



Caring for the carers: why self care must be central to rehabilitation nursing

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Rehabilitation nursing is both uniquely hopeful and demanding. We journey for long periods with our patients and their families at what may be the most vulnerable time of their lives. We celebrate wins with them that may look small to others, but that we know are important. Sometimes though, we also face their grief, frustration and anger as the result of loss or slow progress or the realisation that life may be forever changed. And we do this on a background of an increasingly pressured health system while navigating consumer (and our own) expectations of optimal rehabilitative care. Little wonder then that these conditions are conducive to what some in the popular media have euphemistically termed 'daily moral distress'. In this context, individual selfcare and wellbeing are not optional extras for us as rehabilitation nurses; they are professional imperatives.

Nursing has a long-celebrated culture of self-sacrifice. Unfortunately, though "putting the patient first" has often meant that we put ourselves last and in rehabilitation settings, this tendency can be increased. Continuity of care, person-centred therapeutic relationships, and the emotional work of sustaining hope often through long rehabilitation journeys can require a vulnerability that comes with deep personal investment and inevitable cost. In the short term this may be seen by many as manageable but the risk over time, is that without adequate support and selfcare, individual wellbeing can be compromised and contribute to compassion fatigue, burnout and nurses leaving the profession.

Despite its importance too, selfcare until quite recently has often been portrayed as something indulgent or reduced to relatively simple advice about exercise, hydration or mindfulness. While these strategies matter, authentic selfcare in rehabilitation nursing must be contemporary and broadened to include setting professional boundaries, supervision and peer support, reflective practice, and providing reporting pathways while growing nurses' confidence to speak up about unsafe workloads or ethical concerns. Extending beyond work, it also includes that we recognise when rest, leave or professional help are necessary and important for self-care and individual wellbeing, rather than a sign of weakness.

While all nurses experience stress, rehabilitation nurses may be particularly vulnerable to cumulative stress. Progress in rehabilitation, as we know, is rarely consistent or predictable over prolonged periods, with setbacks often coming at a cost for both patients and the team. Witnessing and managing patient (and often family) frustration, dependency, anger and grief requires ongoing individual emotional commitment. Without opportunities to debrief, reflect and rest and replenish though, there is a risk that we may become detached or disillusioned—protective responses that can seriously and adversely impact self-care and individual emotional wellbeing.

Leadership has a significant role to play too and nurse leaders who model selfcare, create opportunities for conversations about stress and wellbeing, and respond compassionately to vulnerability send a powerful message: that caring for oneself is not only part of our professional practice, but something we must prioritise for ourselves and colleagues. Flexible rostering, access to clinical supervision, psychologically safe teams and recognition of the emotional costs of working in rehabilitation are not luxuries but rather evidence-based strategies for creating and sustaining a strong, safe and contemporary professional rehabilitation nursing workforce.

Education is another crucial aspect and undergraduate nursing programs especially have an important opportunity to better prepare beginning career nurses to respond to the needs of today's healthcare consumer. In doing this we must move beyond incidental discussions about selfcare to better equip these future nurses with essential skills in emotional regulation, resilience, reflective practice and helpseeking for optimal self-care and wellbeing. Continuing professional development should also reinforce this, especially for those in advanced or leadership roles where increased responsibility and incidence of exposure to distress can often increase.

Importantly, emotional wellbeing is strengthened by having a sense of purpose. In restoring function, supporting adaptation, fostering hope and witnessing human determination rehabilitation nursing has real purpose. Celebrating this while



creating opportunities for reflection, storytelling and peer recognition can very importantly assist us to remember why we became rehab nurses and the very real difference we make in people's lives.

And while there is much we can do for our own self-care and wellbeing, we also need to acknowledge the current health care crisis. Organisations can no longer ignore the unpleasant truth that no amount of individual selfcare can compensate for increased demands in a context of complex needs, understaffing, excessive workloads, or cultures that tolerate antisocial behaviour directed at health professionals. Investing in wellbeing for all healthcare staff (and especially nurses who are with patients 24 hours a day) is not only an ethical obligation but also a patient safety strategy. It is no surprise that nurses who feel highly valued by their organisation have enhanced professional practice, safety and productivity, and are more likely to remain in the workforce for longer.

As rehabilitation nurses, we often advocate for our patients' preferences, independence and quality of life. We must now extend that same advocacy to ourselves and to one another and see selfcare not as a retreat from our professionalism but rather an important and essential expression of it. By embedding self-care and our own wellbeing into our lives, professional practice, education, and leadership, we are protecting not only ourselves and colleagues, but also the future of rehabilitation nursing itself.

As I close, I welcome Mark Baker who was recently appointed as the new JARNA Editor-in-Chief. As a Board and JARNA Editorial Team member, Mark is a strong rehabilitation nursing advocate and an accomplished and widely published author. Finally, I thank you, the readers, for your continued support of JARNA and urge you to be kind to yourself and others and ensure you prioritise your own self-care and wellbeing for the important individual right it is.