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**CARING IN NURSE MANAGERS
AS DESCRIBED BY STAFF NURSES**

by

Todd D. Swinderman

**A Thesis Submitted to the Faculty of
the College of Nursing
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Nursing**

Florida Atlantic University

Boca Raton, Florida

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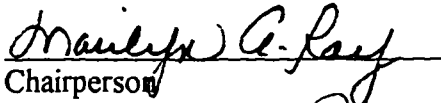
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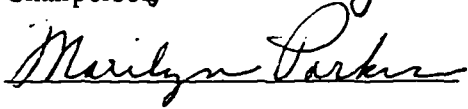
by

Todd D. Swinderman

This thesis was prepared under the direction of the candidate's thesis advisor, Dr. Marilyn A. Ray, College of Nursing, and has been approved by members of his supervisory committee. It was submitted to the faculty of The College of Nursing and was accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing.

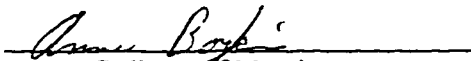
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ABSTRACT

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Title: Caring in Nurse Managers as Described by Staff Nurses
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A descriptive study of caring in nurse managers as described by staff nurses is presented. Five participants provided data from semi-structured, open ended, audiotape recorded interviews. The transcribed interview data were coded, concepts were identified, and the conceptual unit of meaning emerged. A conceptual model was developed and subsequently was analyzed in relation to Boykin's and Schoenhofer's (1993) Nursing as Caring Theory. It was discovered that staff nurses respect a nurse manager when she participates in direct nursing care, provides for the overall needs of the unit by negotiating with administrators, and nurtures nurses through listening to, encouraging, supporting and role modeling. Recommendations for nursing administration, practice, education and research are presented.

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CHAPTER I

IDENTIFICATION OF PHENOMENON OF INTEREST

Introduction to Phenomenon of Interest

The transition from my role as staff nurse to my role as a nurse administrator in the hospital where I was employed was accompanied by little formal education in nursing management. My new role was learned through on-the-job training and a three-hour Supervisory Skills class offered through the hospital's education department. As a staff nurse, I knew what it meant to nurse, and I could easily articulate caring in the nursing situation. When I became a nursing administrator, I no longer felt as though I was nursing because I could not identify the situation in which I was engaged as nursing. Boykin and Schoenhofer (1993) stated, "What the nursing administrator says and does as nurse must reflect the uniqueness of the discipline so that nursing's unique contributions are assured" (p. 60). At that time, I was unable to articulate any unique contribution of nursing administration in my practice. "The role of the nursing administrator could indeed be questioned if the focus of the administrative practice is not nursing" (Boykin & Schoenhofer, 1993, p. 60). In an attempt to seek clarification for myself, I did a philosophical inquiry into the nature of nursing in "nursing" administration. I slowly began to see how nursing was lived out in my practice. Using Boykin's and Schoenhofer's

Nursing as Caring Theory (1993), I was able to identify a unique focus in my practice of nursing administration that was caring. Personal patterns of caring developed while working as a staff nurse were applied to the nursing situation identified in nursing administration. Having a passion for further understanding of caring in nursing administration, I would like to understand the staff nurses' experience of caring in nursing administrators.

Aim

The aim of this qualitative descriptive research study was to gain a richer understanding of caring in nursing administration by studying descriptions of caring that staff nurses have of their nurse managers.

Significance

The philosopher Mayeroff (1971) suggested, "Helping another grow and actualize himself is a process, a way of relating to someone that involves development . . ." (p. 1), and is the meaning of caring. In a hospital setting, caring is illuminated when the nurse helps the patient grow and actualize himself. There is recent research that supports the view that caring is essential in the relationship between the staff nurse and patient (Boykin & Schoenhofer, 1993; Leininger, 1978; Valentine, 1991; Watson, 1985). However, nursing practice extends beyond the caring relationship between the staff nurse and patient to the caring relationship that exists between the nurse manager and staff nurse.

A staff nurse delivers direct patient care under the supervision of a nurse manager. A nurse manager, in return, represents and supports the staff nurse within the hospital organization. The nurse manager has 24-hour accountability for a health care unit in an

acute care facility and is responsible for planning, organizing, and leading and controlling all aspects of a specific nursing unit. A nursing unit is defined by the type of care delivered to patients; for example, an oncology nursing unit will have nurses who are highly skilled in caring for patients and their families who are living with cancer, while nurses who work on an orthopedic unit would deliver care to patients and their families who are living with bone and joint disorders. The relationship that exists between the staff nurse and the nurse manager is also a caring relationship, whereby the nurse manager nurtures the nurse to grow and actualize himself. The value of caring in nursing administration has been researched (Brenner, et al., 1993; Brown 1987, 1991; Evans, 1990; Miller, 1987; Nyberg, 1989, 1990; Ray, 1984, 1989; Valentine, 1991). There has been little research that describes the caring relationship between the staff nurse and nurse manager from the staff nurses' experience. Therefore, the purpose of this research is to conduct a descriptive study which explores the experiences of caring of staff nurses in relationships with their nurse managers. This research is warranted due to the current patterns of restructuring and downsizing in hospitals caused by economic constraints of managed care in health care delivery.

There is a correlation between staff nurses' ability to care for patients and the environment in which nurses feel cared for by nursing administrators (Ameigh & Billet, 1992; Bland & Jones, 1993; Brandt, 1994; Nyberg, 1989) . When a caring environment is promoted by the nursing administrator, the ability for the staff nurse to care for patients is enhanced. The significance of this descriptive study will reveal what it is that makes nurses feel "cared for" by nursing administrators (nurse managers). When it is known which

caring actions of the nurse manager create a feeling of being “cared for” by the staff nurse, then this knowledge can be used in nursing administration to create an environment that supports caring for both the staff nurse and patient.

Research Question

To gain further understanding of caring in nurse administrators as it is experienced by staff nurses, the study will be guided by the question: What are the descriptions of caring in nurse managers as experienced by staff nurses? (See Appendix B for specific examples of interview questions).

Review of Literature

A review of literature showed that there is a dual role supporting the staff nurse and supporting the patient for the nurse administrator in a environment where caring is promoted (Nyberg, 1989; Ray, 1989; Brown, 1991; Ameigh & Billet, 1992; Jones & Alexander, 1993; Ray et al., 1995). Collectively, these authors described the support given by the nursing administrator to the staff nurse as: political and economic decisions, providing nurturance, facilitating, coordinating, integrating nursing care management, being committed, open, having the ability to bring out potential, and encouraging staff to develop a greater sense of self (Nyberg, 1989; Ray, 1989; Brown, 1991; Ameigh & Billet, 1992; Jones & Alexander, 1993; Ray et al., 1995). Three master’s theses of graduates from Florida Atlantic University’s College of Nursing investigated caring in nursing administration, (Bartolon, 1992; Harrell, 1992; McHugh-Ballou, 1992). These authors identified care as the essence of nursing, promoting a caring based practice, and identifying common values of nursing administrators. All of the researchers articulated

the necessary components of caring nursing administrators; however, none identified how the staff nurse experienced caring when interacting with the nursing administrator. This study is significant to nursing since it will describe the experience of the staff nurse, thereby supporting and adding new meaning to the component of caring in nursing administration.

Theoretical Framework

Boykin's and Schoenhofer's Nursing as Caring Theory (1993) of Nursing Service Administration will be used to guide this research study. The quote "From the viewpoint of nursing as caring, the nurse administrator makes decisions through a lens in which the focus of nursing is nurturing persons as they live caring and grow in caring" (Boykin & Schoenhofer, 1993, p. 61) provides the foundation and weaves together caring and administration with a definition of nursing that is applicable to both staff nurse and nursing administration.

Summary

With the current patterns of restructuring and downsizing in health care delivery, the staff nurse is often practicing in an a rapidly changing environment. It is imperative that an environment is maintained that fosters the caring relationship between the staff nurse and the patient. Since it is the nurse manager who assumes the 24-hour responsibility of the nursing unit, the staff nurses' experience with the nurse manager needs to be explored and understood. With an understanding of this experience, a caring environment could be created and fostered. The process of eliciting staff nurses' experience is presented in the following chapter.

CHAPTER II

PROCESS OF INQUIRY

Research Methodology

Ray's Descriptive Research Methodology (M. Ray, personal communication, April 4, 1996) (see Table 1) is the research design. "The interest in qualitative design is directed toward discovering or uncovering new insights, meanings and understandings" (Brink & Wood, 1989, p.163). Through this descriptive methodology, the phenomenon of caring in nursing administration will be described by the staff nurses from their experience with the nurse manager. This study's research proposal was approved by the Florida Atlantic University's Division of Sponsored Research, Human Subjects' Review Committee, prior to the collection of interview data to establish protection of participants (Appendix A).

TABLE 1

Ray's Descriptive Research Methodology

Identification of Phenomenon of Interest	Process of Inquiry	Data Analysis and Results	Discussion of Results	Recommendations
<ol style="list-style-type: none"> 1. Introduction to Phenomenon of Interest 2. Aim 3. Significance 4. Research Question 5. Review of Literature 6. Theoretical Framework 	<ol style="list-style-type: none"> 1. Research Methodology 2. Site 3. Sample 4. Research Techniques (Semi-structured Interviews) 5. Rigor in Qualitative Research (Validity and Reliability) 6. Ethics of Research (Protection of Human Subjects) 	<ol style="list-style-type: none"> 1. Coding Data 2. Identification of Concepts 3. Categorization of Conceptual Units of Meaning 4. Development of Conceptual Framework 5. Development of Conceptual Model 	<ol style="list-style-type: none"> 1. Central Thesis of Results of Data Analysis 2. Relationship of Data Analysis to Theoretical Framework and Literature 	<ol style="list-style-type: none"> 1. Nursing Administration 2. Nursing Practice 3. Nursing Education 4. Nursing Research

Site

The site selected for this research is a medical center in a mid-sized city in Southeast Florida. This hospital was selected because of its intact organizational structure and nursing system of staff nurse, nurse manager, and director of nursing. This facility has maintained its organizational structure for greater than five years. "Systems tend to perpetuate existing ways of being even though their members may repeatedly question the legitimacy of actions flowing from these structures" (Boykin & Schoenhofer, 1993, p. 65). South Florida has an economic climate wherein corporate takeovers and organizational restructuring are the norm. These phenomena may have negative implications for nurses

and nursing. The medical center has remained stable in the Southeast Florida economic climate despite the changing environment. Within a stable institution, the nurses interviewed were able to focus on the caring nature of the nurse manager and not on the structure of the institution.

Sample

A convenience sample size of five Registered Nurse participants was selected and is adequate for an descriptive research of this nature. Choosing people who are knowledgeable about the subject and talking with them until what you hear provides an overall sense of the meaning of a concept is what Rubin and Rubin (1995) labeled as completeness. The point at which you are not learning any more new material is called saturation (Glaser & Strauss, 1967). Saturation or completeness was experienced between the third and fifth interview; thus, five participants were deemed adequate. Participation was voluntary, and an informed consent form was signed (See Appendix C). Demographic data about each research participant was collected (See Appendix B). The Director of the Human Resource Department of the medical center gave permission to the Director of Nursing to select the participants. Nine Registered Nurse participants were selected by the Director of Nursing and Staffing Coordinator based upon the staff nurses' ability to articulate nursing from which the actual sample was drawn.

Demographic data such as total number of years in nursing, years of experience in data collection facility, years of experience working for this nurse manager, and education were collected to further identify the sample (Appendix B). The range of total number of years in nursing was 13 to 32 years, with a mean of 19 years. Years of experience in the facility

was six to 15, with a mean of 11. Experience in working with this nurse manager ranged from two months to nine years, with a mean of four years. One participant held a Diploma in Nursing, two held an Associate's Degree in Nursing, and two held a Bachelor of Science Degree in Nursing.

Research Techniques

An initial telephone contact with the selected Registered Nurse participants was made by the researcher while the participant was at his/her assigned nursing unit. During the initial contact, a brief description of the nature of the study was explained to determine interest and to set a date for further information sharing and/or interview. Three of the initial five participants canceled the follow-up information sharing/interview session. The researcher believed that having the initial contact via telephone provided a barrier to communication. The researcher then made personal contact with three more participants at his/her assigned nursing unit. Through personal contact, immediate information-sharing created a relationship between the researcher and participant that led to successful interviews. Six interviews were conducted. Out of the initial five interviews, one interview was not retrievable on audiotape, so a sixth interview was conducted. Two of the participants requested the interview be conducted in their home due to scheduling conflicts and hours worked. The remainder of interviews were held in unit break rooms, Nurse Managers' offices, or Nursing Conference rooms at the facility. The consent form was discussed and signed prior to the start of the audiotaped interview (Appendix C). Interview length was approximately 45 minutes to one hour in length. Eight semi-structured questions were asked regarding a description of the staff nurse participants with

their nurse managers with one open ended sentences asking about their “ideal” nurse manager (See Appendix B).

The audiotapes were kept in a locked file cabinet in the researcher’s home until the completion of the study, when they were then destroyed. At no time during the data analysis or presentation were actual names utilized in order to assure confidentiality and anonymity. Participants did not receive any monetary compensation for their involvement in this research study; however, the interview provided a positive interaction through the open expression of ideas and opinions. The audiotapes were transcribed by a professional transcriptionist after signing a Confidentiality Agreement (Appendix D) in preparation for analysis.

Rigor in Qualitative Research

To achieve rigor (validity and reliability) in this qualitative research, Sandelowski’s (1986) strategies of auditability, credibility and fittingness were applied. According to Sandelowski (1986), “A study and its findings are auditable when another researcher can clearly follow the “decision trail” used by the investigator in the study” (p. 33).

Auditability in qualitative research parallels reliability in quantitative research. On the other hand, credibility and fittingness in qualitative research parallels internal and external validity of quantitative research. “A qualitative study is credible when it presents such faithful descriptions or interpretations of a human experience that the people having that experience would immediately recognize it from the descriptions or interpretations as their own” (Sandelowski, 1986, p. 30). During this stage, I shared the interpretation with them to see if what I interpreted is what they meant. My interpretation was correct because the

interpretation rang true to the nurses. “In addition, the findings of the study whether in the form of description, explanation, or theory, “fit” the data from which they are [were] derived” (Sandelowski, 1986, p. 32).

Ethics of Research

To achieve the ethical requirements for research with human participants, an informed consent form (see Appendix C) that included the principles of respect, nature of research, and an awareness of voluntary participation was discussed by the researcher with the participants before the interview.

Participants were informed that they could withdraw from the study at any time and that they were free to refuse to answer any questions they did not wish to answer without penalty. The value of this study for the profession of nursing was explained. It was also explained that information learned from this study could be used in future presentations and publications, but that the names of the participants and the name of the institution would not be used.

Participants were informed that they would not be paid for their participation. All interviews took place on their own time and did not interfere with any work obligations. Participating did not cause any loss of employment or benefits.

No negative results occurred with the experience. Participants were given information on how to contact the researcher through Florida Atlantic University’s College of Nursing or through the Division of Sponsored Research. Only after the participants acknowledged the nature of the research, and their rights and ethical consideration were explained and informed consent form signed, did the data collection interview proceed. All participants

declined the offer of a copy of the signed Informed Consent Form. Confidentiality and anonymity were maintained by using only assigned numbers to the interviews. Pseudonyms were not used. Audiotapes were kept in a locked file cabinet in the researcher's home, and were then destroyed at the completion of the study.

Summary

Ray's *Descriptive Research Methodology* (1996) was used in this study of the staff nurses' experience of caring in their nurse manager. The study's site and convenience sample was chosen because of organizational structure with nurse managers assuming 24 hour responsibility of a nursing unit. Audiotape recorded interviews were conducted utilizing eight semi-structured questions. To achieve rigor, Sandelwoski's (1986) strategies of auditability, credibility, and fittingness were applied. Ethical requirements for research with human participants were maintained throughout the study. Analysis and interpretation of data will be presented in the next chapter.

CHAPTER III

DATA ANALYSIS AND RESULTS

Data analysis is a creative process that is a unique rendering of the meaning(s) of the phenomenon under study. The analysis is achieved through composing an order and claims to be the only order that could be brought to bear (Boyd & Munhall, 1993). This qualitative descriptive research study sought meaning from five registered staff nurse participants through eight semi-structured questions in an audiotape recorded interview. The meanings of the descriptions from staff nurses are analyzed and result in a synthesis of a conceptual model that illustrates the staff nurses' experience of caring of their nurse manager.

Coding of Data

The coding of data involved several steps. Coding of data "is a process of piecing together data, of making the invisible obvious, of recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents" (Morse, 1994, p. 25). In this research, the interviews between the researcher and participants were audiotape recorded. Congruent with Ray's descriptive research methodology, the transcribed data were analyzed through deliberate recognition of key words as phrases which were organized

into conceptual units of meaning. Key concepts and conceptual units of meaning were examined within the context of the research question and the study's theoretical framework (Stankes-Ross, 1996).

Identification of Concepts

The audiotapes were transcribed by the transcriptionist with the narrative text typed in the left hand column and the right hand column left open for the coding of data. The narrative text was read and reread (see Appendix E). A highlighter was then used to illuminate the participants' language of the experience.

The highlighted key words and phrases or key concepts from the narrative text were re-written to the right of the transcribed data. Examples of key words and phrases that were coded include "hands-on," "available," "backs us," and "role model."

Categorization of Conceptual Units of Meaning

Key words and phrases identified as concepts were organized into categories according to their similarity and meaning. Three categories emerged under the heading Conceptual Units of Meaning, Participating in Direct Patient Care, Negotiating with Administrators, and Nurturing. An example of a conceptual unit of meaning is "participating in direct patient care." The identified key words and phrases and their conceptual units of meaning were then organized into tables. Tables 2 and 3 represent key concepts and their conceptual units of meaning identified from the interview data. Table 2 represents the three conceptual units of meaning that emerged from the nurses' descriptions of their nurse manager. In the staff nurses' description of their ideal nurse manager (Table 3), the

fourth conceptual unit of meaning emerged as “continuity of caring relationship.” The conceptual framework was synthesized through the understanding of the conceptual units of meaning.

TABLE 2

STAFF NURSE DESCRIPTIONS OF NURSE MANAGER

Key Concepts	Conceptual Units of Meaning
Know what she’s doing Makes rounds with us Pitches in to help us Sensitive and caring attitude toward patients Great deal of patience working with families She wears a uniform like the rest of us She’s a great person to the patients Patients like her She doesn’t forget where she came from She’s like a hands-on kind of nurse She was just a staff nurse and she knows what it’s like She was just a co-worker	Participating in Patient Care
She’s there to back you up if you need her Ensures that the nurses that are floated to our area are qualified Getting adequate staffing Keeps from whatever is going on above her in administration from filtering down We always have proper supplies Sticks up for us with her higher ups She’ll go to bat for us Better equipment is available to us	Negotiating with Administrators

Table 2, cont.d

Key Concepts	Conceptual Units of Meaning
<p>We'll be listened to She's one of the reasons that I stay Her staff likes her, I like her She takes on nurses who have had drug problems She believes in giving people a chance She will back up her nurse She has encouraged me and the rest of the staff to attain higher goals She's always trying to get you to do something better than she does, rather than trying to keep herself over you in a power position Stimulates you into wanting to do Encouragement I can go to her with problems and she'll listen to me and support me Role model Positive approach She's very realistic about what can be expected of you She doesn't try and make you feel guilty You can rely on her No problem is insurmountable She's just very supportive all the way around</p>	<p>Nurturing</p>

These concepts and conceptual units of meaning emerged from the nurses' description of their nurse manager. All nurses had respect for their nurse manager when she participated in patient care. The type of participation respected varied among each nurse.

All nurses liked knowing that their nurse manager was once a bedside nurse before moving into administration. Most nurses preferred that their nurse manager still wear a uniform or scrub to work, and continue to provide nursing care when needed.

The staff nurses also valued their nurse manager's role in negotiating with administrators through representation of the nurse or providing the unit with needed supplies and equipment. Negotiating with administrators also included securing adequate and competent staffing. The staff nurses realized the importance of their nurse manager's negotiations with administration and were appreciative of the results. They also acknowledged their nurse manager's role in buffering them from non-nursing business involved with administration.

The staff nurses described the humanness of their nurse manager in terms of nurturing. Recurring themes they described were "listening to," "supporting," "encouraging," and "role modeling." Two staff nurses admitted working in this institution only because of the caring relationship that they had with their nurse managers.

The continuity of caring relationship that had been already established with their nurse manager was a conceptual unit of meaning that emerged with all staff nurses (Table 3). It was important that the nurse manager remembered what it was like to be a staff nurse and that they continued to give patient care, continued to negotiate with administration for the needs of the unit, and continued to nurture staff nurses.

TABLE 3

STAFF NURSES DESCRIPTION OF IDEAL RELATIONSHIP WITH NURSE

MANAGER

Key Concept	Conceptual Unit of Meaning
Continue to listen and be hands-on Continue to come in work clothes Makes sure that she knows where we're coming from Remember patients instead of meetings Continue support, not just in the unit Allow time when we could give her feedback Encourage continuing education among the staff Continue to ensure that nurses are floated to our area are qualified	Continuity of Caring Relationship

Development of Conceptual Framework

In this study, the relationship between the staff nurse and nurse manager was examined through the lens of Boykin's and Schoenhofer's (1993) theory. From this viewpoint, all activities of the nursing administrator (nurse manager) are ultimately directed to the person(s) being nursed. The nurse managers' focus of nursing is nurturing persons as they live caring and grow in caring. All activities in the practice of nursing administration are grounded in a concern for creating, maintaining, and supporting an environment in which calls for nursing are heard and nurturing responses are given. Throughout this study, the staff nurses' descriptions of their nurse manager, as well as their descriptions of their ideal relationship with their nurse manager, are consistent with Boykin's and Schoenhofer's (1993) Nursing as Caring Theory.

A Model of the Conceptual Framework

The model of the conceptual framework illustrates the understanding of how the data analysis and findings illuminate the description of the staff nurses' experience of caring in their nurse managers (see Figure 1). The model represents the conceptual framework from the staff nurses' experiences as identified in the conceptual units of meaning. The conceptual units of meaning of participating in patient care, negotiating with administrators, nurturing, and continuity of caring relationship is basis for the staff nurses feeling cared for by their nurse manager.

Summary

Through the analysis of nurses' experience with their nurse managers, conceptual units of meaning emerged and were synthesized, resulting in the development of a model of conceptual framework. This model illuminates the staff nurses' respect for a nurse manager when she participates in nursing care, provides for the overall needs of the unit by negotiating with administrators, and nurturing nurses through listening to, encouraging, supporting, and role modeling. Further discussion of data analysis in relation to Boykin's and Schoenhofer's (1993) Nursing as Caring Theory and published research are included in the following chapter.

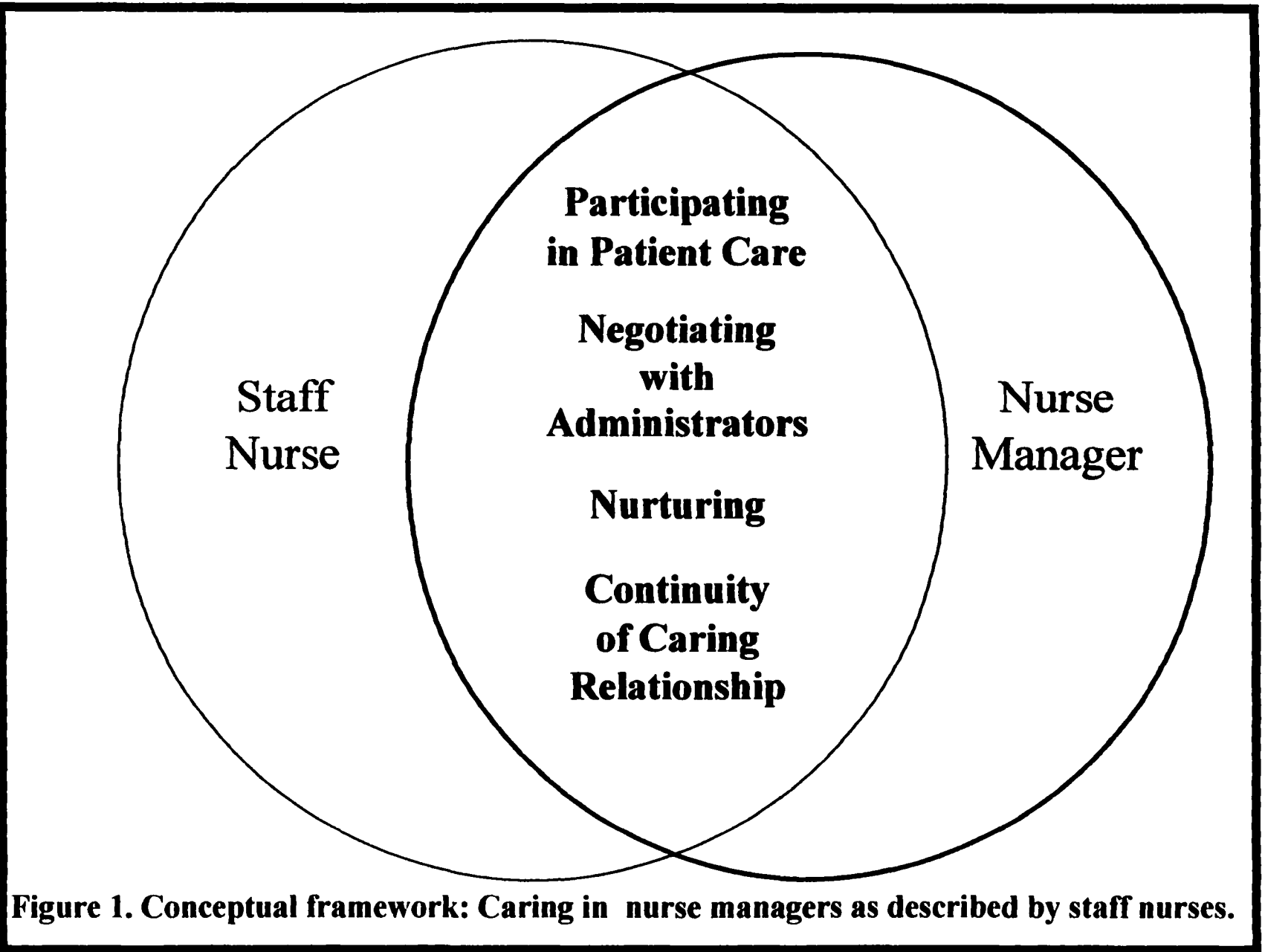


Figure 1. Conceptual framework: Caring in nurse managers as described by staff nurses.

CHAPTER IV
DISCUSSION OF RESULTS

Central Thesis of Data

The purpose of this study was to gain a further understanding of caring in nurse managers as it is experienced and described by staff nurses. The objective of the study was to explore the nurses' experience of interactions with their nurse managers in order to identify the concepts that emerged from their descriptions. By identifying the concepts present in these descriptions, a better understanding of the experiences and ways to support nurses may be recognized (Stankes-Ross, 1996).

The staff nurses described favorable experiences working with nurse managers who participate in patient care. Patient care was interpreted as any direct caring interactions that occurred between the nurse manager and patient and or patients' families. The staff nurses also valued nurse managers who negotiated with administrators to secure equipment, supplies and staffing for their unit. Each staff nurse offered descriptions of nurturance they received and valued from their nurse manager. The staff nurses also described their ideal relationship with their nurse manager. The staff nurses described a good existing relationship with their nurse manager and the ideal relationship being a continuation of what had already been established.

Relationship of Data to Theoretical Framework and Literature

In reviewing the data analysis results of 'respect for a nurse manger who participates in patient care' the concept of patient care incorporated a broad spectrum of interactions. Boykin and Schoenhofer (1993) stated, "The nurse administrator is intimately involved in multiple nursing situations simultaneously, hearing calls for nursing and participating in responses to these calls" (p. 61) . Some nurses felt that just by wearing a uniform the intent of the nurse manager was to participate in patient care while other nurses respected the nurse manager when she competently participated with them at the patient's bedside.

There is a perception of nursing administration as being "removed" from the direct patient care of the nursed (Boykin & Schoenhofer, 1993). This indeed is a misconception that is supported in Nursing as Caring Theory as well as in this study. A multiple nursing situation would include the nurse managers participating in nursing care. Brown (1991) stated, "Nurse administrators practice their art when interacting with a single nurse or client." The conceptual unit of meaning of 'participation in nursing care" is supported in this research in the key concepts of "great deal of patience working with families," "She's a great person to the patients," and "sensitive and caring attitudes toward patients."

Nyberg (1989) identified one responsibility of the nurse administrator in relation to caring as to "be alert and responsive to opportunities to participate in situations involving nurse managers, nurses, administrative colleagues, and patients or families who have specific needs that allow the nurse manager to behave as caring person." It is through caring relationships between the nurse administrator and patient that respect is gained from the staff nurse for the nurse administrator.

The data analysis also revealed that staff nurses valued nurse managers who negotiated with administration to secure equipment, supplies and staffing for their unit. The conceptual unit of meaning emerged as organizational support. "The nurse administrator can nurture the living caring and growing in caring of the person by creating ways to support that the call for hope of being known and supported as caring person, not object, can occur" (Boykin & Schoenhofer, 1993). It was the support as caring person that the staff nurses valued from their nurse managers. None of the staff nurses described the negotiations or the bureaucracy of administrations in their experiences--only the fact that they were supported as caring person. The support was described as "getting adequate staffing," "We always have proper supplies," and "sticks up for us with her higher ups."

There is nursing research that describes caring in nursing administration (Brenner, et al., 1993; Brown 1987, 1991; Evans, 1991; Miller, 1987; Nyberg, 1989, 1990; Ray, 1984, 1989; Valentine, 1991). In this study, Boykin's and Schoenhofer's (1993) Nursing as Caring Theory best exemplified the staff nurses' descriptions of caring in their nurse manager, by advancing the notion that it is the nurse manager's responsibility to create and maintain an environment that nurtures the living caring and growing in caring. In fact, one staff nurse liked having a nurse manager that "keeps from whatever is going on above her in administration from filtering down."

The supporting, creating, and maintaining of a caring environment begins with the nurse administrator. "At the nursing department level, the technology of caring necessitates the creation of an environment that demonstrates care for and about nurses within the department, so that nurses can, in turn, care for and about their clients" (Jones &

Alexander, 1993, p. 18). This study strengthens the research that describes the impact of human care, economics, cost/quality, and outcomes associated with nurse administrator and caring. It was the caring environment created by the nurse manager that the staff nurses in this study described for them to deliver the best nursing care. The organizational support given in the caring environment is what the staff nurse valued and hoped for in the future as they described their ideal nurse manager.

The conceptual unit of meaning of nurturing also emerged in the data analysis. Boykin and Schoenhofer (1993) stated, "The nursing administrator models a way of being with others that portrays respect for persons as caring" (p. 64). In this study, staff nurses felt nurtured when their nurse managers demonstrated behaviors of listening to, encouraging, supporting and role modeling. Boykin and Schoenhofer (1997) asserted, "The nurturance that is nursing involves acknowledging, affirming and celebrating persons as caring and supporting them in their unique ways of growing in caring" (p. 62). Nyberg (1989, 1990) cited five attributes for the nurse administrator to role model that exemplify caring: commitment, self-worth, ability to prioritize and the ability to bring out potential. Nyberg (1993) also identified caring communication of the nurse administrator as empathy, openness, listening, and valuing.

The staff nurses, through open dialogue with their nurse managers, feel "listened to," thereby creating a feeling of being nurtured. "Persons engaged in dialogue are focused on trying to understand situations as perceived through another's eyes in order that new possibilities may be recognized" (Boykin & Schoenhofer, 1993, p. 63). "The nurse manager demonstrates care by listening empathically . . . being attuned to concerns of

nursing staff” (Evans, 1990, p. 168). The stories that the staff nurses share in dialogue allow the nurse manager to know and support the staff nurse as they live and grow in caring.

Through role modeling of caring, the nurse manager can create and foster caring environment within the nursing unit for both the staff nurse and patient. Boykin and Schoenhofer stated, “The caring that is nursing must be a lived experience of caring, communicated intentionally, and in authentic presence through a person-with-person interconnectedness, a sense of oneness with self and other” (p. 48). The nurse manager’s ability to care for self and others was identified in research as an essential element of creating a caring environment.(Brandt, 1994; Jones & Alexander, 1993; Morath & Manthey, 1993; Nyberg, 1993). Every nurse in this study described the uniqueness of a caring role model which they saw in their nurse managers. Furthermore, each nurse expressed a sincere desire to have the caring relationship with their nurse manager continue.

Recommendations

Nursing knowledge gained through nursing research is vital to the growth of the discipline of nursing. The knowledge gained must be shared and implemented in nursing as well as other disciplines. The results of this research that uncovered the staff nurses’ experience of caring in their nurse manager has implications for nursing administration, nursing practice, nursing education and nursing research.

Limitations of the Study

The researcher acknowledges that the study reflects the viewpoints of five nurses selected for their ability to articulate their experiences with their nurse manager. This study is limited to views from nurses working in one medical center. Only the caring aspects of the nurse managers as described by the staff nurse were presented. The nurse managers' education, experience and philosophies remain unknown.

Implications for Nursing Administration

In a climate of rapidly changing health care systems, little research is being conducted to describe the staff nurses' experience of their nurse managers. "The nurse administrator makes decisions through a lens in which the focus of nursing is nurturing persons as they live caring and grow in caring" (Boykin & Schoenhofer, 1993, p. 61). Since nursing administrators are making these decisions, as well as creating a caring environment, information received from the staff nurses' experience must be shared so that a connection can be made to create a caring environment.

Nurse administrators are responsible for advocating nursing within their health care system, often interpreting the value of nursing to business oriented colleagues who know nothing about nursing. Therefore, it is imperative that nurse administrators know and support the nurses as they live and grow in caring. It may be helpful if results of this study be incorporated into present nursing administration centers through seminars, as well as being incorporated into graduate nursing administration curricula.

Implications for Nursing Practice

Staff nurses and nurse managers enter each nursing situation to know self and others as caring. In the nursing situation there is always a person to person relationship, whether it is staff nurse and patient, staff nurse and nurse manager or nurse manager and patient. Understanding the caring connection between the nurse manager and staff nurse provides for a caring practice environment where the patient, staff nurse and nurse manager will all benefit.

Implications for Nursing Education

All staff nurses should have an awareness of the bureaucracy that nurse administrators must negotiate in health care systems. Nyberg (1990) supported this notion by stating, "It would appear that an important goal for nurse administrators is to find ways to help nurses understand the mutual necessity of economics and human care so that nurses at all levels in the organization can focus energy on finding solutions to the cost/quality dilemma" (p. 82). There is a huge undertaking of nurse educators in health care settings. Introductory content of nursing administration needs to be placed in undergraduate curricula. Graduate programs in nursing administration should value the caring relationship between nurse administrators and staff nurse and staff nurse and patient and how to create and maintain a caring environment.

Implications for Nursing Research

This study shows the value of qualitative research to the discipline of nursing. This study also illuminates the rich nursing knowledge that is generated from Ray's Descriptive Research Methodology. The art of nursing can be enhanced, studied and communicated

using qualitative research. In addition, further studies of the relationship between staff nurses and their nurse managers as experienced by the staff nurse are warranted as the climate of health care systems continue to change rapidly--not only in an acute care facility, but in all areas of patient care, i.e., home care, extended care, and case management.

Summary

The value of caring in nursing administration in the literature and in this study is confirmed. Through this qualitative study, an understanding of staff nurses' caring relationship with their nurse managers emerged. Conceptual units of meaning were synthesized and a conceptual framework model was created. The data were related to Boykin's and Schoenhofer's (1993) Nursing as Caring Theory. Recommendations for nursing administration, practice, education, and research were made to enhance the discipline and profession of nursing.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD Human Subjects Review Committee

MEMORANDUM

DATE: January 31, 1997

TO: Marilyn Ray,
Todd Swinderman,
Nursing

FROM: Don Torok, Chair *Don Torok*

RE: H97-7 "Caring in Nurse Managers as Described by Staff Nurses"

The Institutional Review Board (IRB) has reviewed the above protocol. Under the provisions for expedited review, the proposed research has been found acceptable as meeting the applicable ethical and legal standards for the protection of the rights and welfare of the human subjects involved.

This approval is valid for **one year from the above memo date**. This research must be approved on an annual basis. It is now your responsibility to renew your approval annually and to keep the IRB informed of any substantive change in your procedures or of any problems of a human subjects' nature.

Please do not hesitate to contact either myself (6-1261) or Elisa Gaucher (7-2318) with any questions.

DT:ceg

APPENDIX B
Interview Questions

Number _____

Demographic Data

1. Total number of years in nursing: _____
2. Years of experience in this facility: _____
3. Years of experience working for this Nurse Manager: _____
4. Educational preparation: _____ Diploma; _____ AD; _____ BSN

Interview Questions

1. Describe a typical day in your practice of patient care and how your Nurse Manager is involved?
2. How has your relationship with patients been affected by having this Nurse Manager?
3. How has your practice of nursing been influenced, or changed, by having this Nurse Manager?
4. What is/are the advantage(s) of having this Nurse Manager?
5. What is/are the disadvantage(s) of having this Nurse Manager?
6. What kind of support do you need from your Nurse Manager to be able to take care of your patients?
7. Describe any difficulties you may have with working with your Nurse Manager while caring for the patients assigned to you.
8. Please complete the following statement. If I could assist my Nurse Manager into reshaping her/himself so that I could deliver the best of nursing care in my practice, I would: _____

APPENDIX C

Consent Form

1) Title of Research Study: Caring in nurse managers as described by staff nurses.

2) Investigator: Todd D. Swinderman, RN, BSN

3) Purpose: You are invited to participate in a research study that will help describe the experiences of your interaction as a registered nurse with your nurse manager. The purpose of this study is to explore your experiences of feeling cared for by your nurse manager. The identification and meaning of these concepts from your experiences will help identify how nurse managers can support staff nurses in a caring environment.

4) Procedures: If you agree to participate, you will be interviewed in an audiotape recorded interview which will last approximately one hour. The interview will be scheduled at a time and place convenient for you before or after work hours. The agreed upon place will be private and interruptions will be avoided. During the audiotape recorded interview you will be asked questions concerning your experiences you have had with your nurse manager. You are free to refuse to answer any questions you do not wish to answer without penalty. You may withdraw from the study at any time without penalty.

5) Risks: The risks involved with participation in this study are no more than you would experience in regular daily activities. There are no financial costs associated with your participation, and you will not be paid for your participation. You will not lose your job or benefits as a result of your participation. You may get tired during the interview process. Sharing your thoughts and feelings with the researcher may be uncomfortable, however, you are free to discuss them or any other questions and concerns you may have with the researcher at any time.

6) Benefits: Participating in this study will be of no immediate benefit to you. However, the information learned from the study may benefit your future or the future of the profession of nursing. There are no financial costs associated with your participation, and you will not be paid for your participation.

7) Data Collection & Storage: The name of the institution and your identity will not be disclosed in the research study or subsequent publications. Audiotapes will be handled confidentially by the researcher by storage in a locked cabinet in the researcher's home and destroyed when the study is completed. All audiotape recorded information will be coded

with a number to disguise your identity. The audiotapes will be transcribed into narrative text by a professional transcriber who will sign a confidentiality agreement (see attached Appendix E). Transcriptions may be reviewed by an expert thesis committee. The information you provide in the interview will be analyzed by the researcher so that your responses will not be directly attributable to you. Your responses will be integrated with other participants' responses to generate a descriptive framework of caring in nurse managers.

8) Contact Information: For related problems or questions regarding your rights as a subject, the Office of Sponsored Research of Florida Atlantic University can be contacted at (561) 367-2310. For other questions about the study, you should call the principal investigator, Todd D. Swinderman, through the College of Nursing at (561) 367-2872.

9) Consent Information: I have read and understand the study described above. I am 18 years of age or older and freely consent to participate. I understand that I am free to withdraw from the study at any time without penalty. A copy of this form will be provided to me if I want a copy for myself.

Signature of Subject: _____ Date: _____

Signature of Investigator: _____ Date: _____

Appendix D

CONFIDENTIALITY AGREEMENT

While serving as transcriber for a study entitled "Caring in Nurse Managers as Described by Staff Nurses," conducted by Todd D. Swinderman, I agree to keep all information and records confidential. All audiotapes, printed transcriptions, and computer disks will be kept in a secure file. I understand that this information contained in the audiotapes is confidential and not to be discussed with anyone. At the conclusion of this study, I agree to return the audiotapes, written transcripts, and computer disks to the researcher, and to erase any computer files related to this study.

Transcriber signature: Edna L. Holton
Researcher signature: Todd D. Swinderman
Date: 2/24/97

APPENDIX E

PORTION OF AN ANALYZED TRANSCRIBED INTERVIEW

<p>Q: Describe any difficulties that you may have had working with your nurse manager while caring for patients assigned to you?</p>	
<p>A: I haven't had any difficulties. She comes in, she wears scrubs like the rest of us and she's not dressed up in heels. She's more hands-on. If we're busy and need help, you could go into her office and say, you know, could you help us. And she would come out cause she's dressed for it. The other head nurse, she wore heels, and never, I mean, I worked there 6-1/2 years and I never saw the nurse manager once.</p>	<p>wears scrubs, like the rest of us</p> <p>hands-on</p> <p>could you help us, and she would come out</p>
<p>Q: How often do you see your present nurse manager?</p>	
<p>A: Well, I work 2 nights a week and I'd say I see her once out of the two nights, she would be there.</p>	<p>see her once out of two nights</p>
<p>Q: Please complete the following statement: If I could assist my nurse manager into reshaping herself so that I deliver the best nursing care in my practice, I would....</p>	
<p>A: I don't know, to continue to listen and to be a hands-on, to continue to come in in her work clothes and be a hands-on nurse, and to make sure that she knew where we were coming from and not get so detached with all the meetings and stuff but to remember the patients instead of the meetings and the administration and all that.</p>	<p>continue to listen</p> <p>continue to come in in work clothes</p> <p>be a hands-on nurse</p> <p>make sure she knew where we were coming from, not get so detached</p> <p>remember the patients</p>