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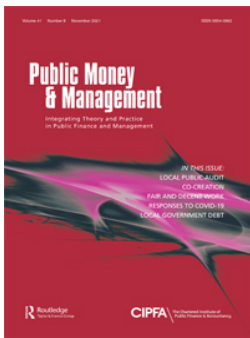
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'While you're there, can you just ...' The emotional labour of role extending in public services

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IMPACT

As public services are redesigned to lever more activities into each contact with the public, this has extended the roles of public service workers beyond core competencies. The fire service case indicates that role extension should not be seen as a cost-free add-on, as it reduces the mitigating factors which help workers to manage emotional labour. Where public services are encouraging staff to role extend, organizations need to be much more aware of and supportive of the emotional strain and provide appropriate training.

ABSTRACT

Public service professionals are being exhorted to 'make every contact count', taking on additional tasks. A case study of the fire service shows that this role extension reduces the mitigating factors helping workers manage emotional labour. Interviews with firefighters engaged in public health work found that role extending was less emotionally intense than emergency response, but evoked more negative emotions—challenging display rules; undermining role preparedness; and creating emotional dissonance. Role extending is not an easy add-on, but requires appropriate training and support.

KEYWORDS

Emotional labour; fire service; public health; public services; role extension

Introduction

Public services in the UK are adapting to a number of challenges, including cuts to budgets, changing citizen expectations, demographic shifts and new technological possibilities (Dudau & Brunetto, 2020; Kippin et al., 2013; Needham & Mangan, 2016). There is also increased awareness that complex social problems cross vertical service demarcations: improving people's health, housing, education and employment requires collaboration between different services (Kickbusch & Glicher, 2012; Needham et al., 2017). NHS England continues to promote the Make Every Contact Count (MECC) initiative, launched in 2012, which fosters multi-agency collaboration to encourage behaviour change (Lawrence et al., 2014). This holistic approach links to an increased interest in wellbeing as a goal of public policy, and an expectation that public service professionals should extend their core roles to promote wellbeing (Bache & Reardon, 2013; Joseph & McGregor, 2019).

Role extending is defined by Adams et al. (2000, p. 545) as taking on a new task which involves 'substituting for another professional group', such as nurses instead of doctors doing phlebotomies. Role extension can be identified in a range of settings, for example the expectation that doctors help people build their social networks through social prescribing (arguably a role closer to that of social work) (Needham et al., 2017), or that a range of professionals scrutinize service users' views and activities as part of the anti-terrorism 'Prevent' agenda (Miah, 2017). Underpinning role extension is an assumption that can be expressed as 'While you're there, can you just ...'—assuming that it is a cost-free add-on for GPs to tackle loneliness, or teachers to monitor extremism among students. Of course, public

service professional skills and role boundaries are not fixed (Abbott, 1988; Gallie, 1991) and people are increasingly playing hybrid and boundary-spanning roles (Needham et al., 2017; van Meerkerk & Edelenbos, 2018). But role extending refers to the accumulation of tasks which are usually undertaken by another professional group, alongside one's own core work. The Covid-19 pandemic introduced particularly dramatic forms of role extension, as people were co-opted into new services, with firefighters driving ambulances and leisure centre workers delivering personal protective equipment (BBC, 2020; Needham & Mangan, 2020). The impact of this on role extension in the long-term is not yet known.

In many public services, role extension has been a further strain on workers already experiencing rising service demand, a growth in work intensification and severe budget cuts (Adams et al., 2000; Granter et al., 2019; Noordegraaf, 2016). The impact of role extending therefore becomes hard to separate out from issues of overload (Adams et al., 2000). The fire service occupies an unusual place in these discussions, because it has experienced *declining* demand—across England house fires have decreased dramatically, with a 50% drop in attendances at fire incidences from 2007 to 2017 (Home Office, 2018). One response to this decline has been to cut staffing levels, but the service has also demonstrated a willingness to undertake role extension to support the broader public health agenda. Firefighters are using existing fire safety checks in people's homes to ask questions about debt management, diet and mental health; the high levels of public trust in the fire service are seen to make it particularly well suited to extending roles (National Fire Chief's Council, 2015).

In this article we focus on the emotional labour of role extending. We draw on interviews with firefighters in an English region to understand the affective dimension of public service professionals taking on roles which fall outside the service domain in which they are primarily located. Studying the fire service, whose core workload has reduced, provides an opportunity to separate out role extension from the overload evident in many public service roles. The work of firefighters, like other emergency responders, has a well-recorded emotional toll (Guy et al., 2008; Henderson & Borry, 2020; Mitani et al., 2006; Tuckey & Hayward, 2011). We found that the home visits were also emotionally taxing for the firefighters, who expressed discomfort and embarrassment in asking people about the broader public health topics, which challenge the expected *display rules* of their job (the hero); invoke non-fire related issues, leading to a lack of *role preparedness*; and create *emotional dissonance* by offering little closure when compared to emergency work (problems cannot be 'fixed'). From these insights, we argue that far from being 'cost-free', role extending can increase the negative toll of emotional labour.

While the focus here is on the English fire service, this insight has potential applicability to other frontline public service workers who are being expected to role extend and 'make every contact count' towards improved public health. Its insights are likely to be relevant outside the UK, given international imperatives to improve public health through holistic approaches. The World Health Organization advocates a 'whole of government' approach to addressing public health issues such as obesity (Kickbusch & Glicher, 2012), and the European Union has pursued a similar Health in All Policies (HiAP) approach (Council of the European Union, 2006). As in the UK, fire services elsewhere have been expected to role extend, given the decline in house fires and the high levels of public trust in the service (Ericson, 2014; New York State, 2018).

This article aims to understand the impact of role extending on the emotional labour of firefighters. In particular we look at the emotional labour entailed in acting outside of core role and how emotional labour can be experienced more negatively when workers lack the usual coping mechanisms such as agreed display roles and role preparedness. We provide theoretical advancement which can be tested in other contexts. No previous work that we are aware of has applied emotional labour to the work that professionals do outside their core roles. In the section below we describe the growing presence of the fire service in public health. We then look at emotional labour as a concept relevant to understanding how public service workers feel in and out of role. We go on to present the methods and findings from our study, and discuss the implications of the findings for role extension by public service workers.

The changing fire service

The UK fire service is separated into over 50 regional fire and rescue services, mainly staffed through permanent firefighters, with some on-call firefighters to provide additional capacity. Firefighters' roles include fire response, attendance at serious road traffic accidents, community safety work and home visits to assess fire preparedness.

Role extending by the fire service was seen by the high-profile Marmot et al. (2010) review of health as a way to reduce health inequalities:

Through their prevention schemes, the fire services run a universal programme of home fire safety checks: they are in touch with members of the public from all sections of the community... they are in the perfect position to deliver interventions and partner with other agencies to reduce health inequalities.

The MECC initiative was launched in 2012 and built on the Marmot review to identify ways for public service professionals to extend their roles. According to the MECC website, 'MECC enables the *opportunistic delivery* of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations' (NHS England, n.d., emphasis in the original). There is an explicit assumption that this approach is cost-free: 'A MECC interaction takes *a matter of minutes* and is not intended to add to the busy workloads of health, care and the wider workforce staff, rather it is structured to fit into and complement existing professional clinical, care and social engagement approaches' (NHS England, n.d., emphasis in the original).

For the fire service, visits to people's homes have been the main vehicle through which it has sought to 'make every contact count'. Home visits were already in place as an offer to the public to have their home assessed for fire safety. Under the MECC agenda, it increasingly came to be recognized that firefighters could undertake broader wellbeing conversations while in people's homes, and the visits were renamed 'safe and well' checks (National Fire Chiefs Council, n.d.). In most UK regions, fire and rescue services now offer these visits to vulnerable people referred to them through partner agencies, community engagement and self-referrals. The safe and well checks go beyond conventional fire safety work. Firefighters assess car tyre tread and also work through a checklist of physical and mental wellbeing issues such as diet, debt management and loneliness. The checklist triggers referrals onto other agencies where appropriate.

In the region in which we undertook the study, safe and well visits had been in place for two years. These are mandatory for active firefighters. Within the broader performance management regime of the service (Taylor et al., 2021), targets are set for both the number of visits achieved and the points assigned to the visits. Points are a method of categorizing visits according to the perceived vulnerability of those in the household. Visits are undertaken in pairs. Online training is provided on how to conduct the visits, use the checklist and make referrals.

There has been some research to consider the effectiveness of MECC as a public health intervention (Nelson et al., 2013). There has also been work on what knowledge firefighters need about public health issues (Public Health England, 2016). However, there has been no research on how firefighters feel about the extension of their role. In this article we focus on the emotional labour of the visits, and how firefighters perceived this compared to emergency response. From this we can inform an understanding of the emotional toll of role extending and how best to support workers when they are acting outside role.

Emotional labour and role extension

Emotional labour is ‘the management of feeling to create a publicly observable facial and bodily display’ (Hochschild, 1983, p. 7). It is ‘that work which goes beyond cognitive, physical, or mechanical skills but is required for job completion’ (Guy et al., 2008). Emotional labour involves building rapport, so that perceptions of competence and trust are created and customers feel they are heard and treated fairly (Ricucci et al., 2014). It requires evolved and rapid execution of emotive sensing, analysing, judging and behaving (Mastracci et al., 2012). Emotional labour is bought and sold for a wage, making it a particular type of emotion work (Hochschild, 1983, p. 7).

Literature on emotional labour has highlighted its scalar rather than dichotomous nature, i.e. certain jobs demand more emotional labour than others (Morris & Feldman, 1996; Steinberg, 1999). Human services work and customer service tend to rate highly on emotional labour scales, whereas clerical and physical labour score lower (Brotheridge & Grandey, 2002). The work of the emergency services entails a particularly high level of emotional labour (Blau et al., 2012; Granter et al., 2019; Guy et al., 2008; Mastracci et al., 2012; Tuckey & Hayward, 2011). Jobs which involve a high degree of emotional labour can lead to burnout: ‘a psychological syndrome in response to chronic interpersonal stressors on the job’ (Maslach, 2003, p. 15—in Blau et al., 2012, p. 627). This emotional overload leads to depersonalization—an inability to relate to clients (Guy et al., 2008, p. 106)—as well as to exhaustion and a sense of ineffectiveness (Blau et al., 2012, p. 627). It is a well-known risk of emergency service work, given their exposure to ‘the worst kinds of human tragedy’ (Granter et al., 2019, p. 9; see also Mitani et al., 2006).

However, it is evident from the literature that *more* emotional labour is not unequivocally worse than *less* (Guy et al., 2008; Morris & Feldman, 1996). Jobs demanding extensive emotional labour (including crisis response) have been found to be to be rewarding (Mastracci et al., 2012; Tolich, 1993). The work on emotional labour has discussed mitigating factors which can limit the extent to which employees experience emotional labour as negative. These include organizational characteristics (such as levels of co-worker support and effective supervision) and personal characteristics such as gender, age, education, length of service, and health (Blau et al., 2012; Cordes & Dougherty, 1993; Henderson & Borry, 2020).

There are also mitigating factors relating to the task which is undertaken, which limit workers’ sense of emotional labour as being stressful or overwhelming. The literature focuses on three factors: adherence to display rules; fit with role expectations; and the extent of emotional dissonance. Display rules are the forms of behaviour and emotional display which colleagues and the public expect from a particular situation (Brotheridge & Grandey, 2002; Ekman & Friesen, 1971; Henderson & Borry, 2020). Such rules ‘increase predictability and make service interactions go more smoothly; when display rules conform to normal social expectations, both parties (service agents and customers) understand what emotions should be displayed and how they should treat each other’ (Humphrey, 2013, p. 80). These rules can be derived from different places—Bolton (2004), for example, distinguishes occupational/

professional feeling rules from other type of rules, such as rules derived from social guidelines, from a profit motive, or from a philanthropic desire to give ‘a bit extra’. Many workers manage several of these imperatives at once.

Role expectations, the second mitigating factor helping workers to cope with emotional labour, relate to the extent to which staff are undertaking the work tasks for which they perceive themselves to have been recruited and trained, avoiding ‘person–role conflict’ (Rafaeli & Sutton, 1987, p. 32; see also Ashforth & Humphrey, 1993). Organizations signal to employees what the expectations are in the emotional domains of the work through recruitment and selection; socialization; and rewards and punishments (Rafaeli & Sutton, 1987, p. 25). Ashforth and Humphrey argue that: ‘the negative effects of emotional labour on the well-being of the service providers are moderated by identification with the role (or the value and norms of the role in question). Indeed, identification may render emotional labour enjoyable and enhance well-being’ (1993, p. 107).

The third factor, emotional dissonance, refers to the extent to which there is a mismatch between feeling and expression (Brotheridge & Grandey, 2002; Morris & Feldman, 1996), or a requirement that expressions be modified to meet work demands (Brotheridge & Grandey, 2002; Hochschild, 1983). Work situations which facilitate ‘deep acting’ (feeling the desired emotions) have been consistently found to be less negative for the individual than those which involve ‘surface acting’ (displaying emotions that are not felt) (Blau et al., 2012; Brotheridge & Grandey, 2002; Hochschild, 1983). Emotional consonance ‘has a number of positive effects, including enhanced feelings of personal accomplishment and decreased levels of emotional exhaustion’ (Mesmer-Magnus et al., 2012, p. 8). The degree of emotional dissonance therefore is a mitigating factor in the extent to which emotional labour is experienced negatively.

We used our data to explore how firefighters characterized the emotional labour of safe and well visits compared to their crisis response work, and also the role played by the mitigating factors set out above.

Research methods

Data for this article were derived from research undertaken with a regional fire service in England. The region employs around 2000 staff, serving a population of approximately three million. It is one of a number of regions in the UK with a programme of enhanced home visits of a similar type. We approached this service offering to undertake an evaluation of the firefighters’ experience of the safe and well visits, as part of a broader research programme in the region (Needham & Mangan, 2016). As a case, we consider it a typical example of an intervention (safe and well visits) which is practiced across UK fire services, offering insights which can build theory around role extension (Eisenhardt & Graebner, 2007).

Ethical approval was obtained from the University of Birmingham Research Ethics Committee (ERN_17-0108). In order to recruit participants, the study was promoted by the fire service across its stations, asking for volunteers. Seventeen people contacted us to let us know they were happy to take part. This sample was checked to ensure it

provided a gender mix, and inclusion of people with a range of years of experience. Of the 17 interviewees, three were female and 14 male—for comparison 5% of English firefighters are female (DCLG, 2015). Years of experience ranged from nine to 31, so we lacked the perspective of newer recruits (a point to which we return later). All participants were in frontline operational roles. The sample incorporated firefighters from half of the stations in the region, giving coverage of urban, suburban and rural localities.

Informed consent was obtained prior to interview. The interviews were telephone-based, semi-structured, 45–60 minutes in duration and were conducted by the authors between March and May 2017. Interviews were audio-recorded and transcribed. All data were managed using NVivo 8. We reviewed the sample size on an ongoing basis and felt that 17 provided sufficient ‘information power’ for our analysis (Malterud et al., 2016, p. 1759).

We adopted an interpretive perspective (Wagenaar, 2014), since our interest was in how firefighters felt about their practices, rather than on capturing referral patterns or service efficacy. The topic guide was derived from a broader research study about the changing nature of public service work and focused on understanding interviewee attitudes to undertaking the safe and well visits. It covered the following areas: involvement in and attitudes towards the safe and well initiative; support and training; skills; reflections on the evolution of both the safe and well visits and wider fire service.

Data analysis was undertaken in two stages, with first stage codes derived deductively from the topic guide and sub-codes developed inductively from the data and literature (Gioia et al., 2013; Miles et al., 2014; Timmermans & Tavory, 2012). First stage coding was done by EG. We took a consensus coding approach in which coded sections were then shared with other authors to discuss the appropriateness of the coding and resolve differences (Gibbert & Ruigrok, 2010). In these discussions we moved into the second, inductive phase of data analysis as we read through coded sections and identified that interviewees often spoke of affective discomfort and how they found the home visits more effortful than their emergency work. Consistent with Bradbury-Jones et al.’s (2014) invocation to be explicit about when theory entered the study, it was here that the relationship between role extension and emotional labour became a focus. We undertook a literature search on emotional labour, a process Gioia et al. describe as a transition from the inductive to the abductive, ‘in that data and existing theory are now considered in tandem’ (2013, p. 21). In particular we looked at the literature on varying degrees of emotional labour (for example Guy et al., 2008; Steinberg, 1999) and the task-related factors that mitigate negative aspects of emotional labour (display rules, role preparedness and emotional dissonance). Data was coded to these second order theory-based codes by CN, and shared with other authors for discussion, for example on which mitigations seemed most important for different interviewees. These discussions also identified exemplar quotes and counterexamples for inclusion in the article. In the findings section below, interviewees are given a code identifier, consistent with the anonymization agreed at interview. We have also indicated the gender of the interviewee as this is a known factor affecting

emotional labour, as discussed below. A draft report of the findings was discussed with the regional fire service prevention team, serving as an opportunity to member-check our analysis (Koelsch, 2013).

Findings

We used our data to look at how firefighters talked about the emotional labour required by the safe and well visits, and then at the factors which influenced their experience of emotional labour: display rules; role preparedness; and emotional dissonance.

The emotional labour of safe and well visits

Interviewees spoke about the purpose of the visits in terms of making people safe, identifying vulnerabilities and getting individuals to think through and modify the behaviours which might lead to increased vulnerability:

[The visit] is ... [making] people safe and well in their home and it's ... looking at lifestyle choices, behaviours and recognising really that these are behind fires anyway (INT7M).

All interviewees acknowledged that good communication skills were key to the delivery of effective safe and well visits, involving trust and rapport building, and being sensitive to the emotions felt by the people being visited:

Communication's very key ... understanding how to communicate with different audiences ... using non-verbal communication ... understand just by changing the tone of our voice we can engage somebody (INT6F).

You have to strike a rapport with the occupants. And there is a real skill in that you know (INT3M).

The most vulnerable people are generally the ones that may be—I'm trying to think of a word rather than 'embarrassed' but they don't want that intrusion because they haven't got you know, what sort of generally society seems to be acceptable as having in the home (INT11F).

The visits involved the negotiation of access, and adaptation to a shift in power compared to an emergency response situation:

[In] a fire, you kind of takeover that property ... Whereas [during] a home check ... I've had to stand in the hallway because the occupier won't let us look through the house, won't let us check stuff for them (INT1M).

Doing safe and well visits I think it's mostly about communication and finding a way of communicating with people because you come across so many different types of people in different situations. And I think the skills of being able to get in there, because personally I wouldn't necessarily want a strange person coming in my house (INT3M).

Aspects of emotion management that were described included: moderating their own response to offensive language; and skipping or adapting questions that were likely to cause embarrassment.

Sometimes you'll have a client that will ... be racial towards you, could be sexist, could be prejudiced you name it, and it's all about how you actually come across to them to try and gain their trust to deal with it (INT4M).

[The safe and well questionnaire] asks about memory loss and dementia and Alzheimer's. I'd always find that a difficult one to sort of ask people about you know, I have done it and I've

encountered a bit of embarrassment from people. I feel a bit embarrassed myself ... what I will do sometimes I'll assess that myself and I make my own judgment on that (INT13M).

I think firefighters are slowly feeling their way through these questions and knowing when it's right to ask the question. And ... do you know what, I'm not going to ask these questions around their alcohol (INT11F).

Whereas emergency work demands a very high level of emotional labour, these accounts of the visits can be assigned to a mid-level, involving motivating the public and providing reassurance and empathy (Steinberg, 1999). They require what Mastracci et al. (2012, pp. 72–73) call 'tak[ing] the emotional pulse of their audiences and adjust[ing] their manner and tone accordingly' in order to build credibility and rapport and to carry out the visit effectively.

The emotional labour of acting outside core role

As interviewees talked about the experience of doing the home safety checks, what emerged was a wariness and nervousness about doing the visits. This was not the case for all interviewees. Two of the 17 gave a positive overview—as one put it, 'every visit is a good visit ... because I know that ... we've helped somebody on that day' (INT8M). However, for most interviewees, there was a sense of anxiety around the visits. As one said, 'Most crews they'll take it in turns because they don't like going to people's houses and doing it' (INT10M).

We identified that this was an affective discomfort. Interviewees talked about being 'embarrassed', finding the issues 'difficult to talk about', 'awkward', 'emotive', 'intrusive'. This was a somewhat surprising finding, given that the work did not appear to be particularly emotionally effortful when compared to crisis response. Our analysis explains why firefighters associated negative emotions with the home visits, drawing on the three task-related mitigating factors found in the emotional labour literature. We argue that, whereas display rules, role identity and emotional consonance are known to be present in much crisis response work (Mastracci et al., 2012), they were not evident in the home visits. We do not discuss the other categories of mitigations (personal and organizational characteristics) which can shape experiences of emotional labour as we did not have sufficient data about these aspects, a factor we return to in the discussion section below.

Lack of adherence to display rules

When they talked about themselves as firefighters, the importance of having a positive and heroic image, trusted by the public, was evident:

We're the ones that run in when people are trying to get out. You know ... I'm very proud to be a firefighter. And I think, I think the whole of society sort of agrees (INT13M).

People who have watched 'London's Burning' and seen 'Backdraft' and 'Chicago Fire' and things like that have seen the fire service as these big heroes ... running to these burning buildings rescuing people, saving people (INT16M).

Interviewees felt that the safe and well visits compromised this public expectation of firefighters, because they ranged beyond fire issues. Comments included:

Some of the ... questions can be intrusive such as questions about weight loss, drug addiction, alcohol; sometimes people question why these sorts of things are being asked when they just want a smoke alarm (INT17M).

You've been conditioned to trust the fire service. And that's the unique brand I was talking about. I think if all of a sudden I come in and then I check your tyre tread depths and give you a ticket because your tyres are bald, I think we would lose that trust (INT12M).

We've had it before where someone doesn't want to show you the electric meter and you're quite convinced ... they're doing something illegal. So you just say 'no that's fine, it's not a problem'—you don't want them to get the perspective of the fire service is we're now the police (INT7M).

Here, then, were a set of concerns about what happens when firefighters start to deviate from the expected display rule of trusted hero and crisis responder, and the extent to which it threatens to undermine their relationship with the public. There was a clear sense from the male interviewees that they were comfortable with the display rule of the hero, and its implied performance of masculinity. We only had three female interviewees, so comparisons are limited, but none of the three drew on this sense of an expected heroic display in relation to their own discomfort with the safe and well visits.

Role preparedness

Role preparedness indicates the extent to which workers are undertaking the roles for which they have been recruited, socialized and rewarded. Interviewees expressed anxieties about their own capabilities in asking questions that strayed beyond fire safety, in particular questions about mental health. This may reflect a lack of knowledge of the subject area, but most often it was talked about in relation to being 'uncomfortable' or 'embarrassed', which suggested an affective rather than cognitive deficit:

Sometimes the safe and well questions felt outside of our remit and felt awkward, especially if people then go on to ask questions back. We have a default common sense answer and can give general advice, like don't operate machinery when taking medication, but have no real specific answer (INT2F).

I personally, I'm too embarrassed to ask some of those questions ... The ones like about are they lonely, are they dep[ressed], how much do they drink (INT9M).

The responses indicated that interviewees were not undertaking the job they had expected to do as a firefighter. Training was felt to be insufficient for the safe and well visits, with all interviewees drawing attention to the limitations of training which was provided online or had to be undertaken on days off due to lack of staff cover:

I think we could have done with something based around the whole safe and well concept to just give us a bit of depth of knowledge on the whole area that it covers ... The physical and the mental and perhaps the employment part of it and the lifestyle behaviours and substance abuse, are definitely something that I could have done with some more input on. [Be]cause my input to help me with that is purely just a video on our intranet (INT14M).

We get no training, like I say, there are courses come up every so often and there's like a day's course and you'll go and listen to a lecture or something but we can't do any of those now unless you do them off duty (INT10M).

With insufficient training, interviewees felt that they were not prepared for the expansion of role demanded of them by the safe and well visits.

Emotional dissonance

Interviewees also talked about the difficulties of managing their feelings in a setting where issues could not be resolved in the way they often were in emergency response, and where they quickly had to move on to the next visit:

When I joined the job you carried something through ... until you can't physically do any more, but now it's like 'well, yeah, but you've done that one, you've ticked the box and, you know, go and move on to somebody else' because it's just there are so many vulnerable people out there (INT10M).

The volume is so high, that [it] can prevent you from working with people or actually making a difference or even spending time with somebody you want to spend some time with, you know, I've had people telling me that they're going to kill themselves (INT6F).

The sense of the visits being emotionally unsatisfying compared to the emergency response work (people generally could not be 'saved') was compounded by a concern about being held accountable if there was later found to be an issue at the same house:

If we subsequently have an incident at that property ... the fire investigation team or the senior officer at the scene has requested to see whether or not a safe and well visit has been carried out and ... they have also spoken to the person that has carried out the safe and well visit. And they haven't been under a disciplinary but they've certainly been questioned and put under pressure to find out exactly what it was that they knew at the time. And it's very difficult to remember, because we do so many of these (INT3M).

This point emphasizes the open-ended nature of this work, where the firefighters feel concerned about being accountable if there is a later problem.

Discussion

Firefighters are known to undertake high-level emotional labour in their emergency response work. Whereas existing literature on the emergency services has focused on the emotional strain of pain and tragedy (Blau et al., 2012; Mitani et al., 2006), our findings focus on the emotional labour of routine home visits. The safe and well visits, a form of role extending by the fire service, require emotional labour to negotiate access, build rapport and identify potentially problematic behaviours. There are clearly differences between the types of emotional labour undertaken in the home visits and crisis response work. The discomfort towards the home visits that we found in our interview data highlights that, although home visits may be less emotionally laborious than the danger and tragedy of crisis response, they can be experienced more negatively if mitigating factors are absent. We suggest that this is due to role extending: when workers step outside their core roles they minimize the mitigating factors which can help them cope with emotional labour. Role extension challenges display rules, undermines role preparedness and creates emotional dissonance. Given these sources of strain, support for firefighters needs to extend beyond online and skills-oriented training, to more explicitly address the affective discomfort of emotionally charged encounters outside of the core role.

The article contributes to the literature and practice on the changing nature of public service work drawing attention to role extending as a growing phenomenon within public

services (Adams et al., 2000). As changing citizen expectations and conditions of fiscal austerity merge with new ideas about the importance of tackling social problems in a multi-agency way, the nature of public service work is changing (Dickinson & Sullivan, 2021; Needham & Mangan, 2016). Alongside a growth in more hybrid and boundary-spanning roles, we are seeing an increase in expectations that workers will be able to tag-on additional tasks to their core role. We know from existing work on the professions that jurisdictional claims are the basis for establishing credibility with the public (Abbott, 1988). Given that workers engaged in role extending cannot rely on those jurisdictional claims, it is likely to create strains which are not evident in core roles. Our findings cast doubt on the assumptions underpinning the 'make every contact count' agenda, which is that front line workers should take the opportunity to add other tasks as a 'cost-free' supplement to their core role. Much more attention needs to be given to the demands that these additions create on public service workers.

Our findings also point to areas to explore further in the context of role extending. We focused on the task-related factors shaping experiences of emotional labour as we did not have a large enough sample to explore the individual and organizational characteristics which may mitigate the emotional labour involved. Two of these characteristics warrant further investigation. The first is the role of gender which is well known to affect emotional labour and susceptibility to burnout (for example Blau et al., 2012; Guy et al., 2008; Meier et al., 2006). A future study could productively explore how different genders perceive role extending, building on our finding that the display rules (in this case the 'hero') were a constraint mentioned by the male interviewees but not female. It may be that the fire service, with its 'core referential values of hegemonic masculinity' (Ward & Winstanley, 2006, p. 204) and male camaraderie (Woodfield, 2016) has a particularly gendered set of display rules. However, Tronto's work suggests that there are broader patterns in the norms of "'masculine" care' which involve protecting citizens in a crisis, and "'feminine" care' which are more routine and take place in the private sphere (2013, p. 75). These norms may have a bearing on how staff in a range of public services perceive their core versus extended roles and is a route for further inquiry. Guy et al. (2008, pp. 63–64) also point to the gendered assumption that emotion skills are an essentialist trait, rather than a competency to be acquired. This could be used to suggest that female workers will be naturally 'better at' role extension than male colleagues where it requires new emotional competencies. We suggest that where public services are encouraging staff to role extend, there needs to be a move away from the informality of the 'while you're there, can you just...' approach, to acknowledge and support the knowledge and skills required for role extension.

The second organizational characteristic which is flagged by our findings relates to temporal change. Job roles evolve (Gallie, 1991; Noordegraaf, 2016), and role extension may be a precursor for changes to the core role. All of our interviewees had been in the fire service for at least nine years—and some for much longer—whereas at the point of data collection safe and well visits had only been in place for two years. More recent recruits into the fire service may

not see the visits as a role extension. In this temporal account, levels of role preparedness are likely to increase over time, although display roles may be more sticky (for example the framing of the firefighter as hero may be harder to shift given continued media presentation of this role). We would caution against interpreting our findings merely as the evolution from one role to another, likely to be resolved over time. On an ongoing basis, firefighters will be required to undertake both crisis work and home visits, raising questions about the scope to manage two different forms of emotional display. Although support is given to emergency service workers to deal with aspects of emotional distress such as critical incident debriefings (Mastracci et al., 2012), this will not be offered for more routine work until it is acknowledged as a form of emotional labour.

Conclusion

In this article, we offer a new account of role extension in public services as a distinctive element of public service work which degrades workers' emotion management strategies. Role extension should not be seen as a cost-free add-on which (as the MECC website puts it) 'is structured to fit into and complement existing professional clinical, care and social engagement approaches' (NHS England, n.d.). Rather, it creates a new set of demands which are emotionally laborious because they require people to step outside their professional role and identity. Our study makes a contribution to the literature on the changing nature of public service work, and to an understanding of how emotional labour is performed and mitigated. Its findings have potential relevance to the shift towards more holistic interventions that can be seen in a range of settings (Council of the European Union, 2006; Kickbusch & Glicher, 2012).

We recognize that there are limitations to the insights offered here. The small sample and the focus on one type of public service activity in one region limits the claims that can be made in relation to generalizability. We also recognize the limitations of only working with volunteers in gathering data, given that they may have more strongly held views than non-volunteers. This was the access strategy agreed by the fire service with which we had to comply. There are also limits with respect to our sample which only included three women and no new recruits. Since gender and length of service are both relevant to the theory presented here, we would urge further studies to focus particularly on these features of the study population.

Future research might also extend beyond the fire service to look at other professionals who are increasingly role extending within their work. The Covid-19 pandemic disrupted public service professions, alongside so much else, and it may be that a more fluid interpretations of roles continues in the post-pandemic phase. We suggest that organizations need to be much more aware of and supportive of the emotional strain of role extending, rather than playing down the impact of role extending through a 'while you're there, can you just ...' attitude.

Disclosure statement

No potential conflict of interest was reported by the authors.

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