



Reclaiming caring in nursing leadership: A deconstruction of leadership using a Habermasian lens

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Summary Nursing leaders function in an environment of increasing demands coupled with decreasing resources. This paper explores the landscape of nursing leadership from a critical theory perspective, particularly Habermas's theory of communicative action. We not only deconstruct contemporary nursing leadership, discussing the potential negative consequences for those who fulfil roles of both 'nurse' and 'leader', but also offer possibilities for a more positive future.

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If I were engaged in writing an auto ethnography regarding my own experiences as a nursing leader and manager in a tertiary health setting, there would be a number of confessions to make. I would admit to feelings of shame as I sat with patients on the day of their surgery and told them that, despite the fact they had taken time off work, travelled hundreds of kilometres to the hospital, made arrangements for neighbours to care for their children and many other inconveniences, I was cancelling their surgery that day because the theatres were running over time. Their

surgery would be rescheduled for a yet to be determined day sometime in the future.

I would confess to weeping alone in my office after telling nurses they could not attend their scheduled education sessions because the roster no longer complied with the 'hours-per-patient-day' prescribed for their particular unit. Their protests about the effect on the quality of care for patients by nurses who were missing essential continuing education would be met by my 'automaton'-like response that 'resources had to be managed in times of economic restraint'. Did this make me a bad person? Or was I simply another nursing leader attempting to juggle competing demands in a complex health system?(LS)

Concerns similar to those described above were encountered in a research project in the Fiji Islands (Stewart & Usher, 2010), in which nursing leaders told stories

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about their inability to communicate with front-line nurses regarding what they acknowledged to be appalling nursing conditions. These conditions had largely arisen as a result of the constraints of the nurse leaders' administrative roles within the local health system. Similarly, the ability of nursing leaders in Australia to independently access evidence for best practice in their organisations has been found to be undermined by time constraints (Stewart, Hanson, & Usher, 2006). This prompted us to explore the current circumstances of nursing leaders across the globe, and has led us to advance an explanation utilising one of the major projects of Jürgen Habermas, that of communicative action (Habermas, 1981), and its uptake in critical management theory (Forester, 1993). These circumstances concern a tension between the caring aspect of nursing practice and the bureaucratically imposed requirement for efficiency-focused health care administration, in the context of unprecedented sociological and technological change affecting nursing work (Benner, Sutphen, Leonard, & Day, 2010). Appositely, Habermas's theory of communicative action emphasises the unintended negative consequences to people which tend to occur when organisations become increasingly focused on efficiency at the expense of human caring. In summary, then, this paper offers a Habermasian account of these consequences, and the possible effects on nursing leaders in the current rationalist economic health care environment.

Communicative action

Exploring the landscape of contemporary nursing leadership from the critical standpoint of Habermas, we are convinced that a need exists to deconstruct current models of nursing leadership to which many people aspire, which are taught as theory, and which tend to underpin practice. A deconstruction utilising concepts drawn from a critical management studies (CMS) perspective has the potential to reveal where prevailing models and practices might be problematic and result in less than effective leadership, and generate a better understanding of the challenges nursing leaders face in their roles as both 'nurse' and 'leader', so that they may come to see these in new ways. As Keleman and Rumens (2008) point out:

...one crucial aim of the CMS project is to critique the oppressive regimes of management and organisations and, at the same time, advocate more benevolent forms of management and organizing in the workplace (p. 13).

It is also vital to note that CMS is not anti-management. Any critique of management, and for our purposes, nursing leadership, also bears the responsibility to offer hope for reconstituting management, or nursing leadership in ways that enable it to be more useful in the world whilst also relieving leaders and managers of contradictory demands and a potentially oppressive work culture. For Forester (1993, p. 131), a pioneer of CMS, one way to do this involves linking "[health system] control structures to [nursing leaders'] daily experience, voice and action". For Alvesson and Deetz (2000) this should also incorporate an assessment of the type of communication that occurs within the organisation.

From a Habermasian perspective, the health care system can be seen to comprise two interlocking aspects. Firstly, there is the 'lifeworld', which constitutes that taken-for-granted aspect in which health professionals and the communities for whom they provide care lead their everyday lives, relate to each other, make decisions and take actions. Secondly, there is the 'system', which encompasses the powerful administrative and economic components which affect the ways we think, act and live, and can invade the lifeworld to the detriment of both health care providers and the people for whom they are caring. Habermas describes the lifeworld in a variety of ways, but in essence it comprises "unproblematic, common, background convictions that are assumed to be guaranteed" (Habermas, 1981, p. 125), and it manifests in "a culturally transmitted and linguistically organized stock of interpretive patterns ... constitutive for mutual understanding ... (and providing) ... the transcendental site where speaker and hearer meet" (pp. 124, 126). It is thus the 'resource' for interpretive and intersubjective tasks, a shared stock of interpretive patterns, and taken-for-granted certainties, a pre-understood context that makes understanding and interpersonal communication possible. It is a 'backdrop' of largely intuitive or assumed understandings, against which actors and speakers conduct their affairs, enabling and constraining performance, and reproduced through the medium of what Habermas calls 'communicative action'. In short, we can say that it is the network of prereflective understandings that make social life possible.

Central to the lifeworld, and to Habermas's theory, are three processes by which people reproduce their world through interactions with each other, referred to as 'social reproduction' (Forester, 1993, p. 119; Outhwaite, 1994, p. 87). For nursing leaders, the social reproduction of the lifeworld of health care occurs through:

1. cultural reproduction – where worldviews (about nursing, about patients, about health care) are elaborated and shaped;
2. social integration – in which norms, rules and obligations (about nursing, nursing practice, the provision of patient care) are shaped and adopted;
3. socialization – in which social identities and expressions of self ('what is my identity as a nursing leader?' 'How do I behave as a nursing leader?') are altered and developed.

Furthermore, Forester (1993) notes Habermas's suggestion that:

...systemic forces toward accumulation and the consolidation of power [read here the movement towards increased efficiency in health care] may penetrate, invade, colonize or come to control peoples' ordinary lives by threatening each of the three [extremely vulnerable] reproductive dimensions. (p. 119)

Understanding the difference between communicative action and other less desirable sorts of action is the key to better understanding the colonization of the lifeworld by systems. In promoting communicative action, a critical theory agenda aims to help create a world in which people communicate as equals in an attempt to reach mutual understandings about themselves and their actions in the

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