DEVELOPMENT OF THE EMERGENT THEORY IN FOSTERING CARING AND LEADERSHIP RESILIENCY IN TIMES OF PUBLIC HEALTH EMERGENCIES

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Abstract

Nurse Leaders managing hospitals and healthcare facilities are challenged with their traditionally inherits of caring and resiliency. Their nursing philosophy of caring and resiliency tested their leadership abilities and scope of their governance in managing their clinical units. Nurses are becoming sick and resulting positive with rapid test kits on the disease. Others are resigning from their posts to protect their families and significant others. The nursing shortage is becoming evident and being felt by nurse leaders. Their leadership and governance were caught unaware of the existence of these global disease outbreaks leading to countless works and untiring delivery of holistic care among patients with COVID19 cases. As regards, the paper focuses on the construct of emerging theory in caring and resiliency among nurse leaders holding the highest position in the nursing service meeting a lot of challenges in the new normal of their praxis on nursing management during the pandemic crisis. As front-liners in the healthcare system experiencing a pandemic crisis, fear, anxiety, and their psychological well-being are at risk while burnout and compassion fatigue are at stake to be observed. It is high time for nurse-leaders to revisit their leadership and management programs to ensure that they are creating a cross-cultural environment where nurses foster holistic caring and resiliency.

Keywords: *Caring; Resilience; Nursing Leadership, Self-care, Theory Development*

Introduction

During the COVID19 pandemic crisis, most of the hospitals felt the reluctance of healthcare workers and most especially the nurses. Nurse managers were challenged to do staffing and even more having scheduled for their clinical duties at the bedside instead of the nursing shortage. Increased nursing turnover rates and evident nursing shortages are prominent challenges even before the outbreak emanated in the health care systems. Ensuring nursing resilience and preventing burnout are significant to the nurse leaders (Wei, Roberts, Strickler, and Corbett, 2019). Fostering nurse resilience is a process and an effort in delivering holistic caring. Thus, emerging model creates open culture to establish a sound caring and leading atmosphere in public health

emergencies. Nurse leaders are instrumental in creating an environment that is resilient and caring advocate among nursing staff. It is a fact that the improvement of patient outcomes is evident when nurses foster resilience. Seamlessly, whatever strategies have been done, nurse leaders have major roles and big responsibilities to endure best practices and enable evidence-based strategies to ensure holistic nursing care and facilitate the promotion of nurses' resilience

Review of nursing literature and studies suggested that nurses are more likely to become trustworthy in the organization especially in times of crisis, having high levels of productivity and good performance in the bedside ensuring quality delivery of care (Bowles, Adams, Batcheller, Zimmermann, & Pappas (2018) but during the outbreak, nurses and nurse - leaders were challenged toward their commitment to the organization. Their behaviors showed inconsistencies and fear of becoming contaminated with the virus. Hence, no reasons to feel apprehension and not performing their jobs and countless works.

Over the past month, nurse leaders are thrilled about the operations and managing their departments not only in the Philippines but also around the world. The role of nurse leaders is not just to man or act through ministerial functions in operating their roles but showing caring and resiliency would matter. Their strategy of coping will promote strong leadership and governance and at the same will foster caring and resiliency that will give more opportunities for the nursing community not only in the hospitals but also in the referral networks in the healthcare system.

The key concern about the amidst of COVID19 is that nurse-leaders were not formally trained to manage resiliency unless they acquire it by their seasoned experience. Hence, their efforts and amount of passion they are extended in times of pandemic crisis is not tantamount to any amount of money or remuneration. What they had experienced in times of crisis is to bend over the existing policies to adapt to the current scenario.

Nurse-leaders especially Chief Nursing Officers or Director for Nursing are now in the position to put forward their assumptions just to alleviate the situation at the frontline but must ensure they still foster caring and resiliency. Moreover, this experiential learning shall make them stronger and believe that caring is not beyond resiliency or either not a scientific race to track the root cause of the coronavirus but instead is a simultaneous leadership intervention that would maximize the capability not only the leader but also the whole organization. Thus, influencing best practices of care for patients having the disease.

Nurse leaders should take this opportunity to team-up with other leaders from other disciplines. This crisis has speeded and enabled them to serve as a catalyst and move faster than during any previous outbreak of the pandemic crisis. There is huge energy stemming from the nursing community to explore the best management practices in handling COVID-19 disease. Thus, this research note attempts to explain the processes and means of fostering caring by the nurse leaders and at the same time showing observable resiliency in managing their nursing service.

Purpose

The purpose of this paper is to describe the development of emerging theory in fostering caring and leadership resiliency among nurse leaders in the hospitals. The theory aimed at describing and explaining the fostering caring and leadership resiliency in the nursing management practice of nurse leaders at moments of caring encounters in times of public health emergencies like global crisis.

Definition of terms

Fostering Caring is the expression of care between the nurse and nursed (Boykin and Schoenhofer, 2001) within the leadership relationship during caring situation like public health emergencies. A caring encounter is much like caring between caring moment (Watson, 2010), co-creating moment (Locsin, 2015), and caring encounter (Tanioka, 2017).

Caring Encounter is the meeting of the nurse and nursed which the caring resiliency and leading resiliency process unfolds caring situation.

Caring Situation is the event revealing nursing through an aesthetic process in a one-of-a-kind nursing setting. As explained by Boykin and Schoenhofer (2001), a caring scenario is similar to a nursing situation.

Caring Leading is the expression of the nurse leaders as to their caring moments in times of public health emergencies.

Caring Between is "the meeting of a nurse and a nursed (entry into the other's world) in which personality is increased and nurtured" (Boykin and Schoenhofer, 2001).

Co-creating Moment is the nursing encounters between nurse and nursed in momentary related, in which nursing is transpiring as knowing humans as caring. In any context, such as a chaotic, hostile, inhumane healthcare environment, the nurse and nursed can engage in cocreating moments (Watson, 2010).

Caring Moment entails "both the nurse's and the other's activity and choice." The option to choose how to be in the moment, in the relationship—what to do with and in the moment—presents itself to the two at the time of coming together (Locsin, 2015).

Nursing encounter is the human nurse and human patient, as well as the humanoid robot and patient—a technology engagement—are the main point of commitment between nurse and nursed (Tanioka, 2017).

Nursing Situation is "A shared lived experience in which the nurse and the nursed strengthen each other's personhood. When a nurse engages in any circumstance with a nursing focus, it is referred to as a nursing situation (Boykin and Schoenhofer, 2001).

Methodology

Nursing concepts and theories are understood as significant and relevant the same term as to the developing theories but sometimes being taken for granted. Thorne (2019) explained that this delineation often illustrates that nurses "participate in a skewed, partial, or watered-down version of the scientific enterprise," because the term nursing science has been frequently used to emphasize theorizing in nursing, rather than formalizing scientific investigations.

This study used Walker and Avant (2005) strategies in theory development. It includes theory synthesis, theory derivation and theory analysis. The three processes of theory synthesis are specifying focal concepts, researching the literature to uncover aspects linked to the focal concepts and relationships, and finally structuring concepts and statements into an integrated and efficient representation of the phenomena of interest.

The technique of theory derivation is to create theories from groups of concepts that are connected but lack a structural way to communicate these relationships. A parent theory is chosen and used in theory derivation, whereas theory analysis is an approach for determining the necessity for further development or redefinition of the original theory. Walker and Avant (2005) defined the parts of theory construction as concept, statement, and theory, as well as the methodologies to theory construction as synthesis, derivation, and analysis. However, a number of idea formation processes are provided in theory development, and concept analysis is most familiar in concept development techniques such as those developed by Chinn,

Chinn and Kramer (1991) and Walker and Avant, which are based on Wilson's (2009).

Discussions
Nurse Leaders Caring Strategies to Foster Resilience

Nurse leaders are consistently finding ways or mechanisms to help nurses acquire their resilience to fight possible burnout and compassion fatigue as their primary caring strategy to foster nurse resilience. Thus, making them foster their caring and resiliency by attributing positivity, deep connections with others (patients, significant others, and colleagues), having a good imbibes of the physical environment that would induce teamwork, collaboration, and kindness to one another.

Creating an environment where positivity and strong interpersonal relationships foster caring and resilience is a crucial point to establish and maintain a healthy working environment for everyone and thus reducing possible burnout and compassion fatigue. The rapport and teamwork of nurse leaders and staff nursing are imperatives to their satisfaction and to improve efficiency in delivering quality of care to patients with resiliency (Wei, Wei, Brown, Buck, & Mill, 2018).

As regard, the integration of positivity is much evidence of the physical environment in any healthcare system. Application of positivity in the bedside will promote opportunities to assist nurses to purposely deliver their duties and posts effectively. Likewise, a platform to help nursing staff and their respective nurse leaders to look for their best caring strategies and exists as a therapeutic agent around them at the bedside.

Any person when experiencing stress tends to have a narrowed focus, negativity inclined to their physical environment, and limited space of understanding (Fredrickson, 2001). Best benchmarks as practiced, "Three Good Things," "Paying it Forward" and "Practicing Gratitude" result to great opportunity to sustain optimal positivity and good attitude at work. Thus, ultimately building caring nurses and at the same time resilient nurse leaders. A workplace is like a home that is of positivity to the working environment which can be impactful to the outcomes that they may serve in the nursing service. (Roberts & Strauss, 2015; Wei, Wei, et al., 2018). Nurse leaders forester caring by extending their hopes and great vision to achieve healing of their patients and acquire resiliency through their efforts in making their works efficiently with compassion.

Forging social networks and linkages to foster leadership resilience

To foster nurse leadership resilience, social networks through interactions, and interpersonal relationships are fundamentals in the workplace. This focuses inclination to build deep social connections that will provide the opportunity to make teamwork and collaboration stronger. Thus, reducing stress and possibly improve the well-being of the nurses and nurse leaders (Soler-Gonzalez, San-Martín, Delgado-Bolton, & Vivanco, 2017). Positive deepened connections among nurses and other professionals can be achieved by showing work-life balance despite the outbreak. Positive interventions like

Prayer meetings through round table discussions could enhance gratitude and altruism among them. Nurse leaders may also improve their caring skills in managing their staff and fully understand their behavior at the bedside to deliver their care plan with resiliency. Nurse leaders should provide an opportunity for their staff to speak with them privately to optimally provide an avenue where nurses can express their plight in handling patients with COVID19 cases without judgment. The level of care being rendered to cases of pandemic crisis is all new to both nurses and nurse leaders but their coping skills to discern what particular approach is

necessary and relevant to the needs of the patients vary to their level of resiliency.

Moreover, mentoring relationships provide a platform to make the deepened social connections stronger and nurture its growth among nursing staff. Likewise, in harnessing their level of commitment and personal satisfaction are predominantly important and significant in the improvement of their level of loyalty and potential reduction of turnover among nursing staff. (Halfer, 2011; Soler-Gonzalez et al., 2017). This research note understands the fact that nurse leaders utilize the optimal state of nurses' strengths to ensure best care at the bedside and promote resiliency in the organization.

Exploring Strengths-based leadership as the style in managing caring and resiliency

A leadership style may emerge in times of global crisis that would guarantee the promotion of engagement and satisfaction among the nursing staff and nurse leaders. This may pertain to a strengths-based leadership approach (Seligman, Steen, Park, & Peterson, 2005). This philosophical framework had gained attention and serve as a powerful influence to improve the state of nurses and nurse leaders. This approach focuses on the strengths of leaders rather than their weaknesses to portray the optimal roles at the bedside and managing their nursing service units. On the other hand, this leadership style may not be tested in the context of the Philippine setting but is already observed at the bedside for many years.

Seemingly, review of research studies has demonstrated facts that strengths-based leadership can influence to more institutional commitment, personal satisfaction to their jobs and clinical duty assignment, productivity in their performance and organizational citizenship in terms of their dedication and loyalty which promotes positivity and deepened social connections as well (Lavy & Littman-Ovadia,

2017). Knowing one's strength may provide opportunities for nurse leaders to assess the level of engagement of the nursing staff and making them more involved in the clinical work that focuses on their best traits and characteristics establishing positive change for the nurses, patients and to their organizations. Nurse leaders create an avenue to tailor fit the nursing staff mechanisms on their caring strategies and level of resiliency. Thus, increasing their level l of motivation and at the same time avoiding burn out and compassion fatigue.

There are four main concepts in nursing needs that entails the concepts of caring and resiliency in nursing leadership. These concepts provide the basis of nursing programs and clinical leadership skills necessary for the practice, such as good governance and shared-decision making. These concepts fully view the individuals as are human being (the patient as a whole person), environment, health and nursing.

Caring and Resiliency in Times of Global Crisis

The concept of a person in this philosophical construct is all nurses are comprises of different understanding of caring and resilience as nurse leaders to ensure holistic delivery of healthcare programs and care plans. This includes physiological, psychological, ecological, technological social, physical and spiritual areas of patients' life in its bigger perspectives. It also includes cultural dimension that would warrant their innate characteristics. It is beyond understanding the patients' condition but instead the holistic characteristics as essential modality of caring. Thus, resiliency may attain in times of global crisis.

In terms of environment, a patient's surrounding must become therapeutic and it includes how it will be processed in spending time and daily activities. It is another major concept in nursing that could influence patients' conditions in terms of their status and graduate

progress. Making them aware on the cure from the environment could help them see the bigger picture of their caring needs and able also to manifest conduct that healing as per the environment would become impetus of caring toward resiliency. Nurse leaders who couldn't provide a good environmental atmosphere to access the needs to access health care and become more optimistic in the patients' prognosis. A therapeutic environment could play a proper care in the speed up recovery of patients.

The third concept in nursing paradigm is Health. Nurse leaders must also be continuously aware of the health needed by the service of care. Most of the time nurses are focused on the complaint of patients but nurse leaders must be able to acknowledge the needed caring skills for recognition. This is vital in leadership that could address the services being delivered by nurses. Balancing score cards on the census of care would be a great help to undermine the health concerns of patients and caring they will be needing toward resiliency.
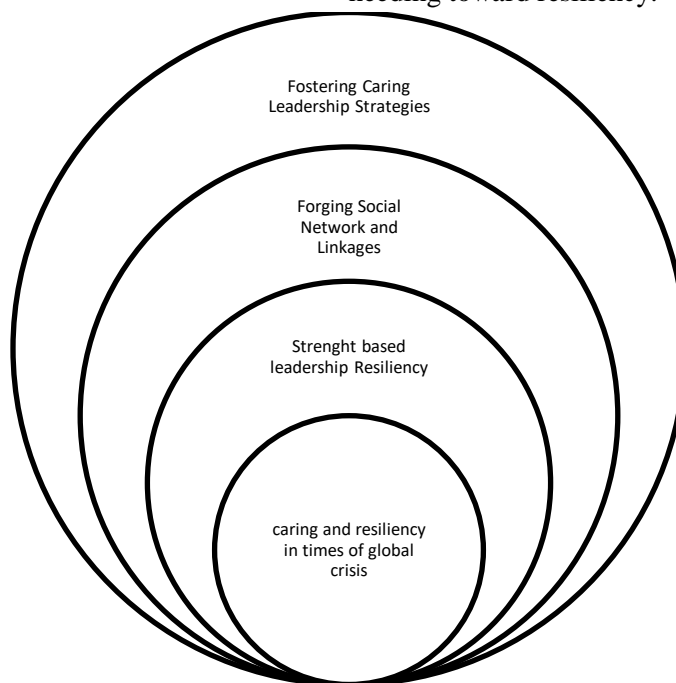

Figure 1: Emergent Theory in Fostering Caring and Leadership Resiliency in Times of Public Health Emergencies

Lastly, the fourth concept is the modality of nursing as a philosophy, science and art. With this, it includes learning leadership, good governance, shared decision making and other related approaches in delivery healthcare services would warrant in terms of their policies and level of implementation in the bedside. It also involves learning by doing ethically and able to understand the integration of resiliency in their leadership. Thus, quick reason skills and sound judgment clinically may be provided.

Nurse leaders foster caring strategies and resiliency in an irreplaceable role in ensuring a therapeutic working environment for nursing staff and clientele. Their efforts and patience had helped them overcome obstacles and barriers in managing their nursing services in handling cases of COVID19. As one of the nurse leaders claimed that life and work must be balanced out of stressors because anytime may not become favorable to any side (Dela Rosa and Maniago, 2018). Work-life balance is not easy to achieve but with resiliency, they tend to

Synthesis and Implications

become more adaptive in their psychological capacity.

Nurse leaders may find difficulty in managing stressors for nurses and their respective units but with the teamwork, collaborative efforts and strong foundation of support from nurses would encourage them to ensure self-care and perform in accordance and beyond of their duties and responsibilities (Shirey, 2017; Wei, Wei, et al., 2018). Nurse leaders are aware as descendants of Florence Nightingale, the mother of modern nursing that foundations to build resiliency is through having a nursing workforce that would imbibe caring as their core value.

Nurse leaders recognized the value of becoming mindful as an intervention in ensuring caring and resiliency are observable most of the time. A study revealed that mindfulness interventions cultivate non-judgmental awareness in the setbacks of challenges, difficulties, and even barriers in managing COVID19 cases. Thus, it became a point of reduction of stressors as nurses improve their well-being and capacity to work optimally with a work-life balance. (Halm, 2017). This leadership effort enhances the focus on mindfulness that ensures attentiveness at the bedside and promoting a therapeutic nursing environment that is impactful to the safety and effectiveness of patient care. In addition, Liu, Sun, Liu, and Dela Rosa, (2023) revealed in their study that fostering care and resiliency are both evident during the transitional care of services. Nurses are representing a better level of transitional care services; nonetheless, the results are not typical of the degree of quality transitional care that is provided in secondary hospitals or in communities, which shall be further improved (Sun, Liu, Wang, Zhuansun, Xu, Qian and Dela Rosa (2023).

The context of human caring of nurse leaders plays a fundamental role in building leadership resilience through their kindness ("pagiging Mabuti") especially when they provide flexible schedules, actual recognition, valuing the nurses' efforts even in a very little way and highlighting their rendered caring strategies. Thus, promoting altruisms that their nurse leaders convey. Also, as reiterated in the science of unitary caring model that leadership in nursing should not be process-oriented, but comply a humanistic exemplary and be an influential force that unites the context of human-to-human and human-to-environments (Watson, Porter-O'Grady, Horton- Deutsch, & Malloch, 2018).

Nurse leaders' actions have a ripple effect on nurses' actions and experiences (Watson et al., 2018). Nurse leaders' decision influence nurses' judgment which then affect patient care, significant others discernment and related experiences (Wei, Roscigno, & Swanson, 2017; Wei, Wei, et al., 2018). Nurse leaders are media in fostering growth of the nursing staff and establishing resiliency in the working environment. Thus, improving the usual way of caring for their patients through resiliency. This is also true to the study of Liu and Dela Rosa (2022) that nursing leaders must be able to lead the career maturity, career commitment, and job anxiety of domestic nurses because of the limitations to improve their caring abilities and resilience in times of global crisis.

Nurse leaders are not just instrumental in creating a resilient nursing workforce but the prime mover in delivery caring and quality service-oriented. The increasing turnover rates among nurses, shortage of nursing professionals working in the hospitals, and the stigma of handling patients with COVID19 cases compose the barriers and challenges among nurse leaders in the times of global crisis. A validation of these concepts to ground a theory is wanting.

Conclusions and Recommendations

To sum up, because of the nature of the nursing profession rendering their pledged to

Nightingale, often facing death and dying, nurse leaders are at risks to endure their nurses burnt out leading to compassion fatigue. Thus, facing emotional exhaustion at the end. Ensuring caring at the bedside would become imperative in the promotion of nurse leadership resilience to reduce the stressors of nurses. Providing excellent patient care and maintaining the vision and mission of the organization would warrant their financial health and strategic objectives. The identified strategies to foster nurse leadership resilience will not only impact the nursing staff but also improve patient outcomes employing caring at the bedside toward its purpose. It is becoming increasingly vital to work on improving the capacity of family units to withstand strain as the average age of the population continues to rise. This study draws on previous eco-system theory research, which systematically elucidates the components that determine household resilience. The goal of this research is to give a reference for clinical practice and subsequent nursing research (Yang, Yang, Dela Rosa and Cui, 2023).

Nurses allot more time with patients than any providers in the hospitals and considerably account for more responsibilities to their nurse leaders. With nurses' long hours of work during the crisis amidst extra effort and courage to engage in making their patients cared. The managerial processes of nurse leaders must be revisited in the midst of the new normal to ensure relevance and quality delivery of nursing care. With that, caring and resiliency foster as a fundamental part of the culture in nursing.

It is then recommended that this emergent theory in fostering care and resiliency shall be seen in the job description of nurses at the bedside and even other nurses in different scope of practice. On the other hand, it processed the nurturing skills of nurses to become more adaptive in times of crisis.

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