

Application of Kristin Swanson's Theory of Caring in Clinical Practice

Theory of Caring was created by Kristin Swanson in the late 1980s after leading qualitative research with the women who had suffered miscarriage, and provides a very humanistic insight into nursing practice. The Watsonian philosophy of caring is reflected in the theory of Swanson, in that caring is not only a feeling but also a professional, relational, and deliberate act that encourages the healing and well-being factors (Esquivel-Garzón *et al.*, 2025). Swanson formulated the five central processes of knowing, being with, doing for, enabling, and maintaining belief, which ease the process through which nurses can treat patients as wholesome persons. Connection, dignity, empowerment, and presence are the processes through which nurses become directed to provide meaningful caring in various environments.

Clinical Scenario A Postoperative Adult in Acute Care

In an ardently believable setting of an acute unit of a medical-surgical hospital, Mr. R is a 58-year-old male who recently underwent surgery for the removal of his bowel. He is passing through the postoperative pain phase, being worried about the chances of his cancer returning, and emotional suffering due to not being attached to his family. His vital work is stable, and he reports having frustration, fear, and loss of control. His physical and emotional situation is quite complex, and it is the case when devoted measures of attention are the key element of medical care aimed at recovery, alleviation of pain, and building trust.

The Five Caring Processes as applied to the Scenario by Swanson

Knowing

The knowing process entails an attempt to know the experience of the patient without making presuppositions. In the case of Mr. R, it starts with attentively listening to his fears,

problems with mobility, and fears of the pathology report. Questions that a nurse who is practicing the knowing component will ask are open-ended ended like, “What concerns you most at the moment?” and notice body language, which lets you know something is wrong, or makes them nervous. The nurse develops care plans that resonate with his priorities by ensuring that he is aware not only of his clinical condition but also of his personal values, his family provider. This personalized perception will make him feel less helpless and will make Mr. R feel recognized as a complete person rather than a postoperative case.

Being With

Being with focuses on emotional involvement and natural bonding. Presence in a hectic acute-care setting is, in most cases, something that people need to work toward. In the morning rounds, the nurse may sit on the same plane with Mr. R, waving for several minutes, to determine his fears and also authenticate his emotions. Such expressions as it is quite natural to feel so overwhelmed now show that one understands and is present. Even short but significant contacts indicate that he does not have to go through his recovery alone. It has been found that this type of presence enhances patient satisfaction and reduces anxiety in addition to strengthening the therapeutic relationship. In the case of Mr. R, the constant presence of the nurse would build up trust in the care team, thereby reducing the levels of fear.

Doing For

Doing for is something that the nurse does to the patient that they would at least do to themselves had they the capability of doing so. In the case of Mr. R, this involves timely pain control, risk-free aid in moving around, care of the incision, as well as a promulgation of his demands during interdisciplinary rounds. Comfort measures, like repositioning, bathroom

assistance, warm blankets, etc., are not colloquial actions but a show of love. Besides, the proactive response to needs (such as providing pain medication before therapies) sends the message of concern and respect. A well-executed "doing for" will not only positively affect physical comfort, complications, and faster recovery, but also boost positive effects.

Enabling

The aspect of empowerment refers to empowering the patient by educating, guiding, and supporting them. The nurse, in such a case, is able to educate Mr. R on bowel resection recovery, ambulation early in recovery, indicators of infection, and methods of dealing with postoperative fatigue. His involvement in care planning, i.e., daily mobility goals, makes him feel in charge. The nurse also helps him plan on leaving the hospital with respect to medication schedules, dietary schedules, as well as follow-up schedules. Self-efficacy promotion and reduction in readmission rate, and ensuring that the patient understands that he is ready to go home, will be achieved.

Maintaining Belief

Belief will entail clinging to faith that the patient will overcome his or her predicament and seek endowment in the experience. In the case of Mr. R, the nurse can strengthen his strengths by telling him, "Today you have done an amazing job with the mobilization you have done; you are making positive strides, or you have overcome tough moments before, and I see that you have the strength here. This positive attitude is used to convey hope and belief in his healing ability. Sustaining faith may have a great impact on emotional healing, especially for patients who have to cope with uncertainty or fear.

Difficulties of Practicing Intentional Caring in Contemporary Healthcare

Although the Theory of Caring by Swanson offers a concise guide to a caring practice, it is difficult to follow it to the letter in the modern health care setting. Nurses are usually overworked, lack staffing, have administrative pressures, and patients with intricate acuity. Such forces may restrict time on in-depth connection or contemplation. Burnout, emotional fatigue, and compassion fatigue can undermine a nurse to be there, or not only to believe in patients, when the latter are in crisis (Khatatbeh *et al.*, 2022). Moreover, the technology-based settings of care can unconsciously redirect attention to the tasks, records, and numbers instead of human interaction. Nurses have to go through these obstacles yet remain committed to the spirit of caring. It is possible that intentional grounding practices can assist nurses to be centered, including mindful breathing or reflective debriefing. Caring behavior is also maintained with the assistance of supportive leadership, sufficient staffing, and a supportive culture that promotes relational care.

The way the Theory Helps Nurses to Become Empathic, Connected, and Satisfied

The Theory of Caring by Swanson not only helps the patients but also enhances the professional identity and emotional satisfaction of the nurses. The five caring processes result in more empathy since they prompt nurses to empathize and see the patient's perspective and experience (Mårtensson *et al.*, 2021). These processes facilitate good therapeutic relationships that make sense of purpose and connection that overcome burnout. Nurses also experience job satisfaction when they can see the demonstrations of positive patient outcomes, such as a reduction in anxiety, increased comfort, or self-management skills. The theory also helps nurses work their way through the ethical puzzles, creating a more efficient communication method, and also reminds them of the values that drove their initial desire to join the profession in the first

place. Finally, the model presented by Swanson prompts nurses to regard caring as not another item of their responsibilities, but as the core of nursing in itself.

Conclusion

Theory of Caring by Kristin Swanson is a practical presentation of a nursing practice model in a highly comprehensive and human way. The use of the processes of knowing, being with, doing for, enabling, and maintaining belief in clinical situations- like in the case of a post-operative patient- illustrates how intentional caring can help in promoting the physical and emotional well-being of a patient. In spite of the challenges inherent in the modern healthcare setting, the theory by Swanson offers a framework to nurses that is grounded and compassionate, allowing nurses to improve relations with patients, improve empathy, and create professional fulfillment. Nurses deliver the initial meaning of nursing by helping the patients, through planned care, to support their dignity, strength, and humanity, thus establishing the core meaning of nursing.

Reference

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