

Correspondence

Unitary caring: Marlaine Smith's new theory

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To the Editor

The notion of care has been prominently emphasized in nursing literature and has been posited as the fundamental core of nursing by renowned nursing scholars like Leininger, Watson, Rogers, Newman, and others [1]. The concept of care serves as a pivotal element within the discipline of nursing, setting it apart from other healthcare professions. Nonetheless, certain experts argue that care isn't exclusive to nursing but represents a fundamental pillar across various health disciplines, underpinning the ethos and principles of numerous healthcare institutions and organizations [2]. Care is delineated as the cornerstone of nursing, intricately linked with the four metaparadigm concepts of the field. This central position of care in nursing has prompted the formulation of several care theories [3]. Among these theories are Smith's unitary care theory, which draws its foundational assumptions from Rogers' science of unitary humans, Newman's theory of health as expanding consciousness, and Watson's transpersonal care theory [4]. Marilyn Smith's unit care theory encapsulates several core concepts: 1) Manifesting Intentions: Before administering nursing care, the nurse is urged to ascertain and prioritize intentions, striving to actualize them. This intentional focus aims to foster a healing environment through the nurse's authentic presence at the patient's bedside during unit care. 2) Appreciating Pattern: Recognizing the interconnected and distinctive nature of human field patterns, which interplay with environmental fields, reveals insights into illness, unwellness, and emotions. Nurses are encouraged to consciously identify these patterns during unit care, collaborating with patients to devise effective care strategies based on observed patterns. 3) Attuning to

Dynamic Flow: Nurses are advised to attune themselves to the patient's vibrational frequency during unit care. This entails discerning appropriate moments for silence, smiles, dialogue, or physical contact, emphasizing the nurse's genuine presence in each interaction. Nurses are encouraged to hone these skills through sensory perception, attentive listening, genuine presence, concentration, and intuition. 4) Experiencing the Infinite: Establishing a profound, transcendent relationship between nurse and patient beyond physical constraints, akin to a spiritual connection, is advocated during unit care. Within this caring context, healing miracles may manifest, furthered by spiritual practices such as prayer or meditation. 5) Inviting Creative Emergence: Nurses are tasked with creating a nurturing space that encourages the emergence of innovative, novel patterns by supporting, educating, and instilling confidence in patients. This fosters spiritual growth and inner peace. For instance, encouraging patients to document their concerns as a means of emotional regulation [3].

Overall, the unit care theory predominantly focuses on abstract mental and spiritual facets of patient care, necessitating the nurse's physical presence at the bedside. This approach holds potential applicability across diverse patient populations and age groups [5], particularly benefiting those in terminal stages of illness, experiencing depression, anxiety, or requiring palliative care [6]. However, patients who do not align with spiritual beliefs may encounter limitations with this theory. To illuminate the theory's positive outcomes, it is recommended that researchers and nurses incorporate it into their investigative endeavors.

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Using artificial intelligent chatbots

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References

1. Prentice D, Moore J, Desai Y. Nursing care delivery models and outcomes: A literature review. *Nurs Forum*. 2021;56(4):971-979.
2. Chaboyer W, Harbeck E, Lee BO, Grealish L. Missed nursing care: An overview of reviews. *Kaohsiung J Med Sci*. 2021;37(2):82-91.
3. Smith MC. *Nursing Theories and Nursing Practice*. 5th ed. Philadelphia, PA: F.A. Davis, 2019.
4. Younas A, Quennell S. Usefulness of nursing theory-guided practice: an integrative review. *Scand J Caring Sci*. 2019;33(3):540-555.
5. Reed SM. A unitary-caring conceptual model for advanced practice nursing in palliative care. *Holist Nurs Pract*. 2010;24(1):23-34.
6. Butcher HK. A Unitary Caring Theory Perspective of Labyrinth Walking Research. *Nurs Sci Q*. 2023;36(2):116-125.

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