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Introduction

Being a nurse administrator is a challenging, tough, exciting, meaningful, frightening, fun, difficult, rewarding, demanding job. It has its ups and downs, but it is never dull! This book is intended for the nurse administrator who needs a time of reflection, and it is intended for nurses who wish to become administrators. It will not be a text for learning the basic skills of management (such as how to interview or discipline or do performance evaluations), and it will not be a rehash of old nursing or management theory. Rather, this book will explore some of the dilemmas and ethics of administration, and it will review some of the newer management theories and how they may impact the practicing administrator.

Since this book is about caring, part of the goal is that the book be caring. This requires a relationship of sorts between the writer and the reader. Therefore, I will write in the first person. As I share myself in these pages, I hope you will feel the passion I have for caring and for nursing administration, and I hope my experiences and thinking will be meaningful for you. The goal of the book is to use caring theory to develop some theoretical yet pragmatic ways of thinking about nursing administration that can be an anchor in the difficult days of everyday administration.

My qualifications for writing this book include:

1. Twelve years as a staff nurse.
2. Two years as a middle manager.
3. Five years as an associate director of nursing.
4. Five years as a chief nurse executive.
5. Six years as an assistant professor teaching nursing administration.
6. Several years as a consultant for nursing administration.
7. A master's degree in nursing administration.
8. A Ph.D. in nursing complex systems and organizations.
9. A deep, abiding love of the work of nursing administration and great respect for the people in that role.

The years I spent as a nurse administrator were my happiest professionally. I started work as an associate director of nursing right after finishing my master's degree in nursing administration. The hospital was a good one, but nursing was behind the times, so it became a workshop for my boss and me. The nursing organization was ripe for change in nursing, and we took advantage of that. Our first projects were setting up a quality assurance program, creating a patient classification system, and piloting primary nursing. Not bad for a year and a half's goals!

Since I had returned to school for my bachelor's degree at thirty years of age, I took my learning very seriously. And after obtaining my master's degree, I took my academic learning to work with me. I used conceptual models in most of my projects; it became a standing joke that I nearly wore out the photocopier distributing articles to the nurse managers on a regular basis. While some of our projects were more successful than others, the most important thing we did was to trigger excitement about nursing. When we were named a Magnet Hospital (a national study that identified the forty-one hospitals most highly regarded for their nursing services) in 1982, we were very proud.

At the interviews for the Magnet Hospital study, I compared ideas with other successful nurse administrators. We found that there were certain similarities in the ways we managed. First, we all placed great emphasis on the staff. We encouraged them, recognized the importance of their work, and rewarded them whenever we could. The feedback from the staff nurses who were interviewed for the study (apart from the nurse administrators) was that they felt valued. The other characteristic most



noted by the staff nurses was that they saw their nurse administrators as visible and accessible. We all did things like making patient rounds, spending a day with a staff nurse, and developing staff nurse committees that had real input into decision making in nursing.

When I left administration and began teaching, I took those lessons with me. When I teach, I talk about the importance of contact with staff nurses and the use of conceptual models. As I journeyed through my Ph.D. program and began teaching and consulting, I still tried hard to teach the theories, but to ground them in reality as well. That will be the goal for this book. It will be heavily referenced because I find a great deal of help from old and new books and articles. It will also stay close to reality as I intersperse my experiences throughout the book.

Watson (1979, 1985) wrote two books about “caring” that have greatly affected my thinking on nursing. In her first book, she laid the groundwork of the caring theory. In her second book, Watson defined caring as a theory because “it helps me to see more broadly (clearly), and it may be useful in solving some conceptual and empirical problems in nursing and in human sciences generally.” She defined a theory as “an imaginative grouping of knowledge, ideas, and experience that are represented symbolically and seek to illuminate a given phenomenon” (1985, p. 1). Watson’s theory of caring is the grounding of this book. Communicating the concept of caring is my aim and purpose. For many years, I have been saying, “Caring is wonderful in the patient-nurse relationship, but how can that caring be sustained if the leaders do not also make caring a priority?” This book is written in a sincere attempt to encourage nurse administrators to make caring their goal in their work and in their lives.

As a discipline, nursing has been conservative about calling things “theory.” Conversely, in business management there are lots of “theorists.” In nursing we have recognized only about a dozen theorists in the last twenty years. In management, anyone who writes two or three articles is a theorist. In nursing administration, we have not really identified theorists. I believe we need to address some things more theoretically.

I do not claim to be nursing’s great new theorist. Nonetheless, I hope to explore several concepts with the goal of creating at least a theoretical framework that addresses the important work of nursing administration. The basic concepts that will be explored in this book are: 1. Caring Theory; 2. Organization Theory; 3. Leadership Styles; 4. The Health Care

System; 5. Economic Theory; 6. Values and Ethics; 7. Research; and 8. Organizational Effectiveness. The conceptual assumptions for the book include:

1. *Person* is an integrated human being who has biological, psychological, sociological, and spiritual components, and these components interact to make a unique, valuable, and whole person. The person lives and is interconnected with the environment and universe.
2. *Health and illness* are described in terms of a dynamic, fluctuating continuum of well-being. Health and illness have physical, psychological, and spiritual facets. One can be physically well and yet not be healthy, and one can be physically ill and yet be healthy. Health is experienced as a harmony of mind/body/spirit and relationships. The potential for growth toward health depends on many factors in the person's life.
3. *Nursing* is a relationship between patient and nurse in which the nurse utilizes knowledge and skills to provide care and commits to caring for the patient as a holistic human being. Nursing is a valuable societal service and is based on the concept of human caring. Nursing has the ability to affect how patients experience their life-state.
4. *Environment* is a broad term signifying the physical, social, and behavioral attributes that interact to define reality for each unique person. Environment is an important contributor to health or illness. We have an immediate environment in our physical surroundings and a broader environment that includes social and political factors. Relationships should be considered as part of our environment because the human-environment unity is affected by the subjective world of the experiencing person.
5. *Nursing administration* is a specialty in nursing that has its own body of knowledge and practice roles. The nurse administrator uses knowledge of caring, nursing, and management to perform his/her job.
6. *Nursing administrative practice* is creating, monitoring, and evaluating systems for the practice of nursing. Its practice is influenced by underlying philosophies, values, theories, and knowledge. Those values are learned throughout life, but they can be influenced by new learning and experience.



7. *Nurse administrators* can make a difference in how nurses practice by developing systems and work environments that encourage autonomy and creativity and caring nursing practice. Quality nursing practice systems can lead to improved patient, family, and community health.

As my thoughts about administration have evolved, I have recognized that certain parts of the literature can give us a great deal of information that can be useful in our jobs. For example, out of my vigorous studies of nursing and organizational theory, I have chosen for this book the material that is most relevant to nursing administration now. So, I am not spending a great deal of time with other organizational theories such as classical, contingency management, ecology or natural selection, or environmental theories. This is not to say that these are unimportant, they just are not where I want to put my emphasis. First I will focus on the more contemporary organizational theorists that describe organizations of today and tomorrow, and I will also describe how some leadership styles are compatible with caring. Next I will write about bureaucracy and the health care system because I believe it still has a very great impact on our jobs.

Another important concept is economics. I will write about the budget process, the how-to-do economics, but I will give more attention to what impact economics has had and will have into the future. When considering the concepts of values and ethics, I will focus on how different value systems affect the practice of nursing administration. I will spend some time on research, and on organizational effectiveness/quality control. There will be discussion of the organization of nursing's work, and a definition of the practice of *caring* nursing administration. We will think about the real mission of health care and determine how to optimize that mission. In order to bring some clarity to the overall book, I have constructed a model (Model 1.1) which shows the pieces of the puzzle and how they fit together.

At the top of the model is caring—my primary theme for the book. The overall question is this: “How can caring permeate our thinking about organizations, and how can it change the way we practice nursing administration?” In the model, the fluttering lines from the caring box visualize how the caring theory extends its influence on all other parts of the model. Caring is the theory—the anchor for evaluating literature and practice in nursing administration.





MODEL I.I

The next six content areas on the model are the concepts that I believe are most importance in building a caring theory for nursing administration. They lead us to the caring solutions.

At the bottom of the model is the practice of nursing administration. It branches into two major functions: 1. leader of caring profession, and 2. facilitator of caring in the health care organization. The implications of these roles will be explored later.



Paradigms

Before we consider the main content areas, it is important to discuss the concept of paradigms. Throughout this book, you will find references to paradigms. Some years ago, Capra (1983) used the word to describe certain belief systems that affect the way we view life, death, and even the world around us. For example, he described a mechanistic paradigm (world view) where everything—including the human body—can be understood by viewing life as a machine that can be dismantled and studied in parts. This paradigm is problematic because it loses sight of the patient as a human being with thoughts and feelings—more than the sum of its parts. The biomedical model fits the mechanistic paradigm: it views the body as a machine that can be analyzed in terms of its parts. It therefore treats illnesses as diseases in the physical system that can be treated by killing them with drugs or cutting them out by surgery. Traditionally, organizations are also studied as mechanistic systems. For example, work engineering studies tasks and breaks them down into each movement used to complete the task. Managers were taught to study each organizational system as an independent unit, and there was little emphasis on the human part of the organization.

An alternative paradigm is the organistic view. This belief system sees the world as a growing, changing, interdependent interaction between multiple components that make up a whole that is different from the sum of its parts. It recognizes individuals as flexible, plastic living systems that are part of a larger system. The behavior of the individual parts, in fact, can be so unique and irregular that it bears no relevance to the order of the whole system. In the organistic paradigm, the ability to adapt to a changing environment is an essential characteristic.

The interpretation of health care is greatly affected by the paradigm being used. In the mechanistic paradigm there is a split between mind and body, and it loses sight of the patient as a whole human being. However, the majority of illnesses cannot be understood in terms of reductionist concepts of well-defined disease entities and single causes. The organistic or system paradigm has a new vision of reality that is based on awareness of the essential interrelatedness and interdependence of all phenomena—physical, biological, psychological, social, and cultural. Thus, illness is seen as a disruption of the organistic flow and the nature of the whole—which is always different from the mere sum of its parts.

The human organism is seen as a living system whose components are interconnected. Health, then, is an experience of well-being resulting from a dynamic balance involving the physical and psychological aspects of the organism, as well as its interactions with its natural and social environments. Organizations can also be viewed as living, interacting entities that have qualities that are more than the sum of their parts.

In business, there is also a movement to study and understand organizations in an organistic way. Attention is being given to values and ethics in management, and there is a lot written about how to work with employees as relating beings.

Kuhn (1970) studied paradigms and found that a prevailing paradigm will be the way people view reality until problems in understanding develop. As more and more problems arise that cannot be explained by the paradigm, there is pressure to formulate a new paradigm that explains the problems.

Currently, in health care, a paradigm shift is occurring. Just treating physical illnesses can leave the patient still unhealthy, if health is defined as a sense of wholeness and well-being. We are beginning to understand, for example, that extreme stress can be related to physical illness. Nurses have always viewed patients as holistic beings who need treatment as human beings, not just as illnesses. Capra acknowledges that a kind of primary care is being forcefully advocated today by nurses who are at the forefront of the holistic health movement.

This is important to understand because the caring part of nursing is aligned with the newer organistic paradigm. We still exist with one leg planted in a mechanized view of medicine and business, but the other leg is stepping forward into the newer holism. Capra wrote that nurses are well-prepared to meet the requirements of primary care: that we will play an important role in keeping the personal contact with the patient, integrating the special treatments into a meaningful whole. I believe nurse administrators can have a major effect on viewing the organization as a living system. Organizations are dependent on environmental variables, and they function as human organisms, not as machines.

This transition is very difficult for some nurses who have been heavily involved in science, medical care, and business principles. Yet many other nurses are finding in the new paradigm a place of belonging—a place where they can respond to patients as whole human beings who need



treatment of their person, not just their disease. Human caring is clearly a part of the new organistic paradigm. Organizational theory has moved along into a framework that is compatible with the caring theory.

When the word “paradigm” was first used, it referred to a whole belief system, a way to view the world. Since that time, “paradigm” has become a less intensive term. It is used commonly used to describe differences of opinions or streams of thought. “Paradigm,” we will find, has found its way into many subject matters that will be covered in this book. And so we begin the journey of understanding caring theory in nursing administration. I hope it is a meaningful trip for us all.

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