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Educating Nurse Leaders on the Application of Watson's Caring Science

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Walden University

College of Nursing

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Diane Updyke

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Walden University

2022

Abstract

Educating Nurse Leaders on the Application of Watson's Caring Science

by

Diane Updyke

MSN, Walden University, 2012

BSN, University of Vermont, 2002

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2022

Abstract

Nurse leaders' creation of a culture of caring for their nursing staff has been shown to improve nurses' job satisfaction and retention, and ultimately patient outcomes. At the project site, there was a perceived gap in nursing leadership practice in integrating a culture of caring into leadership and management practices. Although staff and leadership identified similar caring behaviors, staff members did not perceive nursing leadership as caring, which affected the former's job satisfaction. The purpose of this education project was to provide site leaders with information on specific caring behaviors and how to model these behaviors with staff using Watson's caring science theory and the concepts of organizational theory. The guiding practice-focused question asked if a continuing education program would increase nursing leaders' knowledge about the application of Watson's caring science core concepts and their intent to integrate these concepts into daily leadership practices. A one-hour interactive, educational, virtual workshop was presented to six nurse leaders at the site. A trend analysis of pre- and posttest survey responses using descriptive statistics suggested that the workshop was effective in increasing participants' knowledge. Ratings based on a 5-point Likert scale increased on all seven items from the pretest ($M = 3$) to the posttest ($M = 4.6$) with a mean positive increase of 1.6 in scores. The findings merit further investigation with a larger group of nursing leaders. This leadership intervention may foster an organizational culture of caring where increased nurse job satisfaction leads to increased nurse caring behaviors towards coworkers and patients, thus promoting positive social change.

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Dedication

I want to dedicate this project to my mother and father, Chris and Bob Davis, who taught me to believe that no matter what you do in life, do it to the best of your ability. My dad would say, "I don't care if you're a ditch digger, just be the best damn ditch digger there is!" And, by the way, he did dig ditches for a time. You see, he never got beyond 8th grade, joking that he only went to school for one day in his life, showing up on a Saturday when the teacher was conspicuously absent. As a child, he in fact milked the cows on his family farm hours before most of his classmates' feet hit the cold floors during the icy winters of New York's North Country and worked the fields so long and hard into dusk that the teacher would admonish the other children if they would complain or try to wake him as his head lie exhausted on his folded arms across his one-room school desk. This was the work ethic passed on to me by my father. I could in no way live up to his example, but I can say I inherited his perseverance. My only regret is that he did not live to see me go on to pursue my graduate studies, but I know he has been there in spirit.

My mother has also been a tremendous influence on me, and I would be remiss if I did not mention her as well. She has been the greatest example of a leader, a strong woman, and a caring heart. I watched her growing up, with her take-no-prisoners attitude in a male-dominated business juxtaposed by her kind and caring soul. Her leadership skills came as natural as breathing was to most others, and I like to think I absorbed some of that from her. I know that I got my compassion and empathy from both of my parents, but I got my ability to cry at Folgers commercials from my mom. I wish she had lived

long enough to see me complete my DNP, but she did get to travel some of the road with me--in her final months while I worked remotely from her home and sitting alongside me while I worked on my Walden assignments! How she marveled at online schooling and was fascinated at every moment I shared with her. I was so blessed to be able to be by her side, literally every last moment on this earth. That experience has informed my caring nursing practice in more ways than I could have imagined and has taken me through this final stretch.

Acknowledgments

I would like to acknowledge Dr. Catherine Garner, who helped support me and never gave up on me through the toughest parts of my project during my personal challenges, COVID-19, and the latter's effects on my professional and educational life. In addition, I want to acknowledge Dr. Dominic Sparandeo, for without his support I would not have been able to finish my project. I would also like to acknowledge the staff and leadership at my project sites who assisted me throughout my research and studies. I want to make sure that my children, Sam, Wyatt, and Ally, know that they have also been the strength I have needed at times when I thought there was nothing left, and for that I am so grateful.

Most of all, I would like to acknowledge my husband, my life partner, and the very air that I breathe, Sam Updyke. He is the one who opened my eyes to see the person that I could be and am. He would not let me see anything as other than possible and kept telling me I was the smartest person until I believed it. We did this!

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Section 1: Nature of the Project

Introduction

Caring nurse leaders have a significant impact on nurses' job satisfaction and positive patient outcomes (Wesorick, 2004). There are several theories of caring nursing leadership (Boykin & Schoenhofer, 2001). One of the most widely noted is Watson's (2018) theory of human caring. Williams et al. (2011) combined their own theoretical work with other caring and leadership theories. Schlagel and Jenko (2015) discussed their facility leaders' journey in using Watson's theory for organizational change and theory-based practice. In particular, they discussed how leadership's behaviors had a positive impact on the overall caring culture of the facility and the methods used for sustaining this caring change.

As nurse researcher earlier in my DNP studies, I conducted an evidence-based project (EBP) at the same health care organization early in 2018. As part of the project, I conducted qualitative descriptive interviews with both frontline nurses and leaders. The responses of each member of the staff cohort were sorted into common themes based on Watson's (2018) core concepts. The leadership cohort responses were also sorted and compared to the key identified caring leadership behaviors of the staff cohort. Although both the staff and leadership behaviors were similar, senior leadership noted a gap in communication and a perception of empathy between staff and leadership at a more granular level. The purpose of the current education project was to provide leaders with an educational program that focuses on the specific behaviors that define caring and how to model these behaviors with staff. The premise of this project is that applying

Watson's caring science (2018) concepts to practicing caring nurse leadership will lead to an increase in nurse job satisfaction. This increase in nurse job satisfaction may lead to positive social change associated through increased nurse caring behaviors towards coworkers and customers and an organizational culture of caring (Nwaorgu, 2021).

Problem Statement

The project organization coordinates home health benefits for various health insurance plans. The organization's leadership team initiated an employee engagement survey. Nurse leader involvement, communication, and caring were identified as key opportunities. Although both the staff and leadership caring behaviors were identified as similar during previously conducted DNP research, leadership perceived a gap between staff and leadership at the more granular level. The practice-focused problem for the current project was a perceived gap in nursing leadership practice in integrating a culture of caring into leadership and management practices.

Leadership had requested a continuing education program be developed for current nurse leaders as part of an ongoing empathy campaign. This education will also become part of new-hire orientation and a boot camp designed for newly promoted leaders. In developing this continuing education program, I focused on the specific behaviors that define caring and how to reinforce these key behaviors among leadership to model to staff. The premise of this project was that applying Watson's (2018) caring science concepts to practicing caring nurse leadership will lead to an increase in nurse job satisfaction. This increased nurse job satisfaction will lead to increased nurse caring

behaviors towards coworkers and customers and an organizational culture of caring (Watson, 2018).

This project also holds significance to nursing overall. In the wake of horizontal violence, bullying, and nursing turnover, the ability of leaders to model and foster caring behaviors and relationships is important (Armmer & Ball, 2015). By being present in caring moments, the clinical leader can deepen the understanding of their nurses' needs, as well as can reflect on their own experiences to relate to the situation (Nelson & Watson, 2011). If leadership models empathy, nurses may be able to provide a more empathetic response to their colleagues that contributes to a caring workplace culture.

Purpose

The gap in practice was the perceived need for additional education of clinical leaders in the principles of caring leadership. The purpose of this education project was to provide leaders with a focus on the specific behaviors that define caring and how to model these behaviors with staff using Watson's (2018) caring science theory. In this project, I sought to identify caring nurse leadership behaviors that can be applied to increased staff job satisfaction by

- aligning identified caring leadership behaviors with the evidence and the organization
- relating themes to Watson's caring science core concepts
- promoting nurse leader consciousness of their caring or noncaring behaviors and intentionality in each caring moment, both at an individual and system level

The guiding practice-focused question was, Does a continuing education program increase nursing leaders' knowledge about the application of Watson's caring science concepts and their intent to apply these concepts into daily leadership practices? Also, in today's fast-paced world of mobile and COVID-related remote human contact (Morgan, 2021), I wanted to assist leaders in identifying and modeling interpersonal caring and empathetic behaviors. That was the goal of this education program.

Nature of the Doctoral Project

I followed the Walden University (2019) staff education manual in developing the education project. The participants were leaders in this health organization. I measured their knowledge gained through a pre/posttest comparison of knowledge of Watson's caring theory's key concepts in relationship to the identified caring leadership behaviors. I had planned to evaluate participants' perceptions of self-efficacy of identified caring behaviors measured at a later date chosen by senior leadership.

For the literature review, I used scholarly, peer-reviewed articles from CINAHL (EBSCOhost), Medline, PubMed, PsycInfo (EBSCOhost), ProQuest Public Health, and Health Management (ProQuest) databases. I searched for articles using the following key terms: *caring, carative leadership theory, clinical supervision, clinical leadership, nursing care, nursing leadership, first-line nurse manager, reflective practice, caring theory, Watson's caring theory, leadership theory, caring leadership model, caring environments, nursing, nursing administration, nursing as caring, caring science, and transformational leadership*. The focus was on finding full-text, peer-reviewed articles published since 2014 and in English.

For their qualitative study, Xiao et al. (2015) interviewed 15 nurses about their perceptions of caring behaviors by their first-line managers. The impetus for the authors' research was a significant shortage of nurses in China. The added stress to nursing staff creates a never-ending cycle of searching for a less stressful career, then higher turnover, and an even greater shortage. Staffing shortages are significant to nursing as they place demands on the frontline nurses, whose exhaustion in the face of short staffing creates self-care deficits. This also leads to a decrease in nurse managers, who mentor the next generation of leadership for when manager turnover occurs (Williams et al., 2011). Xiao et al. referred to the caring theory of Boykin and Schoenhofer (2001), which assumes that all persons are caring ones, but not every behavior displayed may be perceived as one of caring. A descriptive phenomenological approach was taken, and all participants were RNs who had worked in their clinical unit over a year. Open-ended questioning occurred to ensure that the nurses studied were sharing their own true feelings and experiences. In the end, three categories of perception of caring behaviors were identified: assisting the nurses' professional and educational growth, treating staff fairly and equally, and supporting the nurses' work-life balance. Another approach was taken by Ray and Turkel (2012), where they combined their previous work on caring leadership with Watson's theory to specifically address the complexity of nurse administration and infusing caring while keeping the balance of administrative and organizational needs. Overall, the authors did find that these caring behaviors were important to these nurses to promote job satisfaction.

Planning

Because the need and purpose of the continuing education program had been established by nursing leadership, the next step was the development of the educational program. National nurse leader Karen Drenkard worked directly with Jean Watson to create a program emphasizing a caring work environment within Inova Health System (Nelson & Watson, 2011). The identified caring behaviors were aligned with this project's first phase. Behaviors that were emphasized include active listening, eye contact, and being mindful. These behaviors particularly resonate with the behaviors that were the focus of this project and education. Using Watson's theory of human caring/caring science promotes caring leadership through several conceptual components (Watson, 2018). The components include

- a relational caring for self and others
- a transpersonal caring relationship (going beyond ego to higher spiritual caring created by caring moments)
- a caring occasion/caring moment: heart-centered encounters
- multiple ways of knowing (through science and art and aesthetic, ethical, intuitive, personal, cultural, or spiritual means)
- reflective/meditative
- caring that is inclusive, circular, and expansive, which includes caring for oneself; caring for one another; caring for patients, clients, and families; and caring for the environment, nature, and the universe
- caring that changes the self, others, and the culture of groups/environments

In particular, the caring occasion/transpersonal caring moment is a springboard for nursing practice. By being truly present within patient care moments, the clinician can deepen the understanding of the patients' needs, as well as can reflect on their own experiences to relate to the situation. I designed this educational project to allow nursing leaders to learn about Watson and gain a deeper understanding of these concepts through an interactive approach.

Once the education program was developed, the initial plan was to choose a committee from nursing leadership to review the materials and give suggestions for modifications. Due to COVID-19, the original project plan had to be paused in 2020 and a new project site found. After finding a new site, I provided the completed educational slide deck to the senior director of the new site for review and constructive critique. His suggestions were incorporated into the final program where appropriate. The program included both didactic and experiential exercises, which is consistent with adult learning theory (Knowles, 2005).

Implementation

The target audience for this project was nurse leaders within the utilization management clinical department. As this was not any part of the organization's overall educational or quality improvement program, participants were not required to attend, but did so voluntarily.

Evaluation

Evaluators can use the Kirkpatrick evaluation model to assess educational programs such as this practicum project (Abdulghani et al., 2014). The evaluation

component for this project included a pre- and posttest to assess changes, if any, in participants' knowledge. At the end of the program, participants were to complete an assessment of self-efficacy, including three examples of how they plan to incorporate the Watson concepts into their daily leadership practice. I wanted to assess this evidence of their intent to apply the knowledge they acquired to their practice, as greater self-efficacy leads to greater workplace application (Kirkpatrick Partners, 2019); however, due to the abrupt ending of the site contract, this part of the evaluation process did not occur. The lack of this data impacted my ability to link the gap in practice to the findings of the project.

Significance

Stakeholders for this project include organizational leadership, frontline leadership, and staff, as well as patient members. This project may contribute to nursing practice by assisting nurse leaders in identifying caring behaviors and empathic communication. Once leaders obtain a deeper understanding of empathy and practice their ability to make a transpersonal connection with staff, they may be able to promote a more caring interpersonal culture. This can then be passed onto coworkers and patients with the intent of leading to greater job satisfaction. The aims of the program are to address today's challenges of leading from afar and promote dialogue among the participants about how to model identified behaviors to achieve a more desired caring culture. This caring culture can be fostered in any nursing community, and so it is transferable to all practices across the health care spectrum. This in turn may spark

positive social change by cascading caring and empathy into the larger community and world.

Summary

The purpose of this education project was to provide leaders with information on specific behaviors that define caring and how to model these behaviors with staff using Watson's (2018) caring science theory. I undertook this project at the request of organizational leaders to address a perceived gap in leadership practice. Nursing literature also supports the integration of a caring culture as a method for improving staff satisfaction and retention (De Simone et al., 2018). This project educated participants regarding identified caring nurse leadership behaviors that can be applied and modeled to increase staff job satisfaction. The modeling of these behaviors may lead to increased nurse leader caring for staff, increased caring behaviors among front line staff, increased patient satisfaction, and an overall positive and caring organizational and community culture. In Section 2, I will address the concepts, models, and theories that underpinned this project; the project's relevance to nursing practice; local background and context; and my role in the project.

Section 2: Background and Context

Introduction

I conducted an EBP within the original health care organization in Spring 2018 in which I administered qualitative descriptive interviews to both frontline nurses and leaders. The responses of each member of the staff cohort were sorted into common themes based on Watson's (2018) core concepts. The leadership cohort responses were also sorted and compared to the key identified caring leadership behaviors of the staff cohort. Although both the staff and leadership behaviors were similar, leadership perceived a gap in communication and understanding between staff and leadership at the more granular level.

The purpose of this education project is to provide leaders with information on the specific behaviors that define caring and how to model these behaviors with staff using Watson's (2018) caring science theory. The guiding practice-focused question was, Does a continuing education program increase nursing leaders' knowledge about the application of Watson's caring science core concepts and their intent to apply these concepts into daily leadership practices? The premise of this project is that applying Watson's caring science concepts to practicing caring nurse leadership will lead to an increase in nurse job satisfaction. This increased nurse job satisfaction will lead to positive social change through increased nurse caring behaviors towards coworkers and customers and an organizational culture of caring.

Concepts, Models, and Theories

Watson's Theory of Caring

A tenet of Watson's theory of human caring is "nursing evolving openly as central to human phenomena of nursing practice" (Watson, 2018, p. 1). This includes key components of caring consciousness and intentionality of the nurse that led to a caring moment. In particular, the concept of caring leadership is essential to nursing practice in that it leads to more open communication, quality improvement, and increased satisfaction among staff. In turn, patient outcomes are improved because caring, although having different meanings to the individual, is a concept that is widely acknowledged as having a positive connotation. This causal relationship has a direct, distinct, and positive impact on all individuals, and systems, which are part of the caring moment (Grove et al., 2013).

Researchers have analyzed the application of Watson's theory on nurse caring and nursing practice (Vandenhouten et al., 2012). Watson's theory encompasses 10 carative factors (i.e., formation of a humanistic-altruistic system of values) and 10 caritas processes (i.e., practice of loving, kindness, and equanimity within the context of caring consciousness; Vandenhouten et al., 2012). Vandenhouten et al. concluded that the concept of caring is a subjective one and can be considered a research gap; however, it is one that can be taught to others, and the use in nursing practice and caring leadership provides benefits to the patient and is also a benefit to the nurse by promoting a gratifying and rewarding professional experience.

Watson (2018) has developed several conceptual components that include a relational caring for self and others, transpersonal caring relationship (going beyond ego to higher spiritual caring created by caring moments), and a reflective/meditative approach to the relationship. Caring is inclusive, circular, and expansive and encompasses caring for oneself, caring for one another, caring for others, and caring for the world and the universe. In addition, this caring changes the self, others, and the culture of groups and environments (Watson, 2018). These concepts can most certainly be directly related to caring leadership and the cascading impact it has on the nurse, the patient, and health care practice overall. Theorists Ray and Turkel (2012), applied caring leadership to their research as well discussed its implications for health care overall; they argued that contributing to a caring environment within an organization helps to reduce staff turnover and increases job satisfaction and patient satisfaction. The authors suggest a cycle of caring for oneself and others that contributes to individual professional and personal satisfaction. This in turn leads to a more caring culture within organizations and health care. This research is related to this practice issue of caring leadership; identifying staff nurses' perceptions of managers' caring behaviors can help guide nursing practice as a whole (Ray & Turkel, 2012).

Organizational Theory and Leadership Behaviors

The organizational literature offers nurse leaders insights into how organizational theories affect nursing. This information allows leaders to develop a systems approach that illustrates and incorporates not just how an individual affects an organization, but how the organization affects the individual. This potentially symbiotic relationship may

assist nurse leaders' practice in a way that has a positive effect on patient outcomes (Mensik, 2006). In this project, I also sought to identify and incorporate caring nurse leader behaviors into practice by using this type of organizational approach. Mensik (2006) also cited research targeting nurse job satisfaction and work environment perceptions. Mensik found that nurse leaders had influence by assisting nurses to recognize the critical factors in the work environment that affect "quality patient care but also job satisfaction" (p. 3). This study provides compelling evidence on how the environment in which a nurse works not only affects the quality of patient care, but also the overall caring culture and overall job satisfaction of nursing staff.

Kirkpatrick's Model for Continuing Education Evaluation

The Kirkpatrick evaluation model can be used to assess continuing education programs (Abdulghani et al., 2014). There are four levels of focus: (a) participants' satisfaction, (b) acquisition of knowledge that affects attitudes and behaviors (pretests and posttests to assess participants' level of learning), (c) assessment of how the training transfers to the worksite by positive outcomes in behavior or performance, and (d) determination of the final results to determine whether the project actually led to improved performance (Kirkpatrick, 2019) With this model in mind, the following process was used for this project: the education was developed for the existing nurse leadership, using situational questions as a springboard for interactive brainstorming and role playing using both caring and not caring behaviors intertwined with the empathy construct. I had planned to evaluate satisfaction using an end-of-course evaluation; instead, I conducted a pre/post assessment of knowledge gained from attending the

workshop. A tool for assessment of self-efficacy was also part of the initial plan to be given to the senior leadership to assess, as greater self-efficacy leads to greater workplace application research shows (Kirkpatrick Partners, 2019).

Relevance to Nursing Practice

Nursing leaders who model caring behaviors may have an overall positive impact on the satisfaction of frontline nurses. In turn, increased caring behaviors that are displayed by nursing staff may lead to increased patient satisfaction and a positive organizational culture (Schlagel & Jenko, 2015). This project may contribute to nursing advancement by providing knowledge on the application of Watson's theory to nurse leadership practice in any healthcare setting. The potential transferability of project knowledge is in alignment with Walden University's (n.d.) definition of positive social change as a "deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies" (para. 2). Positive social change in nursing practice can be the improvement of human and social conditions (Walden University, 2019).

Local Background and Context

The site where the project was conducted is a utilization management department for Medicare members within a health plan that has provided both commercial and government plan coverage in the state of Florida for over 70 years. The participants for this project were the nurse leaders within this department. There were no organizational

budgetary concerns, as the workshop was scheduled on a Friday, at the end of a workweek, and all the participants attended on a voluntary basis.

The leadership at the original site where this project began in 2020 had conducted an employee satisfaction survey. Although the overall score was good, some of the comments from the utilization management department identified a gap in nursing leadership caring and communication. The department had put a committee in place prior to the survey to communicate throughout the period before the rollout to prevent perceived gaps. They also had team huddles and weekly management meetings with the upper leadership throughout. Despite this, something was still lacking.

DeSimone et al. (2018, p. 2) found a correlation between low job satisfaction and turnover intention and lower patient satisfaction scores. The authors described withdrawal behavior as having a negative effect on job performance, while a sense of well-being in the workplace promotes increased quality of care and in turn positive patient satisfaction scores. Evidence such as this can be used to inform the caring leadership practices of nursing professionals. There is a challenge, however, in translating research into leadership practice so buy-in may be needed to influence some leaders to include researched caring behaviors within their daily practice. As nursing turnover and shortages are a reality (De Simone et al., 2018), there is a need to use data in ways that promote acceptance of research knowledge that may help to increase staff job satisfaction and retention.

Having the best evidence-based policy means nothing if evidence is not incorporated into decision-making (Andermann et al., 2016). One must engage those at

the policy-making table and use strategies that will overcome barriers and help facilitate buy-in. Sometimes translating the evidence into policy can be daunting. Gathering everything that is available is key, and those who are reviewing and deciding on the best policy course must resort to examining best practices or examples of what has worked in different contexts to make the best possible decisions in situations where there is a lack of guidance from the existing body of research evidence (Andermann et al., 2016, p. 3). To lead policy development, I assembled those key stakeholders from all pertinent areas. I provided the latest and most relevant evidence that informed policy and set up realistic incremental goals throughout the review. As substantial time commitment was required, the timeline and goals needed to reflect this, and focused conferences and meetings to review were scheduled with the group to allow for ample review, discussion, and ultimate synthesis to be achieved.

Role of the DNP Student

The Doctor of Nursing Practice (DNP) degree allows for the transformation of a nurse from a clinical professional to a systems and process leader as well. A DNP-trained professional should seek ways to improve outcomes through clinical research and the use of EBP. The doctoral-prepared nurse should be leading the way to improve not only patients' lives, but their individual organizations and healthcare (Walden, 2019). The DNP professional should be a mentor for clinical nurse practice overall, whether it be to address a practice problem through research or sharing knowledge and experience through EBP (Laureate, 2011). DNPs are the leaders in nursing practice and should continually seek new ways of knowing.

As a DNP student, I built upon my previous application of Watson's (2018) caring science theory. I did so by developing the program and educating and assisting these nurse leaders to identify caring behaviors that they may use in their practice as leader/mentors. Throughout this project, I hoped to promote a greater understanding of caring behaviors and empathetic communication among nurse leaders within the organization, as well as create an atmosphere of collaboration and camaraderie in which the leaders could share lived experiences and ideas.

Summary

Nursing researchers conduct clinical research using nursing theory and scientific research methods to answer a practice problem or find new ways of knowing. The EBP research that they conduct is then translated into clinical practice. As Fitzpatrick (2010) stated, EBP should encompass more than just science and research. She posited that EBP "demands attention to the broad evidence, to what we know as expert clinicians, and to what we know as scientists" (p. 2).

Watson (2018) stated that her theory of human caring offers a framework of "nursing evolving openly as central to human phenomena of nursing practice" (p. 1). It includes key components of caring consciousness and intentionality of the nurse that are theorized as leading to a caring moment. In particular, the concept of caring leadership is essential to nursing practice in that it leads to more open communication, quality improvement, and increased satisfaction among staff. In turn, patient outcomes are improved because caring, although having different meanings to the individual, is a construct that is universally understood as having a positive meaning. This causal

relationship has a direct and positive impact on all parties involved in the caring moment (Grove et al., 2013). The concept of caring leadership, and educating nurse leadership in caring behaviors, leads to increased confidence and caring in the staff nurse or associate, and this relationship leads to improved patient outcomes and patient satisfaction. To address a gap in leadership caring and communication that had been identified by the original project site's leaders, I conducted an educational workshop on empathy and caring leadership behaviors was conducted for nursing leadership at the final project site.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this education project was to provide leaders with information on specific behaviors that demonstrate caring and how to model these behaviors with staff using Watson's (2018) caring science theory. The premise of this project was that applying Watson's caring science concepts to practicing caring nurse leadership will lead to an increase in nurse job satisfaction. This increased nurse job satisfaction will lead to the positive social change associated with increased nurse caring behaviors towards coworkers and customers and an organizational culture of caring. In this section, I will discuss the sources of evidence and procedures for analysis and synthesis of these sources for this educational project.

Practice-Focused Question

The guiding practice-focused question was, Does a continuing education program increase nursing leaders' knowledge about the application of Watson's caring science core concepts and their intent to apply these concepts into daily leadership practices?

Sources of Evidence

I sought scholarly, peer-reviewed articles from CINAHL (EBSCOhost), Medline and PubMed, PsycInfo (EBSCOhost), ProQuest Public Health, and Health Management (ProQuest) databases. I used the following key terms in my searches: *caring, carative leadership theory, clinical supervision, clinical leadership, nursing care, nursing leadership, first-line nurse manager, reflective practice, caring theory, Watson's caring theory, leadership theory, caring leadership model, caring environments, nursing,*

nursing administration, nursing as caring, caring science, and transformational leadership. I sought full-text, peer reviewed articles published since 2014 and in English.

Because the need and purpose of the continuing education program had been established by nursing leadership, the next step was the development of the educational program. National nurse leader Karen Drenkard collaborated with Jean Watson on a program to create a caring work environment within Inova Health System (Nelson & Watson, 2011). The identified caring behaviors were aligned with this project's first phase. Behaviors that were emphasized in Drenkard and Watson's program include active listening, eye contact, and being mindful. These particularly resonate with the behaviors that were the focus of this intended project and education. Watson's (2018) theory of human caring/caring science promotes these behaviors through several conceptual components, which include

- relational caring for self and others
- a transpersonal caring relationship (going beyond ego to higher spiritual caring created by caring moments)
- a caring occasion/caring moment featuring heart-centered encounters
- multiple ways of knowing (through science; art; and/or aesthetic, ethical, intuitive, personal, cultural, or spiritual means)
- reflective/meditative

- Caring that is inclusive, circular, and expansive (e.g., caring for oneself; caring for one another; caring for patients, clients, and families, or caring for the environment/nature and the universe)
- caring that changes oneself, others, and the culture of groups/environments

In particular, the caring occasion/caring moment is a springboard for nursing practice. By being truly present in patient care moments, the clinician can deepen the understanding of the patients' needs, as well as can reflect on their own experiences to relate to the situation. This educational study allowed nursing leaders to learn about Watson and gain a deeper understanding of these concepts through an interactive approach. The program included both didactic and experiential exercises, which is consistent with adult learning theory (Knowles, 2005). I measured learning through a pre/posttest comparison of participants' knowledge of the key concepts of Watson's caring theory in relationship to the identified caring leadership behaviors. This knowledge may show an increased understanding empathy and caring behaviors to address the gap identified by the utilization management leadership.

I modeled the educational presentation on the work of Drenkard (2009) as well as Watson. The author selected caring interventions for implementation into professional nursing practice with measurement of patient satisfaction, nurse satisfaction and turnover, and RNs' vacancy rates on the pilot units. Results revealed a statistically significant increase in the nurses' perception of the health care environment overall, improvement in relationships with coworkers, and improvement in workload perception (Drenkard,

2009). The presentation was shared with nursing leaders who were invested in this project, and they provided positive feedback and approved the presentation.

Protections

This was a minimal risk project approved by Walden University's Institutional Review Board #01-29-20-0233209 and the project site. All participant rights are protected as a fundamental function of health care and the nursing profession under the American Nursing Association (n.d.) Code of Ethics. I designed the practicum project to ensure that the participants' confidentiality and privacy would also protect on a personal and organizational level. Participants received a copy of the informed consent prior to the educational program. All participants were given the right to refuse to participate without consequences from the organization.

Analysis and Synthesis

The Kirkpatrick evaluation model can be used to assess educational programs such as this practicum project (Abdulghani et al., 2014). There are four levels of focus: (a) participants' satisfaction, (b) acquisition of knowledge that affects attitudes and behaviors, as measured by pre-and posttests to assess participants' level of learning, (c) assessment of how the training transfers to the worksite based on positive outcomes in behavior or performance, and (d) the main results of the project. In this case, the longer-term evaluation of this project would address whether this educational program resulted in overall performance improvement in leader behavior and staff perceptions (Abdulghani et al., 2014). For the evaluation component for this project, I used a pre-and posttest to assess change, if any, in participants' knowledge. Each participant was

provided with a code to be used for both the pre and posttest to allow for comparison of date without personal identification. The initial planned statistical analysis was the use of the paired t-test. There was a post education poll that was planned where all involved would have had a follow-up meeting with nursing leaders and an additional discussion. The discussion was to include a vote to adopt a caring model as the organization's nursing conceptual model, which would indicate an intent to change practice as a result of the educational intervention.

Summary

The caring nurse leader builds trust by seeing the nurse as an individual and understanding the experiences and worldview that is contributed by each individual on the team. What constitutes a caring nurse leader is defined by the nurse's perceptions of the leader's actions, behavior, and atmosphere that is created. A caring leadership is characterized by root cause analysis, open communication, and an introspective appreciation of valued relationships and outcomes. This leadership style is not unique to nursing and can be applied across the spectrum of professional organizations. As noted in this section, the evidence gathered and analyzed was the basis for an educational workshop that was conducted at the final project site. In Section 4, I will discuss the subsequent findings and recommendations.

Section 4: Findings and Recommendations

Introduction

The purpose of this education project was to provide leaders with information on the specific behaviors that define caring and how to model these behaviors with staff using Watson's (2018) caring science theory. The guiding practice-focused question was, Does a continuing education program increase nursing leaders' knowledge about the application of Watson's caring science core concepts and their intent to apply these concepts into daily leadership practices? The premise of this project was that applying Watson's caring science concepts to practicing caring nurse leadership will lead to an increase in nurse empathy and job associated with increased nurse caring behaviors towards coworkers and customers, and an in turn an overall organizational culture of caring. I conducted a virtual Zoom workshop with nurse leaders in which I introduced them to Watson's caring theory, empathy, and nursing leader caring behaviors. The Zoom meeting format was due to the COVID-19 pandemic and to the large number of participants working from home. The education included both didactic and interactive sessions, with the pre- and posttests measuring educational objectives regarding learning using a Likert-type scale.

Intervention

I recruited participants via email invitation. Six nurse leaders participated in the workshop, including one clinical lead, three managers, one director, and one senior director. The educational levels included LPN, BSN, and MBA/PhD. Informed consent was obtained electronically via the email application Microsoft Outlook. All six leaders

participated in the workshop; however, two participants were late to the session and missed the pretest and part of the initial training. These individuals only participated in the posttests.

I conducted the educational intervention via Zoom due to COVID-19 restrictions (see Appendix). The educational program consisted of a 1-hour PowerPoint workshop featuring a combination of didactic and interactive methods. It included an introduction to Watson and her caring science theory, a brief review of the prior research used to ascertain caring leadership behaviors, and an in-depth interactive discussion on empathy and caring in relationship to leadership.

Findings and Implications

I gathered evaluation data for the virtual educational workshop that I conducted via Zoom. The seven questions on the pre- and posttest featured a Likert-type scale with responses from 1 to 5 that varied based on the questioned being asked. The questions were as follows:

1. How familiar are you with Jean Watson and Watson's caring science theory?
(with 1 being *not familiar* and 5 *very familiar*)
2. Can you easily define the difference between caring and empathy? (with 1 being *unable to define a difference* and 5 *able to easily define differences*)
3. Can think of key words or phrases that your staff would use to describe as caring leadership behaviors? (with 1 describing *1 or less* and 5 describing *5 or more*)

4. How comfortable are you discussing empathy and identifying caring behaviors in a variety of scenarios? (with 1 being *uncomfortable* and 5 *extremely comfortable*)
5. Can you explain what conscious caring is? (with 1 being *no* and 5 being *able to comfortably explain the definition*)
6. Can you really define what empathy means to you and how that translates to your relationship with your team? (with 1 being *difficult to explain empathy and how it translates with your team* and 5 being *able to easily translate*)
7. Can you identify behaviors in yourself that you change or continue to do to show your team you care? (with 1 being *difficult to explain* and 5 *easily explained*)

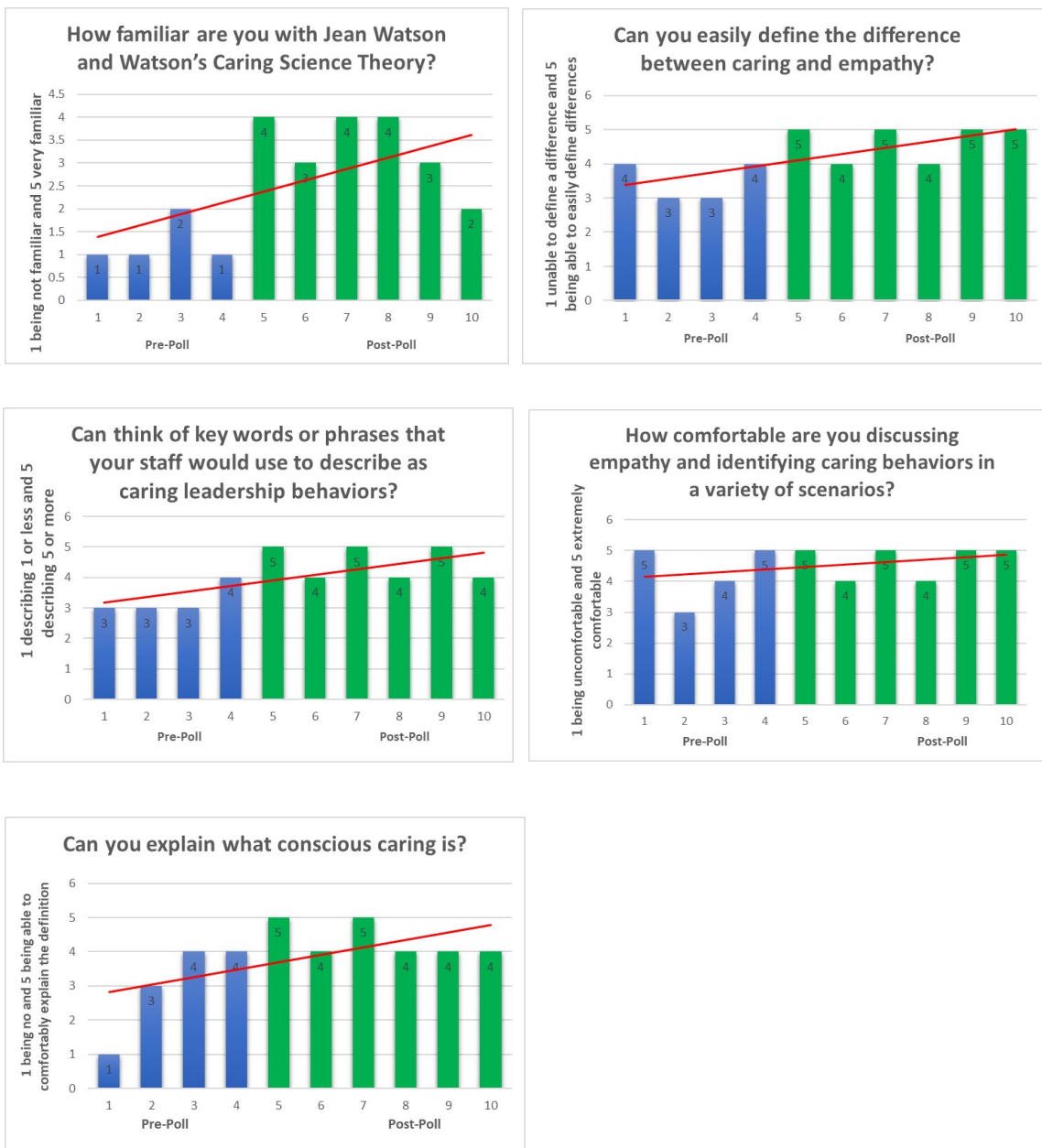
A Zoom polling expert provided by the practicum site collected the responses from the surveys, compiled the data, and reported the results as an aggregate total. These data were all deidentified to protect individual privacy. I compared pretest scores to posttest scores for the four participants who provided both set of data. Data are reported in Table 1. The aggregate scores for all participants showed a trend towards increased knowledge and self-efficacy (see Figure 1). The number of participants (six) was too small to conduct an analysis using inferential statistics; however, the trend lines shown in Figure 1 provide evidence of an overall positive increase in scores based on a comparison of pre- and posttest answers.

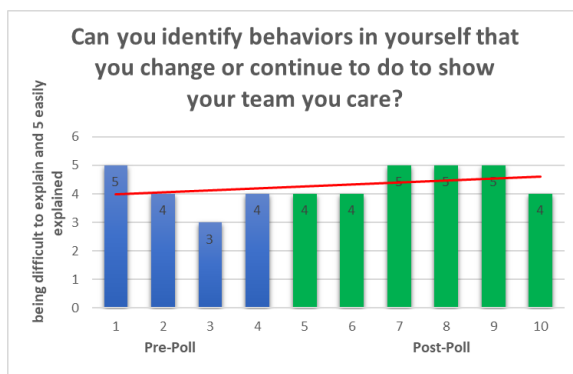
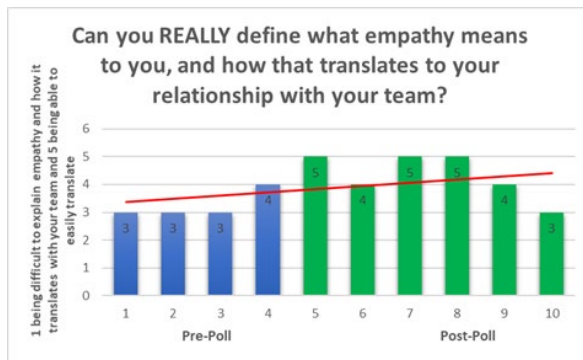
Table 1*Pre/Posttest Scores (n = 4)*

Question	Pretest score <i>M</i>	Posttest score <i>M</i>	Increase in mean raw scores
How familiar are you with Jean Watson and Watson's caring science theory?	1	4	3
Can you easily define the difference between caring and empathy?	3	5	2
Can think of key words or phrases that your staff would use to describe as caring leadership behaviors?	3	5	2
How comfortable are you discussing empathy and identifying caring behaviors in a variety of scenarios?	4	5	1
Can you explain what conscious caring is?	3	4	1
Can you REALLY define what empathy means to you, and how that translates to your relationship with your team?	3	4	1
Can you identify behaviors in yourself that you change or continue to do to show your team you care?	4	5	1
<i>Range</i>	1 to 4	4 to 5	1 to 3
<i>M</i>	3	4.6	1.6

Figure 1

Trend Analysis of Individual Item Scores





Unanticipated Events

No matter how carefully a project or research study is planned, it is inevitable that some limitations that were not identified at the beginning will emerge (Theofanidis & Antogni, 2019, p. 2). The most significant limitation of this project was that of the COVID-19 pandemic. The planned project site was also my place of employment where I had been a director employed for over eight and one-half years. COVID-19 changed the business plans of my organization, and my position along with that of several of my colleagues were eliminated. This caused a sudden halt in my career and the project; even

though I was near the end and just had to finalize and present my educational workshop, the organization was no longer comfortable continuing with our educational relationship.

The loss of my job led to months of searching and reestablishing a position, which I was able to do with a contract position as a consultant with a health plan. After months of building my reputation and trust, I was able to gain permission from this new organization to conduct my workshop. A second challenge emerged in that it was only possible to recruit a small cohort of six nurse leaders to participate in the project. This challenge would be compounded, however, when the second organization abruptly ended all employee contracts. My final day of employment was the day of the caring nurse leadership workshop. I was unable to proceed with my plans for on-site follow-up and dissemination for this reason.

Potential Implications for Social Change

The adoption of the Watson caring model has been shown to improve nurse satisfaction and engagement. Both factors are significant to the quality of nursing care and patient satisfaction (Drenkhard, 2009). Adoption of a nursing model of human caring has the potential to affect nursing turnover, the quality of nursing care, and ultimately the care of patients (Nwaorgu, 2021).

Recommendations

Nursing leadership is responsible for creating a culture of caring for their nursing staff that promotes communication, compassion, and support for self-care behaviors. This culture has been shown to improve nursing satisfaction and retention (De Simone, Planta, & Cicotto, 2018). Because the participant numbers were low, I recommend that this

education be repeated with a larger group of nursing leaders to determine its effectiveness in increasing the knowledge and self-efficacy of leaders in using the Watson caring model. Should this program show statistically significant improvement in participants' knowledge and self-efficacy, it should be made part of continuing education for nurse management and nurse leaders.

Strengths and Limitations

The need for strong nurse leadership is more critical than ever in the context of the ongoing COVID-19 pandemic. Unprecedented levels of stress contribute to nurse burnout, and shortages are at critical mass and projected to only get worse (Morgan, 2021). The biggest strength of this educational project is that nursing leaders showed improved interest in incorporating the model of human caring as one of the fundamental competencies of nursing leadership. The need for leaders with an empathetic presence is even more crucial currently with the additional burden that the COVID-19 pandemic has placed on bedside nurses.

COVID-19 itself was a limitation and created challenges for this project. The pandemic led to the end of a nursing position and therefore the original project site due to the company's shift in operations. The second project site led to a limitation of a small number of participants. At the end of the program, participants would have completed an assessment of self-efficacy. I wanted to evaluate this construct because greater self-efficacy leads to greater workplace application, research shows (Kirkpatrick Partners, 2019). Unfortunately, the contract at the project site ended earlier than expected, so this part of the assessment could not be completed.

Recommendations for Future Practice

This project needs to be replicated in a larger organization once the pandemic allows for the time and commitment to embedding a nursing theory into the organization's nursing practice model. A longer length of time is required for the education of a wider pool of nurses. A longer time frame will also allow for more extensive follow-up that includes adaptation of nursing care according to the new model and nurse and evaluation of patient satisfaction outcomes, as well as indicators of quality nursing care.

Section 5: Dissemination Plan

This educational workshop has already been produced as an interactive PowerPoint presentation. As a board member of the International Association of Human Caring, I plan to present some of the project findings at the yearly convention. I have also offered to present the project or make it available as a PowerPoint to the association's educational committee as well. To reach a larger audience, I am also considering submitting the project findings to the association's journal, *International Journal for Human Caring*. I will submit a proposal for conducting the workshop as a training at one of our faculty meetings at a college of nursing where I am an adjunct professor and considering offering this to other schools or health care organizations as well.

Analysis of Self

During these last several years working toward my DNP, I have gained a new perspective of nursing, particularly the new 2021 DNP Essentials (American Association of College of Nursing, 2021), and my growth as leader in relationship to them. It is encouraging to see how my research and educational workshop fit the DNP Essential 2, person-centered care. In reviewing the new DNP Essentials, I could also identify with Essential 1, knowledge for nursing practice, and Essential 10, personal, professional, and leadership development. This journey has taught me even more about myself as a person. Especially these last few years, my personal, professional, and educational life all seemed to clash and crash at times, what with the COVID-19 crisis, personal health challenges, losing what I thought was my career, and the abrupt end of a contract. These taught me patience and persistence, however. When motivation and frustration seemed to take over,

I found a resilience that came from a new place--a place borne out of the goals set and the challenging work it took to achieve my DNP.

Summary

The purpose of this educational project was to provide leaders with information on leadership behaviors that express caring, as perceived by staff, and how to model these behaviors with staff using Watson's (2018) caring science theory. I presented a combined didactic and interactive educational workshop to nurse leader participants in a virtual workshop. Although the results were inadequate for statistical analysis of efficacy, there was some indication of improved knowledge of Watson's caring theory, caring and empathetic leadership behaviors, and ways to translate these behaviors into their relationship to their teams. The anticipated positive social change is that this leadership intervention can lead to an organizational culture of caring where increased nurse job satisfaction leads to increased nurse caring behaviors towards coworkers and patients. This research would benefit from a larger study sample to validate the impact of this education on nursing knowledge and clinical application of concepts.

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