
VIEWING BOYKIN AND SCHOENHOFER'S NURSING AS CARING THROUGH PARSE'S CRITERIA FOR EVALUATION OF THEORIES

Maybelle R. Lacdo-o
College of Nursing
Silliman University
Dumaguete City, Philippines



BROWN (1997) EMPHASIZED that one of the recent trends in the nursing profession in most, if not all, cultures is to produce, utilize, and practice research-based nursing care. Inherent in this goal is the continued development and testing of nursing theory. In order to utilize nursing theory appropriately it is important to know how to describe, analyze, and critique (evaluate) theory. While empirical testing of theory is important, it is but one part of the evaluation of theory. Meleis (1985) states that theory evaluation provides for constructive criticism, further theory development, and helps the evaluator develop an appreciation for the process of theory development. Essentially, one main purpose of evaluation is to allow for an informed critique of theory before (and after) conducting research, and before the application of a theory in practice or educational settings. While evaluation of theory is a combination of both subjective and objective findings, it is the premise of this

paper that this objectivity can be accomplished through the use of criteria for evaluation that are acceptable to the profession yet culturally and geographically transferable. Kuhn(1977) once said that “we can delineate such criteria and that accuracy, consistency, broad scope, simplicity and fruitfulness in research are essential as objective criteria for judging competing theories.”

We should always consider that every person’s between competing theories depends on a combination of empirical and subjective factors.” The subjective factors are dependent on the evaluator’s preferences, personalities and experiences. But it is indeed undeniable that Both objective and subjective factors have a place in our understanding of the philosophy of science. While many contemporary authors and theorists in nursing claim that we do not really utilize proposed nursing theories and conceptual models, they should be evaluated. Proper evaluation can lead to informed use and testing of nursing theory. From evaluation, will emerge criteria to improve upon the ideas already proposed, as well as provide a common denominator for further theory Development. In the literature there are many criteria proposed for the evaluation of theory. There are criteria proposed by philosophers of science (Kuhn, 1977; Newton-Smith, 1981; Laudan, 1977) as well as nursing theorists.

PARSE’S CRITERIA FOR EVALUATION OF THEORIES

Parse believes in the basic premise that criteria for evaluation of theory should be broad enough to accommodate all perspectives in the discipline. The two major areas of critical appraisal in my design are structure and process (Parse, 1987).

VIEWING BOYKIN AND SCHOENHOFER’S NURSING AS CARING UTILIZING PARSE’S CRITERIA FOR EVALUATION OF THEORIES

Anne Boykin and Savina Schoenhofer’s (2001) theory of Nursing as Caring is a grand theory, intended to be used with other theories as needed. Nursing as Caring is based on seven assumptions about persons, caring, personhood, and nursing. Persons are caring by virtue of being human, are caring moment

to moment, are continually growing while also whole in the moment. Personhood is a process of living, grounded in caring, and enhanced by nurturing relationships with others. Nursing is a discipline and a profession that focuses on nurturing, living in caring, and growing in caring in the nursing situation. Again, the nursing process is not compatible with Nursing as Caring since the focus is not problem solving.

In their model for transforming practice, Boykin and Schoenhofer offer a rebirth of caring as a component of nursing. As described by the authors, the concept of caring is a personal one and difficult to define. However, the authors make a credible attempt in defining "caring" as a process, moment to moment, constantly unfolding, and manifest in all persons. (Barbara, 2002)

PARSE'S CRITERIA FOR EVALUATION OF THEORIES: ANALYSIS AND THEORETICAL UNDERPINNINGS

Historical Evolution

The study of human caring as a unique and essential characteristic of nursing practice has gradually expanded from early definitional, philosophical, and cultural research on the meanings of caring, to the explication of theoretical definitions of caring, conceptual models, proposed taxonomy of caring concepts, great deal of creative experimentation with research methodologies, and the development of several theories of caring. In general, one may say that knowledge of caring has grown in two ways, first, by extensions and, more recently, by intension. Growth by extension consists of a relatively full explanation of a small region which is then carried over into an explanation of adjoining metaphors of building a model or putting together a jigsaw puzzle (Kaplan, 1964).

In growth by extension, a partial explanation of a whole region is made more and more adequate and outlines for subsequent theory and observation are clarified. Growth by extension is associated with metaphor of gradually illuminating a darkened room. A few persons enter the room with their individual lights and are able to slowly perceive what is in the room. As more persons enter the room, it becomes more fully illuminated, and the observed reality is clarified (Kaplan, 1964).

Growth by extension is implicit in the early caring definitions, explications, and models. The knowledge about caring was built piece-by-piece, in the first ten years by study, by a few nurse scholars committed to the study of human care and caring.

Today, after fifteen years later, progress in the study of the caring phenomenon is no longer piecemeal but gradual and on a larger scale, with illumination from the works that have preceded. Growth by extension is evidenced by the development of an extant bibliography, categorization of caring conceptualizations, and the further development of human care/caring theories. Although the concept of caring has not been definitively and exhaustively explored, the understanding of the broad-scale phenomena of human care and caring has become enlarged. A review of the caring literature and analysis of research on care and caring provides researchers with an interdisciplinary guide to human caring literature and a categorization of caring: [1] human trait; [2] moral imperative; [3] an affect; [4] an interpersonal interaction; and an [5] intervention. The Boykin and Schoenhofer work, *Nursing as Caring: A model of transforming Practice*, is an excellent example of growth by intension. Utilizing previous caring research, caring theory, and personal knowledge, the authors have put forth a theory that will not only increase the content of caring knowledge but also change its form (Boykin & Schoenhofer, 2001).

Boykin and Schoenhofer have emphasized on the model's Philosophy and how it is aligned with human science.

Philosophy

- Caring is a human mode of being
- Caring is an essential feature and expression of being human

Human Science

- Nursing is a form of human science which focuses on the knowledge needed to understand the fullness of what it means to be human and on the methods to verify this knowledge

Heidegger (1962) also spoke of human beings connected with one another and the world, intimately involved in their being-in-the-world concerned with their worldly nature, as care (*Sorge*). Thus, one cares to the extent that one cares about one's capacity 'to be'; is concerned with what one 'can be' and with the 'I who is' in union with 'for-the-sake-of-whom'. Gaylin (1976) believes that an

impulse for caring is biologically programmed in human nature 'caring and loving we are, and caring and loving we must be; we care because it is our nature to care, we survive because we care and are cared for; we are 'touched' by signs of caring and 'hurt' by signs of indifference. In speaking of caring Mayeroff (1990 [1971]) gave voice to what he perceived to be essential components of caring and to his belief that one experiences what is cared for as having a dignity and worth in its own right with potentialities and need for growth. Caring both evolves from and invokes commitment arising from within a deep source and dimension of our humanity.

NURSING AS CARING: HISTORICAL PERSPECTIVE AND CURRENT DEVELOPMENT

The theory of nursing as caring developed as an outgrowth of the curriculum development work in the College of Nursing at Florida Atlantic University, where both authors were among the faculty group revising the caring-based curriculum. When the revised curriculum was in place, each of us recognized the potential and even the necessity of continuing to develop and structure ideas and themes toward a comprehensive expression of the meaning and purpose of nursing as a discipline and a profession. The point of departure was the acceptance that caring is the end, rather than the means, of nursing, and that caring is the intention of nursing rather than merely its instrument. This work led to the statement of focus of nursing as "nurturing persons living caring and growing in caring." Further work to identify foundational assumptions about nursing clarified the idea of the nursing situation, a shared lived experience in which the caring between enhances personhood, with personhood understood as living grounded in caring. The clarified focus and the idea of the nursing situation are the key themes that draw forth the meaning of the assumptions underlying the theory and permit the practical understanding of nursing as both a discipline and a profession. As critique of the theory and study of nursing situations progressed, the notion of nursing being primarily concerned with health was seen as limiting, and we now understand nursing to be concerned with human living.

Three bodies of work significantly influenced the initial development of nursing as caring. Roach's basic thesis that caring

is the human mode of being was incorporated into the most basic assumption of the theory. We view Paterson and Zderad's existential phenomenological theory of humanistic nursing as the historical antecedent of nursing as caring. Seminal ideas such as "the between," "call for nursing," "nursing response," and "personhood" served as 338 SECTION III Nursing Theory in Nursing Practice, Education, Research, and Administration substantive and structural bases for our conceptualization of nursing as caring. Mayeroff 's (1971) work, *On Caring*, provided a language that facilitated the recognition and description of the practical meaning of caring in nursing situations. In addition to the work of these thinkers, both authors are long-standing members of the community of nursing scholars whose study focuses on caring and who are supported and undoubtedly influenced in many subtle ways by the members of this community and their work. Fledgling forms of the theory of nursing as caring were first published in 1990 and 1991, with the first complete exposition of the theory presented at a theory conference in 1992 (Boykin & Schoenhofer, 1990, 1991; Schoenhofer & Boykin, 1993), followed by the work, *Nursing As Caring: A Model for Transforming Practice*, published in 1993 (Boykin & Schoenhofer, 1993) and re-released with an epilogue in 2001 (Boykin & Schoenhofer, 2001). Research and development efforts at the time of this writing are concentrated on expanding the language of caring by uncovering personal ways of living caring in everyday life (Schoenhofer, Bingham, & Hutchins, 1998), reconceptualizing nursing outcomes as "value experienced in nursing situations" (Boykin & Schoenhofer, 1997; Schoenhofer & Boykin, 1998a, 1998b), and in consultation with graduate students, nursing faculties, and healthcare agencies who are using aspects of the theory to ground research, teaching, and practice.

Foundational Elements

The most basic premise of the theory is that all humans are caring persons, that to be human is to be called to live one's innate caring nature. Developing the full potential of expressing caring is an ideal and for practical purposes, is a lifelong process (Boykin & Schoenhofer, 1993).

The theory of Nursing As Caring is a general or grand nursing theory that can be used as a framework to guide nursing practice.

The theory is grounded in several key assumptions:

1. persons are caring by virtue of their humanness;
2. persons live their caring moment to moment;
3. persons are whole or complete in the moment;
4. personhood is living life grounded in caring;
5. personhood is enhanced through participating in nurturing relationships with caring others; and
6. nursing is both a discipline and a profession (Boykin & Schoenhofer, 2001, p.11).

The key concepts of the theory can be very much operationalized (put into action, studied, recognized, described and measured):

1. Caring in Nursing: The intentional and authentic presence of the nurse with another is recognized as person living in caring and growing in caring. At the 6th basic assumption listed, it states that nursing is both a discipline and a profession. This assumption supports and validates how a nurse approaches professional caring practice, that is, from an informed stance grounded in disciplinary knowledge. This clearly distinguishes “lay” caring from professional nurse caring.

2. Authentic Presence: This may be understood as one’s intentionally being there with another in the fullness of one’s personhood.

3. Person as Whole and Complete in the Moment: Person as caring centers on valuing and celebrating human wholeness, that is, the human person as living caring and growing in caring; valuing and respecting each person’s beauty, worth and uniqueness. The person is at all times whole. To encounter a person as less than whole fails to encounter person.

4. Personhood is Living Grounded in Caring: Personhood implies living out who we are as caring persons. Personhood implies living the meaning of one’s life. Personhood implies demonstrating congruence between beliefs and behavior.

Process Criteria: Correspondence Semantic Integrity and Simplicity

The meanings of the terms that appear in the assumptions, the concepts, and the principles are consistent. Clarity prevails in the descriptions of the assumptions, concepts, and principles.

Consistent levels of discourse are evident within and among the assumptions, concepts, and principles. The meanings of words consistent throughout the description of the theory.

Clarity: While the use of “caring” as a way of being is described in a way that makes sense, the level of individual interpretation makes the concepts less clear.

Simplicity: The Theory is streamlined in this direction; living through caring is at the center, and the other concepts directly relate to and further define its meaning. Less attention to detail, and more focus on the main idea add to the theory’s simplicity.

Generality: Altruistic caring and intentional presence are broad themes that are well defined and relate to any given situation because of the inherent flexibility of the concepts.

Accessibility: The simple language is familiar and the concepts are easy to follow and are interpreted by the individual based on his or her own context, making highly accessible.

Importance: While there are less specific examples of this theory’s use compared to Watson and Leininger, the generality and accessibility make this theory useful in nursing education as well as framework critique of nursing practice (Frawns, Nora, Taya, & McClure, 2013).

The concept of Nursing being primarily concerned with health is limited. It is more accurate to say that nursing is concerned with human living.

This theory aims to develop the language of caring through examining the ways of living caring in everyday life, re-conceptualizing nursing outcomes as “value experienced in nursing situations”, and encouraging use of theory to ground research, teaching and practice (Frawns, Nora, Taya, & McClure, 2013).

Syntax and Aesthetics

There is a logical flow from the philosophical assumptions to major concepts to principles. The foundational elements are presented precisely at the same level of discourse. The relational statements are presented precisely at the same level of discourse. The theory is structured symmetrically.

In a book entitled *Caring in Nursing Classics* by Smith, Turkel and Wolf (2013), Boykin and Schoenhofer discussed related literature framed by five questions as follows: [1] *ontological*

("being" of caring), [2] *anthropological* (what it means to be a caring person), [3] *ontical* (function and ethic), [4] *epistemological* (the ways caring is known [personal knowing, empirical knowing, ethical knowing, and esthetic knowing]), and [5] *pedagogical* (teaching and learning).

The authors systematically considered the five questions. First, the ontological questions addressed the being of caring examined by nurses as well as the scholars of other disciplines.

As a human mode of being, the ability to care is inseparable from that of being human. Person-to-person caring involves seeing the value of each person as important in itself. Persons are affected in caring and respond to caring affectively. They are both whole and holy. In this way and consistent with Roach (1987), body–mind–spirit are joined. Boykin and Schoenhofer (1990) also cited Watson (1985) who proposed that caring is an intersubjective human process in which interpersonal human care transactions occur. Individuals are authentically present and unique, together in caring.

The call and the response involves the risk of being with another, connecting in moments of joy (Parse, 1981). Mayeroff (1971) saw caring as a process, an end in itself and not a product. Several scholars' views correspond with Boykin and Schoenhofer's (1990) analysis. Common elements consist of the importance of the authentic presence and connectedness of the persons in the caring situation. Caring is conceptualized as a mutual human process in which the nurse responds with authentic presence to a call from another. Caring is the center and integral to nursing.

Boykin and Schoenhofer find that, too often, nurse theorists have employed deductive methods in theory building while borrowing concepts from other scientific disciplines. The results of these endeavors have led educators and practitioners toward trends that address nursing in terms of what nurses do. Nursing science from a caring perspective is a human science and, as such, may require newer and different ways of defining nursing. *Phenomenology offers a method of inquiry that best suits nursing as a caring discipline.* They believe that a quantitative approach is appropriate to the study of nursing phenomena. Inductive theory formation begins with the nursing experience and develops concepts from the analysis of that experience. The potential of extant nursing practice as a source of ideas for theory to describe, predict, and prescribe nursing care is as unique as the lived

experience of nursing.

Pragmatics / Effectiveness

The focus of nursing in the light of the theory:

1. The focus of nursing is nurturing persons living caring and growing in caring.
2. The nursing situation is the shared, lived experience in which the caring between nurse and nursed enhances personhood.
3. It is in the nursing situation that *the nurse attends to calls for caring, creating caring responses that nurture personhood.*
4. A *call for nursing* is a call from the one nursed, perceived in the mind of the nurse. This call for acknowledgement and affirmation of the person living caring in specific ways in the immediate situation.
5. Calls for the nurturance that is Nursing are personal expressions that communicate in some way—“know me as caring person and affirm me.”
6. In the nursing situation, the nurse enters into the world of the other with the intention of knowing, affirming, supporting, and celebrating other as caring person. *Direct invitation* is integral to this.
7. *Nurses should offer the direct invitation* as part of their coming to know other. The direct invitation raises awareness of nurse and nursed that nursing *is* the service that nursing offers.
8. The direct invitation *opens the door to explicit* “caring between.”

Instead of asking “What can I do for you?,” turn the focus away from yourself to the one you are nursing.

Ask, in your own words, sincerely desiring to know: *What matters to you most, right now?* This is a very powerful question—wait for the answer in stillness, with patience. The one being nursed will respond to the invitation in many different ways with unique calls for nursing that arise from what matters.

The nurse responds to these calls for nursing with *specific caring responses* to sustain and enhance the other as caring person.

This *caring nurturance* is what we call the nursing response.

Presence develops as the nurse is willing to risk entering the world of the other, and as the other invites the nurse into a *special, intimate space.*

The encountering of the nurse and the nursed gives rise to the phenomenon of *caring between*, within which personhood is nurtured.

The nurse as caring person is fully present and gives the other time and space to grow. Through *presence* and *intentionality*, the nurse is able to know the other in his or her living caring and growing in caring.

This *full engagement* within the nursing situation allows the nurse to *truly experience* nursing as caring, and to *share* that experience with the one nursed.

This is the caring between, the shared relation within which nursing is created and experienced.

APPLICATION: NURSING AS CARING IN NURSING PRACTICE

The commitment of the nurse practicing nursing as caring is to nurture persons living caring and growing in caring. This implies that the nurse comes to know the other as a caring person in the moment. “Difficult to care” situations are those that demonstrate the extent of knowledge and commitment needed to nurse effectively. An everyday understanding of the meaning of caring is obviously challenged when the nurse is presented with someone for whom it is difficult to care. In these extreme (though not unusual) situations, a task-oriented, non discipline-based concept of nursing may be adequate to assure the completion of certain treatment and surveillance techniques. Still, in our eyes, that is an insufficient response—it certainly is not the nursing we advocate. The theory of nursing as caring calls upon the nurse to reach deep within a well-developed knowledge base that has been structured using all available patterns of knowing, grounded in the obligations and intentionality inherent in the commitment to know persons as caring. These patterns of knowing may develop knowledge as intuition; scientifically quantifiable data emerging from research; and related knowledge from a variety of disciplines, ethical beliefs, and many other types of knowing. All knowledge held by the nurse that may be relevant to understanding the situation at hand is drawn forward and integrated as understanding that guides practice in particular nursing situations (aesthetic knowing). Although the degree

of challenge presented from situation to situation varies, the commitment to know self and other as caring persons is steadfast. The nursing as caring theory, grounded in the assumption that all persons are caring, has as its focus a general call to nurture persons in their unique ways of living caring and growing as caring persons. The challenge for nursing, then, is not to discover what is missing, weakened, or needed in another, but to come to know the other as caring person and to nurture that person in situation specific, creative ways and to acknowledge, support, and celebrate the caring that is. We no longer understand nursing as a "process" in the sense of a complex sequence of predictable acts resulting in some predetermined desirable end product.

REFLECTION

Heuristic Potential

Boykin and Schoenhofer's Nursing as caring: A model for transforming practice is indeed a living proof of intense dedication and commitment that radiates to all nurses and the ones they care for. Anyone who reads it will be convinced that this model encompasses a deeper meaning that resonates towards a larger scope, even way beyond nursing itself.

I chose this model because I fell in love with it the moment it was presented by my professor. I can honestly say that this model has become a backbone to a lot of researches and studies that have become instrumental in the evolution of the nursing profession. Nursing as caring may sound simple but one can be overwhelmed by what's beyond the tip of the iceberg.

Inquiries that may arise from research findings of studies guided by the model are evidences of life and a never ending investigation of what is known and "unknown."

Some have acclaimed that the model is too broad and application to practice may be hard since concepts are not tangible, but I personally believe that the model cannot be appreciated to its full potential in a single glance.

This paper has allowed me to read and understand primary and secondary sources which allowed me to view opinions and facts in different lenses. Countless hours of browsing the net and flipping through pages of books have widened my horizon as a

nurse... and more importantly as a person.

The voluminous number of researches and studies that have utilized the model supports how this model can really help us nurses see a the phenomenon of Caring, specifically Caring in Nursing ... Nursing as Caring, after all this is the real essence of what nurses should be made of! We are here to care. Without it, can we be called nurses in the real sense of the word?

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