INTRODUCTION

Emancipatory frameworks provide a broad lens through which nursing knowledge can be explored and developed. The authors discuss the significance of emancipatory research to current nursing practice arguing its place in creating opportunities for transformation and change. This paper will begin by raising attention to current issues in contemporary nursing practice before exploring contemporary research. Methodological issues associated with qualitative, quantitative and mixed methods will be briefly outlined followed by a discussion of research paradigms. Emancipatory research will be introduced and its contribution to contemporary nursing research addressed. Finally a
research example will be provided to demonstrate the application of the emancipatory process and its importance to the development of nursing knowledge. The research example illustrated has been taken from a current PhD study undertaken with community nurses who provide palliative care within New South Wales, Australia.

CONTEMPORARY NURSING PRACTICE

It has been recognised across nursing internationally that evidenced-based practice (EBP) remains central to the production of professional nursing knowledge (Flemming 2007; Reimer Kirkham et al 2007). Whilst EBP was reported in the discourse as being contested by many critics, its contribution to advancing nursing practice undisputedly locates nursing research at the forefront of profession development; however, the move to develop the research/practice nexus in the workplace can be fraught with compounding pressures for nurses and researchers.

Workplace environments remain challenged as health care organisations experience significant change (O’Connor 2002) compounded by economic restraints (Reimer Kirkham et al 2007). Nurses must face up to workplace violence and oppressive structures that have the potential to hinder effective nursing practice and decrease the motivation to undertake any additional responsibilities such as conducting research (Glass 2007; Giddings 2005). The complex issues (Chinn 2007) and increasing demands placed upon contemporary nurses result in additional stress, susceptibility to impaired well-being and emotional, physical and psychological distress (Preston 2002; Taylor & Barling 2002).

Whilst nursing research must engage in ‘approaches that progress beyond that of traditional science’ (Chinn 2007: 1) and arguably encompass epistemologies that are transformative (Reimer Kirkham et al 2007), conducting research and ensuring EBP can be problematic as the current nursing landscape creates difficulties for nurse clinicians to have the time to undertake research. Such concerns can be aligned with increasing competing responsibilities in the workplace, however added pressures and the problem of retention/recruitment heightens further the pressing need for research.

Raising awareness of culturally inherent issues and organisational structures that impede the growth and professional development of nurses is critically important to nursing. The nature of nursing is philosophically aligned with caring and healing and is ‘grounded almost entirely on human relations’ (Kuokkanen & Leino-Kilpi 2000: 240) yet nursing research that seeks to explore and examine emotions is rarely undertaken (Herdman 2004). Therefore, the implementation of contemporary research centred on human experience and aimed at examining and critiquing the complex realities faced by nurses, is strongly argued as critical to current nursing practice.

CONTEMPORARY RESEARCH

It is important to acknowledge there exists a vast degree of theoretical and methodological diversity within contemporary nursing literature. National and international research contributions continue to enhance the scholarship. Whilst acknowledging diversity in contributions, it remains essential to consider theoretical frameworks underpinning research studies and their subsequent contribution to the nursing profession. Although there are an extensive variety of methodological approaches to research, all share the central aim of informing nursing through the generation of new knowledge.

However, if the development of nursing knowledge hinges on diversity (Chinn 2007; Edwards 2002), research methodologies that seek to explore workplace issues in healthcare must expand beyond boundaries of description and understanding of practice. It is necessary for nurse researchers to also engage in a critical
examination and analysis of the social structures that affect nursing. It is therefore argued researchers need to utilise holistic and humanistic approaches to create opportunities for empowerment and transformation and to move beyond the explanation of ‘what has been’ and currently ‘what is’ in nursing, to most importantly, enhance the opportunities of ‘what could be’.

With researchers endeavouring to meet the many challenges faced by nurses in their endeavours to effect change for the better, the contemporary nursing scholarship has been described as reflecting ‘a maturity that acknowledges the worth of a wide array of approaches to develop knowledge needed for excellent, evidenced based nursing practice’ (Chinn 2004: 161). Moreover, the potential to change the current socio-political context of nursing can be created by the use of emancipatory research, an approach that is focused on diversity, marginalisation and inequities (Irwin 2006).

Emancipatory frameworks are well suited to research carried out with nurses and that relates to their workplace experiences, see for example, studies on: contemporary nursing practice; professional development of the nurse; nurses’ well-being; destructive behaviours at work such as violence and bullying (Glass 2007, 2003a,b; Hutchinson et al 2006; Jacobs et al 2005; Luck, Jackson & Usher 2006). In addition, when nurses are involved in research that is focused on their own emotions and/or performance at work, such ‘from the heart’ issues have the potential to make visible their experiences and these research processes may transform practice. As Jacobs et al (2005: 6) asserted, ‘the outcome of an emancipatory study is reflected in the power of the process’.

However emancipatory research is not suitable for all types of research questions. Like all research methodologies, emancipatory research requires an integral epistemological/ontological link, therefore theoretical intent and assumptions needs to be linked to process. Unquestionably, both qualitative and quantitative methodologies, contribute to nursing knowledge, as do empirical, interpretative and emancipatory research frameworks. The research epistemology must always remain congruent with the intent of the study and the nursing disciplinary focus requires a ‘broad range of thought’ (Chinn 2007: 1). It is therefore without question that both the methods and the paradigm are critical to successful nursing research and nursing practice. Before discussing emancipatory research more comprehensively a brief overview of qualitative and quantitative research is necessary to specifically highlight the major differences within the theoretical premises.

**Qualitative and/or Quantitative Research**

Both qualitative and quantitative methodologies are regarded in nursing as valuable to knowledge development and neither approach would be considered by the authors as ‘less than’ the other (Byrne 2001: 207). Both paradigms offer diverse qualities.

The division of both has been regarded as disadvantageous to nursing practice (Flemming 2007). As Rolfe argued ‘the distinction between the qualitative and quantitative paradigms is unhelpful’ (2006: 308); however, both paradigmatic views need to be considered for their unique attributes.

Quantitative research has been referred to as a scientific method that values objectivity, with a key interest in standardisation of measurement (Sprague 2005). The most common distinction can be recognised in the ‘techniques used to collect and analyze methods’ (Flemming 2007: 43) with the findings often seen as predictive, generalisable (Taylor 2002, 2007) and trustworthy (Sprague 2005) and for investigators with a focus on large numbers, quantitative studies must be acknowledged as valuable in its contribution to nursing knowledge (Bonell 1999).

However, when one considers that nursing is centred on human experiences related to health
and well-being, the fundamental nature of the nursing encounter and the meaning placed upon those encounters by nurses can be marginalised if only explored quantitatively. Herdman strongly argued that quantitative research is unable to contend with uncountable or unmeasurable issues associated with the critical aspects of ‘suffering, insight, misery, anguish and emotion’ (2004: 98). However, the choice to apply a quantitative paradigm should be related to the practicality and value in investigating the particular research questions (Bonell 1999).

For qualitative researchers, it is the subjective human experience that is most valued (Edwards 2002) and the data obtained can be considered unique and context dependent. However the focus on subjective human experience has resulted in the opposing argument by some scholars who believed that qualitative research is unreliable and invalid (Morse 1999), a viewpoint that may explain why qualitative research remains generally undervalued and under funded (Herdman 2004; Bonell 1999). The critical factor for nurse researchers must be to select an approach that will best meet the research aims and objectives.

An alternative methodology for researchers is to consider a combined quantitative/qualitative approach. Often referred to as mixed methods, this option removes the barriers associated with the concept of binary oppositions in the qualitative/quantitative debate (Flemming 2007). Utilising mixed methods can prove advantageous for researchers as the combination acts as a complementary process (Flemming 2007) optimising outcomes as a result of multiple data sources and ultimately enriching the research. The key points related to the various methodological approaches discussed above are outlined in Figure 1.

**SELECTING THE RESEARCH PARADIGM**

In order to strengthen qualitative inquiries, the aims of the study must determine the most relevant paradigm. Qualitative researchers may choose to apply an interpretative or critical focus however the ‘findings will differ according
to the underlying theoretical assumptions of the approach and the intentions of the research’ (Taylor 2002:454). Byrne (2001) maintained that the philosophical underpinnings of the study, the epistemology, and the research processes necessitate congruency.

Differences within interpretive and critical paradigms are outlined in the Table 1. The table draws attention to the links between the research focus and aims whilst showing examples of the epistemological approaches that are consistent with research in each paradigm.

### THE RESEARCH PROCESS

Qualitative researchers seek to ensure reliability and validity, however the assessment of the quality of this type of research remains contentious, with validity being the central focus (Rolfe 2006; Taylor 2007). Morrow (2005) noted that whilst qualitative research across various disciplines embraced multiple standards of quality, one way to enhance quality would be for researchers to apply the process of critique and replication. Such a process was based on the scientific premise highlighted by Chinn (1998: vi) who stated that ‘knowledge develops as strong and worthy when it is subjected to the challenges of critique and replication’.

Whilst involving self reflection, the process is aimed specifically to bring to the forefront the theoretical philosophies that had informed previous inquiries, extending nursing knowledge, creating new possibilities and contributing new insights into nursing phenomena. Many scholars including Ogle and Glass (2006) and Walter, Davis and Glass (1999) have competently applied the elements of critique and replication to their research with positive results bringing new understandings to nursing knowledge. Moreover, in strong support of nurse researchers applying the process of critical reflection to nursing studies, Chinn emphasised that critique and replication are:

[m]uch more than simply reviewing what has been. Rather, it requires placing a new and different lens that focuses on, and sees beyond, that which was formerly seen or understood… The best critiques often arise from recognising the hard truth that problems that persist despite every effort to change they are not changing, and then examining what lies beyond the obvious, unveiling dynamics that might reveal new solutions and new paths of inquiry (Chinn 2002: v).

With significant research being undertaken across all nursing disciplines the integrity of qualitative studies are open to assessment based on what Morrow (2005) suggested involved both the paradigmatic underpinnings of the study and the standards of the discipline. Most importantly, the research process should be

### TABLE 1: RESEARCH PARADIGMS

<table>
<thead>
<tr>
<th>Research Paradigm</th>
<th>Research Aims</th>
<th>Research Examples</th>
</tr>
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<tbody>
<tr>
<td>Interpretive focus</td>
<td>To generate meaning ie explain and describe to make sense of things of interest; may focus directly on the lived experience.</td>
<td>Grounded theory, Phenomenology, Ethnography, Historical research</td>
</tr>
<tr>
<td>Critical focus</td>
<td>Transform and/or empower people who are marginalised by the identification of emancipatory solutions and moreover, bring about change to the status quo.</td>
<td>Feminist research, Action research, Ethnography, Focus groups</td>
</tr>
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Adapted from Glass 2005: 5–6; Taylor 2002.
clearly demonstrated, remain transparent and most significantly, supportive of reflective critique throughout the qualitative process. Research methodologies that endeavour to bring about social change must reflect a research process that is in itself emancipatory.

**EMANCIPATORY RESEARCH**

Emancipatory research has the intent to challenge inequities and disrupt the status quo where necessary. It has oppression as its central focus, social change as its key objective and fosters an ideology based on the belief that knowledge is ‘socially constituted, historically situated and valuationally based’ (Henderson 1995: 58). If oppression was more fully understood, society could be transformed through political action in order to bring about necessary social change (Ramazanoglu 2002). Applying emancipatory methodology in nursing practice has been regarded as having an immense impact (Irwin 2006), however positive outcomes have been realised when oppressive health care practices have been challenged, resulting in positive changes for nurses and the recipients of care (Glass 2007; Irwin 2006; Rose 2002).

Evolving from the critical theorists at the Frankfurt School in the 1920’s (Scrambler 2001) emancipation became a central tenet of critical social science and feminist theories due to the acknowledgement of oppression and the desire to engage in political action to create change. Both philosophies aim ‘to probe beneath the surface in order to find what may lie hidden there’ (Tew 2002: 17). The significant difference between critical social science and feminism is that the latter focuses its attention on gender and the sociopolitical position of women in society (Mooney & Nolan 2006). Roberts (2000) believed that knowledge and understanding of the oppressive and complex circumstances that women experience can result in liberation and freedom for both women and nurses.

It is essential that feminist researchers apply methodologies that challenge the silencing of women’s voices in society (Burns & Walker 2004). The challenges community nurses can face was revealed in the research by Davis:

> [t]he unspeakable is complex. It is shrouded in the silence that women and nurses keep. Generally nurses and women do not rock the boat by breaking the silence over personal situations and/or the way in which they are constrained by oppressive structures. (1998: 113)

However, when undertaking research in the emancipatory paradigms, it remains crucial that researchers apply methods for data collection that are congruent with the chosen epistemology, focusing on the essential features that are philosophically based. In critical and feminist inquiries, the emancipatory methodologies foster processes that promote opportunities for transformation and as Jacobs et al (2005) concurred, could also create in a philosophical sense, a healing therapeusis. What follows is a closer exploration of emancipatory research methods.

**RESEARCH METHODS**

Research methods differ from the research methodology in that they are the means by which data is collected and analysed. There are a variety of methods that can be used to generate knowledge, however, the crucial element is that the methods applied must remain methodologically congruent as stated above. Emancipatory research methods should therefore integrate intersubjectivity and reflexivity as vital processes.

Intersubjectivity is a process applied in feminist research that draws together the epistemological/ontological links within the inquiry. Intersubjectivity incorporates the contested experiences people encounter in their life world having been grounded in change, historical relations of experience and the transformative processes through which the subjective
meaning has been created (Zeedyk 2006; Driver 2005). Intersubjectivity is designed to enhance reciprocity between research participant and researcher and to generate meaning within the dialogical exchange (Summerfield 2000).

Reflexivity, although debated by some as elusive and nebulous (Dowling 2006; Carolan 2003; Atkinson & Coffey 2002), has also been considered by other scholars to be interchangeable with self-reflection (Morrow 2005). Reflexivity remains central to qualitative inquiry and is important to feminist researchers as it endeavours to ‘identify acknowledge, and do something about the limitation of the research, which may impair the emancipatory goal of the inquiry’ (Fontana 2004: 99).

When selecting the most suitable methods for data collection in emancipatory research it is important to attain epistemological and ontological congruence. Methods such as semi-structured interviews and storytelling enable opportunities for the research participants and researcher to explore the unique experiences that they have encountered in their life worlds, whilst working together toward making meaning of their stories. Storytelling can provide women with an opportunity to express many voices (Trinder 2000) whilst simultaneously creating possibilities for emancipation. The next section will outline the role that emancipatory research can contribute to current nursing practice.

EMANCIPATORY RESEARCH AND CONTEMPORARY NURSING PRACTICE

The role of emancipatory research in contemporary nursing practice is significant as it sets out to raise the consciousness of nurses who are located in marginalised and oppressed positions. Whilst violence and oppression in nursing has been well documented by many scholars (Hegney et al 2006; Luck et al 2006; Glass 2003a,b; Scarry 1999) the methods applied to deal with oppression should continue to extend far beyond rhetoric, engaging methodological approaches that create opportunities for positive social change.

It has been consistently documented that horizontal violence and bullying exists in healthcare environments to a point where the nurse’s well-being has been impaired (Glass 2007; Hegney et al 2006; Rose & Glass 2006; Davis 1998). The social injustices that persist remain problematic in a variety of settings with McMurray (2006: v–x) strongly contending:

\[
\text{[the insidious nature of violence challenges nursing as a caring profession; at times, overwhelming our private and professional lives, distracting our pursuit of gender equality, and violating the very notion of a civil and just society… only when all people have a right to speak for themselves, a right to dignity, a right to work safely, in equitable conditions will we be able to declare ours a socially just society.}\]
\]

Scholars have clearly argued that horizontal violence and bullying in Australia are deeply embedded within our nursing culture, reporting that such actions involve a physical component (Glass 2003b) and can result in ‘profound harm’ (Hutchinson et al (2006: 28). Furthermore, the resulting harm could be further perpetuated within organisations that are characterised by a culture of acceptance or those that may foster a fear of reprisal (Speedy 2006). It is therefore necessary for nurses to gain a deepening awareness of the importance of looking after themselves in their workplace. In the recent research by Glass (2007) on nurse and midwifery academics and clinicians it was found that nurses emphatically needed resilience to work in nursing and hope and optimism was critically linked to job satisfaction.

One of the issues is that if nurses are not able to build a personal strength in order to deal with workplace violence, patient care may be compromised. As Hegney et al (2006: 230) concluded from their recent study of Queensland nurses, ‘regardless of the source or frequency,
an environment that is considered unsafe is not good for clients, employees or employers’. Wittmann-Price (2004) argued that the first step toward creating an emancipated healthcare environment is by first recognising the existence of oppression and in turn its impact upon nursing care delivery. It was stated that ‘nurses themselves need emancipation from the constraints imposed on them by the systems in which they practice’ (Wittmann-Price 2004: 444).

The study undertaken by Jacobs et al (2005) addressed workplace practice issues associated with those raised by Wittmann-Price (2004). With a focus on the changes in the health care system and the resulting stress caused by staff shortages, the scholars explored nurse’s perceptions of their workplace conditions and the processes through which changes could occur. The emancipatory framework not only acknowledged the oppression and struggles encountered by the nurses but moreover, highlighted the nurses’ endeavours to actively formulate solutions for positive change. The authors concluded that the research process was enlightening, therapeutic and emancipatory for the participants.

The authors of this paper contend that by acknowledging the value of emancipatory research undertaken with nurses, new opportunities are created for nurses and for the advancement of professional nursing practice. What now follows is a research example that is aimed to demonstrate the application of an emancipatory process applied to a current study undertaken as a PhD in nursing.

**RESEARCH EXAMPLE**

**Research topic**

The research was entitled: *Emotional work, emotional well-being and professional practice: The lived experiences of women community health nurses providing palliative care in the home environment in Australia*. By way of a qualitative design, the study was theoretically underpinned by critical social science and feminism. The research aimed to explore community health nurses’ (CNs) experiences of providing palliative care with the central focus on the CNs emotional well-being.

**Exploring community nursing practice**

Whilst the diverse roles in community nursing have been acknowledged in the literature (Goodman Knight, Machen & Hunt 1998; Rose & Glass 2005; Annells 2007) there is minimal exploration of the role community nurses have in palliative care provision. Hence there is a sense of professional invisibility and marginalisation in their roles. Involvement in palliative care of clients remains a core aspect of community nursing practice regardless of the client’s diagnosis (Aranda 2003) and draws on a wide range of professional skills and clinical knowledge including the nurse’s emotional resources (Wilkes & Beale 2001; Luker et al 2000).

Whilst CNs historically work in partnership with other healthcare professionals in the multidisciplinary team (Appelin & Bertero 2004; Simpson 2003), the emotional challenges faced in CNs’ client encounters can be complex and stressful (Aranda 2005; Vachon 2004). Most importantly, Payne (2001) added that exposure to death, dying and suffering can potentially result in burnout. It is strongly argued that for community nurses involved in palliative care, paying attention to self-care remains a significant issue and that ‘healing yourself is an essential foundation for healing others’ (Birx 2003: 46). With that in mind, the methodological framework applied to the study needed to have an emancipatory intent.

**Methodology**

The methodology incorporated critical social science and feminism, both designed to critique and analyse the sociopolitical worlds of individuals and groups that are marginalised and oppressed. The methodologies aimed to present a critical lens through which the experiences of
CNs providing palliative care could be explored in order to gain an increased understanding and provide opportunities for emancipatory solutions to be realised. As Mooney and Nolan (2006: 245) have asserted:

in order to overcome the prejudices that have existed in nursing in the past, it is essential that nursing continues to grow, acquire and further define its body of knowledge as a means to achieve sociopolitical understanding and change. Critical engagement is a means to knowledge development and emancipation of nursing.

With power imbalances in nursing environments gaining attention in the nursing literature (Glass 2007; Rose & Glass 2006; Rose 2002; Kuukkanen & Leino-Kilpi 2000; Hall 1999), the critical feminist framework intentionally took into consideration the hierarchical structures that continue to permeate nursing environments. It has been noted that some community nurses perceive their work to be unacknowledged and regarded as invisible (Goodman 2001; Falk Rafael 1998; SmithBattle, Drake & Diekemper 1997). With that in mind, applying a feminist approach to the study sought to ensure that the nurses were supported to reclaim their voices (Glass 1998) and speak out about their unique workplace experiences. The emancipatory framework applied to the study has been outlined in Figure 2.

Participants

Research participants were sought from rural and urban New South Wales. Phone calls and electronic mail were used to access community health centre managers and to engage with potential participants. Following university human research ethics approval and subsequently health service site approval, the information and consent forms were distributed to community health nursing teams. Direct contact was made with all interested CNs and following informed consent, interviews were arranged. Although ten participants were originally estimated, a keen interest in the study resulted in fifteen CN participants. All the
women were over the age of eighteen years and all were actively involved in the provision of palliative care.

Research methods

Reflective journalling

Reflective journalling was implemented as a method by the researcher to bring into focus her thoughts, feelings and behaviours related to this research. Such a process has been advocated as a notable strategy for scholars and clinicians to promote reflexivity (Taylor 2004; Manias & Street 2001; Rowling 1999; Walter, Davis & Glass 1999). The researcher was also a co-participant in the study and the reflective journalling was significant in her efforts to be fully immersed in the study.

The reflective journalling also provided a means for the researcher/participant voice/s to be made visible and those reflections acting as additional analytical data. Furthermore, reflective journalling was utilised as a self-healing strategy, enabling the expression of any emotions that arose from the sensitive nature of the study, thus acting as a tool for therapeutic conversation (Glass 2001). The aim was to be reflexive and as such the journals became a close companion of the researcher and a tool for scribing critical dialogue and subjective thoughts. For instance, the following reflections were journalled by the researcher after one interview.

There were smiles, laughter and tears, speaking openly and freely as the interview went on clearly feeling safe to speak about very sensitive issues. [The participant] was clearly passionate about her practice and had high expectations of herself professionally. Her smile and confidence were warming, yet behind the mask of confidence lay feelings of insecurity… The storytelling proved important in the reflexive process and assured constructive feedback in regard to professional practice. I observed emancipatory opportunities, psychologically, emotionally and spirituality… We parted, leaving a mental list of new strategies aimed to enhance her well-being. Our time spent was valuable and rewarding.

Moreover, Walter et al (1999: 14) maintained that reflective journaling also encourages the researchers own ‘disclosure of emotion and experience, and as such works to make the research more equal and non-hierarchical’. Applying an intersubjective approach to the study also produced an increased depth of analysis related to all aspects of the research, whilst simultaneously presenting a self analysis placing the researcher ‘on the same critical plane as the researched, leaving the researcher open to critical scrutiny from the readers’ (Bloom 1998: 148). The following excerpt provides an example of the researcher’s reflections following an initial visit to a healthcare centre. The researcher wrote:

I felt an underlying tension that remained aloof. Greeted with a warm welcome I was conscientiously escorted to the meeting room. My time was brief yet animated. Attentive smiles throughout the crowded room of nurses yet few questions. That surprised me given their prior knowledge of the study. A softly spoken CN accompanied my departure. Quietly and quickly I was to learn of the disharmony and the power issues that infiltrated the environment. My feelings of tension were validated, reflected in the brief conversation we held. The situation was complex, vulnerability infiltrating the team, reluctance to speak was revealed. It was the silence that spoke the loudest.

Interviews/storytelling

The interviews were semi-structured incorporating open-ended questions. The choice of method was congruent with feminist inquiry
at it sought to validate the unique and diverse experiences of the women participants.

The interviews process was undertaken over a twelve-month period allowing for travel between rural and urban areas of New South Wales. The majority of the interviews were what Davis and Taylor (2006: 201) described as having ‘resembled a conversation between friends’. However, it was essential that the researcher remained cognisant of her role as a researcher ensuring that she did not to influence the storytelling process.

The interviews took place in places that were deemed ‘emotionally safe’ by the women. The chosen venues included community health centres, cafés and private homes. The storytelling process incorporated self-reflection, self-awareness and intersubjectivity with the women’s stories valued by the researcher as a gift (Donalek 2005). Storytelling provided an opportunity for the women to be heard, a framework that took notice of the many voices drawn on by the women to describe their experiences (Trinder 2000).

Each interview was recorded on an iPod digital recorder following signed consent from the participant. The individual interviews varied between one to two hours in duration with fifteen interviews conducted. The recordings were converted to WAV or MP3 format, copied to CD and returned to the individual participants. That process ensured that credibility and authenticity were achieved as it provided the participants with opportunities to add or delete any aspect of the interview should they have felt it necessary.

Research discussion
The research demonstrated the way in which critical social science and feminist theory could be applied to explore the unique challenges that community nurses experienced in their provision of palliative care. With an emancipatory intent, the women nurse participants were encouraged and supported to speak openly, sharing meaningful stories related to their professional practice. The conversations proved insightful as the nurses were able to hear their own stories and create further meaning from their reflective accounts. The nurses raised many issues that were significant and inclusive of communication, education, professional boundaries and self-care; however, two areas that held prominence for many of the nurses were be addressed under the headings of: palliative care provision and emotional support/clinical supervision. When speaking of the challenges in palliative care provision a strong self-awareness was evident of numerous issues that could challenge the nurse’s well-being. With a focus on client care Joy remarked:

Not getting involved… not taking too much on board. That’s probably the hardest thing for me… It’s quite emotionally demanding work.

Di extended her thoughts beyond client care when she commented:

It’s not the person you are looking after that is the challenge but its quite often the relatives… [and] if other people in the team are not emotionally stable either then that’s hard!

Issues related to emotional support/clinical supervision were significant and all participants with the nurses being resourceful in seeking some form of support. Whilst clinical supervision was regarded as one form of formal support, the issue was contentious due to the absence of availability to the CNs as was reflected in the following comments. Tiche emphasised:

We don’t have any clinical supervision which is a huge gap I feel. We have each other. We laugh together and cry together and that’s how we survive emotionally.

Lee regarded the non-provision of clinical supervision to nurses as invalidating and further evidence of the ongoing oppression of nurses. With a raised consciousness of the emotional
impact of palliative care provision in her CN role, the absence of clinical supervision from the health service had led her to pursue private funded supervision. The empowering strategy was deemed as an essential tool to enhance her well-being and most importantly, her professional practice. Lee remarked:

[I’ve] actually gone privately to supervision… because there is not the infrastructure, there has never been the recognition or the infrastructure put in place for nurses… I was able to hear what I was saying, reflect on my practice, which is why I went in, because it’s about moving on from that.

The research example above highlighted the way in which an emancipatory framework was applied to exploring the subjective experiences of Australian CNs involved in the provision of palliative care. With an emphasis on emotional well-being and its relationship to professional practice, the CNs were supported through a feminist epistemology to share their stories related to their clinical practice.

Whilst the value of emancipatory research can be significantly related to the research outcome as expressed earlier by Jacobs et al (2005) the participants involved in the above example were optimistic that their professional visibility could be improved and that transformative outcomes could be achieved for the benefit of all CNs. One of the participants declared at the onset: ‘I think that the community nurses never really get recognised for what they do, it’s always the specialist PC teams that get recognised’. In later correspondence sometime after the interview the CN wrote: ‘looking forward to your continuing and very valuable research’.

**CONCLUSION**

It is the intention of this paper to highlight the important contribution that emancipatory frameworks can have to advancing contemporary nursing practice. Whilst it was acknowledged that the contribution of diverse research methods and methodologies advance nursing practice and enhance professional development, it is argued that emancipatory approaches provide a broad lens through which issues of marginalisation and oppression can be addressed and transformative opportunities can be created. The nursing profession has traditionally promoted holistic healthcare practice in client care, however, the holistic and humanistic care of our nurses has been long relegated to the margins particularly when exploring emotional issues. Emancipatory inquiries provide valuable opportunities for researchers to address the complex issues faced by nurses in their quest to examine and critique the social structures that maintain oppressive workplace environments. Engaging in a research process that supports and enables nurses to ‘speak from their heart’ can result in states of empowerment and personal liberation. An emancipatory intent can create transformative opportunities that have benefits for all nurses, the nursing profession and recipients of nursing care. If caring is at the heart of nursing, then let’s care for the hearts that nurse!

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**NOW AVAILABLE**

ADVANCES IN NURSING AND INTERPERSONAL VIOLENCE

Foreword by Moira Carmody
Edited by Anne McMurray and Debra Jackson

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The extent and impact of workplace aggression in the health care sector is widely acknowledged by the International Labour Office, International Council of Nurses and World Health Organisation & Public Services International. In Australia and New Zealand Occupational Health and Safety requirements have been amended to include provision of a safe and harassment free workplace. Industry standards now recommend that all staff undertake compulsory training for dealing with potentially violent and aggressive situations, particularly in mental health and aged care.

Violence remains a significant occupational hazard in health care. The serious nature of many attacks, and the potentially catastrophic effects of violence on victims, their families, and ultimately on the health care profession is of grave concern to all involved. Finding solutions to such an intransigent problem requires serious public debate and it is therefore appropriate that such a discussion be conducted with an informed discourse in this special issue of Contemporary Nurse.

In one reader, Advances in Nursing and Interpersonal Violence provides leading opinion pieces, reviews and new research perspectives on intimate partner violence, domestic violence and workplace violence, and policies to manage their impacts on nurses, their families and the community.

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