

## Review Paper

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**ACHIEVERS JOURNAL OF SCIENTIFIC RESEARCH***Open Access Publications of Achievers University, Owo*Available Online at [www.achieversjournalofscience.org](http://www.achieversjournalofscience.org)**Caring In Nursing: A Concept Analysis**<sup>1\*</sup>Ikeh, I.U., <sup>1</sup>Olorunfemi, O.L., <sup>1</sup>Ariyo, D.A., <sup>1</sup>Daramola, O.H. and <sup>1</sup>Babalola, N.T.<sup>1</sup>Department of Nursing sciences faculty's Achievers University Owo, Ondo State**\*Corresponding Author:** ikehify28@gmail.com

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**Abstract**

This study emphasizes the close relationship that exists between nursing education and the fundamentals of care delivery throughout the healthcare continuum. Despite tremendous advancements in the previous four decades in the review of nurturing care, some gaps persist, casting doubt on the approaches and plans used to address this crucial aspect of nursing practice. The concept of caring is essential to this conversation because it is nuanced and leads to various interpretations among those who provide care. As a result, it is crucial to carefully consider its implications and significance for the nursing profession. Beyond the conventional boundaries of therapeutic interventions, caring encompasses spiritual, psychological, and emotional aspects that are intricately linked to interpersonal relationships. Additionally, this abstract embarks on a captivating journey to reveal the extensive consequences of a profound understanding of caring for nursing practice. It emphasizes the vital role that caring plays in fostering patient-centered care paradigms, therapeutic relationships, and improving clinical outcomes by breaking down the essential elements of caregiving. Furthermore, research underscores how important compassion is for mitigating compassion fatigue, fostering resilience, and upholding nurses' professional ethics in the face of the taxing demands of the hospital setting. The entirety of this abstract is a powerful cry for a radical change in the way nursing practice and education understand caregiving. It promotes a comprehensive approach that offers nurses the ability to rethink how to provide kind and sympathetic care in the fast-paced healthcare landscape of the twenty-first century

**Keywords:** Caring, Knowledge, Methods, Mindfulness, Nurse, Patient

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**1. Introduction**

Without a caring substance, there is a chance that nursing practice will become more technical due to the increased complexity of patient care and time constraints. Nurses must observe, comprehend, and accept

responsibility for the human connection in order to provide care. A shared concept of nursing, compassion, and an awareness of one's own ethical principles are essential for professional nursing practice. In order to foster a deeper awareness of caring in nursing practice and to support nurses' self-reflection

on ethical underlying values, it is crucial to highlight concepts of caring in nursing.

It can be helpful to know about some of the historical theorists who have influenced the evolution of nursing in order to comprehend how the field has developed. Florence Nightingale laid the foundation for modern nursing with her theories on ventilation, warmth, light, food, hygiene, and noise (Pfettcher, 2017). Various theoretical works in the field of nursing, including conceptual models by Orem (2001) and Rogers (1989), nursing theories proposed by Boykin and Schofenhofer (1993) and Leininger (1995), middle-range nursing theories by Beck (1993) and Swanson (1993), and nursing philosophies outlined by Eriksson (1990), Martinsen (2003), and Watson (2008), have played crucial roles in shaping the development of nursing practice. Alligood (2017) asserts that nursing theory is fundamental for both the practice and education of nursing. Today, the focus in nursing is more on the application of knowledge rather than solely on the role of nurses themselves (Alligood, 2017). In the contemporary high-tech healthcare setting, nursing must maintain a caring ethos to prevent becoming overly technical. One effective approach to enhancing the foundational principles of care in nursing practice is to underscore them from Eriksson's perspective (Eriksson, 2018).

## 2. Concept analysis

Defining concepts and concept analysis has been a major hard-nut for philosophers since the time of Aristotle and Plato. Up till our present day there is still no consensus or agreement on theory of concepts. Although, these great philosophers gave legitimacy to efforts directed at definition and analysis of concepts by establishing the process as a fundamental scientific activity. According to Olorunfemi and Ojewole (2017) sees concept

analysis as a scientific method of enquiring into the essence of concept; laying foundation for new theory and models; setting up a hypothetical statement and open up new field of knowledge for exploration.

Walker and Avant (2005) opined that concept analysis is a scientific investigation of concept to find out the meaning of the concept and the misconception about the concept. In most cases, concept analysis is described as a word or phrase, which gives the totality of a phenomenon, which could be in concrete or abstract form (Olorunfemi, & Ojewole 2017). In nursing, there is a vast growing of literatures through which researchers used to synthesize and improve their knowledge on concept analysis (Walker & Avant, 2005). A concept analysis is always embarked on primarily to identifying new concepts or poorly understood concept, to giving precise operational and theoretical meaning of the concept in order to expand the knowledge scope of the concept in theory and research (Castaneda & Scanlan, 2014). In this article, Walker and Avant (2005) concept analysis method is used to define and elucidate the phenomenon of caring in nursing. Walker and Avant's method is an appropriate guide to understand the meaning of caring in nursing profession. Walker and Avant (2005) proposed eight-steps involved in concept analysis which are;

- ❖ Selection of Concept for Analysis
- ❖ Aim and Objective of Analysis.
- ❖ Identifying Uses of the Concept.
- ❖ Determining the Defining Attributes.
- ❖ Constructing a Model Case.
- ❖ Constructing Additional Cases.
- ❖ Identifying the Antecedents and Consequences of the Concept.
- ❖ Defining the Empirical Referents for the Concept.

According to Walker and Avant (2005), choosing a concept topic should be based on

the researcher's area of interest. The researcher becomes curious to investigate the topic since caring among nurses and all other

### 3. Selection of Concept for Analysis

Most wellness laborers overwork themselves, especially when trying to adhere to care guidelines, as a result of the pressure that the emergence of new illnesses is placing on medical caretakers, specialists, drug specialists, and other wellness experts to produce more workers in the medical care group (Allen *et al.* 2001). They have a duty to teach future medical professionals who will be able to take over from them, in addition to helping the patients. One of the most significant issues facing many medical professionals today is how to produce highly qualified healthcare workers for academic institutions, clinical settings, and nursing research.

From Aristotle to Plato, rationalists have grappled with defining concepts and analyzing ideas. There isn't yet a consensus or conclusion about the theories of ideas. However, by portraying the discussion as fundamentally a logical process, these amazing intellectuals justified concentrated efforts in idea formation and analysis. As suggested by Olorunfemi and Ojewole (2017), idea inquiry is a rational approach to investigating an idea's content, providing a foundation for new models and hypotheses, constructing a speculative explanation, and opening up new areas of data for research. According to Walker and Avant (2005), conceptual investigation is a logical analysis of a concept to determine its significance and any misinterpretations. An idea examination is often described as a term or phrase that captures the essence of a characteristic, which may be in a dynamic or physical form (Olorunfemi and Ojewole 2017). In the field of nursing, there has been a significant advancement in the literary works that Analysts may use to combine and refine their

members of the health team is a necessary tool for developing the next generation of nurses and other health care workers.

data for concept analysis (Walker and Avant, 2005). An ongoing process of idea evaluation aims to identify novel concepts or poorly understood concepts and determine the precise functional and theoretical significance of each idea in order to expand the concept's body of knowledge via principle and investigation (Castaneda and Scanlan, 2014). This article describes and elucidates the characteristics of mindfulness in nursing by using concept of Walker and Avant (2005) evaluation technique. The approach developed by Walker and Avant (2005) is a useful guide for understanding the role that mindfulness plays in nursing. Walker and Avant (2005) proposed eight steps for idea investigation, including choosing the idea for investigation, its purpose, and its aim; identifying the idea's uses; identifying its key characteristics; creating a model case; creating additional cases; identifying the concept's precursors and outcomes; and describing the idea's experimental referents. Walker and Avant (2005) point out that the scientist's area of interest should be the basis for selecting an idea. The expert gets curious to investigate the matter, as mindfulness among medical staff and any surviving members of the wellness group is a crucial tool for developing the next generation of attendants and other workers in the medical services industry.

### 4. Aim and Objectives

This project's aim is to investigate the complex nature of care within the nursing profession. The research specifically aims to accomplish the following goals and the objectives of the study are explaining what "caring" means in nursing practice, examine the key aspects of nursing care, explore how different stakeholders understand caring,

evaluate its application in clinical practice, and discuss any issues or differing views on the concept of care in nursing.

## 5. Identifying Uses of the Concept.

### 5.1 Definitions and use of caring in nursing

In nursing, the most important phase in idea examination is to do a comprehensive investigation on the utilization of the recognized ideas by various individuals or expert bodies. In Greek, “frontízo” means to be careful, care for, take care of, tend, and nurture. Caring in a real sense signifies “to nurse.”. Merriam-Webster's web-based word reference (2023) feeling or offering worry for or grace to other people. Sister Simone Bug thought of the five Cs of mindfulness: responsibility, heart, skill, empathy, and certainty. The five Cs are thought of as helpful to moving along colleague and patient connections and expanding a medical caretaker's opportunities for professional success. The caring in nursing hypothesis by Watson (2008) brings to the very front of nursing practice how significant caring in nursing is to patient experience and patient results. The primary concern of the hypothesis is how attendants ought to communicate care to patients. There are various justifications for why caring is such a significant piece of nursing. Mindfulness in nursing can be characterized as accommodating and thoughtful cooperation between medical service suppliers and patients. It includes giving physical and close-to-home solace to patients, easing patient agony, and advancing mending. Caring in nursing additionally requires regard for the patient's poise and independence and giving individualized care that takes into account the patient's interesting requirements and inclinations. Additionally, the audit of the writing accessible at present shows that the term caring in nursing is utilized in the

accompanying ways Worldwide Diary of Caring Sciences, relationship called caring in a circumstance by which a patient, Mrs. Smith, is brought up to the clinic after a confounded medical procedure. She is restless, in torment, and requires mindful consideration because of her sensitive condition. In the crisis office, medical caretaker Alex experiences a patient, Mr. Johnson, who has sustained wounds in an auto collision. In a situation, 'Medical caretaker Emily, drawing upon her broad experience and natural comprehension of patient consideration, intuitively evaluates Mr. Williams' necessities. 'Medical attendant Laura is doled out to really focus on a patient, Mr. Anderson, who conceded a medical procedure because of a messed-up leg.

## 6. Defining Attributes of caring in nursing

Ascribes are attributes that habitually show up in the writing and assist with characterizing the idea of interest. Walker and Avant (2005) consider defining the characteristics to be the core of an idea investigation. As per the outcomes of the writing survey on caring in nursing and the relevant meanings of caring in nursing, five credits are generally vital for caring in nursing: responsibility, inner voice, ability, sympathy, and certainty. responsibility: "A guarantee to our patients and populations is the foundation of what we do. We want to expand on our obligation to work on the consideration and experience of our patients, to take action to make this vision and procedure a reality for all, and to meet the wellbeing, care, and backing challenges ahead." (Huziej, 2021). The responsibility component of caring in nursing isn't just the devotion to the job constantly shown via caregivers, but in addition a guarantee to create their own abilities and information, to share information, to work really across all area limits, to challenge misbehavior or

negative and prejudicial ways of behaving, and to persistently work on the nature of care given. It is likewise a promise to embrace the 5Cs and integrate them into their regular practice. Responsibility includes the medical attendant's commitment to giving top-notch care. This includes a willingness to exceed everyone's expectations for the patient, a longing to consistently work on one's abilities and information, and a devotion to the nursing calling in general.

### **Competence: The attendant's ability to provide gifted and learned care**

This includes possessing the core clinical competencies in addition to the ability to collaborate, communicate, and manage patient care.

### **Confidence**

Being certain entails possessing strong points of confidence and faith in one's ability to give thoughtful consideration. This includes maintaining a positive mental image of oneself, being amiable in one's role as a medical caregiver, and going above and beyond to handle difficult situations with professionalism.

### **Conscience**

The medical attendant's moral and ethical standards are alluded to by the inner voice. This includes upholding the patient's rights and needs, acting honorably, and adhering to nursing standards.

### **Compassion**

Empathy is the compassion, regard, and respect shown through connections; it can also be described as astute consideration, and it is essential to how people perceive their consideration." The type of care provided is

almost as important as the type of treatment. People receiving care must be treated with compassion, deference, and respect. People argue that their thoughts and criticisms ought to be heard and taken into consideration; they contend that government policies ought to be designed to enable individuals to participate in their deliberations. Understanding the patient's needs and feelings entails responding with kindness and consideration.

## **7. Construction of Model cases**

The model cases will contain all the identifying attributes for caring in nursing: Scenario: A patient, Mrs. Smith, is admitted to the hospital after a complicated surgery. She is anxious, in pain, and requires attentive care due to her delicate condition. Commitment: The nurse, Sarah, demonstrates commitment by dedicating her full attention and time to Mrs. Smith's care. Despite a busy schedule, Sarah ensures she spends adequate time with Mrs. Smith, addressing her concerns, explaining procedures, and providing emotional support. Conscience: Sarah, guided by her ethical principles and moral compass, advocates for Mrs. Smith's well-being. She respects Mrs. Smith's autonomy, ensuring that her preferences and values are considered in the care plan. Sarah also keeps confidentiality intact and respects Mrs. Smith's dignity at all times. Competence: With her extensive training and experience, Sarah showcases competence in her nursing practice. She proficiently administers medications, monitors Mrs. Smith's vital signs, and expertly handles medical equipment. Additionally, Sarah communicates effectively with the healthcare team, ensuring seamless coordination of care. Compassion: Sarah demonstrates compassion by showing empathy towards Mrs. Smith's pain and anxiety. She listens attentively, providing emotional support, and offering reassuring words to alleviate Mrs. Smith's fears. Sarah's

caring demeanor creates a safe and comforting environment for Mrs. Smith. Confidence: Confident in her abilities, Sarah exudes a sense of assurance and reliability. Her calm and composed demeanor instill trust in Mrs. Smith and her family. Sarah's confidence reassures them that she is capable of providing the necessary care and support.

This model case contains all the five attributes of caring in nursing: commitment, conscience, competence, compassion, and confidence. In this case, Nr. Sarah is a registered nurse and enjoys giving adequate attention to her patient (first criterion), she a person's who allows her professional moral sense of right and wrong to guide her behavior. (the second criterion) with which she proficiently carries out all of her procedures, she is a skillful and experienced nurse (third criterion). She listens attentively, providing emotional support, and offering reassuring words to alleviate (four criterion) and She exudes a sense of assurance and reliability. Her calm and composed demeanor instill trust in her patient and family (fifth criterion). In this case, Nurse Sarah exemplifies Sister Simone Roach's five C's of caring by committing herself wholeheartedly to Mrs. Smith's care (first criterion), upholding ethical principles (second criterion), showcasing competence in nursing skills (third criterion), demonstrating empathy and compassion (four criterion), and displaying confidence that inspires trust and reassurance in the patient (fifth criterion).

### **7.1 Minor Situations Investigating Marginal Cases**

The following five unique attributes of nursing mindfulness are not present in all marginal cases: Medical Assistant Ade introduces Mr. Adeleke, a patient who was injured in an automobile accident, to the crisis unit.

#### **Commitment:**

"Ade, the medical assistant, demonstrates accountability by responding promptly to Mr. Adeleke's needs despite a flurry of activity." Despite this, Ade finds it difficult to give the patient his full attention due to his busy schedule. Heart: Ade, driven by areas of strength in a sense, guarantees that Mr. Adeleke's aggravation is really overseen and follows emergency clinic conventions for injury appraisal and treatment. Aside from that, Ade was pressed for time and was unable to look into Mr. Adeleke's preferences beyond immediate clinical needs.

#### **Competence**

Ade discusses the injury group in depth, balances Mr. Adeleke's condition, and conducts effective introductory evaluations. Still, some delays in the delivery of care could occur due to the hot weather. Despite the chaotic situation, Ade demonstrates empathy by acknowledging Mr. Adeleke's frustration and anxiety. Within the parameters of time and responsibility, Ade tries to provide close-to-home assistance and comfort. Certainty: "Because of the upsetting environment, Ade's certainty may fluctuate at times, especially when handling multiple simple cases at once, even though handling the situation expertly is vital." In this marginal case, four of the five components of nursing mindfulness are present: Ade, the medical caregiver, exhibits traits of accountability, self-awareness, competence, empathy, and insufficient confidence. However, as the crisis office presents situations where the medical attendant demonstrates some mindfulness but is unable to fully embody all of Sister Sade's five C's and outer imperatives, it may have an impact on how satisfied each perspective is. Analyzing a Related Case In these instances, the concept appears to be concentrated, but

not all of the distinctive credits are included (Walker and Avant, 2005). "Nurturing" Using her extensive background and innate understanding of patient care, Emily assesses Mr. Femi's needs with intuition. She provides extra comfort without overtly depending on course reading methodology or accepted conventions; rather, she perceives the patient's pain and modifies her approach accordingly." This case shows a medical professional using instinctive judgment and skill in providing consideration, even though the precise acknowledgment credits from a particular source are not cited. It emphasizes the application of nursing standards and the innate understanding of patients' needs, without blatantly relying on recorded scribes.

## 7.2 Examining similar cases

Walker and Avant (2005) thought that the scenario that demonstrates clearly what the idea is not is the opposite case: "Nurse Laura is assigned to concentrate on Mr. Anderson, the patient who has to undergo surgery due to a dislocated leg." Lack of Capability and Certainty: Laura, a newly graduated nurse, worries about the methodology Mr. Anderson is considering and needs clarity. She needs consistent guidance from her seniors, as she struggles to administer medication and is unsure about caring for wounds. Absence of Responsibilities: Laura rushes through her projects with Mr. Anderson due to personal problems and a sense of being overwhelmed by the responsibility. She only allows him to use the basic consideration schedule to address his feedback after she finishes the necessary systems. Lack of Sympathy: Laura arrives distant and uninterested in Mr. Anderson's home state. She focuses only on meeting her basic nursing responsibilities, failing to show sympathy for his suffering or provide any local support. Still, an insignificant voice Deficiency: Laura follows clinic procedures,

but she forgets to include Mr. Anderson's unique preferences and ideals in his consideration plan. She stays out of discussions to modify the course of treatment to suit his beliefs or, once again, requests. In this instance, Laura, the medical attendant, typifies Sister Simone Insect's mindful qualities. Giving comprehensive and compassionate consideration is hampered by her lack of competence, assurance, accountability, empathy, and an adequate understanding of the patient's unique needs. Differentiate Precursors and Outcomes Predecessors are events or situations that take place before an idea manifests itself (Walker and Avant, 2011). The text was evaluated. An understanding of nursing caring requires an understanding of outcomes and predecessors. While results show the effects or, on the other hand, impacts resulting from the outflow of mindfulness, precursors hint at the factors that influence or, on the other hand, add to the sign of caring ways of behaving. These precursors and outcomes have a big impact on how nursing understands and applies caring behaviors.

## 8. Identify Additional Cases

### 8.1 Borderline Case Analysis

The borderline cases do not contain all the five identified attributes of caring in nursing: In the emergency department, Nurse Alex encounters a patient, Mr. Johnson, who has sustained injuries in a car accident. Commitment:" Nurse Alex demonstrates commitment by promptly attending to Mr. Johnson's needs despite a busy shift. However, due to a high workload, Alex struggles to spend prolonged time with the patient. Conscience: Alex, driven by a strong ethical sense, ensures that Mr. Johnson's pain is managed effectively and follows hospital protocols for injury assessment and treatment. However, due to time constraints, Alex might not fully explore Mr. Johnson's

preferences beyond immediate medical needs. Competence: Alex efficiently performs initial assessments, stabilizes Mr. Johnson's condition, and communicates effectively with the trauma team. However, due to the hectic environment, there might be some delays in the delivery of care. Compassion: Despite the chaotic setting, Alex shows compassion by acknowledging Mr. Johnson's pain and anxiety. Alex offers reassurance and tries to provide emotional support within the limitations of time and workload. Confidence: Although handling the situation competently, due to the stressful environment, Alex's confidence might fluctuate at times, especially when managing multiple critical cases simultaneously”.

This borderline case contains four out of the five components of caring in nursing: Nurse Alex demonstrates elements of commitment, conscience, competence, compassion, and partial confidence. However, the fulfillment of each aspect might be affected by the demanding circumstances in the emergency department, showcasing a situation where the nurse embodies aspects of caring but might not fully manifest each of Sister Simone Roach's five C's due to external constraints.

## 8.2 Related Case Analysis

These are cases that look like concept being studied but all the identifying attributes are not present (Walker & Avant, 2005). “Nurse Emily, drawing upon her extensive experience and intuitive understanding of patient care, instinctively assesses Mr. Williams' needs. She feels a sense of the patient's distress beyond what is overtly visible and adjusts her approach accordingly, offering additional comfort measures without explicitly relying on textbook procedures or standardized protocols”. This scenario illustrates a nurse utilizing intuitive knowledge and expertise in providing care, even though the specific identifying

attributes from a particular source are not mentioned. It emphasizes the application of nursing principles and the intuitive understanding of patient needs without explicit reliance on documented attributes.

## 8.3 Contrary Case Analysis

Walker and Avant (2005) opined that contrary case is the act or scenario that shows clearly what the concept is not: ‘Nurse Laura is assigned to care for a patient, Mr. Anderson, admitted for surgery due to a broken leg. Lack of Competence and Confidence: Laura, a newly graduated nurse, lacks confidence and feels unsure about the procedures involved in Mr. Anderson's care. She hesitates while administering medications and isn’t entirely confident in performing wound care, seeking constant guidance from her seniors. Absence of Commitment: Due to personal issues and feeling overwhelmed by the workload, Laura rushes through her tasks with Mr. Anderson. She completes the required procedures but doesn’t allocate additional time to address his questions or concerns beyond the basic care routine. Inadequate Compassion: Laura appears distant and detached from Mr. Anderson's emotional state. She fails to empathize with his discomfort and doesn't provide emotional support or reassurance, merely focusing on fulfilling the essential nursing duties. Conscience Inadequacy: While following the hospital guidelines, Laura overlooks the importance of understanding Mr. Anderson's individual preferences and values in his care plan. She doesn't engage in discussions to align the treatment with his beliefs or wishes. In this scenario, the nurse, Laura, struggles to embody several aspects of Sister Simone Roach's caring attributes. Her lack of competence, confidence, commitment, compassion, and inadequate consideration of the patient's individual values and needs



results in a shortfall in providing holistic and compassionate care.

### **9. Identifying the Antecedents and Consequences of the Concept.**

Identify Antecedents and Consequences Antecedents, these are events or incidents that happen prior to the occurrence of a concept (Walker and Avant, 2011). The reviewed literature Antecedents and consequences are key elements in understanding the concept of caring in nursing. Antecedents refer to the factors that influence or contribute to the manifestation of caring behaviors, while consequences denote the outcomes or effects resulting from the expression of caring. In the context of nursing, these antecedents and consequences are crucial in shaping the understanding and impact of caring behaviors. Here are some examples: Antecedents of Caring in Nursing: Education and Training: Quality nursing education programs emphasizing empathy, communication skills, and ethical values can foster caring attitudes among nursing students. Personal Attributes: Individual traits such as empathy, compassion, emotional intelligence, and cultural competence contribute to the expression of caring behaviors in nursing practice. Work Environment: Supportive and respectful work environments that value nurses, encourage teamwork, and prioritize patient-centered care can foster the expression of caring behaviors. Ethical and Moral Development: Ethical codes, moral values, and reflective practices contribute to nurses' understanding of ethical responsibilities and guide their caring actions. Patient-Centered Care Models: Models of care that prioritize patient involvement in decision-making, respect individual preferences, and consider holistic needs foster caring interactions. Consequences of Caring in Nursing: Patient Satisfaction: Caring behaviors positively

influence patient satisfaction and perception of the quality of care received, leading to improved patient outcomes. Enhanced Healing and Recovery: Patients receiving care from empathetic and caring nurses may experience reduced stress, better coping mechanisms, and potentially faster recovery. Improved Nurse-Patient Relationships: Caring interactions contribute to the development of trust, rapport, and strong therapeutic relationships between nurses and patients. Reduced Anxiety and Distress: Caring behaviors can alleviate patients' emotional distress, anxiety, and feelings of isolation, contributing to overall well-being. Positive Work Environment: Caring behaviors can contribute to a more positive work environment for nurses, promoting job satisfaction, teamwork, and reduced burnout. Understanding these antecedents and consequences helps shape nursing practice and emphasizes the importance of fostering caring behaviors not only for patient well-being but also for the overall quality of healthcare delivery and the work environment for nurses.

### **10. Defining the Empirical Referents for the Concept.**

#### **Define Empirical Referents**

Empirical referents in nursing refer to observable or measurable factors that indicate the existence or presence of an abstract concept, such as caring. They are the tangible, visible, or quantifiable aspects used to assess or measure the abstract concept. In the context of caring in nursing, empirical referents are the observable behaviors, actions, or indicators that reflect the presence or demonstration of caring attitudes and behaviors. Here are examples of empirical referents related to caring in nursing: Nursing Actions: Observable actions by nurses, such as spending time with patients, actively listening, providing comfort measures,

showing empathy, and involving patients in decision-making, are empirical referents of caring. **Patient Satisfaction Surveys:** Assessments or surveys that measure patient satisfaction regarding the quality of care received, including aspects related to the perceived level of care and compassion shown by nurses. **Assessment Tools:** Specific tools or scales developed to evaluate caring behaviors in nursing practice. These tools may include items assessing empathy, communication, attentiveness, and support provided by nurses. **Qualitative Studies:** Qualitative research that explores patients' or nurses' narratives, experiences, and perceptions of caring can offer empirical insights into how caring is manifested and perceived in clinical settings. **Clinical Observations:** Direct observations of nurses' behaviors and interactions with patients in clinical settings can serve as empirical referents to assess caring behaviors, such as expressions of empathy, active listening, or comforting gestures. **Documentation and Charting:** Documented evidence of nursing

interventions, notes on patient interactions, and care plans that emphasize patient-centered approaches can serve as empirical referents for caring practices. References may vary based on specific studies or frameworks utilized to define empirical referents of caring in nursing. However, seminal works in nursing theory and research often discuss the assessment and measurement of caring behaviors. Authors like Jean Watson (e.g., "Human Caring Science: A Theory of Nursing"), Madeleine Leininger (e.g., "Culture Care Theory"), and Kristen Swanson (e.g., "Theory of Caring") have contributed significantly to discussions on caring in nursing, including empirical referents and measurement approaches. Additionally, scholarly articles in nursing journals focused on caring theories and measurement tools may offer further insights into empirical referents related to caring in nursing practice.

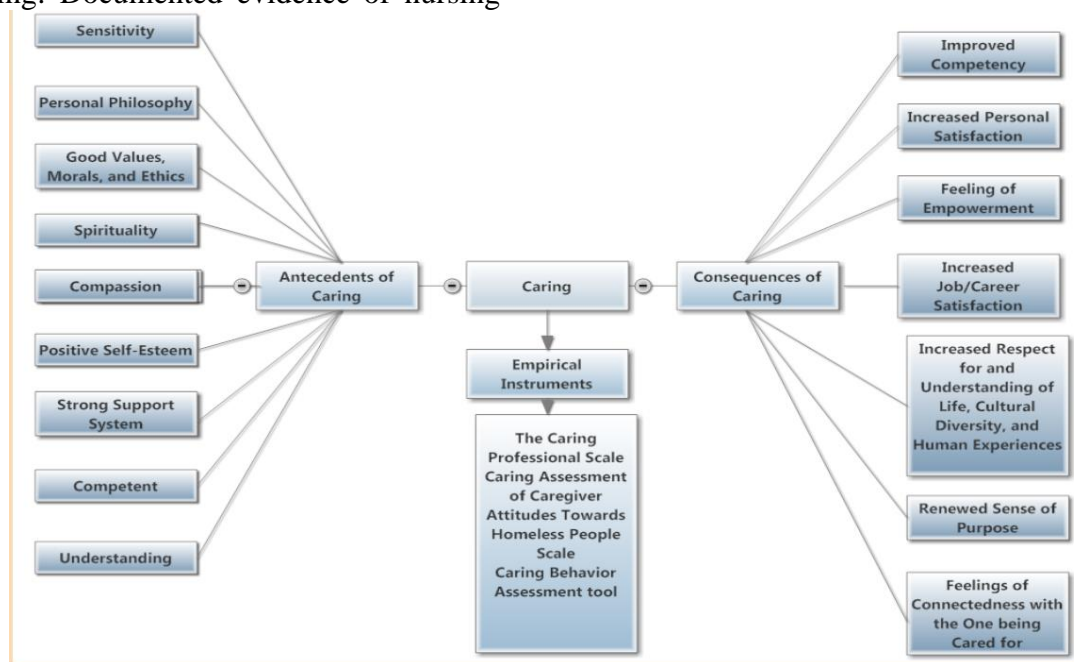


Figure 1: Caring nursing- Antecedents, empirical and consequences of caring.

This examination has clarified the definition, use, and interpretation of mindfulness in nursing practice. It also lays out the measured significance of observing the availability of supportive measures and evaluating their applicability in the nursing profession and other relevant disciplines. It also serves as a starting point for developing nursing models. A model case represents every quality of compassion. A security officer stopped a 68-year-old Haitian woman who speaks little English on her way to the neighborhood bodega because she seemed sick. The woman was carried into the clinic. The woman said she felt like she was "in trouble" and resisted being probed. But the NP calmly informed her that she was not in danger and that she should not be afraid since she would not be harmed. The nurse practitioner informed the patient that she needed to be sent to the emergency department for further evaluation and treatment when it was discovered that she was experiencing a hypertensive crisis. Because her spouse was alone at home and without food, the patient refused to be transferred to the emergency room by ambulance. The caseworker and shelter security were enlisted by the NP to help, as they committed to regularly checking on him in his room and making sure he attended meals each day. In addition, the NP called her doctor many times, and the EMTs consented to transport her to the hospital, where her doctor is an admitting member. At last, the patient consented to the transfer and felt at ease. Borderline Case: Has most, but not all, of the characteristics that define it. Following surgery, one of the patients came into the clinic. It was disappointing for her to have to arrange her own transportation because she has limited financial resources and phone access, even though she received a thorough review of her post-op orders, what to expect during the recovery phase, and the various follow-up appointments. In this case, it was not acknowledged that assistance and

comprehension of the obstacles the patient faces were needed. Associated case: has resemblances to the idea but not its precise characteristics. In order to be a comforting presence, a 55-year-old lady living in a shelter often goes to her doctor's visits with her neighbor, who speaks very little English. In contrast, it does not possess any of the concept's characteristics. Despite receiving a medical requirements document, a 52-year-old patient with a respiratory problem is not given an air conditioner. One of the alternatives was to utilize the recreational room, which was closed during the day, or to keep his door open to let the cold air from the air conditioner in the halls flow.

### **Implication for nursing practice.**

The implication of "caring in nursing as a concept analysis" involves gaining a deeper understanding of the multifaceted nature of caring in nursing, clarifying its meaning and components, and identifying how it impacts nursing practice, patient outcomes, and professional relationships. This analysis can help standardize care practices, improve nurse-patient interactions, enhance the quality of care, and address any conflicts or ambiguities related to the concept of caring within the nursing profession.

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