

Original Article

Nurse Leaders and the Ethos of Serving in Nursing Administrations

Leena Honkavuo, PhD, RDN, RN, CM, RNT

Department of Caring Science. Division for Social Sciences, University of Abo Akademi, Finland

Katie Eriksson, RN

Professor Emerita, Department of Caring Science. Division for Social Sciences, University of Abo Akademi, Finland

Dagfinn Naden, RN

Professor Faculty of Health. Oslo Metropolitan University, Norway

Correspondence: Dr. Leena Department of Caring Science. Division for Social Sciences, University of Abo Akademi, Finland PB 311, 65101 Vasa, Finland Email: honkavuo@hotmail.com**Abstract**

Background. Serving is a phenomenon that has received only scant attention in caring science. Indirect conceptions about service are tied to concrete clinical work and actions of caring while serving gives nursing leadership and nursing administration a natural meaning context. Serving as a genuine caring science concept is complicated to articulate through empirical and pragmatic caring science research. Serving patients has in all times informed the theoretical, practical and aesthetic functions of caring.

Aim. To describe the understanding of serving and ethos in nursing leadership with a focus on nursing administration.

Methods. A qualitative interpretative deep interview study was conducted among 15 nurse leaders from a nursing administration context base. Gadamer's hermeneutical thinking was used for to interpret the findings.

Results. Nursing leadership which serves the patient is made visible through the acuity of the mind, the actions of the hand and the wisdom of the heart. This timeless serving is directed toward health and healing. The results are tied in four thematic units of understanding: The understanding of serving as an integrated ethos, serving as public ethos – to see beyond the self, serving that describes opposites and emotions and the understanding of the bureaucracy of healthcare organizations as controlling serving in nursing administrations.

Conclusions. Serving is the basic idea in nursing administrations. Serving as an ethical and societal duty involves infinite dignity, equality and respect for the essence of human beings. Nursing administrations primary aim is to serve health and life, and to alleviate suffering. The ethical responsibility of healthcare organizations is to serve as societal examples or models, accommodate the service nursing administrations provide, and act in the service of patients. Serving in nursing leadership entails a constant movement, a listening, a corresponding address and actions performed for the well-being of the patient.

Keywords. Serve, serving, ethos, nurse leader, nursing administration, caring science, hermeneutics.

Introduction

Service highlights the ethical dimension in a nursing administration where nursing leaders strive to see the other as dignified and holy. Service manifests in nursing administration through the nurse leader's value base – ethos, and ethical work. Ethos arises in nurse leaders' innermost being and is confirmed for the nurses

through an actual and evident course of action: *the good is what the good does* in an articulated living caring culture and nursing administration communion. According to caring science thought, ethos and ethics belong together and become one through cultivation. *Theoreia* is converted into ethos and is realized in *praxis*, which means that the ethical act finds expression in service, nursing leadership and nursing

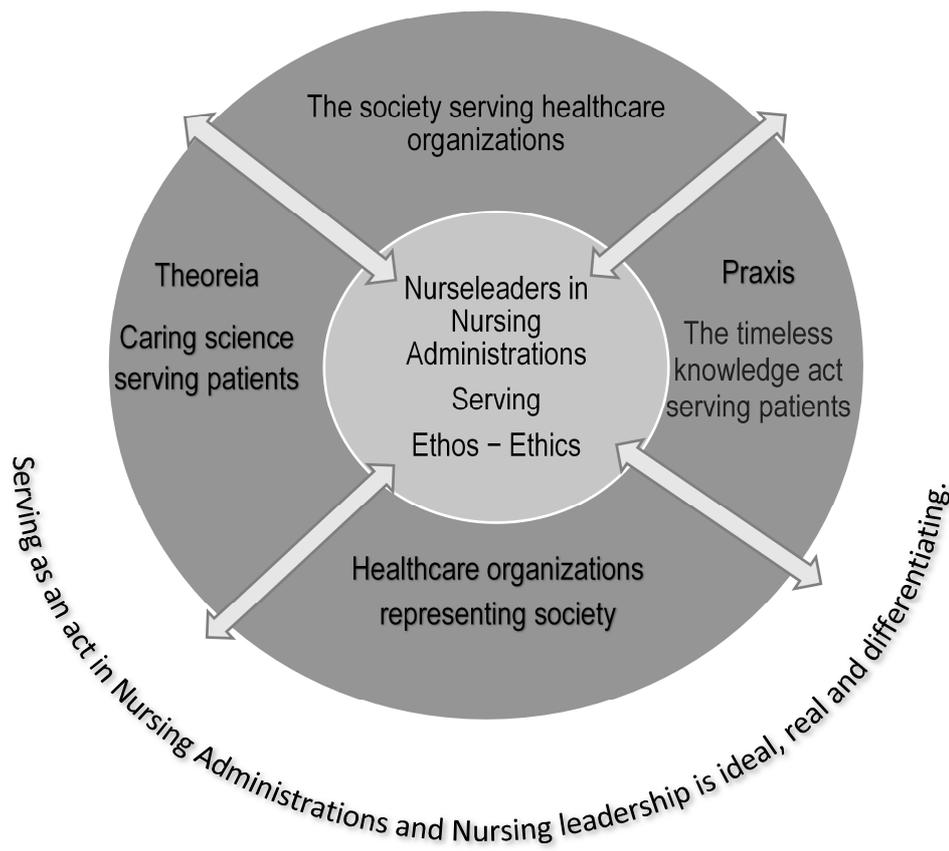
administrative acts in the meaning context of caring (Honkavuo, 2014). An ethos summarizes the core phenomena and narratives in nursing administrations. Ethos creates the inner core and the fundamental motive that makes the service of patients a meaningful and important unity. Ethics is intertwined with metaphysics and ontology which describe what is, what becomes and what can be perceived. The theoretical framework and point of departure of this study, is autonomous and academic caring science tradition which gives it a specific direction, substance, meaning and purpose.

In ancient Greece virtue was linked to knowledge. The quest for knowledge involved the path to the good life. According to Socrates, the good life consists of justice, honesty, and sophisticated action. Sokrates sought wisdom through the movement of dialogue as he believed that discussion was the only way to discover wisdom. Today it can be problematic to understand the ancient Greeks' message and tradition. In today's healthcare organizations there is a challenging reality contrast, a set of oppositions and speculative functions which disharmonize and are seen as unfamiliar in relation to the ideal of serving and the ethos of nursing leadership (Mohr, et al. 2001). The responsibility of the nursing administration is transferred to the vulnerable patient who is faced with unreasonable demands and is forced to adjust to changes. The nurse leader's limited possibilities to support and serve as well as aid the healthcare organization leads to a lack of faith in one's own capacity for decision-making under an examining and bureaucratic organizational administration. Healtheconomic ideologies, market forces, efficiency demands, mass production, reforms and fusions have made healthpolitics topical and controlled it (Salminen 2006). In tandem with the growth of commercialization and urbanization technological thought and ethical perplexity have increased. Tasks should be fulfilled quickly and effectively without focus on quality or end results. Traditional leadership models and methods from for example Fayol, Taylor and Weber are intended for industrial organizations

from the beginning of the twentieth century are still applied in today's healthcare organizations (Berg Eriksen & Tranøy, 1991; Salminen, 2006).

The knowledge-based mission of healthcare organizations is to represent society. Increasing competition for patients and the serving of their cause requires a strong ethical value base and an assurance that the ethical norms of the healthcare organizations are correct, right and effective. This ethical value thought builds on and maintains healthcare organizations. It can be said to be an important healthcare organizational key area alongside moral issues. Today's emphasis on ethics is a result of different occurrences in healthcare organizations. The ethics of modern times strives for safety and rules in healthcare organizations that the employees are bound to follow, which, in turn, means a lack of depth and reflection. It seldom allows for thought or seeking the good.

Nurse leaders' connection with their own healthcare organization is represented through a clear healthcare organizational value base, a strong ethics and ethos. Cultivation entails an inner process and moulding of character that opens up for nursing leadership in the context of nursing administration. Cultivation and nurse leader training prepare nurses to understand their tasks and connect them in a more profound way to the community and the healthcare organization. In caring science ontological evidence entails the Plato's truthful, the beautiful and the good (Platon, 1969). This evidence is based on the innermost and original core of caring – service. Based on a caring science perspective, the evidence in nursing leadership and nursing administration mirrors a hierarchy of values, an ethos (Eriksson, et al. 2006). The present study aims to describe, from a caring science perspective, the meaning content of service and deepen the understanding of ethos in relation to nursing leadership in the area of nursing administration. This qualitative study seeks answers to the following research questions: What is serving in nursing leadership? How can service be represented in relation to nursing leadership in the meaning context of caring?



Figur 1. Ethos and ethics constitutes the core of the absolute ideal in serving patients in the Nursing Administration context. Healthcare organizations represent and symbolize modern societies.

Previous research

Nursing leadership is a less prioritized function in healthcare organizations even though nurse leaders lead the largest groups of staff and administer clinical nursing (Mathena, 2002). Because of the nature of their post, nurse leaders have a meaningful key position to influence the success of healthcare organizations. Nursing leadership as a multifactorial phenomenon can therefore not be seen as an isolated function in the reality of healthcare organizations.

The demands on leadership are higher than knowledge and skills. There is a great need for development for evidence-based nursing leadership in all areas, especially as a means to motivate healthcare staff, set goals for and secure the quality of nursing and inform. Nursing leadership opens up for interactive events on the arena of nursing administration. Good communication forwards the continuity of patient

care, autonomy and interdisciplinary collaboration. Motivated and self-aware nurse leaders show good communication skills and visions for nursing and leadership (Casterle de, et al. 2008).

Nursing leadership requires reflection, which leads to development, increased understanding and personal moulding in a movement toward nursing leadership that is serving (Horton-Deutsch, et al. 2010). Nursing leadership and efficiency are tied to the success of nursing administrations, participation, possibility and access to resources, information and power (Upenieks, 2002). It is problematic that healthcare organizations do not prioritize or understand the need for which nurse leader competencies and necessary skills in nursing administration need to be developed (Sherman, et al. 2007).

Earlier research is permeated by a concern for health-political and economic contexts and how these develop and what kind of influence they will have on nursing leadership in the future. Analyses of healthcare organizations are dominated by conservative values and logical and rational investigations. Nurse leaders have a nursing administrative responsibility to strategically focus on workforce development to maintain a high quality. This is directly connected to legitimacy, patient safety and security (Lammintakainen, et al. 2008). Healthcare organizational restructurings and adaptations are experienced to be burdensome because changes affect the leadership of clinical care, attitudes and behaviour along with the functions of nursing administrations – and can change the caring culture. Nursing leadership that is of high quality, is serving and caring for both patients and nursing staff is possible to realize, despite of changing times in healthcare organizations (Cara, et al. 2011). Nurse leaders' central position, conscious value-base and ethos are especially emphasized when nursing administrations are under pressure to change. Healthcare organizations have ethical and moral responsibility to enable the development of nursing administrations and nursing leaderships, which should motivate some form of standpoint, practical actions and legitimation (Suonsivu, 2003).

Modern tools for development support nurse leaders' serving. Different means of developing nursing leadership include administrative supervision, mentorship, and coaching. They are based on normative guidelines and ethical theories. Administrative supervision addresses qualities related to the basic tasks of healthcare organizations. Mentorship is seen as a learning situation where the intention is to increase both competence and develop nursing leadership through the support from a mentor who acts as a teacher and role model (Kowalski & Casper, 2007). The substance in these is explained to be grounded in interpersonal relations and respect. Nursing leadership tools are important growth processes and interactive instruments for development. They can enable multidimensional learning experiences by promoting nursing leadership competence and nursing administrative skills.

Nursing leaders' leadership styles are reflected in the fundamental values of healthcare organizations. Leadership style is a combination

of behavior, performance, attitudes, demeanour, and personal leadership philosophies. The personal value-base and moral duties dominate, but the existing caring culture influences the leadership style that is ultimately selected by the nurse leaders. This may create tensions in nursing leaders and nursing staff alike. Current healthcare organizational basic values can be highlighted through the leadership style upon which the nursing administrative work is based (Perkel, 2002).

Nurse leaders generally strive for a transformative leadership style based on respect and trust that invite participation, inter-human communion and further the caring culture. A transformative leadership style can take the development of healthcare organizations toward humanistic ethical values. Through dialogue and cooperation with bureaucrats it is possible to represent the transformative nursing leadership of the future. The cause of patients is central and nurses are the primary actors to pass on this transformational process (Clarke, et al. 2013). The presentation and description of previous studies can be understood as a mapping of the present study. Earlier research has studied the outer structures of healthcare organizations while the inner ones that convey the human being's experiences and ethos are reductionistically reinforced.

Methodology

The methodology is hermeneutic explorative-descriptive and inductive. The hermeneutic point of departure is rooted in Gadamer's philosophy (2013). Gadamer's hermeneutic circle is infinite, has no beginning and no end and describes whole-part interpretations. The inductive empiricism of this study, fifteen strategically chosen nurse leaders and their narratives, transformed into texts that moves on the different levels of abstraction that overlap in the process of interpretation. According to the principles of dialectics, the spiral movement of the hermeneutic circle contains questions and answers that, through interpretation, change and represent new understanding (Ödman, 2007). The interpretation is a platform for the purpose of describing something of serving and ethos in nursing leadership and developing nursing administration and caring science.

The language in the hermeneutic deep interviews represents description, understanding and interpretation and is a structured means of

expression (Gadamer, 2013; Ödman, 2007). The text is transcribed from the taped interviews, which means that the narratives of the participants and the hermeneutic process of interpretation emphasized the horizons of the participants in their whole and in the meaning context in which caring, serving, nursing leadership and nursing administration take place. During the deep interviews, the dialogue oscillated between the researcher and the participant in regards to his or her pre-understanding, prejudices and thoughts in relation to the questions from the interview guide. This procedure of the hermeneutic movement between closeness and distance opened up for serving and ethos that are realized in nursing leadership. The interaction between the text and the researcher activated spontaneity which in turn contributed to the compilation of the descriptions of the texts, the formulation of the interpretation and the presentation of the text in a way that has not previously been shown. The text that was highlighted from the collected material was tied to the emerging hermeneutic circles of interpretation through a whole-parts, question-answer and pre-understanding-new spirals of understanding and also to the inner sustainable logic of the system of interpretation (Gadamer, 2013).

Data collection and participants

Three healthcare organizations positioned as university hospitals were chosen for this study. The selected healthcare organizations represent different medical fields in Finland, Sweden and Norway. The individual semi-structured deep interviews were conducted face to face with the participants. The interviews were used to exploratorily catch descriptions about the meaning content of serving from empirical nursing administrative arena and deepen the understanding of ethos in relation to nursing leadership (Kvale & Brinkmann, 2014).

A semi-structured questionnaire was developed for the deep interviews based on a pilot study with nine nursing leaders by the researcher of the present study. The participants were from 32 to 62 years of age with an average of 47.3 years and consisted of 2 men and 13 women. The duration of the training period for nurses' specialization was from 2 to 7 years with an average of 4 years. The nurse leaders had nursing leadership training from 2 months to 5 years with an average of 11.2 months. The total work experience was from 3 to

32 years with an average of 19.7 years, and the participants had worked as nurse leaders on average 9.9 years with a variation between 1 and 26 years.

Ethical aspects

No ethical issues are in conflict with the general ethical issues since the guidelines complete the decision about validity in relation to the data material, the methodological bases and the approach of the study. General research ethical laws, directives, principles, rules and norms are taken into consideration throughout according to the World Medical Association Declaration of Helsinki (WMA 2018).

Results

The results present an overall picture and a hermeneutical interpretation from the study's theoretical findings and the narratives with nurse leaders, and are tied in four thematic units of understanding.

The understanding of serving as an integrated ethos

The serving of patients is integrated and dedicated personal dignity. Serving is intertwined with the existence of the human being. The caring science way of viewing the human being describes the ethical value base, respect, and ethos, to serve in nursing leadership and nursing administration with the heart.

*The nurse leader's task is to serve and be of service. This is a serving profession...
Respect for the dignity of the human being is central.*

Serving is expressed through the eternal primordial force and calling of love and compassion, through faith and hope. Faith and hope are reflected through the art of love. Hope gives presence to the present and possibility to the future, faith can preserve love.

The understanding of serving as public ethos – to see beyond the self

Invitation requires closeness and community-thinking. It is connected with confidence and well-being. Invitation is confirmed through participation, hospitality, respect and dignity.

The door to my room is open because I am here for the staff and patients. I want to invite people to my office, they are welcome. I prefer that they will be able to come here when they feel like it.

The essence of an invitation highlights understanding and language. The significance of language is emphasized in listening, which requires more effort, responsibility and concentration than mere hearing. Valuable knowledge can be obtained through the valuable and tactful art of listening.

To be able to serve, one must begin by listening... it is possible that serving comes first in nursing leadership, although we are not aware of it... One also listens backwards and upwards, and primarily, one is present...

The community, relation, caring culture and the spirit of nursing administration find expression in openness and interaction. Through language the true intelligence of feeling is characterized in those who make themselves known, express and listen.

The understanding of serving as describing opposites and emotions

Serving and calling are thought to originate in the medieval Lutheran view of women as humble servants. This has led to that serving and calling are experienced to be offensive or disparaging. The devaluation of the use of the concept includes a form of banning, condemnation and defense.

It is taboo in some way. It is not politically correct to say that serving is a calling... I believe it has a lot to do with the women's movement, with wages and such...

The awareness of the inherent contradiction of serving is found in the caring reality. Serving can provoke a disharmonious association with slave labour. In this way serving can be understood as a one-way outflow and not a dialectic interaction that allows personal integrity and autonomy.

The first thing I think of when I hear the word 'serving' is that it is very negative. I do not want to say 'I serve'. For me serving means being submissive...

The past signals tradition, culture and identity and conveys knowledge about nursing leadership. The historical foundation represents the legacy for the symbolic of serving, suffering, sacrifice and the power in contemporary nursing leadership and nursing administration.

The understanding of the bureaucracy of healthcare organizations as controlling serving in nursing administrations

Political decisions, economic frames, societal driving forces and technological aspects influence the way that the management of healthcare organizations postpone the message and mission of nursing administrations. Health is managed in those healthcare organizations that carry out bureaucratic principles of organization and rationalization to obtain efficient calculations. This compromises the employees' existential foundation to serve, alleviate suffering and protect life.

The organization is faceless and anonymous. Somehow we are lost!

The ethical mission of healthcare organizations is to encounter patients and staff with an open and a visible face. The function of the face includes a clarification of the ethical experience of nursing administrations.

Discussion

This study aims to describe the meaning content of serving and deepen the understanding of ethos in relation to nursing leadership with a focus on nursing administrations. The results can increase the understanding in nursing administrations of the mission and ethos in nursing leadership. Serving is an ethical and social task that includes respect, infinite dignity and equality for human beings. The motive of charity and compassion provides the original meaning and resonance of the essence of serving. Serving includes acts of love for the patient. This is understood as an inner request and a calling that is highlighted through the laws of free will, the desire to help, support and take responsibility in a caring science way.

The vulnerable point of reflection of love and calling survive today and is understood to respond to a certain concern and stimulus. A dedication of love, calling and ethos is important for serving and the alleviation of suffering in nursing administrations (Eriksson, 2003). Serving, like calling, is a meaning-bearing concept for healthcare organizations. Serving and calling are explained to disappear from the clinical caring reality and more generally from people's everyday vocabulary. Nurse leaders, as representatives of caring science, have a nursing administrative responsibility to integrate healthcare organizational values in the caring

culture and contribute to continuous discussions on values.

An intelligent healthcare organization invests in the serving of patients and employees. Willingness to understand our time, to listen to and invite into communion in the caring culture opens up for nursing leadership in the context of nursing administration. Pervasive and flexible influences in the work task opens up for nurse leaders' nursing administrative desires (Perkel, 2002). Healthcare organizational adaptations and development processes are partly connected to periods of transition in society which may generate a need to implement changes.

Nurse leaders' authority to serve and lead nursing work in a good and beautiful way has changed. The clinical caring reality is understood as a fragment, and the cause of the patient is misunderstood, polarized and minimized in the increasingly bureaucratic control of healthcare organizations (Porter-O'Grady, 2003; Suonsivu, 2003). Distant nursing leadership is seen to dissolve and break the spirit of the caring culture in healthcare organizations.

Health-economic thinking is said to be at the centre, which casts a shadow over the value-base of serving and areas of healthcare organization. Corporate thinking and business activity are seen as a form of blindness that compromises the cause of patients and which, in turn, has resulted in suffering among nurse leaders and nurses in nursing administrations (Fayol, 1965; Taylor, 1998). The disharmonious identity of serving is probably inescapable (Salminen, 2006). The awareness of the intrinsic and possible contradiction of serving can be interpreted as a lack of engagement.

What this study describes, problematizes and represents is seen as the fragmentation and disintegration of healthcare organizations and the possibilities of serving and nursing leadership in relation to human beings and nursing administrations. Ready-made explanations or answers fail, but from the thought-provoking voices of the participants and the hermeneutic interpretive approach in this study notions about how it is possible to represent serving in nursing leadership can be presented. Attention is needed to what highlights serving in nursing leadership through explicit and implicit tensions. Tensions that open for further interpretation, but that no doubt emphasize experiences of serving and ethos, of nursing leadership in relation to society

and healthcare organizations, to the other and the human being.

It is significant that the good dialogue and an equal, long-term interplay with decision makers enable the evidence of caring science to emerge in society and healthcare organizations today and in the future and benefit patients. The driving force in this development and transformation of nursing administrations is found in nurse leaders' ethical and real cultivation as well as in the desire and willingness to develop and turn to the future.

Conclusions

Serving is connected within healthcare organizations with health-economic conditions, efficiency, productivity and rationality, which go against the basic values of service, human dignity and respect for life. The nurse leaders' important task is to show and pave the way for what is serving and alleviating in the meaning context of nursing administration and caring. Through its nursing administrative work and chosen nursing leadership style it is possible for nurse leaders to influence the employees' life choices and careers.

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