CARING THEORY IN CORRELATION TO HOSPITAL ORGANIZATIONAL CULTURE TOWARDS A SUSTAINABLE HOLISTIC PROGRAM FOR NURSES

Jennifer P. Reyes
RN, MAN, EdD.
Pamantasan ng Lungsod ng Maynila, Manila, Philippines
jpreyes@plm.edu.ph

Abstract

The study determined the significant correlation between the extent of attainment of the Caring Theory and extent of practice of characteristic of hospital organizational culture - Leadership Style, Managerial Values and Characteristics of Members, amongst 491 nurses from 5 government-funded hospitals in Metro Manila. It also showed: a very high extent of Caring attained by the nurses in terms of all the Caritas processes except the third; a very high extent of the Characteristics of the Hospital Organizational Culture Being Practiced as to Characteristics of its Members; and a high extent as to Leadership Style, and Managerial Values.

It was recommended that nurses: must be more sensitive to their needs and of others; sustain their caring attitude and observe well characterization of others; lastly to enhance their leadership style and managerial values; Hospital administrators must arrange for ideal nurse-patient ratio and give nurses the appropriate load that they can accomplish for the shift; They also have to create a culture of success and positive environment for their nurses and lastly they should use the Sustainable Holistic Program for Nurses to sustain their very high extent of practice of caring attitudes and enhance those that were not.

Keywords

Caring Theory, Caritas Processes, Hospital Organizational Culture, Sustainable Holistic Program for Nurses

1. Introduction

Caring can be viewed in multiple ways inside a healthcare industry. It can be an attitude or ability, an attribute or characteristic or a complex set of behaviors where people inside the healthcare facility identified themselves with. According to Watson (2008) it varies because of there are different combinations of people with different cultures; that they all have their own unique self that identifies their sets of knowledge and skills; but which are organized, predominantly for attaining quality patient care made possible through implementation of different authority and responsibilities. These caring activities around the hospital's hierarchical structure are made by different persons with different specializations in medical, technical and administrative sectors. This makes caring an inherently difficult concept to define especially the process of its implementation, however it is important to note that healthcare staff explore what caring is, in order to better understand what good care is, its impact on service users healthcare experiences and outcomes, and improvements.

According to Watson's *Caring Theory* in 1977, the ten (10) "carative factors" serves as guide for nurses. This term (carative) was used to contrast with curative factors. It attempted to honor nursing's work and the experiences of the patient they serve. Over time, Watson kept on enhancing these ten carative factors, now called ten (10) caritas processes. She described that caring promoted wholeness, healing, health and the process of evolving and growth for the individual and family. She even viewed these ten caritas processes as nursing interventions that describe and express the connection between caring and love.

The same caring concept mentioned above helps build the culture of the healthcare industries in terms of making relevant transformations for its entire healthcare staff that come into contact with healthcare service users. As Draper, Felland, Liebhaber, Melichar (2008) said, as healthcare professionals, nurses engage in direct patient care; when they do this, they positively or negatively influence the overall culture of the hospital; It can also be vice versa, like what Cortis (2000) said, that the manifestation of caring is also dependent on the professional culture. It is also suggested by Disch (2002) that a fit work environment nurtures a

climate in which nurses are confronted to practice their capability, skills and clinical understanding.

As the healthcare organization expands its horizon in terms of caring, it constantly develops different core sets of assumptions, understandings, and implicit rules that govern their day-to-day patient care activities. Here, the hospital organizational culture's role in influencing each employee's behavior appears to be increasingly important. Its shared meaning that conceptualizes a strong culture of caring ensures that everyone is pointed in the same direction. As a nurse, the researcher knew that nurses are part of the healthcare staff who constantly shares moments with the healthcare service users. Their daily interpersonal relation or interactions illustrates their caring attitude that endorses their professional identity within a context of their humanistic values.

2. Method

The study used the mixed-methods of research design to determine the correlation between the Caring Theory and Hospital Organizational Culture of 491 nurses from five government-funded hospitals in Metro Manila towards a sustainable holistic program.

According to Creswell et al (2003) utilizing this research design involves merging quantitative and qualitative approaches that uses traditional view, wherein concern was the human behavior like the perception of the hospital employees regarding the hospital organizational culture. Then, the researcher used the more recent view, which shares the rigor of the natural sciences and the same concern to explain human behavior; this approach therefore studies individuals in depth, using mainly qualitative techniques such as unstructured interviews.

3. Results

3.1 What Extent is the Caring Theory Attained by the Nurses?

Table 1: *Extents of Caring Theory Attained by the Nurses*

Carative Process	General Weighted Mean	Interpretation	Ranking
1. Embracing altruistic values and practicing loving kindness with self and others	3.64	Very High Extent	1
2. Instilling faith and hope and honor others	3.46	Very High Extent	3.5
3. Being sensitive to self and others by nurturing individual beliefs and practices	3.20	High Extent	10
4. Developing a helping-trusting-caring relationship	3.46	Very High Extent	3.5
5. Promoting and accepting positive and negative feelings as nurses' authentically listen to another's story	3.32	Very High Extent	7.5

6. Using creative scientific problem-solving methods for caring decision making	3.26	Very High Extent	9
7. Sharing teaching and learning that addresses the individual needs and comprehension styles	3.48	Very High Extent	2
8. Creating a healing environment for the physical and spiritual self which respects human dignity	3.32	Very High Extent	7.5
9. Assisting with basic physical, emotional, and spiritual human needs	3.41	Very High Extent	6
10. Opening to mystery and allowing miracles to enter	3.42	Very High Extent	5
General Weighted Mean	***3.40***	***Very High Extent***	

LEGEND:
3.25 - 4.00   Very High Extent
2. 50 - 3.24   High Extent
1.75 – 2.49   Low Extent
1.00 - 1.74   Very Low Extent

Table 1 illustrates the extent of *Caring* attained by the nurses, which is interpreted as very high extent, with a mean of 3.40. This indicated that the nurses in the locally-funded government hospitals have been practicing carative process number 1 into action. As supported by Watson (2008) in her works, these actions reminds the nurse that any encounter they have with patients can be considered a caring moment which depends upon their objectives that guides them. This proposes that nursing, individually and collectively, contributes to the preservation of humanity and seeks to sustain caring in instances where it is threatened. It also raises the development and expanding of humanity and serve to endure how patients adapt while in the hospital.

The highest response from nurses among the caritas processes was item number 1 with 3.64 as its mean and was interpreted as very high extent. This implied that the nurse-respondents have been practicing caring attitude that is unselfish. This also means that the nurse-respondents have altruistic values (feelings and acts) that commits to service of giving which brings meaning to the life of the patients and their interactions with other people. To support this is the statement from Watson (2005) who said in her works that this humanistic altruistic values offer the foundation nurses care for their patients and how they promote the greatest expert care.

The lowest among the caritas processes were item 3 with only 3.20 as its mean and interpreted as high extent. This indicated that the nurse-respondents were practicing this caring attitude however to some extent they were not so attentive to it. This means that the nurse-respondents were sensitive to self and willing to discover their feelings. However, there are times that they do not allow self-recognition and acknowledgement of their feelings, especially when it is painful and can affect their work. But despite these painful experiences and hardships, these nurses find ways to preserve their caring practice, thus nurses learn how to accept themselves and others, with sensitiveness on how they would adapt through it psychologically. To support

this is the works of Parandavar, Rahmanian, Jahromi (2016) which reported that nurse's commitment to professional ethics and self-concept leads to better performance and progression. This practice of caring is essential to the nurse and also to their patients; and it also basically tributes to how nurses find meaning of their work.

3.2 As Observed by Nurses, to what extent are the Characteristics of the Hospital Organizational Culture being practiced?

Table 2 shows the characteristics of the hospital organizational culture being practiced by the nurses, with a mean of 3.12 and interpreted as high extent. This implies that most of the practices in the hospital characterized their organizational culture; however there are times that they cannot practice it because of different concerns which need immediate actions like dealing with life or death matters where nurse need to make a choice between what to do first or who to attend to first. When this happens, the hospital administration cannot simply impose values from the top down and expect results, unless the values are genuinely shared by the nursing staff and it makes sense to them. One example to illustrate this is when some top administration impose the policy of "no deposit, no service" to their nurses. In this critical situation, nurses are compelled to think critically, to abide by the hospital policy still have their jobs, or to care for the patient even without deposit and lose their jobs. Nurses simply think that they cannot move further on what to do next for all the movements will affect their future in the hospital as well as to the significant person/s that came along with their patients. This is why shared purpose is needed in a hospital (top administration considering the rank-in-file employees and their concerns about the policy that they make). When shared purpose is implemented among employees, it encourages them to trust each other and encourage behaviors that reflect this in their everyday activities. This is supported by the statement of Watson (2008) that the caring action of the nurses is always their choice. It is a moment where they find an opportunity to choose how to give care that makes them feel connected with other people spiritually; as such that it opens up new deeper possibilities for healing and connection amongst each other and their patients.

Table 2: *Characteristics of the Hospital Organizational Culture Being Practice*

Characteristics of Organizational Culture	Weighted Mean	Interpretation	Ranking
1. Leadership Style	3.15	High Extent	3
2. Managerial Values	2.93	High Extent	5
3. Organizational Structure	3.24	Very High Extent	2
4. Characteristics of Members	3.27	Very High Extent	1
5. Organizational Size	2.99	High Extent	4
General Weighted Mean	*3.12*	*High Extent*	

3.3. Is there a Significant Relationship between the Extent of Attainment of the Caring Theory and the Extent of Practice of the Characteristic of Hospital Organizational Culture?

3.3.1. Caring and Leadership Style

Table 3 illustrates the relationship between the extent of attainment of the *Caring* (from the first to the tenth caritas processes) and extent of practice of characteristic of hospital organizational culture - Leadership Style. This result is similar to the result of the study by Casida & Pinto-Zipp (2008) which discovered the relationship of how nurses feel about the leadership and organizational culture.

Table 3: *Relationship between the Extent of Attainment of the Caring Theory and Extent of Practice of Characteristic of Hospital Organizational Culture - Leadership Style*

	SPEARMAN'S RHO	P - VALUE	INTERPRETATION	RESULT	DECISION
1. Caritas Process 1 and Leadership Style	0.474	0.000	Moderate Correlation	Significant Relationship	Reject Ho
2. Caritas Process 2 and Leadership Style	0.306	0.000	Low to Moderate Correlation	Significant Relationship	Reject Ho
3. Caritas Process 3 and Leadership Style	0.492	0.000	Moderate Correlation	Significant Relationship	Reject Ho
4. Caritas Process 4 and Leadership Style	0.327	0.000	Moderate Correlation	Significant Relationship	Reject Ho
5. Caritas Process 5 and Leadership Style	0.550	0.000	Moderate Correlation	Significant Relationship	Reject Ho
6. Caritas Process 6 and Leadership Style	0.347	0.000	Moderate Correlation	Significant Relationship	Reject Ho
7. Caritas Process 7 and Leadership Style	0.593	0.000	Moderate Correlation	Significant Relationship	Reject Ho
8. Caritas Process 8 and Leadership Style	0.580	0.000	Moderate Correlation	Significant Relationship	Reject Ho
9. Caritas Process 9 and Leadership Style	0.537	0.000	Moderate Correlation	Significant Relationship	Reject Ho
10. Caritas Process 10 and Leadership Style	0.577	0.000	Moderate Correlation	Significant Relationship	Reject Ho
11. Overall Caring Attained and Leadership Style	0.553	0.000	Moderate Correlation	Significant Relationship	Reject Ho

LEGEND:

Coefficient r	*Relationship*
$\pm$ .00 to .20	Negligible
$\pm$ .20 to .40	Low
$\pm$ .40 to .60	Moderate
$\pm$ .60 to .80	Substantial
$\pm$ .80 to 1.00	High to Very High

The result is described as follows:

a. **Moderate, Positive Correlation** between caritas processes 1, 3, 4, 5, 6, 7, 8, 9, 10 and Leadership Style. They were statistically significant *p*= 0.000. These results can be attributed to the fact that leadership has a direct cause and effect relationship upon organizations and their success; and that according to Watson (2008) the caring attitude of nurses characterizes

their means as a leader which they choose to accomplish, in the intention of giving positive outcome for themselves and others which is very critical in cultivating an attentive, deliberate leadership practice. This is being observed moderately only by nurse leaders because currently hospitals have shortage of nurse, which also pose a challenge to the number of nurse leaders today (Sherman and Pross, 2010). This shortage made them have work overloads, and that despite the hardships of their workload they find ways to preserve the caring practice as they perform caring. In turn, happy and healthier work environments are created that generates greater innovation and better outcomes, which ultimately, are economically sound and socially responsible.

b. **Low to Moderate Correlation** between caritas process 2 - Instilling faith and hope and honor others and Leadership Style which is statistically significant with $p = 0.000$. This result can be credited to the fact that nursing is a science-based profession in which nurses with varied devotions and belief to God provides care to patients who also have differences in faith. (http://www.truthaboutnursing.org/news/2004/nov/scripture_scrubs.html#ixzz3B6tGvhOG).

In connection to the statement above, faith amongst different people means blend of many factors including differences in personality, characteristics, experiences and environmental influences. Because of this, the nurse-leaders must consider the multiplicity in religious beliefs as a part of the hospital culture. They should adjust their leadership style and methodology to every situation. They must display character / attitude that pose a positive effect on other people. This result is supported by the statement of the American Nurses Association Code of Ethics for Nurses, that nurses also considers the person's values and necessities in maintaining professional relationship with them; which is a fundamental norm for all nursing practice as it respect the worth, dignity and human rights of each and every individual (http://www.truthaboutnursing.org/news/2004/nov/scripture_scrubs.html#ixzz3B6stX25g).

3.3.2. Caring and Managerial Values

Table 4 reveals the relationship between the extent of attainment of the *Caring* (from the first to the tenth caritas processes) and extent of practice of characteristic of hospital organizational culture as to Managerial Values.

The result is particularized as follows:

a. **Strong, Positive Correlation** between caritas process 9 and Managerial Values which was statistically significant with $p = 0.000$. This result can be attributed to the goal of the nurse managers that is to provide an environment that is comfortable, where nurses can practice their capabilities while caring for patients. To support this is the statement of Watson (2009) that nurse managers consider the valuable needs of their nurses for them to become self-actualize. This is why, these managers, must also maintain what these nurses think, feel and believe.

Table 4: *Relationship between the Extent of Attainment of the Caring and Extent of Practice of Characteristic of Hospital Organizational Culture - Managerial Values*

	SPEARMAN'S RHO	P - VALUE	INTERPRETATION	RESULT	DECISION
1. Caritas Process 1 and Managerial Values	0.265	0.000	Low Correlation	Significant Relationship	Reject Ho
2. Caritas Process 2 and Managerial Values	0.255	0.000	Low Correlation	Significant Relationship	Reject Ho
3. Caritas Process 3 and Managerial Values	0.545	0.000	Moderate Correlation	Significant Relationship	Reject Ho
4. Caritas Process 4 and Managerial Values	0.359	0.000	Moderate Correlation	Significant Relationship	Reject Ho
5. Caritas Process 5 and Managerial Values	0.613	0.000	Moderate Correlation	Significant Relationship	Reject Ho
6. Caritas Process 6 and Managerial Values	0.429	0.000	Moderate Correlation	Significant Relationship	Reject Ho
7. Caritas Process 7 and Managerial Values	0.624	0.000	Moderate Correlation	Significant Relationship	Reject Ho
8. Caritas Process 8 and Managerial Values	0.662	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
9. Caritas Process 9 and Managerial Values	0.731	0.000	Strong Correlation	Significant Relationship	Reject Ho
10. Caritas Process 10 and Managerial Values	0.631	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
11. Overall Caring Attained and Managerial Values	0.611	0.000	Moderate Correlation	Significant Relationship	Reject Ho

a. **Moderate to Strong, Positive Correlations** between caritas process 8, 10 and Managerial Values. They were statistically significant with $p = 0.000$. This relationships illustrated above can be attributed to what nurse managers and staff nurses always think of; which is to ensure the safety of all users of their services. This is confirmed by the statement of Watson (2009) which says that nurses provides support and protection through the creation of a holistic environment that strengthens their self-concept and self-worth; in terms of the **moderate to strong**, **positive correlations** between "Opening to mystery and allowing miracles to enter" and Managerial Values, this can be attributed to the levels of caring that the nurses do. This caring by the nurse is manifested when he/she performs a simple task such as feeding breakfast to an elderly gentleman recovering from a stroke. The nursing act

of slowly feeding, while monitoring the man's cues ("Let me know if this is too hot"), and gently talking about his responses ("Hmm, looks like you don't care too much for sweet cereal, would you prefer toast?") incorporates all five caring processes. The act involves doing for (feeding him as he would otherwise have done himself), the unrushed timing conveys willingness to be with, and the observing and querying engages the man in his own care (enabling) while acknowledging that the patient's preferences and tastes matter (maintaining belief and knowing). In carrying out this seemingly mundane, simple act, the nurse has created an optimal environment for preserving wholeness (honoring the man's dignity and his worthiness to make decisions about his own care while leveraging mealtime as an opportunity to engage in a meaningful social encounter). In this example, the perspective of nursing was grounded in the philosophy of caring that sets the goal of nurses' work as healing the whole person and recognition that wholeness embraces biologic, psychological, social, and spiritual health. Through unconditional presence and intention, holistic nurses create environments conducive to healing, using techniques that promote empowerment, peace, comfort and a subjective sense of harmony and well-being for the person.

b. **Moderate, Positive Correlations** between caritas process 3, 4, 5, 6, 7, the Overall Caring Attained, and Managerial Values. They were statistically significant with $r_s = 0.545$, $p = 0.000$; $r_s = 0.359$, $p = 0.000$; $r_s = 0.613$, $p = 0.000$; $r_s = 0.429$, $p = 0.000$; $r_s = 0.624$, $p = 0.000$; $r_s = 0.611$, $p = 0.000$ respectively. These significant relationships can be traced from the fact that nurses have different management styles and when they do things, they usually consider other factors in order for them to work harmoniously with other people like their colleagues and patients.

c. **Low, Positive Correlations** between caritas processes 1, 2 and Managerial Values. They were statistically significant with $r_s = 0.265$ $p = 0.000$ and $r_s = 0.255$, $p = 0.000$ respectively. This result can be attributed to the fact that nurses care with kindness; serves with empathy and concern for their patients; and give love to others through making their life more meaningful. However, it is only low, positive correlations because when nurse's care, sometimes it becomes complicated that in some ways, their other duties becomes overrated. That is why when nurses are overloaded with their tasks, they sometimes forget that they need to communicate interpersonally as expected of them, thus there are times that they do not give frequent feedbacks and forget to make the nurse feel valued. Example of this

humanistic-altruistic system of values is when Nurse-Managers are busy at work that sometimes they cannot easily remember the names and uniqueness of each of their nurses.

3.3.3 Caring and Organizational Structure

Table 5: *Relationship between the Extent of Attainment of the Caring and Extent of Practice of Characteristic of Hospital Organizational Culture - Organizational Structure*

	SPEARMAN'S RHO	P - VALUE	INTERPRETATION	RESULT	DECISION
1. Caritas Process 1 and Organizational Structure	0.341	0.000	Low Correlation	Significant Relationship	Reject Ho
2. Caritas Process 2 and Organizational Structure	0.422	0.000	Low to Moderate Correlation	Significant Relationship	Reject Ho
3. Caritas Process 3 and Organizational Structure	0.415	0.000	Moderate Correlation	Significant Relationship	Reject Ho
4. Caritas Process 4 and Organizational Structure	0.440	0.000	Moderate Correlation	Significant Relationship	Reject Ho
5. Caritas Process 5 and Organizational Structure	0.377	0.000	Low to Moderate Correlation	Significant Relationship	Reject Ho
6. Caritas Process 6 and Organizational Structure	0.510	0.000	Moderate Correlation	Significant Relationship	Reject Ho
7. Caritas Process 7 and Organizational Structure	0.537	0.000	Moderate Correlation	Significant Relationship	Reject Ho
8. Caritas Process 8 and Organizational Structure	0.696	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
9. Caritas Process 9 and Organizational Structure	0.597	0.000	Moderate Correlation	Significant Relationship	Reject Ho
10. Caritas Process 10 and Organizational Structure	0.583	0.000	Moderate Correlation	Significant Relationship	Reject Ho
11. Overall Caring Attained and Organizational Structure	0.583	0.000	Moderate Correlation	Significant Relationship	Reject Ho

Table 5 divulges the significant relationship between the extent of attainment of the *Caring* (from the first to the tenth caritas processes) and extent of practice of characteristic of hospital organizational culture – Organizational Structure.

The result is described as follows:

a. **Moderate to Strong, Positive Correlation** between caritas process 8 and Organizational Structure, which was statistically significant with $p = 0.000$. This can be credited to the fact that organizations like hospitals can create a healing environment when they emphasize efficiency in performance as part of becoming outcome oriented. To be able to achieve this, they must invest in human resource management that provides a culture that strongly considers patient service orientation. In connection with this, nurses as part of the hospital organization's human resource, is a profession whose service is embedded in the fundamental task of caring and promoting human beings in their involvements in terms of heath and illness. If they were hired as part of the organizational structure, and selected as the "right" people to help the organization create a healing environment, and subsequently

socialized by the hospital administration into a practical culture of conviction, they will become more participative with developed countless commitment to patient service. To upkeep this finding is the works of NassarHala and Mohmoud (2011), who reported that nurse managers succeed by being flexible and adaptable to different situations that increase the quality of care. This is why they must recruit and retain sufficient nursing staff to ensure quality of care. *Moderate, positive correlations* between caritas process 3, 4, 6, 7, 9, 10, the Overall Caring Attained, and Organizational Structure. They were statistically significant with $p = 0.000$. These correlations indicate that there is solidarity built within the structure of the organization in terms of caring for people especially the patients. This means that the nurse-respondents has the ability to continue working efficiently and effectively on shared goals for the betterment of the organization, and that they are committed to the organization's mission and goals, and adopt fast reaction to variations in the environment in terms of caring for patients. They are sensitive to self and others, able to develop helping-trusting-caring relationship, can solve problems involving caring for patients, share knowledge on how to address individual needs, assist in meeting the needs of patients and other people within the organization and most especially able to give services that is in-line with the patient's spiritual needs. Their high-solidarity made them trust their administrators that they fairly treat them, based on worth, with subsequent promise and faithfulness to the organization. However, in some cases, there are those who are not willing to participate in this kind of unity, such that they feel they are not being treated fairly because of work overloads in the unit or too long work experience in the hospital but still on the lowest ranks. This is confirmed by the works of Aiken et al., (2002) that in some cases where nursing profession has been observed to have severe shortage in staffing, this solidarity means different. The rationale for this is the compromised healthcare delivery that decreased in quality due to insufficient opportunities to advance staff nurses and insufficient material resources.

b. **Low to Moderate, Positive Correlations** between caritas processes 2, 5 and Organizational Structure. They were statistically significant with $p = 0.000$; The low to moderate correlation between caritas process 2 indicates that the nurse-respondents or nurses in the organization were trained to understand each other in accordance to how they think and care for them especially during implementation of different health services. This is corroborated by the statement of Watson (2009) that encouraging faith and hope and glorifying others is usually considered to be how the nurse finds their drive for the sake human existence, making them

attempt for oneness with self and others while working within equilibrium with the rest of the world; The low to moderate correlation between caritas process 5and Organizational Structure, specifies that in the structure of the organization, the nurses are also trained to communicate and interact with people within the organization especially their patients. This is very valuable especially that nurses are the most constant companion of the patient who is shy and timid to assert themselves and their ideas about how to be in the hospital. This is also supported by study of Ball et al (2013) which reported that the general ward nurses mostly presume work that is over their capabilities that is why they cannot accomplish it on time; this includes adequate monitoring of patients.

a. **Low, Positive Correlation** between caritas process 1 and Organizational Structure, which was statistically significant with $p = 0.000$. This correlation is almost the same as the above situation, which indicates that the nurse-respondents were able to hold unselfish standards and exercise affectionate compassion with self and others but only to a minimum. This is also supported by the same idea above that nurses were so busy that they forgot to share themselves whole heartedly to their patients the reason why the interpretation is low only.

3.3.4. Caring and Characteristics of Members

Table 6 shows the relationship between the extent of attainment of the *Caring* (from the first to the tenth caritas processes) and extent of practice of characteristic of hospital organizational culture – Characteristics of Members.

The result is expanded as follows:

a. **Strong, Positive Correlation** between caritas process 8 and Characteristics of Members, which was statistically significant with $p = 0.000$. This correlation can be traced from the goal of this caritas process which is to provide a healthy environment that uplifts self-concept and self-worth of nurses. As a nurse, becoming holistic is one of their characters that connect their mind, body and spirit especially when helping a patient or client to recover. They provide options and alternatives regarding health and treatment as preferred by the individual or family. This is to assist them in finding meaning of their health situation. This can be best illustrated in terms of the environment created by the hospital settings where patient's (also some staff and family members) personal preference of clothes, food, ambiance and support becomes limited. In situations like this, nurses are the ones that create a different feeling of healing; they are the ones that consider the patient's preferences in terms of their needs. They create an optimal environment while preserving the wholeness or sense of self-worth of the

patients; making them partners in decisions about their own treatment regimens. This is supported by the statement of Watson (2009) which says that nursing care creates a very comfortable environment that meets the client's needs and satisfaction as they heal from their illnesses.

Table 6: *Relationship between the Extent of Attainment of the Caring and Extent of Practice of Characteristic of Hospital Organizational Culture - Characteristics of Members*

	SPEARMAN'S RHO	P - VALUE	INTERPRETATION	RESULT	DECISION
1. Caritas Process 1 and Characteristics of Members	0.380	0.000	Low to Moderate Correlation	Significant Relationship	Reject Ho
2. Caritas Process 2 and Characteristics of Members	0.390	0.000	Low to Moderate Correlation	Significant Relationship	Reject Ho
3. Caritas Process 3 and Characteristics of Members	0.379	0.000	Moderate Correlation	Significant Relationship	Reject Ho
4. Caritas Process 4 and Characteristics of Members	0.425	0.000	Moderate Correlation	Significant Relationship	Reject Ho
5. Caritas Process 5 and Characteristics of Members	0.424	0.000	Moderate Correlation	Significant Relationship	Reject Ho
6. Caritas Process 6 and Characteristics of Members	0.443	0.000	Moderate Correlation	Significant Relationship	Reject Ho
7. Caritas Process 7 and Characteristics of Members	0.511	0.000	Moderate Correlation	Significant Relationship	Reject Ho
8. Caritas Process 8 and Characteristics of Members	0.762	0.000	Strong Correlation	Significant Relationship	Reject Ho
9. Caritas Process 9 and Characteristics of Members	0.626	0.000	Moderate Correlation	Significant Relationship	Reject Ho
10. Caritas Process 10 and Characteristics of Members	0.502	0.000	Moderate Correlation	Significant Relationship	Reject Ho
11. Overall Caring Attained and Characteristics of Members	0.563	0.000	Moderate Correlation	Significant Relationship	Reject Ho

b. **Moderate, Positive Correlations** between the caritas processes 3, 4, 5, 6, 7, 9, 10, the Overall Caring Attained, and Characteristics of Members. They were statistically significant with *p* = 0.000; ***The moderate positive correlation*** between caritas process 3 and characteristics of members, can be attributed to the definition of nursing as profession which describes the character of some nurses who intend to develop their interpersonal relationship with other people like the patients and co-workers; that they need to interact sincerely and sympathetically with them; reassures their personal development and become self-actualized as well to those with whom they interact. To support this result is the statement made by Van den Heever and Myburgh. (2015), that during nurse-patient interactions, nurses offer self to help, however they should also endorse sincere interest in and admiration for the patient; in other words, display that they genuinely care. The authors added that this can be facilitated by involving themselves to learn through socialization and self-awareness; ***The moderate,***

positive correlations between the caritas processes 4 and 5 and characteristics of members, can be attributed to the authentic caring relationship of the nurse with their patient which is central to their nursing profession. This requires that nurses must consider the individuality of each patient and give all their efforts to preserve the patient's dignity. This is the characteristics needed by the nurse to build the helping-trust relationship according to Watson (2009). It also includes equivalence, compassion, friendliness, and all kinds of communication and listening (honoring different feelings positive or negative and genuinely listening to other's story) which is very compassionate. With this kind of attitude / character, the patient becomes trusting of their nurses. It was interpreted only as moderate because most nurses now have so many things to do in their units that sometimes they forget to communicate authentically with their patients due to limited time. This findings is similar to the study by Ball et al (2013) which reported that most nurses in the general wards cannot complete their tasks which includes adequate monitoring of patients because they do not have enough time. It also stated that the lowering the number of nurses results to greater risk;

The moderate, positive correlations between the caritas processes 6, 7, 9, 10 the Overall Caring Attained, and characteristics of members, can be credited to the framework or philosophy of nurses in solving patient problems which is called the nursing process. This process reflects not only theory and practical skill but the nurse's character of their philosophical beliefs about the value of human beings. This is important especially when the nurse think critically in helping others how to find ways to deal with their life. The moderate correlation means that the nurse-respondents were able to use the caritas processes (6, 7. 9. 10 and over-all caring attained) and connect it to their character as a member of the hospital organization while helping their patients in achieving quality care outcomes. However, some nurses cannot extend more than they could in caring for their patients especially that they have limited time and more tasks to accomplish. This statement about limited time for nurses while on clinical duty is supported by the result of the study by Ball et al (2013) which said that hospital nurses limits the care they give to patients because they do not have enough time.

c. **Low to Moderate, Positive Correlations** between caritas processes 1, 2 and Characteristics of Members, which were statistically significant both with $p = 0.000$. This indicates that there is a correlation between the two sets of variables, only that they were low. This can be traced from what is happening nowadays in every hospital organization especially here in the

Philippines wherein nurses go out and seek greener pasture abroad (because of high compensation abroad and the lack of opportunities here in the country) and this migration results to abrupt decrease in nurses that handles the delivery of health care. When this happens, they cannot anymore render to the full extent the kind of service that patients need. This result is confirmed by the review study made by Francis (2010), which has similar results such that caring does not necessarily happen for every healthcare services user. Their review found out that there are healthcare organizations noted to have high profile failure and that their culture was not conducive to good patient care and was characterized by lack of compassion and uncaring attitudes of staff.

3.3.5 Caring Theory and Organizational Size

Table 7: *Relationship between the Extent of Attainment of the Caring Theory and Extent of Practice of Characteristic of Hospital Organizational Culture - Organizational Size*

	SPEARMAN'S RHO	P - VALUE	INTERPRETATION	RESULT	DECISION
1. Caritas Process 1 and Organizational Size	0.270	0.000	Low Correlation	Significant Relationship	Reject Ho
2. Caritas Process 2 and Organizational Size	0.334	0.000	Low Correlation	Significant Relationship	Reject Ho
3. Caritas Process 3 and Organizational Size	0.602	0.000	Moderate Correlation	Significant Relationship	Reject Ho
4. Caritas Process 4 and Organizational Size	0.394	0.000	Moderate Correlation	Significant Relationship	Reject Ho
5. Caritas Process 5 and Organizational Size	0.613	0.000	Moderate Correlation	Significant Relationship	Reject Ho
6. Caritas Process 6 and Organizational Size	0.512	0.000	Moderate Correlation	Significant Relationship	Reject Ho
7. Caritas Process 7 and Organizational Size	0.653	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
8. Caritas Process 8 and Organizational Size	0.658	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
9. Caritas Characteristics of Organizational Size	0.713	0.000	Strong Correlation	Significant Relationship	Reject Ho
10. Caritas Process 10 and Organizational Size	0.645	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho
11. Overall Caring Attained and Organizational Size	0.651	0.000	Moderate to Strong Correlation	Significant Relationship	Reject Ho

Table 7 displays the relationship between the extent of attainment of the *Caring* (from the first to the tenth caritas processes) and extent of practice of characteristic of hospital organizational culture – Organizational size.

The result is particularized as follows:

a. **Strong, Positive Correlation** between caritas process 9 and Organizational Size which was statistically significant with $p = 0.000$. This correlation indicates that assisting with the basic needs of the patients by the nurses is dependent on the hospital organizational size. This

means that when the hospital is big in size and there are many employees like nurses that comprised it, there *will* be more nurses caring to assist in meeting the basic needs of the patients. And that if the hospital size is small then the number of caregiver that can attend to the basic needs of the patients will be limited as it can also decline. This is supported by the works of Cho, Lee, Kim, Kim, Lee, Park, Sung (2016) which reported that appropriate number and working hours of nurses improves the quality and safety of care.

b. **Moderate to Strong, Positive Correlations** between caritas processes, 8, 10 the Overall Caring Attained, and Organizational Size. They were statistically significant with $p = 0.000$. These correlations suggest that the hospital organizational size can be a predictor of: 1) *how the nurse-respondents share their knowledge to meet their patent's needs* - this means the nurses were able to share their knowledge with the patients, however, in a large size hospital with plenty of patients to attend to, this can be so overwhelming that nurses cannot facilitate teaching-learning process with the patients. This is because of too much workload or more patients to handle, while small hospital size is fit for this activity because there are only few patients to teach / care for. Or if the hospital is big in size but with small number of nurses to attend to plenty patients, then it is a mismatch of number between the nurses and their patients. This is supported by the study of Frankel (2009) which reported that the work environment (which includes number or size or personnel or patient to attend or to be attended to) is also an important variable and may be an obstacle to implementing learning. The study also reported that the learning environment has been recognized as either encouraging or impeding a positive learning experience for nurses; 2) *how the nurse-respondents create a healing environment*, this means that nurses were able to create healing environment with the patient, however, their ability to do so was affected by the time they spent with patients especially in large size hospitals where they have to attend to more patients and have to walk far from the nurses stations to their patient rooms. To support this is the study by Ulrich and Zimring (2004) which reported that the hospital physical environment affects the productivity of the staff as well as the patient's capability to recover and heal. The authors added that the poor design of the hospital led to more walking time for nurse in gathering things they need for provision of care; 3) *how the nurse-respondents consider their patient's spirituality* – This means that nurses were able to consider their patient's spirituality and that the need for spirituality were fundamental throughout life. This is supported by the works of Selimen and Andsoy (2011) which stated that nurses in

providing holistic care take into consideration their patients' mind (thoughts, emotions, opinions, attitudes), body (physical well-being) and spirit (relationship with others, with God and thoughts of being hopeful). However, size of the hospital organization can influence the fulfillment of this care, such that in a smaller size hospital organization with adequate number of nurses, there are better chances that nurses can fulfill these duties to the patient because of little workload and more time to care for the patient; in contrast, those hospitals that are big would have the other way, nurses were over worked and have too much patients to attend to, that is why the fulfillment of their tasks are stressful and may need more time; and 3) *how they care as a whole in the hospital* - This means that the nurses can do all these tasks of caring to their patients however there were some instances that they cannot accomplish them because of other things that they must prioritize to do for the patient or for the hospital. Sometimes they also have their own prioritizing system that is not congruent with the whole organization's practice. This is supported by the works of Amah, Daminabo-Weje, Dosunmu (2013) which said that there is more complex decision making in a large organization. The organizational size influences the organizational effectiveness and efficiency. This can be accounted to the fact that the diverse and conflicting principles of different nurses in large organizations leads to multifaceted organizational culture.

c. **Moderate, Positive Correlations** between caritas process 3, 4, 5, 6 and Organizational Size. They were statistically significant with $p = 0.000$. These correlations mean that the nurses were able to become sensitive to self and others; they develop trusting relationships that they use for caring decisions, however, the existence of increase tasks and less time to finish it in a small (no adequate staff because of low budget and only considered primary hospital) or large hospital (plenty of budget but with plenty of patients to attend to also) have influenced their caring attitude to the patient. According to the study of Guadine and Thorne (2012) nurses when stressed and feel physically burnout due to inappropriate nurse-patient ratio, usually becomes absent to work or have intent to leave. However, if they decide to go to work, they usually cause increase incidences of medical errors; sometimes when forced overtime they become dissatisfied which then lead to increase nurse turnover rates.

d. **Low, Positive Correlations** between caritas processes 1, 2 and Organizational Size, which were statistically significant with $p = 0.000$. This implies correlation of the variables, only that they were low. This can also be traced to decrease of nursing staff because of high turnover rates in hospitals, which created various other problems such as workplace pressure

/ dissatisfaction. When this happens, they cannot anymore render to the full extent the kind of service that practice unselfish caring for self and others.

4. Conclusion

Based from the findings of the study there were statistically significant relationships between the Extent of Attainment of the *Caring Theory* (first to the tenth caritas processes) and the Extent of Practice of the Characteristic of Hospital Organizational Culture (Leadership Style, Managerial Values, Organizational Structure, Characteristics of Members, and Organizational Size).

This relationship stated above can be credited to the fact that nurses are the foundation of hospital care delivery and the relentless companion of the patient, who are maintained by the hospital as part of their culture. Nurses in turn, apt their behavior and manage to comply with the organizational culture of the hospital.

Future research is needed to measure the need for improvement in the hospital organizational culture for all government-funded hospitals in the Philippines, since the study was limited to assess only 5 and only in Metro Manila area.

5. Recommendation

The study recommended that nurses: must be more sensitive to their needs and of others; sustain their caring attitude and observe well characterization of others; lastly to enhance their leadership style and managerial values; Hospital administrators must arrange for ideal nurse-patient ratio and give nurses the appropriate load that they can accomplish for the shift; They also have to create a culture of success and positive environment for their nurses and lastly they should use the Sustainable Holistic Program for Nurses to sustain their very high extent of practice of caring attitudes and enhance those that were not.

References

Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Silber, J. (2002b). Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction**.** *JAMA*, 288(16)**:**pp.1987-1993. https://doi.org/10.1001/jama.288.16.1987

Aiken, L.H., Clarke, S.P., Sloane, D.M., et al. (2001). Nurses' reports on hospital care in five countries. *Health Aff.,* 20(3):43–53. https://doi.org/10.1377/hlthaff.20.3.43

Amah, E., Daminabo-Weje, M., Dosunmu, R. (2013). Size and Organizational Effectiveness: Maintaining a Balance. *Advances in Management & Applied Economics*, Vol. 3. Pp. 115-123.

Ball, J. E., Murrells, T., Rafferty, A.M., Morrow, E., Griffiths, P. (2013). Care left undone' during nursing shifts: associations with workload and perceived quality of care. *BMJ Quality & Safety*. https://doi.org/10.1136/bmjqs-2012-001767

Casida, J., Pinto-Zipp, Genevieve. (2008). Leadership-organizational culture relationship in Nursing units of acute care hospitals. *Nursing Economic*, 26(1):7-15.

Cho, E., Lee, N-L., Kim, E-Y., Kim, S., Lee, K., Park, K., Sung, Y-H. (2016). Nurse staffing level and overtime associated with patient safety, quality of care, and care left undone in hospitals: A cross-sectional study. *International Journal of Nursing Studies,* Volume 60. Pages 263-271. https://doi.org/10.1016/j.ijnurstu.2016.05.009

Cortis, J. (2000). Caring as experienced by minority ethnic patients. *International Nursing Review,* 47(1), pp.53-62. https://doi.org/10.1046/j.1466-7657.2000.00006.x

Creswell, J.W. (2003). Research design: Qualitative & quantitative approaches. Thousand Oaks: Sage Publications.

Disch, J. (2002). Creating healthy work environments. *Creat Nurse,* 8 (2): 3-4.

Dossey, B.M, Keegan, L. & Guzzetta, C. E. (2005). Holistic nursing: A handbook for practice. Sudbury, Massachuestts: Jones and Bartlett Publishers.

Draper, D.A., Felland, L.E., Liebhaber, A, Melichar, L. (2008). The role of nurses in hospital quality improvement. *Res Brief,* 1 - 8.

Frankel, A. (2009). Nurses' learning styles: promoting better integration of theory into practice. *Nursing Times*, 105: 2, 24-27.

Francis, R. (2010). *Independent Inquiry into care provided by Mid Staffordshire NHS Foundations*, Vol 1.

Gaudine, A., and Thorne, L. (2012). Nurses' ethical conflict with hospitals: A longitudinal study of outcomes. *Nursing Ethics*, Vol. 19(6). https://doi.org/10.1177/0969733011421626

NassarHala, M.E., and Mohmoud, A.A. (2011). Relationship between management styles and nurses' retention at private hospitals. *Alexandria Journal of Medicine,* Volume 47, Issue 3. Pages 243-249. https://doi.org/10.1016/j.ajme.2011.06.003

Parandavar, N., Rahmanian, A., Jahromi, Z.B. (2016). A Study of the Relationship Between Nurses' Professional Self-Concept and Professional Ethics in Hospitals Affiliated to

Jahrom University of Medical Sciences, Iran. *Glob J Health Sci.*, 8(4): 82–88. https://doi.org/10.5539/gjhs.v8n4p82

Selimen, D., Andsoy, II. 2011). The importance of a holistic approach during the perioperative period. *AORN J.*, 93:482–90. https://doi.org/10.1016/j.aorn.2010.09.029

Sherman, R., and Pross, E. (2010). Growing our future nurse leaders to build and sustain healthy work environments at the unit level. *Online Journal of Issues in Nursing, 15*(1), Manuscript 1.

Ulrich, R., Zimring, C., et al. (2004). The Role of the Physical Environment in the 21st Century Hospital. Princeton, N.J.: Robert Wood Johnson Foundation; Available at:www.healthdesign.org/research/reports/physical_environ.php.

Van den Heever, A. E., Myburgh, P. (2015). Nurses' perceptions of facilitating genuineness in a nurse–patient relationship. *Health SA Gesondheid,* Volume 20, Issue 1. Pages 109-117. https://doi.org/10.1016/j.hsag.2015.02.003

Watson, J. (2009). Nursing the philosophy and science of caring (Revised ed.). Boulder, CO: University Press of Colorado..

Watson, J. (2008). Nursing: The philosophy and science of caring (Rev. Ed.). Boulder, Colorado: University Press of Colorado.

Watson, J. (Ed.) (2008). Assessing and measuring caring in nursing and health science (2nd ed.). New York, NY: Springer.

Watson, J. (2005). Caring science as sacred science. Philadelphia, PA: EA. Davis.

Watson, J. (1985). Nursing: The philosophy and science of caring. Boulder, CO: Colorado Associated University Press.

Watson, J. (1979). Nursing: The philosophy and science of caring. Boston, MA: Little Brown. www.truthaboutnursing.org/news/2004/nov/scripture_scrubs.html https://doi.org/10.1097/00006216-197900340-00010