A STUDY OF CARING IN THE PRACTICE OF ADMINISTRATION BY SENIOR NURSE ADMINISTRATORS IN HOSPITAL SETTINGS

BY

E. DIANE MATE

93

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BY

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A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF EDUCATION

This is dedicated to . . .

my husband Steve, whose computer expertise, culinary skills, and love helped to make it possible;

my son Andrew, who helps me to remember what's really important in this life;

my parents, Stan and Phyllis Wilson, who have always cared.

Abstract

This qualitative study focused on the importance that senior nurse administrators in hospital settings give to the concept of caring in their thinking about nursing administration and in their actions in this role. Face-to-face interviews were conducted with six senior nurse administrators to determine how they define caring, how they demonstrate caring in their nursing administration practice, what factors they think influence a caring approach, and what they think are some of the benefits of a caring approach. The meaning of caring for senior nurse administrators encompassed a concern for patients and nurses and the development of relationships based on respect and trust. Senior nurse administrators indicated they demonstrate caring by encouraging a patient-centred focus within the organization, developing open and honest relationships based on trust and respect, recognizing and bringing out potential in nurses, facilitating the work of nurses, being visible in the organization, and modelling caring. Factors that support a caring approach were identified to be a supportive administrative team, small hospital size, flat organizational structure, the age, experience, education, and nursing background of the senior nurse administrator and the religious affiliation of the hospital. Gender was not perceived to have an impact on a caring approach. The differing values of nursing and medicine were seen to have a variable influence on a caring approach. While health care reform has been a difficult experience, the senior nurse administrators indicated that caring and the economics of health care reform do not have to be in opposition. Factors that adversely affect a caring approach include lack of understanding and support within the administrative team, a hierarchical administrative structure, the traditional image of nurses and nursing, time constraints, and an increased workload of nurses and senior nurse administrators. Senior nurse administrators agreed that the hospital, patients, nurses and senior nurse administrators benefit from a caring approach.

ACKNOWLEDGEMENTS

My sincere thanks to Professors Anthony Riffel, Jon Young, and Zana Lutfiyya who served as members of my thesis committee. Your unique perspectives and skills have contributed significantly to my learning in the process of completing this project.

Thank you to the senior nurse administrators who participated in the study. Your willingness to share your time and knowledge made it possible to address a topic of particular interest to me.

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CHAPTER 1

INTRODUCTION AND METHOD

Caring is nursing's tradition. "Through its long history, nursing has tended to identify itself as a caring practice" (Bishop and Scudder, 1991, p. 29). Caring is also identified as one of the traditional domains of women. Historically, nursing became "women's work" because caring for others in the family and community was a woman's duty. Reverby (1987) states that nursing was embedded in the seemingly natural or ordained character of women and it became an important manifestation of women's expression of love of others. In this view, caring and nursing were integral to the female sense of self.

In nursing, caring has most often been identified as a feature of nursing practice. More recently, caring has been addressed as an important aspect of curriculum and nursing education. While the concept of caring in nursing practice and nursing education has been studied by nurse researchers, philosophers, and sociologists, there is limited evidence of investigation of this concept as it relates to nursing administration.

According to Miller (1987), nursing administration is a unique practice of nursing because not only are nurse administrators expected to possess a business mind-set, they are also faced with the challenge of modelling caring and providing an environment of caring for the practice of

nursing. Nyberg (1990) also recognized the dichotomous nature of nursing administration and identified economics and human care as the greatest driving forces in nursing administration today.

Administration and administrative roles are often described and analyzed from the perspective of a business or management model. This study investigated caring as a basis for nursing administration. Commonly, individuals in administrative roles in nursing are nurses and women. Since caring is claimed as a traditional domain by both females and nurses, it is suggested that caring is a major force that shapes the thinking and acting of nurse administrators.

Senior nurse administrators are members of the administrative team of the organization. They are also leaders of nurses and as "leaders of a caring contingent" (Johnson, 1992, p. 11) have the responsibility to model caring and to ensure conditions exist within the nursing department to make it possible for nurses to care. Based on this view of the role of senior nurse administrators, the literature was examined in three areas: 1)caring, 2) administration or management, and 3) leadership. The literature on caring was studied in an attempt to define and describe the concept of caring and to determine characteristics of caring behaviour. It was not the intent of this review to explore in detail the literature related to administration and leadership. Rather, the literature in

these two areas was reviewed to determine if the concept of caring was addressed and how it was represented.

Method

This was a qualitative study of nurses in senior administrative roles in hospital settings. The purpose of the study was to determine the importance that senior nurse administrators in hospital settings give to the concept of caring in their thinking about nursing administration and in their actions in this role.

The qualitative approach was chosen for this study because it was felt to offer the best strategies for addressing the identified questions and for giving informants the opportunity to describe what caring means to them in their roles as senior nurse administrators. Qualitative research

> "involves broadly stated questions about human experiences and realities, studied through sustained contact with people in their natural environments, generating rich, descriptive data that help us to understand their experiences" (Boyd, 1990, p. 183).

An aim of qualitative research is to obtain a view of reality that is important to those studied. In this study, data were gathered through face-to-face interviews with senior nurse administrators. Struebert and Carpenter (1995) believe that the interview is a very good source of data because it provides the opportunity to enter into another

person's world. The interviews lasted an average of two and one-half hours and with one exception, took place in a private area at the senior nurse administrator's place of work. One interview occurred in the informant's own home.

A semi-structured approach was used in the interviews in that both open-ended and close-ended questions were included and additional topics were explored as they arose. The interviews were audio-taped and printed transcripts were prepared. Each informant was sent a copy of the interview transcript and given the opportunity to discuss the questions further. This resulted in additional discussions with two of the informants.

One variable that can influence the outcome of an interview is the interviewer (Nieswiadomy, 1987). Interviewer characteristics such as age, gender, appearance, manner of speaking, level of relaxation, and punctuality for the interview may influence the answers given by the informants. As well, the interviewer's degree of familiarity with the informants' role and work setting may influence the outcome of the interview (Spradley, 1979).

> "If informants believe your background has already taught you the answer to your own questions, they will feel you are asking dumb questions and that you may be trying to test them in some way" (Spradley, 1979, p. 50).

However, these problems do not arise when informants really

believe you have limited knowledge about the role. Studying a familiar role may cause the interviewer to take too much for granted resulting in difficulty in analyzing the data.

Selection of Informants

The individuals involved in a qualitative research study are referred to as participants or informants to reflect the position that they are part of the study. In this study, the term informant was used. "Sampling is the process of selecting representative units of a population for study in a research investigation" (Haber, 1990, p. 268). A sample is "a subset of the population that is selected to represent the population" (Nieswiadomy, 1987, p. 418). According to Streubert & Carpenter (1995), in qualitative research, individuals are chosen for the study because of their first hand experience with the phenomenon of interest, a process called purposeful or theoretical sampling. The number of individuals in the sample is the number needed to obtain a clear understanding of the phenomenon under study. Good informants are those individuals who are thoroughly encultured, that is, they have learned their particular culture well (Spradley, 1979) and are full and current members in it. The informants for this study were individuals currently in the role of senior nurse administrator in a hospital setting and who were experienced and knowledgeable about their role and the hospital setting.

While "large samples are more representative of the population of interest than are small samples" (Nieswiadomy, 1987, p. 166), in qualitative research, sample sizes are often small because of the large volume of verbal data to analyze and because of the more intensive involvement with the informants (Sandelowski, 1986). The sample size for this study consisted of six senior nurse administrators.

Ethical Considerations

A major consideration in conducting a research study is adherence to ethical guidelines. Munhall (1988) states the most critical ethical consideration in qualitative research is to describe the experiences of others faithfully and authentically. The importance of informants' rights is addressed in the University of Manitoba's Ethics Guidelines - Research with Human Subjects (1991). These rights include the informants' right to know the precise nature and purpose of the research, the right to know the risks and benefits and the right to privacy and confidentiality.

A major means for ensuring that the rights of informants are protected is by informed consent. Informed consent implies the informants have full understanding of the study before the study begins. Nieswiadomy (1987, p. 177) identifies twelve major elements of informed consent: 1) the researcher is identified and credentials presented, 2) the process of informant selection is described, 3) the purpose of the study is clearly presented, 4) the study

procedures are discussed, 5) potential risks are described, 6) potential benefits are described, 7) compensation, if any, is discussed, 8) alternative procedures that may be followed are identified, 9) anonymity or confidentiality is assured, 10) the right to refuse to participate or to withdraw from the study without penalty is assured, 11) an offer to answer all questions about the study is made, and 12) the means of obtaining study results is identified. Information given to potential informants should respect their level of understanding and "there should be no coercion, constraint or undue inducement" (University of Manitoba, 1991, Annex H, p. 27). The researcher must document that informed consent was obtained (Nieswiadomy, 1987). In a qualitative study, informed consent should be viewed as an ongoing process since there is no way to know exactly what might take place during an interview (Streubert & Carpenter, 1995).

Many codes of ethics have been developed to guide the conduct of research. The Canadian Nurses Association addresses the ethical aspects of research in the Code of Ethics for Nursing (1991) and in the document Ethical Guidelines for Nursing Research Involving Human Subjects (1983). Both acknowledge the importance of research in the advancement of the nursing profession and provide guidelines to ensure the conduct of research conforms to ethical practice.

Informants in this study were contacted first by letter to introduce them to the researcher and the research study. Some of the informants contacted me upon receiving the letter; for others, a follow-up telephone contact was made. During the telephone conversation the informants were given the opportunity to ask questions and interview times and locations were arranged. Informants were asked to sign a form indicating their informed consent to be involved in the study.

Anonymity of the informants was respected by presenting the data in a summarized form. Informants were assigned a coded number known only to myself and no names were used on any of the written transcripts or reports. The list of names and code numbers as well as the audio tapes and transcripts were stored in a locked filing cabinet while the study was in progress. On completion of the research project, the audio tapes will be erased and the list of names and code numbers will be destroyed. A copy of the written transcripts will be stored in a locked box in my home.

Research Questions

The central question which guided this study was: How do senior nurse administrators in hospitals understand caring and what do they say it means for their practice?

Several related questions were also addressed. These included:

1) How is caring defined by senior nurse administrators in

hospitals?

2) In what ways does caring shape the practice of nursing administration?

3) What factors support the use of a caring approach by senior nurse administrators in hospitals?

4) What 'factors adversely influence the use of a caring approach by seniors nurse administrators in hospitals?

5) What are the benefits of using caring as a framework for nursing administration practice?

Qualitative research aims to describe and understand. Immersion in a study such as this provided me with a valuable opportunity to gain a greater understanding of what caring means to senior nurse administrators. As well, I believe it gave me the opportunity to begin to paint a picture of how caring is a significant part of the world of the senior nurse administrator. This picture may eventually allow us to conceptualize, understand, and enact nursing administration in new and different ways.

CHAPTER 2

REVIEW OF THE LITERATURE

The literature review for this study addressed the literature in the areas of caring and caring as it relates to leadership and nursing administration.

Caring

While the literature reveals a rich range of thought on the concept of caring, it is acknowledged that there is not a clear understanding of its meaning. Authors such as Leininger (1981d), Morse, Solberg, Neander, Bottorff & Johnson (1990) and Dumas (1990) point out that there are many ambiguities about caring and there is no consensus about definition, components or processes. The terms caring, care, health care and nursing care are used with "virtually no scientific or humanistic knowledge base for these terms" (Leininger, 1981d, p. 6).

Definitions of Caring

There is no agreement concerning what caring means. Barnum (1993) points out there are at least three discrete meanings of caring: 1)"taking care of" which means tending to or doing for someone else, 2)"caring" or a positive concerned feeling for someone else and 3) "careful", a mind-set of caution to avoid injury or accident. All three types of caring can occur simultaneously so one does not necessarily occur in isolation of the others.

Smith (1990) agrees that we are faced with a problem in

trying to define caring. Caring can be a noun - attention, protection, involvement that involves acceptance and respect or it can be a verb meaning to be concerned about, to nurture, to keep safe.

Bishop & Scudder (1991) believe caring has two meanings: "concern for others and taking care of others" (p. 54). They point out that some believe it is impossible to do both; that somehow "caring is an inner feeling divorced from the concrete giving of care" (p. 53). In addition, there is the perception that "taking care of others" has greater significance than "caring about" others.

Three meanings of caring are identified by Nyberg (1989). In her view, caring can be defined as 1) a burden, 2) a responsibility, and 3) a feeling toward another. Green-Hernandez (1991) has differentiated among four kinds of caring: professional caring, natural caring, professional nurse caring and collegial caring.

An explanation for the absence of a well established definition of caring may be found in nursing's history. Florence Nightingale, who is credited with beginning nursing's revival in the second half of the nineteenth century, focused mainly on health and the environment and never defined or explained caring (Leininger, 1990). From "1950 until 1975, there was actually limited interest in studying the phenomenon of care and caring in nursing" (Leininger, 1990 , p. 23). In the late 1970s, the generic

use of the word caring became fashionable; consumers, businesses and advertisers were talking about caring. It is Leininger's (1990) belief that this public use of the term caring eventually served as a stimulus to nursing to recognize that caring could be a visible and powerful force. In addition to the limited interest in the concept of caring, there was little value placed on qualitative research as a method of generating nursing knowledge (Streubert & Carpenter, 1995; Leininger, 1990). Since qualitative research methods are major ways to study caring, limited research was done on the topic. As a result, it is only in the past decade that nursing research has made the concept of caring a valued focus in nursing (Leininger, 1990).

Studying a phenomenon that has not been defined clearly poses a problem. For the purposes of this study , caring was viewed as an interpersonal process which makes possible the personal growth and self-actualization of the one caring and the one cared for and which preserves human dignity and integrity.

Description of Caring

Morse, Solberg, Neander, Bottorff, and Johnson (1990) conducted a content analysis of the nursing literature in an attempt to clarify the various perspectives on caring. The result was the identification of five epistemological perspectives: caring as a human state, caring as a moral

imperative or ideal, caring as an affect, caring as an interpersonal relationship and caring as a therapeutic intervention. These themes provide a framework for organizing a description of caring.

Caring as a human trait

The literature addressing caring as a human trait describes caring as universal, innate, and important to the survival of the human race. The universality of caring is evident in the work by Heidegger(1962) who describes caring as the fundamental way of being for humans. Benner and Wrubel(1989) state caring is "a basic way of being in the world" (p. 87). Roach (1987) believes that caring is the "human mode of being" (p. 2) and that all humans have the potential to care. Bevis (1981) refers to caring as a universal phenomenon.

A part of this perspective of caring as a human trait is the belief that caring is an innate capacity. Noddings (1984) suggests that caring is natural and intuitive; that "as human beings we want to care and be cared for" (p. 7). She identifies one type of caring as "natural caring" (p. 79), that is, people act on behalf of another because they want to do so. A noteable point about caring as an innate capacity is that while all human beings have the potential to care, like any other capacity, "caring remains dormant if not affirmed and actualized" (Roach, 1987, p. 93). The ability to care is influenced by the experience of being

cared for.

Caring is an important factor in the survival of the human race. Probably the most extensive research in this area has been done by Leininger, a nurse and anthropologist. Over a period of approximately 30 years, she has studied human caring in more than fifty different cultural groups. It is her belief, based on this research, that caring has been expressed by human cultures throughout the history of humankind. Caring helped link people together through relationships between care givers and care receivers and helped to promote a sense of responsibility for one another. As a result, caring was essential for the growth, development and survival of the human species. Leininger (1981) believes that

> "caring has long been an essential cultural value to help people maintain societies and to help alleviate human misery, face reality stresses and deal with common human conditions" (p. 98).

The diverse expressions, meanings and patterns of caring are derived from unique cultural backgrounds and life experiences. Caring is a motivating force that helps ensure that life goes on (Bevis,1981; Heidegger, 1962). The human race has survived because there has been a continuity of caring throughout the ages (Roach, 1987).

Caring As An Interpersonal Relationship

Caring as an interpersonal relationship means seeing

the interaction within a relationship as both expressing and defining caring. Caring is a relationship and the relationship is the medium through which we express caring. A recurrent theme in the literature related to caring as an interpersonal relationship is the reference to caring as an important factor in promoting human growth and self-actualization. Self-actualization is reciprocal in that there is the potential for both the one caring and the one cared for to experience self-actualization.

Perhaps the best known work on caring to emphasize the theme of caring as an interpersonal relationship that promotes self-actualization is that of Mayeroff (1971). Mayeroff states that to care for another person in the most significant sense, is to help that person grow and actualize himself. While growth of the other and not oneself is primary, there is a reciprocal nature to caring since in the process of helping another to grow, the one caring may experience self-actualization as well. "I do not try to help the other grow in order to actualize myself, but by helping the other grow, I do actualize myself" (p. 30). Mayeroff identifies major ingredients of caring as knowing, alternating rhythms, patience, honesty, trust, humility, hope and courage, all of which can be viewed as important ingredients of an interpersonal relationship.

Marck (1990) addresses this theme of mutual self-actualization in her identification of therapeutic

reciprocity as a phenomenon of caring that allows individuals, in this case patient and nurse, to benefit from a relationship in a mutually empowering manner.

> "Therapeutic reciprocity is a mutual, collaborative, probabilistic, instructive, and empowering exchange of feelings, thoughts, and behaviours between nurse and client for the purpose of enhancing outcomes of the relationship for all parties concerned" (p. 57).

Therapeutic reciprocity is characterized by mutuality, exchange, openness, shared meaning and risking the cost of caring all of which imply a shared control of the relationship. When there is a mutual responsibility for the relationship, "the power to be and become" (p. 57) through relation to others is facilitated.

Watson (1985) conceptualizes caring as a transpersonal process in which mutuality is evident. Three of several assumptions underlying caring identified by Watson (1981) are: caring can only be effectively demonstrated interpersonally; caring consists of basic processes between people which result in some sense of satisfaction often associated with human needs; caring allows for a person to be as she/he is now but also to actualize potentials for becoming different in the future. An "actual caring occasion" (p. 59) involves mutual action and choice because it presents two people with the opportunity to decide how to be in the relationship. Individuals in a caring transaction

are in a process of being and becoming.

Bevis (1981) states the primary purpose of caring is "to facilitate mutual self-actualization" (p. 57). In her view, self-actualization or the achievement of one's full potential means developing capabilities which include: to know and fully experience another human being; for patience, kindness, compassion, love and trust; to exercise one's latent psychic abilities, insights imagination and creativity; and to fulfil one's own ambitions, desires, goals and dreams so one feels a satisfaction with life.

Halldorsdottir (1991) identifies five basic modes of being with another as viewed on a continuum of caring. Two of these modes are the "life-sustaining or bioactive mode" (p. 44) and the "life-giving or biogenic mode" (p. 44), both considered to be caring modes. The life-sustaining mode of being with another involves acknowledging the personhood of the other, supporting, encouraging and reassuring. It gives security and comfort and positively affects the life of the other. The life-giving mode of being with another involves affirming the personhood of the other. "It relieves the vulnerability of the other and makes the other stronger and enhances growth, restores, reforms, and potentiates learning and healing" (p. 39). Halldorsdottir's research makes it evident that the caring modes of being with another involve a connection, a kind of bonding, a relationship.

Carol Gilligan (1980) asserts that caring is the basis

for binding individuals together in an interpersonal connection that she calls the "web of connection" (p. 62). Caring is "an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so no one is left alone" (p. 62).

Two ways of caring are identified by Heidegger (1962). In the first way, the care giver leaps in and takes over for the other. This form of caring, called dependent caring by Bishop and Scudder (1991), fosters dominance by the care giver and dependency by the other. In the second way of caring the care giver leaps ahead to give care back to the other. This form of caring, called authentic caring by Heidegger, gives the other the opportunity to care for his or her own being. According to Bishop and Scudder (1991), these two forms of caring have important implications for human being and becoming. Dependent care makes the individual's being and becoming dependent on others. Authentic care is focused on future possibility and freedom to act to fulfil possibilities.

Nyberg (1989) supports the view of caring as an interpersonal relationship that promotes personal growth. It is her belief that caring is

> "an interactive commitment in which the one caring is able, through a strong self-concept, ordering of life activities, an openness to the needs of others, and the ability to motivate others, to enact caring behaviours

that are directed toward the growth of the one cared for, be it an individual or group" (p. 15).

Shiber and Larson (1991) state caring is an interpersonal skill that helps another to grow, change and actualize as a separate person in keeping with personal needs and potentials.

Parse (1981) states caring is "risking being with someone toward a moment of joy" (p. 130). In relationships, risking is "being with the other in an open authentic way in which both can grow" (p. 130).

An interesting perspective on caring as a relationship with mutuality is described by Roach (1987). In her view, caring not only contributes to human growth but also is essential for the other to learn to care. "Human development is dependent not only on being cared for, but also on being able to care" (p. 4). The capacity to care needs to be nurtured by being cared about.

Caring as a Moral Ideal

According to Morse (1990), authors who describe caring as a moral ideal view caring not as a set of behaviours, traits or actions but as the adherence to the commitment to maintain human dignity or integrity. In nursing, caring as an ethic "is the standard to which professional decisions and actions should be compared" (Klimek, 1990, p. 79).

According to Fry (1988), for caring to be considered a moral ideal it must meet the four requirements of an ethical

standard. That is, caring must: 1) be a paramount value that guides one's actions, 2) be a universal value that is appropriate in many contexts and cultures, 3) identify specific behaviours and, 4) be "other-regarding" (p. 48). "When our view of caring has these characteristics, it is a moral value and can serve as an ethical standard for the practice of nursing" (p. 48). Fry affirms that caring meets the four requirements for an ethical standard.

The theme of human dignity and integrity is evident in the work of Jean Watson (1985). She views caring as a moral ideal in nursing which "calls for a philosophy of moral commitment toward protecting human dignity and preserving humanity" (p. 31). Caring as a moral ideal is grounded in a set of universal human values such as kindness, concern and love of self and others.

Scudder (1990) interprets Heidegger's view of caring as fulfilling a moral ideal. Authentic care, according to Heidegger, is the form of caring in which the caregiver helps the other to care for his own being. Unauthentic caring fosters dependency. Although Scudder admits that Heidegger did not identify authentic and unauthentic caring as moral issues, Scudder himself states that "the contention that nurses ought to give authentic care" (p. 65) identifies a moral imperative.

Noddings (1984) has a view of caring which encompasses the ethics and morality of caring. Caring is not an outcome

of ethical behaviour; it constitutes ethics. Ethical caring occurs in response to our experience with or "remembrance of" (p. 79) natural caring and it represents the attitude of being moral or the "longing for goodness" (p. 2). An ethic built on caring is naturally other-regarding because caring is a relationship. "Caring itself and the ethical ideal that strives to maintain and enhance it guide us in moral decisions and conduct" (p. 105).

Caring as an Affect

In describing caring as an affect, emphasis is placed on the notion that the nature of caring extends from emotional involvement or empathy (Morse, 1990). In the literature, affective terms that are used in describing caring include the terms love, joy, and devotion. It is interesting to note that in discussions of caring as an affect, authors frequently make reference to and draw analogies with art, music and literature, all of which are distinguished by their appeal to the human aesthetic and emotional sense. In addition, caring is often examined from the theological perspective, the outcome being that caring is described in terms such as unconditional love, joy, dedication, hope and healing.

Bevis (1981) believes that caring is "a feeling of dedication to another to the extent that it motivates and energizes action to influence life constructively and positively by increasing intimacy and mutual self-

actualization" (p. 50). Bevis (1982) also proposes that caring has four stages: attachment, assiduity, intimacy and confirmation.

A metaphysical analysis of caring led Ray (1981) to develop a conceptual scheme of caring that involves co-presence and oblative love. Ray draws from the work of Marcel to define co-presence as "the active participation of nurse with patient/client in professional nursing situations" (p. 29). Oblative love is that which has been identified by Marcel as "other-directedness"(p. 31). Ray states that "caring is perceived as involving co-presence, giving, receiving, communication, and in essence loving..." (p. 31).

Halldorsdottir (1991) identifies five basic modes of being with another which are arranged on a continuum of caring. The "life-giving or biogenic mode" (p. 44) is the most caring mode of being with another. It "is the truly human mode of being and is represented by healing love" (p. 44). The life-giving mode "involves loving, benevolence, responsiveness, generosity, mercy and compassion" (p. 44). Life-giving caring involves a transfer of healing energy to strengthen, inspire, comfort, enlighten, invigorate and bring joy, hope, trust, confidence, and peace.

In analyzing caring from a human science perspective, Parse (1981) describes caring as "risking being with someone toward a moment of joy" (p. 131). The moment of joy is the

complementary rhythm of suffering and joy experienced by an individual and shared by the other. When the intersubjective process of caring takes place, healing unfolds.

Caring as an affect is evident in Watson's (1985) description of the process of caring. She describes caring as consisting of transpersonal, human-to-human attempts to protect, enhance and preserve humanity by helping a person find meaning in illness, suffering, pain and existence. Caring is helping another gain self-knowledge, control, self-healing and a sense of inner harmony.

Mayeroff (1971) believes that devotion is essential to caring. Devotion is being committed to the other and the "largely unforeseeable future" (p. 8). It is through devotion that " caring acquires substance and its own particular character" (p. 8). Devotion is demonstrated by "being there" (p. 8) and by consistency in caring.

Caring as a Therapeutic Intervention

Nursing has a long association with caring. Those who view caring as a therapeutic intervention link caring to the unique work of nurses and see it as the central focus in professional nursing. Emphasis is placed on knowledge, skill, necessary conditions and congruence between nursing actions and patients' perception of need as the basis for caring actions. Caring in nursing is viewed as different from caring as a human trait.

It is Leininger's (1981) position that "caring is the central and unifying domain for the body of knowledge and practices in nursing" (p. 3) and that "caring behaviour and practices uniquely distinguish nursing from the contributions of other disciplines" (p. 4). In spite of this, Leininger acknowledges that there are ambiguities about the use of the term caring in nursing. The terms care, caring, health care and nursing care are used in diverging professional and social ways and without a scientific or humanistic knowledge base. In an attempt to distinguish among these terms, Leininger developed definitions of generic caring, professional caring and professional nursing care. Caring in a professional nursing sense is defined as

> "those cognitively learned humanistic and scientific modes of helping or enabling an individual, family, or community to receive personalized services through specific culturally defined or ascribed modes of caring processes, techniques, and patterns to improve or maintain a favourably healthy condition for life or death" (p. 9).

Bishop and Scudder (1991) believe that "the way of caring of a nurse is not the same as anyone else who cares for the ill, except for a few mundane activities" (p. 54). What makes the nurse's way of caring different is that "they have appropriated and mastered the caring practice of

nursing" (p. 54).

Roach (1987) states that caring is not unique **to** any particular profession and does not distinguish one profession from others. However, caring is unique **in** nursing because "all the attributes used to describe nursing have their locus in caring" (p. 47). Roach identifies five C's of caring, one of which is competence. Competence is

> "the state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities" (p. 61).

It is her belief that prospective nurses are attracted to the profession because they care and then while involved in a program of nursing study, the human capacity to care is professionalised through the acquisition of knowledge and skills.

Valentine (1989) acknowledges that caring is more than kindness. In nursing, caring is also the knowledge the nurse brings to the nurse-patient relationship, the availability of the nurse, the skilful performance of tests and procedures, the honesty and integrity of the nurse and the ability of the nurse to respect the individuality and autonomy of the patient.

Shiber and Larson (1991) also support the view that it is the nursing competencies that make the caring process in nursing different from that in other caring professions and

from the human act of caring.

Koldjeski (1990) views professional nursing caring as the

> "therapeutic use of self by nurse with patient through mutual participation in special kinds of relationships and interactions to effect changes in illness and health-related experiences that involve self, soma, and environments" (p. 54).

Expert caring has nothing to do with possessing privileged information that increases one's control or domination of another. Rather, expert caring unleashes the possibilities inherent in the self and the situation. "Expert caring liberates and facilitates in such a way that the one caring is enriched in the process" (Benner & Wrubel, 1989, p. 398).

The preceding discussion outlined a number of common themes which are used to describe caring in the literature. It is evident that caring is more than a simple nicety. As well, caring is not mere liking or comforting or wishing others well. Caring is a universal human trait and an individual's ability to care is influenced by her own experiences in being cared for and about. Caring is a relationship with another human being in which the relationship not only signifies caring but provides the medium for the expression of caring. Within this relationship there is the opportunity for growth and self-

actualization of the one cared for as well as the one caring. Caring is a moral imperative, a standard which can be used to guide actions and decision-making. When caring is the standard, the best decision and action is always the one that protects human dignity and integrity and preserves humanity. Caring is an affect that extends from emotional involvement with another human being. There is a link between this emotional involvement and healing. Caring is a therapeutic intervention which is unique in nursing.

Caring: Invisible And Devalued

Our limited understanding of the phenomenon of caring may be due, at least in part, to the fact that caring is undervalued and invisible in society as a whole and in the culture of the health care system (Watson, 1990; Leininger, 1981; Benner & Wrubel, 1989; Reverby, 1987). Various reasons for this have been identified. One major reason for the invisibility and devaluation of caring is the association of caring with women's work. In a world and a health care system that are distinctly patriarchal (Watson, 1990; Leininger, 1981; Gilligan, 1979), women and their work have been invisible and undervalued. Since nursing and caring are traditional areas of work for women, it follows that these are not highly visible or valued in society. Caring through tending the sick, promoting health, growth and development and caring for the body have traditionally been designated as women's work (Benner & Wrubel, 1989).

Thus caring "is devalued and the primacy of caring is culturally invisible because caring is associated with women's work and women's work is devalued and most often unpaid" (Benner & Wrubel, 1989, p. 368). In her historical analysis of nursing's development, Reverby (1987) states that nursing was often "taught by mother to daughter as part of a female apprenticeship" (p. 5) and was part of the apparently natural character of women. As such, nursing was to be a "women's duty" (p. 6) and "caring was to be an unpaid labor of love" (p. 6).

It is Gilligan's (1979) view that "women define themselves in a context of human relationship and judge themselves in terms of their ability to care" (p. 440). Women's place in the world has been that of builder and protector of these relationships as well as being nurturer, caretaker and helpmate. While all these roles are important in the human life cycle, in the patriarchal order of the world, separation, autonomy, individuation and rights are celebrated and interpersonal connection and caring are devalued.

Noddings (1984) conducted a comprehensive investigation of caring in order to conceptualize a feminine approach to morality and thus one that is an alternative to the traditional approach to ethical problems that has arisen from the masculine experience and world view. She holds a moral vision of caring which is distinctly feminist in that

caring is seen as arising out of life experiences as women although she acknowledges that it is something that can be shared by men. She believes that "a powerful and coherent ethic and, indeed, a different sort of world may be built on the natural caring so familiar to women" (p. 46).

In society in general and the health care system in particular, caring is seen as the domain of nursing while curing is considered to be the professional jurisdiction of the physician (Leininger,1981). There is a preoccupation in society with disease, treatment and cure as opposed to health, caring and healing (Watson, 1990). In situations involving illness and disease, the caring practices rather than caring processes are usually viewed as the explanation for recovery. As well, caring actions are usually subtle, often unseen, considered unscientific and less dramatic than treatment and cure which tend to be obvious, measurable, scientific and often very dramatic. The role caring plays in the healing process remains invisible. Leininger (1981) feels this invisibility of caring in nursing is similar to the invisibility of women's "important roles in socialization, maintaining the home, and child care practices" (p. 99). In her view, caring is understudied, devalued, obscure and receives limited economic rewards and social sanctions. "Professional women as caregivers are neglected for their caring roles" (p. 99).

Watson (1990) contends that society and the health care

system are patriarchal, view normal life processes as illness and have "no formal place for the basic health and human caring concerns. . ." (p. 62). Female health and human caring professionals are invisible and the importance of their work is overshadowed by that of male physicians. "As it stands now, caring is either women's work, and therefore invisible, or it is something to fear because it reminds us that we are all equally human" (p. 63).

Caring is a powerful force. One of the strongest themes in the literature seems to be that human caring can only be effectively demonstrated and practised interpersonally (Watson,1985). To this point, caring has been described in terms of what it is thought to be but how caring is enacted has not been clearly specified.

What Caring Involves

The question of how one demonstrates caring is not well explored or answered in the literature. Some view caring as a process (Ray, 1981; Shiber & Larson, 1991; Watson, 1981; Parse, 1981) while other authors have identified characteristics of caring and actions involved in caring. Caring behaviours are not well delineated and many questions about the expression and patterns of caring remain to be addressed.

From her research on caring within various cultural groups, Leininger (1981d) has developed a preliminary list of constructs that are associated closely with caring.

These include support, tenderness, touch, compassion, empathy, stress alleviation, presence, loving acts, comfort, direct and indirect helping behaviours, enabling, facilitating, nurturance, succorance, surveillance, protection, restoration, instructive acts, coping, concern, interest in, trusting, and need fulfilment (p. 10). In addition, she identified several principles or guidelines to help further refine caring behaviours, one of which is

> "efficacious caring tends to be humanistically oriented and reflects professional care concepts of concern, compassion, stress alleviation, nurturance, comfort, and protection, and especially by female caregivers" (p. 14).

The process of caring in nursing involves personal attributes of the nurse (Shiber & Larson, 1991). These attributes of the caring person include confident, humorous, flexible, nonjudgmental, honest, respectful, kind, humanistic (p. 62). The caring person communicates in a way that demonstrates compassion, nonpossessiveness, responsiveness, availability, involvement, and congruency between what is said and done.

Devotion is important in caring (Mayeroff, 1971). Devotion is demonstrated by being there for the other and by consistency or persistence to be there in spite of unfavourable conditions. Mayeroff also believes that caring for people involves the special feature of empathy as well

as patience, honesty, trust, humility, hope, courage, and knowledge of the person.

Caring involves "feeling with" (Noddings, 1984, p. 30) the other but this does not mean empathy in the usual sense. Rather, caring involves engrossment or receiving the other into oneself in order to be able to see and feel with the other.

Ray (1981) conceptualizes caring as a process of co-presence and love which involves authenticity, availability, attendance and communication characterized by interest, acceptance, touch and empathy.

The life-giving or biogenic mode of being with another has been identified by Halldorsdottir (1991) as the most caring way of being with another human being. Behaviours that characterize caring in this sense include "loving benevolence, responsiveness, generosity, mercy and compassion" (p. 44). Halldorsdottir (1991) also found that there is a dimension of professional attachment that must be present in order to keep caring in the professional domain. Professional attachment is conceptualized as being a process involving five stages: 1) initiating attachment, 2) mutual acknowledgement of personhood, 3)acknowledgement of attachment, 4) professional intimacy, and 5) negotiation of care.

Some researchers have attempted to describe further what is involved in specific caring behaviours. Gardner and

Wheeler (1981) for example, undertook a study of the meaning of support in relation to caring. Benner and Wrubel (1989) talk about caring as involvement and stress the need to find the right kind and level of involvement. Watson (1981) identified carative factors (p. 62) which are the foundation of the caring process in nursing. Several of these have to do with the interpersonal nature of caring.

It is evident that there is no one list of common behaviours that can be identified as caring behaviours. There are differences in the caring behaviours identified by authors, however some behaviours do seem to be identified more frequently than others.

Nursing Administration

A review of the general administration literature yields two immediate observations. First, there is often no distinction made between the terms administration and management. Commonly, when attempting to locate information on administration, the reader is instructed to "see also management" and vice versa. This is evident in a review of both the general literature on administration and the nursing administration literature, although in the latter, the term administration is used more frequently than the term management. In this study, the terms administrator and administration will be used throughout and will be viewed as synonymous with the terms manager and management.

A second observation is that there are as many

definitions of administration as there are writers on the topic. According to Stoner (1982), there is no one universally accepted definition of the term. However, there are some common themes in the definitions. First, the focus of administration is in achieving organizational goals (Sullivan & Decker, 1992). Second, administration is seen to be a discrete practice with specific skills and concerns (Drucker, 1974). Third, administration is a process consisting of effective planning, organizing, directing, and controlling (Bergeron, 1987).

Definition of Nursing Administration

"Nursing is the largest department in any hospital" (Sullivan & Decker, 1992, p. 33). The administration of this department is an arena of work where individuals

> "have the responsibility of providing inspiration, work structures and support factors to facilitate the provision of the specific professional service of nursing" (Nyberg, 1990, p. 81).

The role of the nurse administrator is a unique combination of roles, primarily those of leader of nurses and facilitator in the organization (Nyberg, 1990; McClosky, Gardener, Johnson & Maas, 1988; Miller, 1987). Nursing administration has both professional and corporate dimensions (The Ad Hoc Committee on Nursing Administration, 1988). The professional dimension has to do with the administrator's knowledge and expertise with respect to

professional nursing. The corporate dimension refers to the participation of the nurse administrator in the overall administration of the organization. This second dimension involves roles and functions similar to other, non-nursing administrative situations including planning, organizing, directing, controlling, co-ordinating and evaluating (The Ad Hoc Committee on Nursing Administration, 1988). The challenge in nursing administration is to provide a caring environment for the practice of nursing and the care of patients (Miller, 1987).

Senior Nurse Administrators

Senior nurse administrators, the focus of this study, are the individuals who occupy the top administrative positions in nursing in the hospital organization. There are various titles for this position including vice-president, assistant executive director, nurse executive and director of nursing (Sullivan & Decker, 1992; The Ad Hoc Committee on Nursing Administration, 1988; Scalzi & Anderson, 1989). In the hospital setting, the senior nurse administrator typically is responsible for the largest administrative unit in the organization and manages the largest number of employees (Scaizi and Anderson, 1989). The senior nurse administrator has authority and responsibility for the nursing department, is an equal member of the organization's administrative team and administers the nursing department (The Ad Hoc Committee on

Nursing Administration, 1988).

The Element of Caring in Administration

The search for evidence of caring in administration was complicated by two problems. First, caring and administration are terms that seem to have no point of convergence. The focus of administration on the processes of planning, organizing, directing and controlling and the emphasis in human caring on intuition, social obligation and equality (Nyberg, 1993) puts them at opposite ends of a continuum. Other than recent writing in the area of nursing administration, the term "caring" is virtually absent from the administration literature.

A second difficulty in studying the concept of caring in relation to nursing administration is that "definitions of caring and measures of role enactment involving caring have not been well developed" (Nyberg, 1993, p. 17). The original intent of the review of the administration literature was to determine if the concept of caring was addressed and how it was represented. The absence of a well-developed definition of caring and an accepted description of caring behaviours has made the search for evidence of caring in the administration literature a difficult one.

Based on the findings from the caring literature, it was decided to use the following concepts as evidence of caring in administration: 1)emphasis on interpersonal

relationships which are characterized by mutual growth and self-actualization. Evidence of terms such as "trust", "empathy", "interest in" concern about" and "respect" are identified as indicators that caring is important in the administrative process, and 2)a humanistic orientation, that is, an emphasis on people rather than things; a valuation of people in terms of humanness and placing a premium on human needs (Koldjeski, 1990); a commitment to human dignity and integrity.

Emphasis on interpersonal relationships characterized by mutual growth and self-actualization

"An organization is a collection of people working together under a division of labor and hierarchy of authority to achieve a common goal" (Sullivan and Decker, 1992, p. 12). Within an organization, the division of labour and the authority structure determine the communication system and lines. Thomas, Ward, Chorba and Komiega (1991) have identified a number of organizational cultural styles. Two of these have particular relevance to the discussion here: the self-actualizing culture and the affiliative culture. Organizations that have a self-actualizing culture

> "value creativity, quality over quantity, and both task accomplishment and individual growth. Members are encouraged to gain enjoyment from their work, develop themselves, and take on new activities" (p114).

Organizations that place high priority on constructive interpersonal relationships have an affiliative culture. In these organizations, people are "expected to be friendly, open, and sensitive to the satisfaction of their work group" (p. 114).

There are a number of schools of thought or approaches to the structure and administration of organizations: 1) the classical approach, 2) the neoclassical approach, 3)the quantitative approach and, 4) the modern approach. Each school of thought was examined to determine the presence of an emphasis on interpersonal relationships characterized by mutual self-actualization.

The classical approach to organizations deals with the anatomy of the organization and is mainly concerned with efficiency through design (Sullivan and Decker, 1992). Theorists who have contributed to classical organizational thought include Frederick Taylor, Frank and Gillian Gilbreth and Henri Fayol. There is little evidence in the classical approach of concern for interpersonal relationships and certainly not ones that contribute to mutual growth and self-actualization. Rather, the emphasis is on designing an organization by subdividing the work, specifying the tasks and fitting people into the plan (Sullivan and Decker, 1992). The individual and the social dynamics of people at work were not addressed (Hoy and Miskel, 1982).

The neoclassical, human relations or behavioral

approach emerged during the 1920s and 1930s (Bergeron, 1987; Hoy and Miskel,1982) Important contributors to this view of organizations include Mary Parker Follet, Elton Mayo, Douglas McGregor and Chris Argyris. This approach placed more emphasis on people, group behaviour, social needs, human drives and ambitions (Bergeron, 1987) than was seen in the classical approach. The emphasis was on the use of administrative techniques that showed concern for employees, believing that satisfying human needs leads to gains in productivity. One major assumption, that "people desire social relationships, respond to group pressures, and search for personal fulfilment", (Sullivan and Decker, 1992, p. 17) may be evidence that this approach showed some concern for interpersonal relationships and perhaps relationships that contributed to self-actualization.

The quantitative school of thought which grew out of administrative needs at the beginning of World War II emphasizes the use of mathematical models to make decisions and solve complex organizational problems (Bergeron, 1987; Stoner, 1982). While this approach has had a great impact on the planning and controlling activities in an organization, it cannot deal effectively with the "people side of an organization" (Stoner, 1982, p. 50). Suffice to say, an administrative approach that relies on mathematical formulae does not address interpersonal relationships that contribute to mutual growth and self actualization. Caring is not a

feature of this administrative school of thought.

The modern school of administrative thought focuses on four distinct processes: process approach, systems approach, situational approach and comparative management (Bergeron, 1987). The process approach to administration includes the four functions of planning, organizing, directing and controlling; all are "inextricably linked to one another" (Bergeron, 1987, p. 133). In a list of forty administrative activities (Bergeron, 1987, p. 150) identified for the above four functions, only one - giving feedback, could be considered remotely related to interpersonal relationships within an organization.

The systems approach is based on the general systems theory and includes inputs, processes, and outputs, all of which are influenced by environmental factors (Bergeron, 1987). While "people" are identified as one of the inputs to the system, there is no indication that they are any more important than the other inputs: money, information and materials. Neither are interpersonal relationships among the people in a system identified as being an important feature of an organization.

Comparative management came about as a result of an interest by administrators and academicians in comparing administrative practices and skills among organizations and countries (Bergeron, 1987). Several studies and theories have resulted, especially from a comparison of American and

Japanese organizations. One of these, the Theory Z framework described by William Ouchi (Bergeron, 1987), identifies a number of organizational features which may promote the development of interpersonal relationships that contribute to personal growth and self-actualization since there is an increased consideration of individuals and their needs.

Humanistic orientation

While administrators often proclaim that people are their greatest resource, "the traditional approaches to the managing of people do not focus on people as a resource, but as problems, procedures, and costs" (Drucker, 1974, p. 308). Argyris (1962) identified two value systems evident within organizations: bureaucratic/pyramidal and humanistic/democratic. When humanistic values are adhered to, people are treated as human beings and have the opportunity to develop to their fullest potential. A humanistic-encouraging culture describes an organization that is managed in a way that is participative and person-centred (Thomas, Ward, Chorba and Kumiega, 1991). In these organizations "members are expected to be supportive, constructive, and open to influence in their dealings with one another" (Thomas, Ward, Chorba, and Kumiega, 1991, p. 114).

There are at least three areas of skill required to carry out the process of administration: technical skill,

human skill and conceptual skill (Hersey & Blanchard, 1988). Human skill is the ability and judgement to work with and through people. In a study by the American Management Association, cited by Hersey and Blanchard (1988), the ability to get along with people was rated as being more important than the administrative abilities of intelligence, decisiveness, knowledge, or job skills. People skills, as Bergeron (1987) calls these human skills, involve

> "the ability to be understanding, to motivate positively, to provide drive and a feeling of accomplishment, to get along with people, to blend action with finesse, to be emotionally stable, and to get satisfaction from work and working with people" (p. 788).

The human skills of administrators are important regardless of their level within the organization (Hersey & Blanchard, 1988; Katz, 1987).

Administrators need to be more concerned with releasing human potential to achieve organizational goals than with organizing, controlling and directing people to this end (Bergeron, 1987). Porter-O'Grady (1986) agrees, advocating a change in the administrator's role from controlling, directing, supervising and deciding to facilitating, coordinating, integrating, and supporting. Since it is people who determine organizational success, administrators need to be more sensitive to interpersonal relationships.

Nursing administrators aim for a kind of partnership with the employees in which each can pursue personal meaning while still supporting the organizational goals (Dunham, 1989).

The Element of Caring in Nursing Administration

Characteristics Of The Caring Nurse Administrator

The literature identifies a number of characteristics of the caring nurse administrator. These characteristics fall mainly into the areas of relationships with staff, ability to recognize and bring out the potential of individuals, facilitating the efforts of the nursing department and development of self awareness.

Caring nurse administrators are committed to a continuing relationship with the nurses and others who work in the nursing department (Nyberg, 1989). This relationship is characterized by trust, openness, honesty, fairness and consistency (Nyberg, 1989; Brown, 1991; Dunham, 1989; Nyberg, 1993; Benner, Boyd, Thompson, Marz, Buerhaus & Leininger, 1986). The nurse administrator places a high priority on asking the right questions, waiting patiently for the answers, listening carefully, soliciting comments, watching for nonverbal cues, and seeking feedback (Nyberg, 1989; Evans, 1990; Nyberg, 1993; Benner, Boyd, Thompson, Marz, Buerhaus & Leininger, 1986; Wells, 1993). Caring by the nurse administrator is expressed in part by empowering nurses rather than holding power over them (Brown, 1991;

Nyberg, 1993). Power is redefined from being a finite quality hoarded by the administrator to being infinite and something which is given away (Dunham, 1989). There is a constant exchange of power in the relationship as the unique contribution of the administrator and nurses are valued (Brown, 1991; Dunham, 1989; Nyberg, 1993).

Caring nurse administrators recognize the potential of nurses in the nursing department and work to bring out this potential (Nyberg, 1993; Nyberg, 1989). This involves getting to know the nurses in the nursing department, recognizing their contributions, letting them know their contributions are valued, inquiring about hopes, dreams and future goals, and acknowledging successes (Nyberg, 1989; Brown, 1991). Patience is a major expression of caring communication by the nurse administrator (Wells, 1993). The work of self-actualization is a lifelong process and the caring nurse administrator is able to wait patiently for growth knowing that each individual has her own process, timetable, and direction for personal growth (Brown, 1991; Wells, 1993). "Communication by the nursing administrator that people are expected, and will be assisted, to develop their full potential is a strong message of caring" (Nyberg, 1989, p. 15). Caring nurse administrators assist, support and facilitate the activities of the nursing department and its members, seeing themselves as facilitators rather than controllers (Evans, 1990; Brown, 1991). They priorize their

activities to allow time to keep in touch with staff rather than retreating into business-like behaviour and bureaucratic methods of managing by rules and policies (Nyberg, 1989). Ways of keeping in touch include making daily rounds in the organization, dealing directly with nurses, talking with patients and families, and meeting with nurses in their work areas rather than in the administrative offices. Nurse administrators are attuned to the concerns of the nursing staff. They understand the need for nurses to be craftsmen in their work and put in place nursing systems that give nurses the opportunity to work consistently with the same patients and to address the whole task of nursing rather than isolated skills (Nyberg, 1993). Caring is incorporated into the patient classification systems to ensure nurses have time to care (Evans, 1993). Job descriptions and associated performance appraisals are written to communicate an emphasis on caring as a major component of nursing and the nursing department (Evans, 1990). Nurses are encouraged to be innovative and creative; mistakes that are not life-threatening are allowed, knowing that with mistakes, comes learning (Nyberg, 1993; Brown, 1991).

Caring nurse administrators work at developing their own sense of self-esteem and self-confidence.

"The concept of caring requires that caring persons have developed a strong sense of self-worth, feel cared

for in their own lives, and see themselves as having something to offer others through the caring process" (Nyberg, 1989).

The need to have friends outside the organization and to participate in leisure activities should be seen as important to the inner stability that contributes to the ability to be a caring administrator (Nyberg, 1989). Nurse administrators seek self-awareness by keeping themselves open to learning in all circumstances (Dunham,1989).

Factors That Support A Caring Approach In Nursing Administration

There is little evidence in the literature of factors that support a caring approach by senior nurse administrators. This may be related to the fact that the concept of caring has undergone limited investigation and that the linkage between caring and nursing administration is a recent one.

One factor that is identified in the literature is gender. Historically, women have held the majority of senior administrative positions in nursing (Davidhizar, 1991). Recently, authors have identified feminine approaches to administration and leadership (Nyberg, 1993; Davidhizar, 1991; Lumby & Duffield, 1993; Helgesen, 1990). Female leaders have been found to value caring and empowerment of others (Helgesen, 1990). Female leaders focus on being accessible and helpful, encouraging

participation, sharing power and information, promoting self-worth of others, energizing others (Helgesen, 1990; Rosener, 1990). These approaches are ones which reflect caring. Naisbitt and Auburdene (1990) believe that it is no longer an advantage to a leader to have been socialized as a man. Rather, "women may have a slight advantage because they are not as likely to have to unlearn old authoritarian behaviour" (Nyberg, 1993, p. 14). As Nyberg (1993) states, the female characteristics that are prevalent in nursing may be valuable rather than a burden.

A second factor that may support the senior nurse administrator's caring approach is the presence of an administrative framework and an organizational environment that makes caring possible. The shared governance model is an example of the practical application of caring by an administrator. Shared governance is defined by Stichler as an administrative theory and practice "requiring collaborative processes that balance power and provide for reciprocation through communication and interpersonal valuing" (Wells, 1993, p. 349). The objective of shared governance as identified by Porter-O'Grady is to "transcend the frustrations and dependency experienced in a bureaucracy by creating an environment in which nurses feel renewed and satisfied in their profession" (Wells, 1993, p. 349). As an administrative approach built on the principles of decentralization, democratic representation, shared power,

empowerment, collegial and collective bonding and trust (Wells, 1993), shared governance is linked to caring and is seen as "a natural outcome of nurse administrators' caring for staff nurses" (Wells, 1993, p. 361).

A final factor which may support a caring approach by the senior nurse administrator is the fact that she is a nurse. "There is general agreement that nurses are caring people; most are drawn to the profession for that reason" (Barnum, 1994, p. 69). Caring is the essence of nursing, the central and unifying feature of nursing (Leininger, 1989). Professional nurse caring is different from natural caring and caring by other professions because it is learned through formal education in nursing as well as through professional role modelling and experience (Green-Hernandez, 1991). The senior nurse administrator thus brings to the role a natural and professional ability to care. The concept of professional caring provides a vision for nursing around which not only practice and education can be organized but administration as well (Green-Hernandez, 1991).

Factors That Adversely Affect A Caring Approach In Nursing Administration

There are a number of threats to nursing's caring philosophy faced daily by senior nurse administrators. Miller (1987) identifies six professional and organizational pressures which subvert the humanistic perspective in

nursing administration. These include: 1) pressure from health administrators to adopt a total business ethic and orientation to health care; 2) pressure from physicians to place the major focus of nursing care on technological aspects of health care delivery; 3) pressure from ancillary health care professionals to limit the role of nurses in the primary care of patients; 4) pressure from the organization to decrease the processual aspects of nursing leadership and management to speed up decision making and strategic planning; 5) pressure from regulatory and third-party payer agencies to emphasizes the efficiency of care effectiveness; 6) pressure from some nurses themselves who seek more advancement opportunity, personal recognition and economic gain before enhanced interpersonal patient care opportunities.

The threats to the caring philosophy that are felt most acutely by the senior nurse administrator in the present health care environment are probably the pressures to adopt a managerial ethic and orientation and the pressure to speed up decision making and strategic planning. The current emphasis on cost containment, budgetary restraint and efficiency as the primary concern of politicians, bureaucrats and administrators and the need to develop strategic plans to meet the goal of economic restraint have resulted in an approach to the administration of the nursing department that reflects a business perspective. The result

is that the caring philosophy is virtually excluded. Economics and caring do not have to be diametrically opposed. In fact, the future of health care and nursing depends on our ability to attend to both realities - economics and caring (Nyberg, 1991). Several authors have developed models to illustrate how caring and factors such as economics can be considered together without seriously challenging caring as an important value in nursing administration. Valentine (1989) developed the Integrated Model of Caring which illustrates the nature of caring, forces which influence caring and the resulting effects on marketing, professional satisfaction and health outcomes. Ray (1989) proposed the Theory of Bureaucratic Caring to address the need to blend traditional management views with the nursing perspective. Caring is represented as a dynamic interplay of structures that are both humanistic and bureaucratic. The Integrative Model for Nursing Administration developed by Nyberg (1990) is based on two types of philosophical thought: the physical/scientific view and the perceptual/human care view. The model concentrates on the concepts of economics and human care since it is Nyberg's belief that these are "the greatest driving forces in nursing administration currently" (p. 75).

Another factor which may adversely affect a caring approach by senior nurse administrators is the organizational structure of their workplace: the hospital.

"Health care institutions are unique, complex, social institutions that have traditionally functioned as bureaucracies" (Sullivan and Decker, 1992, p. 7). The concept of bureaucracy is associated with the work of Max Weber (1947) who saw this as the most efficient form of organization. A bureaucracy is characterized by 1) rules that serve as the basis for organizational behaviour, 2) division of labour which determines specific areas of competence and authority to carry out functions within the specific area, and 3) a hierarchical structure of organization (Filey, House and Kerr, 1976). The bureaucratic organization of hospitals as well as nursing's foundations in religion, medicine and the military (Sullivan and Decker, 1992) mean that administration of the nursing department is strongly hierarchical and controlling. Historically, nursing administrators have performed their roles in an authoritarian manner (Dunham, 1989). Hierarchical lines of communication were clearly delineated and were expected to be followed; control was all important (Dunham, 1989). While all of this may contribute to efficiency, it "challenges historical nursing values rooted in human caring" (Miller, 1987, p. 12) and makes any commitment to caring in the practice of nursing administration difficult. Characteristically, bureaucratic organizational structures encourage caretaking rather than authentic caring by nurse administrators (Brown, 1991).

Caretaking is doing for others what they can and should be doing for themselves (Brown, 1991). This type of caring has also been referred to as "smothering" (Brown, 1991) and "Mama Management" (Manthey, 1990) because the administrator is expected to know what is best for the subordinates and the organization. Typically, the administrator sees coworkers and subordinates as unable to function independently and thus focuses efforts on nurturing and overprotecting them (Ellis & Hartley, 1991). While the motivation of the administrator may be benevolent, it is a nonproductive style of management. "At the foundation of caretaking behaviours is lack of trust in and respect for both self and other" (Brown, 1991). Caretaking inhibits growth of individuals and the organization and may result in unhealthy modes of dependence for both (Brown, 1991; Ellis & Hartley, 1991).

While some bureaucratic structure is valuable in the hospital organization, a balance is needed between a centralized, bureaucratic structure and a decentralized, adhocratic structure (Dunham, 1989). It is only by diluting the effects of the bureaucracy that nurse administrators can effectively act on their commitment to caring as a value that must pervade all aspects of nursing, including the process of administration.

A final factor to be considered as one which adversely influences a caring approach by nurse administrators is the

conflict in the hospital organization that results from the contrasting values of the dominant and subordinate cultures of medicine and nursing (Evans, 1990). The conflict that this creates is the conflict of care versus cure. It is no secret that the health care system and the hospital organization are patriarchal, controlled by physicians who hold almost all of the authority for, and economic control of, patient care. The primary focus is on the medical model of disease and cure as opposed to the nursing model of health, illness, caring and healing. The result is the loss of the "culture of caring" (Wells, 1993, p. 350) within the organization.

The Benefits Of A Caring Approach As A Basis For Nursing Administration Practice

There is a call for caring to pervade all aspects of the profession of nursing, including nursing administration, and for nurse administrators to use a humanistic, caring framework in their administrative roles (Miller, 1987; Ray, 1989). Nyberg (1989) states "caring is both a philosophy and a milieu created in the organization. . ." (p. 15) and the goals of establishing this philosophy and milieu are "meaningful relationships and the growth of people in the organizational environment" (p. 15). A caring model values facilitation, coordination, integration and support (Porter-O'Grady, 1986).

There is strong support in the literature for caring as

a basis for nursing administration. Evans (1990) identified four major areas that are affected by the nurse administrator's decision to value and promote caring. One area is the nursing department. It is Evans' (1990) opinion that when nurses take on administrative roles, they do not relinquish the ability to care; they continue to practice nursing but with a different client focus. Their focus now becomes the nursing department and their responsibility is to "care for and support the nursing department's achievement of well-being. . ." (p. 168). When caring is valued within the nursing department, nurses should experience increased self-esteem, motivation and job satisfaction and as a result there should be decreased turnover and increased retention of nursing staff (Ray, 1981; Valentine, 1989; Evans, 1990). A caring environment helps employees achieve full potential; an organization cannot afford to support nonproductive employees (Dunham & Klafehn, 1990).

The individual or patient is affected by the nurse administrator's caring approach. If caring provides the basis for all nursing actions then the environment in which nurses work must support caring (Morse, 1990). The Canadian Nurses Association (1988), in its philosophical statement about nursing administration, identifies the concept of caring as inherent in nursing administration activities and it is through the complex processes of administration that

the caring values of nurses are protected. When the nurse administrator values caring, and enacts caring in her own work, nurses are more likely to treat patients in a caring manner (Nyberg, 1993; Dunham & Fisher, 1990; Nyberg, 1989). "There is theoretical and empirical evidence to indicate that caregivers themselves cannot impart caring unless they themselves are cared for and/or are part of a caring environment" (Benner & Wrubel, 1991, p. 61). Wells (1993, p. 347) believes that "nursing administrators can care indirectly for patients by nurturing a caring relationship between themselves and staff nurses." The impact of caring on the patient is emotional wellbeing, compliance with treatment regimes, reduced infection rates and reduced length of hospital stay (Valentine, 1989).

A third area affected by the nurse administrator's caring approach is the health care setting or the hospital (Evans, 1990). With the increased emphasis on cost containment and competition within the health care environment, hospitals will identify high quality patient care as one of the major things they can offer the consumer (Buerhaus, 1986). High quality patient care is more likely in a nursing department that values caring. Thus, the decision by the nurse administrator to value caring can result in the hospital's improved public image, increased consumer choice and satisfaction and increased occupancy rate (Valentine, 1989; Evans, 1990).

Finally, the nurse administrator herself will be affected by her decision to value and demonstrate a caring approach (Evans, 1990). While it is acknowledged by Evans (1990) that there is the potential to experience negative outcomes, the nurse administrator may experience the same effects experienced by all nurses who work in a caring environment: increased self-esteem, motivation and job satisfaction (Ray, 1981).

Leadership

Definition of Leadership

According to Bennis and Nanus (1985), "leadership is the most studied and least understood topic of any in the social sciences. . ." (p. 20) and in spite of the many investigations our overall understanding is incomplete and inadequate. Leadership is "the process of influencing the activities of an individual or group in efforts toward goal achievement in a given situation" (Hersey & Blanchard, 1988, p. 86). As well as influencing, leadership involves guiding, teaching and directing (Bennis & Nanus, 1985; Ellis & Hartley, 1991). Leadership is an interpersonal process (Sullivan & Decker, 1992).

In defining leadership, most authors acknowledge a difference between administration and leadership. Administration is "a special kind of leadership in which the achievement of organizational goals is paramount." (Hersey & Blanchard, 1988, p. 5) While administration refers to the

process of planning, organizing, directing, and controlling to meet organizational goals, leadership is an interpersonal process involving behaviours and strategies to influence individuals and groups toward setting and attaining goals (Sullivan & Decker, 1992). A leader focuses on the emotional and spiritual resources of an organization; an administrator focuses on the physical resources of an organization (Bennis & Nanus, 1985). A leader does not necessarily occupy a formal position within the organizational hierarchy while an administrator does (Bergeron, 1987).

The Element of Caring in Leadership

As with the administration literature, the literature on leadership was reviewed to determine if the concept of caring was addressed and how it was represented. The two major indicators of caring used were emphasis on interpersonal relationships characterized by mutual growth and self-actualization and a humanistic orientation.

The literature addressing leadership is diverse and voluminous, replete with studies and theories on leadership styles, approaches and characteristics. In general, the literature does indicate that there are two distinct categories of leader behaviour: one concerned with production and task achievement and one concerned with people and interpersonal relations (Hoy & Miskel, 1982). While the term "caring" is not evident in the general

literature on leadership, the leader behaviours concerned with people and interpersonal relations best reflect the indicators of caring.

Caring is an emerging theme in the nursing literature on leadership. Caring was identified as an inherent part of leadership behaviours of senior nurse administrators (Hyndman, 1993). Their "caring was grounded in a relationship based on mutual respect, trust, and reciprocal appreciation" (p. 181). Caring was demonstrated by "being there for staff", building interpersonal relationships, being staff advocate and acting as a buffer to "take the heat off" staff (p. 181). In a study reported by Dunham and Fisher (1990), strengths of excellent nurse leaders were identified. One of the strengths was people skills which were summarized as being good communicators, having good interpersonal skills, knowing how to speak as well as listen and including others in their plans.

Transformational leadership is one leadership approach that reflects caring in that interpersonal relationships, personal growth and a humanistic perspective are evident. Three factors underly transformational leadership: individual consideration, intellectual stimulation and charisma (McDaniel & Wolf, 1992). The transformational leader demonstrates individual consideration when she pays attention to employees, demonstrates an understanding of the unique situation of each employee, and supports goals and

behaviours that promote growth (McDaniel & Wolf, 1992). The transformational leader demonstrates charisma when she is able to inspire in others a feeling of trust, confidence and aspiration to achieve more than they originally thought possible (McDaniels & Wolf, 1992). The transformational leader provides intellectual stimulation when she supports the employee in assessing and solving problems creatively rather than by strict adherence to policy. Questions and challenges are not viewed as insubordination but as opportunities to develop and enlarge the autonomy of the professional nurse (McDaniel & Wolf, 1992).

Caring is also reflected in visionary leadership (Nanus 1992). The job of the visionary leader consists of being a direction setter, change agent, spokesperson, and coach (Nanus, 1992). It is acknowledged that any one of these alone does not mean effective visionary leadership. Effective visionary leadership involves a shared purpose, empowered people, appropriate organizational changes and strategic thinking (Nanus, 1992). The vision that is a major focus of this leadership approach, creates the image, goals and hopes for the future in an organization and is the driving force behind present and future decision-making (Wells, 1993). Establishing a vision is a key area in which caring occurs (Wells, 1993). Each person's thoughts, values, beliefs, and ideals are heard and when possible, are incorporated into the vision. The resulting vision must be

one that attracts commitment and energizes people, establishes a standard of excellence and creates meaning in employees' lives (Nanus, 1992).

A critical resource to a leader is power and the way in which the leader uses power can communicate caring. There is a strong theme of caring in the literature related to empowerment. According to Vogt and Murrell (1990), empowerment means to enable, allow or permit. It is both self-initiated and initiated by others. Empowerment "is an act of building, developing, and increasing power through cooperation, sharing, and working together." (p. 8) Empowerment is an interactive process that enlarges rather than redistributes the power. Authentic caring is expressed in part by empowering others in the organization (Brown, 1991). Expressing caring through empowerment involves valuing the unique contribution of each person, expecting people to work together to seek solutions to mutual problems and trusting and valuing competence (Brown, 1991). Hyndman (1993) found that senior nurse administrators demonstrated caring by empowering their staff by "educating, encouraging collaborative decision making, inspiring confidence, and praising efforts of their staff in a spokesperson role" (p. 182).

This chapter has presented a review of the literature in the areas of caring and caring as it relates to leadership and nursing administration. There is a growing

interest in the concept of caring but there is still a limited understanding of it. The literature review revealed that caring can be viewed as a human trait, an activity of relationship which makes possible the growth of those involved, a moral imperative that guides our actions, an affect that extends from emotional involvement with another human being, and a therapeutic intervention unique in nursing.

Caring is an emerging theme in the literature on administration and leadership. Transformational leadership, visionary leadership, and empowerment are examples of approaches that reflect caring in that interpersonal relationships, personal growth, and the unique contributions of individuals are valued.

There is evidence that caring is being examined as a feature of nursing administration. Some characteristics of the caring nurse administrator and benefits of a caring approach in nursing administration have been identified. This research may provide some insight into the importance that nurse administrators give to the concept of caring and may contribute to an understanding of how they enact caring in their practice of administration, what factors influence a caring approach in nursing administration, and who benefits from the nurse administrators' caring approach.

CHAPTER 3

THE STUDY PROCESS

I decided on this study because of my long standing interest in the areas of administration and caring but I admit to having had some misgivings about actually conducting the study. First, I envisioned having difficulty finding senior nurse administrators who would be willing to be part of the study. At the time the interviews were about to be undertaken, nursing existed in an environment charged with change and uncertainty fuelled by health care reform in the province. Much of the management of this change and uncertainty was the job of senior nurse administrators. Would involvement in this study seem to them to be too trivial to undertake? Second, I knew senior nurse administrators' time was a precious commodity and was concerned they may not be willing or able to add one more thing to their tightly scheduled lives. Finally, would senior nurse administrators be able to discuss caring? Was this a concept that they ascribed any importance to and was it even an element of their practice?

My misgivings turned out to be unfounded. All senior nurse administrators contacted to be part of this study willingly agreed to be involved. Finding free time in their busy schedules did prove to be a challenge, although not an insurmountable one. In one case, after talking several times with the senior nurse administrator's secretary and

being unsuccessful in finding a mutually workable time, the secretary and I decided that it probably wasn't going to work out and we ruled out the administrator's involvement in the study. As it turned out, the senior nurse administrator did want to be involved in the study and contacted me herself. She willingly gave up the entire Saturday afternoon of a beautiful Victoria Day long weekend so I could interview her. Typically, interviews took place at the end of a busy day yet the senior nurse administrators gave full attention to the questions for discussion.

All senior nurse administrators were able to discuss the concept of caring with an awareness and knowledge of the topic that was unanticipated. This is not to imply that the discussion always came easily. Caring is a difficult concept to describe and the senior nurse administrators had some difficulty putting their thoughts into words when asked to define the term. They did much better when asked how they demonstrated caring in their practice of nursing administration and the result was a rich and meaningful collection of examples which clearly pointed to an understanding of caring. They were also able to identify readily, factors that support and factors which limit their ability to use a caring approach in their nursing administration practice.

Face-to-face interviews were the primary means used to gather data about the senior nurse administrators'

understanding of the concept of caring. I discovered first hand about the difficulties in using this method to gather data. Initially, I was very intent on asking every question in the interview schedule and in the order in which they were identified. The result was that the interview did not flow as smoothly as it might have and I was not able to give my full attention to what the informant was saying. I soon realized that the interview schedule was best used as a guide and when I did this, the interviews became more informative and more peaceful, even enjoyable. In future studies, I would develop a much less structured approach to the interview.

I also discovered that the pre-interview phase is important but needs to include more than a discussion of the study. With the first two interviews, the pre-interview phase included introductions and a discussion of the study, including its purpose, process and how the data would be used. Then I began asking the first question which was, "How would you define caring?" Caring is not an easy concept to define and the informants were somewhat stymied, right at the beginning of the interview. In subsequent interviews, I modified the pre-interview phase to include an opportunity for the informants to talk briefly about their jobs. Since this was something they were familiar with and could talk about with ease, it helped to get the interview started. Then when I asked them to talk about caring in

their role they were more able to define and describe it.

The interviews were also time-consuming, both to schedule and conduct. I found it takes a great deal of energy to conduct an interview and the interviewer should be as rested and relaxed as possible. On one occasion I was working out of town and had attended an emotionally-charged meeting before driving 200 kilometres to conduct an interview. On another occasion, the interview had taken a particularly long time and was in conflict with another commitment. Both these situations emphasized to me that the best interviews happened when I was as rested and relaxed as possible.

The disadvantages outlined above however are outweighed by the major advantage discovered during this process. I found that one of the prime advantages to using the face-to-face interview as a research method was that it gave me the opportunity to enter the world of the informant and this world provided interesting data. While waiting to interview one nurse administrator, I noticed that the wall of the corridor outside her office was covered with photographs depicting nurses at work in various settings within the organization. The captions under the pictures described the caring work of nurses in a professional and respectful way. I interpreted this as a public expression of pride in the work of nurses and it gave me a sense that patients and nurses were probably the focus of the activities of the

nurse administrator and the nursing administration department.

In the office of another senior nurse administrator, the wall was covered with articles and pictures about new things that were happening in the organization. Although I was not able to read and look at them all, many focused on health promotion programs in which nurses had unique roles. I believe this illustrated an aspect of caring which involves encouraging people, in this case nurses, to be the best they can be.

I interviewed one senior nurse administrator in her home and while we talked she expertly divided her attention between the interview and the needs of her three children. Watching this gave me some notion of the human, calm, and caring way she must approach the varied and complex activities and people she encounters in her role as senior nurse administrator.

At the end of one interview, the senior nurse administrator rushed away to one of the wards to personally present an award of merit to one of the nurses. This was a tangible indication that, to this senior nurse administrator, nurses and their work were important.

CHAPTER 4

DEFINING AND DEMONSTRATING CARING

"Participants' experiences are the findings in qualitative research; therefore, it is essential that they be reported from the perspective of those who have lived them" (Streuber & Carpenter, 1995, p. 12). This chapter presents the research findings related to the senior nurse administrators' definition of caring and how they demonstrate caring in their practice of nursing administration. In this and subsequent chapters, the informants' quotes and commentaries will be identified using the assigned numerical code and the abbreviation SNA (senior nurse administrator).

Defining Caring

The informants in the study were asked how they would define caring as a senior nurse administrator. Reflected in their answers were three main themes: concern for patients, concern for staff, and trust and respect.

Concern for patients

Four of the senior nurse administrators stated that in their role, caring means being concerned about patients. They see the patient as the focus of all that they do. This was probably expressed most passionately by the informant who stated

> ... the reason we are here and in existence is the client (patient) and for no other reason. We don't need secretaries, housekeepers, anybody else, unless there is the client and the client is the centre of our

existence (SNA 22-2).

As the same informant pointed out, even when involved in an activity such as policy development, consideration must be given to how this policy may impact on the patient.

> We were discussing abuse policies at the management committee and my comment was that this should go to the resident council. No one else would think of that. They would be thinking of the legal aspects, etc. My perspective is, what do the patients themselves think of this, and sometimes people are a little reticent because they want to put things through without the patients. Well, not without them, but it is not their first mode of operation, whereas for me, everything comes back to, how will it affect patients first, staff second. I could not abandon that because I would not see a reason to be in health care if it wasn't for the patient first (SNA 22-2).

Another informant felt that there is a role for nurse administrators in setting the stage for caring by identifying caring behaviours and attitudes of people in the organization.

> . . .actually, the whole concept of caring starts from the top of the organization where the organization along with the senior staff and its existing staff define what the core values or the expected behaviours and attitudes of people in the organizations should be (SNA 22-5).

Caring means being an advocate for patients.

> Caring to me is being an advocate on the part of the client. It is meeting their needs in consultation with them. ...meeting their needs in a way that is satisfactory to them (SNA 22-2).

Caring means being concerned about the other person's comfort, not just in a physical sense but in a holistic way.

> SNA 22-6: I think really being concerned about the other person's comfort to me is a very strong caring attribute.
> Interviewer: Physical comfort?
> SNA 22-6: No, no, the whole comfort. It is hard to be caring if you are not concerned about the other person, who they are, where they are coming from, where they are going. That to me is one of the strongest pieces.

The concern for patients extends to trying to ensure that the best possible nursing care is being given, everyone working together within existing resources.

Concern for staff

The senior nurse administrators also recognized the importance of being concerned about the staff. One informant stated "an important consideration is the people that do the caring out there" (SNA 22-3). It was recognized that as well as caring being the physical, psychosocial and spiritual relationships with patients, it is also "the way professionals and other people within the organization treat each other; the consideration, the support as necessary, the touching" (SNA 22-5). Concern for the staff also means giving them opportunities for growth or in the words of one informant, "trying to bring people to their highest level of functioning" (SNA 22-2). Empowerment was identified by two administrators as being a caring way to make this possible.

> Empowerment. That's the word here. I always give people the benefit of the doubt and treat them as they are going to be capable of doing their job. My responsibility is to facilitate, but let them do their job (SNA 22-4).

> Right now, I am trying to move into a new empowerment model and I think it is so exciting. If we can start getting rid of some of our traditional hang-ups (re:

> hierarchical positions)and focus on the patient, on the abilities of the nurse, and free up people to do it, that is a caring model (SNA 22-6).

Trust and respect

Some senior nurse administrators felt it was difficult to separate trust and respect from caring, ". . . if you care, you trust; if you trust, you respect; and if you respect, you care" (SNA 22-5). One informant viewed caring as respect for people and their abilities and in relation to this saw her role being to facilitate the work of others. She also believed that part of caring is allowing people to make mistakes.

> So caring is respect for the person, respect for their abilities, allowing them to make mistakes and when they make mistakes don't tromp all over them. Point it out to them and say, 'Okay, what are we going to do about it?' It's not lingering on the mistakes, it's moving on (SNA 22-4).

Another informant stated that caring means being patient with people and their ideas and being nonjudgemental in interactions with them.

Additional thoughts

In addition to the above themes, informants defined caring as "competence in making the right decision" (SNA 22-5) and trying to understand where the other person is coming from. It was acknowledged by two administrators that there are behaviours that may be thought to be caring but are not authentic caring. One informant referred to this as "convoluted forms of caring" (SNA 22-5).

> . . . sometimes caring can also take the form of control, 'I am going to control and keep you safe so this won't happen'. But that's not necessarily the best thing to do. . . . So there are still some convoluted forms of caring and maybe that needs to be defined as well (SNA 22-5).

The other informant indicated that caring is not "imposed caring" (SNA 22-2) but a "combined effort with you and the client" (SNA 22-2).

Demonstrating Caring

The senior nurse administrators' responses to the questions related to how they demonstrate caring in their practice resulted in an extensive list of behaviours. For the purpose of this discussion, the behaviours are presented in the following groupings: maintaining a patient-centred focus, developing relationships with nurses, recognizing and bringing out potential in nurses, being visible, facilitating the work of nurses, and modelling caring.

Maintaining A Patient-Centred Focus

Five of the senior nurse administrators indicated that an important way they demonstrate caring is to keep issues and activities in the organization focused on the patient. One informant felt that it was particularly important that she be involved in the development of the organization's mission statement, organizational structure, goals, objectives, policies, and procedures to ensure that valued concepts such as caring were entrenched and the patients' interests were central.

I assisted in developing core documents, such as the

> mission statement, that are essential to ensuring that those kinds of concepts such as empowerment of patients were included. The creation of core documents that will ensure that the client is central and caring and empowerment are enshrined and you never lose sight of that vision (SNA 22-2).

This same informant felt it is essential to ensure that a framework is in place to support the values of professional nursing practice.

> . . .developing policies and procedures that ensure quality (nursing) care is provided to clients is another major role. You may not be the person that provides the direct (nursing) care but you want to make sure that (nursing) care is provided within a framework that supports the kinds of concepts you believe in and that is done through philosophies, goals, objectives, and practices at the bedside (SNA 22-2).

As well, inclusion of patients as part of committees and groups was seen to be a way of ensuring the organization's focus was not lost. This is important because ". . . they are the receivers of that care and should have a say in how the care is delivered." (SNA 22-5).

For another informant, preserving a focus on the patient when planning new programs or facilities is important.

> To me, caring comes in right at planning. When you plan anything, you have to think in terms of the people who are going to be using it. (SNA 22-3)

She illustrated this by stating that it is not just enough to have a program to administer chemotherapy to people with cancer but consideration must be given to what the environment is like and what comfort and privacy measures are possible. This same administrator also supports nurses

when they advocate for the development of birthing rooms rather than traditional labour rooms and the implementation of improved programs for pain control for terminally ill people.

One informant spoke of maintaining a patient-centred focus by reaching out to the community to determine with the community what the health needs are and then developing programs to address these needs.

> We have extended ourselves into the community. We have identified a catchment area and met with stakeholder groups in this catchment area. We have provided them with feedback on suggestions that they have made to us as to what they felt we needed to provide to them as an organization. The new program introduced today is a response to what our community has told us they would like to see. Another new program will be coming on board in a couple of weeks and that's a response to community request as well. So we are demonstrating that we heard you, we care about what you told us (SNA 22-5).

She felt this demonstrated that the organization is interested in the people it serves and not only did they hear what the community said but they acted on this as well. This indicated that, for this organization, "caring is not just a word on a page" (SNA 22-5).

Finally, an informant stated that when changes are discussed by the Board of Management or the administrative team of the organization, she ensures that the patient is reflected in the discussion. In her view, "the patient has to come first" (SNA 22-6).

Developing Relationships With Nurses

A second way the senior nurse administrators

demonstrate caring is by the relationships they develop with the nurses they lead. Virtually all the senior nurse administrators referred to relationships with staff when discussing ways they demonstrate caring in their practice. One informant felt it was important that she demonstrate to people that she appreciates them.

> I think that if you don't make staff feel they are important, needed or you appreciate them, they can become very unhappy with what they are doing and in turn, I guess this unhappiness can be reflected in their caring for others (SNA 22-1).

Another stated she tries to take care of her staff so they can go out there and care for the patients.

> I think when you walk down the hall you try to talk to each staff member, to acknowledge them. Certainly most staff will not walk up to the nursing administrator's office. So when you go out on those (nursing) units you definitely have to make sure that you are very conscious that you are caring about them, even by recognition (SNA 22-3).

This informant also identified a number of ways she demonstrates that she cares about the staff.

> Trying to call them by name, trying to remember important things about them and their families, trying to keep your door open so they can have access to you, encouraging the institution to plan activities to recognize them at least as a whole, recognizing the value of things they believe in, for example unionism which is very strong these days, so it is not an antagonistic role. Those kinds of things. It is more difficult in the last few years than it has been in the past (SNA 22-3).

All informants indicated they preferred a relationship with staff that was less formal and more personal. This was expressed well by the informant who stated

> I am not a formal person. They can come and take me to

> coffee if they want. Or, they can see my door open and if they have an issue they can come in and talk to me (SNA 22-5).

The terms used most frequently by the senior nurse administrators when describing their relationships with staff were open and honest, trust, and respect. Some senior nurse administrators talked about an open and honest relationship with staff. This was described by one informant as a relationship in which nurses could feel free to discuss concerns with the administrator.

> I would like to think that I create a feeling of openness, in other words, if they have a concern, they can come and discuss it freely with myself. That has happened a lot (SNA 22-1).

Another informant stated that an open and honest relationship meant she did not have any hidden agendas, is open to challenges and likes to hear others' ideas. She doesn't want people to agree with her if they don't.

> I believe in being very open, very honest. I don't have hidden agendas. I welcome people to challenge me. I let people know that I prefer to be challenged. I don't want people agreeing with me, I like to hear their ideas. . . . Openness, I guess, really is the main part of it. Sometimes I get into a bit of trouble because I am so open, that I think they find it very disarming. It's a bit of a shock (SNA 22-5).

For another informant, an open and honest relationship with her staff means she tells them up front how she operates and what they can expect. In particular, she stated that she not only tells people how she deals with mistakes but also demonstrate this so they can feel

confident that when they do make a mistake, they know it can be worked out together. As a result, people are more likely to bring potential problems for discussion. She also referred to relationships in which people feel free to express their thoughts to her.

> . . . I don't want them to feel they can't say what they feel. If they disagree with me, disagree with me. I know that is a forte I have. People in various jobs say 'I always feel comfortable, I can tell you what I'm thinking'. . . . I'm very up front with people. I say this is how I operate. We talk about making mistakes but talking isn't as good as seeing it, so the first time they do it they see how I react and then they gain confidence that they're not going to be trounced on, we're going to work it through. What I find is that people bring a problem before it happens...(SNA 22-4).

Some informants spoke of having an "open door" approach, for example,

> We have formal meetings once a month but in between times I tell them if they need to see me, just call or come to my office. I want to keep the communication flowing (SNA 22-4).

The term trust was also used when describing relationships with staff. One informant stated simply that she trusts the nurses she leads because they are professionals.

> I trust them. I believe in them because they are professionals. I know that they have a code of ethics, I have a code of ethics (SNA 22-5).

She encourages them to make decisions based on their professional judgement and to use organizational policies as guidelines in this process. If a wrong decision is made,

this is viewed as an opportunity for discussion and growth.

Another informant stated she tries to establish trusting relationships by showing willingness to listen and by working together with people in making decisions. One informant expressed trust as giving people the benefit of the doubt and not scrutinizing them all the time. She felt her role is to facilitate and support the work of nurses.

> I give people the benefit of the doubt to start with and I don't always scrutinize them because I always think they know better, they should have done better, and they can do better (SNA 22-4).

Respect in relationships with staff was identified by three senior nurse administrators. This was probably best described by the informant who stated that she treats people in a way that lets them know they are capable of doing their job.

Recognizing And Bringing Out Potential In Nurses

Recognizing potential in individual staff members is seen to be a challenge, especially in large organizations and in those which have many organizational layers. As one informant stated, you have to get to know staff well and even then, it is the administrator's own perception of the nurse's abilities and as a result, opportunities to bring out individual potential may be missed.

> I think you have to know them very well and know their abilities. But again, what I know about somebody is limited to my own perception. You're limited to what your own perception is telling you. So you may miss something and may not be able to bring out a potential that's there simply because you miss it or your perception doesn't know that it's there. But you can

only go on what you know (SNA 22-4).

This same informant felt that experience has helped her to become good at judging an individual's potential.

One informant stated that she did not have "a scientific way" (SNA 22-6) of recognizing potential but she too felt her many years of experience in her role has given her a sense for sorting out peoples' potential. Spending time with an individual helps her to know where their strengths lie. Another informant indicated she has an intuitive sense of what people's abilities are.

All the senior nurse administrators identified ways they attempt to help nurses work toward achieving their highest potential. Giving credit where credit is due was an important theme in this regard. In one organization a Nurse Recognition Day is planned during the annual national Nurses Week. This special day has an educational focus and the goal is to help nurses feel good about themselves. Coffee break or lunch is provided for nurses and prizes are awarded for achievements by nurses. This same organization holds monthly nursing grand rounds presented by nurses; every effort is made for as many nurses as possible to attend. Some senior nurse administrators give nurses opportunities to serve on committees, become involved in projects, and attend conferences with the goal of developing or expanding on their abilities.

Dealing in a constructive way with errors made by staff

was seen as another strategy to help people to grow. As one informant stated, one way administrators may help people to grow may be to give them the opportunity to make mistakes, knowing that "we will pick you up, brush you off, we'll talk about it and push you back out there" (SNA 22-5). While it is important that people know when they have made errors and be made aware of the effects of their behaviour, it is also important to offer assistance and to reinforce the positive rather than criticize the negative.

One informant said simply, "I believe in them" (SNA 22-4) when asked how she brings out potential in the nursing staff. She also pointed out the importance of having patience with staff; while she can point out areas for growth and make opportunities available, it is they who must do the changing and growing and sometimes that takes time. Another informant stated she puts an emphasis on the area that she would like to see a person continually improve in with the goal being "a successful person, a happy person, a person who feels they have contributed..." (SNA 22-5). Encouraging nurses to continue their education was also identified as a way to help people work toward achieving their highest potential. For one informant, this meant more than acknowledging the need for higher education. She assisted them to find information about available courses, helped them to access bursaries or other sources of money, kept in touch with them while they are taking a course, and

sometimes even helped them to find living accommodations if they must move away to attend a course of studies.

Facilitating The Work Of Nurses

The senior nurse administrators acknowledged that they have a role in facilitating the work of nurses and they addressed this in a number of different ways. Representing the interests of nursing within the hospital's management team is one way they identified to achieve this. One informant indicated "I can be quite a pest if I have to" (SNA 22-1) in order to support the nurses' need for equipment, educational sessions, or support sessions.

Another way the informants indicated they support the work of nurses is by ensuring they have good working conditions. This includes making sure the workplace is safe, taking the issue of nurse abuse seriously, and following up on reported incidents of abuse.

> I certainly try to make sure that we have good working conditions for them. We were the first hospital to take this business of nurse abuse seriously and develop policies and do follow-up with the people who have been abused. No one gets away with abuse, nurses are prepared to report it. It gets followed up to the letter, by golly. That is something I can do from this office and I don't think sometimes nurses realize that they have a very strong advocate in this chair (SNA 22-6).

Additional ways of promoting good working conditions for nurses identified by this senior nurse administrator include ensuring they receive proper benefits related to illness and leaves of absence and ensuring newly graduated nurses are

not placed in the situation of needing to be "in charge" when they are unfamiliar with the hospital.

Three senior nurse administrators indicated they introduced new organizational models as a means to facilitate and support the work of nurses. These were identified as shared governance, self-governance, and empowerment. In these models, the role of the senior nurse administrator is envisioned differently. As one informant indicated, rather than seeing herself at the top of a hierarchy, she views herself as part of the nursing team with the patient as the central focus. In her organization, nursing is now being represented on all key committees and nurses who serve on these committees get at least straight time back if they attend meetings on their days off. As well, nurses are now involved in setting annual objectives for the nursing department. She articulated well the potential power in a model such as this in facilitating the work of nurses.

> (Prior to the introduction of the shared governance model). . . . nurses were not well represented, weren't able to even articulate their role as a nurse within the team. . . . There were no systems developed to look at (nursing) care, skills, updates, making sure the nurses felt confident in the care they were giving and could aspire to. There was no input on the part of nursing staff into the things that the organization had envisioned. There were no staff nurses on any of the committees, etc. So for the first few years, we developed both the administrative and clinical domains by setting up good systems for the nurses so that they knew they were doing a good job and were they weren't doing a good job, persisted in doing better. I am talking about quality monitoring. When we first started, the quality assurance system was looking at

> things like, were the bed wheels turned in and, did they (patients) have Identa-bands. Well, now we measure the nursing process, their documentation, and outcomes so that we can ensure clients are receiving the best. . . . We share all the results with the nurses so that they can see they may not have done so well at this point in time but that has improved over time (SNA 22-2).

Providing educational support is another way senior nurse administrators facilitate the work of nurses. In one organization, an annual workshop with a specific focus on nursing is planned. In another, when educational needs are identified, a resource such as a clinical nurse specialist is brought in to assist nurses in developing specific knowledge and skills in a articular area.

One informant identified the introduction of a nursing model as a basis for the practice of nursing as an important way she supported the work of nurses, stating, "I was committed to growing and making nursing better and we became a more caring nursing department because of it" (SNA 22-6).

Finally, the informants indicated they facilitate the work of nurse by acting as their advocates and by organizing events during the annual national nurses week to celebrate the work of nurses.

Being visible

All senior nurse administrators recognized the value of being visible in the organization. One informant stated,

> I think it is good for staff to see you on the wards because otherwise, they don't think you care very much about what happens in their respective areas (SNA 22-1).

Other reasons for being visible include an opportunity to observe how things are going, an opportunity to talk with staff and patients, a reminder of the real reason we exist, an appreciation for what the nurses are doing and the problems and situations they have to deal with, and an opportunity to model caring.

Three of the informants achieve visibility by "making rounds". One stated she makes rounds "on almost a daily basis" (SNA 22-1). One informant makes daily rounds, visiting different nursing units each day to talk with nurses and patients. She also has coffee and meal breaks with staff whenever possible and attends unit nursing meetings when asked. Another informant makes rounds to every nursing unit twice a month.

> I make rounds twice a month on the (nursing) units and either go with the head nurse or staff nurse, find out how they are feeling, how the patient case load is going. I introduce myself to all new admissions and check in on patients who are on the report that comes to the nursing division. We talk about their staffing, those kinds of things. We set unit objectives every year and we set department objectives. I go out to the (nursing) unit myself and present to the unit the departmental objectives and answer all the questions from the staff. Whenever there is a major decision being made, if it is something to do with government I make the request that the CEO comes out to meet with all the staff and go over that decision. If it is a major departmental decision, I go out to the (nursing) units and discuss it with the staff myself (SNA 22-2).

This same informant also makes rounds whenever she has to make a major decision.

> Whenever I have to make major decisions, I usually do rounds because I find it a very humbling experience.

> It is easy make cut and dried, sometimes hard decisions in your office but if you don't go up and face the people who you are making these decisions for, I don't think you make good decisions (SNA 22-2).

The three informants who do not make regular rounds to the nursing units try to achieve visibility through planned dialogue sessions with staff, seeing nurses at the many committee meetings they attend and having an "open door" policy. These three administrators lament the fact that they are not able to include regular rounds in their schedule. This was best articulated by the informant who stated she would like to be able to make rounds because besides giving the opportunity to be more visible, it also renews her focus and her purpose, "this is what we're here for" (SNA 22-4).

Modelling caring

Several senior nurse administrators identified one way they can demonstrate caring in their practice is by modelling caring. For some informants, caring is modelled in their discussions about issues related to patients and staff. Some informants model caring in one-to-one interactions with patients and staff.

> When I go up on the (nursing) units and when I am with patients, I touch them, it comes naturally. When I first hired one of the directors she was a bit stand-offish and not friendly. . . . I think when you come into this environment where virtually everyone knows each other, it made her uncomfortable initially and it took her a long time to cross over. But now she touches patients, talks to them, is warm and you can see the outpouring of caring. She is interested in people and she listens to people. We have people with

> strokes and elderly people. The way I present myself is that I have all the time in the world for them, regardless of what it is, and clients do come to see me and talk to me (SNA 22-2).

Another informant described her interactions with nurses.

> I love to laugh, I like to hear them laugh. I believe in people having a lot of fun while they're working. There is certainly enough work to do, so let's have a lot of fun. I believe in being warm and caring. I do a lot of hugging (SNA 22-5).

Acting on the organization's philosophy is important to one informant who stated "we can't say we are an empowering agency and then do nothing to show that" (SNA 22-2). As a result, she involves the staff in discussions of the need for cost saving approaches by asking for their ideas and giving them feedback that their ideas were listened to and used. When issues arise, she attends nursing unit meetings to discuss them face-to-face rather than rely on the chain of communication which may result in information being lost or distorted.

Summary

This chapter has offered the research findings related to the ways senior nurse administrators define and demonstrate caring. The senior nurse administrators in this study view caring as concern for patients and nurses and the development of relationships based on trust and respect. Senior nurse administrators believe they demonstrate caring by fostering a patient-centred focus in the organization,

developing relationships with nurses, developing strategies to recognize and bring out individual nurse's potential, facilitating the work of nurses, being visible in the organization, and modelling caring.

CHAPTER 5

THE CARING APPROACH

This chapter presents the research findings related to factors that influence the senior nurse administrators' caring approach and the benefits of a caring approach in the practice of nursing administration.

Factors Influencing The Caring Approach By Senior Nurse Administrators

In seeking to determine the factors that influence the use of a caring approach in their administrative practice, the senior nurse administrators were asked to respond to specific questions about factors that support and factors that constrain a caring approach as well as the impact of gender, nursing background, the differing values of nursing and medicine, and health care reform.

Factors That Support A Caring Approach

When asked to identify factors that support a caring approach in their role as senior nurse administrator, it was evident that the informants place high value on support from within the administrative structure of the organization.

> I think the system has to allow you to do that. You have to have a CEO and an administrative team that will allow that approach. If you have a group of people who think, 'Oh, that's hogwash, forget it, we don't even want to hear it', well then, you are not going to get anywhere. I you have a team that says, 'Oh yeah. that makes sense', and values it (caring) as a value in the organization, then you have an open gate. I think that you need an organization in which caring is role modelled and people realize it is an important thing to you(nursing) (SNA 22-2).

Two informants indicated that the tone is set by the

Board of Management which acts on a commitment to value caring in the organization. Informants identified the CEO of the organization as being a significant support in their use of a caring approach; in the words of one informant, the administrative head of her organization "exudes a caring philosophy" (SNA 22-6). Informants also identified their colleagues on the administrative team as an important factor because if caring is valued by the other administrators in the organization, it is more possible for the senior nurse administrator to demonstrate a caring approach. Some informants talked about the support they receive from the people they lead and how this is important in sustaining them in the continued use of a caring approach. Comments such as the "I have wonderful head nurses" (SNA 22-3) and "I have the best group I've ever worked with - they're wonderful" (SNA 22-4), helped me to understand how important this support is.

Two informants identified the smaller size of their hospital as being a supporting factor since they were more likely to know the staff and to have an open relationship with other members of the administrative team. In addition to hospital size, the flat organizational structure of some hospitals was seen to be a factor supporting the use of a caring approach. The informants felt this allowed them to be closer to patients, families, and staff and helped them to be more aware of what was happening in the organization.

> I think that something that does help me is the size of our hospital - it's not large. Also, the fact that we don't have a complex organizational structure makes me more aware of what's really happening in the place and maybe brings more of a closeness with the people who report directly to me (SNA 22-1).

Age was identified as being an influencing factor. One administrator feels more comfortable with open communication within the management team than when she was younger and is more willing to take risks to represent nursing's interests in the organization.

> Maybe it's the fact that I am older than I used to be. I didn't feel as comfortable doing this years ago but it has gradually developed over the years and maybe as I get older and more experienced, I feel less threatened in saying, "I am unhappy about things" if something does happen that I think is very inappropriate. And these things do happen (SNA 22-1).

Experience was also identified; with experience comes confidence in dealing with issues in a way that best represents nursing's interests. One informant identified education as a factor since through education, senior nurse administrators learn new modes of management and leadership and understand how behaviour impacts on the organization. Finally, working in an organization with a religious affiliation was identified as a supporting factor since this creates a framework for thinking and decision making that is based on a commitment to serve people.

> . . . it is an advantage to being in a religiously affiliated organization because a lot of things I have gotten done in the name of caring that I may not have been able to do in a secular organization (SNA 22-6).

Nursing Background

Four of the senior nurse administrators agreed that their nursing background has an impact on their ability to demonstrate a caring approach in their administrative practice. These informants felt that their nursing background has a positive impact because they better understand the needs of the patients and why the organization exists in the first place. In addition, caring is seen to be part of nurses' thinking, behaviour and world view.

> I think so. The older I get, the more I realize what an edge we have on this area of caring because of our nursing background. The principles of caring . . . became part of our thinking, part of our behaviour, and how we perceived the world . . . (SNA 22-6).

One informant stated that "it makes a big difference" (SNA 22-3) that a nurse is head of the department of nursing because there is better understanding of the whole of the organization and better communication with the physician group. One informant indicated she uses administrative approaches that come from a nursing knowledge base. These include approaches for getting groups together and facilitating group process to result in decision making and problem solving. This informant cautioned however, that it is a detriment to associate caring only with nursing. One senior nurse administrator felt that her nursing background did not have a particular impact on her ability to care because nursing does not have a monopoly on caring.

Gender

Most of the senior nurse administrators believed that gender does not have an impact on their ability to care in their practice because women do not have a monopoly on caring. They indicated that they have had experiences with men in nursing as well as other professions, who were very caring. It was suggested by some of the informants that perhaps men's way of caring is different from women's and because we don't recognize and understand this, it becomes easy to think that women care more. One informant felt that the environment an individual was raised in has more of an impact on the ability to care than does gender. Another informant stated, "If I think caring is gender specific, I believe I'm in trouble with my role" (SNA 22-4). Her rationale was that "I have to be very gender nonspecific in my role because I have to believe I am just as capable of managing a group as my male counterparts" (SNA 22-4). One informant acknowledged that not all women are caring and men can and do care, but in her view, women are more caring than men. Thus for this informant, gender does have an impact on the ability to care in the role of senior nurse administrator.

Differing Values Of Nursing And Medicine

Three of the senior nurse administrators expressed the view that on occasion, the focus of the practice of medicine interferes with the practice of nursing. It is felt that

physicians don't always understand what nursing is trying to achieve and thus don't always understand what the senior nurse administrator is advocating on behalf of nursing. As one informant indicated, a large part of her job is explaining to medicine what nursing is doing and facilitating dialogue between medicine and nursing. That is not to say there is mistrust or concern about divergent interests but there is a lack of understanding by physicians about the direction nursing is taking.

> I find that most of my job with medicine is simply explaining what nursing is doing and why. I don't find an inherent distrust or worry that nursing is on a different plane or going in a different direction. . . I think they think our interests are the same. . . . Certainly, there are differences of opinion . . . (SNA 22-4).

In her view, nursing and medicine are collaborative roles and better strategies are needed for nursing and medicine to discuss mutual concerns.

In some organizations, the practice of medicine receives preferential treatment over the practice of nursing. One informant noted that while it is difficult at times to represent nursing's interest in caring, it is her experience that increasingly the medical administrative group will listen to what she is saying on behalf of nursing. Another informant stated that while at times the focus of medicine interferes with the focus of nursing "overall we're on the same track" (SNA 22-3). For one informant, any impact there may be from differing values of

medicine and nursing is eliminated by the multidisciplinary team approach to health care used in the organization. As a result, the physicians have a team perspective on their role rather than viewing themselves as the ones giving orders for the nurses to carry out. Nursing and medicine share a common goal and there is no opposition to the use of a caring approach by the nursing department. Two informants expressed the view that nursing and medicine do not have differing values in that both groups share a common concern for the wellbeing of their patients.

Health Care Reform

While most informants indicated that health care reform is necessary and good, they indicated that it has been a difficult process. In the words of one informant,

> I am totally convinced that this process was absolutely the best thing we could have done but it is also the most harrowing, uncomfortable, anxiety-provoking process you can ever be through (SNA 22-4).

Most of the informants indicated that health care reform has had an impact on a caring approach in their nursing administration. The pressure to operate within increasingly smaller budgets has caused feelings of frustration that nursing is not able to provide the kind of care they aspire to and concern that health care will be jeopardized. Sometimes tension is created among disciplines because all want to preserve the resources they feel they need to give quality health care and "you become more territorial" (SNA 22-6). The difficulties experienced by

staff as a result of job change or loss were felt by some of the informants and one described dealing with this as "very draining" (SNA 22-4). One informant stated that health care reform has meant new responsibilities which have resulted in new constraints on her time. As a result, she has less time to spend with the staff. One informant reported that health care reform has not created any difficulties in her use of a caring approach because of her belief that the reform is necessary and good and an opportunity for nursing to "come of age" (SNA 22-5).

While the pressures associated with health care reform have created difficulties for most of the senior nurse administrators, most also agree that an emphasis on economics does not have to be in opposition to an emphasis on caring. Caring and fiscal concerns "don't have to be enemies" (SNA 22-6) in fact they can be "quite compatible" (SNA 22-6).

The senior nurse administrators reported a number of approaches to deal with the challenges of health care reform. There is an attempt to keep staff up to date with what is going on. Meeting agendae include an opportunity to discuss issues of concern. One informant indicated that employee assistance programs are provided and debriefing sessions are held with staff whenever necessary. Some informants seek nurses' input into the process of reform and change. For example, one informant put flip charts on all

the nursing units and for a two month period asked staff to contribute ideas of how money could be saved. From this came suggestions for modifications in nursing practice such as the frequency at which tube feeding bags are changed. Suggestions that could be supported by published research studies were implemented and as a result, the nursing department was able to save substantial amounts of money. Two of the informants described their commitment to staff in trying to achieve the necessary savings in the nursing department budget without any loss of jobs. One informant stated that when it became necessary for staff to change jobs, it became her role to help staff see the opportunities that a new job holds.

Factors That Constrain A Caring Approach

The most frequently identified factors that impeded the senior nurse administrators' caring approach had to do with a lack of understanding of and support for a caring approach at the administrative level in the organization. Informants indicated that it is very important that the Board of Management, the chief executive officer, the hospital administration team and the nursing administration team all value caring and act on this commitment. It is felt that sometimes the Board of Management does not always understand the caring mandate. One informant acknowledged that this does not have to get in the way of a caring approach by the senior nurse administrator, rather it requires explanation

so that over time, there is better understanding and acceptance. Two informants spoke of how difficult it is to demonstrate a caring approach when there is no support or understanding from the chief executive officer of the hospital; one stated, "It is hard to continue if there isn't that caring philosophy in the leadership . . ." (SNA 22-6). Sometimes, the administrative team gets caught up in concerns about finance and loses sight of the fact that the organization's main concern is caring for people and that the patient is central. In addition, there can be the expectation that nurses are there to serve the physician. Some informants felt that it is nursing and nursing administration that keeps the rest of the organization on track as far as caring is concerned.

It was also identified that the traditional administrative hierarchy and nursing's structure within this hierarchy adversely affects a caring approach. One reason is that this structure makes communication between the senior nurse administrator and the staff difficult.

> . . . as long as you have layers in an organization, you are struggling with trying to get the message from this level down to the other level and it doesn't always get through, for whatever reason. So that is another reason for trying to get rid of some of the layers in an organization (SNA 22-5).

The traditional views of how a nurse should act may also adversely affect a caring approach. As one informant stated , the traditional view of nurses is that they "had to be tough and starched and not smile and never sit down"

(SNA 22-6). This view may make it difficult for the senior nurse administrator to use approaches that are more personal and humanistic.

Time constraints was mentioned by several of the informants as a factor adversely affecting their caring approach. They spoke about spending much of their time in meetings and as a result it is difficult to keep in touch with the issues and problems in such a way that they have a real feel for nursing and patient care.

One informant indicated that the changes in workload of all staff over the past decade has had an adverse effect on a caring approach. The reduction in staffing combined with the increased acuity of illness and disease have resulted in a substantial increase in workload for staff. Staff and senior nurse administrators experience stress and frustration.

> When you are a caring person, you like to go the extra mile to do little extras for people. When you have budget cuts and you are working in a very lean situation, a very skimpy staffing situation, you are often so tied up with the essentials that you don't have time for the extras, no matter how hard you try. That must be very frustrating for someone who really cares. To do this day in and day out, I wonder at the end of whatever time period it is, that they figure, what's the use (SNA 22-1).

Benefits Of A Caring Approach In The Practice Of Nursing Administration

All the senior nurse administrators recognized that there are benefits to a caring approach in their nursing administration practice. Benefits addressed in this

discussion are benefits to the organization, benefits to nurses who work in the organization, benefits to patients, and benefits to the senior nurse administrators themselves.

Benefits To The Organization

Some benefits relate directly to the organization itself. For example, it was felt by some of the informants that a caring approach may influence all parts of the organization from the board of management through to the staff involved in direct patient care with the result that the organization would be known as a caring place.

> I would like this place to be known as a caring place . . . that this is a hospital that you can trust and be comfortable in and that they really matter to us (SNA 22-1).

> I like to believe that if I can have a caring philosophy, a caring approach, it is going to permeate the institution and that is what we are all about. If we don't have that, we shouldn't have a hospital (SNA 22-6).

When the organization is viewed in this way, it is more likely to get the support of the community which is vital and it makes recruitment of well qualified staff easier.

> There is certainly a community benefit. If the community thinks that their hospital is caring, you certainly get a lot of support from your community. Staff-wise, it is easier recruiting (SNA 22-3)

Benefits To Nurses

There is a benefit to nurses when the senior nurse administrator has a caring approach. One informant stated,

> I hope it makes them better nurses", . . . I would like to think that whatever caring for them I demonstrate, makes them better in some way" (SNA 22-1).

This view was echoed by an informant who stated, "Nurses cannot care for patients if they are not cared for themselves" (SNA 22-6).

Another informant expressed the view that by demonstrating caring approaches in interactions with nurses she would help them to learn some ways of caring. One informant thought that nurses may experience increased job satisfaction when they work in a setting in which the senior nurse administrator uses a caring approach to her practice of nursing administration.

Benefits To Patients

The benefits to patients of the senior nurse administrator's caring approach was perhaps best expressed by the informant who stated that if she demonstrates caring, it "goes right down the line and eventually the patient receives it..." (SNA 22-5). In her view, when she demonstrates caring approaches, caring "just sort of cascades throughout the organization" (SNA 22-5). Another informant felt that the benefit to patients is that ultimately they would feel that they can trust nursing and that nurses had their best interests at heart.

Benefits To Senior Nurse Administrators

The senior nurse administrators acknowledged that there are some benefits to themselves that come from a caring approach in their administrative practice. One benefit identified was the sense of satisfaction that comes from

using caring in their work. It is one informant's view that when caring approaches are not used, the job becomes very cold and business-like and nurses feel that the administrator does not understand their situation. A second informant felt that using a caring approach helps to keep her "centred" (SNA 22-2). By this she meant keeping in sight the vision that everything that is done in the organization is done to benefit the patient. Another informant stated, "Oh, it makes life so much easier" (SNA 22-3) because there are fewer complaints from patients and families and fewer conflicts among professional staff. Finally, an informant stated that there are benefits to her in that she gets caring back and this in turn helps her to continue to use caring approaches.

> Well, I feel very good about it. I get it back as well. It is just like the first smile of the morning, you just keep passing it on. You care for each other. So everyone benefits. It relieves stress. It is a form of healing on its own (SNA 22-5).

All senior nurse administrators recognized that in order to be a caring administrator, they need to receive caring. One informant stated, "I have the same need because I am human" (SNA 22-1). This same informant indicated that the caring doesn't have to involve a major effort on the part of others.

> I kind of like to have people concerned about me and I like to get that feeling from the people that report to me as well as the people that I report to. . . . It doesn't have to be a big thing. People don't have to come up and tell you you're wonderful or any thing like that. One of the things I found really touching was,

> right after accreditation, I received a card from one of the department heads saying "thanks for doing a great job" and I was very touched by that. . . If you get feedback, even a little bit, it makes you feel good about yourself and about the world (SNA 22-1).

The senior nurse administrators identified various sources of caring. Many referred to the nursing administration team as a source of caring. This team may include assistants, head nurses, and colleagues in other hospital settings.

> I have a very good nursing administration team. I feel it is important that we care for each other because as I said, in this job there is not a lot of 'you did a great job' kind of thing. You have to feel good about yourself and if you need a lot of positive reinforcement, you are not going to get it because most of the time you are dealing with problems (SNA 22-2).

One informant has developed a network of colleagues across the country and this is the strongest source of support; she stated, "we are colleagues and I rely on them" (SNA 22-4). This same informant expressed the feeling that her nursing administration group can sense when things are not going well for her and they all help in their own way. Some informants talked about mutual caring within the nursing administration team, saying that the team members care for each other.

> I think it's reciprocal. I feel very cared for by the directors and the people who report to me. We can switch roles very quickly, they can become the care giver when I'm in need. . . . It is a matter of, in giving you receive. To me it is very clear, if you give that kind of caring, they are there for you when you need them (SNA 22-6).

All of the senior nurse administrators indicated that

family members and/or friends are important sources of caring.

> I don't know how people without a good home life can last in these kinds of jobs. I like the balance of my life. I work and I work long and hard but my home life is first. I am not saying I always put it first, but it is my home life and my husband first. If I didn't feel that he is supportive of me, that I was loved and had the unconditional love that you know no matter what happens you are going to be loved at home . . . I don't know how people cope because of the extreme stress that you are under all day long (SNA 22-2).

Another described her husband's caring in terms of his being supportive and an excellent problem solver. Many informants indicated they have close friends who care for them as a person.

> You better make sure you have a social life, friends. This facility, this job I am in, this place will be here when I am in the ground and there will be someone else sitting here and they won't even remember who I am. But people who are going to remember us are your family and close friends and if you don't nurture that side, you will have nothing (SNA 22-2).

For one informant, her pets are an important source of support because they are understanding and offer unconditional love.

Some of the senior nurse administrators emphasized the importance of having another life outside of nursing administration. They also indicated that it is important to develop strategies to deal with the stress and fatigue that are an inevitable part of the job.

> I am very active physically. I run and do aerobics and do marathons. That's always important to me, physical exercise and my gardening. I have external things, like golfing, because I know that I wouldn't be good at my job if I wasn't more of a whole person. There are

> times when you push yourself and your job so much that you start to feel put upon and sorry for yourself because all you're doing is working. I find that when you are doing that, it is because you are the one not balancing things (SNA 22-2).

Summary

This chapter presented the research findings related to factors that influence a caring approach by senior nurse administrators and the benefits of this caring approach. Factors that support a caring approach include support from the administrative team, smaller hospital size, a flat organizational structure, and the age, experience, and education of the senior nurse administrator. The informants' nursing background was seen to have a positive impact on their use of a caring approach. For most senior nurse administrators, gender does not influence their use of a caring approach. The differing values of nursing and medicine has a variable influence on the use of a caring approach. The current health care reform that is being experienced nationally and locally has had an impact in that it has been a very difficult process. However, in spite of the economic realities faced by all within the health care system, the informants felt that caring and economics do not have to be in opposition to each other. Specific factors that adversely affect the use of a caring approach by senior nurse administrators include lack of support for this approach by other members of the administrative team, the hierarchical organizational structure, traditional views of

nursing, and time constraints.

The informants indicated that a caring approach may result in the organization gaining the reputation for being a caring place. Nurses may benefit in that they may find increased meaning and rewards in their work, will feel cared for and about, and may learn new caring behaviours. Patients may benefit in that in receiving caring, their healing, health and life may be enhanced. Finally, the senior nurse administrators themselves may benefit by receiving support and encouragement from others in the organization and from the sense of satisfaction that comes from knowing they have ensured that caring remains an organizational priority.

CHAPTER 6

DISCUSSION OF THE FINDINGS

This chapter presents a discussion of the findings in the areas of defining caring, demonstrating caring, factors that influence a caring approach in nursing administration and benefits of a caring approach in the practice of nursing administration.

Defining Caring

The senior nurse administrators defined caring as concern for patients, concern for staff, and trust and respect. Many of the thoughts expressed by the senior nurse administrators in defining caring are echoed in the literature. I believe their use of the term "concern" when defining caring illustrates an understanding of caring as an affect and a moral ideal. That is, caring extends from emotional involvement with another and reflects a commitment to maintaining human dignity and integrity. Bevis (1981) believes that concern is a concept that comes closest to being synonymous with caring.

Is it really possible for senior nurse administrators to have emotional involvement with the patients and nurses in the hospital setting? Although the informants in this study worked in hospitals of varying sizes, they each were responsible for leading a large number of nurses and for ensuring the delivery of high quality nursing care to large numbers of patients. While it seems unlikely that these

administrators would ever get to know any of the nurses or patients well enough to feel anything but a collective concern for them, each senior nurse administrator had stories to tell which confirmed otherwise. For example, one senior nurse administrator told of how she had become involved in two situations in which nurses were about to retire because of serious illness. She was particularly concerned about their financial status and also wanted them to understand they did not have to feel obligated to make a hasty decision to leave the organization. She encouraged them to take additional time to consider their decision. Two other senior nurse administrators related how they had followed closely the careers of individual nurses in their hospitals and how they had become involved in the nurses' growth as professionals. One senior nurse administrator described how she had come to know the family of a long-stay patient through frequent interactions with them about their parent's health. The senior nurse administrators' expression of concern can be viewed as an expression of caring.

Perhaps it should not be surprising that one of the themes in the responses of the senior nurse administrators was concern for patients. There is a difference between the practice of administration delivered by nurses and the practice of nursing administration (Boykin & Schoenhofer, 1993; Evans, 1990; Jennings & Meleis, 1988; McCloskey,

Gardner, Johnson & Maas, 1988). While the former suggests a reliance on management and administrative theories from other disciplines, "nursing administration by name suggests a groundedness in the discipline" (Boykin & Schoenhofer, 1993, p. 60) Boykin & Schoenhofer (1993) believe that, although nurse administrators are often perceived as being removed from the direct care of patients, in fact all of their activities are ultimately directed to the patient. Without this focus, "one may be engaged in the practice of administration but not nursing administration" (Boykin & Schoenhofer, 1993, p. 61). It would seem that these senior nurse administrators have retained that commitment to patients.

There is strong support in the literature for nurses being the focus of caring by nurse administrators (Dunham & Fisher, 1990; Nyberg, 1989; Miller, 1987; Nyberg, 1993). "If you care for the caregivers, the caregiver will then be able to care for the patient with the same set of values" (Dunham & Fisher, 1990, p. 3). Nyberg (1993) believes that if nurse administrators value caring and enact caring in their work, nurses are "much more likely to treat patients and others in a caring manner" (p. 17).

Trust and respect are terms used in the literature to define caring and the caring nurse administrator. Hyndman (1993) found that senior nurse administrators believed that their relationships with staff had to be built on mutual

trust, respect, and appreciation. Roach (1987) identifies confidence as one of the five C's of caring. In her view, confidence fosters trusting relationships.

> "Caring confidence fosters trust without dependency; communicates truth without violence; and creates a relationship of respect without paternalism or without engendering a response born out of fear or powerlessness" (Roach, 1987, p. 64).

Caring nurse administrators are committed to a relationship with the people they lead and two characteristics of this relationship are trust and respect.

Demonstrating Caring

The senior nurse administrators in this study indicated they demonstrate caring by maintaining a patient-centred focus, developing relationships with staff, recognizing and bringing out potential in nurses, being visible, facilitating the work of nurses, and modelling caring.

Maintaining A Patient-Centred Focus

Just as the senior nurse administrators placed an emphasis on concern for patients when defining caring, their caring behaviours are focused on the patient as well. I believe this emphasis is understandable considering all of the senior nurse administrators in the study are nurses. Leininger (1981d) states that "caring is the central and unifying domain for the body of knowledge and practices in nursing..." (p. 3). Patients are the recipients of caring

behaviour and practices by nurses. The findings in this study indicate that senior nurse administrators do not relinquish this focus for their caring simply because they are in the administrative role. Caring for patients remains a high priority. While the senior nurse administrators' role does not afford them the opportunity to act on their commitment to caring by giving direct patient care, they still act on their commitment to caring for patients by encouraging the entire organization to make caring an institutional norm. Boykin & Schoenhofer (1993) state, "All activities of the nursing administrator are ultimately directed to the person(s) being nursed" (p. 61). Administrators must connect their work to the direct work of nurses, which is caring for patients. It is evident from these findings that the senior nurse administrators verbalize a unique role connection to caring for and about patients.

Developing Relationships With Nurses

The interpersonal nature of caring is evident in the behaviours of the senior nurse administrators. Caring is an activity that can only be effectively demonstrated interpersonally (Watson, 1981; Mayeroff, 1971; Gilligan, 1980). A relationship is both the result of caring as well as the medium through which caring is expressed. Nyberg (1993; 1989) identifies openness as an attribute contributing to caring in the administrative role. In her

view openness is built on honesty which develops into trust and growth in the relationship. Openness means the senior nurse administrators are willing to disclose their humanity so that others are able to see them as real people (Nyberg, 1989). According to Nyberg (1989), some of the behaviours involved in openness include listening, soliciting comments, asking questions and waiting for answers, requesting feedback and responding in a manner that expresses appreciation for the information provided, and the ability to focus on the reality of many individuals and groups.

Trust and respect are important components of relationships. Mayeroff (1971) identifies trust as a major ingredient of caring. In his view, caring by trusting acknowledges the independent existence of the other person rather than trying to dominate, force the other onto a mold, or care too much. Porter-O'Grady (1986) believes that while it is easy to discuss trust, it is a difficult component to achieve in a relationship. This is because the structure of the workplace interferes with the development of trusting relationships. Trust can be built by giving people an opportunity to be involved, asking others for their input, and giving people's views equal respect and consideration. Respect involves recognizing that individuals play an important part in the organization and acknowledging the contributions individuals make (Porter-O'Grady, 1986).

Respect also means giving others the opportunity to express thoughts, feelings, and ideas (Porter-O'Grady, 1986).

It is not possible for a senior nurse administrator to develop caring relationships with all the nurses in the nursing department although some of the informants make an effort to do this as much as possible. At the same time, senior nurse administrators are not able to limit their caring relationships to a few significant others as Noddings (1984) and Mayeroff (1971) suggest since their role requires them to work together with many people. The findings do not reflect any correlation between size of the hospital and development of relationships with staff since informants from both large and small organizations indicate they demonstrate caring by developing relationships with staff.

Recognizing And Bringing Out Potential In Nurses

Caring is helping others to grow (Mayeroff, 1971). "In the traditional hospital framework, there are few options available for practicing nurses to grow and reach their professional peak" (Porter-O'Grady, 1986, p. 56). Even with special education or advanced education, opportunities are limited to the numbers and types of positions available in the institution. Nyberg (1989) believes that there are some ways senior nurse administrators can contribute to the growth of nurses. Recognizing the opportunities to contribute to the professional growth of nurses requires that senior nurse administrators have an appreciation for

and belief in the potential of others to grow and change. Being aware of people's hopes, dreams, and goals for the future, giving positive feedback, publicly recognizing the successes of nurses, and communicating faith in people's potential are all ways that Nyberg (1989) believes the senior nurse administrator can contribute to the growth of nurses. "The environments for personal growth are those that encourage creativity, ownership, intrapreneurship, and a wide range of learning opportunities" (Styles, 1988, p. 16). The senior nurse administrator has a responsibility to use this as a guiding principle in creating a caring environment within the nursing department.

Facilitating The Work Of Nurses

Diennemann (1990) believes that nursing administration exists to create an environment to support professional nursing practice. Effort to create an environment to support the work of nurses is evident in the senior nurse administrators' endeavours to obtain equipment and provide educational resources. Diennemann (1990) indicates that this can also be addressed through the development of standards, policies, procedures, guidelines, chart forms, standard nursing care plans, and job descriptions.

Another responsibility of nursing administration is to maintain and improve the work environment of professional nurses (Zander, 1985). The senior nurse administrators' actions to create a safe environment for nurses and patients

and to ensure nurses receive appropriate employment benefits indicate that they recognize this as an important part of their role.

The concept of senior nurse administrators' work supporting the work of nurses seems foreign when envisioned in the context of the bureaucratic structure of hospitals. Traditionally, within the hierarchy of the hospital, senior nurse administrators are viewed as being at the top of the ladder. Power, authority, and control are important and strictly guarded. Lines of communication and decision making are clearly delineated. Yet caring "requires us to recognize the potential of people we care for by empowering them and not having power over them" (Nyberg, 1993, p. 13). Caring also means giving nurses autonomy to do their best work (Nyberg, 1993). Perhaps this is why some of the senior nurse administrators in this study have moved to adopt a new model for organizing and administrating the nursing department. Shared governance and empowerment are models that are recognized as having the potential for creating caring ways of being with and relating to people. Boykin (1990) proposes another organizational model. In this model, which Boykin (1990) refers to as the dance of caring persons, the same people are present as in the traditional hierarchical structure but the way of being with each other is different.

"Because the nature of relating in the circle is

> grounded in a respect for and valuing of each person, the way of being is diametrically opposed to traditional patterns of relating in an organization" (Boykin & Schoenhofer, 1993, p. 66).

Each person in the circle has a unique contribution to make to the patient and no one person is less important than another. The efforts by senior nurse administrators to implement new models and strategies for organizing and administering their nursing departments are encouraging. They indicate an awareness of the need to create a caring community within which nurses can work to care for patients and families. I believe that these models and strategies are not optional but absolutely necessary.

Being Visible

A study of senior nurse leaders (Dunham & Fisher, 1990) also found that nurse administrators achieved visibility by making rounds within the organization, in fact, "nurse executives love to do rounds" (p. 5). Making rounds served the purpose of affording the nurse leader the opportunity to talk with nurses about practice issues and with patients. The informants in this study who make rounds indicate they enjoy this also, in fact their enthusiasm during the discussion made me believe that they find making rounds an energizing experience. It is my view that senior nurse administrators should strive for higher levels of visibility within an organization. If the goals of caring are indeed

meaningful relationships and the growth of people within the organization (Nyberg, 1989), how are these to be achieved if contact and interaction between the senior nurse administrator and the nurses are limited? It is likely that the informants find it difficult to imagine including one more item in their work schedules. However, by having a regular place on their calendar for rounds, this could happen, much like their attendance at regularly scheduled meetings happens. In fact, making rounds on a regular basis may limit the need for some formal meetings and actually free up time in the administrators' schedules. Senior nurse administrators who are not visible within their organizations may feel uncomfortable, out of place, threatening, and threatened when they do visit a nursing unit. They are indeed strangers to the patients and nurses and as a result these feelings are probably to be expected. With regular exposure both the senior nurse administrators and nurses will feel more comfortable and rounds have the potential to be a time that is anticipated by all concerned for the opportunities afforded by the interaction.

The informants' efforts to be visible through dialogue sessions and at meetings which were also attended by some nurses are commendable. However, this provides such limited contact with nurses and no contact at all with patients. To be visible to nurses and patients in the areas that nurses and patients dwell, is a way to demonstrate interest,

concern, and connectedness to the activities of the nursing department and may go a long way in decreasing levels of fatigue and burnout among nursing staff. I believe strongly that regular, meaningful contact with patients and nurses carries a potent message of caring.

Modelling Caring

Modelling caring is an important way that the informants can contribute to the creation of a caring milieu within their organizations and requires the senior nurse administrators to be visible. Nyberg (1989) recognized the value of modelling stating that one of the responsibilities of the nurse administrator is

> "to be alert and responsive to opportunities to participate in situations involving nurse managers, nurses, administrative colleagues, and patients or families who have specific needs that allow the nurse administrator to behave as a caring person" (p. 15).

Senior nurse administrators model caring with the expectation that the nurses will emulate these behaviours. Modelling caring is closely related to the senior nurse administrators' visibility within the organization. To be alert and responsive to caring opportunities involves a presence, sometimes a physical one, within the organization.

Factors Influencing A Caring Approach By Senior Nurse Administrators

Factors That Support A Caring Approach

When identifying factors that support a caring approach, the informants spoke most strongly about the need for support from within the entire administrative team. This point was made again when they identified factors that interfere with their use of a caring approach. This is probably best understood by considering the fact that the senior nurse administrator has a duel role within the hospital organization (Porter-O'Grady, 1986). One role is to represent nursing's best interests and interpret nursing's goals to the rest of the administrative team. The other role is to interpret to nurses the organization's mandate. The members of the administrative team may see the latter as being more important. As a result,

> "the professional, social, practice, and policy directives that determine the professional nursing role in the organization are subordinated to the rules and mandates of the institution..." (Porter-O'Grady, 1986, p. 13).

In addition, the senior nurse administrator may be the only nurse on the administrative team. As a result, nursing may not be well understood and there may not be a lot of support for nursing to fulfil its caring mandate. Support from the administrative team, including the board of directors,

becomes vital if the senior nurse administrator is to develop an ethic of caring within the organization.

The informants also identified hospital size, organizational structure and religious affiliation as factors supporting a caring approach. While it would seem more possible to enact the caring behaviours identified in the preceding section in a smaller hospital setting, it would be dangerous to assume that all small hospitals have a caring milieu and large ones do not. The organizational structure can have an impact on the use of a caring approach. The hierarchical structure typically found in the hospital bureaucracy imply levels, competition, and positions of power and makes it difficult for the employee to be valued "because the risks of such valuing are often too great for the bureaucracy to bear" (Boykin & Schoenhofer, 1993, p. 66). A flat or alternate organizational structure may make it more possible for the senior nurse administrator to nurture a caring milieu and enact caring behaviours. A religious affiliation of a hospital may support the use of a caring approach by setting the stage for caring within the organization.

It was encouraging to hear the informants identify influencing factors such as age, past experience, and education because the factors previously discussed are not within the control of the senior nurse administrator. Recognizing these personal factors acknowledges that the

their use of a caring approach in their nursing administration practice.

Nursing Background

I specifically asked the senior nurse administrators about the impact of their nursing background on their caring approach because of my own strong belief that the senior administrator of nursing be a nurse. Leininger (1981d) and others believe that caring is the essence of nursing practice. Thus there is the potential for nurses to bring caring to the administrative role. As well, when the role of the nursing administrator is viewed as creating an environment that appreciates and nurtures caring and assisting nurses to hear and understand the unique calls for caring (Boykin & Schoenhofer, 1993), it can only be enacted by a nurse. Finally, nurses want to be led by someone who knows and understands the world of nursing and the nursed (McCloskey, Gardner, Johnson & Maas, 1988). As these authors point out, just as a university would not hire a nonacademic to be its president, or a faculty in law would not hire a nonlawyer to be its dean, a nonnurse should not be in a position of leading the nursing department in a hospital. Senior nurse administrators must maintain their identities as nurses.

Gender

It is interesting that the informants did not feel that gender has an impact on the ability to care in the role of

gender has an impact on the ability to care in the role of senior nurse administrator. There are references in the literature to how women view interpersonal interaction. For example, Belenky, Clinchy, Goldberger, and Tarule (1986) write, "Women typically approach adulthood with the understanding that care and empowerment of others is central to their life's work" (p. 48). As well, women tend to see relationships as a web of connection as opposed to the male image of relationships as a hierarchical structure (Gilligan, 1980). The literature also addresses the leadership behaviours of women. Rosner (1990), in a study of men and women leaders, found that men and women describe their leadership performance and behaviours differently. She found that women's leadership style was interactive, that is, they encourage participation, share power and information, enhance other people's self-worth and stimulate excitement about work. These are behaviours which can be viewed as caring.

This study did not undertake to uncover the reasons for the informants' view about the impact of gender on their caring approach. The question was not meant to imply that one gender is better than the other but just as there is a rich variation among people, there is variation between genders that should be appreciated (Epstein, 1988). Porter-O'Grady (1986) states that behaviours thought to be desirable for women are often thought not to be behaviours

associated with an effective administrator. It is his view however, that women need not give up traditionally defined female behaviours in order to take on a role such as senior nurse administrator. Characteristics such as nurturance, gentleness, sensitivity, and caring are important and should be further refined by women in administrative roles (Porter-O'Grady, 1986). "Indeed, the behaviours commonly identified with women may be precisely the ones essential to humanizing the workplace and obtaining results in commitment and job ownership" (Porter-O'Grady, 1986, p. 17).

Differing Values Of Nursing And Medicine

Hospitals are bureaucracies controlled by physicians and administrators, the majority being males. Within this structure, the caring work of nurses who are mainly women has been invisible and devalued while the curing work of physicians who are mainly men, has been visible and affirmed. While both medicine and nursing may share a common concern for the well being of the patients, how this concern is actualized and the attention this concern receives in terms of allocation of scarce resources is different.

Health Care Reform

I was particularly interested in the impact of health care reform and the accompanying emphasis on restructuring and cost containment on the senior nurse administrators' use of a caring approach in their practice.

"In the present era of cost containment, high

> technology, and changing values, the restructuring of organizations and services often may be based on priorities of expediency and efficiency rather than on needs of patients" (Poulin, 1987, p. 53).

A consciousness of caring has not seemed to be a major force in guiding health care reform. However, in discussing the impact of health care reform with one informant, her passionate response helped me to understand that the reason the process had been so difficult for her is because she cares very much about what happens to the nurses influenced by the changes. The informants' view that economics and caring do not have to be in opposition is encouraging in that it acknowledges that caring can indeed be a driving force in issues related to economics. There is always the threat that the current mandate of reform in the health care system will cause senior nurse administrators to focus their attention on the economic aspects to the detriment of the caring component. Boykin (1990) points out that even in the process of developing a budget, "it must be the commitment that drives the budget rather than the budget that drives the commitment" (p. 253). A commitment to caring can and must prevail.

> "Until we move to a health care system that is governed by care instead of control, we will be stuck with a crisis-oriented system with runaway costs and too much effort spent on deciding who is entitled to what"

(Benner, 1990, p. 16).

Factors That Constrain A Caring Approach

As might be expected, the factors identified as having an adverse influence on a caring approach by senior nurse administrators correlate with the previously discussed factors that support a caring approach. Two additional factors identified here have to do with time constraints and increased workload. Nyberg (1989) believes that an attribute of senior nurse administrators that enables them to be caring "is the ability to prioritize and order life's activities in a way that allows time and energy for the caring process" (p. 12). This is not always an easy task and Nyberg (1989) writes that some nursing administrators handle time constraints and increased work load by "retreating into businesslike behaviour and a bureaucratized method of managing by rules and policies" (p. 12). This erodes the caring milieu and repercussions are felt throughout the organization, even in patient situations.

Benefits Of A Caring Approach In The Practice Of Nursing Administration

The informants indicated that the organization, nurses, patients, and they themselves may benefit from a caring approach. The hospital does indeed benefit from the senior nurse administrators' use of a caring approach. Since the nursing department is usually the largest in the hospital,

the culture of caring that is shaped within the nursing department will have an impact on other departments and the organization as a whole. From the standpoint of the organization, the senior nurse administrator has a significant role in creating an environment that appreciates, nurtures, and supports caring behaviour (Boykin & Schoenhofer, 1993). The reputation for being a caring place and the resulting support of the community may mean that the hospital is able to attract resources necessary for new and innovative programs. It may also mean that the hospital is able to attract financial resources from private individuals and groups which allows the organization to offer services that otherwise it would not be able to consider. The ability to attract well qualified nurses is a very important benefit of using a caring approach since it gives the organization the opportunity to choose not only the most qualified from the perspective of education and expertise but those whose philosophy and behaviour will support and sustain the caring environment.

The benefit to nurses of the senior nurse administrators' caring approach is addressed in the literature and is consistent with the responses of the informants. In order to be caring nurses, nurse themselves must receive caring. "If you care for the caregiver, the caregiver will then be able to care for the patient with the same set of values" (Dunham & Fisher, 1990, p. 3). Evans

nursing department, nurses experience dissatisfaction, stress, and burnout and there may be divisiveness and high nursing staff turnover. Wells (1993) describes the outcomes of using shared governance, a caring model, as including increased autonomy, improved communication, trust, and a sense of pride and satisfaction in being a nurse. Caring in the role of professional nurse involves both human traits that the nurse brings to the situation and learned skills (Roach, 1986; Valentine, 1989; Shiber & Larson, 1991; Bishop & Scudder, 1991; Leininger, 1981). Exposure to caring by the senior nurse administrator helps nurses to learn ways of caring. For nurses who already have developed a repertoire of caring behaviours, the administrator's use of caring in effect gives the nurses permission to do the same. In other words, the administrator's caring behaviour gives the message that caring is expected and accepted in this organization.

When caring is expected and accepted in the organization the patient benefits. Ray (1981) believes that when caring is not valued, patients may receive minimal or poor quality nursing care and as a result may experience complications and spend more time in hospital. Halldorsdottir (1991) analyzed patient' caring and uncaring encounters and found that uncaring ways of being with patients are depersonalizing and destructive and increase the patients vulnerability. Caring ways of being with

the patients vulnerability. Caring ways of being with patients give security and comfort and potentiate the patient's learning and healing. Caring positively affects the life of the patient.

The senior nurse administrators recognized their own human need for caring. Nyberg (1989) believes that

> "the concept of caring requires that caring persons have developed a strong sense of self-worth, feel cared for in their own lives, and see themselves as having something to offer others through the caring process" (p. 12).

Self-worth is important because it means that energy and time to address the needs of others is not tied up in concern for achievement, acceptance by others, or obtaining personal rewards (Nyberg, 1989).

The informants acknowledged the reciprocal nature of caring when they affirmed that they are better able to use a caring approach when they receive caring. Within the organization, they most often receive this caring from nurses who are part of the administrative team. Nyberg (1989) agrees that this is an important source of support for the nurse administrator and they should develop caring relationships whenever possible in the organization, caring relationships with their closest associates are vital since these associates are their significant others in the organizational setting. Attention to personal needs is

important and the informants indicated they have many other relationships in their lives which address their needs for caring. Some also identified ways they meet their personal needs for relaxation and stress reduction. It is important that they have friends and activities outside of work rather than having their lives subordinated to work priorities. When this happens, nurse administrators "become progressively dependent on organizational success to maintain their sense of identity and worth" (Nyberg, 1989, p. 12). Senior nurse administrators "should never feel guilty about maintaining healthy activities outside of work" (Nyberg, 1989, p. 12).

CHAPTER 7

SUMMARY AND CONCLUSIONS

This qualitative study focused on the importance that senior nurse administrators in hospital settings give to the concept of caring in their thinking about nursing administration and in their actions in this role. This entailed face-to-face interviews with six senior nurse administrators in order to determine how they define caring, how they demonstrate caring in their nursing administration practice, what factors they think support and constrain their use of a caring approach, and what they think are some of the benefits of using a caring approach in their role as senior nurse administrator.

I was particularly interested in how these nurses defined caring from the perspective of being in a senior administrative role. The meaning of caring to the senior nurse administrators encompassed a concern for both patients and staff and the development of relationships based on respect and trust. This meaning was borne out in their descriptions of how they demonstrate caring.

This study shows that senior nurse administrators believe they demonstrate caring in various ways. Most commonly, the senior nurse administrators indicated they demonstrate caring by encouraging a patient-centred focus within the organization. Although they may be seen as being removed from direct patient care, senior nurse

administrators retain a commitment to the patient by encouraging a focus on the patient in all activities undertaken by the nursing department and the entire organization. A second way senior nurse administrators demonstrate caring is in the kinds of relationships they foster with staff. They attempt to develop relationships that are open and honest, based on trust and respect. Third, senior nurse administrators demonstrate caring in the ways they recognize and bring out potential in nurses. They acknowledged that in a large organization such as a hospital it is difficult to recognize the potential of individual nurses. As much as possible they try to get to know and spend time with individuals but also rely on their experience in the role and their intuition to help them recognize potential. They try to bring out potential in nurses by publicly recognizing the collective and individual work of nurses and by giving nurses the opportunity to develop and expand their abilities through educational pursuits and work on special projects and committees. Fourth, senior nurse administrators demonstrate caring by facilitating the work of nurses. This involves representing nursing's interests within the management team, ensuring good working conditions for nurses, using alternate models for organization and administration such as shared governance and empowerment models, and addressing the educational needs of nurses. A fifth way senior nurse

administrators demonstrated caring was through being visible within the organization. Some achieve visibility by making rounds on the nursing units. This gives them the opportunity to interact with nurses and patients, helps them to keep the patient paramount in what they do, keeps them acutely mindful of nurses' work, and provides an opportunity to model caring. Finally, senior nurse administrators demonstrate caring by modelling caring. They model caring in their interactions with patients, nurses, and other staff and by including nurses when discussing issues and making decisions.

Many factors which influence a caring approach by senior nurse administrators were identified in this study. Factors that support a caring approach are a supportive administrative team, small hospital size, flat organizational structure, the age, experience and education of the nurse administrator, and religious affiliation of the hospital. The senior nurse administrators agreed that their nursing background also positively influenced their use of a caring approach. Gender was not perceived to have an impact on the use of caring in the senior nursing administrator role. The impact of the differing values of nursing and medicine was perceived to have a varying influence on the senior nurse administrators' use of a caring approach. Health care reform has been a difficult experience but the senior nurse administrators indicated they have used

strategies to try to ensure changes are made with regard for the dignity of nurses. They agree that caring and the economics of health care do not have to be in opposition. Factors that adversely affect the use of a caring approach include lack of understanding and support within the administrative team, a hierarchical administrative structure, the traditional image of nurses and nursing, time constraints, and increased workload of nurses and senior nurse administrators.

A number of benefits result when the senior nurse administrator demonstrates a caring approach. The hospital benefits in that it becomes known as a caring place and a place the community can trust. As a result, the hospital gains the support of the community. Nurses who work in the nursing department feel cared for and about and as a result reflect caring in their nursing practice. They may also learn caring behaviours as they are modelled by the senior nurse administrator. Patients benefit in that they receive high quality nursing care and feel they can trust nursing. Finally, the senior nurse administrator benefits in that she experiences a sense of satisfaction, contributes to an organizational emphasis on the patient, has fewer complaints and conflicts to deal with, and receives caring in return.

The search to understand the meaning of caring in nursing administration was a satisfying one in that it was evident that caring is not an unknown concept to senior

nurse administrators. In fact, some of the administrators in this study were very articulate in their discussion of caring and demonstrated a well developed philosophy of caring which guided their behaviours in this role. I soon realized however, that this study is just a beginning look at caring by senior nurse administrators and illuminates only one small part of the picture. The study addressed what the senior nurse administrators said about caring. To achieve a more thorough understanding of the importance that senior nurse administrators in hospital settings give to the concept of caring in their thinking about nursing administration and in their actions in this role, the following questions must also be studied:

1. How do the senior nurse administrators demonstrate caring in the day to day activities of their job? I envision these data being gathered through observation of the administrators as they go about their work.

2. How are the senior nurse administrators' caring behaviours perceived by nurses in the nursing department?

3. How are the senior nurse administrators' caring behaviours perceived by patients ?

4. What is the reputation of the nursing department and the hospital in the community that it serves?

5. What is the organizational structure of the hospital? How are the new models of organization and administration being operationalized? How effective are they in actualizing a philosophy of caring?

6. How do nurses in the nursing department treat each other? How do all employees of the hospital treat each other? How do hospital staff treat students of the various health professions?

7. Do the philosophy, goals, policies, and procedures of the nursing department reflect caring?

8. How are decisions made within the organization as a whole and the nursing department in particular?

9. What nursing systems are in place? Do these systems seek to balance the movement toward greater and finite specialization with beliefs about rights and dignity of people?

It is vital that senior nurse administrators understand the concept of caring, enact caring behaviours in their practice, and support the caring values of the nurses they lead. There must be a concerted effort on the part of senior nurse administrators to strike a balance between the pressures to conform to the traditional philosophy of administration and the humanistic philosophy of professional nursing.

> "The value of caring as a basis for nursing administrative practice must be recognized, maintained, studied, and enhanced. The human care component of nursing is too central to our practice to be lost now - just as we are beginning to understand its importance in our professional identity" (Miller, 1987, p. 12).

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Appendix A

INTERVIEW SCHEDULE

1. Nursing has traditional values that are rooted in human caring. It is recognized that this human care component of nursing is central to nursing practice and nursing education. Increasingly, caring is being identified as an important component of nursing administration as well. As a senior nurse administrator, how would you define caring?

2. How do you demonstrate caring in your nursing administration practice?

   Probes: a. What kinds of relationships with staff do you try to foster?

   b. How do you recognize and bring out potential in your staff?

   c. What do you do to facilitate the work of nurses in your department?

   d. Are there specific personal attributes that contribute to the ability to care? What are some of these?

3. What factors support the use of a caring approach in your nursing administration practice?

   Probes: a. Do you have an administrative framework and organizational structure in place that

supports a caring approach? If yes, please describe. If no, what administrative framework and organizational structure would support a caring approach?

b. In your view, what impact does gender have on the use of a caring approach in nursing administration?

c. In your view, what impact does your nursing background have on your use of a caring approach?

4. What factors adversely affect your use of a caring approach in your nursing administration practice?

Probes: a. What has been the impact of budgetary restraint, cost containment, etc. on a philosophy and approach of caring?

b. Are economics and caring necessarily in opposition?

c. What is there in the organizational structure of the hospital that has an adverse effect on your use of a caring approach?

d. What effect do the values of medicine vs nursing have on your use of a caring approach?

5. What do you see as some of the benefits of using caring as a basis for nursing administration practice?

Probes: a. What ultimately would be your goal for using a philosophy of caring in your nursing administration practice?

b. What could be the impact of using a caring approach in your nursing administration practice on: the nursing department ie. nurses?
the patients?
the hospital?
you?

Appendix B

Consent Form

With my signature, I,_____,
agree to participate in the study of senior nurse administrators by Diane Mate, a Master's student in the Faculty of Education, University of Manitoba. I was selected for participation in this study because of my role as a senior nurse administrator in a hospital setting.

I realize that participating in this study will involve one interview of approximately two hours for the purpose of data gathering and a debriefing session of approximately one hour for the purpose of validating the interview transcript. I realize the potential benefits of this study in that it may reveal meaningful information about senior nurse administrators' use of caring as a basis for their nursing administration practice. I recognize that the potential risks of exploring a person's knowledge of a concept may at times cause the person some anxiety. I accept that sharing my knowledge and experience may help to advance knowledge development in nursing administration.

I understand the decision to participate is entirely voluntary and I am free to withdraw at any time simply by telling the researcher. I understand the interview will be

audio-taped and then transcribed. I acknowledge an anticipated time commitment of 3 to 4 hours for interviewing and validating the interview transcript. Although my identity will be known to the researcher through face-to-face interviews, my name will not be used in the transcriptions of the tape or in the written or verbal reports of the study. Any data that would link my identity to the information I will provide will be deleted by the researcher.

I understand I have the opportunity for input into the research project during the interview and will validate the information to insure it has been accurately transcribed. I understand I will receive a copy of my own interview transcript and a summary of the study findings.

If I have any questions at any time about the study I am free to contact the researcher or her thesis advisor.

_____ _____

Signature of Researcher Signature of Participant

Adapted with permission from K. Hyndman (1993).

Appendix C

Invitation to Participate

Dear _____:

I am a Registered Nurse and a graduate student in the Faculty of Education, University of Manitoba. I am conducting a research study to fulfill the thesis requirements of the Master's of Educational Administration program. You are invited to participate in this study of senior nurse administrators in hospital settings. The purpose of the study is to determine the importance senior nurse administrators give to the concept of caring in their thinking about nursing administration and in their actions in this role.

Data collection in this study will involve interviews with several senior nurse administrators. If you agree to participate, it will involve one interview of approximately two hours and one debriefing session of approximately one hour, both at a time and location convenient to you.

Your decision to participate is entirely your own. You have the right to withdraw from the study at any time. The

information obtained from the interview will be used in my thesis. Following the interview, the audio tapes will be transcribed and all identifying characteristics will be removed. Your name will not be discussed or reported in the thesis, future publications, or presentations. Once the research is completed, the audio tapes will be erased.

A summary of the purpose of the study is attached. Please contact me or my thesis advisor (Professor A. Riffel,

) if you have any questions. Thank you for your consideration.

Sincerely,

Diane Mate

Winnipeg, Manitoba

R

Home phone:

Work phone:

Adapted with permission from K. Hyndman (1993).