

FROM THE GUEST EDITOR

Finding Meaning Through Kristen Swanson's Caring Behaviors: A Cornerstone of Healing for Nursing Education

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Swanson's (1991) middle range theory of caring has traditionally been used to define the care of patients and family members. Swanson's caring theory outlines five caring processes: knowing, being with, doing for, enabling, and maintaining belief (p. 163). Nurse educators can utilize these caring processes to teach nursing students by cultivating meaningful, healing relationships. This article presents an example of a nursing faculty member's application of this theory to her teaching pedagogy. This account serves to guide therapeutic teaching as well as to encourage further scholarly work examining the relationship between Swanson's caring theory and nursing education.

Keywords: Kristen Swanson; middle range theory; caring; meaning; nursing education; nursing curricula

In keeping with our theme of this issue, Cornerstones of Healing: Finding Meaning, I reflected on my role as a caring nurse educator. I contemplated how I might be able to express caring to my students as their professor while maintaining the rigor of a baccalaureate nursing program. My students commonly discussed their perceptions of nursing faculty as caring or uncaring. They shared stories of positive interactions with professors whom they described as empathetic, nurturing, and supportive. They also recollected negative experiences in which they perceived their professors to be intimidating, indifferent, and disparaging. As I listened to my students' perceptions of their faculty's caring (or lack of caring), I challenged myself to discover a strategic framework for caring as a nurse educator. I sought to obtain a deliberate process, grounded in nursing theory. Swanson's (1991) theory of caring provided me with a meaningful structure to care for my nursing students. Swanson's five caring behaviors—"knowing, being with, doing for, enabling, and maintaining belief" (p. 163)—can serve as the foundation for healing relationships between nurse educators and their students.



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SWANSON'S THEORY OF CARING

Swanson's (1991) middle range theory of caring has had a profound effect on me as a nurse educator. As a practicing registered nurse for more than 20 years, I applied

Swanson's caring behaviors to the care of patients and families. As I transitioned into the role of a nurse educator, I sought to develop therapeutic relationships with my students just as I developed healing relationships with patients and families as a clinical nurse. Swanson's caring processes have enabled me to develop healing relationships with my nursing students. This article will detail specific strategies that I have used to incorporate Swanson's middle range theory of caring into my teaching pedagogy.

The application of Swanson's theory of caring to teaching nursing students remains absent in the literature. Watson's (1979) theory of transpersonal caring has been well documented in the nursing education literature. Watson (1988) acknowledged human caring as a moral context for nursing education. Studies have applied Watson's theory of caring to nursing education.

Wade and Kasper (2006) developed an instrument to measure nursing students' perceptions of instructor caring based on Watson's theory of transpersonal caring. Qualitative studies have also examined caring (Beck, 1991; Sitzman & Leners, 2006; Leners & Sitzman, 2006). Sandberg (2016) challenged nurse educators to "serve as role models of compassionate care through engaging in authentic, caring relationships with students" (p. 166). Sandberg incorporated Watson's paradigm to promote compassion in nursing education. While Watson's theory establishes the ethical obligation of nursing educators to be caring nurses, Swanson's (1991) middle range theory offers specific guidelines for nurse educators to operationalize caring in their teaching; I will discuss Swanson's five caring processes, with specific examples from my nursing education practice.

KNOWING

Swanson (1991) described knowing as "striving to understand an event as it has meaning in the life of the other" (p. 163). She depicted the following subcategories of knowing: "avoiding assumptions, centering on the one cared-for, assessing thoroughly, seeking cues, and engaging the self of both" (p. 163). As an educator, it is critical for me to know who my students are. I must strive to understand them personally and academically. I am committed to understanding their particular learning needs and their motivation to study nursing. I must carefully assess their learning and tailor my teaching to meet their individual learning needs. My students benefit when I utilize a variety of teaching strategies. I must be aware of their learning styles as well as their strengths and weaknesses.

It is also essential for me to understand my students personally. Many students must maintain part-time or full-time employment in order to afford the university's tuition. It can be difficult for these students to manage the academic rigor of nursing school while continuing their employment. My students are commonly the first in their families to obtain a baccalaureate degree. I must appreciate the profound significance of this. These students sometimes lack academic role models and mentors. Serving as a mentor to these students can empower them to be successful as nursing students. Teaching them study skills and modeling professional behavior and caring can empower them to be successful, both academically and clinically. I must engage these students and support their learning. It is essential that I avoid assumptions and enter into a dialog with these students to support their learning. I need to seek cues that some students may be struggling academically and/or personally, and support these students. I have provided stu-

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dents with resources for tutoring and scholarships as well as health and counseling referrals. It is essential for me to thoroughly assess students, to recognize cues that they may be struggling academically and/or personally, and to refer them to the appropriate supportive services. I have sometimes misinterpreted students' silence in class as disinterest or lack of motivation. When I take the time to get to know my students, I learn about their cultural and family backgrounds. I understand the challenges they may face physically, emotionally, spiritually, and financially. In order for me to fully know these students, I need to be present with them, listen to them, and support them in balancing the demands of their personal lives with the rigor of their academic obligations.

In order to support my students' learning, I must thoroughly assess both the students and myself. In addition to evaluating my students' success, I must also honestly reflect on my own teaching effectiveness. I seek out regular feedback from students informally throughout the academic semester and formally at the midpoint of the semester. Students commonly complete end-of-semester evaluations; however, this feedback only benefits future students. Seeking feedback from current students throughout the academic semester allows educators the opportunity to make necessary modifications and to promote students' success.

BEING WITH

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Swanson (1991) defined being with as "being emotionally present to the other, striving to understand an event as it has meaning in the life of the other" (p. 163). Being with goes a step beyond knowing. She goes on to say, "It is more than understanding another's plight; it is becoming emotionally open to the other's reality. The message conveyed through being with is that the other's experience matters to the one caring" (p. 163). As a caring educator, it is essential for me to be with my students. I am available to students both within and outside of the traditional classroom. During nursing seminars, I encourage students to share their knowledge and pose questions. I strive to create a safe space in the classroom where mistakes are encouraged as vehicles for learning. I meet with students not only during designated on-campus office hours but also at convenient times and locations for students. I am present to them in both joyous and painful times. I listen empathetically to their personal and academic challenges. I support them through their successes and their failures. I encourage them to embrace failures as opportunities for growth, and I openly share some of my own failures with them as opportunities for learning. My students know that I am a first-generation college graduate. I have also personally shared stories of close family members' illness and death. Although I do not burden students with my own concerns, I have shared my struggles as a nurse and as a family member. Sharing with my students builds a therapeutic relationship. It allows them to see me not only as their educator but also as a compassionate nurse and human being. Being with my students provides them with presence, authenticity, and vulnerability, and ultimately tells them that they matter to me as students and as people.

DOING FOR

Swanson (1991) characterized doing for as "comforting, anticipating, protective of the other's needs and performed competently and skillfully" (p. 164). She goes

on to say that doing for is done while “preserving dignity” (p. 163), which must be a deliberate act. As a nursing professor, I am aware that nursing students experience a great deal of anxiety related to being a nursing student. Before administering an examination, I invite students to engage in guided relaxation to decrease their anxiety. I utilize grounding to calm students in both the classroom and clinical settings. I encourage students to identify an intention prior to caring for patients during clinical. It is significant for me to anticipate my students’ concerns and provide comfort to them to encourage a safe, supportive learning environment.

I must also educate students with competence and skill. I must provide them with the most current, accurate, evidence-based nursing knowledge. My teaching must be grounded in both the science and art of nursing. This involves honestly identifying my own strengths and limitations. I must utilize nursing literature, expert nursing colleagues, and other scientific sources. Providing my students with competent, skillful teaching is necessary for them to be able to safely deliver patient care. While I do not need to provide students with answers to all questions, I do need to support them to find the answers they are seeking. It is essential to provide students with tools for learning in a competent, skillful manner. It is important to offer students comfort during difficult learning situations. During clinicals, students experience patients’ pain, tragedies, and death. As a clinical instructor, I anticipate how difficult illness and end of life can be for students. I create a safe space for students to be able to process these feelings and reflect upon the meaning of caring and healing in nursing.

ENABLING

Swanson (1991) illustrated enabling as “facilitating the other’s passage through life transitions and unfamiliar events” (p. 164), and further explained the purpose of enabling as “to facilitate the other’s capacity to grow” (p. 164). As a nursing faculty member, I support students through unfamiliar experiences in both the classroom and the clinical setting. Academically, I must facilitate students’ transitions into the culture of nursing. I educate students about the rigor and precision required in nursing. It is essential for students to understand the role of the nurse as a sentry who “assesses, monitors, and intervenes for the patient to prevent complications, promote healing, and optimize safe outcomes” (Koloroutis, 2004, p. 129). Students must understand that nursing education is unique, since this discipline is grounded in safely caring for patients and families. As a nurse educator, I invite students into the nursing culture while teaching them the art and science of safely caring for patients and families.

Nursing students enter vastly unfamiliar environments in the clinical settings. They care for patients and families during life, death, illness, health, and every life transition. Many students have not experienced these vulnerable periods, and need a great deal of support from faculty. As a nurse educator, I must support students through these unfamiliar events. I must provide them with time to reflect upon their thoughts and feelings following the caring interactions. As I debrief with students, I allow them to think through these complex situations. I encourage them to focus, give them feedback, and empower them to construct alternatives for future caring interactions. I validate the caring they have given to their patients. Enabling nursing students to successfully care for patients in unfamiliar situations

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fosters their personal and professional growth. This caring ultimately facilitates a successful role transition from nursing students to professional registered nurses.

MAINTAINING BELIEF

Swanson (1991) defined maintaining belief as “sustaining faith in the other’s capacity to get through an event or transition” (p. 162). She further categorized maintaining belief into “believing in/holding in esteem, maintaining a hope-filled attitude, offering realistic optimism and going the distance” (p. 163). Maintaining belief is at the heart of caring in nursing education. As a nurse educator, I empower students to believe in their own capacity to successfully become registered nurses. Students commonly doubt their abilities to pass nursing examinations, write scholarly papers, and care for patients in the clinical setting. I maintain belief in my students academically by being present to them both within and outside of the classroom. I require all students to meet with me to review their learning progress. I support their scholarly writing by offering a writing workshop each semester. During this workshop, I offer education on the mechanics of writing as well as specific feedback on their individual writing assignments. Although I challenge my students to meet the high expectations of the nursing curriculum, I “go the distance” with them by supporting their learning through a variety of supportive teaching strategies. I also maintain belief in my students’ abilities to care for patients and families in the clinical setting. I maintain belief that with the proper preparation and supportive teaching, they will be able to provide therapeutic care to patients and families. I model healing patient care, and I am physically present to support students’ caring for patients in the clinical setting.

I strive to balance maintaining belief with offering realistic optimism. I engage in courageous conversations with students. These dialogs reveal my faith in the students’ abilities while acknowledging the students’ limitations as opportunities for growth. When students are not successful in nursing, it is essential that I convey my continued belief in them. I must share feedback honestly, in a caring manner. It is essential to reflect on students’ strengths, limitations, and passions. As a nurse educator, I maintain belief that with my caring support, students can achieve their full potential as future registered nurses, or identify another path utilizing their strengths and passions. Sometimes part of maintaining belief involves guiding the students to find the best career path for themselves. This is extremely difficult when students do not possess the knowledge, attitude, or skills necessary to become a registered nurse. These authentic, sensitive conversations with students demonstrate a nursing faculty member maintaining belief and “going the distance.” Nursing faculty must hold all students in esteem and believe in the students’ abilities to get through these difficult situations.

Being a nursing student is a psychologically, emotionally, physically, and spiritually demanding experience.

CONCLUSION

Nurse educators must foster meaningful healing relationships with nursing students. Swanson’s (1991) middle range theory of caring provides nurse educators with an ideal framework to create these caring and healing relationships with nursing students. Although her theory was crafted to illustrate caring behaviors for patients and families, the theory is easily applicable to nursing education. As nursing faculty engage in Swanson’s (1991) five caring processes, they can build

meaningful relationships with their students. Being a nursing student is a psychologically, emotionally, physically, and spiritually demanding experience. Nursing faculty can nurture healing relationships with their students to empower them to flourish as nursing scholars and caring, competent future registered nurses. The strategies discussed in this article serve as an exemplar for nursing faculty to cultivate healing and caring relationships with their students. The application of Swanson's caring theory to the teaching of nursing students can also serve as a basis for future research and scholarly discourse.

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