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Curbing the urge to care: A Bourdieusian analysis of the effect of the caring disposition on nurse middle managers' clinical leadership in patient safety practices

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ABSTRACT

Background: Nurse managers play an important role in implementing patient safety practices in hospitals. However, the influence of their professional background on their clinical leadership behaviour remains unclear. Research has demonstrated that concepts of Bourdieu (dispositions of habitus, capital and field) help to describe this influence. It revealed various configurations of dispositions of the habitus in which a caring disposition plays a crucial role.
Objectives: We explore how the caring disposition of nurse middle managers' habitus influences their clinical leadership behaviour in patient safety practices.
Design: Our paper reports the findings of a Bourdieusian, multi-site, ethnographic case study.
Settings: Two Dutch and two American acute care, mid-sized, non-profit hospitals.
Participants: A total of 16 nurse middle managers of adult care units.
Methods: Observations were made over 560 h of shadowing nurse middle managers, semi-structured interviews and member check meetings with the participants.
Results: We observed three distinct configurations of dispositions of the habitus which influenced the clinical leadership of nurse middle managers in patient safety practices; they all include a caring disposition: (1) a configuration with a dominant caring disposition that was helpful (via solving urgent matters) and hindering (via ad hoc and reactive actions, leading to quick fixes and 'compensatory modes'); (2) a configuration with an interaction of caring and collegial dispositions that led to an absence of clinical involvement and discouraged patient safety practices; and (3) a configuration with a dominant scientific disposition showing an investigative, non-judging, analytic stance, a focus on evidence-based practice that curbs the ad hoc repertoire of the caring disposition.
Conclusions: The dispositions of the nurse middle managers' habitus influenced their clinical leadership in patient safety practices. A dominance of the caring disposition, which meant 'always' answering calls for help and reactive and ad hoc reactions, did not support the clinical leadership role of nurse middle managers. By perceiving the team of staff nurses as pseudo-patients, patient safety practice was jeopardized because of erosion of the clinical disposition. The nurse middle managers' clinical leadership was enhanced by leadership behaviour based on the clinical and scientific dispositions that was manifested through an investigative, non-judging, analytic stance, a focus on evidence-based practice and a curbed caring disposition.

What is already known about this topic?

- The clinical leadership of nurse middle managers plays an important role in realizing patient safety practices in hospitals.
- In the practice of nurse middle managers eight dispositions are in action, one of them is the caring disposition.
- Caring is seen as central to the nature of the nursing profession and in the work of nurse middle managers.

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What this paper adds

- The professional background of nurse middle managers could hinder patient safety practices in two distinct manners: (1) by solely focusing on answering the call for help and utilizing ad hoc quick fixes and (2) by caring for team members as pseudo-patients, which leads to an erosion of clinical involvement.
- The clinical leadership behaviors of nurse middle managers require a well-balanced configuration of dispositions. The combination of caring and scientific dispositions enhances clinical involvement and supports patient safety practices. A scientific disposition curbs manifestations of the disposition to care; it produces a de-escalating, non-judgmental, and inquisitive approach, with an emphasis on evidence-based practice.
- The notions of nurse middle managers' dispositions of habitus, field, and capital can be used as a thorough basis for redesigning (clinical) leadership development programs for improved patient outcomes.

1. Introduction

Patient safety practices are crucial in hospital care in both Europe and the United States (Aiken et al., 2012). They can be defined as "interventions, strategies or approaches intended to prevent or mitigate unintended consequences of the delivery of healthcare and to improve the safety of healthcare for patients" (Dy et al., 2011). The Francis report of what went wrong at Mid Staffordshire demonstrates that often hospitals have difficulties in keeping focus on patient safety practices and that they easily become preoccupied with the business of the system (finance and targets) rather than the quality of patient care (Allen et al., 2013). Such difficulties particularly manifest themselves in the work of nurse middle managers who are positioned between the ward and higher management with first-line responsibilities regarding the supervision of care workers, the management of finances and the quality of care (Hewison, 2006).

Nurse middle managers are held accountable for initiating, guiding, promoting, facilitating, and sustaining patient safety practices (Birken et al., 2012). Their clinical leadership is considered as one of the factors that determine the success of patient safety practices (Agnew and Flin, 2014; Kaplan et al., 2010; Mannix et al., 2013; Øvretveit, 2011; Taylor et al., 2011). In a previous study we explored the presumption that having a background in clinical nursing practice – which is seen as a driver or condition for clinical leadership – can potentially help but may also hinder nurse middle managers in generating authority in daily work (Lalleman et al., 2015). This study was based on a Bourdieusian analysis of observations at four hospitals in the Netherlands and the United States. We derived eight distinct dispositions of the nurse middle managers' habitus, which form various configurations. Some help and other hinder the supportive role behaviour towards the staff nurses (Lalleman et al., 2015). In this contribution, we investigate how the disposition to care, which is perceived by many as the core of the nursing profession, and is also central to nurse middle managers' habitus, influences their clinical leadership in patient safety practices.

2. Background

2.1. Clinical leadership and patient safety practices

In a recent review, Daly et al. (2014) describe common aspects of clinical leadership in hospitals: "*[. . .] the ability to influence peers to act and enable clinical performance; provide peers with support and motivation; play a role in enacting organizational strategic direction; challenge processes; and to possess the ability to drive and implement the vision of delivering safety in healthcare*" (Garrubba et al., 2011). We further argue that for patient safety practices, the influence of effective clinical leadership must extend horizontally towards peers (i.e., to other nurse middle managers), upward (i.e., to higher management), and downward (i.e., to staff nurses). Moreover, nurse leaders must also influence other hospital professionals (e.g., physicians, quality improvement staff, and clinical nurse specialists). In order to influence in all these directions, nurse middle managers will need other resources than positional power alone (e.g., authority) (Martin and Waring, 2013; Oldenhof, 2015). Research has demonstrated that physicians in managerial positions derive authority from within their own professional group by exhibiting clinical involvement and interaction with patients (Witman et al., 2011). Inspired by this research, in order to fully comprehend how nurse middle managers generate authority in daily practice, we utilize the 'practice equation': [Habitus × Capital] + Field = Practice (Bourdieu, 1984).

2.2. Nurse middle managers' dispositions of habitus

Bourdieu describes habitus as a system of dispositions (Bourdieu, 1977). Habitus is an embodied history, internalized as a second nature (Bourdieu, 1977). Dispositions are defined as durable, subconscious schemes of perception and appreciation that activate and guide practice (Bourdieu et al., 1989). Dispositions of habitus generate a limited number of behavioural strategies. These strategies are manifested in certain visible patterns of behaviour, manners, and beliefs: in activities within practices (Bourdieu, 1990). Our previous study regarding the daily work of nurse middle managers revealed eight dispositions that shape the nurse middle managers' habitus (see Table 1) (Lalleman et al., 2015).

These eight dispositions are simultaneously at play in the activities of nurse middle managers. Among the participating nurse middle managers, some dispositions were dominant, others were absent or interacted with each other, leading to various configurations that shaped nurse middle managers' practice. The genesis of these various configurations of dispositions of habitus depends on the distribution of capital and the nurse middle managers feel for the game in the field.

2.3. Game, capital and field

Bourdieu's concept of field refers to a social space with an internal logic (Bourdieu, 1989a). Field and habitus are locked in a circular relationship: involvement in a field shapes the habitus that, once activated, reproduces the field. On the other hand, habitus only operates in relation with the state of the field and on the basis of the possibilities of action granted by the capital associated with the position (Nicolini, 2013; p. 60). In a field, there is always something at stake, i.e., there are struggles for capital such as positions and other valuable resources. Capital gives authority within the field (Bourdieu, 1989b, 1986), and may be inherited through position or be based on knowledge or seniority (e.g., clinical credibility). Bourdieu's concept of field can be compared to a game with the aim of collecting valuable resources, or 'capital' (Bourdieu and Wacquant, 1992). Practices (such as patient safety practices) are conceived of as "clustered around social games, played in different social fields, in which agents act with a feel for the game, a sense of placement in pursuing of interest" (Lau, 2004).

In a special issue of *Theory and Society* on 'Bourdieu and organizational analysis' Vaughan (2008) distinguishes between two specific fields. She explains that an organization-as-field perspective presents an organization (in our study, a hospital) as a field nested in a larger professional field (in this study, nursing)