Bureaucratic Caring Theory and Leadership Navigation

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Disclosures

• The opinions expressed are those of the author and do not reflect those of the US government or the US Air Force. The author has no financial relationship with any sources cited.
Objectives

1. Provide an overview of the Theory of Bureaucratic Caring
2. Outline the assumptions and guiding principles of the Theory of Bureaucratic Caring
3. Describe and provide examples of the Theory of Bureaucratic Caring as it applies to Leadership navigation within diverse systems
4. As an Exemplar: Describe the Person-Centered Partnership Model: Applied to AFNC Practice Model

Bureaucratic Caring Theory (BCT)

- Intro of Dr. Ray*
  - Nursing scholar, O-6 (ret) USAF Flight Nurse, educator, researcher, and administrator
  - Conducted research in diverse healthcare facilities, including military
- Grounded Theory
  - Substantive Foundation
    - Based on research and practice and the meaning of caring (particulate-substantive paradigm)
    - Nurses, physicians, allied health professionals, administrators
  - Structural Integrity
    - Revealed inter-relation between role and meaning of caring at individual, unit, and organizational levels (interactive-integrative paradigm)
    - Helps frame how people express the meaning of caring to them
  - Functional Adequacy
    - Applied in many different areas: ICU, Med-Surg, Surgery, Peds, Administration (unitary-transformative paradigm)
    - Applied in diverse practice settings: prison, healthcare facilities, Nursing education
    - Public dissemination
Introduction: Theory of Bureaucratic Caring

• The theory was generated from qualitative research involving health professionals and patients in the hospital setting,
• The theory implies that there is a dialectical relationship (thesis, antithesis, synthesis) between the human (person & nurse) dimension of spiritual-ethical caring and the structural (nursing, environment) dimensions of the bureaucracy or organizational culture (technological, economic, political, legal and social).
• The Model is holographic, illuminating the holistic nature of caring & synthesis of the humanistic systems and technologic, economic, political, legal systems.
• Permeates every context and role of Nursing
  • Clinical Practice
  • Administration
  • Academia

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Guiding Principles*

- The meaning of caring is highly differential depending on its structure, and context
- Caring is bureaucratic
- Caring is the primordial construct and consciousness of nursing.
Bureaucratic Caring Theory: Assumptions*

• Nursing
  • Holistic, relational, spiritual and ethical caring that seeks the good of self and others within complex community, organizational, and bureaucratic cultures.

• Person
  • Spiritual and cultural being; created by God, the mystery of being, and engage co-creatively in human organizational and transcultural relationships to find meaning and values.

• Health
  • Pattern of meaning for individuals, families, and communities...constructed reality in terms of biology, mental patterns, characteristics of their own image, and experiences that give meaning to their lives.

• Environment
  • Complex spiritual, ethical, ecological, and cultural phenomenon.

Theory of Bureaucratic Caring: Major Concepts*

❖ Caring
❖ Spiritual-Ethical Caring
❖ Educational Caring
❖ Physical Caring
❖ Socio-cultural Caring
❖ Legal Caring
❖ Technological Caring
❖ Economic Caring
❖ Political Caring
Major Concept: Caring*

- A complex, transcultural, relational process, grounded in an ethical, spiritual context.
- Caring is the relationship between charity and right action, between love as compassion in response to human suffering and need, and justice or fairness in terms of what ought to be done.
- Caring occurs within a culture or society, including personal culture, hospital organizational culture, or society and global culture.

Types of Caring

- Transactional Caring- caring for (example: assisting a student with enrollment; assisting a patient to make an appointment; showing a staff member where to find the unit policies)
- Formative Caring- caring about (example: exploring what matters; teaching; professional feedback)
- Relational Caring- caring with (example: co-creating a tailored plan of education that accounts for the student’s desires, goals, needs, and capabilities; professional mentoring; co-creating a tailored plan of care that accounts for the patient’s desires, goals, needs and capabilities)
Spiritual Ethical Caring

- Integration of body-mind-spirit
- Facilitating choices of good for others
- Infuses all domains of caring
- Moral obligation to others
- Benevolence
- Non-maleficence
- Autonomy
- Do More Than Care: Help*

Scenario: Spiritual-Ethical Caring

- This domain of caring is the one that binds all other domains together. It is essentially the domain that works to facilitate choices of good for others. Let that sink in a moment. That means that you work to help others succeed, just as others help you to succeed.

- It also means that this is the moral obligation we have to other human beings and is deeply rooted in the ethical principles of beneficence, non-maleficence, and autonomy.

- So let’s look at some examples: professional engagement & development, leadership, advocacy, resource allocation.

- Can you think of examples of the spiritual-ethical domain in your own work area? Look for expressions of spiritual-ethical caring around you. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Educational Caring

• Ways in which information is imparted to another
• Creates capability within each person
• Do More Than Dream: Work*

Scenario: Educational Caring

• The domain of Educational Caring is focused on teaching and learning and the ways in which we do this. For example, CBTs that help convey knowledge to another person for the purpose of helping them acquire or maintain skills and expertise.
• Now let’s think of this in the academic setting: Educating our future healthcare professionals is firmly rooted in this domain.
• You can already probably see how this domain of caring is related to all of the other domains. In fact, as you learn about new ways to think of caring, you will create the opportunity for change in every domain of caring. Think about what I have challenged you to do at the end of each module: to look for expressions of each domain of caring. That is actively learning. Then I challenged you to apply that learning in order to create caring—pretty easy, right? I’m going to challenge you to do that at the end of this module, too. Look for expressions of educational caring around you. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Physical Caring

- Integration of body & mind
- Therapeutic presence
- Caring moments
- Authentic listening
- Creating capacity in your students & faculty
- Do More Than Forgive: Forget*

Scenario: Physical Caring

- This domain of caring is probably the one that nurses more deeply identify with- it is concerned with the integration of body and mind and all of the human ways in which we express caring.
- So for example, in the inpatient units, turning a patient on a schedule to prevent bed sores; calming a sick child with soothing words and therapeutic touch; talking to a comatose patient .
- So let’s think about this in terms of caring for one another: expressions of sympathy, celebrations of promotions and retirements, the annual staff picnic, Staff Appreciation Day- you get the idea.
- I think this is also the domain in which we need to improve expressing caring toward one another and for ourselves.
Social-Cultural Caring

• All of the relationships people form with one another
• Groups
• Role
• Contextual identity
• Cultures together co-create system
• Do More Than Belong: Participate*

Scenario: Social-Cultural Caring

• This domain of caring is all about the connections we forge with each other: at work, home, community. These connections can play a big part in creating positive or negative environments, how we feel about ourselves, our team members, and how we view our role in each of these groups.
• There’s a saying “Culture eats strategy for lunch every time” and it can be so true! Often, change is difficult because the culture of a unit resists change. Since culture is made up of people, we are each responsible for the culture we are part of.
• So let’s think about this in terms of expressing caring through our social-cultural domain., this domain is also a set of guidelines, norms, ideas, actions and processes inherited by individuals (or organizations) as members of groups. Social-Cultural domain of caring is also reflected in the ways in which we show regard for each other. As previously mentioned in the Physical Domain of caring, celebrations are a way to reinforce our connectedness with each other
• Look for expressions of social-cultural caring around you. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Legal Caring

• Laws and regulatory guidance
• Responsibility to stakeholders
• Do More Than Dream: Work*

Scenario: Legal Caring

• Legal caring is simply expressing caring through fulfilling the obligations of competency and is designed to protect our patient partners.
• So let’s think about a couple of examples of this: licensure and certification.
• In just about every area of nursing, there are additional competencies required to assure patient partners, lines of authority, and accrediting agencies that we adhere to legal requirements.
• I challenge you to find other examples in your daily practice. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Technological Caring

• Non-human ways in which caring is transmitted
• Websites
• On-line learning
• Technology with a heart
• Do More Than Be Fair: Be Kind*

Scenario: Technological Caring

• Technological caring is simply all of the non-human ways we can express caring to one another and the knowledge and skills to use that technology
• So in ambulatory care, let’s think of some of the technology we use in the care of our patient partners: the electronic health record, on-line patient portal, electronic check-in system, electronic transmission of prescriptions- I think you get the idea.
• Now let’s think of how we use that technology to create caring.
• Let’s think of the on-line student portal.
• For nursing administrators, technology enables mass communication and feedback to a broad field of staff.
• So, hopefully you can see how the technological domain of caring helps create a culture of caring. There are so many other examples- I challenge to find those examples in your daily practice. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Economic Caring

- Scarce resources
- Time, manpower, money
- Health of the system
- Care of the student/faculty/patient has an economic impact
- Prepare best educated clinicians/educators/nurses possible
- Do More Than Believe: Practice*

Scenario: Economic Caring

- Economic caring is important because it helps us understand the financial implications not only for our organization but also our patient partners.
- So in ambulatory care, let’s think about some of the ways we use economics to care for our patient partners: cost of medications, cost of care, cost to the mission.
- Cost of the medications and cost of care are closely related. Now let’s think of other examples of economic caring.
- Now, let’s think of cost to the mission.
- I challenge you to find those in your daily practice. The more you look for examples, the more attuned you will become to them. That will enable you to identify the domain of caring and creatively apply it to your practice.
Political Caring

• Policies that govern your practice
• Authority to allocate resources
• Competing agendas for change
• Do More Than Be Fair: Be Kind*

Scenario: Political Caring

• Political Caring is simply expressing caring through the use of authority and power. In this case, we see how policies are created to ensure that our patients and clinical partners can work together to achieve high quality care.

• So let’s think of a couple of examples of Political Caring: Organizational Structure and Leadership.

• The SGN is the SME for nursing to the Group Commander while the 4N Functional is the SME to the SGN. In the organizational structure, the SGN reports directly to the Group Commander and has tremendous authority and responsibility to affect the resources, policies, and delivery of nursing care. The same holds true for the 4N Functional.

• In the Leadership capacity, the SGN and 4N Functional also have the responsibility to set and enforce standards of nursing practice, communicate nursing practice issues up through the clinical, quality, and leadership chains of command.

• Can you think of other examples of political caring in your own daily practice? The
Application of Bureaucratic Caring Theory in Systems

• Other Theories Derived
  • BC Theory-Guided Research: Trans-theoretical Evolution of BCT:
  • Turkel: Struggling to Find Balance: The Paradox between Caring and Economics;
  • Ray & Turkel: Relational Caring Complexity; Relational Self-Organization in Workplace Redevelopment

• Clinical Practice:
  • BC Theory-Guided Practice: United States Air Force Primary Care and Clinical and Economic Outcomes (2015); Spiritual Care, 2017
  • BC Theory-Guided United States Air Force Interprofessional Practice Model Proposal for all USAF Medical Services (2016 and on-going);
  • Primary Care (ARNP) and Homebound Patients (2015);
  • BC Theory-Guided Nursing in Veterans’ Administration (Denver, CO; Milwaukee, WI);

Navigating the Landscape of Leadership: Keeping the focus on Person-Centered Caring at the Systems Level
The Air Force Nurse Corps Professional Practice Model

Guiding Principles: Person-Centered Caring Partnership Model (PC2P)

- Theory
- Stakeholders
- Inter-relatedness
- Person-Centered
- Caring infuses every aspect of our mission.
Total Nursing Force (TNF) Strategy Components and the PC2P Model

- Aligns with TNF Strategic Mission:
  - Develops Trusted Care by focusing on the culture of caring
  - Advances EBP by using the best evidence from nursing, anthropology, business, and healthcare industry to optimize health and human performance

- Vision
  - Promotes resiliency in all aspects of wellness
  - Promotes professional development

- Goals
  - Promotes deliberate development of people at all levels and in all arenas of the AFMS
  - Promotes integration of Forces of Magnetism: EBP and theory-guided practice
  - Strengthens and fosters relationships and partnerships through humanization of the healthcare system

Person-Centered Caring Partnership Model
Framing Practice

- Practice is any arena in which nursing behaviors are employed
  - Academia
  - Administration
  - Clinical
- Each of these arenas must balance the needs of the system with the needs of the individual
- Each arena exhibits structure and behavior of a bureaucracy
- Remember that this is a holographic theory

Time for Some Practice!

- Specific situations
  - DNP requirement
  - Professional development
  - Patient Care
  - Resource Management
- Broad Challenges
  - Leading Change
  - Co-Creating a Culture of Caring
  - Restoring Joy in Practice
Specific Situations

- DNP requirement
- Professional development
- Patient Care
- Resource Management

Vignette: New DNP Requirement for APNs

- I feel confused and a little nervous about needing a DNP as an FNP.
- Why is this necessary?
- So I decided to take my theorist, Dr. Marilyn Ray, to lunch to discuss professional education in a complex adaptive system.
- Dr. Ray, as a transcultural nurse scientist and scholar, why do you think the educational requirements for APNs have changed?
Vignette: Mentoring & Professional Development

• I feel frustrated by the requirements placed on us professionally—things like Peer Review, OPRs/EPRs, and short-notice taskers. How do these have anything to do with me as a professional nurse or technician?
• So I decided to take my theorist, Dr. Marilyn Ray, to lunch to discuss mentoring and professional development in a complex adaptive system.
• Dr. Ray, as a transcultural nurse scientist and scholar, help me understand why I should care about these non-nursing tasks. After all, they don’t add anything to patient care, which is what a nurse and technician does.

Vignette: Caring for Patients

• I feel frustrated as I try to partner with my patients and build my team— it just doesn’t seem to be working.
• I’ve tried using evidence-based practice but it isn’t enough.
• I decided to bring my theorist, Dr. Marilyn Ray, to lunch so we could discuss caring and team-building in a complex adaptive system.
• Dr. Ray, as a transcultural nurse scientist and scholar, what do you think is fundamentally missing in my attempts to partner with patients and build my team?
Vignette: Resourcing/Manning

• I feel frustrated that we never seem to have enough personnel to complete our work—we get so tired and stressed, burned out.
• I’ve sat in on meetings about this, but I just don’t feel like the big system cares about the little people.
• So I decided to take my theorist, Dr. Marilyn Ray, to lunch so we could discuss economic caring in a complex adaptive system.
• Dr. Ray, as a transcultural nurse scientist and scholar, what factors do you think influence our current resourcing and manning issues? How can we overcome these using the PC2P model?

Vignette: Leadership

• I feel frustrated by the demands coming at me from every angle. It seems just as I get one issue resolved, another is created. How can I be an effective leader when I feel so ineffective?
• So I decided to take my theorist, Dr. Marilyn Ray, to lunch to discuss leadership in a complex adaptive system.
• Dr. Ray, as a transcultural nurse scholar and scientist, what factors do you think influence our ability to be effective leaders?
Broad Challenges

• Leading Change
• Co-Creating a Culture of Caring
• Restoring Joy in Practice

Leading Change

• Formal Leader
  • Exert influence in the spiritual-ethical, political, economic, and social-cultural domains
• Informal Leaders
  • Exert influence in the social-cultural domain.
  • May influence adherence to policy (Political domain)
• Engagement
  • Usually thought of as positive
  • Belief that what one does is important
• Resistance
  • Usually perceived to be negative
  • Change your perspective to view this as engagement
Co-Creating a Culture of Caring

• What do you care about?
• What do your people care about?
• What does your organization care about?
• How do you align this to daily operations?
• Do you have a professional practice model?
• Can you articulate caring in each of the domains?
• Can you help others see each of the domains of caring as they are unfolding?

Restoring Joy in Practice

• Practice is any setting in which nurses find themselves applying the nursing metaparadigm, their knowledge, skills, and training to effect change for the health and well-being of themselves and others.
• Joy stems from a sense of purpose and value, both for the self and in context with others.
• Joy is not simply happiness—it stems from a connectedness to the universe and the meaning that flows from this.
• Joy in practice encompasses sharing of the self: authentic presence, vulnerability, acceptance of help, a sense of shared purpose, and feeling of making a positive difference.
Leading Academic Systems

Discussion of IPEC Relevance

The Interprofessional Education Collaborative (IPEC)

• Interprofessional education (also known as inter-professional education or “IPE”) refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centered health care.

• Also includes collaboration based on recognizing the interrelatedness of academia, administrative and clinical practice across all disciplines associated with health and social care.

• 20 member organizations dedicated to preparing future health professionals for enhanced team-based care and improved population health...AACN was approved in 2016-2017!
IPEC Core Competencies for Interprofessional Collaborative Practice

• Values/Ethics
• Roles/Responsibilities
• Interprofessional Communication
• Teams and Teamwork

Aligning BCT and IPEC Core Competencies

• Both BCT and IPEC acknowledge and address humanistic, organizational, societal, and bureaucratic domains. All align the programs, processes and resources to maximize their mission, vision, and goals.
• No matter the setting, the Nursing metaparadigm (person, health, environment, nursing) applies.
• Academia
• Administrative
• Clinical
• In all of these settings, each domain of caring within BCT applies
• In tomorrow’s workshop we’ll look at real world examples of BCT in each of these practice arenas.
Spiritual Care in Primary Care- an EBP Project

Background

- Humans are holistic beings with physical, psychological, emotional and spiritual characteristics. While attention is focused on the physical and, to a lesser extent, the mental well-being of patients, in the outpatient setting spiritual care (SC) is uncommon, found mainly in Palliative Care settings.
- Research in Palliative Care indicates improved access to care, better resource use, avoidance of healthcare over-use, improved patient and staff satisfaction.
- Recent nursing literature identifies the need for spiritual care services but focuses on providing those via nursing. Because nurses and physicians are not trained to address spiritual needs, this has little potential to mitigate the problem.
Body-Mind-Spirit Connection

• Many aspects of patient health are integrally connected to their spirituality, thus the absence of SC promotes overuse of other healthcare resources.
• This project seeks to integrate spiritual care into the outpatient setting in order to address patients' spiritual needs and bring together the healing homes of medicine, nursing, and spirituality.
• Embedding a chaplain within the Primary Care clinic in the same way that Behavioral Health has been embedded has the potential to address SC needs when they are first identified, re-align usage of the healthcare system resources, and promote optimum wellness for patients.

Theoretical Foundation

• Important to understand rationale for actions, link to desired outcomes
• Ray’s Theory of Bureaucratic Caring explicates the domains of caring common in complex health care organizations
• Seeks to humanize an inherently non-human system
Person-Centered Caring Partnership Model (PC2P)

- The AF NC is posturing an inter-disciplinary professional practice model linking all domains of caring to the AFMS mission, vision, and goals.
- This model uses BCT as its theoretical foundation, then operationalizes Trusted Care via Person-Centered Caring Communication.
- Objective - improved safety, satisfaction, and outcomes for all stakeholders
- Vision - progress toward HRO

Reality

- Chaplain C. Jones assigned to the project until FY19
  - Embedded in FHC- Trailer 109
  - Team consists of Ch, DNP Student, Master Clinician FNP, CHAMP Team at USU
- Follows BHOP model of Direct Access, Hand-offs, and integration with multi-disciplinary team
- Tools
  - Screener
  - Intake Assessment
- Outcomes
  - Satisfaction
  - Health care service use
  - Staff Burnout
Summary

1. Provided an overview of the Theory of Bureaucratic Caring
2. Outlined the assumptions and guiding principles of the Theory of Bureaucratic Caring
3. Described and provided examples of the Theory of Bureaucratic Caring as it applies to Leadership navigation within diverse systems
4. Described the Person-Centered Partnership Model: Applied to AFNC Practice Model as an exemplar

Questions
References


References


