Caring Connection: The Essentiality of Nursing in the Human Health Experience

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INTRODUCTION

Caring has been recognized as being central to nursing practice. Potter and Perry (2001) defined caring as a universal phenomenon that influences the ways in which people think, feel, and behave in relation to one another. Caring has always been an essential part of nursing. The word nursing has always been connected to caring and has always been known as caregivers for the sick. Unlike the impression in the 1800’s about nurses as just merely physician’s assistant, nursing nowadays is linked to caring which requires an investment of self by the nurse – physically, emotionally, mentally and even spiritually.

Benner (1989) in Potter & Perry (2001) defined caring which means that persons, events, projects, and things matter to people. But caring does not only mean taking care or putting attention to a client. The nurse’s empathy and compassion become a natural part of the daily encounter with the client. However, the nurse-client relationship can also become very visible when caring is absent. Benner and Wrubel (1989) in Potter & Perry (2001) relate the story of one expert clinical nurse specialist who learned from a client what is caring all about:

*I felt that I was teaching him a lot, but actually he taught me. One day he said to me (probably after I had delivered some well-meaning technical information about his disease), “You are doing an OK job, but I can tell that every time you walk in that door you are walking out.”*

A nurse who performs her task with a sense of connection with her client is different from a nurse who accomplishes her duty just to get her job done. Taylor et al (2008) supposed that patients can quickly sense whether they are merely a “task to be performed” or a person of worth who is both cared about and cared for. Nursing is not about caring just to get the job done but it requires a connection between the nurse and the one being nursed. The connection between the two parties is an essential part of the caring process to achieve a positive human health experience.

Caring is the centrality of nursing while connection is the essentiality of nursing. Connection between the nurse and the client is important so that the goal of caring can be achieved. Through connection, the nurse knows more about her client and so does the client to the nurse. This kind of caring when practiced by the nurse to the one being cared for will lead to the commitment of the nurse to be willing to enter into relationship that allows her to gain an understanding of the client and his or her experience of illnesses (Potter & Perry, 2001). Benner (1989) in Potter & Perry (2004) was able to describe the essence of excellent nursing practice, which is caring after hearing and analyzing the stories which the nurses tell about their clients. Caring-healing is communicated through the consciousness of the nurse to the individual being cared for (Watson, 1988). Through a connection, the client allows the nurse to gain an understanding of who they are and their perception of their illnesses. This approach will be more successful than simply doing the interventions needed by the client based on the nurse’s own judgment and perception just to get her job done. If a connection forms between the one cared for and the one caring, both parties will benefit from this transaction and enables them to achieve their common goal which is a positive human health experience for the client.

THEORETICAL BACKGROUND

As emphasized by Potter and Perry (2001), caring is a word for being connected which describes a wide range of involvement, from parental love to friendship to caring for and about one’s
clients. Benner (1989) in Potter and Perry (2001) argues that since illness is the human experience of loss or dysfunction, any treatment or intervention given without consideration of its meaning to the individual is likely to be worthless. Scherwin (2004) also pointed out that caring cannot be assumed to be enough especially if the client has not perceived the message of caring which the nurse is trying to show. Therefore, a connection between the client and the nurse must exist to enable a healthy relationship and to achieve their common purpose. Scherwin (2004) defined connection as the successful communication of caring by a nurse wherein she can send the message of caring to the client wherein he can trust and respond to the message and its entirety. Through connection, the client will perceive the nurse’s unique role to the one being nursed which is caring with tender love and empathy. Watson (1985) in Kozier et al (2004) describes caring as grounded in a set of universal human values and includes communication, positive regard, support, or physical interventions by the nurse. The message of caring can only be shown by the nurse and can only be felt by the client if a connection exists between the two of them.

Lamb and Stempel (1994) emphasized that to know a client is to enter into a caring, social process that results in a ‘bonding’ whereby the client comes to feel known by the nurse. The bonding then sets the stage for the relationship to evolve into ‘working’ and ‘changing’ phases so that the nurse can help the client become involved in his or her care and accept help when needed. This bonding or connection is important for a nurse to accomplish her unique role of caring. It allows her to get in touch with her client that would eventually lead the latter to get involved in his own plan of care. The connection between the nurse and the client will cause both parties to trust each other in order to achieve their common goal.

Gadow and Nodding (1984) in Kozier et al (2000) pointed out that caring may or may not involve action or verbal communication. The notion that caring may not involve verbal and non-verbal process is achievable as long as the client and the nurse feel the connection between them. When there is connection between both parties, they will understand and trust each other. Understanding and trust are very essential factors that lead to knowing. Swanson (1991) defined knowing as a caring process which strives to understand an event as it has meaning in the life of the other. For her, the nurse should be emotionally present with the one being nursed for her to be performing her caring role. She requires that a nurse should be doing for the other as he or she would do for the self if it were at all possible.

Furthermore, Miller (1995) defines caring as the intentional action that conveys physical and emotional security and genuine connectedness with another individual or any group of people. The nurse should initiate in performing ways to get connected with her client. By connection, trust and security is build which will enable caring to take its place.

The theory *Caring Connection: The Essentiality of Nursing in the Human Health Experience* is a model for nursing which we developed as PhD students based on our understanding of the different literatures in Nursing like Carper’s Fundamental Patterns of Knowing in Nursing (1975), Swanson’s Theory on Caring (1991), Peplau’s Theory of Interpersonal Relationship Meta-paradigms in Nursing and other nursing literature. It emphasizes the importance of developing a good understanding and knowledge about the client to develop a connection or a relationship that is based on trust and respect between the nurse and the patient. Connection would lead to effective “doing” of different nursing interventions or affecting caring process to achieve health.

**ASSUMPTIONS**

1. Caring is the centrality of nursing and connection is its essentiality. The caring role of the nurse can be perceived by the client if a connection between both parties exists.
2. Knowing is a mutual process between the nurse and the client so that connection between them will be established.
3. Doing is a caring process between the nurse and the client in order to attain health.
EXPLANATION OF THE THEORY

A. Development of the Nursing Model-Caring Connection: The Essentiality of Nursing in the Human Health Experience

The nursing model CaringConnection: The Essentiality of Nursing in the Human Health Experience is a middle range theory. Theories of this level contain limited numbers of variables and are limited in scope as well. Because of these characteristics, middle range theories are testable, yet sufficiently general to still be scientifically interesting (Walker and Avant, 2011). In addition middle range theories are relatively simple, straightforward, and general (McEwen and Wills, 2007). The focuses of middle range theories are client problems and likely outcomes, as well as the effects of nursing interventions on client’s outcome (Blegen and Tripp-Reimer cited in McEwen and Wills). Fawcett (1993) also states that a middle-range theory maybe (1) a description of particular phenomenon, (2) an explanation of the relationship between phenomena, or (3) a prediction of the effects of one phenomenon or another.

Middle range theories for nursing combine postulated relationships between specific, well defined concepts with the ability to measure or objectively code concepts (Good and Moore, cited in McEwen and Wills). The Nursing Model CaringConnection: The Essentiality of Nursing in the Human Health Experience was derived from different concepts in Nursing. This theory aims to emphasize the importance of establishing connection and partnership between the nurse and the patient in order for the nurse and the patient to have effective doing or caring process in order to attain health.

B. Components of the Theory

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<tr>
<th>CARPER’S FUNDAMENTAL PATTERNS OF KNOWING</th>
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<tbody>
<tr>
<td>1. Empirical</td>
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<tr>
<td>2. Ethical</td>
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<tr>
<td>3. Personal</td>
</tr>
<tr>
<td>4. Aesthetic</td>
</tr>
</tbody>
</table>

_Figure 1: Carper’s Fundamental Patterns of Knowing_
I. Fundamental Patterns of Knowing in Nursing

A process of nursing focused on knowing persons is of value for all nurses and can be integral to the health and wellbeing of persons. Knowing a person increases the likelihood of quality care and enhances the legitimacy of nursing as a professional practice (Barnard and Locsin, 2007; Locsin, 2005). If we know our patient, we are able to connect with them effectively and as a result there will be partnership between the nurse and patient specifically in the different care managements to achieve health thus this model will integrate Carper’s Fundamentals Patterns of Knowing. Understanding these patterns is essential for the teaching and learning of nursing.

There are four fundamental patterns of knowing that have been identified from an analysis of the conceptual and syntactical structure of nursing knowledge (Carper, 1975). The four patterns are distinguished according to logical type of meaning and designated as:

- **Empirics** - The science of Nursing: Factual knowledge from science, or other external sources, that can be empirically verified.
- **Personal Knowledge**: Knowledge and attitudes derived from personal self-understanding and empathy, including imagining one’s self in the patient's position.
- **Ethics** - The component of moral knowledge in Nursing: Attitudes and knowledge derived from an ethical framework, including an awareness of moral questions and choices.
- **Aesthetic** - The art of Nursing: Awareness of the immediate situation, seated in immediate practical action; including awareness of the patient and their circumstances as uniquely individual, and of the combined wholeness of the situation. Aesthetic in this sense is used to mean "relating to the here and now".

In addition Swanson (1991) describes ‘knowing’ as striving to understand an event as it has meaning in the life of another; not assuming one knows how the other is affected or how they feel, but trying earnestly to understand and endeavoring to care for this person as an individual. It is their life...
experience that is of importance, and to understand that one has to assess their past and current history thoroughly, seeking cues as to when and when not to act or communicate.

II. Connection

Connection is a relationship in which a person or thing is linked or associated with something else (Oxford Dictionaries, 2013). It could also mean a relation of personal intimacy (Merriam-Webster Collegiate Dictionary, 2003). Connection is very important among human beings and it is the essentiality of nursing in the human health experience. Compared to other healthcare professionals, nurses are more connected to their patients because they are in charge taking care of them most of the time and nurses frequently visit their patients at bedside. In this theory, connection will be defined as an interpersonal relationship between the nurse and patient that is based on trust and respect. When knowing occurs there is a bond of empathy and understanding or connection between the care provider and the care recipient.

Peplau cited in George (2002) also stated that interpersonal relationships are important throughout the entire lifespan. Nursing can be viewed as interpersonal process because it involves interaction between two or more individuals with a common goal which is health. In nursing, this common goal provides the incentive for the therapeutic process in which the nurse and patient respect and trust each other as individuals, both of them learning and growing as a result of the interaction and connection that was established. If the nurse is connected to his patient, the patient will participate more in his care or the nurse will be able deliver quality nursing care.

III. Doing

Doing is the act of performing or executing (Merriam-Webster Collegiate Dictionary, 2003). In this theory Doing would refer to the execution of different health management actions of the nurse and the patient in order attain health or simply this would be the caring process. For example a patient listening and cooperating actively while the nurse conduct a health teaching. Swanson (1991) describes care that is ‘doing for’ as comforting, anticipatory, protective of the other’s needs.

Maintenance of knowledge and skills are required also for the “Doing” component of the theory. Doing entails doing for the other what they would do for themselves if it were possible. It could be interpreted as the art of nursing or the intervention part of the nursing process. If there is doing, the more the patient and the nurse develop their bonding thus the more they become connected.
IV. Health

Health has been a phenomenon of central interest in nursing. Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946). It is also the ability to function independently; successful adaptation to life’s stressors; achievement of one’s full potential; and unity of mind, body, and soul. (Wagner cited in McEwen and Wills). Nursing Literature indicates great diversity in the explication of health and quality of life (Thorne et al. cited in McEwen and Wills). Health will be achieved if the nurse knows the patient fully so as to develop connection. In this sense, there will be effective execution of nursing care plan and health actions by the nurse and the patient thus achieving health.

C. Nursing’s Meta-paradigms

1. Person refers to a being composed of physical, intellectual, biochemical, and psychosocial needs; a human energy field; a holistic being in the world; an open system; an integrated whole; an adaptive system; and a being who is greater than the sum of his parts (Wagner cited in McEwen and Wills, 2002). Most nursing models organized data about the individual person as a focus of the nurse’s attention (Thorne et al. cited in McEwen and Wills). The person in this theory would be any individual, sick or healthy who is indeed of the help of the nurse.

2. Health is the ability to function independently; successful adaptation to life’s stressors; achievement of one’s full potential; and unity of mind, body, and soul. Health would encompass increase personhood, achievement of optimum level of functioning and wellbeing. (Wagner cited in McEwen and Wills).

3. Environment typically refers to the external elements that affect the person; including internal and external conditions that influence the organism; an open system with boundaries that permit the exchange of matter, energy, and information with human beings (Wagner cited in McEwen and Wills). This is also the setting where nursing will occur. In this theory, the setting will include the hospital and the community setting.

4. Nursing is a science and art, and a practice discipline and involves caring. Goals of nursing include care of the well, care of the sick, assisting with self-care activities, helping
individuals attain their human potential, and discovering and using the nature’s law of health. Furthermore, nursing practice facilitates, supports, and assists individuals, families, communities, and societies to enhance, maintain, and recover health and to reduce and ameliorate the effects of illness (Thorne et al. cited in McEwen and Wills). Nursing in this theory will occur when the nurse is able to apply the different fundamental patterns of knowing in nursing in order to develop connection between the nurse and patient. Connection will be defined as effective working relationship between the nurse and client which is based on trust and respect. Connection is the essentiality of Nursing in the human health experience. If there is connection, quality nursing care will be provided by the nurse as well as there will be increase participation of the patient in his care. The end result would be health.

Explanation of the Conceptual Model (see separate page for the conceptual model)

The Nursing Model **CaringConnection: The Essentiality of Nursing in the Human Health Experience** is a middle range theory combining the different concepts in Nursing such as Carper’s Fundamental Patterns of Knowing in Nursing, Swanson’s Theory of Caring, Peplau’s Theory of Interpersonal Relations and Meta-paradigms in Nursing. This theory aims to emphasize the importance of establishing connection and partnership between the nurse and the patient in order for the nurse and the patient to execute effectively the different health management actions as well as effective caring process in order to achieve health.

The first box contains the different fundamental patterns of knowing in nursing such as empirics, aesthetics, ethics, and personal knowing. When ‘knowing’ occurs there is a bond of empathy and understanding between the care provider and the care recipient. There will be a special connection between the nurse and the patient and this is the essentiality of nursing in the human health experience. Connection leads to effective “doing” or caring process. Doing would refer to the execution of different health management actions or interventions of the nurse and participation of the patient in his care in order to attain health or wellbeing. If there is effective doing of health management actions of the nurse and patient the more they will be connected. The setting would include the hospital and the community.

There is an arrow from the box of patterns of knowing leading to doing because there are instances that nurses perform nursing interventions without the necessary connection with the patient. The concept of connection can be bypassed. Example of which is in hospital setting like the emergency room where patients come and go. Connection might not also be reciprocal when the patient is unconscious and cannot participate in his care. This is one limitation of the theory. There is also an arrow from doing going to the box of patterns knowing because each professional or therapeutic encounter influence the nurse’s and patient’s personal and professional development. As the nurse works with the patient to assist the patient to wellbeing, the nurse’s experience, competency, practice, and becomes increasingly more effective. The different patterns of knowing are more enhanced. In fact, Peplau cited in George (2002) stated that the behavior of the nurse as a person interacting with the patient as a person has a significant impact on the patient’s wellbeing and the quality and outcome of nursing care. Better connection with the patient would mean health and if there is health there will be again an increase connection between the nurse and the patient.

**References**


