Enhancing Emotional Well-being Through Self-care
The Experiences of Community Health Nurses in Australia

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This article discusses the importance of self-care in enhancing the emotional well-being of generalist community nurses providing palliative care. This research undertaken in Australia explored the relationship between emotional well-being and professional practice. The results demonstrated the importance of self-care, aspects of palliative care that impacted on nurses' well-being, and strategies utilized by nurses to care holistically for themselves to continue providing holistic palliative care. KEY WORDS: community nurses, emotional, palliative care, self-care, well-being Holist Nurs Pract 2008;22(6):336–347

Explicit within contemporary nursing is an emphasis on providing holistic nursing care.1–3 In fact, scholars have argued that “holistic assessment and care are inseparable from the nursing process.”4(p213) For nurses to practice holistically, a philosophical understanding of the interconnectedness of mind, body, and spirit is essential.1 As Potter and Frisch4 have stated, a holistic approach is informed by knowledge, theory, expertise, creativity, and intuition and, therefore, balancing the art and science of nursing.

It is evident that an extensive body of holistic literature continues to inform nursing practice and therefore advance the nursing profession. Over the last decade, there have been many articles related to holistic client care including issues of spirituality, complementary therapies, healing practices, and education. Arguably, nursing knowledge has been enhanced through these contributions. Of equal importance is the need for researchers to consider the holistic health and well-being of nurses. A search of the literature found this aspect less explored. This knowledge is essential to advancing the nursing profession.

It is apparent that nurses remain exposed to stressful workplace environments and such exposure results in vulnerability and impairment to their well-being.5–7 These states of vulnerability and impairment or “psychological fractures” can impair nurses’ ability to maintain compassionate nurse-patient interactions. Therefore, it is understandable that nurses are at risk of losing their generosity of spirit and the potential for burnout is increased. It remains ironic that although nursing environments support the healing of patients, oftentimes workplaces are not conducive to the healing of nurses.8 In terms of valuing nurses and particularly their resilience, Glass has stated, “[i]sn’t it that we want to nurture, protect, and value—such a precious ability to strengthen nurses and the profession now and beyond?”8(p132)

Nurses need to value sustaining and enhancing their own health and well-being, as well as having the capacity to care for their clients’ well-being.9,10 Nurses should be encouraged to practice holism by “walking the talk”11(p14) and, therefore, the issue of self-care for nurses is worthy of further investigation. Empowering nurses to care for themselves must begin with nurses and healthcare organizations acknowledging that self-care is important. Nurses
throughout the world have long held a marginalized status, and although they continue as a profession fulfilling their obligations to quality client care, they grapple with a key ethical dilemma, that of “caring for self versus caring for others.”

With intentions to address this underresearched area, this article reveals the experiences of 15 generalist community health nurses employed by New South Wales Health (NSW Health), Australia. All of the nurses are providers of palliative care to clients living in their home. Specifically, this article addresses the findings related to the participants’ emotional well-being and self-care.

To determine the importance of self-care and the value placed on this by the participants, it is necessary to provide the context for the study. The following discussion begins by examining the concept of palliative care and the holistic approach that informs community nursing practice.

**NURSING CONTEXT: PALLIATIVE CARE AND A HOLISTIC APPROACH**

The New South Wales Palliative Framework stated that

> palliative care is concept of care, rather than a particular mode of treatment. It provides coordinated medical, nursing and allied health services including pastoral care services, delivered where possible in the environment of the person’s choice. ... Palliative care is holistic, patient and family centred care.

As primary healthcare providers, community nurses who work in a generalist capacity are required by health services to implement a holistic approach to client care. The approach aims to support the physical, psychological, emotional, and spiritual needs of patients, families, friends, and carers. Palliative Care Australia has defined the palliative approach as:

> An approach linked to palliative care this is used by primary care services and practitioners to improve the quality of life for individuals with a life limiting illness, their caregiver/s and family. The palliative approach incorporates a concern for the holistic needs of patients and caregiver/s that is reflected in assessment and in the primary treatment of pain and in the provision of physical, psychological, social and spiritual care.

Community nurses are well placed to implement a palliative approach to client care. Maher and Hemming argued that holistic nursing assessment and a holistic approach to care could enhance client outcomes. However, the capacity for nurses to achieve this blend remains in question, with holism being reported as “less achievable” as a result of the many changes to nursing services over the previous decade.

Scholars have reported that a holistic approach can be observed through nurses’ ability to treat clients as individuals, empower them to have control over their life decisions, and maintain respect. Therefore, a central tenet in holistic palliative care nursing is a focus on the “unified whole.” As Erlen pointed out, “Nurses recognise that through their acts of caring, compassion, and faithfulness they are able to promote the well-being of their patients and their patients’ families.”

The same holistic principles must be applied to enhance the well-being of community nurses. This can be achieved through empowering nurses to believe that their well-being is important and their need for self-care is essential. This will also require healthcare organizations to take an introspective view in order to create change to engender a stronger culture of self-care. This brings us to the motivation and aims for this study.

**MOTIVATION AND RESEARCH AIMS**

The motivation for this study developed through the first author’s clinical experience, observations, and numerous conversations with many community nurses. Community nursing is reported to be increasingly complex and demanding, both physically and emotionally. Palliative care forms the core of community nursing practice. The problem is that limited research specifically explores the impact of palliative care provision on the well-being of generalist community nurses. As a result, this study was designed.

The research aims were 3-fold: namely, to explore and investigate the

- concept of emotional well-being;
- relationship among emotional work, emotional well-being, and professional practice; and
- strategies utilized by the nurses that promoted their emotional well-being.

The focus of this article is on the results related to the importance of self-care to promote nurses’ emotional well-being. The findings of this study have international relevance to generalist and specialist palliative care nurses, educators, and academics.
likewise because an emphasis must be placed on the balance between the holistic care of others and the holistic care of self, irrespective of country of nursing practice.

LITERATURE REVIEW

There is a dearth of research related to palliative care provision by community nurses.19 An electronic search of Ovid, CINAHL, EBSCOhost, and Blackwell Synergy databases was undertaken, complemented by a manual search of relevant nursing journals. The review begins by considering the role of community nurses and their contribution to palliative care.

Community nursing role

The complex nature of community nursing practice is broadly recognized in the literature. The role of a community nurse is said to be multifaceted, diverse,20 and “immensely demanding.”18(p781) Palliative care forms a substantial and core component of community nursing work.20 Community nurses develop collaborative partnerships with other healthcare providers such as specialist palliative care teams and allied health services to provide quality client care; however, as Davy20 suggested, it is the generalist community nurses whom clients are likely to see the most.

This could explain why Dunne and coworkers argued that community nurses “should be identified as the key workers in the complex situation of palliative care.”19(p372) Community nurses report that they are the “hands on” element in palliative care and “nurses at the bedside are essential to patients’ well-being.”14(p291) Davy believed that “there is an expectation that the [community] teams will have to stretch their service to cover the gap”20(p18) between day and evening service provision, adding to increasing service demands while meeting the complex needs of many clients living at home.

Complex care

People living in the community who require palliative care services often have complex needs. Nurses are required to coordinate client care in collaboration with the multidisciplinary team and support clients through provision of physical and psychological care and information.21 Davy20 expanded on nurses’ role further to include financial and social needs assessment, support for informal carers of clients, and bereavement visits, all aside from the clinical workload. It has been argued by many nurses that the work performed in the community is not visible.

The visibility factor

There has been debate over the visibility of the work undertaken by nurses in the home environment. Some nurses believe that their contribution is visible and valuable22; however, this issue remains controversial. Luker et al18 reported on nurses’ feelings of invisibility, primarily related to the emotional aspects of their work. Annells and Koch23(p810) gave details of a holistic nursing assessment tool used by community nurses to assess quality of life of terminally ill clients. The tool highlighted the invisibility of what they described as “vital nursing work.” If interactions such as those between nurses and clients remain invisible, the degree of emotional work and the emotional impact on the nurses can also remain invisible. Although community nurses regard their palliative role as rewarding and a source of job satisfaction,24,25 valuable nursing work undertaken by community nurses within the private confines of their clients’ home environment must inevitably be recognized and acknowledged and any sources of stress identified.

Stress and palliative care

High levels of job strain and mental distress have been reported for community nurses similar to their hospital counterparts.26 Factors such as shorter hospital stays, increased patient acuity, and workplace issues such as increased workloads27,28 place additional pressure on community nurses. Wilkes and Beale28 have expanded sources of stress to include family relationships and role conflict, environmental, and time restraints.

Acts of collusion were also identified as problematic for nurses having an impact on their emotional well-being.29 Collusion involved nurses, family, and other healthcare professionals having an awareness of information related to palliative clients that the clients appeared to have or were unaware of and took steps to deflect the conversations. The main rationale for the community nurses to engage in acts of collusion related to lack of confidence in their communication skills regarding sensitive client
disclosures and wishing to maintain a sense of hope. Acts of collusion resulted in feelings of discomfort, vulnerability, inadequacy, guilt, and dread for the nurses.29 The other area of concern for nurses was related to the psychosocial aspects of care.

**Psychosocial care**

Various scholars have identified that the psychosocial aspects of nursing care create challenges for nurses.19,30,31 For community nurses involved with palliative care, psychosocial care forms a significant part of their daily practice. However, caring for clients, families, and carers living at home with a life-limiting or terminal illness can be emotionally wounding.

Nurses frequently bear witness to the pain, suffering, loss, and grief associated with death and dying. It is the emotional demands of nursing practice that de Castro32(p120) regarded as being “commonly overlooked,” thus raising again the issue of visibility related to “vital nursing work.”23 As Ott asserted, “When our clients are suffering, we continue to care and be present for them.”33(p23) Nurses must remain mindful of strategies that can improve their well-being.33,34

**The wounded healer and healing the wounded**

In addition, of critical importance is the association between the wounded healer and client outcomes. Nurses and healthcare organizations must remain mindful of an existing “direct and critical relationship between nursing work, nursing work environments and the patient experience, particularly patient outcomes.”35(p230)

Scholars have drawn a link between nursing stress and the impact on client care.36,37 Furthermore, if nurses work in environments that have adopted a philosophy of working more for less as a result of limited human and material resources, the potential for distress and emotional wounding is increased.8 The findings of this present study concur with the findings of Coifit,38 who found that some community nurses feel undervalued.

**Self-care**

As a consequence of potential wounding to community nurses working in palliative care, scholars have argued that nurses must remain cognizant of their own need to self-care.10,39,40 Riley defined self-care succinctly when she stated that “self-care is a matter of giving oneself permission to take the time, to make the commitment, and to negotiate the roadblocks.”41(p439) Issues that can impact on nurses’ ability to self-care is the degree to which they feel valued and the importance they place on self-care strategies. Uno and Ruthman42 believed that nurses who engage in self-care act as role models to clients in their care. Deards added further insights when she told how “[o]nce I understood that taking better care of my Self benefited my patients as well, the journey became exciting and fulfilling to me.”44(p660)

Researchers in Brazil found that it was necessary for the nurses working with terminally ill patients to achieve emotional balance. Emotional balance enhanced the nurses’ capacity to care adequately for patients.43(p156) Vachon44 also affirmed the importance of self-care when she highlighted the need for palliative nurses to identify and deal with work-related stressors. Being well-integrated and hardy, having a strong sense of coherence, and feeling empowered to address the challenges that palliative care provides will help nurses to “succeed in doing the work that needs to be done.”44(p660)

Nurses who are empowered to develop and maintain a healthy state of well-being through holistic self-care create a foundation for providing quality holistic client care. What now follows is an overview of the study and the findings in relation to the importance of self-care.

**METHODOLOGY**

The methodology explained in detailed elsewhere10 was qualitative in design and emancipatory in approach. Applying a critical feminist lens, it was anticipated that the nurses’ experiences of providing palliative care could be explored, increased understanding gained and opportunities for positive change(s) created. It has been argued that “critical engagement is a means to knowledge development and emancipation of nursing.”45(p245)

**Participants**

The 15 women participants were New South Wales registered nurses and all were older than 18 years. Located across rural and urban New South Wales, all
nurses were engaged in palliative care provision within their community nursing practice. Following university human ethics approval and necessary site approval, information and consent sheets were distributed. All interested community nurses made direct contact with the researcher. Face-to-face interviews were arranged following informed and signed consent.

Methods

The methods chosen for the study were semistructured interviews/storytelling and reflective journaling. Such methods are considered congruent and consistent with the research methodology and philosophical underpinnings of the research. The methods set out to promote data that were information rich and highly valued within qualitative research.

Interviews/storytelling

The face-to-face interviews were semistructured, incorporating open-ended questions. This method aimed to validate the subjective experiences of the community nurses and was considered congruent with feminist inquiry. Although the researcher remained aware of her responsibility not to influence the storytelling process, the interviews "resembled a conversation between friends." The interviews were held in mutually agreed venues that were deemed emotionally safe by the women. The interview environments were critical to ensure that nurses felt safe to speak openly and share their rich experiences. An iPod digital recorder captured the conversations following signed consent. Interviews were between 1 and 2 hours in duration. The interviews were then converted from WAV to MP3, copied to CD, and returned to each participant for member checking.

Reflective journaling

Reflective journaling, a process used to bring into consciousness the researcher’s thoughts, feelings, and behaviors related to the research, has been advocated as a significant strategy for scholars and clinicians to promote the process of reflexivity. Reflectivity necessitated that the researcher remain attuned to any internal or external sources that might influence the research including personal values, beliefs, and perception. Reflective journaling was the second method employed by the researcher, enabling documentation of thoughts and feelings related to the research.

Given the sensitive nature of the research, it was anticipated that participants would experience deep emotions that arose from their nursing practice. Reflective journaling provided the researcher with an opportunity to express her emotions in a process that is highly regarded for personal and professional integration. Journaling following the interview process therefore acted as a tool for therapeutic conversation and a useful self-healing strategy.

Cultural safety and ethical considerations

When undertaking sensitive topic research, prime consideration must be given to cultural safety. Researchers must aim to protect the participants when there is a potential to cause emotional harm. Emotional harm can arise as the researcher seeks to uncover intimate details related to the participant’s life. Emotional support was provided to participants during the interview process as appropriate. Support was demonstrated by remaining physically and emotionally present with participants through any distress, allowing time, and ensuring safety. Details of counseling services were provided should further emotional support be desired.

It was necessary to address ethical requirements prior to the commencement of data collection. Individual site approval was gained prior to the information sheet and consent forms being distributed electronically to each site manager for distribution to the community nurses. The researcher was then able to respond to interested nurses and discuss the research and/or clarify any issues. To maintain anonymity, participants’ names were substituted with pseudonyms.

Data analysis

The data were critically analyzed in concert with data collection. The process involved the researcher’s emersion within the rich interview data, reflection on conversations with participants, review of reflective journal notations, and critical conversations with the research supervisor. As a result of the critical analysis process, themes emerged and were subsequently used to represent the findings.
RESULTS

The overall findings of this study have highlighted the complex nature of palliative care provision by community nurses, yet the contributions that community nurses make to palliative care, the emotional impact, and the importance of self-care are not well known. The following discussion based on the nurses stories incorporates 3 key areas, these being:

- The importance of self-care
- Aspects of palliative care affecting emotional well-being
- Counteractive self-care strategies

The importance of self-care

The importance of self-care was expressed both implicitly and explicitly throughout the interviews. It was explicit in that the nurses spoke of healing strategies reflecting a holistic approach to their self-care. The implicitness of self-care was found to be of equal significance. Although not all nurses directly articulated its importance, their self-care strategies were embedded in their conversations. This was highlighted particularly when the nurses recaptured significant events. Attention was paid to what was “unsaid,”8 moments of silence, and the adversarial positions the nurses took.

The stories shared related to palliative care situations that had directly impacted on nurses’ emotional well-being. Some participants spoke of the emotional burden, feeling sad, and needing to keep things in balance, whereas others reported feeling stressed, emotionally challenged, and in need of debriefing.

The concept of feeling balanced and the need to set boundaries were important aspects related to self-care. Balance was associated with self-nurturing and highlighting the interconnectedness of mind, body, and spirit to enhance their well-being. Integral to balance was the setting of boundaries. Boundaries were considered necessary to balance the work/home life and prevent feeling emotionally overinvolved with clients.

Although nurses believed that work was “just a part of my life,” they remained challenged in their efforts to separate work from home. Rosemary confirmed that sometimes “I go home feeling very sad things but I think well, it’s probably better that I feel a bit sad than just walk out the door and not think anything. Then I should give [nursing] away.”

It was evident that a dialectical tension existed for many nurses between caring for themselves and caring for others. Anna spoke of the emotional challenges she encountered with palliative care and her need to bring change by setting boundaries. Anna explained:

[The main challenge is not to get too involved and to separate the nurse from yourself... the person. It’s the personal involvement, the boundaries. Where do you cut that off? When do you cut that off and stop being the nurse and that’s a huge challenge... You give so much of yourself in palliative care and I think I learnt that I had to stop giving to a point.

Although the emotional challenges were considerable, participants emphasized the positive experiences related to their practice. Betty regarded her palliative care role as “very satisfying and also a privilege.” The participants highlighted the rewards associated with the relationships they developed and, simultaneously, the need to set boundaries as a self-care strategy. For example:

You are very privileged to be there looking after [the clients] during that part of their life but I definitely put up those barriers and retain that... Maybe I’m blocking it out for my own self-protection. [Taylor]

I’ve had some fantastic relationships with people, but it is about how much emotionally you want to give of yourself in that role... I try to [determine those boundaries]. [Lee]

Although the nurses faced numerous challenges that impacted on their emotional well-being, caring for self to care for others was clearly a priority. As Taylor remarked, “otherwise you can’t keep giving.” Shae asserted, “If you don’t care for yourself, if you don’t care about how you are managing the emotional stuff, then you can’t possibly care for other people as well.”

Therefore, self-care was pivotal to enhancing the community nurses’ emotional well-being. To understand the ways in which self-care was implemented into their personal and professional lives, it was important to consider the aspects of palliative care practice that affected the nurses.

Aspects of palliative care affecting emotional well-being

The research revealed several key issues that impacted on the participants’ emotional well-being. These included emotional work and palliative care; the emotional impact and stress of palliative care practice; young clients and palliative care; and workplace challenges.
Emotional work and palliative care

All participants in this study regarded their palliative care practice as involving emotional work. Emotional work is a complex concept. Primarily, it involved the nature of palliative nursing and the emotional “energy” required by nurses to give the care. Moreover, according to participants, emotional work also incorporated psychosocial aspects of client care. In fact, caring for the emotional and psychosocial needs of clients dominated the interviews. Of critical importance was the fact that several participants identified the relationship between caring for themselves and effective delivery of emotional work.

With regard to the emotional/psychosocial aspects of palliative care provision, all of the nurses agree that the emotional work associated with palliative care nursing is far greater than the physical aspects of care. Haley emphasized that emotional work is “90% of it.” The nurses regarded palliative care work as emotionally draining, demanding, or exhausting. For example:

I find it really exhausting actually; I find it very satisfying (long pause) but also very draining. [Sarah]

[Palliative care] takes all of your energy. You don’t have any energy for your family, you don’t have energy for your life. [Tiche]

Feeling emotionally exhausted was acknowledged as having implications on client care. Tiche remarked:

So I identify that if I overdo it with palliative care, and it’s not fair on [the clients] either because when you are sucked out, like . . . if you don’t have any juice left, you are not giving those clients as much as they deserve, that’s how I feel.

The emotional impact and stress of palliative care practice

The emotional impact of palliative care practice became evident as the nurses shared their stories. Some nurses referred to palliative care work as stressful. Kay became tearful as she spoke of her palliative practice. “I find it really stressful, palliative, and I know that my colleagues find it stressful too because it’s such an emotionally charged time for the family and patients and yeah, gosh, this is bringing up tears.”

Another issue that is pertinent is the autonomous role that the community nurses have. The participants valued autonomy; however, working alone in situations that were considered emotionally challenging did impact on nurses’ well-being. Lee affirmed it: “Can be hard when you are confronted with a particularly distressing situation when you are by yourself.”

Anna spoke of how she needed to prepare before going in to a client’s home. “You just don’t know what you are going to find when you walk in, so I guess I ‘steel’ myself with every client in a way (long pause) and because you are on your own.”

All of the nurses shared stories that reflected their strong commitment and passion for palliative care practice. The stories evoked many emotions; however, working with young clients and their families clearly impacted significantly on the participants’ emotional well-being.

Young clients and palliative care

The nurses brought forward many stories related to caring for young clients. They grappled with making meaning of the young lives that were being “lost.” Although they accepted that the clients were palliative, they strongly articulated the emotional challenges they confronted. Taylor attempted to make meaning of working with a young family.

There should not be [children] without a mother, there is no logic to that and she was so distressed, she didn’t know what was happening. It was all too quick . . . That was a really hard one, but the young ones always are.

Nurses struggled with a dialectical tension between supporting the client choices and maximizing the client potential for a good death. Sarah recalled:

I was just anguished over how could I help this young man with what potential he has here . . . he wasn’t going to go there so I just had to let it go and be there for him . . . Oh it was really hard. Some days it was this real thing of having a dread. When I pulled up in the car I didn’t want to go in there because I knew, it was this tearing thing inside of me and yet there was this pull as well to go in because I really felt they needed me to be there.

Nurses aimed to remain focused on the importance of being physically, psychologically, and emotionally present with their clients. Nurses applied emotionally intelligent strategies to support their professional position. Many nurses found cases involving young clients extremely difficult. Betty reflected, “Every time I went up to her door I had visions of ‘if that was my child’ . . . ‘I responded to it personally but I tried to manage it professionally.’”
Workplace challenges

Vachon argued that stress in palliative care practice could frequently be derived from nurses’ personal situation about their work environment, as opposed to stress resulting from working with dying patients and their families. This study reflected similar results.

The nurses often spoke about their role in palliative care as being a “privilege.” Taylor expressed it well when she said, “You are very privileged to be there looking after [clients] during that part of their life.” Palliative care was clearly a source of job satisfaction. Amelia said, “I love my job and I can’t imagine what else I would be doing.” This notwithstanding, the nurses in this study reported numerous workplace issues that impacted considerably on their emotional well-being.

The nurses relayed stories that reflected the challenges they had with regard to lack of resources and heavy workloads. One nurse highlighted the relationship between staff shortages and increased workloads and caring for herself. She asserted, “We have worked understaffed all the time and it is very, very hard to look after yourself and do all those things [Haley].”

Frustration was the term commonly used throughout all interviews. Betty stated:

It’s very frustrating for community health nurse to feel that there are opportunities to be able to do a really good job for the community, [yet there is] lack of funding, lack of staff, [lack of] resources, which [all are needed] to go into funding a good service.

Interpersonal communications between the community nurses and other multidisciplinary team members such as general practitioners (GPs) and specialist palliative care teams were also a source of frustration. Kay believed, “We do have a communication problem. I mean we’ve turned up at patients’ houses and they had died. And it’s the most horrible feeling… Oh it’s terrible!”

Nurses spoke of interactions with doctors that were either respectful or condescending and dismissive. One nurse recalled the emotional impact of an incident where her professional opinion was dismissed by the GP. The client subsequently needed to be admitted to the hospital to receive appropriate medication, a situation that could have been avoided. The participant stated:

It breaks my heart. Because if it was me that was sick or someone in my family I would be just so angry, and I can get angry (emphasized) but I wouldn’t be able to get on with that doctor ever again and I wouldn’t be able to have a working relationship with them. So, it’s very frustrating.

To address the challenges between the nurses and the GPs, nurses spoke of debriefing as a self-care strategy to help make meaning of the disempowering circumstances.

Power/control and politics in the work environment were clearly of concern. Sarah raised the issue of power and control with her nurse manager, with her story reflecting sadness between “what is” and “what could be.” She reflected, “I never go and talk to my boss… its kind of a double-edged sword. She’s offering her support but in practice, she often doesn’t support you… It’s a big control thing.”

Although Sarah’s experiences impacted on her emotion well-being, she actively cared for herself by seeking alternative support. Sarah recalled, “If I’m feeling a bit overwhelmed, I’ll go and sit in [the social worker’s] office for a while.”

Workplace politics definitely had a negative impact on nurses’ emotional well-being. Workplace politics involved behaviors or actions by organizations and/or individuals that were perceived by participants as being destructive, blocking, or incongruent to equitable healthcare. Nurses reported that “the politics, there is just too much of it.” Rosemary strongly asserted, “It’s the politics that gets you down. It’s the politics, it’s the power struggle, it’s not actually the patients, it’s everyone’s little power struggle… I find that difficult.”

Kay spoke of her nursing team and remarked how “that bullying stuff, it does happen. I can see it happening in the weakest link.” Haley told how the violence in her workplace “had been going for a long time and it was quite severe.” Haley disclosed that the ongoing workplace stress had eventually led to burnout, resulting in several months’ leave. As was the case for Haley, nurses needed to acquire suitable counteractive strategies that nurtured and enhanced their emotional well-being.

Counteractive self-care strategies

Arguably, journeying with clients who are living through “the most difficult time in their lives,” required nurses to balance caring for themselves with caring for others. This is in fact an ethical dilemma facing nurses.

The participants had a strong awareness of the impact that palliative care practice had on their emotional well-being. They spoke of sleepless nights,
feeling emotionally drained, and being depleted of energy. The nurses were mindful of the need to care for themselves; however, not all nurses were confident with their capacity to do so sufficiently. Amelia commented, “I think it’s important although I don’t think I’m very good at it.”

However, nurses’ stories reflected an implicit leaning toward caring for themselves. At times, this involved maintaining a cognitive balance. Shae’s insight was that “it’s also important to keep it all in perspective. Death is not disastrous. At times there can still be funny bits, light bits and happy bits. I think that you have to keep it all on an even keel.”

Participants actively engaged in strategies that were empowering and self-nurturing in their desire to seek an effective balance of their well-being. Aside from seeking support within work environments and after hours, other strategies included physical activity, healthy eating, and spending time with significant others. For example, nurses stated:

I’ve got a lot of close girlfriends and we do go out at night and everybody’s there to support you. [Rita]

Exercise, I find is good to keep myself balanced. [Taylor]

If I am not feeling so emotionally exhausted then I will be up enjoying cooking dinner, having a glass of wine, chatting and listening to music. [Sarah]

However, the overall main strategies were self-validation and seeking emotional support, as well as setting emotional boundaries.

**Self-validation and seeking emotional support**

Finding ways to manage the politics and conflict was at times challenging for the participants. Not all nurses felt comfortable to speak out in their work environments. One senior nurse told about how her colleagues frequently sought her support to represent them owing to the oppressive workplace culture and the fear of reprisal should they speak out. These positions of disempowerment could be explained by the participants’ socialization and the marginalization they encounter as both women and nurses. These situations required nurses to take positive steps to enhance their well-being.

The nurses demonstrated a high level of interpersonal resilience when working in oppressive work environments, as was also found previously in research by Glass.54,55 Self-validation and being assertive were empowering self-care strategies that were evident throughout the interviews. Rosemary, for example, had experienced feelings of disempowerment in her workplace and spoke of how she reached a point of liberation. “I started to validate and recognise myself as being important. I was a real push over. People don’t push me around any more. ... You have to be [assertive].”

The participants also articulated their need for emotional support. Strategies included debriefing with colleagues, friends, and family, professional counseling, and privately funded clinical supervision.

All of the nurses spoke of their need to debrief. Debriefing involved informal “talk” with colleagues, friends, and family and was the most common source of emotional support. Taylor identified the importance of debriefing as a self-care strategy when she asserted, “You need to talk it out because you don’t want to be taking it home.” It was essential that the nurses felt able to share their thoughts and feelings and subsequently feel acknowledged. Shae outlined the significance of debriefing as she remarked:

I bring it back to my colleagues and debrief with my colleagues in my team. I was lucky because I had colleagues who cared and were also involved, understood and listened and they could reassure you. They would get me to rationalise it and talk about it.

Betty affirmed, “I think you can generally off load and be light hearted. It’s the job and [to have that acknowledged] ‘I understand how you are feeling,’ that’s a start.”

In addition to debriefing, some nurses reported utilizing the Employee Assistance Program, which was provided by NSW Health. The reasons nurses gave for accessing this service related to dealing with conflict in the workplace and were not related to their palliative care practice. Nurses believed that the service did not adequately meet their professional needs with regard to clinical practice.

Many of the nurses raised clinical supervision as a preferred option. For example, Rosemary said, “Clinical supervision would be much better. Because you can reflect on how you could do things better, to acknowledge your feelings and that that was okay.”

All the nurses thought that the lack of supervision was “a huge gap.” Lee argued strongly about the benefits, stating, “I guess it’s probably more of a therapeutic framework and it’s a safe environment and so you probably think about it a little bit differently than if you are sitting over a cup of tea.”
The nurses clearly believed that clinical supervision would be of value to advance their practice and support their emotional well-being. Nurses expressed feelings of invalidation by the health service. Lee, who attended regular privately funded supervision sessions, articulated the voices of many of the participants when she asserted, “There has never been the recognition or the infrastructure put in place nurses. Nurses are the biggest workforce okay. Too expensive to do that!”

The question remains, “How do nurses manage the emotional challenges related to palliative care with a lack of clinical supervision?” Tiche explained, “We laugh together, cry together and that’s just how we survive emotionally. We talk about how that experience has impacted on ourselves as an individual, coping mechanisms, all that sort of stuff.”

**Setting emotional boundaries**

All of the community nurses in this study spoke of setting boundaries. Boundaries were key strategies applied primarily as a protective mechanism. Emotional boundaries included avoiding overinvolvement with palliative clients, having closure following a client’s death, and of most significance, separating work from home life. However, setting emotional boundaries proved at times to be “very hard, very hard!” As Kay pointed out, “Where do you cut that off, when do you cut that off and stop being the nurse and that’s a huge challenge.”

As Tiche strongly asserted, “There has to be boundaries.” Shae highlighted the importance of emotional boundaries to improve her capacity to provide quality palliative care and not be overcome by the sadness associated with client situations. Shae stated, “Some of these are my own boundaries to protect myself, so I don’t fall to pieces myself and be totally useless to [the clients].”

Anna’s interview reflected a strong insight into the impact of palliative care on her emotional well-being. Anna stated, “My self-care now is that I know where the boundaries are.” However, prior to Anna’s raised consciousness, her commitment to her palliative care practice had reached a point of emotional exhaustion and ultimately burnout. Anna reflected:

> It was [heart wrenching]. I did a lot of palliative care and when I started looking in the mirror for lumps, thinking what have I got, I knew that I had to say no, I can’t do any more palliative care for a little while.

These explicit experiences reflected the insight that the participants had about potential wounding and, moreover, demonstrated the importance they placed on setting emotional boundaries as a key strategy for self-care.

The findings revealed various aspects of palliative care practice that impacted on the community nurses’ emotional well-being. Self-care was clearly important to the nurses, and strategies that aimed to counteract the emotional impact were necessary for nurses to enhance and/or maintain a sense of well-being.

**IMPLICATIONS FOR NURSING**

The emotional work associated with palliative care exposes nurses’ vulnerability to emotional wounding. The stories clearly identified the need for nurses to self-care. Empowering nurses to care for themselves to care for others should be given priority. To this end, generalist community nurses’ experiences of palliative care should be acknowledged and valued.

The insights gained from this study highlight the need for a collaborative approach between the community nurses and healthcare organizations. Supportive workplace environments, education, and clinical supervision are ways to empower nurses while promoting reflective practice and professional development. Self-care education and activities should be fostered into community nursing workplaces. If healthcare organizations promote the value of self-care and empower nurses to care holistically for themselves, then the holistic care of palliative clients and their families should be enhanced.

This research has benefits for the nurses in this study as well as nurses internationally. It is imperative that generalist community nurses have their voices heard through the dissemination of these results. With this occurrence, increased insights can be gained, new opportunities can be created, and emancipatory outcomes are made possible.

**CONCLUSION**

This study explored the subjective experiences of 15 Australian community nurses who provided palliative care to clients and their families living at home. Palliative care provision, emotional well-being, and the importance of self-care were discussed. The nurses made visible many challenges and rewards related to
their holistic palliative care role. They disclosed the emotional impact of emotional work, sources of stress, and their emotional woundedness when caring for young clients. Of significance was the emotional pressure they encountered in their workplace environments and their subsequent self-care strategies.

The importance of self-care was revealed in nurses’ conversations. However, it must not be a solo journey because healthcare organizations have a shared responsibility to care for their staff. Nurses must be supported in their endeavors to obtain and maintain a healthy state of emotional well-being. The problem remains that some nurses feel there is a stigma that prevents nurses from prioritizing self-care. As Lee asserted:

There is a stigma I don’t care what anyone says. I believe it’s . . . “don’t show your level of distress, keep it together you’ve got to be functioning” . . . what we do is bottle it up and finally for all of us, in some other way, it manifests.

It is imperative that all nurses validate the importance of their self-care, their enhanced emotional well-being, and embrace the responsibility they have in caring for their psychological “fractures.” This notwithstanding, healthcare organizations must listen to nurses’ voices and work collaboratively toward creating positive change and healing workplace environments. The authors strongly argue that holistic self-care is the foundation for providing holistic care to others.

REFERENCES