NURSE LEADERS AS STEWARDS AT THE POINT OF SERVICE

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Nurse leaders, including clinical nurse educators, who exercise stewardship at the point of service, may facilitate practising nurses’ articulation of their shared value priorities, including respect for persons’ dignity and self-determination, as well as equity and fairness. A steward preserves and promotes what is intrinsically valuable in an experience. Theories of virtue ethics and discourse ethics supply contexts for clinical nurse educators to clarify how they may facilitate nurses’ articulation of their shared value priorities through particularism and universalism, as well as how they may safeguard nurses’ self-interpretation and discursive reasoning. Together, clinical nurse educators and nurses may contribute to management decisions that affect the point of service, and thus the health care organization.

Introduction

Porter-O’Grady and Malloch\(^1\) assert that change in a health care organization moves from the point of service (e.g. persons in care (clients) on a nursing unit) outward to all parts of the organization. They contend that 90% of the critical decisions made in an organization are made at the point of service. Health care employees, including nurses, should participate in decision making that affects the care provided at the point of service, hence within the organization. They assert further that decisions in an organization should be grounded in values. This stance points to a shift in health care management decision making from instrumental reasoning, described as ‘the calculation of the most economical application of means to a given end’ (p. 5)\(^2\) to ‘value-based’ (p. 168)\(^1\) decision making.

Similarly, the Canadian Nurses Association code of ethics\(^3\) stipulates that nurses must advocate for health care environments that are conducive to safe, competent and ethical care. Caramanica\(^4\) stresses the need for a ‘more even distribution of influence’ (p. 1) among managers and practising nurses in deciding ‘what care to provide and how to provide that care’ (p. 1). Arguably, nurses ought to contribute to
Nurse leadership needs invigoration in order to assist nurses in their articulation of their shared value priorities. Storch argues that there is a need for nursing leadership that aims to establish health care environments that promote ‘values-based practice[s]’ (p. 396)5 of nurses. Storch advances her idea by citing Rodney and Street, who urge nurse leaders to establish moral communities where ‘ethical values are made explicit and shared, where ethical values direct action, and where individuals feel safe to be heard’ (p. 217).6 Nursing practices ought to be grounded in respect for persons’ dignity and self-determination, as well as equity and fairness.3 Practical reasoning about choices that express value priorities7 is a means by which nurses may articulate their shared value priorities, such as dignity and self-determination.

Stewardship is an environmental8 and theological9–11 concept that embraces notions of practical reasoning. Similarly, in the management literature,12 stewardship is related to servant literature,13 that is, concerned with serving others or responding to their needs. Stewardship could be a form of leadership by which nurse leaders may establish health care environments that promote values-based practices that embody values, including respect for persons’ dignity and self-determination, as well as equity and fairness. Recently, stewardship has emerged as a theme in the nurse leadership literature;14,15 however, there is a need for conceptual clarity on the meaning of the term.

A steward may be characterized as a person who preserves and promotes ‘the intrinsic value’ (p. 53) of a situation,9 as well as ‘engage[s] others in solutions and actions’ (p. 115).15 It may be argued that a steward may provide leadership that facilitates nurses’ articulation of their shared value priorities, and thus nurse leaders and practising nurses preserve and promote the intrinsic values of nursing, including equity and fairness. In this manner, stewards and nurses participate in decisions about what care to provide and how to provide that care at the point of service, thus addressing the objective that Caramanica4 sets before nurses, to influence management decision making, which affects nursing practice.

Stewardship is a metaphor. An examination of related concepts, character,8 dialogue10 and shared meanings or values9 will provide clarity on the meaning of ‘steward’ or the exercise of stewardship. The liberal-communitarian theories of practical reasoning that embrace the concepts of character, dialogue and shared values will act as a filter in understanding what a steward must consider in exercising stewardship, for example, the criteria nurses may use to justify their value priorities. In studying the meaning of stewardship, safeguards may be identified to enhance the articulation and justification of value priorities.

Elements of MacIntyre’s16 theory of virtue ethics and Habermas’s17 theory of discourse ethics will contextualize an examination of the steward as a leader at the point of service, who facilitates nurses’ reasoning about their value priorities. Specifically, the discussion will highlight two criteria that guide the justification of value priorities – particularism, or embedded values, and universalism, or objective principles – as a means to justify value priorities. Implications for the steward at the point of service will be discussed.
Clinical nurse educators are leaders for nurses within their nursing units (i.e. their points of service). They may exercise stewardship and thus facilitate nurses’ articulation of their shared value priorities, expression of their values to managers, and feeling of safety in being heard.

**Liberal-communitarian theory**

Porter-O’Grady and Malloch¹ and Storch⁵ urge the establishment of values-based health care environments, as well as encourage practitioners to participate in the articulation of their shared values. These notions of participation and value articulation resonate with broader social trends, and thus may be appealing to nurse leaders who are willing to exercise stewardship. At the same time, the articulation of shared value priorities by practising nurses may be a complex process with multiple tensions. The tensions may be understood by reviewing how they may arise.

Liberal-communitarian political theorists embrace the notion that citizens ought to conduct a dialogue within their local communities as a means to articulate the values they share.¹⁸⁻²⁰ Political theorists contextualize how citizens may articulate their shared values, hence how they choose to distribute their public resources, including health and health care resources. They focus on values of equity and fairness,²¹ respect,²² compassion²³ and generosity.²⁰ Political theorists are also concerned that all citizens are recognized as equal participants in justifying their shared value priorities.¹⁷,²⁴ In expressing their choices to public policy makers, the latter may in turn implement public services that embody citizens’ value priorities.

In recent decades, the liberal ethic of individualism has been primary in public decision making. Specifically, the deontological ethic, with its individual right to choice and to achieve one’s own goals, has created public awareness of equality of life opportunities for all citizens.²¹ Rawls²¹ has influenced public administration, specifically the impact of impartiality in decision making about the distribution of public resources. Rawls theorizes that individuals willingly share public resources. He thus proposes a hypothetical rational choice situation, ‘the original position’ (p.136), as an impartial procedure by which individuals decide principles of equity and fairness. Rawls proposes that ‘behind a veil of ignorance’ (p. 136) (meaning that individuals would not know how their choices would affect them), individuals would choose the difference principle, which asserts that public goods should be distributed equally unless an unequal distribution was to the advantage of the least favoured.

In past decades, there has been a tilt away from the teleological and communitarian ethic in public decision making. Taylor² argues that individualism has freed people from old traditional hierarchies that may have ‘locked’ (p. 3) them into a place in a repressive social order. Taylor would agree, however, that degradation of the ethic of individualism has led society, as Spragens argues,²⁵ to organize itself around self-interests and the market-place, which, in turn, has led to a predominance of instrumental reasoning in public decision making, or calculation of the most economical application of means to a given end. Taylor contends that, as instrumental reasoning has come to dominate public decision making, there has been a loss of reasoning among community members about their shared values.

Taylor² also stresses that instrumental reasoning is increasingly related to the use of high technology to the exclusion of other criteria or values. In referring to the
work of nurse theorists on the primacy of caring in nursing practice, Taylor asserts that high technology has invaded health care, stipulating that high-tech knowledge is used when humanly sensitive nursing care may be needed.

There is, however, a revived interest in communitarian perspectives that embrace the notion that community members know how to share public resources as they gain discerning insight into values embedded in their community practice, defined as culturally constituted, meaningful action that embodies notions of good, a 'more or less stable configuration of shared activity'. Taylor asserts that, as people reflect on their community practices, they articulate who they desire to become and, thus, how to respond in a particular situation; for example, to act with respect towards others.

There is a public awareness that, in using communitarian perspectives as a context for citizens' reasoning about values, one or some citizens may impose their values on others. Political theorists have raised awareness that no one citizen or group of citizens can impose their values or concepts of the common good on others. More recently, however, equality of opportunity and citizen participation have been recognized as core elements of the common good.

Liberal-communitarian political theorists contend that people are willing to share public resources and know how to respond to vulnerable persons, either through objective choices based on impartial procedures or through reflection on embedded values. They may ground their choices in values of equity and fairness, respect, compassion, and generosity. Equality and participation may be core elements of the common good at the point of service.

A steward at the point of service must be simultaneously mindful that challenges will be encountered in exercising stewardship that facilitates nurses' articulation of their shared value priorities. Nurses are accustomed to exercising their objectivity and impartiality. In articulating shared value priorities, they will need to evaluate feelings about everyday nursing experiences. A code of ethics will guide the evaluation of feelings; however, embedded cultural values will also emerge. Stewards will need to protect all nurses in the articulation of their values in order to avoid one or many nurses imposing their personal values on others or an impasse related to conflicting values, and hence notions of what ought to be done.

A principle of neutrality protects citizens in the expression of their concept of good. In essence, no collective values can be identified as beginning grounds for citizen dialogue. Kingwell points out that, in contemporary society, citizens tend not to critique the reasons for one another's values. In nursing practice, respect for self-determination is a fundamental value, and the neutrality principle may guide nurses as they individually articulate their values at the point of service. They may be restrained in critiquing one another's feelings and thoughts about their everyday nursing practices. In addition, nursing practices are grounded in altruism; nurses, nonetheless, have self-interests, which may compete with the articulation of shared value priorities.

Taylor contends that local community members have the capacity to make decisions about how public resources ought to be distributed in order that all community members have an opportunity to live a fulfilled life. Similarly, Wheatley urges community members to respect individual freedom, to express the self, and, at the same time, connect with one another around their common purposes. Stewards at the point...
of service, such as a nursing unit, face the challenge of facilitating nurses to articulate their value priorities in the midst of potential restraint among nurses in critiquing one another’s reasons for values, differing interpretations of everyday nursing experiences, impasses and nurses’ self-interests. The articulation of shared value priorities is a complex process and there can be tensions, more than may be acknowledged.

The metaphor of the steward

A steward is characterized as a person who preserves and promotes what is intrinsically valuable. In the eleventh century, the English word ‘steward’ developed from the term stigwaerd, meaning warden of a house. Welchman asserts that stewardship is a role individuals adopt towards some other; she also stresses that to be a steward is ‘to devote a substantial percentage of one’s thoughts and efforts to maintaining or enhancing the conditions of some thing(s), person(s), and not primarily for one’s own sake’ (p. 415). She suggests that stewards are motivated to act as they develop character disposition(s), including self-discipline and courage.

Paterson’s conceptualization of stewardship may be relevant to nursing leadership at the point of service. Specifically, he identifies two frameworks of stewardship – the dominant and the keeping – as a means to interpret the actions of a steward in relation to the environment. In natural resource management, as well as in theology, the domination framework is premised on the belief that the earth exists to serve the needs of people; it is ‘an instrument for human purposes’ (p. 46). Paterson contends that a hierarchy exists between humans and non-humans, in which the former have a higher rank that the latter, who serve the former. Within the domination framework, stewardship aims to develop natural resources for economic benefits. Paterson argues that exploitation and depletion of the environment has given rise to the keeping framework, which is premised on the belief that the environment has an ‘intrinsic value’ (p. 53), as well the notion that humans and non-humans are interconnected.

In Paterson’s terms, stewards ‘till and keep’ the environment; or, as he explains, stewards serve and preserve the environment. Paterson stresses that all persons are mutually responsible for the well-being of the environment, and that serving the environment not only entails sacrifice but embraces a balance between the satisfaction of self-interests and the needs of the environment.

This analogy can easily be transferred to clinical nurse educators as stewards at the point of service. Rodney and Street urge nurse leaders to establish moral communities where ethical values are made explicit and shared, ethical values direct action, and individuals feel safe to be heard. Caramanica stresses the need for an equitable distribution of influence among managers and practising nurses in deciding what care to provide and how to provide that care. Clinical nurse educators who exercise stewardship at the point of service may facilitate all nurses in the articulation of their shared value priorities.

Nurse leaders as stewards

Stewards, as well as practising nurses who seek to preserve and promote values at the point of service, may influence managers in their decisions about who ought to
receive what services and how, and thus influence change in health care organizations. French urges nurse leaders to ‘engage others and work collaboratively to establish and achieve a vision and purpose’ (p. 38) that affects the well-being of a system or organization rather than promote their self-interests. She backs up her assertion by observing that leaders are either orientated to self, which reflects the value of individualism, or to the organization or system, which reflects the value of collectivism. Consistent with individualism, self-orientated leaders perceive themselves as the decision makers and others as implementers. In contrast, system-orientated leaders who hold as their priority the well-being of the organization show respect to all its members. The system-orientated leaders in health care organizations will hold the point of service as their priority and seek the input of nurses in setting collective values.

In order for nurses to influence decision making at the point of service, there is a need to invigorate nursing leadership. Storch urges nurses to establish health care environments that promote values-based nursing practice by recognizing that who one is – one’s moral character – is essential to leadership. Similarly, Kowalski and Yoder-Wise identify character as a core characteristic of a leader. In addition, Parse writes that leadership is grounded in the leaders’ qualities. Stewardship that embraces character, dialogue and shared meanings or values may be a means by which nurses lead in the establishment of values-based practices that affect health care organizations, or, in French’s terms, collectivism. Specifically, stewards may facilitate nurses in articulating their value priorities and thus preserve and promote nursing practices that are intrinsically valuable. Nurse leaders need to examine how this may be done using character, dialogue, and particularism and universalism as criteria for the justification of shared priorities, as well as how the process may be safeguarded.

MacIntyre and Habermas, as political theorists, offer contexts to think about how nurse leaders who exercise stewardship may facilitate nurses’ articulation of shared value priorities.

Virtue ethics in stewardship

MacIntyre, a communitarian theorist, contends that a person is a narrative self who seeks purpose, or good for the self, through interpretations of everyday experiences. In MacIntyre’s account of virtue ethics, social settings, or institutions that embody goals, virtues essential to progress toward the goals and a judgemental continuity grounded in an internally coherent set of beliefs, are the context for interpreting experiences. Virtues are central because they affect perceptual judgements about what is relevant in an experience. A virtue is defined as ‘a quality which enables an individual to move towards the achievement of a specific human goal’ (p. 173).

Character or identity is cultivated as virtues are habitually exercised. In cultivating a character, a person acts without knowing the exact outcome of his or her actions; rather, he or she acts in the belief that the action will be worth while. It may be argued that character affects the preservation and promotion of what is intrinsically valuable in one’s experience owing to perceptual judgements.

MacIntyre defines practical reasoning as the capacity to apply general principles in particular cases, based on four elements. The first is the person’s goals...
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(values and beliefs). The second is the major premise that doing, having or seeking a specific goal is what is good for or needed by the person. The third element is the minor premise wherein the person, relying on perceptual judgement, asserts that this is a requisite instance. The fourth and concluding element is the action.

MacIntyre\textsuperscript{16} cites the example of the man who is gardening: an activity that he may engage in for a variety of reasons. The gardener’s action may be grounded in values attached to the function of a household that developed over hundreds of years, as in the case of European farming. The setting of farming may ground the particular identity of the man, and thus his choices in an experience. In knowing the setting in its wholeness – goals, virtues and judgemental continuity – the man reasons about an experience, and in seeking the good, acts knowing what is needed for its own sake. His character influences his exercise of judgement as he gains a discerning insight into the good(s) or his values, and thus justification of his value priorities.

Character is acquired through habitual exercise of virtues. ‘We transform our initial naturally given dispositions into virtues of character by gradually coming to exercise those dispositions’ (p. 145).\textsuperscript{16} Reader discusses the concept of virtue as ‘learned second nature’ (p. 343).\textsuperscript{35} He stipulates that second nature refers to ‘features we acquire through education, socialization and relationships. It is the set of responses, capacities and habits instilled in the course of human socialization and education’ (p. 343).\textsuperscript{35}

In addition to asserting that stewards till and keep the environment, Paterson\textsuperscript{9} stresses that all persons are mutually responsible for the environment’s well-being. Welchman\textsuperscript{8} contends that a steward devotes a substantial percentage of his or her thoughts and efforts to maintaining or enhancing the conditions of some thing(s) and person(s), and not primarily for one’s own sake. A nurse who exercises stewardship at the point of service in accordance with MacIntyre’s\textsuperscript{16} theory of virtue ethics will facilitate nurses’ justification of their shared value priorities within professional settings such as the Canadian Nurses Association code of ethics.\textsuperscript{3} Thus, stewards and nurses may preserve and promote what is intrinsically valuable\textsuperscript{10} in nursing practice. It may be argued also that, as stewards facilitate nurses’ discernment of embedded values, nurses will increasingly balance self-interests with service to others. In articulating their value priorities, nurses who practice at the point of service may contribute to management decisions, specifically about who ought to receive which nursing services, and how.

As stewards, clinical nurse educators must safeguard nurses’ practical reasoning, especially their justification of their shared value priorities through self-interpretation. They will seek to ensure that nurses have time to discern their particular identities as individual practitioners, and as a moral community.\textsuperscript{6} In response to Reader’s\textsuperscript{35} advice, clinical nurse educators will endeavour to support nurses as the latter refine their character dispositions, including self-discipline and courage.\textsuperscript{8}

Although MacIntyre’s\textsuperscript{16} theory of virtue ethics offers a portrait of how a nurse leader may facilitate nurses’ articulation of their shared value priorities through self-interpretation within the premises of a setting or institution, the question remains how a nurse leader can achieve this, especially when nurses express differing interpretations of everyday nursing experiences. This is an ethical question.

Habermas,\textsuperscript{17} who is a liberal theorist, offers an alternative theory of practical reasoning – that of discourse ethics – which may also be useful for nurse leaders.
Discourse ethics considers relevant conditions among individuals who desire to share social norms or values; Habermas also offers the principle of universalism as a means to justify and accept the value priorities that all share.

**Discourse ethics in stewardship**

Habermas' theory of discourse ethics contends that, through a dialogical or discursive testing – judging – of normative claims, participants share their reasons for believing in the validity of a hypothetical normative claim. The claim is hypothetical in the sense that one may always have a distorted understanding of a situation. Through discursive testing, participants are convinced of the validity of a claim or overturn the norm owing to a better argument.

Habermas contends that a theory of discourse ethics takes the form of an informal logic. He asserts that it is impossible to force agreement on moral practical issues, either by deduction or empirical evidence, because arguments are based on experiences that are open to interpretation. He thus introduces the bridging principle, universalism, which functions similar to principles that justify the relationship between particular observations and general hypotheses in the empirical sciences, such as principles that establish universal laws. The principle of universalism embraces the Kantian imperative that one should ‘act only according to the maxim by which you can at the same time will that it should become a universal law’ (p. xiii).

Habermas stresses that dialogue must be just: all participants must be recognized as competent speakers who share in the dialogue in an unconstrained manner. Thus, he developed the concept of an ‘ideal speech situation’ (p. 88), which he defines as the conceptual space within which agreement may be sought through the better argument. He formalizes rules for discourse ethics that establish the conditions for the ideal speech situation: (1) every person with the competence to speak and act is allowed to take part in a discourse; (2) (a) everyone is allowed to question any assertion whatever, (b) everyone is allowed to introduce any assertion whatever into the discourse, and (c) everyone is allowed to express attitudes and desires; (3) no speaker may be prevented, by internal or external coercion, from exercising his or her rights as laid down in (1) and (2). The rules are inclusive and allow participants to question one another’s assertions, introduce assertions into a discourse, and express attitudes, desires and needs.

To set the stage for the testing of a hypothetical validity claim, Habermas stresses the reciprocal nature of rationality. A person is orientated to another person or to other persons in his or her reasoning (i.e. he or she is orientated to understanding and thus willing to offer reasons to the other for his or her beliefs).

A discourse begins when participants disagree about a norm. In such a case, a participant advances a claim about the validity of a norm. The claim is then tested, or judged, for its validity. The participants critique the reasons for the validity claim with the objective of understanding and agreement. Through the discursive moves of reason giving, the reasons for believing in the validity of a claim are judged for their functions similarly to the principles that justify the relationship between observations and general hypotheses in empirical sciences.

In bridging differences in reasoning about their values, participants may apply the universal principle, and thus justify their value priorities. ‘A valid norm must

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satisfy the condition that the consequences and the side effects that foreseeably follow from its general compliance can, for the satisfaction of the interests of each individual, be accepted by all those affected' (p. 32).\(^{37}\) When all participants agree, without external force or constraint, then the norm is justified rationally and accepted. Habermas'\(^{17}\) discourse ethics allows people to transcend their differences and to decide that a value has universal relevance. The participants agree in the belief that the value embodies an interest common to all who are affected.

As stewards, clinical nurse educators who safeguard nurses’ practical reasoning in accordance with Habermas'\(^{17}\) theory of discourse ethics will ensure that nurses stipulate conditions or rules to guide appraisals of their assumptions and beliefs about nursing practices. Through just discursive reason giving, nurses may move beyond differing interpretations of everyday experiences, impasses or self-interests by applying the principle of universalism. In accepting the better argument, owing to its embodiment of an interest common to all affected, a balance between self-interests and service to others is achieved.

**Conclusion**

Nurses as stewards face the challenge of facilitating nurses’ articulation of their value priorities in the midst of potential restraint among nurses in critiquing one another’s reasons for values, differing interpretations of everyday nursing experiences, impasses and nurses’ self-interests. MacIntyre’s\(^{16}\) theory of virtue ethics and Habermas’\(^{17}\) theory of discourse ethics supply contexts for visualizing how nurse leaders, and, specifically, clinical nurse educators, may exercise stewardship at the point of service (Appendix 1). Guided by these theoretical contexts, clinical nurse educators as stewards will safeguard nurses’ self-interpretation, as well as nurses’ competence to conduct a dialogue about shared value priorities. As nurses interpret their everyday experiences in a safe environment, criteria for justifying their priorities will emerge, specifically, particularism and universalism. Together, clinical nurse educators and practising nurses may preserve and promote what is intrinsically valuable in nursing practice, including respect for human dignity and self-determination, as well as equity and fairness, and thus contribute to management decisions that affect the well-being of the organization.

Clinical nurse educators can and should exert ethical leadership. The engagement of nurses within their units in management decisions is consistent with broader social trends. To illustrate, Taylor\(^{18}\) contends that local community members have the capacity, through articulating what matters to them, to make decisions about how public resources ought to be distributed. Wheatley\(^{31}\) urges community members to respect individual freedom, to express the self and ‘connect’ (p. 47) with one another around common purposes. At the same time, character is increasingly deemed a core element of leadership,\(^{33,34}\) as well as stewardship.\(^{18}\) It may be argued that a clinical nurse educator’s character is related to his or her ability to assist nurses to connect with one another around common purposes or to articulate their shared value priorities. There is a need, however, to understand more fully how a particular professional setting, such as a code of ethics, is related to clinical nurse educators’ character, and thus to reasoning about how to exercise stewardship that facilitates nurses’ articulation of their shared value priorities.
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References

Appendix 1

Opportunities for nurse leaders to facilitate registered nurses’ articulation of their shared value priorities

Change of shift reports

A change of shift report provides the opportunity for nurse leaders, including clinical nurse educators, to foster registered nurses’ discursive reasoning about what care ought to be provided to patients (clients). This forum will also allow nurses to reason about how that care ought to be provided as nurse leaders establish an ideal speech situation that recognizes the competence of all nurses to conduct a dialogue about shared value priorities.

Critical incident reviews

During a critical incident review, a nurse leader can encourage registered nurses to engage in narrative telling about the incident and to appraise the stories within the context of professional settings, such as the Canadian Nurses Association code of ethics. Actions can thus be taken by nurses to preserve and promote what is intrinsically valuable in nursing practice based on particular reasons.

Professional development seminars

Professional development seminars may offer registered nurses the opportunity to engage in self-interpretation, and thus the opportunity consciously to transform traits into character dispositions, thereby potentially affecting perceptual judgements about what is relevant in their nursing experiences. Through dialogue, nurses may also gain insight into transcending their differences by deciding what has universal relevance in their nursing practices.