Clients' and nurses' perspectives on caring as related to nursing leadership - The Hellenic dimension Part One

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Abstract

Public perceptions of caring are vital to the future of the nursing profession. Literature indicates that patients conceive caring in a traditional manner which contrasts with that of nurses. This paper addresses the culturally determined complex and interactive personal, historical and sociopolitical factors that account for the development of clients' and nurses' perceptions of caring and explains the differences observed in research between the two groups. It also discusses the high cost that society and nursing pay today for the poor public image of nurse caring. Finally, it identifies strategies that nurses, especially those in leadership positions, can use to improve the consumer's view of caring and to reduce the gap existing between clients' and professionals' perceptions of the concept. The Hellenic perspective is used as a reference point to present the relevance of the issue to the broader context of nursing in the world. The paper is based upon primary and secondary data including research findings, legislation, the authors' observations and experiences with their domestic health care system, and available literature on the subject.

Introduction

Caring is the essence of nursing and the central component of its holistic practice (Leininger, 1988; Watson, 1988). It is thus beyond any question that the progress of the nursing profession and its survival are directly related to both clients' and nurses' attitudes toward the concept. A perspective is defined as the prevailing way in which members of a discipline, such as nursing, view and characterise a professional situation, such as caring (Meleis, 1997). Lay people, on the other hand, based on their experience and knowledge, develop their own perceptions about caring which may or may not differ from those of health care professionals. Nursing literature acknowledges that nurse caring is a difficult concept to deal with because there are several methodological and conceptual problems in defining it (McCance, McKenna & Boore, 1997).

For the purposes of the present paper, it is assumed that caring and nursing work are synonymous (Watson, Dearry & Lea, 1999). Roach (1984) perceives caring as the human mode of being and refers to nursing as the actualisation of caring in a professional manner. Focusing on the Hellenic nursing reality, this paper constitutes an attempt to provide an understanding of the current, traditional perceptions of caring and discusses strategies which may be useful to nurse leaders in building a more accurate image for the concept.

The Hellenic National Health Care System was instituted in 1983 and developed in such a way as to function according to the principles of the biomedical model. The public sector has a major role within this system, and the government pays for the health care services provided to all citizens. In general, the private sector also operates within policies set by the government. Health care policy is determined in a centralised manner at a national level through legislative procedures that regulate issues such as the tasks performed by each group of health care professionals and the level of reimbursement for these tasks. Although the system was initially designed to cover all health care services, many of these services (especially those provided in primary and tertiary prevention by health care workers other than physicians) are insufficiently offered because of serious inadequacies in human, financial and biotechnological resources.

The last decade has witnessed a dramatic increase in health care costs in Greece due to the following reasons: (a) rising demand of health care services in all levels of prevention, (b) wide application of advanced technology, (c) shortage of nursing personnel, and (d) insufficient knowledge regarding alternative types of health care services available. Such limitation in knowledge does not facilitate comparison and choice of the most appropriate type of care and cure needed in each case. Moreover, inability of patients and their families to pay directly for the health care they need does not allow them to choose the best offered quality of care at the lowest possible cost. Direct expenses for health care needs insufficiently met by the system cause a further increase in the cost of health care.

In its effort to adhere to the European Union's directives and to reduce health care costs, the Hellenic government has announced its intention to introduce major changes in the health care delivery system which are expected to affect negatively the social and welfare character, the quality of services it offers, as well as the nursing manpower and marketplace.

Literature review on perceptions of caring

Although there is a paucity of nursing research in Greece aimed to investigate clients' and nurses' perceptions of professional caring, initial research evidence suggests that patients emphasise the importance of caring

behaviours which involve physical well being and comfort and are based on tasks, duties and manual skills. These research findings are congruent with those of other investigations conducted in North America and northern Europe which show that patients tend to over-rate the physical and medical aspects of the professional role of nurses (Burfitt, Greiner, Miers, Kinney & Branyon, 1993; Fagerstrom, Eriksson & Engberg, 1999; Huggins, Gandy & Kohut, 1993; Widmark-Petersson, von Essen & Sjoeden, 2000).

In contrast, preliminary study results concerning nurses' perceptions of caring reveal that the majority of the members of the Hellenic nursing community, especially the younger ones (students and newly graduated), assign the highest value to emotional/affective and humanistic aspects of care (Rapti, 1998). Furthermore, studies regarding the clinical learning environment indicate that students, staff/ward nurses and clinical teachers in Greece perceive psychosocial care and advanced knowledge and skills as more important for their education as compared to basic nursing interventions . In spite of the fact that some nurse professionals in many countries still view the physical aspects of care as more significant than its affective components (Greenhalgh, Vanhanen & Kyngas, 1998) differences between clients and nurses in their perceptions of caring have been reported in a large number of American, Asian and European studies (Barr & Bush, 1998; Larsson, Widmark-Petersson, Lampic, von Essen & Sjoeden, 1998; Patistea & Siamanta, 1999; Yam & Rossiter, 2000).

Literature points out that clients poorly understand professional caring activities (Krebs, Myers, Decker, Kinzler, Asfahani & Jackson, 1996; Walker, 1996) and do not value the same nurse qualities equally (Carruth, Steele, Moffett, Rehmeyer, Cooper & Burroughs, 1999). Nurses, in turn, may not really know what aspects of caring are important to the patient (Lynn & McMillen, 1999) and thus must validate their perceptions of his/her needs and concerns (Widmark-Petersson et al., 2000). According to research findings, asymmetry in perceptions leads to patient dissatisfaction (Hostutler, Taft & Snyder, 1999). In contrast, satisfaction of both nurses and patients is increased when holistic and personalised care is provided (Evans, Martin & Winslow, 1999; Meleis, 1997).

The Hellenic community's traditional approach to caring and thus to nursing work is not surprising since both older and more recent studies indicate that nurses spend more than 60% of their time in professional activities which do not require advanced knowledge, such as cleanliness, feeding and bed-making. Furthermore, although there are exceptions to this pattern, Greek nurses plan and perform their clinical interventions based heavily on medical phenomena, signs, symptoms, surgery, drug administration and disease. Consumers' fragmentary conceptualisation of nurse caring seems to be associated with their biomedical perceptions of health. Study results show that Greek people view health as "good physical condition", "absence of disease" and "hygiene-prevention". Concepts such as "balance", "energy", "vitality" and "spiritual well being" are seldom included in the public's descriptions of health.

The traditional public view of caring is also reflected in the way in which the Hellenic media depict nurses' professional role. Writers, authors, producers, directors and actors have misused and misinterpreted the caring role of nurses and present it in a way that little acknowledges the recent changes which have occurred in nursing education and research . They focus on curing, ignoring nursing science's bottom-line thesis (Leininger, 1988) according to which it is the nurse caring intervention that makes cure possible. Unlike mass media in other countries (Casey, 1997; Hallam, 1998; Kalisch & Kalisch, 1986; Siegel, 1985), Hellenic movies, television and literature portray nurses as "angels of mercy", "heroines" or "physician's handmaidens" who rarely have a central role in the plot. Nurses are more often relegated to the background and are viewed by doctors as inferiors who should be ordered about or criticised. Their professional role is restricted to meeting the physical needs of the patient and does not require evaluation and problem-solving skills.

The review of the literature reveals that the problems of the public's traditional attitudes toward caring and the differences observed between nurses and consumers are not unique to the Hellenic nursing reality. They represent long-standing problems for nurses in other countries as well and seem to be correlated with the troubled image of the nursing profession itself (Hallam, 1998; Foong, Rossiter & Chan, 1999; Manchester, 1996; Kyes, 1998). What follows is a thorough examination of the causes and effects which, according to the international nursing literature and the Hellenic cultural beliefs, norms and reality, are associated with both care recipients' and nurses' views of professional caring and the patterns of its expression. A broad knowledge of issues related to the way in which nurse caring is conceived and expressed in countries other than those of North America (especially, in the member-countries of the European Union) can help nurses become aware of the problems which, at a universal level, might inhibit the development of their profession and conceal its real mission. This is so because many of the issues presented below have for a long time attracted increased attention on the part of the international nursing community (Lindeman, 1983) and have provoked intense discussions among its members.

Causes and effects of current perceptions of nurse caring

In an analysis of the causes and effects of the current perceptions of caring, nursing leadership should be aware that the relationship between the two is bilateral.

What at one time seems to be a cause, at another time may well be an effect, and vice versa. Attitudes, opinions and perspectives about caring are complex issues, which go hand in hand with other concepts such as communication, leadership, womanhood, public relations, power and marketing, and they need to be treated as such.

Explanations of the traditional public view of caring, and the differences between nurses and consumers in their perceptions of the concept lie both within and outside the nursing profession since nurses and society share the responsibility for the inaccurate messages communicated about professional issues. Society does not only reflect, but also directs public opinion about nursing and the role of its members. The social and professional causes and effects of the caring perceptions held by the Hellenic nursing and the wider lay community are summarised in Table 1.

Table 1. Societal and professional causes and effects of traditional perspectives of nurse caring.

Causes of perspectives	Effects of perspectives
Culture (stereotyping, value, norms)	Shortage in nursing personnel
Socio-political atmosphere of the health care delivery system	Limited use of nursing services-Holistic care is not offered
Organisational structure of health care institutions	Under-representation in decision-making bodies → Little power to control human, physical and fiscal resources
Irrationalities of the educational system	Loss of capable young people
Legislative deficiencies	Inadequate utilization of nursing in the economy
Profession (history, nature, education, lack of a regulatory body)	Low monetary compensation and social recognition → Burn out, high attrition & turnover rates
Lack of professional autonomy Confusion regarding "nursing" and "caring"	

In the international nursing literature, additional explanations can be traced in variations in research methodology (clinical setting, design, sample and instrumentation) as well as in structural factors associated with the person such as age, sex, life history, health demands and values, education, and years of professional experience (Dyson, 1996; Meleis, 1997; Widmark-Petersson, von Essen, Lindman & Sjoeden, 1996).

Culture has been recognised as the most significant variable correlated with the patterns in which nurse caring is conceived and expressed (Leininger, 1988) because it influences sex-role socialisation and the organisational structure of the health care delivery system. Although the Hellenic society has moved from patriarchy to more valuing of feminist ideals, this change has had little influence on nursing which is traditionally characterised as a female profession. The stereotypes that dominate in the portrayal of nursing roles in Greece can be seen as a consequence of the society's tendency to project those dimensions of professional caring that are consistent with the female nature of nurses such as the provision of general physical care. These stereotypes, which are similarly prevalent in many developed countries (Casey, 1997; Hallam, 1998; Krebs et al., 1996; Scott, 1999), confirm Meleis's (1997) statement that caring is still considered to be an integral part of the private field of women. It is true, however, that although Greek nurses provide their services in a task oriented, medical model, they frequently demonstrate nurturing behaviour. Other aspects of psychosocial caring also happen invisibly in many nurse-patient caring interactions. According to recent studies, 39% of the Greek patients perceive that nurse professionals in clinical settings do offer some type of psychosocial support Nevertheless, the sporadic incidence of such caring activities gives clients the impression that the provision of psychosocial care is more a trait characteristic of the nurse than a basic element of his/her professional caring role.

The aforementioned culturally determined sexual stereotyping might explain study results indicating that male nurse students in Greece (Rapti, 1998) - as well as in other countries (Gilloran, 1995)- value the psychosocial dimensions of their work more than the aspects related to the patient's physical/medical needs. In contrast, their female counterparts seem to perceive caring in more technical and professional terms (Rapti, 1998). Gender differences in caring activities are also observed in international studies showing that male nurses are less likely to be accessible and perform comforting behaviours whereas female nurses are more likely to provide physically based care (Greenhalgh et al., 1998). Nonetheless, as Watson and Lea (1997) assert, the construct of culture in relation to gender differences in car-

ing conceptualisations and patterns needs to be studied further.

Literature (Casey, 1997; Foong et al., 1999; MacDougall, 1997; Scott, 1999) notes that traditional role stereotyping, which is learned early in an individual's life, influences occupational preferences and career choice so that nursing does not seem attractive to young people. As far as males are concerned, although they join the nursing profession in growing numbers world-wide, they still constitute a small minority (Evans, 1997; Yorston, 1997). Similarly, stereotyping restricts the number of females who enter nursing and who have a natural desire to challenge the societal belief that certain professions are too tough for women. Research findings show that Greek nurses are not happy with the public image of their caring services whereas 34% of them consider their professional role as being only partially desirable and valuable . Similar studies in the field of nursing education reveal that only 23.4 % of nursing students like nursing while one in six totally reject the idea that nursing will be their permanent profession. There are no Greek surveys to estimate attrition rate in nursing education and turnover in nursing practice. However, based on the literature, their clinical and educational experience as well as on theoretical accounts, the present authors maintain that a considerable number of nurse students and young professionals will eventually leave nursing to pursue careers in other, less demanding and more socially valued occupations. There is initial research evidence revealing that more than half of the students (56%) either have definitely decided to leave their studies on caring or they are not sure whether they will practise nursing in the future.

Irrationalities inherent to the Hellenic educational system along with cultural beliefs and values that overemphasise academic achievement and employment in the free marketplace might explain the disappointing results of the aforementioned studies. For example, fear of unemployment and failure to enter a university or a technological school that requires higher degrees and additional credits force young people to follow studies and careers in professional fields that have little or no relevance to their primary educational and occupational preferences. Therefore, it is not uncommon that many Greek boys and girls whose first choice was to become a teacher or a psychologist find themselves studying nursing finally. Young people in Greece, especially males, use nursing as "a step" in order to join other professions that enjoy higher social recognition such as medicine, physiotherapy and psychology.

European and North American studies reveal that perspectives and patterns of caring as well as quality of care are affected by the organisational structure and the socio-political and cultural atmosphere of the general health care system and its environment (Nikkonen, 1992; Taylor, White & Muncer, 1999). In conformity with cultural stereotyping, the organisational structure of health care delivery systems world-wide conforms to the masculine way of leadership which is traditionally based on control and power (MacDougall, 1997; Meleis, 1997). Males, distressed by what Bernardez (1983, p.44) calls "fear of female power and dominance", are not willing to allow nurses-women to disrupt their insular universe and to challenge the norms they have established. As far as the Greek nursing reality is concerned, there is support for the view that the centralised bureaucratic structure of the Hellenic National Health Care System, which has been developed to serve the beliefs, benefits and values of the physicians-administrators dyad, is responsible for Greek nurses' diminished power in the health care field. This dyad, reinforced by the vague legislative regulation concerning the nature and practice of nursing, has accomplished its dominance in the Hellenic health industry at our profession's expense by restraining nurses from seeking power and leadership positions at the top of the hierarchy where the decisions about caring are made . Greek nurses' lack of power, in turn, is directly connected to the public's traditional beliefs about their caring role and the way in which nurses -as women- are brought up. It seems thus that Greek nurses are not different from their American colleagues in that their oppression "reflects world-wide oppression of women and subordination of nurses to bureaucratic and professional structures" (Meleis, 1997, p. 93).

Underestimating nurses' traditional role since nursing is made up largely of women, society is not eager to grant them authority to make health care related decisions (Joel, 1997). Because of the dominant societal norms and beliefs, nurse leaders are not situated in positions of authority in the Hellenic Ministry of Health and Welfare where health care policy is determined. In the institutional setting, although nursing directors retain the right to participate in the monthly meetings of the General Council (composed exclusively of health administrators, policymakers and physicians) of the hospitals in which they are employed, they have little, if any, control over human, physical and fiscal resources. When decisions regarding the quality of care and the organisation, structure and provision of caring services are to be made, according to health care legislation, they are not eligible to vote. Instead, their role is restricted to that of a counselor. A consequence of nurses' under-representation in the decision-making bodies, which allocate scarce health care resources, is that few or no financial incentives are given to nursing education and research on caring. This under-representation, observed in other countries as well, compromises the efforts of nurse leaders to market nursing as a health and caring discipline and enhance its growth (Laschinger, Sabiston & Kutszcher, 1997).

The origins of the traditional attitudes toward nurse caring should also be examined in the light of factors

within the nursing profession itself including its history, nature and education. The initial, religious orientation of nursing attributed to its members a charitable and merciful mission which lay people (and some older nurses as well) still hold to be the cornerstone of professional caring in many countries (Bem, 1983; Bjornsdottri, 1996;) (Mavulda & Mabandla, 1997). Furthermore, in Greece, nursing clinical practice is still linked to in-hospital care and treatment of illness rather than to promotion of health and well-being. Therefore, priority is given by both clients and nurses to manual skills and to those technical aspects of caring called by Henderson (1969) "delegated aspects". As a result, nurses do not offer and people cannot utilise many of the vital professional services such as counselling, guidance and teaching, and holistic care is not provided.

Moreover, nursing education, in its early years, gave emphasis to the development of the personality and behaviour of nurses while over-looking the improvement of their scientific knowledge and intellectual abilities (Hughes, 1982). In the subsequent years, nursing schools failed to differentiate the focus and goals of nursing and those of medicine because their development followed the medical domain of practice and its bio-clinical theories (Barnum, 1998; Meleis, 1997). During the last two decades, the Hellenic nursing education, following the paradigm of other countries, has undergone considerable changes in general nurse preparation which, however, are considered by the nursing and wider community to be unsuccessful in terms of improving quality of care and professional status. This is so because these modifications resulted as a response to differentiated ideological and political approaches to health care issues rather than as a response to actual educational and professional nursing needs or to health care environmental challenges.

Today, Greek nurses are prepared at multiple educational levels including: (i) the middle level (Technological Educational Lyceums, Institutes of Professional Preparation, and Technological Professional Schools), which prepares nurse aides; (ii) the advanced technological level (Technological Educational Institutions) which prepares diploma nurses; (iii) the university level (University of Athens) which prepares baccalaureate nurses; and (iv) the doctoral level. Ironically, despite the initial flurry of enthusiasm and in contrast to other countries (Bergman, 1997), the establishment of the Nursing Department at the University of Athens in 1978 has not made a major impact on the development of the nursing science and the improvement of the professional image.

This is so because, although there are more than 40 PhD nurse graduates, the nursing academic faculty still remains a "closed community" controlled by allied health care ("para-nursing") professionals who determine nurses' education, practice and professional legitimacy. It is noteworthy that, more than 20 years after the establishment of the Nursing Department at the university level, only 30% of the faculty positions are occupied by nurses whose major educational task is to empower students with knowledge and skills related to practice aspects of nursing in the clinical sector. Moreover, the baccalaureate nursing curriculum is not theory driven, and therefore it does not reflect the discipline's perspective, views and values. Instead, it focuses on high medical technology, pathophysiology and disease, incorporating only a few courses on fundamental nursing interventions. The medical philosophy of the baccalaureate nursing curriculum explains study results according to which 80% percent of physicians believe that nurses do not need to receive academic education because "doctors acquire enough". In contrast, the curriculum of the nursing schools at the technological level has been developed exclusively by nurses and defines the professional caring role in terms of maintaining and improving health at individual and group levels . Therefore, contemporary Hellenic nursing discipline confronts the paradox that the baccalaureate education prepares nurses with basic knowledge and skills to comprehend and ameliorate medical signs and symptoms, whereas the technological education prepares advanced practitioners with a unique aspect of nursing.

The multiple levels of nursing education in Greece confuse nurses, patients, health administrators and physicians about the activities which indeed constitute the nurse's role as a caregiver. What is even more confusing, however, is that differentiated practice has not followed multiplicity in education. Although Greek nurse leaders frequently demand restructured practice so that the baccalaureate professional has an advanced role, legislative deficiency and shortage of nursing personnel allow clinical settings to use diploma and degree nurses as if they have the same educational credentials. Unlike North America where a significant staff shortage is similarly observed (Barnum, 1998; Gottlieb & Gordon, 1999), in the few Hellenic hospitals in which professional tasks and duties are distributed according to preparation and training, differentiation in roles has a downward direction. Most of the differentiation has been between diploma/degree nurses on the one hand, and nurse assistants on the other, rather than between baccalaureate and diploma nurses. This might explain research findings indicating that more than half (51.5%) of the students attending the nursing programme at the University of Athens do not perceive baccalaureate education as a motivational factor to stay in the nursing profession.

Traditional approaches to the caring role can also be attributed to the fact that many of the improvements that the Hellenic health care legislation has brought about in the professional rights of nurses are frequently dismissed or reinterpreted to suit policymakers', organisations', administrators' and physicians' convenience. For instance,

in contrast to health care legislation and nursing leadership's request, the Hellenic government, blindly responding to hospitals' and patients' frequent claims of nursing shortage, has chosen to increase the number of nurses by hiring assistive personnel with minimum nursing preparation . In addition, due to physician surplus in large hospitals, well prepared nurse colleagues are frequently forced to quit many of their advanced technical tasks which are performed by doctors and provide only basic nursing care. On the other hand, in times of physician shortage, diploma and degree nurses, though often legally unauthorised, perform many of the medical activities. Finally, being frustrated and burned out by task oriented job expectations, many nurses with advanced training move away from bedside and offer indirect care, i.e., tasks associated with the responsibility of head nurse, secretary work and others. When this is the case, physically based care is provided by nurse aides with little nursing education or by unauthorised individuals hired by the patient to compensate for nursing absence (Lemonidou, Plati, Brokalaki, Mantas & Lanara, 1996).

The large number of nurse assistants (including nurse aides with minimum formal nursing education) working in the Hellenic hospitals, and diploma/degree nurses with little chance to perform the advanced nursing interventions-skills that they are taught during their formal education, may account for study results showing that one out of ten physicians believe that (a) nursing care should be offered exclusively either by assistive personnel or by non-certified persons, and (b) the performance of autonomic caring tasks by nurses should not be allowed.

Incompatibility between nursing education and practice, which reinforces the traditional view of the caring role and inhibits nurses' efforts to market a holistic perspective on their profession, is associated with the problem of who controls nursing as a practice-oriented discipline in Greece. In contrast to other developed countries where the nursing profession has earned the right and the responsibility to govern its own affairs (e.g., the United Kingdom Council of Nursing, Midwifery and Health Visiting in Great Britain, the College of Nurses' Council in Ontario, Canada, the various professional associations in the US, etc.), Hellenic nursing leadership has missed strategic opportunities to develop a professional association that would efficiently serve the public and the profession. In Greece, although professional activities have been regulated through legislation, nurse clinicians' caring interventions are determined to a large extent by the philosophy and needs of the health care institutions in which they are employed rather than by their own professional standards of care. Moreover, in the free healthcare workforce, many of the caring services authorised to be nursing are provided by a wide variety of individuals ranging from physicians to non-certified individuals who, without penalties, use the designated title of the "nurse" and provide associated caring services illegally. This is so because licensure (that would provide both title protection and an exclusive area of practice) and registration (that would subject registrants to minimum practice standards) are not obligatory when practising nursing in Greece. The only method used to provide minimum regulation of nurse professionals and thus minimum protection to the public is the certification of competence granted by all nursing schools to those who meet the predetermined qualifications, including passing exams. Even more paradoxically, physicians, through legislation, have managed not only to institute their right to perform many of the advanced interventions declared to be nursing at the free marketplace but also to determine officially the level of their monetary compensation for each of them. On the other hand, Greek nurse leaders, ignoring the natural motivation of young colleagues to practise nursing as self-employed professionals, have exerted little influence on the government to regulate qualitative and quantitative issues concerning independent provision of nurse caring services in the community.

Additional reasons for the inaccurate perceptions of professional caring and nursing's slow progress toward autonomy and legitimacy can also be traced in Hellenic leadership's failure (a) to provide clear definitions of "nursing" and "caring" as opposed to "medicine" and "cure", a problem faced by the international nursing community as well (Meleis, 1997), and (b) to create new job markets for young colleagues. Furthermore, nurses' poor communication with the wider Hellenic community and their absence from public debates about caring, health and/or illness issues do not permit them to inform the public regarding advances and changes in the professional field. This absence offers a great advantage to both physicians and psychologists, who enjoy a monopoly in public forums today. Finally, midwifery, health visiting and nursing have traditionally been considered and treated in the Hellenic health related education and practice by policymakers as three distinct professions, with the first claiming responsibility for perinatal care, the second for health education and the third for direct basic physical care. This schism, created and perpetuated because of conflicted interests, further confuses the public, policymakers and health care professionals (26% of physicians perceive nursing and midwifery as two distinct scientific and professional fields) and prevents them from formulating a precise and comprehensive idea of what is nurse caring.

Nursing and society today pay a high cost for the narrow attitudes held toward professional caring. Similarly to other countries in North America and the Third World (el-Sanabary, 1993; Meleis, 1997; Ornstein, 1990), traditional approaches to professional caring and nursing's lack of power in Greece are reflected in lack of full professional status and low financial reward and social recognition. Unlike in the US where nurse practitioners and clinical nurse

specialists are paid through the Medicare Program (Buerhaus, 1998), the Hellenic health care policy does not allow direct payment of nurses for their professional caring services. In contrast to physicians' monetary compensation that is established through legislative procedures developed exclusively for this purpose, nurses' reimbursement in the public health care sector -and to a smaller extent in the private sector- is determined by the general law regulating reward and promotion issues of employees in the general field of public services. As a result, Greek nurse professionals, who are employed almost exclusively in hospitals, primary health care centres and long-term care facilities, have little chance to bargain their monetary compensation and therefore have not experienced significant financial gains over the years. Nowadays, nursing personnel's net monthly salary ranges from US $880 to US $1050 depending on level of education, years of experience and social offerings and increases in relation to national inflation rate (2-3% per year). Moreover, health care legislation, which does not incorporate rules anticipating the development and function of nursing enterprises/companies (indirectly restricting nursing's involvement in health related business), forces Greek nurses to look for certain, prescribed traditional job positions and thus inhibits their personal growth by discouraging their scientific and occupational aspirations. Traditional work placement of nurses, finally, limits the scope and mission of contemporary nursing and its utilisation in the economy. In what seems to be a vicious circle, the inadequate remuneration of Greek nurses and their lack of power reflected in their under-representation in decision-making, reinforce impaired views of caring.

Research indicates that 33.6% of patients and 35.7% of nursing personnel attribute bad quality of care to low financial reward. Although the vast majority of clients and nurses consider "tipping" as ethically unacceptable and humiliating, 91% of the former think that professional caring services are underpaid and that giving nurses some "extra money" is a prerequisite to obtaining high quality, personalised care . Low prestige and salary along with other environmental and structural factors such as bad working conditions, insufficient organisation and management of the nursing department, troubled inter-professional relationships, inadequate nurse administrative support, rising health care demands and increased use of technology contribute to nurses' burn out and dissatisfaction with their job . Similar findings have been obtained from other studies conducted in both developed and developing countries which reveal that job image and lack of recognition coupled with environment-induced tension affect nurses' job satisfaction, organisational commitment and intention to quit (Borda & Norman, 1997; el-Sanabary, 1993; Lim & Yuen, 1998; Taylor et al., 1999).

Being unhappy with their traditional caring role and the uncertainties and overload associated with it, many Greek nurses holding degrees and diplomas have developed a natural fear of joining the in-hospital labour market and choose educational careers instead. As a result, a substantial advanced nursing presence at the bedside is diminished and a serious staff shortage in well prepared nurses is observed today, in an era in which the health care needs of the Greek population at all levels of prevention have been increased. National surveys which register nursing personnel show that caring services in Greece are provided by 11,497 diploma/degree nurses and health visitors, 22,318 assistant nurses (including nurse aides with minimum formal education) and 1,900 midwives (a total of 35,715). However, staff needs for the year 2000 and beyond are estimated to be 36,300 diploma/degree nurses and health visitors, 21,700 assistant nurses and 4,000 midwives (a total of 62,000) (Plati, Lemonidou, Katostaras, Mantas & Lanara, 1998). A further shortage is likely to develop in the near future due to a considerable rise in the rate of nursing absenteeism which, for the year 2000, is expected to increase by 56% in comparison with data collected for the year 1990 (Plati, Lanara, Katostaras & Mantas, 1994). Nevertheless, more research is required to reveal the actual reasons for the high incidence of nursing absenteeism as compared to those officially reported in the nurse employee's file. It is the present authors' belief that Greek nurses' absenteeism is more related to the uncertainties and overload associated with their traditional role as caregivers than to sickness or educational leave.

Every nurse can be a potential leader

Although there are noticeable variations in the expressions of caring among European countries (Depasse, Pauwels, Somers & Vincent, 1998) and significant differences in health care policy between Europe and North America, the present review of theoretical and research reports on caring identifies two points of interest common to nurse leaders world-wide. The first point is that consumers seem to conceptualise nurse caring in a way which is not to a large extent in harmony with that to which contemporary nursing aspires. The second point is that the literature mirrors an imperfect, public image of caring which is based on traditional beliefs and values. People inadequately comprehend caring and little recognise nurses' ability to intervene effectively in the psychosocial and spiritual spheres. This literature review also identifies points of interest that are particularly apt to the Greek nurse leaders who have done little to help nursing move beyond the limitations imposed by traditional beliefs or to benefit from scientific advances and progress.

Because consumers' perceptions of professional caring are an important barometer of how nursing is valued in society (Hallam, 1998), nurse leaders are forced to take actions to fill the existing gap between clients and nurses in their perceptions of caring and to improve public atti-

tudes toward professional activities. The responsibility and success of these actions lie with those nurses who exhibit the skills of an effective leader. Any nurse who does his/her job competently and has the intellectual, psychological and behavioural assets to produce or to contribute to a change can act as an influential leader.

If leadership is defined as "a set of actions that influence members of a group to move toward goal setting and goal attainment" (Claus & Bailey, 1977, p.5), then any nurse who "cares for" a group of clients or a group of nurses sets goals and creates opportunities for their fulfilment. In this process, a nurse has to be creative, communicate effectively, take risks, listen actively, be reliable, make decisions and create opportunities for her/himself and the members of the group. In other words, a nurse has the chance, both when working individually with clients/nurses or in a group, to manifest leadership behaviour. How well she/he puts into operation the four key components of nursing leadership, i.e., "deciding", "relating", "influencing" and "facilitating" (Yura, Ozimek & Walsh, 1982), distinguishes her/him from a follower.

Although all nurses can be pioneers in leading the movement toward the recovery of the image of caring, some nurses can assume greater responsibility than others. Among nursing staff, middle managers and supervisors, by virtue of their status, have the authority to draw public attention to the present issues regarding caring and health and patient care situations (Dachelet, 1982). These are also the people who usually have to deal with the pressure of the mass media. Moreover, nursing leadership in theory development and education should carry the burden of promoting the status and prestige of caring as the core activity of nurse practitioners.

The importance of the role of nurse leaders in building a holistic caring perspective and in merging the perceptions of nurses with those of consumers is unquestionable. First, they act as role models for the nurses who follow them. Second, they are the people who most frequently represent the nursing profession and speak about the caring services it provides. And third, they reflect the values, strengths, and weaknesses of their groups (Vance, 1982). Taking into account that leaders also reflect the attitudes and values of the wider society, it is easy then to grasp the tremendous responsibility that nurse leaders have in correcting the public's mistaken impressions of professional caring and in challenging society's beliefs about the role of nurses-women as caregivers.

Bridging the gap in perspectives on caring by improving them

The two points identified in this literature review are inter-related and imply that nursing leadership's actions should have both an internal and an external focus, i.e., actions directed at the macro level of the government and health care policy, the meso level of the public and the micro level of the nursing discipline. In addition, these actions have to be undertaken at an individual (interactional) and at a group (organisational) level. As Antrobus and Kitson (1999) maintain, effective nursing leadership is "a vehicle through which both nursing practice and health policy can be influenced and shaped" (p. 746). Table 2 highlights some of the strategies to be used at the various levels of action.

Table 2. Selected interactional and organizational strategies to be employed at the macro, meso and micro levels.

LEVEL OF ACTION	EXEMPLAR STRATEGIES
Macro Level (government / health care policy)	Establishment of a regulatory body, efforts to affect the law-making process, more powerful positioning in the ministerial and institutional hierarchy, introduction of new reward methods, pressure on government to solve nursing-related issues, increased use of the nursing process to prove the type and value of professional caring
Meso Level (the public)	Development of public relation committees to supervise information transmitted to the public about nursing and its caring role, use of campaigns and public gatherings, development of networks with women's organizations, participation in public debates, control over textbooks
Micro Level (nursing education, theory, practice and research)	Acquisition of a unified level of practice and education, staff empowerment (elimination of factors negatively influencing caring interactions, re-examination of personal leadership style), restriction of the number of nurse assistants, redefinition of the philosophy of nursing education, introduction of changes in organizational structures, professional agreement on the view of caring, development of collaborative relationships, establishment of a separate identity for nursing

Actions directed at the macro level (government/health care policy)

In spite of the fact that the nursing profession holds the majority membership in the health care field (McKinnon, 1999), its representation in the decision-making process regarding health care policy is disappointing. The international nursing community acknowledges that it is important for nurses to understand and participate in the analysis and formation of policies that influence issues vital to their development and survival as professional caregivers (Barnum, 1998). More powerful positioning of nurses at the ministerial and institutional levels would provide the necessary support to influence nursing practice and education, to increase funds for continuing education of the staff and to promote research that suits the public's health care needs and nursing's orientation toward caring.

In contrast to many European and North American countries, unfortunately, nursing is not a self-governing profession in Greece regardless of its long struggle for this status. Instead, it is the government that assumes much of the regulatory power over nursing in the areas of education, practice and research. Today, there are three professional associations in Greece: (a) the Hellenic National Graduate Nurses Association established in 1923; (b) the Hellenic Graduate Health Care Professionals Association established in 1982; (both of these register professionals who are active in nursing) and, (c) the Scientific Nursing Association established in 1989 (registers exclusively baccalaureate prepared nurses). There are also two nursing unions both established in 1995 which, in contrast to the professional associations that traditionally negotiate in a passive manner, usually employ more radical ways of bargaining conflicts. There are no similar professional associations or unions for nursing assistants.

These associations and unions have not managed to promote effectively the interests and goals of the nursing profession or to protect the public from professional malpractice and misconduct, for many reasons. First, their voluntary nature does not permit them to act on behalf of all members of the profession or to supervise the quality of care they offer. Second, the government is not willing to solve definitively the nursing practice related problems to allow health care facilities to use nursing personnel at their convenience and thus meet the needs for increased staff. Finally, they have never organised strikes or demonstrations to protest against the unfair appraisal of professional caring and to demand nurses' right to govern their own affairs.

As mentioned, the Hellenic government, complying with the directives of the European Union, intends to redefine health care policy by increasing the private health care sector and retaining nurses in traditional employment settings without significant financial motivation. It has been estimated that the private health care sector has been increased by 23% in the Greek health care delivery system between the years 1985-2000, whereas the respective increase for the year 1999 only was 12.1%. So far, nurse leaders in Greece have avoided the challenge of coming to terms with the impending changes that endanger the future of the nursing profession and the quality of the caring services it offers. Because Hellenic legislation gives little chance to nurse leaders to participate directly in the forthcoming transformation of health care policy, their efforts should be targeted at increasing their opportunity to affect the law-making process. Nursing literature in Greece as well as in other countries suggests that nurse leaders should be prepared to present their position and act as advocates in the boards where the decisions about health care policy are made (Taylor & Woods, 1999).

Nurse leaders not only in Greece but also in other countries should also channel their energy and time in actions aimed at increasing nurses' formal and informal power to influence quality of care and decrease subordination of nursing discipline to managerial and biomedical discourses (Laschinger al., 1997). Hellenic leadership particularly should demand that the nursing profession has its own department at the Ministry of Health and Welfare whose sole subject would be the examination of nurse caring and other professional issues. Although this happens in many countries, other health care occupations (e.g., physicians and social workers) are represented at ministerial level in Greece having thus a unique opportunity to expand their clinical role at the expense of nursing and bargain their interests more effectively.

Because nurses are underpaid for their caring services, the international nursing leadership should propose new reward methods, depending on the legislative framework of each country, to increase professional commitment and to reduce attrition and turnover rates. DeGroot, Burke and George (1998), for example, suggest the application of a budget-neutral compensation of nursing services that is based on distinction for competence, educational level and productivity outcomes. To propose changes in the payment system, however, nurse leaders world-wide should be able to demonstrate, through research and productivity measures, the clinical importance of bedside and invisible caring as well as its economic value (Harrison, 1999; Lamb-Havard, 1997). Unfortunately, in Greece, nursing has failed to make clear to policymakers (both political leaders -who are mainly physicians/lawyers- and health administrators and managers) the type and value of the caring services it offers. This is so because nurse practitioners plan and perform their clinical interventions based heavily on the medical model of approaching health needs and problems. Very few Hellenic hospitals, either private or public, have adopted the nursing process as a procedure for organising nursing care. As a consequence, apart from the patient's medical charter in which some of the nurse caring interven-

tions ("ordered" by physicians) are described, nowhere else can one find official documentation of nursing services and activities. Furthermore, in the few hospitals in which the nursing record is employed to identify the nursing care provided, information included has never been used as an evidence of the value and type of professional caring. Hellenic nursing leadership should use the experience of other countries where, as Borough (1999) notes, assessment and documentation are directly associated with the amount of nurses' reimbursement [e.g., the Prospective Payment System (PPS) contained in the Balanced Budget Act of 1997].

As is evident, the most important task of contemporary Greek nursing leadership at the macro level today is to demand the establishment of a professional organisation which, representing all nurse practitioners and having the right to regulate nursing issues, would promote and contribute to health care policy in the interests of public welfare and the profession. Regardless of its inherent limitations, Hellenic law contains numerous rules that intend to regulate professional activities and to protect the scope of nursing practice. Nevertheless, the lack of a professional regulatory body prevents nursing leadership from (a) supervising how the law is maintained, (b) ensuring that health care facilities in which nurses are employed follow the legislation determined by the government, and (c) monitoring nurse professionals and protesting against unauthorised individuals who illegally offer nurse caring services and use the title of the "nurse".

Greek nurses' ability, however, to demand the establishment of such a professional organisation requires a unified approach to professional issues by the various groups within nursing. So far, Greek nurse leaders have not managed effectively the diverse opinions within the profession and thus they have not acquired enough unity to exert political power on behalf of nursing. They should be astute enough to learn from experience and recognise that unity equates to power and influence.

Actions directed at the meso level (the public)

In contrast to North America and Australia where a noticeable shift is perceivable in society's recognition of nurse caring services (Hallam, 1998; Joel, 1997), nursing in some countries, including Greece, has not succeeded in convincing the public that the caring services it offers are rare, unique and valuable (Foong et al., 1999; Mavulda & Mabandla, 1997). According to social exchange theory, the scarcity and value of services provided to society by members of a professional group are directly associated with this occupation's social status (Blau, 1964; Hommans, 1974). Although there is no paradigm that can explain satisfactorily the process of opinion/perception/image formation and change (Hill, 1983), there are specific strategies which may be useful to nurse leaders in building a better, more accurate image of their caring profession and closing the gap between clients and nurses in terms of their perceptions of nursing activities.

Encouraging interaction between nurses and the wider community and facilitating the development of networks should be a priority for nursing leadership. Because many issues of major concern to women in general are directly related to those concerns confronting the nursing profession in its effort to promote its caring aspect (Meleis, 1997; Garant, 1981), nursing leadership should strengthen the capacity of national and regional women's organisations to advocate for women's rights. Nurse colleagues, whose services are traditionally conceptualised as women's work, should also challenge social structures that predetermine authority, power, knowledge and roles in the health care industry by adopting a more career- and less job-oriented personal/professional philosophy. Greek nurses are unfortunately still job-oriented hoping that, sooner or late, they will leave the nursing profession for a career in marriage and motherhood.

In addition, pamphlets and public gatherings can be used to increase people's awareness of the full spectrum of professional caring and remove their confusion about nursing education and practice (Mavulda & Mabandla, 1997; Habgood, 2000). Accurate information communicated to the public will promote a holistic perception of nurse caring and will correct people's mistaken perception that "medical services" is an umbrella term under which all health care services are classed or that nursing skills are merely easier medical skills. This belief is a result of physicians' successful efforts to institutionalise their dominance not only over the whole health care sector, including nursing, but also over society, by performing non-medical functions such as social control (Kleinman, 1991). Increasing broadcast and print media coverage of nurses and their professional services is another method that nurse leaders can employ to exercise the influence needed to improve consumers' view of caring. This is so because recent surveys in the US indicate that nurses and their work are cited in only 4% of magazine, newspaper and trade public articles while physicians are quoted in 43% (Bezyack, 1999). Finally, nurses should make their caring role visible as authors developing their writing skills and publishing books about health care issues. More than fifteen years ago, Kalisch and Kalisch (1982, 1983) urged nurses to become active in fiction writing whereas, more recently, Holmes and Gregory (1998) propose poetry as a pattern of knowing nursing.

Besides other actions, Greek nurse leaders should concentrate especially on two points. First, they must try to restrict contemporary medicine's attempt to expand its imperialism to include health care arenas in which, as Aaronson (1989, p. 277) states, "it has no formal training or legitimate claim to expertise". Cultural care, health education and family care and counselling are examples of such

areas . Second, they should create public relation committees because, according to the literature (Andrica, 1997), these committees have succeeded in improving public attitudes toward nursing and its caring role. The main task of the Hellenic public relation committees would be to supervise and control the accuracy of the information transmitted to lay people about nursing care. Some Greek private insurance companies, for instance, make extensive use of "caring" as a concept (as well as the nursing concepts of caring) to market the medical services they provide. Moreover, recognising that the mass media are potent forces that shape clients' knowledge and opinion, the public relation committees should protest against those people who misinterpret nursing and misuse its members. For example, Hellenic mass media frequently overemphasises mistakes in the practice of nursing and criminal actions of nursing assistants, at the same time ignoring scientific advances in the health care field announced at the nursing conferences. In addition, they use the terms "diploma nurse" and "nurses aide" interchangeably confusing people and obscuring the scientific aspect of nursing and the advanced level of its practitioners. They also often portray nurses as "sex objects" and "physician's handmaidens" in films and prime-time television perpetuating mistaken perceptions about the intellectual, psychological and behavioural qualities of nurses.

These committees should also encourage efforts made by Hellenic health care institutions and people outside the nursing profession to promote the professional role of nurses and to present them in a sophisticated manner. To advertise the quality of their nursing services, for example, some health care facilities in the private sector have stopped hiring assistive personnel and have increased the number of diploma/degree nurses in their staff. Furthermore, following the North American marketing paradigm (Joel, 1997; Burdick, Mahmud & Jenkins, 1996), other private hospitals have begun to appeal to their prospective customers based on the advanced caring services they offer in the form of telenursing, primary-care arrangements and continual access to nurses . Finally, Hellenic television played a video to market the medical and nursing services offered by one of the largest private insurance companies. This video was based on the life of Florence Nightingale, and it was an exceptional portrait of the nurse as an altruistic, warm, sympathetic, and nurturant person. It is pity that none of the Hellenic nurses' associations grasped the opportunity to express appreciation for the way in which nurses were depicted and thus to reinforce similar actions in the future.

Many scholars assert that nursing leadership world-wide should touch on the problem of the loss of intelligent and capable people who are pursuing careers other than nursing (Buchan, Hancock & Raferty, 1997). In their attempt to solve the problem of recruiting young people to the nursing profession, nurse leaders should analyse spherically the obstacles to their participation in it and examine thoroughly the available research and clinical data on the issue (el-Sanabary, 1993; Gottlieb & Gordon, 1999). In Greece, social recognition, respect of nurses' personality and work as well as improvement of their payment and working conditions are considered by nurse students and practitioners as the most important motivational factors that can empower nursing. Therefore, campaigns to enhance the image of nurse caring services will make nursing a more respected and socially valued professional field and will attract young people to enter the profession. Campaigns have been successfully employed by nurses in other countries to win the enactment of a law for securing better working conditions, better vocational training and an increase in the numbers of staff (Katsuragi, 1997). Moreover, recasting nursing care as a sophisticated occupational field in health care practice, education and research will undoubtedly contribute to the profession's sustained legitimacy and authority. Foong et al. (1999) suggest that nurse leaders who intend to grapple with image promotion issues should market the positive aspects of the nursing profession acknowledging, at the same time, social, environmental and other disadvantages in its expression.

Efforts should concentrate especially on increasing male participation in the nursing profession because, as Meleis (1997) asserts, it would be detrimental to nursing if caring "is relegated only to women in society" (p. 97). Since the stereotypes that dominate caring are created from ideas planted during early childhood, participating in the feminist movement and becoming elected officials is one way for nurses to have an effective input into the kind of socialisation that children receive in contemporary society. A second way is to exercise control over school textbooks that reinforce occupational stereotyping. Recent investigations show that nursing is not included in the occupational preferences of Greek children who perceive it as a woman's job. On the other hand, it would be similarly detrimental to nursing if male nurses who occupy administrative positions adopt the masculine way of leadership that would allow them to distance themselves from their female counterparts and elevate exclusively their own prestige and power (Evans, 1997; MacDougal, 1997). There is an urgent need for women-nurses to avoid nurturing the careers of their male colleagues and thus establishing a paradoxical form of stereotyping, i.e., in a female-dominated occupation, it is males who are situated in elite positions.

Although communication with the public should be Hellenic nursing leadership's first priority, this task will be a difficult one. Nurses' long absence from public exposure, the low status of their profession and the lack of clear definitions of "nursing" and "caring" may cause professionals' feelings of fear and insecurity regarding their participation in public forums. Nevertheless, these problems should

not impede nurses in Greece from their efforts to create a comprehensive image of nursing and caring. They can grasp people's attention by communicating issues of intense concern to them such as the limitations to be brought about in the health care delivery system.

It is acknowledged that Hellenic nursing faces a crisis in its formal leadership today . Nonetheless, among rank nurses, there are colleagues who have the ability to exercise influence and thus to act as models and opinion leaders. Recently, a famous television programme invited the participation of two Greek nurse colleagues who are members of the Hellenic sector of the organisation "Medicine sans frontiers". These nurses were the first health care professionals-pioneers to arrive in South Yugoslavia in April 1999 to help civilians (Serbians and Albanians) who were attacked with the bombs of the North Atlantic Treaty Organisation (NATO). The other national sectors of the organisation "Medicine sans frontiers", influenced by non-health related motives and adhering to the political and military strategic planning of NATO, purposely delayed sending humane help to the suffering people, providing unsustained reasons. The two nurses organised campuses for the wounded and hungry war victims and provided all the required background support for the other members of the Hellenic sector of the organisation who reached there a few days later. As a result of this initiative, the international organisation's committee decided that the membership of the Hellenic sector should be removed. Through their descriptions of the actual facts, the two nurses presented a self that reflected excellence as clinicians and leaders coupled with increased sensitivity in human suffering. Unfortunately, none of the Hellenic nursing professional associations rewarded these colleagues' contribution to humanity and nursing. In addition, nurse leaders missed the opportunity to strengthen cordial relationships and networking with the physicians and other health care professionals-members of the "Medicines sans frontiers" by expressing their objection to the unfair decision of the international sector and their support for the Hellenic sector's specific humane action.

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Editor's Note

This article contained many references to Greek nursing literature to support the authors' position. However, due to production difficulties, Greek terminology and references could not be reproduced.

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