Theory Critique of Kristen Swanson's Theory of Caring

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Abstract

Theory is considered essential for integral assessment, adopting its foundations and concepts is of great utility. The theory provides different templates to help nurses provide care that respects patients and improves outcomes. Through understanding the intersection of nursing, patients, health, and the environment, theories aim to simplify the complicated, ever-evolving relationship that nurses have with their profession. Nursing theory helps distinguish nursing as a separate discipline from medicine and related sciences, and assists nurses in understanding their patients and their needs. The behaviors of healthcare providers affect how patients participate in and experience care situations. In the nursing discipline, the theoretical structures of caring have been established as the core concept of guidance in all nurses' work. The aim of this paper is to develop a critique of Kristen Swanson's theory of caring—a theory structured around five caring principles (maintaining belief, knowing, being with, doing for, and enabling) by applying it to nursing practice. When applied to nursing practice, each of these five stages stimulates the caregiver's attitude, which in turn improves the overall patient's well-being. Implications to nursing practice are mentioned [1] [2].

Keywords

1. Introduction

Incorporating caring into a theoretical framework has been discussed in various sources, both historical and contemporary. One of them is Dr. Jean Watson's theory of transpersonal caring, which was published in 1979. In Watson's Human Caring Model, a person has 3 dimensions—mind, body and soul. Accord-

ing to Watson, the core of the Theory of Caring is that "humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce." Her theory encompasses the whole world of nursing; with the emphasis placed on the interpersonal process between the care giver and care recipient. This theory is used as both a source of inspiration and a model for the construction of guiding practices for middle-range caring theories, such as that of Kristen Swanson's [3].

Kristen Swanson's theory of caring [1] is a theory structured around five caring principles (maintaining belief, knowing, being with, doing for, and enabling). Similar to Watson, Swanson's theory of caring is predicated on the notion that a nurse's demonstration of concern for the patient is more essential than providing the necessary clinical care. Swanson desires nurses to view each patient as an individual with unique needs, as this is the key to greater healing and care.

With its explanatory sufficiency on nursing knowledge and development, Swanson's description of avoiding assumptions, focusing on the person being cared for, assessing thoroughly, seeking cues, and engaging oneself is the reason Swanson's theory of caring was chosen to critique. As a nursing administrator observing patients and staff in the Emergency Department (ED), it is important to understand specific patient needs and the motivation required by the staff to offer the best nursing care.

For this critique, the Theory Description and Critique by Peggy Chinn and Maeona Kramer [4] was selected to conduct a more in-depth analysis and evaluation of Kristen Swanson's theory of caring using the six elements presented while simultaneously applying this knowledge in the chosen focus area so that it can be further used in the development of nursing knowledge [5].

2. Purpose

2.1. The Theorist: Kristen Swanson

In addition to her roles as an Associate Chief Nursing Officer for Academic Affairs at University of North Carolina (UNC) Hospitals and as a Dean of the School of Nursing at the UNC at Chapel Hill, Kristen M. Swanson holds credentials as a Registered Nurse, Doctor of Philosophy in Nursing, and Fellow of the American Academy of Nursing. She received her bachelor's degree in nursing from the University of Rhode Island in 1975, her master's degree in adult health and illness nursing from the University of Pennsylvania in 1978, and her doctorate in psychosocial nursing from the University of Colorado. She did her postdoctoral work at the University of Washington [1] [6].

2.2. Theory Description

Traditionally, Swanson's theory of caring (1991) was used to characterize the care required for patients and their families. Her theoretical creation was motivated by women who had experienced a miscarriage, caretakers of infants in the neonatal intensive care unit (NICU), and her social interviews with mothers who

were at risk. She considered the necessity for treatments required from nurses, such as providing care from a different perspective, as a result of the many unfavorable psychological effects caused by this circumstance.

The overall idea was described through five caring processes: maintaining belief, knowing, being with, doing for, and enabling. Swanson is conscious that her theory's components are not unique; rather, she greatly emphasizes the interaction mechanisms among the five care processes, anchored by understanding other's actuality, conveyed by being with, and performed through doing for, and enabling. If this principle is applied to nursing practice in the ED, each of these five stages enhances the nurse's disposition and the patient's health as a whole.

3. Concepts, Definitions, and Structure

This idea is aimed at providing support for nursing staff so that they may provide care that in turn encourages dignity, respect, and empowerment. This paradigm was conceived to ensure continuous acts of caring, which would, in effect, lead to increased patient satisfaction.

3.1. Maintaining Belief

Because maintaining belief is essential to providing care, a nurse must be aware, whenever she interacts with a patient, that a personal meaning should be found in whatever the patient is dealing with, be it a health condition or a developmental challenge. This is true regardless of whether the challenge comes in different forms when presented to the hospital. As a result, Swanson proposed that, to be a caring nurse, there must be evidence throughout the interaction, from the beginning to its continuation.

In addition, during this phase, the nurse must see the patient's situation as a unique experience so that she can capture the positive outlook on that conversation and introduce a balance between maintaining the patient's own beliefs and the care required from the nurses. A nurse must do this so that she can introduce a balance between maintaining the patient's own beliefs and the care required from her.

3.2. Knowing

Knowing means making an effort to gain an understanding of an occurrence by investigating the lived experiences of patients through thorough assessment, the significance in other people's lives, avoiding making assumptions, focusing on the person being cared for, conducting extensive assessments, looking for cues, and either engaging oneself or together with the patient. When we reach this point in the process, it creates a connection between the person providing care and the person receiving care, as characterized by compassion and understanding.

As common knowledge, carrying out a comprehensive first assessment is of utmost significance by considering all of the patient's medical, psychosocial, and spiritual factors, as well as their family history and personal views of their cir-

cumstances. If the nurse knows that her primary aim at this stage is to build appropriate perspectives and make significant contributions to actually fostering true knowledge at this stage, then clinical documentation will be much simpler.

Increased workload at the emergency department (ED) and the shortage of nurses may leave some patients without proper care. The importance of patients' perceptions of caring is vital when organizing nursing practice under such circumstances. If the nurse does not know how to make a proper conversation with the patient while continuously performing their professional responsibilities as a nurse, the patient may misunderstand the nurse's caring behavior for something else [7].

3.3. Being with

It is extremely important to be emotionally present to others to provide an impression to the patient that the nurse places a high level of importance on the patient's health, regardless of what that condition may be. Nurses should reassure the patient that whatever they share is acceptable and valued, and in exchange, the nurse should be willing to listen, assist, and be there for the patient.

After gaining an understanding of the patient's viewpoint and carrying out an extensive and comprehensive examination of the patient's current situation, the next step is to ensure that the patient's needs are met promptly, or to reassure them that the nurse is ready to assist them at any time whenever they may require assistance. Compassion, acceptance, and treating patients as persons are hallmarks of good emotional care [8].

3.4. Doing for

Doing for another person entails doing for them what they would want to be done for themselves, if it were possible. This includes consoling the other person, anticipating their needs, performing competently and skillfully, protecting the patient from unnecessary harm, and ultimately preserving their dignity. The nurse's role is not to take over completely but to facilitate the patient's participation in self-directed activities that promote healing.

The patient's trust can be bolstered in various ways: by demonstrating slow, methodical execution of ADLs, by instructing them in medication administration at home as necessary, by facilitating effective symptom management in parallel with the patient and nurse, and by allowing the patient ample opportunity to ask questions and voice concerns.

3.5. Enabling

Patients should be given the option of engaging in self-care by their nurses at this stage, which is not the least important thing that has to happen. To be of assistance to another individual entails nothing more than informing, explaining, encouraging, letting, focusing, offering alternatives, and providing feedback as they navigate the unknowable and inevitable changes that are a part of

life [9].

It is necessary to lay this out as part of the discharge instructions as soon as possible after the initial interaction with the patient and their families. This requires effective communication with all of the family members who are contributing to the patient care. This can be accomplished by supplying the family with sufficient information essential to the patient's recovery and care being provided, conducting follow-ups, and providing an emergency hotline if they require assistance at any time.

3.6. Assumptions

Swanson made several specific assumptions on many phenomena of concern in nursing during the ongoing development of her caring theory. These assumptions make her theory clearer and define more primary nursing domains, including the following:

- Environment: People are one-of-a-kind beings; they shape and are shaped by their surroundings, which can be situational. To provide competent care, nurses should have human experience.
- Nurses and Informed Caring: Nursing is the application of knowledge to the care of others.
- Health/Well-Being: The ability of a nurse to immerse herself in the experience of another person is crucial to the successful care of a patient.
- Persons/Clients: Any type of interpersonal interaction can benefit from the application of caring procedures.

4. Critical Reflection

4.1. Clarity

The theory focuses on the importance of having a blended understanding of the patient's uniqueness as well as how nurses should give time to knowing the patient from the initial encounter to provide the right clinical management.

The combination of different methods to represent nursing empirically is interesting, which are the factual and accurate thoughtful decisions of demonstrating the interaction between the patient and the nurse, ethically maintaining the morals while the nurse is conducting her intervention to maintain patient dignity, and aesthetically focusing on the patient's feelings, attitudes, and points of view throughout the entire development of the theory.

Although her interest was sparked by prenatal circumstances, the message was crystal clear when she outlined all the components of the five-step care process. She stated that the most important thing is to remember that doing something for another person entails doing for them what they would do for themselves if they had the opportunity to do it first. This care must be both reassuring and protective of the needs of others. The method by which she connects all these elements demonstrates a competent and skilled way of maintaining the dignity of others throughout the entire process [10].

4.2. Simplicity

The simplicity of each theoretical framework's description provides nurses with point-by-point guidance on how to approach and care for patients at each stage, from preserving patients' beliefs to facilitating their recovery.

4.3. Generalizability

The fact that the theory can be tried for expansion sheds light on various situations in which it can be applied, as well as on the driving force behind its development. In nursing, the importance of the subject at hand increases in direct proportion to its difficulty. Swanson's theory can be applied to all types of patients; however, it may be most useful to patients who are grieving, in the final stages of a terminal illness, or have experienced a sudden shift in their condition, such as after experiencing a traumatic event that alters their ability to return to their previous state [11].

This can be applied to the family members of the patient and the caregivers who are assisting the patient during this transition. As family members play a vital part in the patient's capacity to maintain self-care, Swanson believes that family participation has the potential to improve a patient's health status by motivating them to continue with the planned course of treatment.

4.4. Accessibility

The derived theory is rooted in the experiences expressed by women who experienced miscarriages and caregivers of infants in the NICU; however, looking at different evidence, many hospitals started to adopt it in different practice settings. This theory is an excellent option for the implementation of high-quality nursing practice because of its ease of translating concepts into applied nursing field practice.

One of these was the application of this principle at the University of North Carolina Hospital, which served as the foundation of the Carolina Care Model. Many people believe that the successful implementation of Swanson's caring philosophy ensured a consistently high level of nursing performance [12].

4.5. Importance to Nursing Practice

Several factors influenced caring in the ED that can be connected to Swanson's theory of caring. Her description of caring as a "nurturing way of relating to a valued other, toward whom one feels a personal sense of commitment and responsibility" reflects more on relational aspects without judgment but with a sense of commitment and responsibility. The nurses' level of care is the most important factor in determining whether a patient is satisfied with their care [13].

The ED environment, with all its activities, necessitated being prepared with all the caring abilities required to manage a medical situation that changes regularly.

Since Swanson's theory of caring can be easily transferable to several contexts,

its adaptive methods incorporate not only helping the patient and their family through the healing process but also teaching nurses about the methods of how to be emotionally and physically ready in whatever health conditions they are in. This can be seen in different ED scenarios where emotional patients, most of the time, can be a challenge in providing clinical management. It is necessary to provide different sorts of education and training initiatives to develop an awareness of emotional influences and to examine techniques for managing these influences. These initiatives must be implemented to fulfill these needs [14].

The current situation in the ED is growing increasingly difficult to handle with abusive, and noncompliant patients, as the health sector continues to become more complex because of the different challenges we are facing nowadays. When Swanson's theory of caring is implemented in an ED setting where people believe that everything is quickly changing, healthcare workers will focus on what is important and they will let the patient know that all of their concerns have been heard and that everything will be taken care of [15].

Complaints can be a sign of a poor patient care experience, which shows the status of a healthcare organization when patient needs are not addressed. Healthcare providers should not only be scientifically competent but also humanistic and compassionate. Clinical practice may find assistance in caring-based theories, such as Swanson's theory of caring, which provides practice-based guidelines to enhance clinicians' caring behaviors, hence increasing patient satisfaction [16].

When sitting with family members of deceased patients, Swanson's theory highlights the importance of sitting with, listening to family members and allowing them to express their frustration so that they feel like they had a voice. A sudden change from blame to acceptance was observed. Later, it was discovered that, even with strangers, just being present and listening may be comforting [17].

5. Conclusions

Since its caring process is so precisely outlined, Swanson's theory of caring is considered one of the middle-range theories and has been implemented by different organizations.

A theory such as this can be helpful to researchers, particularly qualitative researchers, in addressing several approaches to drawing social phenomena and humanistic guides to direct their process and to come up with specific conclusions. Although the theory can be complex and too conceptual to understand, the application of Swanson's theory, with an extremely too simple context, can be used as lenses to view the exact aspects required by the researchers [18].

It is a nursing theory but can also be used in other fields. Indeed, it brings caring to the forefront of handling a human in front of you but takes an emotionally strong individual to practice because of the need for complete immersion of time and to set aside and not mix one's unique point of view to completely understand the situation and avoid making assumptions.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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