

A Humanistic Caring Quality of Work Life Model in Nursing Administration Based on Watson's Philosophy

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Abstract

The successive reorganizations of most Western health care networks have led to constant pressure on practice conditions in nursing services administration. In addition, some studies argue that structural and managerial shortcomings due to reorganizations have severe impact on quality of work life (QWL) for frontline nurse managers (FLNMs). The primary purpose of this article is to discuss the potential relevance of Watson's human caring philosophy to FLNMs' understanding of the QWL experience. Integrating all these elements led to the development of a humanistic caring QWL model that can be offered to propose possible solutions for management and research.

Keywords: frontline nurse managers, discipline of nursing, nursing services administration, quality of work life, Watson's human caring philosophy

Introduction

The philosophical foundation for health care administration in Western societies is strongly influenced by the biomedical model and by professional bureaucracy (Watson, 2008). This vision runs counter to basic principles underlying the human experience in health organizations (Ray & Turkel, 2010). For these authors, it is clear that this biomedical approach undermines the quality of work life (QWL) of professionals throughout the health network, including frontline nurse managers (FLNMs). According to Shirey, Ebright, and McDaniel (2013), FLNMs have knowledge in nursing and administration that promotes the quality and safety of patient care. They argue that adopting an organizational approach based on a holistic and humanistic vision of QWL may be beneficial if it can guarantee a healthy and more equitable work environment for all by placing the stakeholders in the health care system, and in particular FLNMs, at the center of administrative decisions.

Based on the reviewed scientific evidence and building on the foundations of the discipline of nursing (Meleis, 2011), patterns of knowing (Chinn & Kramer, 2015; White, 1995), and more specifically Watson's human caring philosophy (Watson, 2008, 2012), this article proposes a new humanistic caring QWL (HCQWL) model of FLNM and discusses its implications for nursing management and research.

Background

Reforms to health networks across the Western countries have placed enormous pressure on nursing managers. In the interests of economic and financial rationality, management teams and social support in the workplace have been undermined (Mayrand Leclerc, 2006; Table sectorielle nationale des RUIS en soins infirmiers, 2010; Villeneuve, 2005). According to these

previous authors, this has eroded social solidarity among nurse managers. Reorganizations of work have also expanded the number of roles with purely administrative activities (management of financial, human, and material resources), often at the expense of clinical activities (Mayrand Leclerc, 2006; Table sectorielle nationale des RUIS en soins infirmiers, 2010). It also appears that FLNM supervision ratios vary significantly within organizations and between facilities. According to Mayrand Leclerc (2006), even though authorities at the highest levels want close employee supervision at all times, FLNMs are being distracted with other objectives and unforeseen management activities. Many policy decisions on reforms to the health network have resulted in deteriorated conditions of practice for FLNMs and have hastened a dehumanization of the administrative structure in health care (Boykin, Schoenhofer, & Valentine, 2014; Kingston & Brooks Turkel, 2011). Cara (2008) and Graber (2009) indicate that dehumanization can be associated with the economic constraints leading policy decision makers to administer health care systems based on business management models, limiting the number of human resources in order to make a troubled system more cost-effective. Cara, Nyberg, and Brousseau (2011) as well as Watson (2006, 2008) add that the economic constraints in the management of health services create frustration, distress, and dissatisfaction among managers, because the focus is mainly on developing biomedical technologies at the expense of the humanization of care and organizations.

The role of managers involves controlling, planning, organizing, directing, and managing human, financial, material, and informational resources in order to attain the organization's objectives (Tarrant & Sabo, 2010). FLNMs find their role and responsibilities challenged by increasingly managerial complex issues such as high levels of productivity amidst financial and human resource constraints without adequate training and support (Tarrant & Sabo, 2010). The

literature (Mayrand Leclerc, 2006; Paliadelis, Cruickshank, & Sheridan, 2007; Shirey et al., 2013; Table sectorielle nationale des RUIS en soins infirmiers, 2010; Tarrant & Sabo, 2010; Villeneuve, 2005) also suggests that the FLNM's contemporary role has been reorganized by subordinating the clinical practice role in favor of new management practices associated with productivity and efficiency. Furthermore, it is essential for FLNMs to be able to balance clinical and administrative roles as they exercise their clinical and administrative leadership in organizations (Paliadelis et al., 2007; Shirey et al., 2013).

Brousseau's (2015) recent research in nursing management, using mixed methodology, states that one of the main strategies for establishing a strong health network is to count on the leadership of FLNMs, an approach that will advocate for the nursing profession at the same time. Humanistic management of resources, expertise, professional skills, and innovation is proposed to allow FLNMs to offer quality care to clients and, undoubtedly, optimize the environment and QWL of all professionals (Cara et al., 2011).

To this end, it is essential that FLNMs have an adequate QWL if they are to provide more humanistic management in the organization (Todres, Galvin, & Holloway, 2009). Nyberg (1998) argues that nursing services administration (NSA) must be derived from and inspired by not only administrative theory, but also the epistemological assumptions underlying the discipline of nursing. Although humanistic values in administration are not exclusive to the discipline of nursing, a more humanistic management in nursing must also be exercised based on a heuristic process that draws on various patterns of knowing—empirical, esthetic, ethical, personal (Carper, 1978), emancipatory (Chinn & Kramer, 2015), and sociopolitical (White, 1995)—rooted in political action, creativity, discovery, and transformation of the professional practice of nursing.

Shirey et al. (2013) note considerable instability in the composition of nursing management teams over the last two decades. The many restructurings have resulted in frequent movements of personnel, and FLNMs are obliged to do more with less. Shirey et al. argue that a strictly financial and technocratic vision goes against humanistic values. This vision is also associated with the elimination of management positions and many interfacility and interservice transfers that, in an environment characterized by

FLNM shortages, changes the very nature of managerial positions. Shirey et al. add that certain FLNMs work under constant pressure, which has an adverse effect on the decisions that are made regarding quality and safety of care. These multiple organizational changes appear to have adverse effects on the QWL of FLNMs (Brousseau, 2015; Cara & Brousseau, 2011). These authors also report that several human and organizational factors cause some FLNMs to resign, including conflictual relationships, lack of social support, shortages of health professionals, budget cuts, heavy workloads, and changes in governance within nursing administration.

Fitzpatrick and Brooks (2010), Kelly, Wicker, and Gerkin (2014), Keys (2014), and Wendler, Olson-Sitki, and Prater (2009) state that some members of the latest generation of nurses have registered in professional development management programs in order to begin careers as nurse managers and then wonder whether they want to continue down this path. These authors also say that a substantial majority of these nurses decide, at the end of the program, to choose a different career profile as, especially, clinical advisors and teachers. Clearly many FLNMs are unable to find the equity and practice conditions they seek (Kelly et al., 2014). They do not perceive that facility administrators are willing to address the problems they face or are actively addressing them. The insufficient number of nurse managers also results in replacement of these roles with administrative positions that may or may not be held by nurses, and therefore incumbents may lack the ability to supervise clinical practice (Villeneuve, 2005; Wendler et al., 2009). These facts give cause for concern, because such trends do not allow FLNMs to achieve harmony in the workplace. Scientific publications by Kelly et al. (2014), Keys, Lee and Cummings (2008), and Mayrand Leclerc (2006) recognize and affirm that the FLNM's role in health organizations is a crucial issue. Therefore, this troubling situation underscores the urgent need to adhere to the humanistic values of the discipline of nursing in administration, values that are regularly questioned by hierarchical or organizational structures because of reforms and the relentless cutbacks in health services. As presented below, the literature consulted has not explored QWL from the perspective of the discipline of nursing and the humanistic philosophy in nursing management.

Systematic Review of the Literature Epistemological and Ontological Aspects of the Discipline of Nursing

Much like medicine, chemistry, sociology, and psychology, the discipline of nursing is structured around professional practice. According to Meleis (2011), nursing has a unique vision with its own structure, including its processes for reflection,

theoretical foundation, and research conducted to develop knowledge. It is also influenced by various philosophical paradigm currents (initially developed by Kuhn, 1970). Other authors, such as Carper (1978), Chinn and Kramer (2015), and White (1995), have defined patterns of knowing (empirical, esthetic, ethical, personal, sociopolitical, and emancipatory), unique to the discipline, that are used to define and determine activities in different areas of nursing practice (clinical, research, education, and administration). According to these authors, the structure of the discipline represents how we think about, describe, and understand different phenomena. In 1984, Fawcett stated that the main concepts underlying nursing are (a) the environment, (b) the person, (c) health, and (d) nursing. Newman, Smith, Pharris, and Jones (2008) argue that the relationships between these key concepts—which are the core of the discipline of nursing and the center of interest—underscore certain principles that allow us to better understand complex phenomena. They posit that the key concepts are continually evolving and, more specifically, must be used to guide all areas of nursing practice. Therefore, and in agreement with Newman et al. (2008), it would appear relevant to integrate caring with these key concepts on order to enrich our understanding of the complex phenomena experienced by nurses and support the development of a humanistic and ontological conception of QWL.

Because ontology is the being or the very nature of the discipline of nursing, Watson (2011) suggests developing a model based on the ontological foundation of caring to reach a different understanding of the experiential meaning of phenomena, adopting a humanistic perspective. According to Watson (2011), this vision enriches the construction of knowledge (epistemology) and of the methodologies used to propose new approaches to solving problems in various areas of nursing practice, including, in this instance, NSA.

Foundations of Humanistic Caring Philosophy

The human caring philosophy grew out of several currents of philosophy of human sciences, in particular Carl Rogers's (1902–1987) humanistic perspective. This school of thought has strongly influenced several theoreticians in nursing (Cara, 1997; Cara et al., 2016; Cara & O'Reilly, 2008; Watson, 2008, 2012). Heidegger (1962) had already recognized care as a central element (being-in-the-world) (ontology) and key to understanding human nature, its meaning, and interpersonal relationships. The work of Buber (1970), although it does not specifically mention caring, nevertheless refers to a way of being in relationships (to be in a caring relationship with others), which consists of a form of authentic dialogue from which emerges an aptitude to listen

to others in “human intersubjectivity” (Ranheim, 2009; Watson, 2011). Caring is part of the transformation paradigm and goes well beyond care; it is the essence of the discipline of nursing (Cara et al., 2016; Ray & Turkel, 2010; Watson, 2008, 2012), in addition to transforming our way of being (Cara & O'Reilly, 2008). Caring is effectively based on humanistic and altruistic values that demand attention, understanding, listening, empathy, and mutual recognition of individuals (Watson, 2012).

Watson (2012) argues that caring is a moral ideal that guides our attitudes toward authenticity, collaboration, trust, commitment, and kindness toward others. This theoretician also suggests that the objectives of this philosophy are to protect, improve, and preserve human dignity, and that it also helps improve the well-being of people and demonstrate one's presence. Cara (2008) notes that caring can be learned, and gives nursing a humanistic perspective that transforms the knowledge, people skills and know-how of nurses working in every area of the practice (including in NSA). Consequently, it seems indispensable to the development of the human condition. Watson (2012) stipulates that a caring-based approach leads individuals to demonstrate behaviors marked by altruism and humanism, thereby helping reduce injustices in society.

In addition, the meta-synthesis performed by Finfgeld-Connett (2008) reveals that caring has one feature that is indispensable to someone who wants to speak freely in a climate of mutual respect and interrelational responsibilities. Watson (2011) situates caring as an ontology of the human relationship, which she calls the transpersonal caring relationship. This ontology of relationship represents a way of being and becoming more human with one's self and with others while being authentically present to another person and his or her needs (Finfgeld-Connett, 2008; Watson, 2008). The humanistic philosophy of caring thereby helps establish relationships that can allow executives to support FLNMs, be with them and help them better describe and understand their QWL experience, thus contributing to a state of well-being (Brousseau, 2015; Cara & Brousseau, 2011). In this way, upper-level managers can be perceived as coparticipants with FLNMs in the human care process (Arbuckle, 2013; Cara, 2008; Watson, 2006).

Similarly, a work environment that is imbued with these humanistic and altruistic values could help humanize care and the organization and promote professional satisfaction, well-being, empowerment, as well as both personal and professional growth of caregivers (Brousseau, Alderson & Cara, 2008; Brousseau, Cara, & Blais, 2016). A work organization marked by caring appears to bring essential benefits to personal

empowerment. Phenomenological qualitative studies (Brousseau, 2006, 2015; Brousseau et al., 2008, 2016; Cara, 1997; Gascon, 2001) suggest that the behaviors and attitudes created by a caring approach appear to positively transform nursing practices and the QWL of caregivers. More specifically, results from the phenomenological study by Cara (1997) reveal that caring practices foster nurses' empowerment and have a positive impact on the work climate.

Many empirical studies carried out in Western countries in nursing administration (McDowell, Williams, & Kautz, 2013; Nyberg, 1998; Paliadelis et al., 2007; Pipe, 2008; Ray & Turkel, 2010) report that integrating a humanistic philosophy of caring into management is beneficial to FLNMs' leadership and skills. Caring is beneficial to nursing leadership, for both employers and employees, because emphasizing humanistic management practices fosters personal growth and professional development rather than just focusing on organizational productivity and performance (Brousseau, 2015).

More specifically, a descriptive phenomenological study by St-Germain, Blais, and Cara (2009) found that caring has significant benefits on professional growth and employee satisfaction, making for safer care and sustainable service quality for the population served, and this can have real impacts on resources and on short- and long-term costs. In other words, it would seem vital for the working environment of FLNMs to be open and marked with humanism, which could help defuse crises and conflicts in the work team.

Finally, Brousseau et al. (2016), Cara (2008), and Watson (2006) suggest that if FLNMs base their work on values such as respect, collaboration, human dignity, collective freedom, mutuality, integrity, recognition, and rigor (Cara et al., 2016), their political action is likely to lead to the transformations required to improve their own QWL and the QWL of all the professional stakeholders in their facilities. This is why this issue needs to be addressed in the current and global environment, where administrative and bureaucratic cutbacks within health care networks may lead to a dehumanization and depersonalization of the actors in health organizations, with a negative impact on the QWL of FLNMs.

The Concept of QWL

The concept of QWL emerged in the early 1960s. The knowledge developed around this concept has mostly been the result of quantitative studies conducted, from a productivity and profitability perspective, in the Western industrial world within the primary and secondary sectors of the economy (Martel & Dupuis, 2006). This line of thinking in business management, based mostly on a purely economic rationale, does not take the

human dimensions of individuals into account. This rather mechanistic, Cartesian, and linear vision involves maximizing the economic performance of work organizations. Hsu and Kernohan (2006) argue that the implementation of programs to improve working conditions and involve staff in decision making are crucial aspects of QWL, with benefits to the economy, progress, instrumentalization, productivity, and profitability, even before taking into account humanization and organization.

In the 1970s and 1980s, the literature proposed a more multidimensional view (physical, psychological, social, and cultural) of the QWL concept based on the complex nature of the workplace, independent of its physical, psychosocial, political, or organizational context (Martel & Dupuis, 2006). However, this work falls in part within a positivist and postpositivist paradigms aimed solely at separately quantifying, measuring, and controlling the concept's dimensions. This leaves little room for a subjective understanding of QWL. Note that in the early 1990s, Elizur and Shye (1990) were alone in proposing a holistic vision of the concept, but without adding any further details to explicate their view. But what is QWL in the discipline of nursing and, more specifically, for NSA?

Overview of QWL in the Discipline of Nursing

O'Brien-Pallas and Baumann (1992) were the first to develop a theoretical model to examine the various QWL variables in the discipline of nursing. They sought to establish connections between the working environment of nurses, their experiences, the specific features of the health care system, and QWL. O'Brien-Pallas and Baumann took the various dimensions of the work environment and broke them down into two groups: internal and external to the health facility. The organization's internal dimensions were structured into four groups of factors: (a) individual well-being, (b) social/environmental/contextual factors, (c) work organization, and (d) administration. External dimensions included (a) user demands, (b) health care policy, and (c) the labor market. This model of QWL establishes significant relationships between work environment, employees, and professional working experience in addition to social, economic, and political context. However, it would appear that the person is not at the center of the O'Brien-Pallas and Baumann's model which does not integrate the central and humanistic concepts of the discipline of nursing and patterns of knowing.

Most of the scientific literature in nursing, dealing with QWL, reports on quantitative studies of the relationships between these variables and predictive dimensions for caregivers working in hospital settings (Delmas, 2001; Manojlovich & Laschinger, 2007). These empirical studies also fall within postpositivist lines of thought. In

contrast, Delmas (2001), in a quantitative study, proposes a salutogenic vision of QWL, meaning QWL as a multidimensional and complex feeling of well-being at work. This includes the physical, psychological, social, and spiritual dimensions of individuals (Delmas, 2001). Similarly, QWL cannot be reduced to a purely quantitative vision; rather, it is a complex phenomenon that must take into account many workplace-related dimensions that are inextricably linked to the subjective experiences of nurses.

In addition to the quantitative studies cited above, two descriptive phenomenological qualitative studies from Quebec (Brousseau, 2006; Gascon, 2001) examined the meaning of QWL for nurses practicing in hospital and community health settings. In a study of many hospital settings, Gascon (2001) concluded that QWL means achieving personal, societal, spiritual, and professional harmony, integrating the philosophy of the care setting, the manager's leadership, working conditions, professional autonomy, and relationships with peers and superiors. In his study of male nurses working in a community setting, Brousseau (2006) indicates that QWL means a work climate imbued with caring and fostering sustained harmony between the nurse's professional and family lives, as well as fulfillment at work. Note that the works of Brousseau (2006) and Gascon are based on Watson's human caring philosophy and some of the 10 carative factors of human caring proposed by Watson (2008).

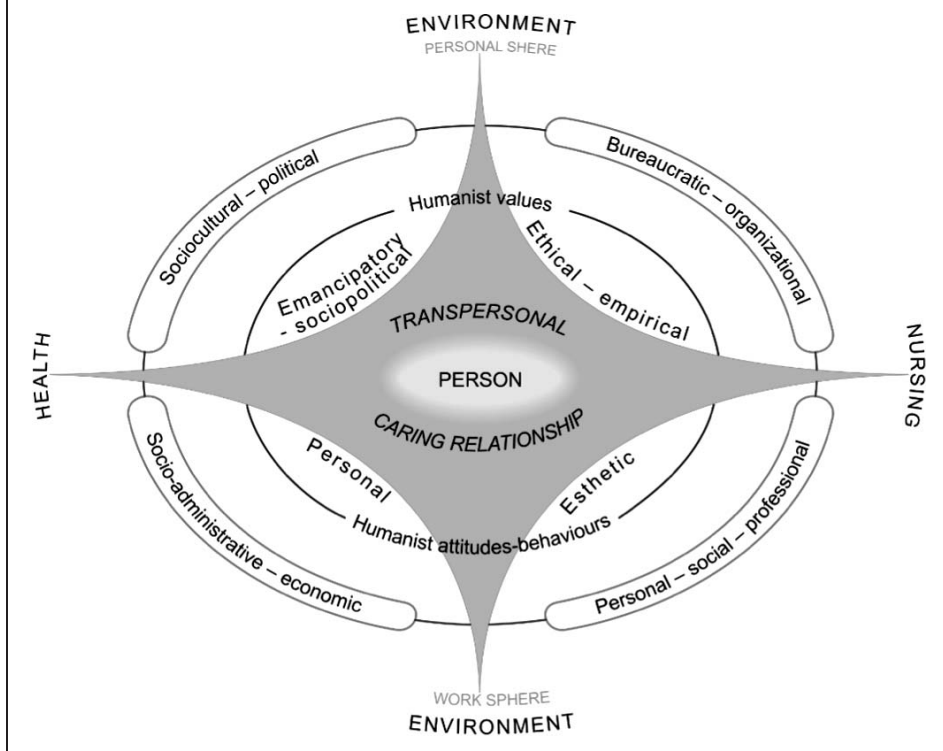
State of Current Knowledge on QWL in NSA

QWL in NSA has been examined from the perspective of structural and organizational factors (Villeneuve, 2005) and dimensions that influence the optimal psychosocial work environment (Mayrand Leclerc, 2006). Among these studies, only the work of Mayrand Leclerc (2006) (a mixed study) and Villeneuve (2005) (a case study) are mainly inspired by the constructivist paradigm to subjectively understand perceptions of the work environment and the organizational factors influencing the professional sphere of FLNMs. The core results of these studies demonstrate that the main sources of suffering in the collective work experience of FLNMs are overwork; the impossibility of performing all the assigned tasks; and the lack of recognition, autonomy, and power.

In sum, even though these authors explore the perceptions and lived experiences of FLNMs in their working relationships, the conclusions of their work do not specifically address the QWL concept from the humanistic point of view of caring. This is why it appears important to demonstrate how the humanistic foundation of the discipline of nursing and Watson's (2008) notion of caring can be relevant to achieving a better understanding of FLNMs' lived experience of

Figure 1

HCQWL (free translation © Brousseau, 2015)



QWL. What is more, this is why we believe that it is relevant to address this issue in an environment where the administrative and bureaucratic cutbacks in health facilities risk dehumanizing health organizations and negatively affecting the QWL of FLNMs.

The following section proposes a new HCQWL model, integrating the philosophy of caring along with key concepts of the discipline of nursing while considering many inextricable realities, including bureaucracy, economics, and organizational and sociopolitical structures. This new model may have potential for all health organizations, for the scientific nursing community, and for NSA by helping policy decision makers measure and explore perceptions as well as understand FLNMs' subjective experience of QWL.

Proposal for a New Model of QWL inspired by Watson's Human Caring Philosophy

This model proposal is based on Watson's human caring philosophy (Watson, 2008, 2012), the theoretical foundations of the discipline of nursing (especially the key concepts) (Meleis, 2011), NSA (Mayrand Leclerc, 2006), QWL (O'Brien-Pallas & Baumann, 1992), and the humanistic model developed by the Faculty of Nursing at Université de Montréal, Canada (Cara et al., 2016). In addition, Heidegger's (1962) phenomenology, Aktouf's (2006) humanistic

management, and Carl Rogers' (1980/1995) humanistic theory also inspired this model. As presented in Figure 1, the proposed model is also aligned with the paradigm of transformation, which serves as a worthy backdrop for a different understanding of FLNMs' lived experience of QWL from a humanistic and disciplinary perspective.

Inspired by the original model of QWL proposed by O'Brien-Pallas and Baumann (1992), the model's outer circle represents the numerous interrelated and inextricable realities (sociocultural and political; bureaucratic and organizational; personal, social, and professional; and socioadministrative and economic). The inner circle integrates humanistic assumptions and values of caring (respect, collaboration, human dignity, collective freedom, mutuality, integrity, recognition, and rigor) as proposed by Watson (2008, 2012) and Cara et al. (2016). They influence attitudes, which guide behaviors (Cara, 2004). Lastly, the points of the star shape as well as the inner center of the model lead to the four key concepts of the discipline: environment (both internal and external), health, nursing, and, at the model's center, the person, who is in continuous synergy with every aspect of the model.

The person (the FLNM) is therefore a unique being who perceives, has experiences, and must remain at the heart of the concerns of the organization in which she or he works. This is

why the person is at the center of our model (see Figure 1), contributing to the discovery of a new facet of QWL that, to our knowledge, has not yet been explored under the humanistic perspective proposed by Watson (2008, 2012). This new model we suggest is essentially based on human beings' lived experience and on humanization from both a personal and organizational perspective, which form an indivisible whole. The development and application of such model may allow FLNMs to find real meaning in their work as managers, because it has altruistic and humanistic foundations. One can also see, at the core, the added value of Watson's (2012) human caring philosophy to the proposed model, notably with the transpersonal caring relationship (see Figure 1), a human-to-human caring process contributing to the preservation of FLNMs' human dignity and QWL. In other words, FLNMs enter into a reciprocal relationship with their peers and superiors while interacting with their work environment, allowing them to improve their QWL.

Lastly, integrating a humanistic approach based on Watson's human caring philosophy will give sustained added value to QWL. Indeed, Aktouf (2006), Arbuckle (2013), Cara (2008), Todres et al. (2009), and Watson (2006) believe that all stakeholders (managers, professionals, and policy decision makers) in the health care network, the system, and the organization can benefit from a humanization process. In other words, under this perspective, stakeholders owe each person every consideration in terms of his or her freedom, abilities, individuality, and dignity (Rogers, 1980/1995).

Implications for Nursing Administration

The new HCQWL proposed for FLNMs may allow organizations and decision makers in the health network to better understand this phenomenon in NSA in its entirety. This new perspective may help us develop and implement NSA interventions that optimize the QWL of FLNMs based on an organizational humanization perspective (Cara, 2008).

The purpose of QWL is also to make the workplace more compatible with one's overall living environment, including its sociopersonal, socioprofessional, sociocultural, and spiritual aspects. The nursing manager's health remains a critical component, because it is affected on a daily basis by the organization's values and philosophy; by personal attitudes, beliefs, and activities; and by the individual's cultural, political, social, economic, and material environments (Graber, 2009; Watson, 2006).

From this model perspective, health facilities must promote humanistic values that are tailored to FLNMs' family and professional realities. Furthermore, policymakers in health organizations need to work closely with employers to encourage an optimal work climate that promotes the QWL of

FLNMs. As noted by Brousseau (2015), Brousseau et al. (2016), Cara (2008), Cara and Brousseau (2011), Paliadelis et al. (2007), and Watson (2006), health facilities must put their full weight behind caring values and attitudes, through partnerships of nursing managers, directors, and caregivers; interdisciplinarity; professional commitment; transparency between coworkers; relational support; open communication; and constructive feedback. These values and attitudes allow FLNMs to carry out their duties in a context of well-being and personal and professional growth, as well as empowerment (Cara & Brousseau, 2011). Consequently, the humanistic philosophy of caring remains an appropriate perspective for deepening our profound understanding of the lived experience of FLNMs and for developing solutions aimed at personal and professional emancipation. Accordingly, such an approach may well bring sustainable added value in order to change behaviors and contribute to the emergence of new knowledge on QWL that will prove useful to NSA stakeholders.

As noted by Bondas (2009), Brousseau (2015), Cara (2008), and Watson (2006), a humanistic approach will help FLNMs modernize their leadership and will give new meaning to their work. Drawing on their lived experience and based on this philosophy, FLNMs and the management practice community will be able to find the means to freely express themselves and address the constraints in the health care system by basing their interventions on the many patterns of knowing developed within the discipline of nursing, caring, and administrative knowledge. This disciplinary view will allow FLNMs to acquire administrative competencies and humanistic leadership skills in a health network that is in continuous transformation (Cara, 2008; Graber, 2009; Watson, 2006).

For example, by drawing on the different patterns of knowing—ethical, empirical, esthetic, personal (Carper, 1978), emancipatory (Chinn & Kramer, 2015), and sociopolitical (White, 1995)—FLNMs will be better equipped to recognize sociopolitical problems, inequalities, and injustices in order to find creative solutions to these problems in nursing administration practice. As a result, they will, through more political action, bring about the changes required to improve their own QWL and that of all caregivers (Cara et al., 2011). In the process, a practice of caring for one's self as well as for others depends on a work environment that promotes health optimization (Watson, 2008). Caring also implies knowing one's limits as a human being in order to be able to find the time needed to care for one's self (Cara et al., 2011; Watson, 2008, 2012). These same authors say that it is important to participate in the transformation and well-being of others to the extent that people remain attentive to the risk

of being overinvested in their work, because a fully selfless altruism may lead to a feeling of powerlessness and burnout.

Implications for Nursing Research

In epistemological terms, the use of this model in nursing research may help identify potential new solutions for achieving QWL in the profession. As noted by Dubois, Girard, and Fleury (2010), a partnership between investigators working in governance of nursing administration, health care settings, and administrators contribute to improved knowledge on QWL and develop concrete solutions. The proposed HCQWL model could therefore contribute to the advancement, transfer, and dissemination of knowledge in these areas. Along with the findings of a phenomenological study (Brousseau, 2015; Brousseau et al., 2016), this model has been used to develop an instrument for measuring QWL in NSA (Brousseau, 2015) by integrating the humanistic assumptions of caring proposed by Watson (2008, 2012). Because this new HCQWL model has been developed along with a measuring tool in Brousseau's (2015) mixed-method research, it would be worthwhile, in the near future, to use this perspective in other types of quantitative studies (predictive, cross-sectional, longitudinal) designed to measure QWL among FLNMs in health care organizations.

Applying the humanistic perspective of caring to participatory action research (PAR), this model may contribute to better identify needs in the FLNM profession that, very possibly, will lead stakeholders in the health care network to feel more respected, valued, satisfied, and motivated. So, and in agreement with Brousseau (2015), Cara (1997, 2008), Cara et al. (2011), Graber (2009), and Watson (2006), the nursing managers who adopt such a manner of dealing with people may develop renewed holistic practices that are highly meaningful in management.

Lastly, we also suggest that the proposed HCQWL model is, among other things, innovative because it takes into account the unity of human beings, taken holistically, and opens a door to an advancement of knowledge in nursing sciences. Hence, the body of knowledge will be enriched through an understanding of the phenomena around the FLNMs' QWL, based on their unique experience. Moreover, as part of a future hermeneutic phenomenological or PAR, this model of HCQWL could be useful, as a backdrop, to explore administrators' lived experience of supporting and enhancing their FLNMs' QWL.

Conclusion

A review of the scientific literature published over the last 10 years revealed that FLNMs have been working in difficult environments characterized by budget cutbacks that, in the long term, lead to burnout and professional

dissatisfaction. The survival of nursing governance in the health care network depends on our ability to address this problem.

This HCQWL model's contribution is not intended as an attempt to resolve all the QWL problems of nurses working in nursing management. However, the proposed HCQWL model suggests the emergence of new epistemologies in nursing based on a humanistic ontology, which leads to a new understanding of the essence of the QWL of FLNMs (Brousseau, 2015). The HCQWL consists of interrelated realities and concepts (person–environment–health–nursing) that are interdependent. Integrating these humanistic premises in the discipline of nursing could help investigators and decision makers in health care settings identify various, as yet unknown, human factors that may influence the QWL of FLNMs. The different components of this HCQWL model also form a series of levers inextricably linked to action and on which each health organization can draw support as it establishes its priorities. Based on an in-depth analysis of realities in the field, the organization could identify key actions that need to be taken to ensure and consolidate significant progress in QWL among FLNMs. So, based on lived experience and the various components of the HCQWL described above, this new model may help generate new QWL solutions that have so far received minimal attention.

It should also be mentioned that QWL is essentially based on the attitudes and behaviors as well as the personal values of each individual (administrators, FLNMs, clients, decision makers, staff members) representing the stakeholders in the health care network. These stakeholders may very well have a duty to make the profession of nursing managers more attractive and emancipating. To this end, health decision makers around the world should renew their political will and leadership to invite a paradigm shift from bureaucracy and economics to an organization-wide humanization at all levels of health care systems. Drawing on the components of the HCQWL model presented above, we invite global leaders in health and social services to develop a policy based on the humanization of health service organizations. This may lead to humanizing reforms, out of which will arise holistic practices that are very meaningful to nurses working in nursing administration.

References

- Aktouf, O. (2006). *Le management: entre tradition et renouvellement [Management: Between tradition and renewal]* (4th ed). Montreal, Quebec, Canada: Gaëtan Morin Editor.
- Arbuckle, G. A. (2013). *Humanizing healthcare reforms*. London, UK: Jessica Kingsley.

- Bondas, T. (2009). Preparing the air for nursing care: A grounded theory study of first line nurse managers. *Journal of Research in Nursing, 14*(4), 351–362.
- Boykin, A., Schoenhofer, S., & Valentine, K. (2014). *Health care system transformation for nursing and health care leaders: Implementing a culture of caring*. New York, NY: Spring.
- Brousseau, S. (2006). *La signification de la qualité de vie au travail pour des infirmiers œuvrant en CSSS, mission CLSC et déclarant avoir une qualité de vie positive au travail [The meaning of quality of work life of male nurses working in community health centers and who state having a positive quality of work life]* (Unpublished master's thesis). Université de Montréal, Montréal, Quebec, Canada.
- Brousseau, S. (2015). *La signification expérientielle et les facteurs qui influencent la qualité de vie au travail des cadres gestionnaires infirmiers de premier niveau œuvrant en établissement de santé [Experiential meaning of and factors influencing quality of work life of frontline nurse managers working in a health care establishment]* (Unpublished doctoral dissertation). Université de Montréal, Montreal, Quebec, Canada.
- Brousseau, S., Alderson, M., & Cara, C. (2008). A caring environment to foster male nurses' quality of work life in community settings. *International Journal for Human Caring, 12*(1), 33–43.
- Brousseau, S., Cara, C., & Blais, R. (2016). Experiential meaning of a decent quality of work life for nurse managers in a university hospital. *Journal Hospital Administration, 5*(5), 41–52. Retrieved from: <http://dx.doi.org/10.5430/jha.v5n5p41>
- Buber, M. (1970). *I and Thou* (W. Kauffman, Trans.) New York, NY: Scribners.
- Cara, C. (1997). Managers' subjugation and empowerment of caring practices: A relational caring inquiry with staff nurses. *Dissertation Abstracts International, 58*(4), 1797. (University Microfilms International No. AAT97-28055)
- Cara, C. M. (2008, May). *Une approche de caring pour préserver la dimension humaine en gestion [A caring approach to preserve the human dimension in management]*. Conference presented at the 2008 Conference of the Association des gestionnaires en soins d'urgence [Emergency Department Managers Association], St-Sauveur, Quebec, Canada.
- Cara, C., & Brousseau, S. (2011). *Creating a humanistic caring culture to preserve quality of working life in nursing administration*. Communication presented at the 32nd conference of the International Association for Human Caring. San Antonio, Texas.
- Cara, C., Gauvin-Lepage, J., Lefebvre, H., Létourneau, D., Alderson, M., Larue, C., Beauchamp, J. . . , & Mathieu, C. (2016). *Modèle humaniste des soins infirmiers—UdeM: perspective novatrice et pragmatique [The Humanistic Model of Nursing Care—UdeM: An innovative and pragmatic perspective]*. *Recherche en soins infirmiers, 125*(2), 20–31.
- Cara, C., Nyberg, J., & Brousseau, S. (2011). Fostering the coexistence of caring philosophy and economics in today's healthcare system. *Nursing Administration Quarterly, 35*(1), 6–14. doi:10.1097/NAQ.0b013e3182048c10
- Cara, C., & O'Reilly, C. (2008). S'approprier la théorie du Human Caring de Jean Watson par la pratique réflexive lors d'une situation Clinique [Embracing Jean Watson's theory of Human Caring through a reflective practice within a clinical situation]. *Recherche en soins infirmiers, 95*, 37–45.
- Cara, C. (2004, June). Caring in 2004: Living it daily in our practice. Opening Keynote at the 26th International Association for Human Caring Conference "Caring, for a renewed care", Montréal.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances Nursing Sciences, 1*(1), 13–23.
- Chinn, P. L., & Kramer, M. (2015). *Integrated theory and knowledge development in nursing* (9th ed.). St. Louis, MO: Mosby Elsevier.
- Delmas, P. (2001). *Effet d'un programme de renforcement de la hardiesse sur la hardiesse, le stress perçu et les stratégies de coping et la qualité de vie au travail d'infirmières françaises. [Effect of a hardiness strengthening program on hardiness, perceived stress, coping strategies, and quality of work life of French nurses]* (Unpublished doctoral dissertation). Université de Montréal, Montreal, Quebec, Canada.
- Dubois, S., Girard, F., & Fleury, D. (2010). *L'université de Montréal et le Centre hospitalier universitaire de Montréal: un partenariat académique et organisationnel réel, soigné et engageant! [The Université de Montréal and the Montréal University Hospital Centre: A real academic and organizational partnership, real and engaging]*. Act of symposium at the AIUP, Rabat, Morocco.
- Elizur, D., & Shye, S. (1990). Quality of work life and its relation to quality of life. *Applied Psychology: An International Review, 39*(3), 275–291.
- Fawcett, J. (1984). The metaparadigm of nursing: Present status and future refinements. *Journal of Nursing Scholarship, 16*(3), 84–87. doi:10.1111/j.1547-5069.1984.tb01393.x
- Fingfeld-Connett, D. (2008). Meta-synthesis of caring in nursing. *Journal of Clinical Nursing, 17*(2), 196–204.
- Fitzpatrick, T., & Brooks, B. A. (2010). The nurse leader as logistician: Optimizing human capital. *Journal of Nursing Administration, 40*(2), 69–74. doi:10.1097/NNA.0b013e3181cb9f3b
- Gascon, J. (2001). *La signification de la qualité de vie au travail d'infirmières œuvrant en milieu clinique [The meaning of quality of work life of nurses working in a clinical setting]* (Unpublished master's thesis). Université de Montréal, Montréal, Quebec, Canada.
- Graber, D. R. (2009). Organizational and individual perspectives on caring hospitals. *Journal of Health & Human Services Administration, 31*(4), 517–537.
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper and Row.
- Hsu, M., & Kernohan, G. (2006). Dimensions of hospital nurses' quality of working life. *Journal of Advanced Nursing, 54*(1), 120–131.
- Kelly, L. A., Wicker, T., & Gerkin, R. D. (2014). The relationship of training and education to leadership practices in frontline nurse leaders. *Journal of Nursing Administration, 44*(3), 158–163. doi:10.1097/NNA.000000000000044
- Keys, Y. (2014). Looking ahead to our next generation of nurse leaders: Generation X nurse managers. *Journal of Nursing Management, 22*(1), 97–105. doi:10.1111/jonm.12198
- Kingston, M. B., & Brooks Turkel, M. (2011). Caring science and complexity science guiding the practice of hospital and nursing administration practice. In A. W. Davidson, M. A. Ray, & M. C. Turkel (Eds.), *Nursing caring and complexity science: For human-environment well-being* (pp. 169–185). New York, NY: Springer.
- Kuhn, T. (1970). *The Structure of Scientific Revolutions* (2nd ed.). Retrieved from: <https://www.lri.fr/~mbl/Stanford/CS477/papers/Kuhn-SSR-2ndEd.pdf>
- Lee, H., & Cummings, G. G. (2008). Factors influencing job satisfaction of front line nurse managers: A systematic review. *Journal of Nursing Management, 16*(7), 768–783. doi:10.1111/j.1365-2834.2008.00879.x
- Manojlovich, M., & Laschinger, H. (2007). The nursing worklife model: Extending and refining a new theory. *Journal of Nursing Management, 15*(3), 256–263. doi:10.1111/j.1365-2834.2007.00670.x
- Martel, J.-P., & Dupuis, G. (2006). Quality of work life: Theoretical and methodological problems and presentation of a new model and measuring instrument. *Social Indicators Research, 77*(2), 333–368.
- Mayrand Leclerc, M. (2006). Descriptions et stratégies optimisant l'environnement psychosocial du travail des chefs d'unité(s) de soins infirmiers de centres hospitaliers de

- soins généraux et spécialisés de la région de Montréal [Descriptions and strategies to optimize the psychosocial work environment of head nurses in general and specialized hospitals in the Montreal area] (Unpublished doctoral dissertation, Université Laval, Quebec City, Quebec, Canada).
- McDowell, J. B., Williams, R. L., & Kautz, D. D. (2013). Teaching the core values of caring leadership. *International Journal for Human Caring*, 17(4), 43–51.
- Meleis, A.I. (2011). *Theoretical nursing: Development and progress* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Newman, M. A., Smith, M. C., Pharris, M. D., & Jones, D. (2008). The focus of the discipline revisited. *Advances in Nursing Science*, 31(1), E16–E27. doi:10.1097/01.ANS.0000311533.65941.f1
- Nyberg, J. J. (1998). *A caring approach in nursing administration*. Denver: University Press of Colorado.
- O'Brien-Pallas, L., & Baumann, A. (1992). Quality of nursing worklife issues: A unifying framework. *Canadian Journal of Nursing Administration*, 5(2), 12–16.
- Paliadelis, P., Cruickshank, M., & Sheridan, A. (2007). Caring for each other: How do nurse managers “manage” their role? *Journal of Nursing Management*, 15(8), 830–837. doi:10.1111/j.1365-2934.2007.00754.x
- Pipe, T. B. (2008). Illuminating the inner leadership journey by engaging intention and mindfulness as guided by caring theory. *Nursing Administration Quarterly*, 32(2), 117–125. doi:10.1097/01.NAQ.0000314540.21618.c1
- Ranheim, A. (2009). Caring and its ethical aspects: An empirical philosophical dialogue on caring. *International Journal of Qualitative Studies on Health and Well-Being*, 4(2), 78–89. doi:10.1080/17482620902727300
- Ray, M. A., & Turkel, M. C. (2010). Marilyn Anne Ray's theory of bureaucratic caring. In M. E. Parker & M. C. Smith, *Nursing theories & nursing practice* (3rd ed., pp. 472–494). Philadelphia: F.A. Davis.
- Rogers, C. (1980/1995). *A way of being* (Introduction by I. D. Yalom). New York, NY: Houghton Mifflin Company.
- Shirey, M., Ebright, P. R., & McDaniel, A. (2013). Nurse manager cognitive decision-making amidst stress and work complexity. *Journal of Nursing Management*, 21(1), 17–30. doi:10.1111/j.1365-2834.2012.01380.x
- St-Germain, D., Blais, R. & Cara, C. (2009). Patient safety: The contribution of “rehabilitation Caring” to its definition. *International Journal for Human Caring*, 13(1), 60–65.
- Table sectorielle nationale des RUIS en soins infirmiers. (2010). *Deuxième avis sur le leadership infirmier en gestion dans le réseau de la santé* [Second opinion on nursing leadership in management among healthcare network]. Quebec, Canada: Publisher.
- Tarrant, T., & Sabo, C. E. (2010). Role conflict, role ambiguity, and job satisfaction in nurse executives. *Nursing Administration Quarterly*, 34(1), 72–82. doi:10.1097/NAQ.0b013e3181c95eb5.
- Todres, L., Galvin, K. T., & Holloway, I. (2009). The humanization of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on Health and Well-being*, 4(2), 68–77. doi:10.1080/17482620802646204
- Villeneuve, F. (2005). L'influence des facteurs structurels sur le travail managérial des infirmières-chefs: six études de cas dans trois hôpitaux du Québec [The influence of structural factors on the managerial work of head nurses: Six case studies in three Quebec hospitals] (Unpublished doctoral dissertation). Université de Sherbrooke, Sherbrooke, Quebec, Canada.
- Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practices. *Nursing Administration Quarterly*, 30(1), 48–55.
- Watson, J. (2008). *Nursing. The philosophy and science of caring* (Revised & updated ed.). Boulder: University Press of Colorado.
- Watson, J. (2011). *Postmodern nursing and beyond* (2nd ed.). Boulder, CO: Watson Caring Science Institute.
- Watson, J. (2012). *Human caring science. A theory of nursing* (2nd ed.). Boulder, Colorado: Jones & Bartlett Learning.
- Wendler, M. C., Olson-Sitki, K., & Prater, M. (2009). Succession planning for RNs: Implementing a nurse management internship. *Journal of Nursing Administration*, 39(7–8), 326–333. doi:10.1097/NNA.0b013e3181ae9692
- White, J. (1995). Patterns of knowing: Review, critique, and update. *Advances in Nursing Science*, 17(4), 73–86.

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