

The Efficacy of Caring Swanson Theory-based Parental Convention on Special Needs Children

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KEYWORDS

ABSTRACT:

Caring Swanson Theory is greatly used to offer comfort in case of client's caring process to pass through the transition period by accommodating the client's necessities. This research aims for applying intervention towards parents' role in caring for children with attention deficit disorder by implementing SCT module in parental convention at a confined space during four-time sessions. The parental convention or group discussion were carried out both virtually and directly. During the convention, the developments of caring process were discussed. The control group was given the space to talk about their problem while the experimental group was intervened. The research was quasi-experimental study using pre-test and post-test control group design. The population of the research included parents of children with attention deficit disorder in Malang City area, East Java, Indonesia who took the role as the caregivers. In collecting the data, SCT module and questionnaire were used as the research instruments. The parents of children with attention deficit disorder filled the questionnaire before and after the parental convention sessions. The findings indicated that the average answers of the parents in experimental group were categorized as strongly agree (76.07). The responses concluded that parents were more composed in managing the caring process in daily basis as they acquired new insight on caring their children with attention deficit disorder.

Introduction

Nursing or caring is certainly a significant process in managing patients. Caring represents the relationship and process between the caregiver (nurse) and the patient to improve care and establish a positive condition for the patient (Swanson, 1987). Caring involves demonstrating attention and appreciation for those who are unable to fulfill their basic needs (Goodwillie, 2014). Caring is an essential attribute that nurses should have. Age is an element that influences caring, as older individuals tend to possess a greater level of caring. In the age of globalization, there exists gender equality, allowing both men and women to exhibit caring behaviors, although it is contingent upon the psychology of each person (Barkley et al., 2018). Educational attainment may serve as a factor influencing individual caring. Research has indicated that higher education levels correspond with a broader perspective and improved treatment (Barman, 2016).

Nurses delivering care to patients need to comprehend various aspects of nursing or caring, which, as per Rouch in 1997, are categorized into seven components referred to as the 7C caring components: compassion, communication, consideration, comfort, consistency, consistency, and closure (Nurmila et al., 2017). Besides the seven components outlined by Rouch, there are an additional four caring aspects that nurses must possess while

administering care (Lorajita et al., 2018). The elements of caring consist of presence, touch, listening, and understanding the client.

Caring serves as the foundation of nursing practices in delivering nursing care. Caring yields advantages for a nurse who engages in it (Widyawati et al., 2019). The advantages of caring comprise patients giving positive feedback, interacting with patients, fulfilling positive roles, perceiving patients as companions, receiving gratitude from patients, gaining extensive knowledge about humanity, and fostering personal growth in both social and psychological dimensions.

One of the theories in nursing utilized in the medical field is the Caring Swanson Theory (CTS). According to (Dianti et al., 2024), the Caring Swanson Theory (CTS) is one of the nursing theories that is widely used in the field of medicine. Originally, Swanson's caring theory was applied to post-partum mothers who had suffered miscarriages, involving the family in providing support for the loss experienced by the post-partum mother (Lillykutty & Samson, 2018). Over time, however, Swanson's caring theory was adapted for patients requiring nursing care. Swanson's theory is categorized as a new approach known as Middle Range Theory. Middle Range Theory represents a significant advancement from Grand Theory, as the theory presented is more focused and simpler to implement (Priambodo et al., 2022).

Caring, as described by Swanson, refers to nursing care that is implemented in a meaningful way that maintains a strong sense of commitment and responsibility in its execution (Teting & Ermayani, 2018). In a different source, Swanson characterizes caring as a method of preserving relationships through mutual respect for others, accompanied by a feeling of shared ownership and responsibility (Febriana et al., 2020). Swanson's theory includes 5 facets of Caring (Nurse-Clarke et al., 2019). Swanson refers to the caring components as Swanson Caring Processes (SCPs), which are comprised of: maintaining belief, knowing, being with, doing for, and enabling. These five processes contribute to patient outcomes as expressed in client well-being.

Maintaining belief or sustaining trust becomes an individual forms the foundation of caring. If sustaining beliefs is the foundation of nurses' concern, then knowing or understanding serves as the anchor that connects nurses' beliefs/nursing with the lived experiences of those they assist. Being present or being with indicates being emotionally available to others, representing a category of caring that demonstrates to clients that they and their experiences matter to the nurse. The fourth process is performing actions for others. This process pertains to doing for others what they would do for themselves if it were feasible (Lillykutty & Samson, 2018). Ultimately, nurses' concern focuses on enabling or empowering/allowing others to engage in self-care. Empowering is described as "facilitating another person's journey through life transitions and extraordinary events." The aim of empowerment is to guarantee the patient's enduring well-being (Goodwillie, 2014).

Joel Ray and Deb Stargardt authored an article titled "Linking Hospital Consumer Assessment of Healthcare Providers and Systems to Swanson Caring Theory," which was published in *The Journal of Nursing Administration* in 2020. The article serves as context for strategies aimed at enhancing Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) through the application of Swanson Caring Theory (SCT). The diagnostic model outlined herein is not designed to encompass the entire range of nursing care; instead, it aims to assist nurse leaders in interpreting HCAHPS results in relation to the SCT attributes of compassion, competence, and patient well-being (Ray & Stargardt, 2020).

The SCT model has been utilized by health institutions; however, it remains unfamiliar at the domestic nursing level. Parents often resort to conventional nursing models to simply "be present" for their child diagnosed with attention deficit disorder. Child development factors, including children with ADHD, are greatly influenced by the social environment

especially parents as the core family (Dianti et al., 2024). There exists a requisite for guidance and support to disseminate SCT effectively, ensuring that the treatment process for children with attention deficit disorder is more comprehensive and precise. One initiative to familiarize parents with SCT involves professional intervention through the establishment of periodic parent discussion groups. Parents who maintain the caring and coping style were definitely influenced by how they process information regarding their children condition (Dianti, et al., 2024). Parental group discussions are conducted in both online and offline formats. During these discussions, participants will address developments, concerns, or feedback from each parent, which will subsequently be responded to by their peers. Researchers, serving as health practitioners, will then provide professional feedback in the form of materials regarding SCT, presented in module format. The subsequent implementation begins with each individual family.

The pilot observation has not identified a singular study on parental group discussions concerning SCT as an intervention for attention deficit disorder within Indonesia. Nevertheless, to the best of our understanding, there has been no prior investigation assessing the before and after effects of SCT implementation on attention deficit disorder cases in Indonesia. Consequently, the restricted access to parents of children with attention deficit disorder presents a challenge for the conducted research. As indicated, the research inquiry imposes limitations in determining the effectiveness of the intervention we propose in this study.

Method

This research is a quasi-experiment utilizing a pretest and post-test control group design. The research population comprised all parents serving as caregivers for children with attention deficit disorder in the Malang City region of East Java, Indonesia. The research sample was selected based on the following inclusion criteria: the primary caregiver of a child with attention deficit disorder who is a relative, resides in the same household, has provided care for children with attention deficit disorder for a minimum of one year, possesses reading and writing skills, and demonstrates a cooperative attitude. Conversely, the criteria for exclusion involve withdrawing as a respondent prior to the completion of the research.

Sampling was conducted utilizing the simple random sampling technique, and the chosen participants were from the experimental group (group 1) and the control group (group 2). The control group solely received conventional guidance and a space for sharing regarding their children in any location, whereas the experimental group was provided with specific guidance on SCT and SCPs through four periodic sessions. The instruments employed for data collection included the SCT module for caregivers and a questionnaire that yielded responses. Parents, in their capacity as caregivers, will complete a questionnaire prior to and subsequent to the parental group discussion process.

Before the experiment commenced, the samples underwent testing using a two-tailed t-test, which necessitated a pre-analysis assessment of the samples' normality and homogeneity. According to the results of the pre-analysis assessment, the samples were derived from a normal and homogeneous population. At the outset of the experiment, no differences were observed among the samples based on the two-tailed t-test. Data were gathered through document analysis and testing. These were evaluated using a two-tailed t-test with varying cell content to ascertain the results of the pre-analysis assessment in order to reach a decision regarding the comparative stage.

Descriptive analysis was performed on research variables through the establishment of frequency and percentage distributions according to the category of each variable and each parameter. The analysis employs effect size computations to assess the impact of the intervention on the advancement of caregivers' nursing care for children with attention deficit disorder.

Results and Discussion

The pretest outcomes were derived from data collection tools in the form of questionnaires administered prior to and following the intervention. The pretest was conducted before the treatment, which involved the implementation of the parental group discussion utilizing the SCT module. The t-test results for the pretest outcomes were acquired to compare the pretest means of two groups, namely the experimental group (group 1) and the control group (group 2). The mean square between groups was calculated to be 237.573, whereas the mean square within groups was found to be 73.261. The significance value obtained was recorded at 0.024, indicating that it is lower than the alpha value of 0.05. Meanwhile, the F value obtained was 4.611.

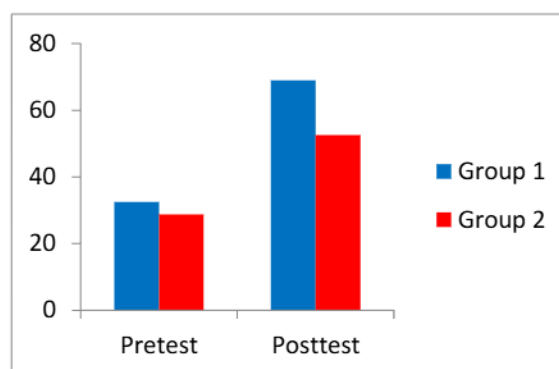
The post-test was conducted subsequent to the treatment through the execution of the parental group discussion utilizing the SCT module. The outcome of the t-test for the post-test results is acquired for the purpose of comparing the post-test mean of two groups, specifically the experimental group (group 1) and the control group (group 2). The mean square between the groups is 417.435, whereas the mean square within the groups is 54.300. The significance value obtained is 0.012, indicating it is lower than the alpha value of 0.05. Additionally, the F value obtained is 145.235.

The comparative outcomes of the pretest and post-test acquired can be illustrated with a bar diagram as depicted in Figure 1 for the experimental group (group 1) and the control group (group 2). It is evident that the post-test results exhibit a higher average value than the pretest results. This signifies that there is an enhancement from prior to and subsequent to the execution of the parental group discussion utilizing the SCT module. The bar diagram delineates the variance among the questionnaire responses.

Based on the outcomes of the normality and homogeneity assessments, it is determined that the data are normally distributed and homogeneous, which allows for the continuation with the t-test for pretest, post-test, and n-gain. The significance level utilized in this study was 0.05. The significance column for both the experimental group and the control group is 0.024. As the significance value is less than 0.05, there exist differences in this data. The significance level utilized in this study was 0.05. The significance column for both the experimental group and the control group is 0.012 (Table 2). Because the significance value is less than 0.05, it can be concluded that there is a difference between the measurements before and after the implementation of the parental group discussion using the SCT module.

Figure 1. Mean Score of Pretest and Post-test for Experimental Group and Control Group

In Figure 1, it is evident that the experimental group has experienced an increase in value following the implementation of the parental group discussion utilizing the SCT module, which is highly significant, rising from an average value of 32.5 to an average value of 69.

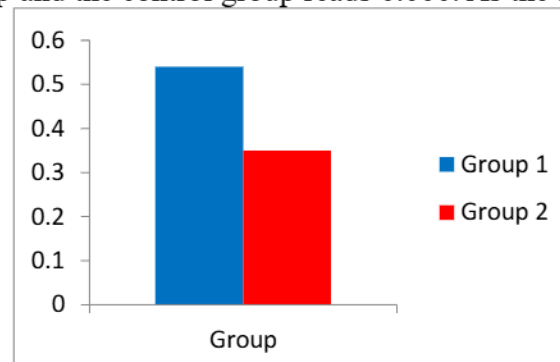


Consequently, there is a notable enhancement in the caring patterns of parents, with the experimental group exhibiting higher levels compared to the control group. Subsequently, the test results are analyzed using the t-test for N-gain. This test was performed to determine the difference in the mean value of improvement attained by the experimental group in

contrast to the control group. N-gain provides insight into which group has demonstrated a greater increase in value.

In Figure 2, it is evident that the experimental group experienced elevated values following the execution of the parental group discussion utilizing the SCT module. The mean outcomes for the experimental group demonstrated a highly significant increase from an average value of 32.5 to an average value of 69. Consequently, there was an enhancement in the caregiving patterns of parents who acquired specific knowledge of CST and CSPs. The results were superior in the experimental group in comparison to the control group.

Figure 2. The result of N-gain for Mean Score of Experimental Group and Control Group
 The significance level employed in this study was 0.05. The significance column for both the experimental group and the control group reads 0.000. As the significance value is less



than 0.05, it indicates the presence of differences in the data. According to Figure 2, it is observed that the average N-gain of the experimental group surpasses that of the control group.

The assessment of the impact of height categories via effect size has been conducted subsequent to comparative analysis. The calculation of effect size was employed to ascertain whether the CST module influences the pattern of care towards children with attention deficit disorder. The outcomes of the calculations utilizing effect size are as follows:

$$d = \frac{M_2 - M_1}{\sqrt{\frac{S_1^2 + S_2^2}{2}}}$$

$$d = \frac{74.0312 - 52.5962}{\sqrt{4.3804^2}}$$

$$d = 1.117$$

Based on the outcomes of the effect size calculation, the effect size is determined to be $1.117 \geq 0.8$. Consequently, it can be concluded that the effect size falls within the high yield range, which is 1.117, indicating an influence of 'height'. The execution of the parental group discussion utilizing the SCT module has a significant influence on the caregiving patterns exhibited by parents as caregivers to their children with attention deficit disorder. The effect size value is affected by data from both the control and experimental groups (Lakens, 2013). Table 1 presents the mean value of student responses in the experimental group to assess the execution of the parental group discussion utilizing the SCT module, which significantly impacts caring patterns following the intervention (post-test).

Table 1. Mean Score of Parents' Responses of Experimental Group on Post-Test

No	Question of Responses	Percentage of Parents' Responses (%)			
		Strongly Agree	Agree	Disagree	Strongly Disagree
1	During the caring process, I can treat children with attention deficit disorder with more courtesy and respect	79.37	20.62	0	0
2	During the caring process, I am able to listen more carefully toward the needs of children with attention deficit disorder	78.12	20.00	1.87	0
3	I become more indulgent with the treatment process now that I understand the main goal of caring children with attention deficit disorder	77.50	22.50	0	0
4	I do not have experienced burn out and emotionally exhausted so often anymore when caring children with attention deficit disorder	78.75	21.25	0	0
5	I am now confident with any advantages and obstacles in nurturing children with attention deficit disorder	76.25	21.25	1.25	1.25
6	I am not easily triggered over things that appear from the responses of children with attention deficit disorder	70.00	22.50	2.50	5.00
7	I can still enjoy my personal time and put the burden of caring children with attention deficit disorder aside	72.50	27.50	0	0
8	I believe that hard times during caring process toward children with attention deficit disorder can finally be paid off when they achieve proper development stage in their life	79.31	20.62	0	0

Based on Table 1, the average responses from parents in the experimental group were measured at 76.07, thereby categorizing their sentiment as strongly agree. The results reflecting these parents' responses were derived subsequent to their participation in four sessions of guidance utilizing the SCT module, which were conducted periodically by the researchers. Parents within the experimental group expressed that they now felt more composed in managing the daily caring process, having gained new insight into the goals that should be achieved in the care of children with attention deficit disorder. During the sessions, they were receptive to discussing even minor aspects regarding their children's responses when implementing the stages of SCPs. In contrast, parents in the control group were merely provided a room to communicate their concerns and their current efforts to address the shortcomings based on their daily experiences, without any intervention from the SCT module.

The outcomes of the responses provided by these parents are highly encouraging towards the learning process that has transpired; thus, it can be asserted that the outcomes of these parents' viewpoints endorse the effective application of the SCT module as an innovative approach developed for the care of children with attention deficit disorder. This can facilitate the effective development of the patients' well-being. This conclusion is corroborated by multiple studies which have also demonstrated that SCT can enhance the caregiving process (Lillykutty & Samson, 2018; Lorajita et al., 2018; Swanson, 1991). The findings from additional research pertaining to the enhancement of patients' appropriate developmental outcomes are similarly supported by supplementary and partial studies (Badiola & Blazek, 2018; Ellina & Adiutama, 2019; Lorajita et al., 2018; Mårtensson et al., 2021; Miller & Wojnar, 2019; Priambodo et al., 2022)..

The methods by which the five CSPs have been accomplished can serve as an observation sheet in the format of a survey and checklist (Ray & Stargardt, 2020). This can facilitate a holistic and comprehensive discourse within the realm of nursing, particularly regarding how Swanson Caring can function as a practical application for the care of children with attention deficit disorder, and the associated assessment may represent the conclusive evaluation of how children with attention deficit disorder ultimately "adapt" to self-care after having received care for a period of time (Nurse-Clarke et al., 2019).

CST originated from research conducted by Swanson under the mentorship of Jean Watson. Nonetheless, this does not imply that Swanson's theory is a reproduction of Jean Watson's theory; rather, they concur that Swanson's theory is indeed Swanson's theory, which complements Jean Watson's theory (Mårtensson et al., 2021). The theoretical elements associated with Jean Watson are referred to as Jean Watson's 10 curative actions, which encompass 10 components (Febriana et al., 2020). In contrast, Swanson's theory, which was developed in 1991, is more succinct yet encompasses all necessary aspects (Putra et al., 2023). The primary objective of CST is to offer a convenient care process for clients navigating the transition period by facilitating all necessary resources, supplying various information, providing support in the face of challenges, and enhancing the client's healing process so that the client may subsequently engage in independent action in their life. Attention deficit disorder is not a condition that can be resolved in a brief period. Nonetheless, efforts aimed at assisting parents as caregivers continue to be a focus of ongoing research, as nurturing overall well-being can become problematic when caregivers lack a high quality of psychosocial support. Therefore, interventions designed to assist parents will significantly benefit the caregiving process itself.

Conclusion

Based on the outcomes derived from the calculations and analyses conducted in this study, it is evident that the efficacy of the parental convention implementation utilizing the SCT module

is categorized as high, with a score of 1.117. It has been concluded that this intervention model is effective for application in the care of children with attention deficit disorder within the family context, thereby enhancing parents' conceptual awareness and understanding of the objectives likely to be attained in the caregiving process. SCT assists parents in comprehending the essential requirements of nurturing and caring for the patient. Furthermore, it may also be applied in other areas of medical reporting, such as for schizophrenia.

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