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A Qualitative Metasynthesis of Caring Leadership: Reclaiming Humanistic Caring in Nursing Leadership

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Purpose: Caring leadership literature is limited mostly to studies in education and organizational psychology. Caring leadership literature in nursing is for the most part conceptual in nature and not fully grounded in empirical evidence. The aim of this metasynthesis research was twofold:

- Aim #1: To synthesize available qualitative literature on caring leadership to explore and describe the main elements/aspects that contribute to caring leadership
- Aim #2: To identify implications for nursing leadership education, practice, and research

Methods: A systematic and concrete process to synthesize these studies and identify overarching themes. The method chosen was Noblit and Hare's meta ethnography approach.³ The seven phases are designed to help the researcher to systematically review and synthesize the findings of qualitative studies that examine caring leadership.

The selection criteria included qualitative studies (2005 -2015) and English language. A comprehensive literature search in five databases (i.e. PubMed (MEDLINE), CINAHL, ERIC, Web of Science, Google Scholar). Hand-searches reference lists and checked through 'cited citation' in Google Scholar to identify additional pertinent qualitative research articles. Each manuscript was evaluated using the McMaster University Critical Review Form: Qualitative Studies (Version 2.0). This quality appraisal guideline ensured a comprehensive critique of each study's design, methods, data collection, analysis, overall rigor, and appropriateness of findings.

Twelve (12) eligible qualitative studies included comprising results from 118 unique participants representing caring leadership in different leadership contexts, such as nursing (n=3), elementary (n=1) and higher education (n=7), and public service (n=1). Five (5) of the qualitative studies were from the United States and Finland, four (4) from the United States only, and one each from mainland China, the United Kingdom, and the Philippines. Data originated from individual or focus group interviews, ethnographic observations, questionnaires, and artifact collection. Six (6) studies were qualitative descriptive, three (3) qualitative interpretative, one (1) qualitative exploratory, and two (2) case studies.

Results: Five overarching themes emerged; caring leadership as *way of being, situational, relational, action-driven practices and interventions, and enabling human flourishing*. Results demonstrated caring leadership takes place at every level and had positive effects for leaders (self), followers and organizations. Caring leaders found meaning in their work by engaging in self-leadership and loved-based actions, leading the way, developing and empowering followers and demonstrating a commitment to an organizational caring culture. As a result, staff feel valued, supported and cared for, positively influencing job enjoyment, satisfaction and retention. **Theory Guided Conceptual Model & Implications**

Watson's Caring Science Theory⁹, Ray's Theory of Bureaucratic Caring⁵, Ray & Turkel's Theory of Relational Caring Complexity⁶ and Caring Leadership Model¹⁰ provide a moral-ethical-philosophical-theoretical framework and new leadership model for developing caring leadership practices within complex bureaucratic health care systems. Findings of meta-synthesis have important implications and recommendations for further nursing personal development, leadership, education, practice and future research from a caring science theory based perspective.

Conclusion: Limited research on caring leadership nursing and from followers' perspective. Additional research needed about applicability of caring leadership in nursing leadership; and better understanding

of the lived experiences of nurse leaders as caring leader is merited. Despite research gap, caring leadership emerged as strong conceptual model for potential use in nursing leadership due to focus on personal awareness, self-leadership, concern for individual contributions and meeting needs of others. To describe caring leadership in nursing from the perspective of both nurse leaders and followers and consequences in caring, healing environment. What are the perceptions of nurse leaders regarding their influence on creating a caring, healing environment for their staff?

Recommended next step of qualitative caring science research using Relational Caring Inquiry (RCI) for my dissertation and future research on Caritas Process #8: Caring, healing environment and integration of Narrative Photovoice with RCI to bring additional dimension enhance data collection and analysis. Findings informed my future caring science research question: What is the meaning of a caring, healing environment for nurse leaders?

Title:

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Keywords:

caring leadership, metasynthesis and qualitative research

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Abstract Summary:

A meta-synthesis was conducted of 12 qualitative studies on caring leadership. Five overarching themes emerged; caring leadership as way of being, situational, relational, action-driven practices and interventions, and enabling human flourishing. Results demonstrated caring leadership takes place at every level and had positive effects for leaders (self), followers and organizations.

Content Outline:**Background & Rationale**

The Institute of Medicine's (IOM) Future of Nursing report recommended opportunities for nurses to assume leadership positions at all levels and to serve as full partners in healthcare redesign and improvement.

Identified Gap & Study Aims

Caring leadership literature is limited mostly to studies in education and organizational psychology. Caring leadership literature in nursing is for the most part conceptual in nature and not fully grounded in empirical evidence. The aim of this metasynthesis research was twofold:

- Aim #1: To synthesize available qualitative literature on caring leadership to explore and describe the main elements/aspects that contribute to caring leadership
- Aim #2: To identify implications for nursing leadership education, practice, and research

Method & Process

1. A systematic and concrete process to synthesize these studies and identify overarching themes. The method chosen was Noblit and Hare's meta ethnography approach.³ T

Process & Data Abstraction

1. The selection criteria included qualitative studies (2005 -2015) and English language.
2. A comprehensive literature search in five databases (i.e. PubMed (MEDLINE), CINAHL, ERIC, Web of Science, Google Scholar).

Findings

1. Five overarching themes emerged; caring leadership as *way of being, situational, relational, action-driven practices and interventions, and enabling human flourishing*.
2. Results demonstrated caring leadership takes place at every level and had positive effects for leaders (self), followers and organizations.

Theory Guided Conceptual Model & Implications

1. Watson's Caring Science Theory, Ray's Theory of Bureaucratic Caring, Ray & Turkel's Theory of Relational Caring Complexity and Caring Leadership Model provide a moral-ethical-philosophical-theoretical framework and new leadership model for developing caring leadership practices within complex bureaucratic health care systems.
2. Findings of meta-synthesis have important implications and recommendations for further nursing personal development, leadership, education, practice and future research from a caring science theory based perspective.

Conclusions & Future Direction

1. Limited research on caring leadership nursing and from followers' perspective.
2. Additional research needed about applicability of caring leadership in nursing leadership; and better understanding of the lived experiences of nurse leaders as caring leader is merited.
3. Despite research gap, caring leadership emerged as strong conceptual model for potential use in nursing leadership due to focus on personal awareness, self-leadership, concern for individual contributions and meeting needs of others.
4. Recommended next step of qualitative caring science research

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