

Application of Concepts from Caring Science

(Authors name)

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Introduction

Swanson's caring theory is an example of a grand theory that should be applied in education and hospital setting to help the patients alleviate symptoms. This theory has been found useful in many nursing settings and has caused for caring to be used as the central focal point in nursing practice. The five principles fuel caregiver's attitude in seeing the overall wellbeing of a patient

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through a personal sense of commitment and responsibility (Hiroko & Tokiko, 2014). The five principles fuel caregiver's attitude in seeing the overall wellbeing of a patient through a personal sense of commitment and responsibility. It gives a platform of dealing with miscarriages and other healings needed for family and parents. Hence, her practices are integrated into physician practices and obstetric education models around the globe. It gives a platform of dealing with miscarriages and other healings needed for family and parents. Hence, the practices are integrated into physician practices and obstetric education models around the globe. Swanson's caring theory centers on how the healing and caring act interaction encourages enhanced health than plain medical cures and how nurses care for their patients (Alligood, 2014). This essay tries to find out the application of Watson's theory to Mrs. Jayne case presented to the ED room and was dealing with the miscarriage issue. I will demonstrate Watson's theory in generating two care concepts and goals when caring for Mrs. Jayne.

Personal and professional experiences

My personal and professional experience is when I applied Watson's caring premise in my nursing practice to the case of Mrs. Jayne. Working in an Emergency Department (ED) can be fast-paced and hectic daily. Unfortunately, due to time management, many nurses in ED's are found not having enough time to display a true sense of caring (Mason & Wesorick, 2011).

Personally, caring for the patient drew me to the nursing profession. Honestly, it would be hard to find a nurse that did not use the word caring when describing why they became a nurse.

However, I can also be found running around the ED and unfortunately not being able to find time to hold a particular patients hand or offer a shoulder to cry on. She had experienced miscarriage for the first time as she was expecting her first baby. The patient was very disappointed with herself as I could recognize in her speech when evaluating. I clarified to her

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what was happening and persuaded her to take everything easy and stop getting disappointed.

Throughout her stay in the hospital, I made sure I listened to her, stayed nearby with her and her husband whenever doctors arrived to converse with them. I supported autonomy as I possibly could and was significant in contributing to potential actions to lengthen his life. We touched on life quality and what they ought to do to get ready and finally, they congratulated me and I recognized I created a distinction in them that I offered the care they wanted.

Syntax

Swanson's caring theory could and should be utilized to resolve the issue of miscarriages in ED's around the world. By applying the five basic processes, caring can be easily rendered to patients. By *knowing*, ED nurses can understand that just coming into the ED can be a stressful life event for a patient. It also applies to not making assumptions about particular patients, even if they are a "frequent flyer". My objective is to help get Mrs. Jayne as relaxed as possible while serving to alleviate her signs of pain. In this first interaction stage, it would be crucial that I offer her the plan of care insight. *Being with* can be displayed to patients in the ED, even if time does not allow. This can be completed by simply discussing with the patients their feelings about being in the ED, and informing patients that you are there if they need anything (Kolcaba, Tilton & Drouin, 2006). This allows for patients to feel like the nurse is with them or there for them, even if the nurse is not able to be in the room. *Doing for* can be applied by simply giving a patient a warm blanket or pillow. Personally, it helps me to imagine that I am the patient, and decide what I would want in a time of need. Do for the patient, as you would want to be done to you (Hiroko & Tokiko, 2014). *Enabling* can then be completed by keeping the patient informed on lab work, or estimated wait time for the doctor. This should be completed to aid the patient during this difficult transition time. Another example of *enabling* would be to give alternatives if

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the patient is not comfortable with a certain procedure. Finally, *maintaining belief* should be used with all patients in the ED, due to the high sense of stress the patient is going through. It is important to keep the patient in high spirits and provide a hopeful attitude. However, ensure not to instill false hope in patients (Hanson, 2004).

Theory testing and evaluation

All through Jayne's pain starting from labor and delivery, the five procedures explained in caring theory and are suitable to be applied. The theory is found being useful in all settings and has become a large framework used by many countries around the world (Mason & Wesorick, 2011). The major role of the principles and concepts in the theory is to offer the patient the therapeutic actions and guide the nurse to achieve the desired outcome. Therapeutic actions are used to help patients adjust to different aspects of care they may be going through. With all theories, some limitations will be found. While reading through the advancements made using this theory, I could only help to notice Swanson's focus on the use of families suffering after a miscarriage. Perhaps, a limitation for this theory is the focus on this one particular area of patients. More research should be conducted on other subgroups of families, like those suffering from children diagnosed with psychiatric disorders (Lahey Clinic, 2012). Even though Swanson focused on this group, many countries and hospitals have been able to apply this theory to other specialties.

How the concepts will be measured

The Numeric Rating Scale (NRS) is the tool that played a role in assessing the patient pain and it is utilized alongside ADL's. The assessment tool is found in <https://physiotherapy.ca/numeric-rating-scale-nrs-11> and the items found in the tool includes; Pain level and corresponding ratings, for instance, the rating 0 denotes no pain at all, the rating 1-3 denotes mild pain and it is evidenced by nagging, and annoying while interfering with ADLs, the rating of 4-6 indicates that

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the patient is encountering moderate pain and it is evidenced by interfering significantly with ADLs (Mason & Wesorick, 2011). Finally, the rating of 7-10 indicates severe pain evidenced by disturbing and inability to perform ADLs. Mrs. Jayne underwent through the assessment and resulted in having a rating of 9 on a 0-10 scale. This indicated that she was in severe pain and required immediate attention. He was disturbed and could not perform any ADLs. After applying the Watsons caring concepts and measuring the patient on the same scale, she achieved the rating of 2 which indicated that the pain was reduced.

Conclusion

Theories guide research and Watson's theory has been found useful in many nursing settings and has caused for caring to be used as the central focal point in nursing practice. It has well-established concepts and principles that allow nurses to easily follow and apply it to their patients. The paper as the explored significance of nursing theory where it gives the basis that the utilization of Watson's theory in emergency department helps in reducing the pain of all patients (Kolcaba & Drouin, 2006). The caring act interaction and healing encourages better health than simple medical cures and how nurses care for their patients and they should take note of this. The theory helps in giving the therapeutic actions used to help patients adjust to different aspects of care they may be going through and it is vital in every health care. The Watsons concepts of *Doing for* and *being with* ensure that the nurse comprehensive patient detail while offering assistance to them.

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