

Concept analysis essay sample



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Actual caring occasion is thought to correspond with respectable nursing practice. As guided by the concept analysis framework of Avant and Walker (2011), an attempt is made to gain better understanding of the constituent properties of caring. The Theory of Human Caring developed by Jean Watson is used toward guiding innovative representations of caring and healing practices in assorted settings. Actual caring occasion arises when the nurse and another come collected in such a way a joining is made at the spiritual level; consequently the moment transcends time and space, opening up new possibilities for healing and human connection at a deeper level than that of physical interaction (Parker & Smith, 2010).

The purpose of this paper is to explore the concept of Caring in the field of nursing. In considering the concept of caring, the following attributes immediately comes to mind which comprise of, but are not restricted to: kind, thoughtful, gentle, helpful, compassionate, considerate, loving, sensitive, concerned, caregiver. Together these words fit into the philosophies of nursing and the provision of care to individuals, which provide the marked distinction between the profession of nursing and just another job carrying out assigned duties or providing a service for a pay check. Purpose of Analysis

The purpose of actual caring occasion is arranged around helping the patient advance to a higher degree of harmony within the mind, body, and soul. It is achieved through caring transactions. Caring moment/caring occasion focuses on the moment the nurse experiences something greater than themselves. It may feel spiritual and cause the nurse to make connections to others that were never there. It can also mean being present for the patient

or in the moment leaving room to open up new possibilities for a human connection at a deeper level than that of physical interaction (Watson, 2006). Gustin & Wagner, 2013 concluded that compassionate care is not only something the care-giver does, nor is compassion reduced to a way of being with another person or a feeling. Rather, it is a way of becoming and belonging together with another person where both are mutually engaged and where the caregiver compassionately is able to acknowledge both self and another's vulnerability and dignity. Literature Review

A literature review on human caring was led. Bailey, 2009 conducted a study exploring and examining how caring is defined. A central emphasis is placed upon theoretical frameworks of human caring developed by a number of scholars in the field of nursing and the social sciences. 10 individual theories were identified and discussed within the context of nurse caring and caring theory. " In spite of critiques of caring in nursing and even attempts to eliminate caring as an essential concept for nursing, we witness that over the past two or three decades the focus on caring and caring knowledge development in nursing has indeed not ceased, but has continued to even accelerate" (Bailey, 2009, p. 29).

Clark, 2003 explained the importance of the nurse's ability to participate in a transpersonal caring moment and how the nurse's caring presence facilitates patients toward higher levels of evolutionary order. By using Watson's caring theory, the nurse creates an environment where his/her caring intentionality and consciousness may influence the patients' progression at the point of illness, disease, and suffering. Rushton, 2014 states spiritual care is a vital component of care that is given to patients by health professionals in order

to prevent poor health and treat illness. It is fundamental to patients' wellbeing and nurses' integrity that nurses carry out their care in a holistic manner and meet patients' spiritual needs. Uses of Caring

Care is crucial for human development, and is first and foremost aimed at physical needs. Caring is necessary on the biological level for infants to survive, but also for the patient who is dependent at the end of life. Caring as a nursing intervention: Caring interventions include: valuing, belonging, knowing, acting together, and promoting quality. Nurses are taught to look at the patient as a whole person. Boykins, 2014 states by promoting quality patient-centered care, inter-professional collaboration, knowledge, skills, and attitudes for nurses, the needs of patients are met, and improvement in the quality, safety, and care of the health care system environment is obtained. Caring as a moral imperative: Nursing care outlines the processes, context and the moral imperative for nursing and combining it with the hallmarks of nursing knowledge. Nurses come to realize the imperative of caring as they are taught and integrated into the nursing fraternity. Falk-Rafael, 2005 nurses, who practice at the intersection of public policy and personal lives, are, therefore, ideally situated and morally obligated to include political advocacy and efforts to influence health public policy in their practice.

Defining Attributes

Caring encompasses the concepts of being available, listening, touching and providing spiritual support (Kliwer, 2004). It is through this caring presence that the values of compassion, empathy, respect, concern and hope are made visible. The defining attributes of care are spiritual caring presence, with the related guiding values of search for meaning and purpose, spiritual

dialogue, transcendence and harmonious connectedness. Caring presence was identified from data analysis as the core variable from which all the other characteristics emerged. It is defined as a central phenomenon that is used to integrate all other variables (Coyle, 2001). Model Case

Nurse A works in a labor & delivery unit taking care of Leslie, an adolescent, who just found out she is 20 weeks pregnant. Nurse A is committed to expressing love, hope, kindness and compassionate care to her patients. She seeks to respect their beliefs and values, and still be able to attend to their spiritual needs in a competent manner. Nurse A assists Leslie in unexpected pregnancy options. Nurse A sets aside time to sit and talk with Leslie about her feelings of pregnancy. Nurse A holds Leslie's hand as a supportive gesture and encourages Leslie to express her feelings. Nurse A demonstrates the ability to be available, listen empathetically and talk with Leslie. She also takes a deliberate action to answer her spiritually related questions. She refrains from imposing her religious orientation on her. The caring moment necessitates the nurse to complete informed actions, guided by an “intentionality and consciousness of how to be...fully present, open to the other person, open to compassion and connection, beyond the ego-control focus...” (Watson, 2008, p. 5). Alternative Case

Nurse B is known to be hard working and has little time to talk to patients. She describes herself as very busy and believes that nurses should not waste time talking to patients. Nurse B considers herself to be trained to render nursing care and not spiritual care. Nurse B informs Leslie of her pregnancy and provides her the telephone numbers to the clinic to seek pre-natal care. Leslie informs nurse B that she is not sure she wants to maintain the

pregnancy. Nurse B dismisses Leslie's statement and leaves the room. Leslie leaves the labor & delivery unit scared and confused. Two-thirds of nurses are 'too busy to talk to patients'. The aspect of their role most likely to disappear from comforting patients, with eight in ten saying they have to 'ration care because they are too pressed for time (Rushton, 2014).

Antecedents and Consequences

Antecedents are those events or incidents that must occur prior to the occurrence of the concept (Walker & Avant 2011). The events or incidents that support the need for caring occasion must occur before such care can be given. Analysis of literature reviewed suggested the following as antecedent of caring occasion: Caring occasion of the nurse is a needed antecedent. According to (Hegarty, 2007), it is a state of being truly present alongside the patient for support and care, to stay there even when there are no easy solutions or answers to questions. It becomes easy to incorporate into the day-to-day nursing practice an attentive and reflective approach to develop abilities and skills in that area (Hegarty, 2007).

Consequences are events and conditions that occur as a result of the concept having occurred (Villagomez, 2005).

Consequences are useful in determining frequently neglected ideas, variables or relationships that may yield fruitful new research questions and directions, hypotheses and theory development (Meraviglia, 1999). Positive outcomes of the occurrence of nursing care occasion that were identified in the literature were spiritual integrity: Spiritual integrity is present as an outcome when a person experiences wholeness within the self, with other human beings and in transcendence with God (O'Brien, 2003). Wholeness

within the self, refers to being closely attuned to the body, mind and spirit connection. Although antecedents and outcomes are often dealt with in passing in concept analysis, they do shed considerable light on the social contexts in which the concept is generally used. However, at this point, the identified outcomes are still theoretical assumptions that emerge from both qualitative and quantitative studies. There is still a need for empirical evidence on the existence of this reality in nursing practice (Zisberg et al., 2007).

Empirical Referents

Empirical referents designed to measure the concepts of the Theory of Human Caring have been developed. Empirical referents is an essential stage as it presents the pointers that show the growth of the concept. Empirical referents mainly gauge and approve the availability of the concept in real life. The empirical referents of caring could be the behaviors of interpersonal relationship through scientific and systematic process with concern and devotion for others. The best and mostly used quantitative tool to use to measure caring is the CARE-Q. " It has a good reputation as it measures the contentment of the patients with the care that they receive from the nurses" (Watson, 2009, p. 25). Another caring instrument that developed from CARE-Q is the CARE/SAT. Larson and Ferketich developed it by mainly including the fifty items that is found in CARE-Q and incorporated others to improve it so that the final tool can be made of twenty-nine effective conducts. Conclusion

This paper makes use of the Walker and Avant process of exploring the concept of caring occasion. Watson's theory is unique in its ability to address <https://assignbuster.com/concept-analysis-essay-sample/>

the needs of both the patient and the nurse. Caring moments/caring occasion provide meaning to our work as professional nurses. According to the Code of Ethics for Nurses, “ The measures nurses take to care for the patient enables the patient to live with as much physical , emotional, social, and spiritual well-being as possible” (American Nurses Association [ANA] 2001, p. 7).

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