Cogitare Enfermagem

ORIGINAL ARTICLE

Users' perceptions of nursing care from Kristen Swanson's perspective

HIGHLIGHTS

1. High positive perception of care received by users.
2. The five elements of Swanson's theory are contextualized.
3. The study involved various healthcare settings.
4. Users highlight the presence of and communication with nursing staff.

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ABSTRACT

Objective: To determine users' perceptions of the care provided by nursing personnel, from Kristen Swanson's perspective, in a tertiary care institution. **Method:** Cross-sectional observational study of 192 adults, selected through stratified probability sampling by service, from a universe of 7,601 users, with 7% precision, 50% expected frequency, 95% confidence level, and 1 design effect. **Results:** Median age: 43 years; 56.77% women; median stay: 5 days. Overall score in Professional Care: 55.59. No significant differences in the score were found according to age or length of stay. **Conclusions:** The results show comprehensive care, based on the five moments of Swanson's theory, highlighting the team's competence in getting to know the user, accompanying them, promoting their autonomy, strengthening their beliefs, and actively participating in the health process.

DESCRIPTORS: Nursing Theory; Professional Competence; Nursing Care; Empathy; Patient Satisfaction.

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INTRODUCTION

Nursing, as a professional discipline, constitutes the largest workforce in the health field worldwide[1]. Its performance is essential for the fulfillment of the strategic objectives of health institutions, as it offers high-quality services[2] which have an impact on hospital accreditation standards, through the care delivered by nursing team[3].

As a discipline, nursing focuses on the comprehensive care of people's health experiences, encompassing physical, psychological, emotional, social, and spiritual dimensions[4]. In this context, care constitutes a key determinant of patients' physical and emotional outcomes and an essential component of the quality of healthcare services[2].

Scientific evidence underscores the importance of identifying patients' perceptions of the care they receive, as these perceptions are essential for designing programs aimed at improving service quality[5]. In the dynamic environment of clinical practice, it is necessary to apply disciplinary models and theories that guide and support daily care, effectively integrating theory and practice[6].

In this context, the literature highlights that nursing models provide a solid foundation for excellent professional practice, which must be aligned with the institutional vision, values, and philosophy. These models reflect the commitment of professionals to care and allow theoretical concepts to be operationalized through medium-range theories, which offer a higher level of specificity and are adjusted to the practical field of nurses[7].

Globally, the design and application of nursing models have gained relevance in the clinical context by integrating disciplinary knowledge with various methodological structures[8]. A notable example is the application of Kristen Swanson's Theory of Caring, which describes the expected behaviors of nursing professionals at five key moments of care: "knowing" the person receiving care, "being with" them during the health-illness process, "doing for" in response to their needs, "maintaining belief" by ensuring appropriate practices, and "enabling" through health education[9].

Swanson's theory has been shown, through empirical evaluations, to be congruent, clear, parsimonious, and applicable to various clinical contexts. Its development has enabled the creation of specific instruments to identify the behaviors of nursing personnel in the provision of care[5]. These behaviors have become determining factors influencing patients' perceptions and satisfaction with health services. Assessing users' perceptions involves analyzing their experience as individuals who interact with trained, committed, and responsible professionals in the care process. This perception is influenced by several factors, including culture, as well as personal characteristics such as age, gender, religion, educational level, previous experiences, and the nature of the illness [10-11].

Previous studies have focused on evaluating the perception of humanized care[12-13] and the quality of care[14-16]. However, two key components in the provision of nursing care have not been examined together: the cognitive capacity of the nursing professional and the ability to provide humanized care. Therefore, the present study aimed to determine users' perceptions of the care provided by nursing personnel, from Kristen Swanson's perspective, in a tertiary care institution.

METHOD

An analytical cross-sectional observational study was conducted between October and December 2024 in a high-complexity healthcare institution in Bucaramanga, Colombia. The research followed the recommendations for strengthening the reporting of observational studies (STROBE cross-sectional studies).

The study population consisted of individuals hospitalized in inpatient services, adult emergency care, pediatric emergency care, gynecological emergency care, and intensive care units. Users aged 18 years or older with a minimum length of stay of 24 hours were included. Individuals who were sedated, had mental alterations, had a psychiatric diagnosis, or did not have a family member or accompanying person were not included.

The sample consisted of 192 participants (users, family members, and/or caregivers), selected through stratified probability sampling by service. The calculation was based on a total population of 7,601 hospital discharges in the last quarter, with a precision of 7%, an expected frequency of 50%, a confidence level of 95%, and a design effect of 1.

For data collection, Kristen Swanson's Caring Professional Scale (CPS), validated in Spanish, was used. It consists of 15 items distributed across two subscales: compassionate healer and competent healer.[17-18] Responses were recorded on a four-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree). The overall score is obtained by summing all items, with a possible range of 15 to 60 points, where a value of 15 points or less is considered poor, 16 to 30 points is average, 31 to 45 points is good, and 46 to 60 points is excellent[19]. The instrument has a reported reliability of $\alpha = 0.90$[19].

The application was carried out by previously trained members of a research incubator. An electronic form (Google Forms) was used to record sociodemographic data and scale responses. Participants were selected randomly, after the study objective was explained and informed consent was signed.

The data were exported to Excel and analyzed in Stata 14.0. Descriptive statistics (absolute and relative frequencies, medians, and interquartile ranges) were used. Normality was verified using the Shapiro-Wilk test. For the bivariate analysis, the Mann-Whitney U test was applied, and the overall and subscale scores were compared according to length of hospital stay (≤5 days and >5 days) and age (≤43 and >43 years). A p-value < 0.05 was considered statistically significant.

The research was approved by the institution's Research Ethics Committee and Technical Scientific Research Committee, according to communication HUS-ESE-202441101-1330-000000587, in accordance with the provisions of Minutes 10 (September 25) and 14 (October 25), 2024. The ethical principles established in Colombian legislation for research with human beings were respected. Informed consent was requested and digitally recorded through a survey.

RESULTS

A total of 192 people agreed to participate in this study, in line with the calculated sample size. All participants completed the survey. The median age was 43 years, and the majority were women (n=109; 56.8%). The median hospital stay was 5 days (Q1–Q3: 2–10). Participants from all clinical services of a tertiary care institution in Bucaramanga, Colombia, were included (Table 1).

Table 1. Sociodemographic characteristics of participants. Bucaramanga, Santander, Colombia, 2024

Variable	n	% o Median (Q1-Q3)
Age (years)	157	43 (30 - 59)
Gender		
Female	109	56.77
Male	83	43.23
Number of days of stay	192	5 (2 - 10)
Service		
Surgical specialties	18	9.38
Hospitalization in Gynecology-Obstetrics	26	13.54
Neonates	9	4.69
Pediatrics	11	5.73
Adult ICU	17	8.85
Pediatric ICU	2	1.04
Burn unit	5	2.60
Adult emergencies	59	30.73
Pediatric emergencies	21	10.94
Gynecology-Obstetrics emergencies	7	3.65
Internal medicine	17	8.85

Source: The authors (2024).

Regarding the care received, the overall score was 55.59 points. According to the scale used, this value corresponds to a level of care classified as "Excellent", as it falls within the established range of 52 to 60 points. This result reflects the nursing team's active presence, characterized by empathy and dedication, which promotes emotional connection and spiritual support in the therapeutic relationship.

When comparing results by hospital stay length (≤5 days vs. >5 days), a highly positive perception of care received was observed. In the "Compassionate Healer" subscale, most items were at the "always" response level, with frequencies between 80% and 95%, with the item "Respectful" being the most valued (95.31%). Some aspects, such as "Listens attentively," "Able to offer hope," and "Attentive to your feelings," had slightly lower proportions (79.17%, 71.88%, 70.83%, respectively), although they maintained a positive trend. Similarly, on the "Competent Healer" subscale, most items exceeded 80% favorable responses, highlighting perceptions that nursing professionals are clinically competent, demonstrate technical proficiency, and provide kind and respectful care, with scores above 90%. Only the item "Personal" (Did she make her feel important?) was below this threshold (72.92%). In no case was there a statistically significant difference between the groups on the days of hospitalization, as determined by the bivariate analysis ($p > 0.05$).

The comparison of the overall scale score between patients hospitalized for ≤5 days and >5 days showed a similar median (59 (Q1:56–Q3:60) vs. 58.5 (Q1:53–Q3:60), with no statistically significant differences ($p = 0.322$). The same occurred for the medians of the "Compassionate Healer" and "Competent Healer" subscales, which did not differ ($p > 0.05$). (Table 2)

Table 2. Bivariate analysis of CPS scale scores according to participants' length of stay. Bucaramanga, Santander, Colombia, 2024

Scale/Subscale	All Med (Q1-Q3)	≤5 days stay Med (Q1-Q3)	>5 days stay Med (Q1-Q3)	p-value*
Overall CPS – Total	59 (55 – 60)	59 (56 - 60)	58,5 (53 - 60)	0.322
Overall CPS – Median	4 (4 – 4)	4 (4 - 4)	4 (4 - 4)	0.366
Compassionate Healer – Total	32 (29 – 32)	32 (29 - 32)	31 (27,5 - 32)	0.217
Compassionate Healer–Median	4 (4 – 4)	4 (4 - 4)	4 (4 - 4)	0.190
Competent Healer – Total	28 (27 – 28)	28 (27 - 28)	28 (26 - 28)	0.386
Competent Healer–Median	4 (4 – 4)	4 (4 - 4)	4 (4 - 4)	0.871

Med = Median. * Mann-Whitney U test.
Source: The authors (2024).

Regarding participants' age, the bivariate analysis indicated that the median overall score was 58 points (Q1:54–Q3:60), with no significant difference between those aged 43 years or younger and those older (59 (Q1:55–Q3:60) *vs.* 58 (Q1:53–Q3:60), p = 0.547). Similarly, the medians on both subscales were similar, and no statistically significant differences were observed among the items evaluated (p > 0.05). (Table 3)

Table 3. Bivariate analysis of CPS scale scores according to participant age. Bucaramanga, Santander, Colombia, 2024

Scale/Subscale	All Med (Q1-Q3)	Age ≤43 years Med (Q1-Q3)	Age >43 years Med (Q1-Q3)	p-value*
Overall CPS – Total	58 (54 - 60)	59 (55 - 60)	58 (53 - 60)	0.547
Overall CPS – Median	4 (4 - 4)	4 (4 - 4)	4 (4 - 4)	0.882
Compassionate Healer – Total	31 (28 - 32)	32 (28 - 32)	31 (28 - 32)	0.546
Compassionate Healer–Median	4 (4 - 4)	4 (4 - 4)	4 (4 - 4)	0.879
Competent Healer – Total	28 (26 - 28)	28 (26 - 28)	28 (25 - 28)	0.699
Competent Healer–Median	4 (4 - 4)	4 (4 - 4)	4 (4 - 4)	0.708

Med = Median. * Mann-Whitney U test.
Source: The authors (2024).

DISCUSSION

This study included 192 adult patients, primarily young adults and women, from 10 clinical services of a high-complexity institution. The results showed a score of 55.59 on the CPS scale (range: 15 to 60), indicating an excellent perception of the care provided by nurses, with no differences by length of hospital stay or patient age, and with comparable results for the "Compassionate Healer" and "Competent Healer" subscales. Similarly, in another study, the control group that received usual care obtained a good rating, with an average of 50.2 points on the CPS scale, suggesting that care in hospital settings is generally perceived positively by patients[20].

The findings are consistent with research demonstrating the influence of empathy, effective communication, and technical competence on the perception of care[13,21]. Likewise, it has been documented that hospitalized patients significantly value the humanized care provided by nurses, reinforcing the importance of this approach in clinical practice[15].

The analysis of the subscales showed a median of 31 (Q1:28-Q3:32) for Compassionate Healer and 28 points (Q1:26-Q3:28) for Competent Healer, reflecting high favorability in both dimensions. No significant differences were found based on length of stay or patient age, suggesting homogeneous and standardized care. These findings reinforce the consistency of nursing care across different services and age groups, supporting an equitable perception of care[15].

Nevertheless, Kristen Swanson's Theory of Caring emphasizes the importance of processes such as "knowing" and "being with," which involve a deep understanding and an authentic presence within the caring relationship. This suggests that, even when care is perceived as homogeneous, it is essential to consider each patient's individual experiences and specific needs, especially in the case of older adults, to ensure truly person-centered care. In this sense, it has been reported that older adults may have different expectations regarding the quality of care[22], suggesting the need for further studies that explore this aspect in greater depth[23].

The analysis of each item showed, in general terms, a positive perception across all aspects evaluated on the scale. Respect and kindness were the most valued aspects of the nurse–patient interaction, which does not mean that there are no areas for improvement[24]. The lower ratings for attention to feelings and the perception of feeling important suggest that some patients may experience an emotional disconnect with the nursing staff, which may be related to workload, training in emotional communication, or barriers in the therapeutic relationship[25].

Previous studies have indicated that patients report greater satisfaction when care is close and compassionate, yet they tend to place less value on aspects related to emotional support and empathy[26]. The literature has documented that recognizing patients' emotions and the ability to convey genuine interest in their well-being are determining factors in the overall perception of care[26].

Therefore, it is recommended that ongoing training programs be implemented for healthcare personnel to strengthen sensitivity and skills in emotional support. Similarly, it is suggested that institutional strategies be developed to optimize the time of interaction between nurses and patients, promoting humanized care based on effective communication, empathy, and respect for patient dignity[27].

This study confirms the relevance of Kristen Swanson's theory in the Latin American hospital context. Previous studies have reported that implementing theoretical models of care improves perceptions and the quality of patient care[9]. The literature review highlights the applicability of Swanson's theory in various clinical settings, especially in neonatal intensive care units, emergency rooms, palliative care, and mental health. Notably, a study that evaluated perceptions of care during childbirth, using an intervention based on Swanson's theory, reported a significantly higher score of 59.8 on the CPS scale compared to 50.2 in the control group. This result suggests that structured interventions based on theoretical models can improve perceptions of care provided[20].

The findings suggest that the hospital could strengthen perceptions of care by implementing training programs in empathetic communication and in the emotional validation of patients. Periodic assessments using the CPS scale would allow monitoring of the quality of care and detection of opportunities for improvement. The implementation of clinical simulation workshops focused on improving the presence and emotional sensitivity of the nursing staff can reinforce the positive perception of care and strengthen the therapeutic bond with patients. Training in communication

skills has been shown to significantly improve interaction between nurses and patients, thereby increasing patient satisfaction and the quality of care provided[28].

However, it is essential to recognize that, although Swanson's theory provides a solid framework for humanized care, its implementation may be limited in specific clinical contexts where demands and workload hinder its comprehensive application. In addition, its subjective approach and variability in interpreting its principles can lead to differences in its practical implementation. Therefore, any training or intervention strategy must consider the particularities of the clinical environment to ensure its long-term viability and sustainability[29].

Among the strengths of this study are the use of probabilistic sampling, adjusted to the size of each service, and the formal calculation of sample size. This methodological approach strengthens the internal validity of the findings, enabling generalization within the institution and in hospital settings with similar organizational characteristics in Colombia.

In addition, a validated and reliable instrument, such as the CPS scale, was used, adapted to the Colombian cultural and linguistic context, ensuring accurate measurement of perceptions of care. The inclusion of a diverse sample from multiple clinical services provides a more complete view of the dynamics of care in different care settings. However, it is essential to recognize that conducting the study in a single public higher education institution may limit the applicability of the findings to other hospital settings. Differences in infrastructure, staff organization, available resources, and care process efficiency may influence perceptions of care in other contexts[30].

On the other hand, although the results suggest a homogeneous and positive perception of care, the study's cross-sectional design limits the ability to establish causal relationships among the variables evaluated. For example, it was not possible to determine whether the positive perception of care is influenced by nurses' experience or by the length of hospital stay, which could facilitate the formation of closer bonds. However, the absence of significant differences in perceptions, both on the general scale and on the subscales, suggests that the quality of care perceived by patients remains high, regardless of these variables.

In this context, future studies must further evaluate these aspects across different institutional contexts to identify how these factors are managed at varying levels of care and determine how these variables affect perceptions of care. Similarly, previous research in Colombia has indicated that sociodemographic characteristics, such as patient age and length of hospitalization, also influence the perception of quality of care[15]. Therefore, it is pertinent to explore these aspects further to design strategies that strengthen the quality of care across different settings. In addition, it would be relevant to evaluate how the implementation of interventions based on Swanson's theory impacts the perception of care over time and at different levels of care, allowing for the establishment of sustainable improvement strategies[9].

CONCLUSIONS

This study reaffirms the importance of integrating theoretical models such as Kristen Swanson's into daily nursing practice to improve patients' perceptions of care. The findings highlight the importance of empathy and technical competence, underscoring the need to design strategies that strengthen the nurse-patient relationship across diverse clinical contexts.

It was concluded that implementing interventions grounded in Swanson's theory is effective in providing a solid structure for professional practice, enabling more humanized, patient-centered care. However, there is a need to deepen the understanding of individual experiences, especially in vulnerable groups, and to strengthen institutional strategies to facilitate emotional support.

This study makes a significant contribution to clinical practice by reaffirming the need to consolidate person-centered care, in which nurse-patient interaction is strengthened through a transformative, unified vision. On the other hand, it suggests incorporating the theoretical foundations of care into the training curricula of future nursing professionals to promote reflective practice in humanized care.

Finally, it is recommended to continue with periodic assessments using instruments such as the CPS scale, which will allow monitoring the quality of care, identifying areas for improvement, and promoting continuous training in emotional and communication skills.

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Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **López-Romero LA, Parra DI.** Drafting the work or revising it critically for important intellectual content - **Romero-Guevara SL, Esquivel Garzón N, Parra DI.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **López-Romero LA, Romero-Guevara SL, Esquivel Garzón N, Parra DI.** All authors approved the final version of the text.

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The authors declare that all data are fully available within the article.

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