



Review

The field of care work and habitus

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Abstract

This article is intended to explain the Pierre Bourdieu's concept of habitus to researchers concerned with patient-nurse interactions, nursing practices and nurses' professional and individual selves and identities. It emphasizes both the field of care work and nurses' personal characteristics. Nursing is a therapeutic interpersonal process that is intended to promote individuals' wellbeing and health. However, very few studies have evaluated how it developed in a systematic way. Pierre Bourdieu's concept of habitus can lead the way for nurses who would like to understand patient-nurse interactions, nursing practices and the field of care work. Habitus affects how nurses approach their patients, how they understand and interpret patient conditions and their needs. Therefore, habitus affects how nurses understand and interpret the status and care needs of patients under the circumstances including their individual characteristics. The field of care work is also a metaphor for a social site where nurses engage in care-related activities. Ultimately, nursing habitus is developed by both individual and structural factors that are complex and diverse. It affects nurses' careers and motivation to provide services. Assessing patient-nurse interactions, nursing practices and nurses' professional and individual self and identities in this way can affect the quality of care positively.

Keywords: Bourdieu; habitus; nursing; the field of care work.

What is known on this subject?

- Bourdieu's concept of habitus and other field concepts guided the researchers' understanding of patient-nurse interactions, nursing practices, the field of care work, and nurses' professional or individual selves and identities.

What is the contribution of this paper?

- This review explains Pierre Bourdieu's concept of habitus. It examines the phenomenon of nursing both as a field of care work and as constituted by nurses' personal characteristics.

What is its contribution to the practice?

- Nursing habitus affects nurses' methods of understanding and interpreting patients' statuses and care needs, their approaches toward patients, their service motivation and their careers. Thus, evaluating the phenomenon of the nursing using Bourdieu's approach can affect the quality of care positively.

Bourdieu^[1,2] describes habitus as a concept that refers to sets of acquired thoughts, behaviors and schemes of appreciation. It is a compound of tendencies that produce actions based on practical logic. Habitus is related to lifestyles that develop with the forming of both behaviors and percep-

tions. Habitus in the nursing context includes nursing care habits, tendencies, values, attitudes, behavior patterns, nurses' ways of approaching their patients, etc.

Habitus is a compound of tendencies gained through education and experience. It provides the ability to react to events in certain ways.^[1-4] Therefore, habitus indicates the common characteristics acquired in the nursing field as a result of education and nurse-patient relationships. It ensures the continuity of the nursing identity in the field of care work. Nurses, patients, patients' families and healthcare personnel constitute the field of care work. The field of care work is a metaphor that is used by care workers to refer to their practices in social field.^[5]

The term, habitus, can be evaluated by examining the formation, continuity and results of the relationship that nurses establish with patients within the scope of nursing rules. The concept of habitus enables researchers to understand nurse-patient interactions and nursing practices, nurses' professional

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or individual selves and identities in the field of care work. Examining habitus in the field of care work requires analysis of its sociological context and nurses' personal characteristics such as age, gender, education level, personal characteristics and eye color.^[5-19] Thus, an integrated assessment is conducted biologically, psychologically and sociologically. This concept is referred to as nursing habitus,^[6-12] professional habitus,^[13,14-16] caring habitus^[17] and emotional habitus^[5,18,19] in the studies. The meanings of these concepts are explained in detail below.

Nursing Habitus in the Field of Care Work

Care involves gender, women's abilities, internalized tendencies, and physical and intellectual habitus according to Bourdieu.^[5,10,18] Acquired skills in nursing care become ordinary practices for nurses after a while. These skills include improving patients' health and nutrition, supporting them with adapting, accepting, coping and achieving or encouraging them to realize their problems before suffering from any harm.^[6-11,15] Bourdieu^[1] (2006) suggests that the term, nursing habitus, involves these activities because habitus is related to imageries and thoughts that are associated with reactions to various situations and experiences. These thought and behavior patterns become internalized over time and determine actions in advance.

Nursing habitus involves perceiving, thinking, speaking and behaving with patients and co-workers in nurses' daily activities. Both nurses and patients develop certain emotions, thoughts and behaviors during patient-nurse interactions. Habitus also affects nurses' approaches to their patients, and how they understand and interpret the patient's statuses and care needs under the circumstances including nurses' individual characteristics.^[6-11] Habitus shape nurses' attention, compassion and sensitivity toward patients,^[6,8,10,20] and their use of languages (posture, mimics, etc.).^[3,2] Since nursing habitus and the field of care work are related, the particular logic of the field of care work^[1,2,5] should be comprehended properly.^[1,2] Bourdieu's concept of doxa brings this logic into force. Doxa is deeply related to habitus and the field of care work.^[1,2] It creates the basis of the field of care work and enables people to describe and characterize it. The field of care work, which is necessary for nurses' activities, is limited by doxa, written and verbal rules with their own unique internal logic. Acting in accordance with values that are determined and maintained by experienced leaders and nurse executives, enables individuals to acquire a nurse identity. In other words, proper habitus provides the right to enter the field of care work^[6-11] because it describes the common characteristics of individuals who have similar identities. It predisposes the members of a group to be able to share actions.^[1,2] Therefore, nursing habitus describes the common characteristics of nurse identity and maintains its continuity.^[6-11] The essence of the of field of care work is included in caregivers' emotional dependence on their profession.^[5,22]

Professional Habitus in the Field of Care Work

Husso and Hirvonen^[5] (2012) claim that patient-nurse interaction can be improved by increasing nurses' ability to understand human behavior and the nature of communication along with practice-based knowledge in the field. This interaction can also be developed by increased commitment to professional values. The focal points of nursing care are as follows: i) nurses' identification with their profession, ii) the internalization of the aims and values of their profession, iii) voluntarily making more efforts for the good of the profession and iv) having a strong desire to practice their profession. Nurses' commitment to the profession is realized by adopting general moral and ethical codes^[13] and professional goals, and by developing a strong professional identity.^[6,13-15,23] The process of developing a professional identity happens in a similar way to the socialization process.^[13]

Habitus is quite a useful concept for evaluating, understanding and explaining the process of developing a professional identity.^[6,13-15,24,25] Professional identity or habitus entail a commitment to genuine knowledge that deals with others' need and to professional and scientific activities. Accordingly, professional habitus needs to include ability and efficiency in coping with daily nursing practices as well as embracing professional identity and goals. These abilities and efficiencies include factors such as nursing values, empathy, interest in patients' needs, holism and care.^[6,7,13-15]

Beck and Young^[26] (2005), from a sociological perspective, suggest that professional education should create professional habitus because it is a secondary habitus other than the one that is formed during early childhood in the social environment of the family according to Bourdieu.^[1,2] Primary habitus affects individual perspective, decision-making, world-view, and secondary and professional habitus.^[17] Students gain cultural capital throughout their nursing education. Cultural capital involves awareness about the values that societies hold dear. School, for example, has a significant role in cultural capital. Cultural capital is structured to produce nursing-specific practices.^[6,12,14,27-30] Consequently, professional or secondary professional habitus enables us to evaluate the relationship between identity development and the learning process.^[8,12,13,15,24,25,31,32]

During the process of adaption to a certain identity, the question of how to learn to be an appropriate person for the profession is the basic learning subject for students because they adapt themselves to be the right person for the profession by understand and idealizing professional tendencies.^[31,32] The answer to this question is professional or secondary habitus. The factors that create professional or secondary habitus are related to professional culture, professional identity, learning processes^[8,12,13,15,24,25,29-32] and socialization.^[31,32] For example, students can establish bonds by taking nurses executives' experiences into account. They can embrace and internalize nurses' qualifications and reinforce them with their own values, personal characteristics and professional identities. In ad-

dition, they can turn these qualifications into their own values, personal characteristics and professional identities.^[15] Thus, individuals do not passively accept professional identity, but they embark on an identity-related process of orientation and adaptation.^[32]

Secondary professional habitus involves a highly-developed professional culture. It is a compound of idealized and internalized tendencies.^[31] Virkki (2008)^[16] defined secondary professional habitus as certain practices and perspectives that express the nursing values formed historically and culturally. Virkki (2008)^[16] also claimed that nurses have a common perspective toward secondary professional habitus. In other words, secondary professional habitus means embracing the nursing role in the process of socialization, acquiring professional roles as habitus (habitualizing) and using the abilities seen as valuable in the field of care work.^[6,13,14] Students need to adapt to secondary professional habitus to be the right person for the profession.^[31] Professionalism also contributes to the secondary professional habitus of students.^[12,24,25] Habitus provides a professional identity preserved within professional knowledge and experience to nursing students.^[6,12-15,24,25]

Secondary professional habitus involves a compound of tendencies that students need to acquire during their education in order to join the profession. It is a compound of values, attitudes and beliefs. In addition, it serves as a discipline that determines how someone should behave, feel and be seen. Secondary professional habitus is shaped by students' primary habitus and has affective characteristics. It reflects the tendencies of a professional culture established on the students' personal identities. Secondary professional habitus is an identity that can be selected by individuals. The behaviors required by this identity should be included in students' spectrum of activities. Their social and parental backgrounds, personal choices, and life experiences should predispose them to be the right person for the profession and to adapt to the professional habitus.^[12,24,25,30,32]

Since emotions are involved in care from a theoretical perspective and in idealized habitus, it does not seem possible to perform loving care. However, habitus enables nurses to manage their and others' emotions and display proper emotions in practice, which allows nurses to exhibit and cope with emotional labor.^[22,33] Idealized professional or secondary habitus is reasonable, rational and objective. However, in practice, habitus requires the formation of a sense of professional belonging because the professional identity formed by care professionals also strengthens emotional commitments.^[11,32] Thus, the concept of professional or secondary habitus includes a certain understanding of practice that is necessary to perform a profession and sensitivity (emotion and feeling).^[32] Emotions and morals should be taught in theory and practice.^[23,32,34] Professional or secondary habitus provides a method for shaping nurses' ability to react to the emotional expectations of nursing culture.^[5,16-18,32] It provides an understanding, sensibility and sensitivity instead of perceptions and opinions.^[32]

Caring Habitus in the Field of Care Work

Hirvonen^[17] (2014) says that the concept of caring habitus was first used in a study by Kniff (2012) that examined caregiving throughout generations. Kniff described the dynamics of people who care for the elderly in Finland. The capacities of middle-aged people who provide care to their elderly, and the care they provide were conceptualized as caring habitus. Participants were informed about care as social capital. Hirvonen (2014) expanded the concept to investigate personal capacity in professional care studies. Hirvonen (2014) attempted to conceptualize nurses' work hours using the concept of caring habitus for the representation of a common product of nurses' primary and secondary habitus in the health care field. Consequently, caring habitus explains the rationality of nurses' actions by determining the principles of health care practices.

In general, nurses' actions are instinctively shaped by identity, pragmatic elements and life events in care practices. The pragmatic element is the reflection of accumulated tendencies in the caring habitus. This element also includes acquired personal and professional knowledge and experience.^[35] This element of caring habitus provides the ability to cope with unexpected situations. However, nurses may adapt to unexpected situations when they agree on an expected procedure. Thus, nurses' habitual reactions can easily occur. The ability to cope with unexpected situations through caring habitus contributes to nurses' professional development in a positive way. For example, the pragmatic element helps nurses to cope with unexpected situations and ensures that they trust themselves as skillful employees.^[17]

Another characteristic of caring habitus is the ability to form a bridge between the past and present for reacting to expected possible cases (life events).^[35] Consequently, nurses may adapt to their professional roles with routines and practices through life events. Nurses may demonstrate their professional identities. While nurses perform these activities, caring habitus naturally and unintentionally shapes their actions.^[17] Nurses say that they organize and re-evaluate their positions to acquire and maintain professional skills.^[5,11,13,16-18] Nurses' social capital provides ability to react to constantly changing situations, and to change their course of action and react extemporarily when routines are disturbed. For example, nurses try not to reflect their concerns to those who receive care so that they feel safe.^[16-18] Life events can also leave memories of working overtime and give them a sense of their care responsibility.^[35] Thus, nurses may worry about the futures of the individuals to whom they provide care, and they may not forget the patients to whom they provided care in the past.^[17]

The caring habitus acquired by nurses during their educations and professional lives is based on their primary habitus. In other words, it is based on personal knowledge and experience, or identity.^[35] Caring habitus predisposes nurses to act in accordance with nursing ethics, norms and rules. The secondary professional habitus acquired in the nursing education and training also unifies nurses.^[5,16,17,22] Accordingly, inter-

subjectivity ensures that employees share a common habitus. According to Hirvonen (2014),^[17] Jenkins (2008) found that the element of intersubjectivity enables employees to institutionalize methods of work in organizations. Therefore, caring habitus is an institutionalized form of care practices. However, caring habitus is both more universal and personal than the concept of professional identity.

The development of care culture and professional identity occurs over a long time. This development can be achieved by radically changing employees' tendencies and practical sense for the game in accordance with the expectations of the field of care work.^[16,17] For example, the caring habitus enables nurses to compromise among themselves concerning a nursing practice that can be conducted differently. It enables researchers to define all the characteristics of care in an empirical study. The concept of habitus can be examined by studies of the dimensions of caring habitus.^[17]

Caring habitus is also related to emotional labor because emotions are important in guiding employees' actions and making decisions in care practices.^[5,10,11,16-18,20,22,36] Himmelweit^[36] (1999) found that emotions have particular importance for care-related professions because they are defined as the occupations that require emotional management in accordance with ethical principles and the provision of rational care. Employees' motivation involves sincerity, empathy and responsibility in care practices.^[22,34,36] They are also integral to studies that examine caring habitus. Consequently, the emotional component of the caring habitus may determine people's emotions.^[17]

Emotional Habitus in the Field of Care Work

To conceptualize habitus in the field of care work, the concept of emotional habitus was formed from Bourdieu's^[1] (2006) concept of sociology and Arlie Russell Hochschild's^[33] (1979) concept of emotional work or emotional labor.^[5,18,19,21] Emotional labor is to understand others, show empathy and feel what others feel.^[5,11] Emotional habitus is defined as caregivers' ability to understand patients' needs on an empathetic level. Emotional habitus is the basis of caregivers' ability to react to patients' needs.^[5] Virkki^[18] (2008) defined emotional habitus as the internalization of emotion management and conscious emotion management. Emotional habitus explains the creation and expression of emotions in a sociological environment. Emotional habitus is shaped by emotional rules and basic ethical values, and it requires their internalization by caregivers. Emotional rules are used to determine the expectations of social propriety in the management of emotions in the field of care work.^[5,18]

The focal point of care is nurses' commitment to their profession.^[5] Studies of care require examination of the concepts of emotional labor, and individual and professional self or identities^[5,11] because habitus is a social topographic phenomenon that gives identity to groups. It makes agents tend to comply with the conditions of their profession.^[1-3] Therefore, emo-

tional habitus is useful for working on nursing identity because nurses engage in emotional labor with those for whom they care.^[22] Since emotions are communicative and relational, they express and make social and personal identities clear. It is possible to study nursing identity as emotional habitus.^[3,22]

Emotional habitus provides communicative tendencies (habitus) that can be referred to as therapeutics and auxiliary communication skills. Nurses can provide psychosocial care by understanding and managing both their own and patients' emotions after acquiring emotional habitus. Akgün^[19] (2015) suggested that awareness training programs should be arranged regarding nurses' emotional habitus and problematic fields of emotional habitus. This makes training programs and course content regarding the concepts of emotion management, emotional self-efficacy, and emotional labor important steps.

Conclusion

Habitus is based on both personal and structural factors that are complicated and varied. Thus, it affects nurses' service motivations, careers,^[3,6,9,13] how they understand and interpret patients' statuses and care needs, and their approach to their patients.^[6-11] Bourdieu's theory enables nurses to understand their patients' educational statuses, cultures and identities.^[4,6,8,9,27,29]

Nurses' work capacities are determined to a certain extent, and implicitly and unconsciously accumulated or stored.^[1,2,22] However, the work capacities or professionalism that are consciously transmitted during education may be limited according to Vincent and Braun^[24] (2012). The professionalism version presented to students and its contribution to the acquisition of secondary professional habitus is quite limited. Teachers and course content organize students' appearances and behaviors and formally educate by emphasizing practical competencies at the educational level. Colley et al.^[32] (2003) found that skills of reacting to emotional demands were not included in this idealized secondary professional habitus. They say that students were overwhelmed since they did not know how to cope with the emotional demands of the profession. Evaluating patient-nurse interaction from Bourdieu's point of view enables individuals to evaluate thoroughly the issues that occur during the establishment and formation of this process. Evaluation results can positively affect the quality of care, and nurses' competencies, skills and psychology.^[5-11,13,14,16-18,29]

This review was intended to explain the concept of habitus, which enables individuals to examine the nursing practices in studies of nurse-patient interaction. Researchers who aim to evaluate how the relationship between the field of care work and habitus is systematically established and emphasize both the field of care work and nurses' personal characteristics, can use the concepts of nursing habitus, professional habitus, caring habitus and emotional habitus

in their study designs. These concepts of nursing habitus, professional habitus, and caring habitus enable researchers to investigate nurse-patient interactions, nursing practices and nurses' professional or individual selves or identities. The concept of emotional habitus enables individuals to investigate nurse-patient interactions, nursing practices and nurses' professional or individual selves and identities in the context of emotional labor.

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