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TOPIC:
MANAGEMENT STYLE IN A CARING PROFESSION:
THE CASE OF NURSING

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MANAGEMENT STYLE IN A CARING PROFESSION:
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ABSTRACT

There appears to be some evidence that nurses cannot maintain values of caring if they strive to become effective leaders and efficient managers. On promotion to administrative roles it seems that many nurses relinquish a sincere concern for caring in favour of a business or corporate style of management. This suggests a philosophical schism between caring and administration.

The main purpose of this doctoral study is to develop a theory of management that maintains and celebrates the value of caring. Secondary purposes to this study will be to determine if there are any significant factors arising from pre- and post-employment experiences which contribute to a non-caring management style.

I have used the phrase 'organisational violence' to indicate the effect of a non-caring style of management. This paper will discuss where it comes from, how it is used, the extent that organisations depend on it, and the nature of the price that individuals pay for it until someone comes along and arrests it.

My working definition of organisational violence is the violence

that is committed among people within the context of organised work and the workplace.

INTRODUCTION

The overall approach I have developed in this paper builds on assumptions about the nature of violence within organisations. Morgan¹ (1986) uses assumptions² to build upon knowledge and reality and uses metaphors³ in the study of organisations to explain organisational behaviour.

This paper examines, in part, the need to study the management style of a caring profession from a nursing perspective. I shall commence by asking three questions -

On promotion to an administrative position why do nurse administrators tend to be seen as not caring by their staff?

Why do nurses appear to adopt a management style that is the antithesis of their clinical practice style?

What identifies a caring manager from a non-caring manager?

This paper derives from, and is in response to, the main theme of many of the current articles and texts written about management practices, that is, for managers to see their staff as their most precious resource. These views are well documented in current management texts and yet how often do nursing staff comment - 'our managers do not care'. There appears to be some evidence^{4,5} that nurses cannot maintain values of caring if they strive to become effective leaders and efficient managers.

It appears that every day, both globally and locally, that there is some reference made to violence: violence between countries, violence in the home, streets, and on trains. It appears that violence is fairly pervasive in human society and so therefore it is good reason to suppose, or there are reasonable grounds to suppose, that there is no less violence in organisations. It appears to be the case that the violence within organisations could be as damaging to the individual as other forms of violence such as domestic and child abuse.

While the organisational setting may differ from other settings relating to violence, the interactional dynamics of violence within organisations focus on similar factors not unlike wife bashing, child abuse and neglect. One of the aims of this paper, is to shift the concept of violence as one of physical and verbal abuse to one of feelings, expressions,⁶ power abuse and control. This overcomes one of the problems encountered in discussing the concept of violence which is the immediate picture it conjures in people minds of physical and sexual assault.

PURPOSE

The main purpose of my doctoral study is to develop a theory of management that maintains the value of caring. A secondary purpose to this study will be to determine if there are any significant factors arising from pre- and post-administrative promotion or any traumatic pre- and post-employment experiences which contribute to organisational violence. It appears from other studies⁷ into the lasting effects of early child abuse throughout the life cycle that not nearly enough is known about the long term effects of maltreatment during the formative years of life. With very few exceptions, abused infants and children have not been followed through to adulthood.⁸

One American study by Hartman,⁹ investigating the perceptions of power of nurses who have and have not experienced child abuse, showed that of the sample of 159 female registered nurses, 26.41 percent had experienced child abuse.

Horsfall's (1991) paper on rates of wife bashing indicated that nurses, in Australia, may expect to work with female registered nurse's who are also victims of bashing.¹⁰

If Steele's¹¹ observation are correct that there appears to be a 'generational repetition of maltreatment' derived from child abuse it begs the question - what impact could this have on nurse administrators who have been abused?

What is not known for certain is if managers who have experienced some form of abuse at any stage of their life bring these experiences into the workforce. And if they do, are they repeating on staff what was done to them?

This paper is not about child abuse or wife bashing but it is important in the context of this paper to briefly explain organisational violence appearing to have similarities with domestic violence.

WHERE DOES ORGANISATIONAL VIOLENCE COME FROM?

I became aware of organisational violence in the late 1970s but it was not until the mid 1980s that I applied the concept of violence to what people were doing to each other as a consequence of their organised relationships. I observed jokes being played on colleagues that were perceived as being hurtful, for example, the student nurse sent to pharmacy for fallopian tubes or sent to another ward for a long stand. I saw jokes, such as signs on doors and walls, that were perceived by nursing staff as offensive. In most instances these jokes are done in fun and such jokes are seen as preliminary rites of passage which let the victim know, in some cases, that they have been accepted. These jokes are only one form

of abuse, and are probably seen by many people as an insignificant form of violence, if violence at all.

Questions are raised when attempting to identify where organisational violence comes from:

Why do nurses appear to adopt a business model of management and leadership? Is it because of the structure of nursing, or other factors such as: the practice settings; educational practice; gender balance; cultural, historical, industrial, economic, environment; or some unknown factor?

From this general question flows some specific questions:

Is there a significant difference in management styles of nurses who have and have not experienced abuse?

Is there a relationship between managers who have and have not experienced abuse?

Are abused people more likely to be attracted to administration as a way of having some control in their lives?

Is it a myth that caring and nursing go hand in hand?

At what level in the development of nurse managers does the caring quality begin to play a lesser role in nursing and why?

Do sexist assumptions underpin attitudinal change? If so, why?

Do nurses adopt oppressed group behaviour at management level, and if so, why?

One of the possible unknown factors could be that pre- and post-employment experiences relating to personal trauma lead nurses to adopt particular styles of management?

It appears that violence within an organisation acts in an insidious way. It is so subtle that many staff deny that it actually occurs as they have become so used to it (or conditioned) that they see this form of violence as the norm. Some even condone it whilst others tolerate it.

It is important to note at this point that I recognize the overt victimization examples, such as harassment, are covered by Equal Employment legislation.

ARE EMPLOYEES ABUSED BY ORGANISATIONAL VIOLENCE?

As discussed earlier, my working definition of organisational violence is the violence that is committed among people within the context of organised work and the workplace. From informal discussions with nurses who believe they have experienced organisational violence, and from my own observations, it appears to derive from managers who abuse power by being patronising, contemptuous, not consultative, obstructive to promotion, and who prevent staff achieving their goals. In addition their actions, debate and opinion appear to be based on people and personalities and not on issues. These observations will be, or will not be, confirmed in the study. All these examples have been said to have caused emotional stress in staff and yet when challenged perpetrators, in this context managers, usually presents stories that are both credible and acceptable. It appears many of the actions of managers have similarities with those of wife and child abusers. Ptacek¹² (1989) observed in wife battering cases that:

When an individual whose behaviour is regarded as socially unacceptable is questioned about such behaviour, the individual's response may be called an account. Accounts represent a complex of anticipated judgement, face saving, and status negotiation.

Scott and Lyman¹³ distinguish two types of accounts, excuses and justifications, where

An excuse involves admitting that what occurred was disruptive, but an attempt is made to show that this was not intentional and, therefore not reflective of the account giver's personality. A justification is an attempt to show that the act in question was not wrong in the first place.¹⁴

In other words perpetrators, for example managers, abrogate responsibility for their actions by rationalizing their actions by making accusations about employees. Managers label their employees, for example, disruptive, disloyal, and dishonest. In such circumstances it is difficult for employees to respond. And yet, failure to respond makes it worse, for to countenance the action is to reinforce the behaviour. It appears, even when the activity is reported to senior management, that their response is very similar to that used in child bashing and wife battering cases, that is to neutralize the situation. One of two strategies may be implemented - firstly, the perpetrator (manager) uses other tactics and ploys such as "I will resign" which according to Margolin¹⁵ 'norm-breakers can use to gain some measure of forgiveness includ[ing] apologies, expressions of sorrow, self-flagellation ...'. Secondly, the victim, (employee) or the

perpetrator, (manager) are removed from the scene. This action may initially reduce the tension but in reality it does not resolve the problem. Why do managers react in this manner? How can it be prevented from occurring again?

Although in most cases of oppression the dominant groups look and operate differently from the subordinate group (i.e black versus white; men versus women),¹⁶ in this discourse the same does not necessarily apply, because one of the major problems with organisational violence is the inability to always identify the perpetrator because usually they are of the same sex, the same colour and probably dress the same. The concept of warfare in nursing is not new. Bowman and Culpepper,¹⁷ documented the divisiveness in nursing and discussed 'horizontal warfare' as 'a safe way to release tension when the actual aggression is meant for the oppressor'. That is, by using the psychological defence mechanism of displacement, where the impulses aroused by one person or situation are shifted to a safer target such as their colleagues, partners or children.¹⁸

DO ORGANISATIONS SURVIVE ON ORGANISATIONAL VIOLENCE?

It is well recognized that health care systems are predominantly staffed by females who fill subordinate positions. If an assumption is made that nurses and women fit the category of an oppressed minority group¹⁹, then one conclusion could be that the deliberate use of power by managers, is intended to keep nurses under control or to keep them organised.

Strauss²⁰ identifies the power of the military, police and other government practices. He claimed that:

examples of governmental violence provide powerful models for the behaviour of individual citizens. They form an important part of an even more general normative system, which holds that violence can and should be used to attain socially desirable ends.²¹

If this statement is true it raises the following questions: from whom do nurse administrators obtain their behaviour? Is it learnt? Who are the powerful models of nurse administrators?

WHAT PRICE DO INDIVIDUALS PAY FOR ORGANISATIONAL VIOLENCE?

The phenomenon of the value of caring at management level within the health care context has not featured significantly in literature or empirical research. A review of literature from sources such as CINAHL and ERIC did not reveal a major focus on the role of caring at management level. However, there are numerous texts and articles on a variety of leadership and management styles that

make reference to human relations within the working environment.^{22,23}

My own observations over the past decade suggest that organizational violence is not being discussed because it either shows the victim in a bad light or may give others ideas. It is common for victims to blame themselves and it is common for perpetrators to intimidate the subordinates by stated and unstated threats. There are similarities in this behaviour with domestic violence and although speculative, if the same amount of research, publicity and funding that currently goes into investigating other forms of violence went into organisational violence, the impact on government organisations and society could be far reaching. For example, Ferguson²⁴ observed that 'bureaucracies have a tremendous capacity to hurt people, to manipulate, twist, and damage human possibility'.

CAN ORGANISATIONAL VIOLENCE BE ARRESTED AND AT WHAT PRICE?

Ferguson's suggested strategy against negative bureaucratic behaviour is to look for group action. The same or similar strategy against organisational violence in other organisational structures, not necessarily bureaucracies, could also be applied. Ferguson states that

This cannot be done by individuals in isolation, because they are too vulnerable to organisational retribution and they lack the base of mutual support that gives them energy to have sentiments of resistance. But a substantial number of people acting together can help to protect and support one another, forming a group that, at its best, can function as a cross between a consciousness-raising group and a union.²⁵

It is very easy to write and talk about how to control organisational violence; but just as battered women may have difficulty in walking away, so may some employees.

Some strategies have been developed in the field of domestic violence which could be applied to organisational violence. They are:

Do not support this violence in any way.
Do not be intimidated.
Bring it out in the open.
Remember some one has to make a stand; if you are afraid, find other people with supporting evidence because you can bet you are not the only one to whom it has happened.²⁶

Turning to looking at organisational violence in a legal context.

Although legislation such as the Anti-discrimination Act has been implemented, it appears from observation that legal options are not often taken up, probably for the same reasons that some wives do not prosecute their husbands.²⁷ One of the extreme examples of organisational violence appears to be to threaten to take one's life ambition away from them. For example, nurses who have invested years into reaching particular positions then not being promoted and told to look for jobs elsewhere. This raises questions such as:

What has been said or implied to selection panels that has given them the idea that nurses are not worthy of the promotion?

Has it been implied, by non-verbal actions, to selection panels that these nurses are unworthy of promotion?

Why do these nurses not take it further?

Why do these nurses not seek legal action?

One possible legal action nurses could take is a case of defamation. According to Fleming²⁸ a defamatory statement is one which 'may be defined as one which tends to lower a person in the estimation of his fellow men by making them think less of him'²⁹. The three elements for a defamation action are that the statement must be (1) defamatory, (2) published, (3) referred or identifiable.³⁰

In the Queensland Defamation Ordinance, for example, (based on the South Australian Statute) the definition of defamatory matter includes the phrase 'he is likely to be injured in his profession or trade'.³¹ The same premise for organisational violence could apply for defamation, as the results of managers' actions can be considered just as damaging.

MacKinnon³² observes that 'words cannot constitute harm in themselves...'³³. In other words the words themselves may not be an act but an indication of attitudes. For example, MacKinnon asks the question: 'Is a woman raped by an attitude or a behaviour?'³⁴ and concludes that the law makes the distinction when the 'consequences were seen to matter. . . . When words are tantamount to acts, they are treated as acts'.³⁵

There are legal solutions for words in the workplace - slander and defamation. There are legal solutions for action in the workplace - the Anti-discrimination Acts. The use of the legal system in organisational violence is still to be tested.

There are probably many solutions to organisational violence once people start admitting to its existence, talking about it and raising their consciousness. My solution to the problem is to undertake research into its existence, and if it does, explore reasons why it

occurs and how to resolve the problem. My research question is:
Can Nurses Lead, Care and Manage?

SUMMARY

The primary purpose of the study is to develop a new practical theory of management for nurses which maintains the value of caring.

A preliminary conclusion derived from initial feedback from nurses is that caring management practice is very important. This is indicated by treating employees justly, equitably and fairly whilst enunciating and practising values that recognize an employee's worth.

The initial responses during informal conversations with registered nurses have shown a variety of suggestions to minimize or to remove organisational violence from the workforce. For example, among the responses were: attitudinal changes, such as being less shallow and arrogant and being more sensitive need to be considered. A return to standards of ethical behaviour need to be incorporated within one's own code of conduct. Efforts to choose positive communication and actions among employees will encourage a non-violent and creative working environment.

THE CURRENT PROGRESS OF THE STUDY

Since the beginning of 1991, exploratory work pertaining to the study has been undertaken. Although it is much too early to make definitive conclusions one interesting aspect that continues to be noted is the similarity between some manager's observed activities and reported activities of domestic and child abusers. The initial contact with nurses have illuminated various issues that need to be followed up in the study.

I entered this study with the preconceived idea that most nurse administrators are caring. An unexpected outcome of the early stages of this research is an apparent high incidence of organisational violence amongst nurses.

My preliminary investigation have identified a feeling of emotional bankruptcy amongst nurses. They appear to believe that they are working in a hostile, dysfunctional, and toxic environment.

It is anticipated at the end of this study that a management style for a caring profession such as nursing will be developed and serve as a body of knowledge that will assist future managers in providing role models and mentors for their staff and colleagues.

Finally, I leave you with this, if we cannot treat our colleagues in a caring way how can we expect to give our patients quality care.

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- 6 The Collins Australian Pocket Dictionary. defines violence as: a great force of strength as in action, feeling or expression.
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- 17 Bowman, R. & Culpepper, R. 1974 'Power: Rx for Change', *American Journal of Nursing*. 74:1054-1056 (cited in Roberts, S.J., 1983 'Oppressed group behaviour: implications for nursing', *Advances in Nursing Sciences*. July. pp. 21-30.).
- 18 Morgan. op.cit.p.206
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- 21 *ibid.* p.200.
- 22 Hodgetts, R. 1987 *Effective Supervision and Practical Approach*. U.S.A.: McGraw & Hill.
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- 24 Ferguson, K. 1984 *The Feminist Case Against Bureaucracy*. Philadelphia: Temple University Press. p. xiii.
- 25 *ibid.* p.209
- 26 Brown, M. 1988 'Dealing with actual or threatened violence'. *The Journal of Clinical Practice, Education and Management*. Oct; 3(30):17-9.
- 27 Scutt, J.A. 1990 *Women and the Law*. Sydney: The Law Book Co. One quarter of the random sample surveyed, including men and women, did not class a husband frightening his wife as violence; one in six did not class threatening to hit as violence, and one in ten did not consider it violence for a husband to push and shove his wife. ...More than half (57%) considered it can be justified for a man to yell abuse at his wife. One in five thought threatening to hit can be justified, and ...six percent said there can be justification for extreme forms of violence, including a husband threatening or using a weapon on his wife. p.460.
- 28 Fleming, J.G. 1987 *The Law of Torts*. Sydney: Law Book Co. p.501.

29 NOTE The use of sexist language in this and all subsequent usage of
sexist language in
quotes is noted.

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31 op cit. Fleming, 1987 p.502

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Cambridge,
Massachusetts:Harvard University Press.

33 ibid. p.206

34 ibid. p.206

35 ibid. p.206