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The Value of Creating a Culture of Caring

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THE VALUE OF CREATING A CULTURE OF CARING

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This is to certify that **Lisa Carter** has successfully defended her Graduate Project entitled **"Creating a Culture of Caring"** and fulfilled the requirements for the Master of Arts in Nursing degree.
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ABSTRACT

THE VALUE OF CREATING A CULTURE OF CARING

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____Integrative Thesis

__x_Field Project

The purpose of this project is to provide nursing leaders, who attend the American Nephrology Nurses' Association Leadership Pre-Conference Workshop, the rationale, tools, and outcomes of creating a theory based culture of caring in health care organizations. Utilizing the foundations of transformational and resonant leadership styles, a theory-guided approach to the caring science based in nursing practice will be explored and relevant research reviewed to elucidate to the participants the value added benefit of exploring one's own organizational culture of caring. The author's exploration of her own culture of caring will be shared to demonstrate the process and outcome.

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Chapter 1

Many nurse theorists, from Nightingale to Watson describe the essential mission of caring as the foundation of nursing practice. In today's complex healthcare arena, clinical nurses and nurse leaders are increasingly challenged to uphold an ethic of caring in practice environments laden with barriers and competing priorities. In an era of evidence driven nursing practice focusing on the science of the nursing profession, a re-emphasis on the art of nursing and nursing theory is becoming increasingly important. Many individual nurse leaders as well as healthcare systems are turning to theoretical models as a way to unify the vision for how healthcare can be shaped in a way that is scientific and caring. As nurses continue to search the literature in a quest for best practices, it is imperative to preserve the human touch and the caring moments of the interpersonal relationships while utilizing a theoretical framework to guide nursing practice.

The purpose of this project is to describe the rationale, assessment tools, and outcomes of creating a theory based culture of caring in health care organizations as presented to nursing leaders, who attend the American Nephrology Nurses' Association Leadership Pre-Conference Workshop. A theory-guided approach to nursing practice grounded in caring science will be explored, based on the foundations of transformational and resonant leadership. Relevant research will be reviewed to elucidate to the participants the value added benefit of exploring one's own organizational culture of caring. Caring as a core value of the nursing profession will be examined through the lens of historic and current grand and midrange theories of caring in nursing.

The American Nurses Association (2004) and the American Nephrology Nurses' Association (Burrows-Hudson & Prowant, 2005) have identified leadership as a professional performance standard of the registered nurse in the practice setting and the profession. Therefore, all nurses are leaders. The leadership function of the RN include being a team player, team builder, and displaying the ability to define and work toward a vision and goals to achieve the vision. As a specialty nurse, the nephrology nurse is also expected to influence decision-making bodies to improve patient care and provide direction to improve the effectiveness of the care team (Burrows-Hudson & Prowant, 2005). The American Nephrology Nurses' Association Pre-Conference Leadership Workshop serves to advance the leadership skill set of the attendees.

The presenter will share a personal Mayo Foundation IRB approved research experience with assessing her inpatient acute care unit's consistency with overall institutional values as well as its current caring environment utilizing Watson's Theory of Human Caring (1985). The learning outcomes of this project are that participants will be able to identify elements of transformational and resonant leadership styles, the leadership caring competencies, the value of a theory guided practice, and the value of creating a culture of caring. Participants will be provided with tools and resources to assess the current culture of caring in their practice setting and caring competencies, which can be used to obtain a measurable outcome in their own practice settings.

Leadership has been the subject of numerous studies in the latter half of the twentieth century. However, there is still no clear and concise single definition of leadership or its characteristics. Some of the common themes present in leadership definitions include *exerting influence*, *motivating and inspiring*, *helping others realize*

their potential, *leading by example*, *selflessness* and *making a difference*. Leadership in the simplest form is a relationship. The relationship is between one person who influences the thoughts and actions of another (or a group). For the purpose of this project the following integrative definition of leadership by Bass (1990) will be utilized as the foundational base:

> Leadership is an interaction between two or more members of a group that often involves structuring or restructuring of the situation and the perceptions and expectations of the members. Leaders are agents of change – persons whose acts affect other people. Leadership occurs when one group member modifies the motivation or competencies of others in the group. (pp. 19-20)

Certain leadership styles congruent with this definition have been identified as most effective in the health care setting. These styles have been termed transformational and resonant (Goleman, Boyatzis, & McKee, 2002). Transformational leadership was first used by James McGregor Burns in 1978 and the concepts are still embraced by leaders today. This leadership style has been found to be successful for affecting change and for building an organizational culture (Bass & Avolio, 1990). "Transformational leaders motivate others to do more…more than they thought possible. They set more challenging expectations and typically achieve higher performances" (Bass, 1998, p. 15). Bass (1990) relates that transformational leaders may inspire, energize, and/or intellectually stimulate their employees; furthermore, they provide individual consideration for the employee's needs. The current nursing profession is in need of this type of leadership to mobilize the latent potential of those in the profession as well as to recognize and care for one another. Not surprisingly, it has been found to be the principal

leadership style in hospitals that have been recognized as Magnet facilities by the American Nurses Credentialing Center for excellence in nursing (Force, 2005; Kramer, 1990).

Resonant leadership can be considered a precursor for transformational leadership. It has been described as living in a state of full conscious awareness of one's whole self, other people, and the context in which we live and work (Boyatzis & McKee, 2005). This awareness is paramount in order to transform others. In today's complex health care environment, individuals in positions of leadership must be able to resonate with their employees in order to motivate and inspire. Resonance between leaders and followers ensures that synchronicity exists within the team. This resonance creates momentum and keeps employees engaged and motivated to achieve excellence.

Integration of transformational and resonant leadership styles and application to theoretical driven practice is necessary for all nurses to develop caring relationships with others and create the kind of cohesion and commitment necessary for an effective caring organization. Nursing theory is unfamiliar to many staff nurses. Associate degree graduates represent approximately 60% of all staff nurses in the United States and their educational programs focus on clinical skills, not theoretical concepts (Hood & Leddy, 2003). In contrast, baccalaureate prepared nurses are introduced to theories as students but fail to integrate it once in practice. Even though the majority of nurses may not connect theory with day to day practice, the American Nurses Credentialing Center (ANCC) standards for Magnet designation refer to applied theoretical frameworks and articulated philosophy in day to day operations (American Nurses Credentialing Center, 2005) as a necessary component to achieve nursing excellence.

A theory-driven practice provides reference/framework for strengthening practice, creates a shared language, honors the caring practice of nurses, and provides context for reflecting and pursuing nursing excellence. Theories of caring, both grand and mid-range, will be introduced to the participants to illuminate their practice. "A values-based, theory-guided approach to nursing and leadership makes visible that a caring model for professional nursing would meet the needs of both nurses and patients alike" (Watson, 2006, p. 3). As a leader, being in resonance with oneself as well as with others becomes a true expression of caring-healing, transformational leadership (Watson, 2000). Identifying, supporting, and celebrating caring behaviors also facilitates the creation of an environment and culture of caring.

Chapter 2 – Review of Relevant Literature

Leadership Theories

As much as leadership has attracted great interest, it has also attracted vigorous debate, discussion, and contestation. There has been a proliferation of definitions, theories, and models within literature, but little consensus among leadership theorists. As Bass (1990) shares:

> Leadership has been conceived as the focus of group processes, as a matter of personality, as a matter of inducing compliance, as the exercise of influence, as particular behaviors, as a form of persuasion, as a power relation, as an instrument to achieve goals, as an effect of interaction, as a differentiated role, as initiation of structure, and as many combinations of these definitions. (p.11)

Therefore, a literature review focusing on the development of leadership theories is a valuable exercise.

The literature demonstrates that the theoretical trajectory of leadership has changed over time. Initially leadership research was launched from a cultural perspective. The "Great Man Theory" asserted that one was a leader if one was born into the "right" family and possessed inherited unique characteristics. The belief that "leaders are born, not made" failed to recognize that there was more to leadership than having royal blood. Thus the research shifted to the psychological perspective, and investigation began on what personal traits leaders had, which distinguished the leaders from other people. Not surprisingly, no qualities were found that were universal to all leaders, although a number of traits did seems to correlate with leadership (Bass, 1990): above average height and weight, an abundant reserve of energy, an ability to maintain a high

level of activity, advanced education, superior judgment, decisiveness, a breadth of knowledge, strong communication and interpersonal skills, self- confidence, and creativity. In addition to revealing no universal trait among leaders, these theories also failed to acknowledge the importance of the situation in which leadership occurred.

Scholarly inquiry thus turned to developing situational leadership theories which gave clear recognition of the significance of the environment and the particular situation as factors in the effectiveness of the leader. These theories asserted that the leader was the individual who was in a position to institute change when a situation was ready for change. In other words, the leader did not plan for a change and was not the leader chosen by a group of followers; leaders just happened to be in the right place at the right time and took the action that was needed to resolve a crisis or manage a problem. Although this view of leadership was broader than merely looking at one's heritage or specific traits, it still did not capture the complexity of the phenomenon and failed to acknowledge the impact of the leader's followers. Current literature asserts that without followers, there is no leadership; therefore followers are a significant element in the leadership equation. Their needs, goals, abilities, sense of responsibility, degree of involvement, and potentials are all important in determining the effectiveness of a leader (Chaleff, 1995).

More modern theories of leadership treat leadership as a change process and the leader as a primary catalyst of change. The theories clearly recognize that effective leadership depends partly on the person of the leader, partly on the situation at hand, and partly on the qualities and maturity of the followers. Burns (1978) describes two types of

leadership that leaders use to make change and create new futures: transactional leadership and transformational leadership.

Transactional leadership involves an exchange in which both the leader and the followers get something. The leader may get the job completed or the goal achieved, and the followers may get promotions, money, or other benefits. The focus of this type of leadership system is the accomplishment of a task. Although there may be some type of connection between these leaders and their followers, this connection often is something other than a common purpose or shared vision. With such a relationship, both leaders and followers may perceive their work only as a job and not as a career.

Transformational leadership is quite different. It is a process in which "leaders and followers raise one another to higher levels of motivation and morality" (Burns, 1978, p. 20). This motivation energizes people to perform beyond expectations by creating a sense of ownership in reaching the vision. Transformational leaders use charisma, individual consideration, and intellectual stimulation to produce greater effort, effectiveness, and satisfaction in followers (Bass & Avolio, 1990). Transformational leaders create collective meaning and trust to empower followers to achieve beyond what they previously thought possible.

The concepts of transformational leadership have become the corner stone of the current leadership ideology. There are many definitions of leadership espoused by noted authorities in the field. According to Peter Drucker (1992) "an effective leader knows that the ultimate task of leadership is to move individuals so to create human energies and human vision" (p. 122). Kouzes and Posner (2007) define it as "how leaders mobilize others to want to get extraordinary things done in organizations" (p. xi). Peter Senge

(1994) believes leaders are "responsible for building organizations where people continually expand their capabilities to understand complexity, clarify vision, and improve shared mental models" (p. 340). In each of these definitions, it is apparent that transformational leadership exists only within the context of a relationship. In order for a leader to be transformative, one must touch and resonate with the emotions of the followers.

Goleman, Boyatzis and McKee (2002) identify emotional competency of leaders to be the foundation upon which effective leadership is developed. They termed the application of emotional competency to relationships as resonant leadership. Resonant leadership recognizes the role of emotions and calls for leaders to be connected to their own true self as well as to those whom they lead. Resonant leadership is a conscious purposeful process that starts with the leader engaging in self-awareness. This self-awareness equips the leader to display equanimity which transmits an overall positive emotional tone of calm confidence. Resonant leadership also requires leaders to be authentically connected with their followers. This deep connection allows the leaders to be compassionate and inspirational for the leaders are able to connect with the heart and mind of the followers. Other researchers agree. Bardwick (1996) clearly states that effective leadership is not intellectual or cognitive but emotional. She points out that from the emotional level leaders create followers through their display of equanimity. These findings were replicated in Vitello-Cicciu's (2003) study where successful nurse leaders were found to have great awareness of self and others and display equanimity, empathy, and compassion in their relationships.

Leadership Competencies

Integrating transformational and resonant leadership theories creates a leadership paradigm that guides practice and behavior which reinforces a culture of caring. Many noted health care organizations have created models and publications which identify leadership competencies congruent with this paradigm. For example, the Institute of Medicine published *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004). This report identified the nurse leader's role in creating an environment for nurses that promotes the highest level of quality nursing care and patient safety. The report calls for nurse leaders to focus on five areas of leadership and management practices including "implementing evidence-based management; balancing the tension between efficiency and reliability; creating and sustaining trust; actively managing change process through communication, training, feedback, sustained effort and attention, and worker involvement; and creating a learning organization" (p.108).

The American Organization of Nurse Executives along with other members of a collaborative called the Healthcare Leadership Alliance also created a model for nurse executive competencies (American Organization of Nurse Executives, 2005). This model identifies five domains of skills and competencies for the nurse leader, including "communication and relationship management, leadership, business skills and principles, knowledge of the healthcare environment, and professionalism" (p.15).

In addition, the Center for Nursing Leadership identified nine dimensions of leadership to provide a framework for thinking about the skills and competencies needed to be a successful nurse leader (Center for Nursing Leadership, n. d.). The dimensions were "holding the truth, recognizing the intellectual and emotional self, discovery of

potential, the quest for the adventure toward knowing, diversity as a vehicle to wholeness, appreciation of ambiguity, knowing something of life, holding multiple perspectives without judgment, and keeping commitments to oneself" (Center for Nursing Leadership, n. d., Ways of Leading, para. 1).

Not surprisingly, all of the above mentioned leadership and management practices are reflected in the new Magnet model developed by the American Nurses Credentialing Center for recognition of excellence in nursing practices (American Nurses, 2008). The updated model includes transformational leadership as a component which requires that nurse leaders be equipped to transform their organization's values, beliefs, processes, and behaviors so to meet the demands of the future.

The above referenced documents utilize different language, but the message and intent is similar. In order for healthcare organizations to achieve excellence, transformational and resonant leadership must be the preferred leadership style of nurse leaders. Highlighting skills, competencies, and behaviors such as communication, relationship management, and building and sustaining trust, by these prestigious and recognized organizations identifies caring competencies and reinforces the value of creating a culture of caring.

Caring Research

Literature has identified caring as a leadership priority and caring has been well established as the core value of the nursing profession (Watson, 2006). Yet ascertaining the essence and meaning of the word 'caring' can be quite challenging. A recent Google search on caring resulted in 57 million hits. The top five were businesses catering to the purchasing power of the general public. Narrowing the search to caring and hospitals

resulted in 1.7 million hits. Caring has been popularized as a value all consumers desire and as a result, the meaning has been lost in translation. Caring, for the purpose of this project, is defined as the interpersonal process between the nurse as caregiver and the patient as care recipient and/or the interpersonal process between the leader as caregiver and the follower as care recipient. This definition emphasizes caring as an interpersonal process which requires one to be in relationship and present in order to participate. Nursing presence is the heart of a caring nurse-patient relationship that can improve clinical decision making and ultimately patient outcomes (Swanson, 1999).

Although the meaning of caring may have been lost in translation, the value of caring has not. Many organizations, from the Picker Institute to Disney have quantified the value of caring. Research has shown that it is not what nurses know, but how much they care that impacts patient satisfaction (Bruce, Bowman & Brown, 1998; Gerteis, Edgman-Levitan, Daley & Delbanco, 1993; Swanson, 1999).

Theoretical Models of Caring

Recently, several hospitals in the United States have begun to use nursing theories based on caring science as a guide to change nursing practice and ultimately the culture of hospital nursing and milieu in seeking or sustaining magnet status (Watson, 2006). The value of having a practice driven by a caring theory is fourfold. It provides a reference or framework for strengthening practice, creates a shared language, honors the caring practice of nurses and provides context for reflecting and pursuing nursing excellence (Pipe, 2008). The literature is replete with theories of caring in nursing for the purpose of the presentation only a select few were shared. The intention behind the selection of the theories was to introduce a few grand theories of caring in nursing, as

well as mid-range theories, so that the attendees could ascertain the application to their practice.

Florence Nightingale can be considered the first nurse theorist, as she defined the scope and standards of nursing practice differently than that of the medical practice of the time. In her book, *Notes on Nursing* (1992), Nightingale identifies that the most important work of nurses is caring. She equates the nurse to patient relationship as part of the patient's environment. Theories created by Leininger, Orem, and Watson generally are accepted as the complete or grand theories of caring in nursing. The synergy of caring, healing relationships as part of the environment that Nightingale identified is an assumption that these theorists build upon. Madeleine Leininger's transcultural care theory is based upon the belief that care is the essence of nursing and the goal is to provide culturally competent care (1984). Orem's self-care deficit nursing theory (1991) describes not only self-care and self-care deficit, but nursing systems as well. In this model, the essence of care means tending to another person so they can achieve self-care. Jean Watson's theory of human caring (1985) espouses that caring is relational and the heart of nursing. Three key elements of this theory include the carative factors/caritas processes, transpersonal caring relationship and the caring moment (2001). The carative factors identify the unique gifts of nursing which define it as a distinct caring profession. These factors evolved into the caritas processes as Watson refined her theory and expanded discussion to the field of Caring Science. The caritas processes outline caring actions of nurses acknowledging a greater transpersonal caring consciousness and intentional presence.

Leininger, Orem, and Watson have published volumes on their respected theories. The theories are constantly being refined and expanded to include new insights. These theories are vast and can prove to be very difficult to interpret and apply to practice. Several midrange theories, however, offer more practical definitions of caring. For example, Thomas, Finch, Schoenhofer and Green (2007) defined caring as talking to patients, listening carefully, paying attention to details and tailoring treatments to the patients' unique preferences. Brunton and Beaman (2000) equate caring with appreciating the patient as a human being, showing respect and being sensitive to the patient, talking to, listening to and being honest with the patient, maintaining confidentiality, and encouraging patients to call. Swanson (1991) outlines five processes, knowing, being with, doing for, enabling and maintaining belief, which when coupled with a personal commitment and responsibility, result in a caring nurturing relationship. Hagedorn's theory of primary caring (2004) defines caring as connection, consistency, commitment, community, and change. These midrange theories demonstrate that caring is achievable in today's practice environment. Whether or not a culture of caring exists can be measured by numerous validated research tools (Coates, 1997; Duffy, 2002; Nelson, 2006; Swanson, 1999; Watson, 2006).

Personal Research Findings

As a nurse leader on my unit, embracing the leadership competencies and being cognizant of the value of having a theoretical based practice, it was important to respond to an inquiry raised by several experienced nurses on the unit. At times overwhelmed by the technological requirements of care giving, the staff wondered whether caring behaviors were being devalued in a technology orientated environment of providing care

despite the fact that the delivery of patient-centered care is basic to the institutional mission and highly valued by the Department of Nursing. Therefore a study (Carter et al., 2008) was conducted to describe the current state of patient-centered caring on the nursing unit as perceived by the nursing staff and patients and explore if change in the delivery of care would be perceived by the nursing staff as necessary or beneficial. The theoretical framework chosen for exploring the culture of caring was Jean Watson's Theory of Human Caring (1985). This theory was identified as being most congruent with the vision, mission and values of the institution and is the foundation for the current model of nursing care.

After obtaining institutional IRB approval, a mixed method design was utilized employing both a descriptive, comparative survey method and a focus group. An educational session was provided to participating staff utilizing Watson's theory to illuminate the three components of the institution's mission: research, education and practice. The study had three aims. The first aim was to describe the current state of patient-centered care on the nursing unit from both the nurses' and patients' perspectives. This was captured by utilizing the Caring Self-efficacy Scale (Coates, 1997) and the Client Perception of Caring Scale (McDaniel, 2003). The second aim was to assess the impact of the educational intervention designed to explicate Watson's Theory of Human Caring on nursing staff's caring self-efficacy. The third aim was to explore opportunities for enhancement in the current patient-centered caring environment on the nursing unit. This was achieved through a focus group.

The results of the study indicated that there was a high level of caring behaviors in evidence before the study began and that the education intervention did not increase

the caring behaviors. The focus group provided great insight into what creates and supports a caring culture. The theme "caring begets caring" emerged from the focus group with two sub-themes – relationship of care and context of care. Relationships of care involved four elements, teamwork, building expertise, personal support from peers, and connecting with the patient. The second sub-theme, the context of caring, described the organizational and unit infrastructure. These included the organizational culture, the unit physical environment and workload. The organizational culture of caring was identified by participants as evident from their initial orientation to the organization. Similarly the unit physical environment emerged early in the discussion and reemerged as participants discussed opportunities and challenged related to patient-centered caring. Another context of caring was the work of caring as reflected in the workload. In addition to sharing examples of situations where they were able to spend time with the patient in order to make connections, staff spoke of infusing caring moments into their routine tasks.

The value of this research project was profound. The implications of the study were to continue to hire individuals who embrace caring values, retain experienced nurses who care for newer staff, encourage staff to mentor and support one another in caring, recognize and celebrate caring moments, promote team cohesion and educate to expand caring interventions. Although the educational intervention was not found to impact the staffs perception of self-efficacy in a statistically significant manner, the sessions provided an opportunity for the staff to talk about and celebrate what is valued on the unit, it invited personal and group reflection and mindfulness on the consciousness

of caring. In summary,

> by relating our tradition to Watson's theory and providing evidence through research we were able to articulate the art and science at the center of nursing on the unit, illuminate how it guides patient-centered care, and give it the importance and distinction it deserves. By asking questions about perceptions of care it was possible to evaluate if caring was intentional by staff and tangible to patients. It was discovered that nurses' and patient's perceptions of care to be positive and in alignment, even as the technology of providing care advances (Carter et al., 2008, p.63).

Chapter 3 – Development of the Practice Model

Transformational leadership is a process that motivates followers by appealing to higher ideas and moral values (Bass, 1990). Transformational leaders must be able to define and articulate a vision for their organizations, and the followers inherently accept the credibility of the leader. Transformational leaders are concerned with the individual and their intellectual stimulation, all while possessing the attribute of charisma and inspiration. They inspire others to go beyond their self-interests to act for the good of the organization. As past recipient of the American Nephrology Nurses' Association Board of Directors Award, which recognizes a grassroots member for advancing the goals and objectives of the association and improving care, and as a recognized leader in the association, the author was asked to present at the 39th Annual National Symposium Leadership Pre-Conference Workshop to develop the future leaders in the nursing specialty and move them to a higher state of existence, to transform them. The presentation (see Appendix A) was developed to reflect transformational leadership in action.

Transformational Leadership in Action

Transformational leaders change the internal belief systems of others by: (a) becoming a role model which followers want to emulate; (b) providing meaning and challenge so as to motivate and inspire commitment to goals beyond self interest and to a shared vision; (c) encouraging new ways of thinking, new approaches to problems, and learning from mistakes; and (d) paying attention to each individual's particular needs, desires, and capabilities through mentoring (Bass, 1990). These four behaviors are referred to as the "Four I's" of transformational leadership, respectively, idealized

influence, inspirational motivation, intellectual stimulation and individualized consideration.

The topic of discussion "Creating a Culture of Caring" was structured to demonstrate these dimensions. This required focusing on inspiring the attendees using visioning and providing compelling articulations of what is possible for the future of nursing. The content defined the purpose and the individual responsibility of each attendee. It called for behavior congruent with beliefs, principles and values of the envisioned future and inspired momentum-building change. The presentation balanced being inspirational with challenging attendees to question assumptions and thinking outside of the box. The presentation was delivered with contagious energy, dynamic lecture, frequent interaction, and creative experiential activities. The content of the presentation was to reflect my passion for creating a culture of caring and call the audience to re-embrace the art of nursing. Perceptions were shared of the current reality of the nursing profession, leadership's responsibility, and the need for change. An outline of the caring theories and highlights of the positive patient and staff outcomes of integrating them into one's work environment was presented. Acting as a role model, the author shared the exploration of her own unit's culture of caring to demonstrate the process and outcome. The goal was to connect with audience's inner calling to become nurses and appeal to their higher level of morality, ethics and values.

Transformative leadership is less concerned with exchanges than with changing beliefs and values of others, especially in times of change, which seem to be omnipresent. Rather than exchanging rewards for performance, a transformational leader the presenter attempts to build ownership on the part of attendees by involving them in the process. The

goal was to move the participants from external to internal control, meaning that caring behaviors become internalized and the participants would want to do them instead of having to be told to do them, or else. The goal of the presentation was to encourage the participants to embrace desired outcomes and they would willingly, passionately, strive for the outcome, the vision, leading to a more positive self-concept that is aligned with the art of nursing. The presenter intended to change the internal belief systems of others by demonstrating the four behaviors of transformational leadership, respectively, idealized influence, inspirational motivation, intellectual stimulation and individualized consideration.

Chapter 4- Evaluation

The purpose of this project is to advance the leadership skills of nurses who attend the American Nephrology Nurses' Association Leadership Pre-Conference Workshop. The presentation was given to a live audience April 27, 2008 in Philadelphia, Pennsylvania. The presentation was audio-taped and re-formatted as an on-line educational module through www.prolibraries.com/anna. The learning objectives of the presentation are that the participants will be able to articulate the elements of transformational and resonant leadership styles, the leadership caring competencies, the value of theory-driven practice, and the value of creating a culture of caring. Since this activity was sponsored by the American Nurses Credentialing Center a formal evaluation based upon the above objectives was provided to all participants to complete. The evaluation tool was a likert scale from 1, indicating strongly disagrees, to 5, strongly agrees. All evaluations returned at the live presentation were tallied and a summary was provided which indicated overall positive results as shown in Table 1.

Table 1

Individual Education Activity Evaluation Summary

Objectives : 	**Average Score 1-5** Strongly disagree……..Strongly agree 1…...2…...3…...4…...5
1. I am able to meet the first stated objective: Identify elements of transformational and resonant leadership styles	4.31
2. I am able to meet the second stated objective: Identify leadership caring competencies	4.30
3. I am able to meet the third stated objective: Identify the value of a theory guided practice	4.25
4. I am able to meet the fourth stated objective: Identify the value of creating a culture of caring	4.19
5. My personal objectives for this session were met	4.30
Presentation	
The presenter stimulated my desire to learn	4.5

The presenter demonstrated knowledge and expertise in the content area	4.42
The material presented will enhance my practice	4.22
The education activity was well organized	4.31

Analysis of these results would indicate that the presentation was successful in meeting the defined objectives. The participants scored the last objective, articulating the value of creating a culture of caring, the lowest. This result, although still very positive warrants further consideration. This result could be due to pre-existing organizational culture within many healthcare settings which emphasize the economics of healthcare over the concept of caring. For example, some of the participants indicated that they are employed in for-profit free standing dialysis units. These individuals would find it difficult to articulate the value of creating a culture of caring to administration as the presentation did not equip them with the specific economics of creating such a culture.

Chapter 5 - Conclusion

The implications for creating a culture of caring in all practice settings could be transformational for the profession of nursing and health care as a whole. Actualizing the tenets of transformational and resonant leadership and utilizing caring theories to drive practice could heal the dispirited workforce by empowering nurses to engage in the practice of caring, not only for the patients, but for themselves and the team that they work with. This evidence-based awakening of 'caring begets caring' is what could influence culture change.

The context of care is equally important to consider. Nurse leaders are responsible for implementing the vision, mission, and values of their institutions and departments for which they work, as well as promote efficient, effective, safe, and compassionate nursing care (Carter et al, 2008). Assessing consistency with these values as well as the current caring environment can be a valuable exercise to discover opportunities for growth as well as reasons for celebration.

The goal of this project was to educate participants who attended the American Nephrology Nurses Association Leadership Workshop on the current evidence based leadership skills and caring competencies along with the rationale and outcomes of creating a theory based culture of caring in health care organizations. Education on evidence based leadership, specifically transformational and resonant leadership introduced nurses to effective leadership styles that inspire and motivate others to create a better future. Highlighting the caring competencies invited participants to see the requisite skill set necessary for success in today's complex health care arena. Integrating caring theory into the discussion provided a framework for strengthening practice while

honoring the art of nursing. Including a personal research study provided participants additional insights to the process of investigating one's culture of care. Tools were provided to the participants to evaluate their own practice. The presentation equipped them in the identification, support, and celebration of caring behaviors which would facilitates the creation of an environment and culture of caring.

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Appendix A

Creating a Culture of Caring

Lisa Carter M.A., B.S.N.

Creating a Culture of Caring

Objectives:

participants will be able to articulate

- the elements of transformational and resonant leadership styles
- the elements of leadership caring competencies
- the value of theory-driven practice
- the value of creating a culture of caring

"What" is Leadership?

- Definition: ?
- It is a relationship!
- Leadership involves intense interpersonal processes in which leaders create and maintain connections, forge partnerships, and empower others to work together as common goals are reached.

Maxwell (1999)

Leadership

Performance standard of the RN in the practice setting and the profession

- Team player
- Team builder
- Visionary

American Nurses Association (2004)

Leadership & ANNA Standards

- Influence decision-making bodies to improve patient care
- Provide direction to improve the effectiveness of the care team

Burrows-Hudson & Prowant (2005)

Leadership Styles

- Transformational Leadership

"Leaders motivate others to do more… more than they thought possible. They set more challenging expectations and typically achieve higher performance."

Bass (1998)

Leadership Styles

- Servant Leadership

"It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead…The difference manifest itself in the care taken by the servant-first to make sure that other people's highest priority needs are being served. "

Greenleaf (1997)

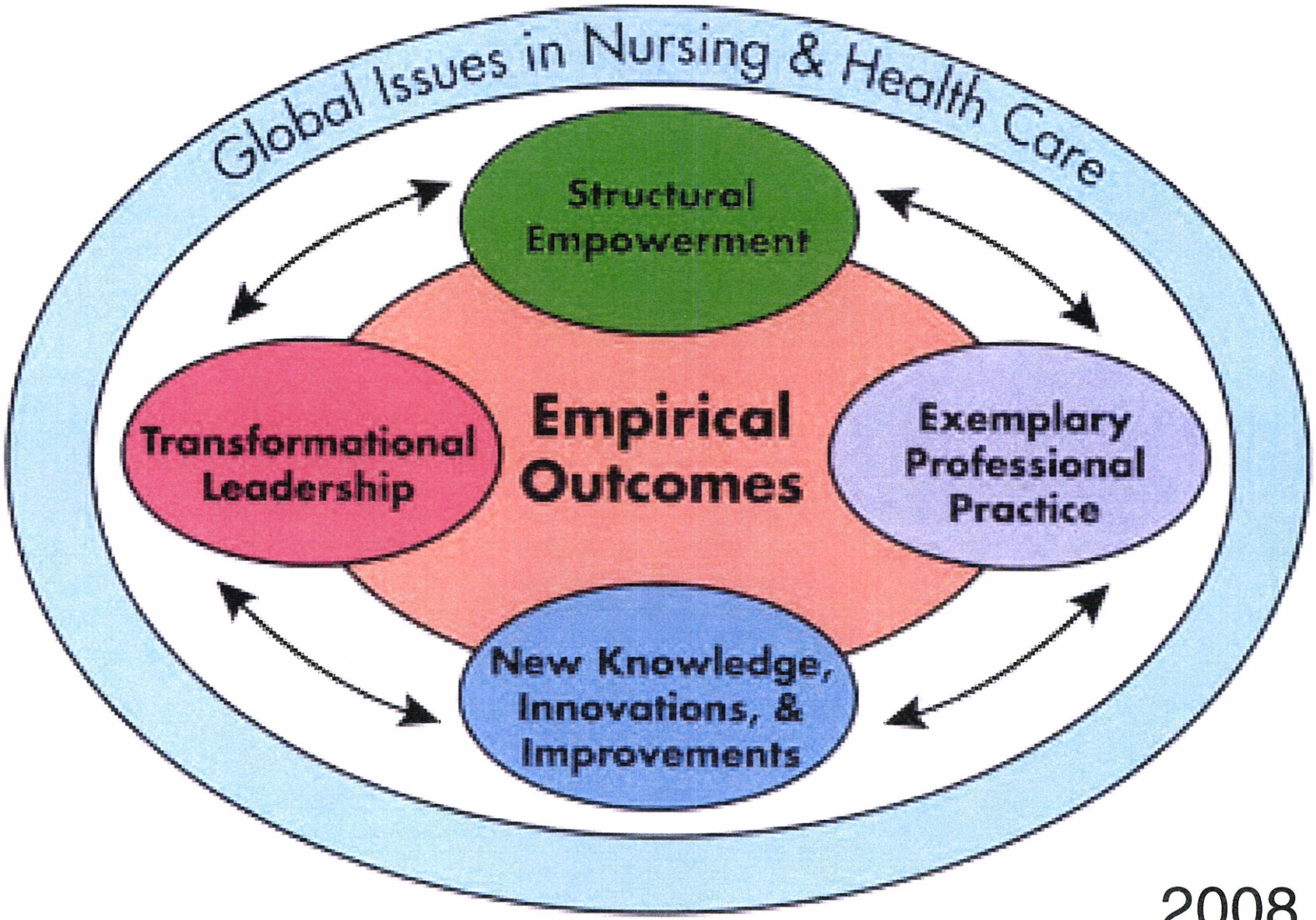
Leadership Styles

- Resonant Leadership

"Living in a state of full conscious awareness of one's whole self, other people, and the context in which we live and work"

Boyatzis & McKee (2005)

ANCC Magnet Model



2008

Keeping Patients Safe: Transforming the Work Environment of Nurses

Management Principals

- Implement evidence-based management
- Balance efficiency and reliability
- Create and sustain trust
- Actively manage change process through communication, training, feedback, sustained effort & attention, and worker involvement
- Create a learning organization

IOM (2004)

American Organization of Nurse Executives

5 Domains of Competencies

- Communication & relationship management
- Leadership
- Business skills & principles
- Knowledge of the healthcare environment
- Professionalism

American Organization of Nurse Executives (2005)

9 Dimensions of Caring Leadership

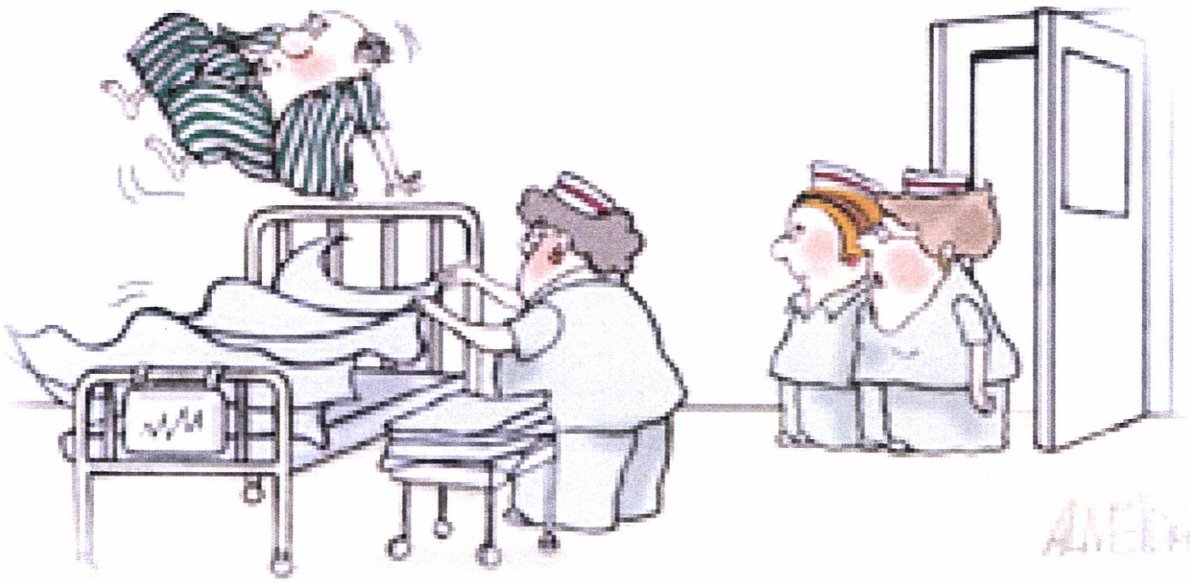
- Holding the truth
- Intellectual and emotional self
- Discovery of potential
- Quest for the adventure towards knowing
- Diversity as a vehicle to wholeness
- Appreciation of ambiguity
- Knowing something of life
- Holding multiple perspectives without judgment
- Keeping commitments to oneself

Center for Nursing Leadership

Lost in Translation

What is Caring?

- Core value of the nursing profession
  - interpersonal process between the nurse as caregiver and the patient as care recipient
  - Interpersonal process between the leader as caregiver and the follower as care recipient



"Nobody changes a bed faster than she does!"

Caring Research

Environment of Healing….

- Care is attentive to mind, body & spirit
- Relationship with their healer
- Actively involved in decisions regarding their care

Gerteis, M. Edgman-Levitan, S. Daley, J. & Delbanco, T.L. eds*(1993)*

Creating a Culture of Caring

Caring, Cared, Cares +32
Kind, kindness +24
Compassionate +15
Help, helpfulness +15
Comfort, comforting +13
Friendly +8
Professional +9
Attention, attentive +7
Concerned +6
Listens +4
Sweet +3
Respect +3
Quick +3
Polite +3
Patient +3

Loving +3
Understanding +2
Thoughtful +2
Knowledgeable +2
Smiling +2
Bedside manner +2
Empathy +2
Tender +1
Takes time +1
Sensitive +1
Reassuring
Selfless +1
Efficient +1
Gentle + 1
Nice +1

Courteous
Reassuring
Conscientious
Competent
Committed
Cheerful
Informative
Warm
Upbeat
Generous
Softness
Pleasant
Supportive
Proficient
Prompt
Hardworking

Fred Lee, If Disney Ran Your Hospital

Caring Research

- High patient satisfaction directly linked to a caring and compassionate workforce.

  Bruce et al. (1998)

- Patient's desire the "soft" side of healthcare – a relationship with their care providers during hospitalization.

  Gerteis et al. (1993)

Value of Theory Driven Practice

- Provides reference/framework for strengthening practice
- Creates a shared language
- Honors the caring practice of nurses
- Provides context for reflecting and pursuing nursing excellence

Theories of Caring

- Nightingale: *Notes on Nursing (1859)*
- Leininger's Caring: A Central Focus of Nursing and Health Care Services (1984)
- Orem's Self-Care Deficit (1991)
- Watson's Theory of Human Caring (1985)

Midrange Theories of Caring

- Thomas, Finch, Schoenhofer & Green (2007) definition of nurse caring
  - Talking to patients, listening carefully & paying attention to details
  - Tailor treatments regimens to patients' unique preferences and lifestyles.

Midrange Theories of Caring

- Brunton and Beaman (2000)
  - Appreciating the patient as a human being
  - Showing respect and being sensitive to the patient
  - Talking to, listening to, and being honest with the patient
  - Maintaining confidentiality
  - Encouraging patients to call

Midrange Theories of Caring

- Swanson (1991)
  - Knowing
  - Being with
  - Doing for
  - Enabling
  - Maintaining belief

Midrange Theories of Caring

- Hagedorn's Theory of Primary Caring (2004)
  - Connection
  - Consistency
  - Commitment
  - Community
  - Change

Caring Outcomes for Patients

Outcomes of Caring

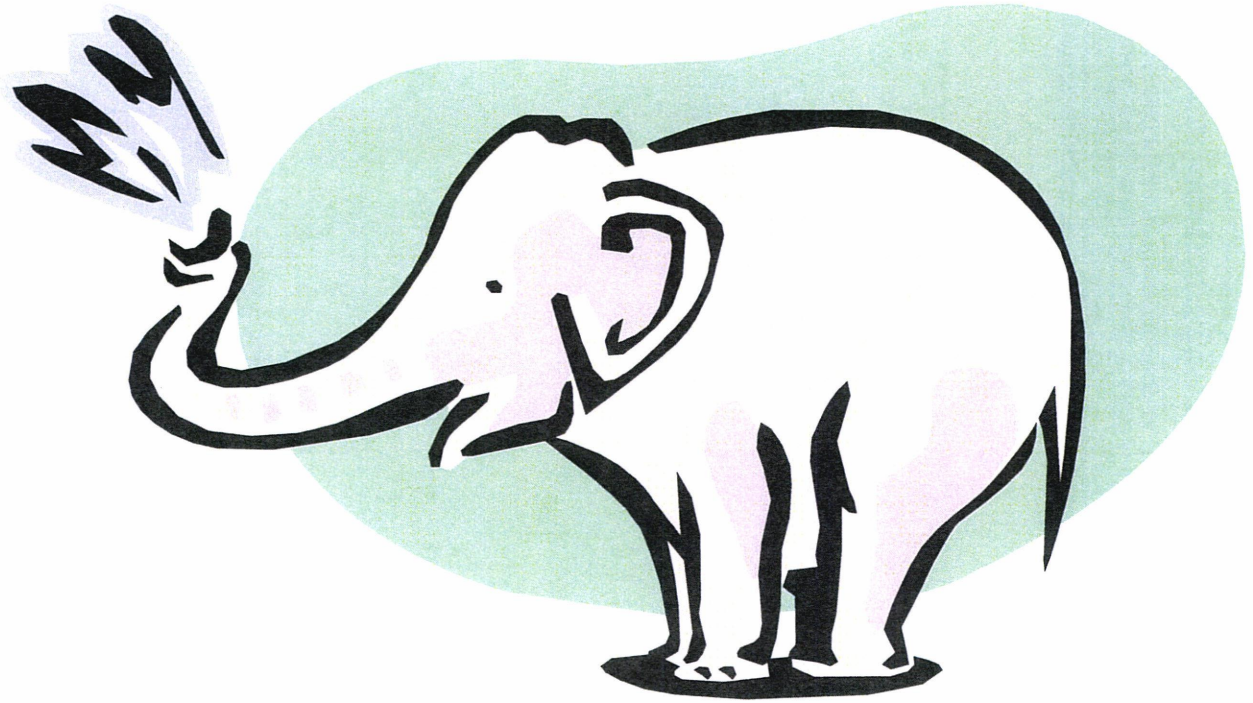
- Emotional-spiritual well-being
- Physical lives enhanced
- Decrease in costs
- Increase in trust relationships, comfort and family support
- Increased healing
- Greater satisfaction

Caring Outcomes for Nurses

- Emotional-spiritual sense of accomplishment, satisfaction, purpose
- A sense of gratitude, fulfillment, wholeness, self-esteem
- Ability to live their own philosophy
- Greater respect for life, death
- Ability to be more reflective
- A love of nursing
- Desire for increased knowledge

Swanson(1999)

Caring Through Leadership



- Horizontal Violence

Power Gradients

Tools for Evaluating Caring

- Caring Efficacy Scale: Coates (1997)
- Caring Assessment Tool: Duffy (2001)
- Health Environment Survey: Nelson (2006)
- Caring Professional Scale: Swanson (2000)
- Caring Factors Survey: Watson (2006)

Tools for Evaluating Caring

- Client Perception of Caring Scale: McDaniel (2003)
- Staff Nurse Assessment of Nursing Services: ANCC
- Professional Practice Environment Scale: Erickson et al (2004)

Initial Question from Staff

Are caring behaviors being devalued in a technology-oriented environment of providing care?

- Descriptive, comparative survey design captured staff & patient perceptions
- A qualitative descriptive design elicited further reflection via a focus group

Staff Involvement

- Posed the initial question
- Four hour class on Watson's theory for volunteer participants
- Surveyed before and after educational intervention
- Focus group
- Follow-up presentation and discussion of results
- Dissemination of findings

Watson's Clinical Caritas Processes

- Practice of loving kindness within the context of caring
- Being authentically present and enabling and sustaining the belief system of the one being cared for
- Cultivating sensitivity to self and the other's spirituality
- Developing and sustaining a helping, trusting, authentic caring relationship
- Being present to and supportive of the expression of positive and negative feelings

Watson's Clinical Caritas Processes

- Creative and artistic use of self
- Engaging in genuine teaching-learning experiences
- Creating a healing environment at all levels
- Assisting with very basic needs with an intentional caring consciousness
- Opening and attending to the spiritual and soul care needs of the patient

Watson (1985)

Caring Self Efficacy Scale

- I do not feel confident in my ability to express a sense of caring to my patients (reverse coded) 85.7%
- If I am not relating well to a patient, I try to analyze what I can do to reach him/her. 86%
- I have an ability to introduce a sense of normalcy in stressful situations. 85.8%
- I am able to tune into a particular patient and forget my personal concerns. 92.8%

Caring Self Efficacy Scale

- I can usually create some way to relate to most any patient. 86%
- I feel if I talk to patients on an individual, personal basis, things might get out of control. (reverse coded) 92.8%
- I use what I learn in conversations with patients to provide more individualized care. 92.8%

Caring Self Efficacy Scale

- I don't feel strong enough to listen to the fears and concerns of my patients (reversed coded) 96.4%
- Even when I'm feeling self-confident about most things, I still see to be unable to relate to patients (reverse coded) 92.9%
- I seem to have trouble relating to patients (reverse coded)89.3%

Caring Self Efficacy Scale

- I can usually establish a close relationship with my patients. 85.7%
- I can usually get patients to like me. 85.7%
- When trying to resolve a conflict with a patient, I usually make it worse (reverse coded) 92.8%
- If I find it hard to relate to a patient, I'll stop working with that person (reverse coded) 86%

Caring Self Efficacy Scale

- I often find it difficult to express empathy with patients (reverse coded) 96.4%
- I often become overwhelmed by the nature of problems patients are experiencing (reverse coded) 89.3%

Caring Self Efficacy Scale Questions revealing tentativeness

- I feel comfortable in touching my patients in the course of care-giving. 60.7%
- I convey a sense of personal strength to my patients. 78.6%
- Patients can tell me most anything and I won't be shocked. 71.4%
- It is easy for me to consider the multi-facets of a patient's care, at the same time I am listening to them. 71.4%

Caring Self Efficacy Scale Questions revealing tentativeness

- I have difficulty in suspending my personal beliefs and biases in order to hear and accept a patient as a person (reverse coded) 78.6%
- I can walk into a room with a presence of serenity and energy that makes patients feel better. 78.6%
- I lack confidence in my ability to talk to patients from backgrounds different from my own. 71.4%

Caring Self Efficacy Scale Questions revealing tentativeness

- I often find it hard to relate to patients form a difference culture than mine. 71.4%
- When a patient is having difficulty communicating with me, I am able to adjust to his/her level. 71.4%
- Even when I try, I can't get through to difficult patients (reverse coded) 78.6%
- I don't use creative or unusual ways to express caring to my patients (reverse coded) 75%

Client Perception of Caring Scale

- I felt this nurse really listened to what I was saying. 93.5%
- I felt reassured when this nurse cared for me. 87.1%
- I felt this nurse really valued me as an individual. 93.5%
- I felt free to talk to this nurse about what concerned me. 93.5%

Client Perception of Caring Scale

- I felt the nurse was more interested in her job than in my needs (reverse coded) 89.3%
- I felt this nurse could tell when something was bothering me. 77.4%
- I felt secure with this nurse taking care of me. 90.3%
- I felt frustrated by this nurse's attitude (reverse coded) 93.5%

Client Perception of Caring Scale

- I could tell this nurse really cared about me. 93.5%
- I could tell this nurse wanted me to be comfortable. 90.3%

Themes from the Focus Group

- Caring begets Caring
  - Relationship of care
    - Teamwork
    - Building expertise
    - Personal support from peers
    - Connecting with the patients
  - Context of caring
    - Organizational and unit value of caring
    - Physical environment
    - Workload allows caring

Implications

- Continue to hire staff who embrace caring values
- Retain experienced nurses who care for newer staff
- Encourage staff to mentor & support one another in caring
- Recognize and celebrate caring moments
- Promote team cohesion
- Educate to expand caring interventions: communication, touch, complementary therapies, etc.

Carter et al (2008)

Exploring a Culture of Caring

- High level of caring on the unit
- Provided a framework to talk about values and actions
- Jean Watson's theory guides our practice
- Staff & patient perceptions of caring are aligned

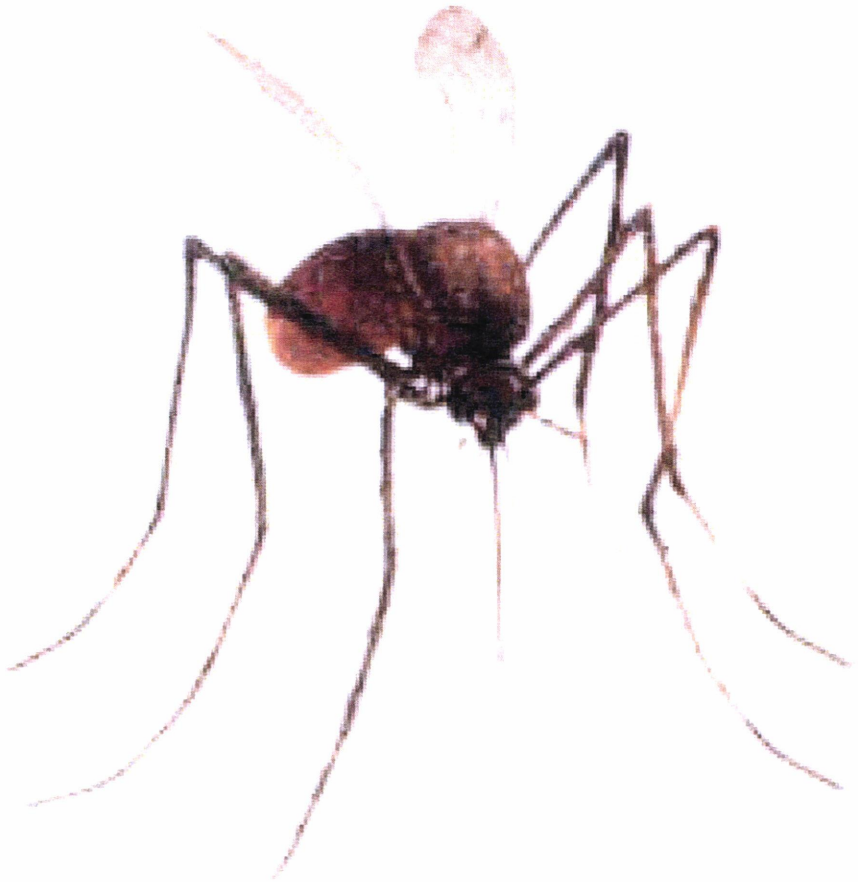
Caritas Nurse

- Have the most hospital and professional experience
- Be of any age, not just older or younger
- Work their scheduled hours of work
- Enjoys co-worker relationships
- Most affected by stress in the relationship with the patient
- Provide continuity of patient care
- Report the greatest frustration with every work environment variable measured; especially workload

– Persky et al (2008)

Role of Nursing Leaders

- Embrace the dimensions of caring leadership
- Be accountable for developing better communication & relationship skills
- Choose a theory to illuminate your practice
- Assess current unit culture of caring
- Care for yourself so you can care for others
- Role model & mentor
  - "What you do speaks so loud, I can not hear what you say."



Chicago Mosquito

"If you think you're too small to have an impact, try going to bed with a mosquito."

From the Book Lovemarks

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