually.

00:26:51

Thanks.

00:26:58 Speaker 3

Way to also end this episode so when considering emotional Labour, yes, it's gendered and cultured, and we need to think about the individual, but also the systems and structures that they operate within. So.

00:27:00

Sure.

00:27:09 Speaker 3

What do you see as a potential sort of strategies that we can address or minimise or account for emotional labour within health professions? Education.

00:27:17 Speaker 2

I think the first thing that's the most feasible and practical thing that I feel we could do is in my opinion, would be talk about it, you know, talk about your emotions and not like having a therapy talk or, you know, having a, I don't know. I mean, it's weird to do all that.

00:27:37 Speaker 2

But not. I'm not like a checklist that you need to complete, you know.

00:27:41 Speaker 2

Because I always, even when I was writing that section in the in the paper, I was not very happy with writing it, because in the end of the day, the moment you start giving some kind of implicit implications for practise or a policy, it becomes more like a checklist like or you're gonna make a policy change, you're gonna institutional, which should be.

00:27:56 Speaker 3

Yeah.

00:28:00

If.

00:28:04 Speaker 2

Systemic thing, yes, it should be systemic, but I feel it only starts when you start talking about it. Yeah, you know, you you.

00:28:13 Speaker 2

Speak to your colleagues. You speak to your peers. You ask them how they're doing. I I remember one of the participant. Some of the participants who said that. Well, it's been so many years. No one has ever asked me. How do I feel? And that was a something very emotional for me. When I heard that. And it's not something they were saying to impress me because I was like, oh, they're just saying it because they know me as an intern.

00:28:39 Speaker 2

Well, keeping that as a caveat, so many of them.

00:28:43 Speaker 2

And none of them.

00:28:45 Speaker 2

So many of them said it in different ways that no one has asked about it. I never thought about it in that way. So I believe it's all about reflecting on it at first as as as the first step, you know, talk about it more, talk about informal spaces, talk about it like how we are talking about it now as a podcast.

00:29:03 Speaker 1

Yeah.

00:29:05 Speaker 2

As a weapon.

00:29:06 Speaker 2

Now as because.

00:29:07 Speaker 2

People listen, people listen. When?

00:29:10 Speaker 2

Then they are not in.

00:29:11 Speaker 2

World. They're like, yeah, yeah. They, you know, they're right. You know, they're talking about. And I. Yes, I I can relate to it. I can resonate to it. The more you talk about it, the more it becomes normal to talk about it. Yeah. And I I believe once you normalise it, it I feel it's something like the more I think a similar.

00:29:31 Speaker 2

Engine would be if you talk about the more people talk about LGBTQ and, you know, inclusivity more they include it, the more it normalises it it. It should come to a point where it just part of.

00:29:47 Speaker 2

Health professionals growth. You know, it should not become like, ohh let's let's have a topic on emotional labour. Let's put that in the curriculum and you know, we'll have this many hours dedicated credit hours dedicated to it because the moment you start, I don't know, you start putting it in a very explicit.

00:30:06 Speaker 2

In a box, then it becomes just a tick box exercise, so I feel the more organically you talk about it and I think this is where we can do that as individuals, you don't really need an institute to do that for you because I feel everybody has enough agency to talk about it.

00:30:23 Speaker 2

Have webinars, have podcasts and it's not.

00:30:25 Speaker 2

Like you are.

00:30:27 Speaker 2

You know, hurting anyone sentiments or you know, mistreating someone. And I believe the more you talk about it, the institutes will observe.

00:30:36 Speaker 2

And you know.

00:30:37 Speaker 2

Notice it? I mean, they have to notice it because that's how that's how I feel.

00:30:42 Speaker 2

About it and.

00:30:43 Speaker 2

Shift happens. You start talking about it more and more. You bring people you you call, others you ask them how do they know about it? What is it? I believe when Harshil, I don't know. I mean, I have not interviewed Hershel, but I believe when she.

00:30:59 Speaker 2

Flight attendants were there forever. It was her who noticed.

00:31:03 Speaker 2

It I mean and.

00:31:04 Speaker 2

It was her who asked them how they feel. I still, I mean, nice to see them. I used to feel bad for them, but I didn't care much about it. And I used to just say thank you so much. And we walk out of the plate. We don't even look at them sometimes. And we just walk out of the plane.

00:31:18

Good.

00:31:18 Speaker 2

But it it it's just that I don't know, just be a little more conscious and empathetic and talk about it. Because when you talk about it some.

00:31:28 Speaker 2

One may relate to it, and someone who has not doesn't know but is facing it. There's there's a label to it. There's a.

00:31:35 Speaker 2

Name to it.

00:31:36 Speaker 2

And the more people talk about it, the more I'm sure everybody goes through it. It's impossible. You can say, oh, I've never done emotional labour. I don't know, maybe some if there are narcissists, they would feel that way. But I believe an average human who has.

00:31:49 Speaker 2

Their emotions in place does that at some point. So I think talking about it and then.

00:31:55 Speaker 2

Because that is, I believe, talking about it is itself a form of resistance and.

00:32:00 Speaker 2

Then yeah, maybe.

00:32:01 Speaker 2

Do proper formal research, because the more the topic is formally exposed in high rank journals, of course people will notice it and.

00:32:13 Speaker 2

Yeah, and and I.

00:32:14 Speaker 2

I think it's.

00:32:15 Speaker 2

It insinuates from there, those are the Trail Blazers and after that, yeah.

00:32:18 Speaker 2

Maybe uh have more inclusive policy, but I don't know when it comes to policies and places. Although I wrote them in my journal.

00:32:27 Speaker 2

I felt they were very I don't know, very mechanical that I I'm being honest. I when I wrote them I was like I don't know because everything has a backlash to it because that's how we bought student centricism. That's how we brought other things and it becomes a tick box at the end of the day, I feel the more you talk about it and you.

00:32:37 Speaker 3

Yeah.

00:32:46 Speaker 2

Want to do something about it and have these discussions with people, with your seniors or senior Cylons who can do something about it. But from this, there's so many other things that.

00:32:59 Speaker 2

Precede emotional labour, like your tenure, your job, your I don't know your growth, your the salary, the.

00:33:07 Speaker 2

Pay so you know emotion always.

00:33:10 Speaker 2

Takes a back seat, so I believe we can just talk about a little bit, yeah.

00:33:13 Speaker 2

Maybe that would kind of.

00:33:14 Speaker 3

Yeah. Well, well, Avita, thank you so much for talking about it and for giving us language to put to a phenomenon that we we all experience. And I I support everything you're saying and thank you so much for kickstarting research on emotional labour in the field. I'm hoping to see this sort of explode everywhere. So thank you so much for your time. Such a please.

00:33:23 Speaker 2

Thank you, Nikki.

00:33:33 Speaker 2

Thank you so much, Nikki.

00:33:34 Speaker 1

Thank.

00:33:35

There.

00:33:35 Speaker 1

Thank you.

00:33:36 Speaker 2

Thank you so much, Nikki. Thank you for having me.

00:33:38 Speaker 3

Thanks avita. I am Danica Simms, your host and producer.

00:33:48 Speaker 1

Thank you for joining conversations and Mayday.

00:33:52 Speaker 3

Hit subscribe and leave a review.

00:33:54 Speaker 3

I'd love to hear from listeners. So if you have any comments or questions or recommended guests, please get in contact with me.

00:34:03 Speaker 3

Contact details can be found in the show notes.

00:34:17 Speaker 3

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00:34:30 Speaker 3

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00:34:35 Speaker 3

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00:34:55 Speaker 3

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