

Abstract

Caring is a basic tenet of nursing and serves an important role in defining the profession. As a concept, caring is an ambiguous term used commonly without giving a clear cut meaning or understanding of that term. Additionally, caring, is defined differently by different people who in turn have different interpretation. Because of the variable nature of a concept, its usage and its unique characteristics may not be clearly understood or be in congruency with what being communicated. Therefore, a concept analysis serves as exercise designed to help researchers make learners as familiar with a concept as possible. The Walker and Avant concept analysis method involves selecting concept, defining the concept, identifying the defining attributes of that concept, and the use of model cases to identify examples and non examples of the concept to further clarify like from unlike, and identifying antecedents, the consequences of and the empirical referents of the concept. Using the Walker and Avant methodology of a concept analysis, the internal structure and function of the concept caring is explored within the context of homeless healthcare. Research has shown the homeless population encounters with nurses may not be always positive with nurses' unfamiliarity with servicing this population a likely cause. Faced with the burdens of inability to securing stable affordable housing, chronic unemployment, and chronic illnesses, limited access to healthcare, addiction and/or mental problems, compounded with severed familial ties, many homeless persons are at a disadvantage. These disparities may become exacerbated when these individuals seek healthcare where the perception of feeling of unwelcome surfaces. The results of this concept analysis is to enhanced understanding of the concept caring which is at the core of nursing further the nurse-patient relationship with regards to homeless healthcare.

Key words: caring, compassion, homeless health care

Method

Walker and Avant (2005) methodology of a concept analysis:

1. Select a concept.
2. Define how the concept is used.
3. Identify the defining attributes associated with the concept.
4. Illustrate examples of how the concept is used by the use of a model case, a borderline case, a related case, and a contrary case. A model case is an ideal example of the concept, a borderline case has most of the defining attributes but not all, and related cases are similar to yet different from a model case. A contrary case is the direct opposite of a model case.
5. Identifying the antecedents and consequences of that concept and its empirical referents.
6. This process illustrates the concept further.

OBJECTIVES

1. Caring is central to and represents the true spirit of nursing.
2. Caring for the homeless is a vital response to the health and wellbeing of the individuals affected by homeless and society at large.
3. The aim of this presentation is to explore the inner matrix of the concept caring to gain more insight which can in turn affect nurses' caring behaviors and eliminate the perception of unwelcomeness by the homeless population.

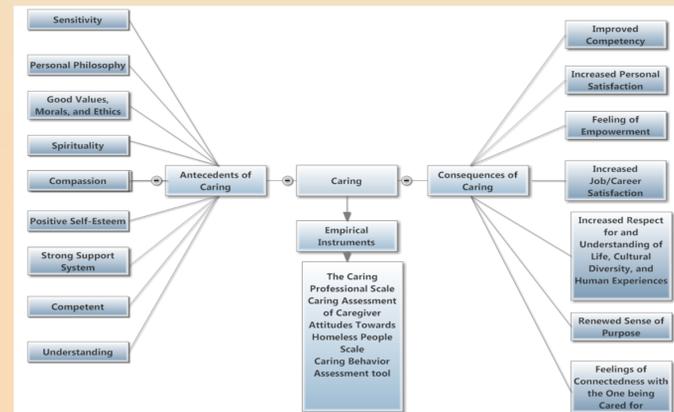
Results

Definition of Caring:

1. **American Heritage Dictionary, 4th edition:** Expressing feeling, concern, and empathy to another.
2. **Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, 7th edition**
 - A moral expression
 - An interaction which includes a commitment to and willingness to carry out an action that benefits a person of importance.
 - The focus is on the relationship, trust, and responsibility, as well as, the action, how it was performed, the underlying intention of the action and whether this action promote or prevent a positive relationship between the provider and the recipient.
3. Wolf, Colahan, Costello, et al. (1998) defined caring as "an interactive and intersubjective process that occurs during moments of shared vulnerability between nurse and patient" (p.434).
4. Swanson (1991) developed the theory of caring and defined caring as relating to someone significant in a nurturing way with a sense of commitment and responsibility involving the 5 processes of maintaining belief, knowing, being with and enabling; in addition to advocating for health equality, promoting dignity and respect for individuality.
5. Watson (1988) defined caring as "an interpersonal relationship between the patient and the nurse where the patient is in control of healing and the nurse assist the patient during the healing process".

Population Studied

1. Leffers & Martins,(2004) created an assignment using literature to increase student nurses compassion for and connectedness with marginalized patients.
2. Clukey, L., Hayes, J., Merrill, A., & Curtis, D., (2009) examined the families of trauma patients perceptions of nurses caring behaviors.
3. Glemblocki & Dunn (2010) conducted a pilot study of an intervention used to augment nurses' perception of caring behaviors
4. Martins (2008) used descriptive phenomenology to study the interactions and experiences of the homeless with providers while seeking health care.
5. Yeake, Maljanian, Bohannon, & Coulombe (2003) measured nursing care behaviors and patient satisfaction before and after educational intervention programs.
6. Hankivsky (2004) studied caring and decision making in social policy.



Concept Analysis of Caring

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Results

Defining Attributes

Good ethics, values, and morals

Compassion

Unselfish

Patience

Active listener

Competent

An advocate

Receptive

Willingness to help

Understanding and nonjudgmental

Supportive

Related Terms

Altruistic

Helpful

Empathetic

Warm-hearted

Kind

Sensitive

Concerned

Thoughtful

Considerate

Loving

Model Case: A model case represents all the attributes of caring.

A 68 years old Haitian female who speaks limited English was brought into the clinic by a security guard who stopped her on the way out to the local bodega because she appeared ill. The patient was reluctant to be examined and expressed she felt like she was "in trouble". However, after using a calm demeanor, the NP reassured her that she was not in trouble and she should not be fearful as no harm will come to her. After the patient was examined, she was found to be in a hypertensive crisis, the NP explained she the need for an emergency room transfer so that she can be further evaluated and treated. The patient refused to be taken to the ER ambulance because her husband was home alone and has no food. The NP recruited the assistance of the shelter security and the caseworker who promised to make daily routine room checks and ensure he makes it to the cafeteria daily for meals. The NP also made several phone calls to reach her physician and the EMTs agreed to take her to the hospital where the physician has admitting privileges. Finally, the patient felt comfortable and agreed to the transfer.

Borderline Case: Contains most, but not all of the defining attributes

A patient presented with to the clinic after having a surgical procedure. Although she received a thorough review of her post op orders, what are the expectations during the recovery phase and about the different follow up appointments, she was disappointed that she had to arrange her own transportation which presents a challenge since she has a limited financial resources and limited phone access. In this instance, the willingness to help and be understanding of the barriers the patient is faced where not realized.

Related case: Illustrates similarities to the concept but not the exact defining attributes

A 55 year old woman residing in a shelter often accompanies her neighbor who speaks limited English to her medical appointments so that she could be reassuring presence.

Contrary Case: Lacks all of the attributes of the concept

A 52 year old patient with respiratory disease is denied a n air conditioner despite having a medical needs letter. The options available were to leave his door open so that the cool air from the air conditioner in the hallways could circulate in or use the recreational lounge, which was not open 24 hours.

Antecedents of Caring

Sensitivity

Personal philosophy

Responsible

Spirituality

Compassion

Positive self-esteem

Strong support system

Competent

Understanding

Consequences of Caring

Improved competency

Increased personal satisfaction

Feeling of empowerment

Increased job/career satisfaction

Increased respect for and understanding of life, cultural diversity, and human experiences

Renewed sense of purpose

Feelings of connectedness with the one being cared for

Empirical referents are ways of measuring concepts to help demonstrate the occurrence of the concept (Walker and Avant, 2005).

Caring Assessment of Caregiver (Wu, Larrabee, & Putman, 2006)
Attitudes Towards Homeless People Scale (Zrinyi & Balogh, 2004)
The Caring Professional Scale (Swanson, 2002)
Caring Behaviors Inventory (Wolf, Giardino, Osborne, & Ambrose, 1994)
Caring Behavior Assessment tool (Cronin & Harrison, 1988)

Conclusion

Conceptual Definition of Caring

Caring is the expression of a positive emotion through words, thoughts, or actions with the intent of comforting and meeting an unmet need of another who may be unable to meet the needs on his/her own. The action is performed willingly with an open mind and without the inclusion of any negative preconceived thoughts or ideas or causing emotional duress or harm during the interaction.

Concepts are used in theory development which further advances the art and science of nursing. A systematic analysis of the concept caring enables learners to developing a true appreciation for Swanson's theory of caring. Furthermore, this analysis demonstrates the importance of acceptance and knowing one positive moment could break down perceived barriers held by a homeless patient who may have otherwise feel devalued and rejected. Having literature that offers more insight on the lives the patients led to develop a greater understanding of how to serve this population while promoting health and wellness in the homeless community.

References

Walker LO, Avant KC. Strategies for theory construction in nursing. 4. Pearson Prentice Hall; Upper Saddle River, NJ: 2005.

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