

# A QUALITATIVE METASYNTHESIS OF CARING LEADERSHIP RECLAIMING HUMANISTIC CARING IN NURSING LEADERSHIP

Grissel Hernandez, PhD Candidate, MPH, BSN, RN, HNB-BC<sup>1</sup> • Judy Vogel, MD<sup>2</sup> • Jacqueline Jones, PhD, RN, FAAN<sup>1</sup>  
Faculty Advisor: Sara Horton-Deutsch, PhD, RN, FAAN<sup>1</sup>

<sup>1</sup>University of Colorado Denver/AMC, College of Nursing, Aurora, CO • <sup>2</sup>University of Colorado Denver/AMC, School of Medicine, Department of Emergency Medicine, Aurora, CO

## BACKGROUND & RATIONALE

- Institute of Medicine's Future of Nursing report recommended opportunities for nurses to assume leadership positions at all levels and to serve as full partners in healthcare redesign and improvement.<sup>1</sup>
- Effective nursing leaders engage in leadership practices infused with the ethic of care, human caring behaviors, and actions of love, kindness, compassion, equality, reflection, mutual respect, and exemplify an environment of caring-helping-trusting for self and others.<sup>2</sup>
- Nursing leadership style is a critical component of establishing an organization's culture and creating a caring environment.<sup>3</sup>
- Nursing leaders have a moral and practical responsibility to clearly articulate the contributions of nursing as caring in the current health system and co-create caring environments by practicing within a nursing conceptual framework and solid foundational knowledge of caring in nursing.<sup>4, 5, 6</sup>
- A new way of leading requires potential leaders to understand that they must become intentional, purposeful, and responsible for their leadership practices by developing personally as well as professionally.<sup>7</sup>
- Humanistic caring is foundational to professional nursing practice and an essential aspect of direct patient care, however, less attention is given to caring in the practice and context of nursing leadership.<sup>8, 9, 10, 11, 12</sup>

## IDENTIFIED GAP & STUDY AIMS

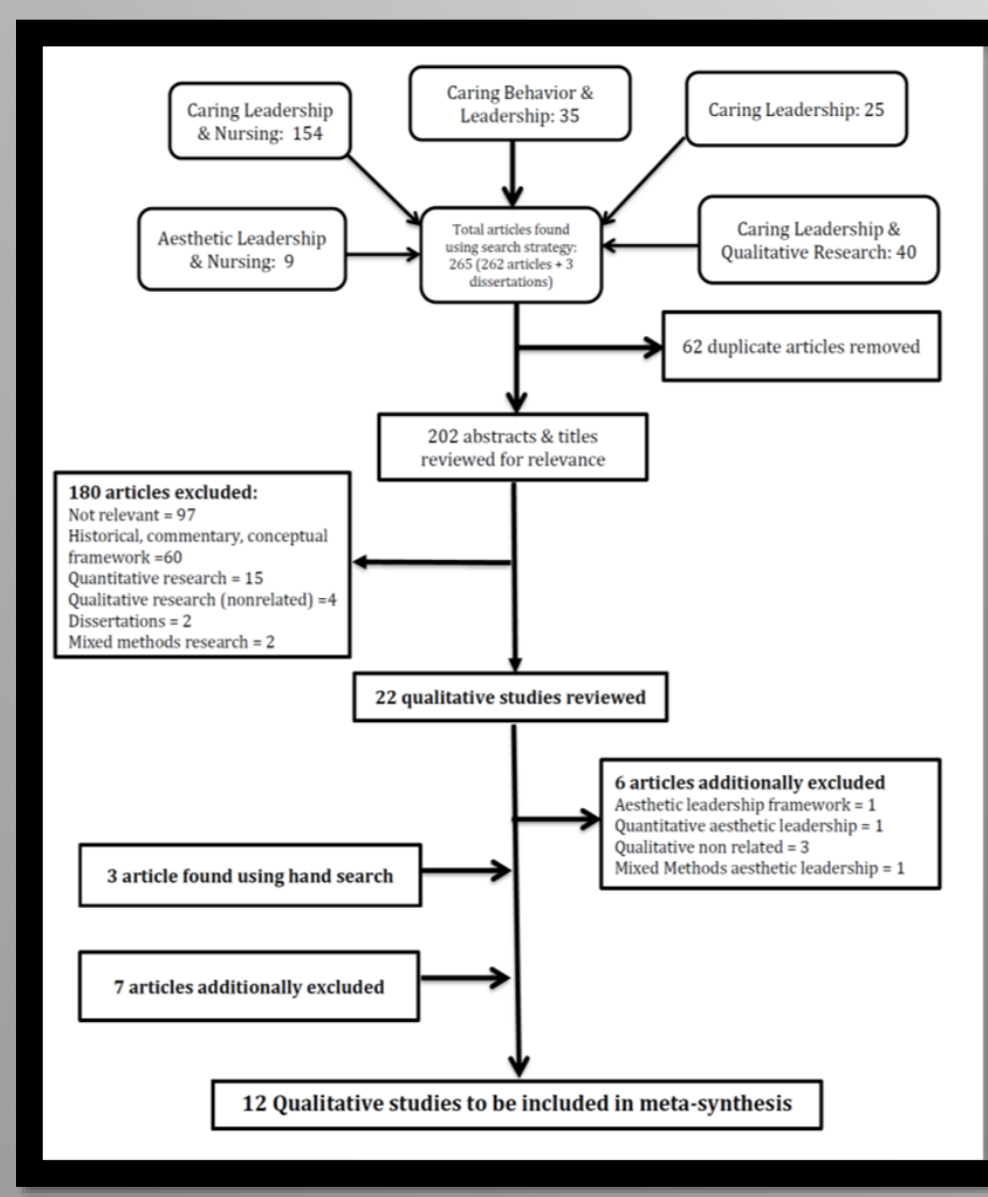
- Caring leadership literature is limited mostly to studies in education and organizational psychology.
- Caring leadership literature in nursing is for the most part conceptual in nature and not fully grounded in empirical evidence.
- The aim of this review is twofold:
  - Aim #1: To synthesize available qualitative literature on caring leadership to explore and describe the main elements/aspects that contribute to caring leadership
  - Aim #2: To identify implications for nursing leadership education, practice, and research

## METHOD & PROCESS

- A systematic and concrete process to synthesize these studies and identify overarching themes.
- The method chosen was Noblit and Hare's meta ethnography approach.<sup>13</sup>
- The seven phases are designed to help the researcher to systematically review and synthesize the findings of qualitative studies that examine caring leadership.

### Seven Steps of Noblit and Hare<sup>13</sup>

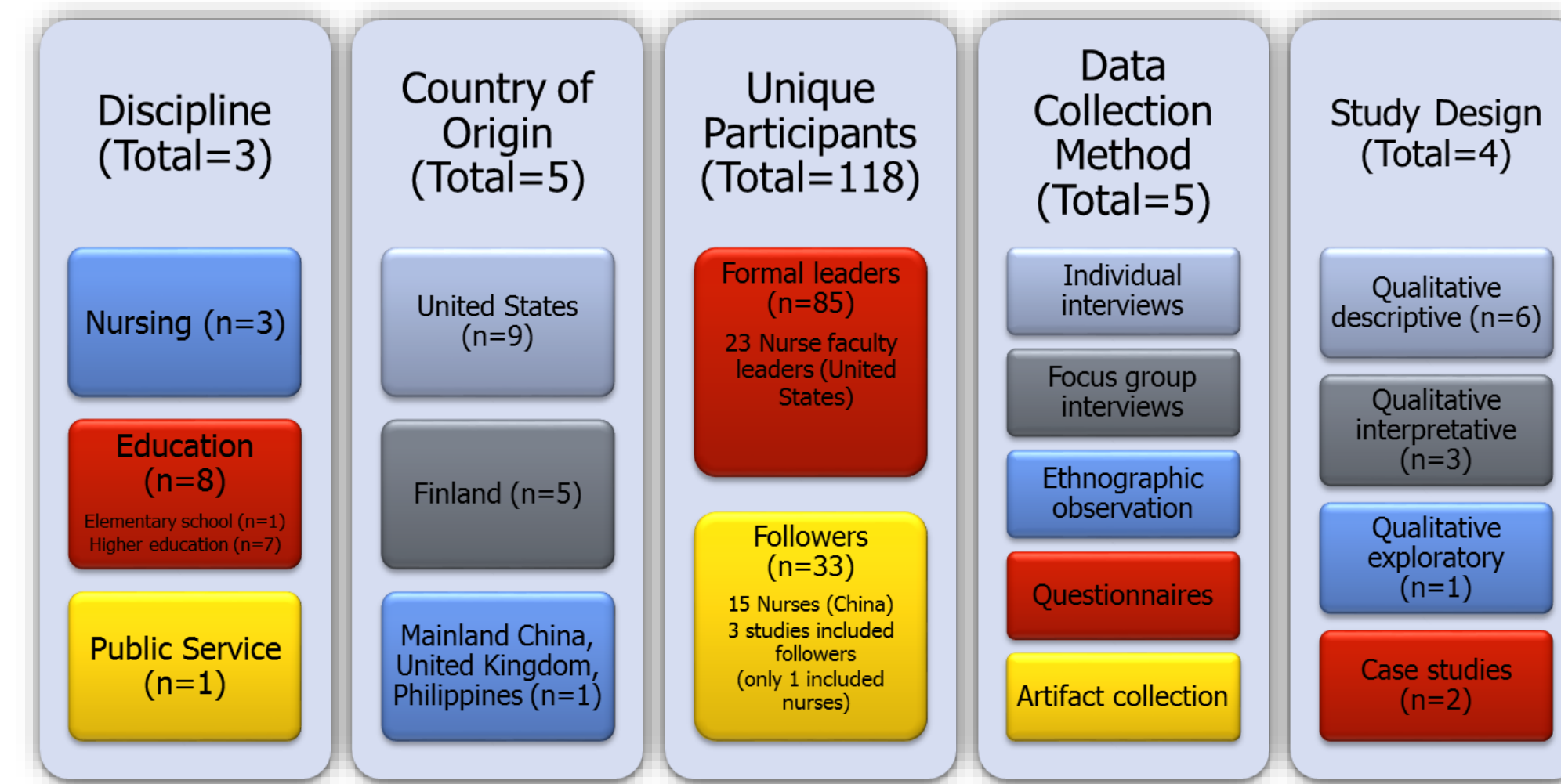
1. Getting started
2. Deciding what is relevant to the initial interest
3. Reading the studies
4. Determining how the studies are related
5. Translating the studies into one another
6. Synthesizing translations
7. Expressing the synthesis



- Qualitative studies (2005 -2015)
- English language
- Comprehensive literature search in five databases (i.e. PubMed (MEDLINE), CINAHL, ERIC, Web of Science, Google Scholar)
- Hand-searches reference lists and checked through 'cited citation' in Google Scholar to identify additional pertinent qualitative research articles
- Evaluated each manuscript using the McMaster University Critical Review Form: Qualitative Studies (Version 2.0). This quality appraisal guideline ensured a comprehensive critique of each study's design, methods, data collection, analysis, overall rigor, and appropriateness of findings.<sup>14</sup>

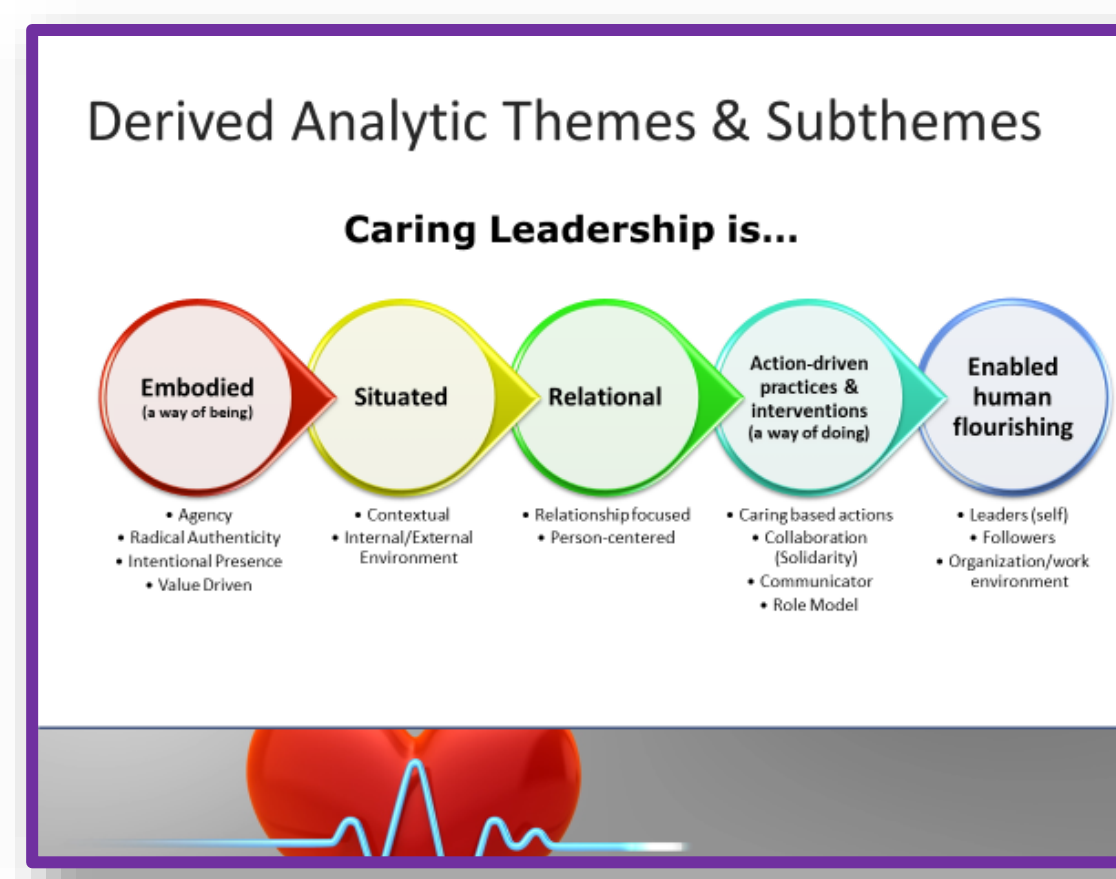
## PROCESS & DATA ABSTRACTION

- Twelve (12) eligible qualitative studies included comprising results from 118 unique participants representing caring leadership in different leadership contexts, such as nursing (n=3), elementary (n=1) and higher education (n=7), and public service (n=1).
- Five (5) of the qualitative studies were from the United States and Finland, four (4) from the United States only, and one each from mainland China, the United Kingdom, and the Philippines.
- Data originated from individual or focus group interviews, ethnographic observations, questionnaires, and artifact collection.
- Six (6) studies were qualitative descriptive, three (3) qualitative interpretative, one (1) qualitative exploratory, and two (2) case studies.



## FINDINGS

- Study revealed five overarching themes; caring leadership as embodied (a way of being), situational, relational, action-driven practices and interventions (a way of doing), and enabling human flourishing.
- Results demonstrated caring leadership takes place at every level and had positive effects for leaders (self), followers and organizations.
- Caring leaders found meaning in their work by engaging in self-leadership and loved-based actions, leading the way, developing and empowering followers and demonstrating a commitment to an organizational caring culture. As a result, staff feel valued, supported and cared for, positively influencing job enjoyment, satisfaction and retention.
- In keeping with the nature of a process, the outcomes of caring leadership go on to influence the organization and work environment.



## THEORY GUIDED CONCEPTUAL MODEL & IMPLICATIONS

- Watson's Caring Science Theory<sup>22</sup>, Ray & Turkel's Theory of Bureaucratic Caring<sup>11</sup>, Ray & Turkel's Theory of Relational Caring Complexity<sup>23</sup> and Caring Leadership Model<sup>2</sup> provide a moral-ethical-philosophical-theoretical framework and new leadership model for developing caring leadership practices within complex bureaucratic health care systems.



- Findings of meta-synthesis have important implications and recommendations for further nursing personal development, leadership, education, practice and future research from a caring science theory based perspective.

## CONCLUSIONS & FUTURE DIRECTION

- Limited research on caring leadership nursing and from followers' perspective.
- Additional research needed about applicability of caring leadership in nursing leadership; and better understanding of the lived experiences of nurse leaders as caring leader is merited.
- Despite research gap, caring leadership emerged as strong conceptual model for potential use in nursing leadership due to focus on personal awareness, self-leadership, concern for individual contributions and meeting needs of others.
- To describe caring leadership in nursing from the perspective of both nurse leaders and followers and consequences in caring, healing environment.
- What are the perceptions of nurse leaders regarding their influence on creating a caring, healing environment for their staff?
- Recommended next step of qualitative caring science research using Relational Caring Inquiry (RCI)<sup>24</sup> for my dissertation and future research on Caritas Process #8: Caring, healing environment and integration of Aesthetics with RCI to bring additional dimension and enhance data collection and analysis.
- Findings informed my caring science research question: What is the meaning of co-creating a caring, healing environment for nurse leaders?

## REFERENCES

1. Robert Wood Johnson, F., Institute of, M., & Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, a. l. l. o. M. (2011). The future of nursing: leading change, advancing health. Washington, DC U6 - ctx\_ver=Z39-88-2004&ctx\_enc=info%3Aofi%2Fenc%3AUTF-
2. Williams, R. L., McDowell, J. B., & Kautz, D. D. (2011). A caring leadership model for nursing's future. *International Journal for Human Caring*, 15(1), 31.
3. Linette, D., & Sherman, R. O. (2014). Transforming a Practice Environment Through Caring-Based Nursing Leadership. *Nurse Leader*, 12(1), 35-38. doi:10.1016/j.mnl.2013.09.014
4. Boykin, A., & Schoenhofer, S. (2001). The role of nursing leadership in creating caring environments in health care delivery systems. *Nurs Adm Q*, 25(3), 1-7.
5. Pipe, T. B. (2008). Illuminating the inner leadership journey by engaging intention and mindfulness as guided by caring theory. *Nursing administration quarterly*, 32(2), 117.
6. Watson, J. (2006). Leading via caring-healing: the fourth way toward transformative leadership. *Nurs Adm Q*, 25(1), 1-6.
7. Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practices. *Nursing administration quarterly*, 30(1), 48.
8. Glenn, L. A., Stocker-Schneider, J., McCune, R., McClelland, M., & King, D. (2014). Caring nurse practice in the intrapartum setting: nurses' perspectives on complexity, relationships and safety. *Journal of advanced nursing*, 70(9), 2019-2030. doi:10.1111/jan.12356
9. Wilkin, K., & Slevin, E. (2004). The meaning of caring to nurses: an investigation into the nature of caring work in an intensive care unit. *Journal of Clinical Nursing*, 13(1), 50-59. doi:10.1111/j.1365-2702.2004.00814.x
10. Nyberg, J. (1989). The element of caring in nursing administration. *Nurs Adm Q*, 13(3), 9-16.
11. Ray, M. A. (1997). The ethical theory of existential authenticity: the lived experience of the art of caring in nursing administration. *Can J Nurs Res*, 29(1), 111-126.
12. Watson, J. (2009). Caring science and human caring theory: transforming personal and professional practices of nursing and health care. *J Health Hum Serv Adm*, 31(4), 466-482.
13. Noblit, G. W., & Hare, R. D. (1988). Meta-ethnography: Synthesizing qualitative studies (Vol. 11). Sage.
14. Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J., & Westmorland, M. (2007). Guidelines for critical review form: Qualitative studies (Version 2.0). McMaster University Occupational Therapy Evidence-Based Practice Research Group.
15. Dyess, S. M., Prestia, A. S., & Smith, M. C. (2015). Support for caring and resiliency among successful nurse leaders. *Nurs Adm Q*, 39(2), 104-116. doi:10.1097/naq.0000000000000101
16. Turkel, M. C. (2012). Caring Leadership and Administration. *Caring in Nursing Classics: An Essential Resource*, 465.
17. Turkel, M. C. (2014). Leading from the heart: caring, love, peace, and values guiding leadership. *Nurs Sci Q*, 27(2), 172-177. doi:10.1177/0894318414522663
18. Turkel, M. C., & Ray, M. A. (2004). Creating a caring practice environment through self-renewal. *Nurs Adm Q*, 28(4), 249-254.
19. Waxman, K., Roussel, L., Herrin-Griffin, D., & D'Alfonso, J. (2017). The ANE Nurse Executive Competencies: 12 Years Later. *Nurse Leader*, 15(2), 120-126.
20. Cara, C. M., Nyberg, J. J., & Brousseau, S. (2011). Fostering the coexistence of caring philosophy and economics in today's health care system. *Nurs Adm Q*, 35(1), 6-14. doi:10.1097/NAQ.0b013e3182048c10
21. Dyess, S. M., Boykin, A., & Bullfin, M. J. (2013). Hearing the voice of nurses in caring theory-based practice. *Nurs Sci Q*, 26(2), 167-173. doi:10.1177/0894318413477138
22. Watson, J. (2008). Nursing: the philosophy and science of caring (Vol. Rev.). Boulder, Colo: University Press of Colorado.
23. Ray, M. A., & Turkel, M. C. (2014). Caring as emancipatory nursing praxis: the theory of relational caring complexity. *Advances in Nursing Science*, 37(2), 132-146.
24. Cara, C. (1999). Relational caring inquiry: Nurses' perspective on how management can promote a caring practice. *International Journal for Human Caring*, 3, 22-30.

DEEPEST GRATITUDE FOR THEIR SUPPORT

This poster presentation was funded in part by a scholarship from the Friends of Nursing, Stanford Health Care.