

Intervention on ADHD: Effectiveness of Parental Group Discussion Based on Caring Swanson Theory

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KEYWORDS

Intervention on ADHD, Parental Group

ABSTRACT

The main goal of CST is to provide convenience caring process for clients to go through the transition period by facilitating everything the client needs. The aim of this study was to intervene the caring process of parents as caregivers of ADHD children by using SCT module in a closeted room of parental group discussion that were performed in four-time sessions. Parental group discussions are conducted online and offline. In the process, the discussion group will discuss developments of caring process. The control group were only provided a room to discuss their problem while the experimental group received the intervention. This type of research is quasi experiment with pretest and post-test control group design. The research population was all parents as caregivers of ADHD children in the Malang City area, East Java, Indonesia. The instruments used in data collection were the SCT module for caregivers and a questionnaire with responses. Parents as caregivers will fill out a questionnaire before and after the parental group discussion process. The average parents' responses were 76.07 in experimental group, so it is categorized as strongly agree. Parents from the experimental group were stating that they were more composed in handling the caring process daily now that they have new insight of what goal must've been achieved from caring ADHD children.

1. Introduction

Caring is a relationship and process between a caregiver (nurse) and a client to increase concern for the sake of creating a good condition for the client (Swanson, 1987). Caring is defined as giving attention or appreciation to someone who is unable to fulfill their basic needs (Goodwillie, 2014). Caring is a basic thing that a nurse must have. Age is a factor that can influence caring because the older a person is, the higher a person's level of caring is because in this era of globalization there is gender equality, so both men and women can carry out caring behavior, but it depends on the psychology of each individual (Barkley et al., 2018). The level of education can be used as a caring factor for individuals. This is shown that the higher the level of education, the broader the way of thinking and the better the way someone is treated (Barman, 2016).

Nursing care for clients carried out by a nurse must understand several components of caring. The caring components according to Rouch in 1997 were divided into seven components or referred to as the 7^c caring components, namely: compassion, communication, consideration, comfort, carefulness, consistency, and closure (Nurmila et al., 2017). Apart from the seven components presented by Rouch, there are also 4 caring components that nurses must have in providing nursing care (Lorajita et al., 2018). The components of caring are presence, touch, listening and understanding the client.

Caring is the basis of nursing actions in carrying out nursing care. Caring provides benefits for a nurse who does it (Widyawati et al., 2019). The benefits of caring include patients providing positive responses, communicating with patients, satisfying positive contributions, seeing patients as friends, being appreciated by patients, learning a lot about humans, and personal development in both social and psychological aspects.

The Caring Swanson Theory (CTS) is one of the nursing theories that is used in the field of medicine. Swanson first applied her caring theory to post-partum moms who had endured miscarriages. In this context, Swanson included the family in offering care to the mother who had suffered the loss (Lillykutty & Samson, 2018). Over time, Swanson's caring philosophy was used in the treatment of patients requiring nursing assistance. Swanson has developed a novel theoretical framework known as

Middle Range Theory. Middle Range Theory is a groundbreaking theory derived from Grand Theory, characterized by its succinctness and practicality in application (Priambodo et al., 2022).

Swanson defines caring as the provision of nursing care that is executed in a meaningful way, demonstrating a strong dedication and accountability in its execution (Teting & Ermayani, 2018). According to Swanson, caring is the act of preserving relationships via mutual respect, shared ownership, and accountability (Febriana et al., 2020). Swanson's approach encompasses five distinct components of Caring, as outlined by Nurse-Clarke et al. (2019). Swanson defines the caring component as Swanson Caring Processes (SCPs), which include preserving believing, knowing, being with, acting for, and enabling. These five processes result in patient outcomes in the form of client well-being.

Preserving faith or upholding confidence. This mechanism, inherent in each individual, forms the foundation of compassion. If the foundation of nurses' concern is in upholding their ideas, then acquiring knowledge serves as the cornerstone that connects nurses' beliefs with the actual experiences of the individuals they care for. Being with or being present with people refers to the act of being emotionally engaged and attentive. It is a kind of care that communicates to clients that they and their experiences have significance to the nurse. The fourth process is doing for. This process is about doing for others what they would do for themselves if it were possible (Lillykutty & Samson, 2018). Ultimately, nurses' concern is about enabling or empowering/enabling/positioning others to practice self-care. Empowering is defined "as facilitating another person's journey through life transitions and unusual events." The goal of empowerment is to ensure the patient's long-term well-being (Goodwillie, 2014).

Joel Ray & Deb Stargardt wrote an article entitled "Linking Hospital Consumer Assessment of Healthcare Providers and Systems to Swanson Caring Theory" The article was published in The Journal of Nursing Administration in 2020. It provides a framework for enhancing the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) by using the Social Cognitive Theory (SCT). The diagnostic model outlined in this document is specifically designed to assist nurse leaders in interpreting HCAHPS data with regards to the SCT traits of compassion, competence, and patient well-being. It is important to note that this model does not aim to include the whole of nursing care (Ray & Stargardt, 2020).

The SCT model has been used by health institutions, but is not yet familiar at the domestic nursing level. Parents tend to use conventional nursing models to simply "be there" for their child who has ADHD. There is a need for guidance and assistance to disseminate SCT so that the treatment process for ADHD children is more holistic and on point. One effort to introduce SCT to parents is through professional intervention in the form of providing periodic parent discussion groups. Parental group discussions are conducted online and offline. In the process, the discussion group will discuss developments, complaints or input from each parent which are then responded to by each other. Then researchers as health practitioners will provide professional feedback in the form of material about SCT in the form of module. Further implementation starts from each family.

No studies have been discovered in Indonesia considering family group discussions on SCT as an intervention for ADHD, according to pilot observations. As far as we know, no prior research has investigated the impact of SCT implementation on ADHD patients in Indonesia, both before and after its implementation. Therefore, the restricted availability of parents with children who have ADHD is a challenge for conducting research. The research question serves as a constraint in determining the efficacy of the solution being offered in this study.

2. Methodology

This study used a quasi-experimental approach with a pretest and post-test control group. The study population consisted of all parents who acted as caregivers for children with ADHD in the Malang City region, located in East Java, Indonesia. The research sample was determined by taking into account the

following inclusion criteria: the main caregiver of an ADHD child who is still related, lives in the same house and has cared for an ADHD child for at least 1 year, can read and write, and is cooperative. Meanwhile, the criteria for dropping out is resigning as a respondent before the research is completed.

Sampling was done by simple random sampling technique and the selected participants were from experimental group (group 1) and control group (group 2). The control group only received a conventional guidance and a room for sharing of their children anywhere while the experimental group received specific guidance of SCT and SCPs in four sessions periodically. The instruments used in data collection were the SCT module for caregivers and a questionnaire with responses. Parents as caregivers will fill out a questionnaire before and after the parental group discussion process.

Prior to commencing the experiment, the samples underwent testing using a two-tailed t-test, which included doing pre-analysis tests to assess the normality and homogeneity of the samples. The samples were derived from a normal and homogenous population, as determined by the pre-analysis test. The samples did not exhibit a significant difference at the start of the experiment, as determined by a two-tailed t-test. The data were gathered via document analysis and testing. The data was analyzed using a two-tailed t-test, comparing various cell content. The purpose was to identify the outcome of the pre-analysis test and make a choice on the comparative stage.

Descriptive analysis was carried out on research variables by creating frequency and percentage distributions based on the category of each variable and each parameter. The analysis uses effect size calculations to determine the effectiveness of the intervention on the progress of caregivers' nursing care for children with ADHD.

3. Results and discussion

The pretest findings were acquired via the use of data collecting tools in the form of questionnaires administered before to and during the intervention. Prior to the therapy, a pretest was conducted to assess the effectiveness of the parenting group discussion using the Social Cognitive Theory (SCT) module. The t-test is used to compare the mean of the pretest findings between two groups: the experimental group (group 1) and the control group (group 2). The between-group mean square is 237.573, whereas the within-group mean square is 73.261. The resulting significance value is 0.024, indicating that it is less than the alpha value of 0.05. The obtained F value is 4.611.

The post-test was administered after the therapy, which included the installation of a parenting group discussion utilizing the Social Cognitive Theory (SCT) module. The t-test is used to compare the mean post-test findings of two groups: the experimental group (group 1) and the control group (group 2). The between-group mean square is 417.435, whereas the within-group mean square is 54.300. The resulting significance value is 0.012, indicating that it is less than the alpha value of 0.05. The obtained F value is 145.235.

The bar diagram in Figure 1 illustrates the comparative findings of the pretest and post-test for both the experimental group (group 1) and the control group (group 2). The post-test findings show a greater mean value compared to the pretest results. This indicates a rise in outcomes after the introduction of the parenting group discussion using the Social Cognitive Theory (SCT) module. The bar graph illustrates the disparity among replies in the surveys.

After doing normality and homogeneity tests, it has been determined that the data follows a normal distribution and is homogenous. Therefore, it is appropriate to proceed with the t-test for pretest, post-test, and n-gain. The research used a significance threshold of 0.05. The significance column for both the experimental group and the control group is 0.024. Since the p-value is below 0.05, there are statistically significant differences in this dataset. The research used a significance threshold of 0.05. The significant column for both the experimental group and the control group is 0.012, as seen in Table 2. Since the significance value is below 0.05, it can be concluded that there is a statistically significant difference between the pre- and post-implementation of the parenting group discussion utilizing the SCT module.

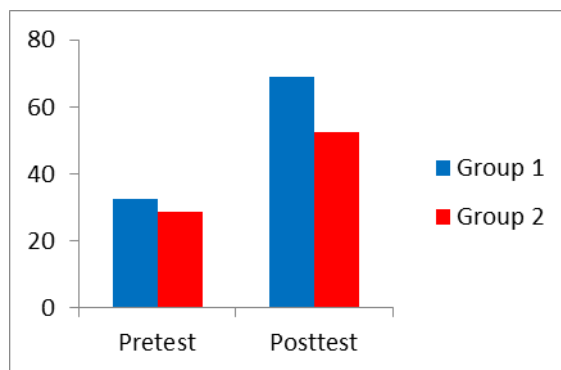


Figure 1. Mean Score of Pretest and Post-test for Experimental Group and Control Group

Figure 1 clearly demonstrates a substantial rise in the experimental group's value after the deployment of the parental group discussion utilizing the SCT module. The average value rose significantly from 32.5 to 69. Consequently, the experimental group exhibits a greater level of parental care compared to the control group. Subsequently, the test findings are evaluated using the t-test to measure the N-gain. This experiment aimed to determine the disparity in the average improvement attained by the experimental group and the control group. N-gain provides insight into which group has a more substantial rise in value.

Figure 2 illustrates that the experimental group had elevated values after the deployment of the parental group discussion using the Social Cognitive Theory (SCT) module. The mean findings of the experimental group exhibited a very significant rise, increasing from an average value of 32.5 to an average value of 69. Consequently, parents who were provided with specialized understanding about CST and CSPs exhibited an augmentation in their caregiving behaviors. The experimental group yielded greater outcomes in comparison to the control group.

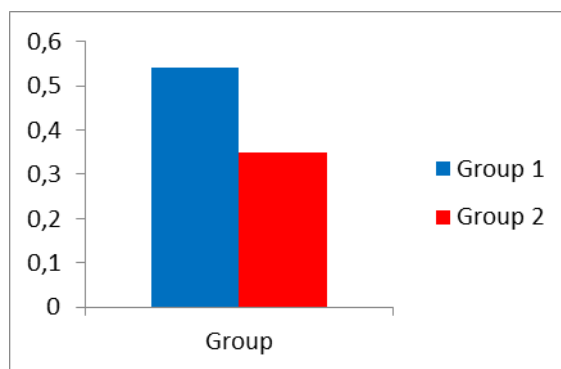


Figure 2. The result of N-gain for Mean Score of Experimental Group and Control Group

The research used a significance threshold of 0.05. The significance column for both the experimental group and the control group is 0.000, indicating a very significant result. Since the p-value is below 0.05, there are statistically significant differences in the data. According to Figure 2, the average N-gain of the experimental group is greater than that of the control group.

The impact size was calculated to determine the effects of height categories, after a comparison study. The effect size calculation was used to ascertain if the CST module had an impact on the pattern of caring towards children with ADHD. The computations get the findings for the effect magnitude as follows:

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

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

$$d = 1.117$$

The computation of the effect size yielded a value of 1.117, which is more than or equal to 0.8. Therefore, it can be inferred that the effect size is significant, with a value of 1.117, indicating a clear impact of 'height'. The use of the parental group discussion using the SCT module has a significant impact on the caregiving patterns shown by parents towards their children with ADHD. The effect magnitude is determined by the data collected from both the control and experimental groups (Lakens, 2013).

Table 1 shows the average value of student responses in the experimental group to examine the implementation of the parental group discussion using SCT module that has a high influence on caring patterns after 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 the ADHD children 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 ADHD children's needs	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 ADHD	77.50	22.50	0	0
4	I do not have experienced burn out and emotionally exhausted so often anymore when caring the ADHD children	78.75	21.25	0	0
5	I am now confident with any advantages and obstacles in nurturing children with ADHD	76.25	21.25	1.25	1.25
6	I am not easily triggered over things that appear from ADHD children's responses	70.00	22.50	2.50	5.00
7	I can still enjoy my personal time and put the burden of caring children with ADHD aside	72.50	27.50	0	0
8	I believe that hard times during caring process toward ADHD children can finally be paid off when they achieve proper development stage in their life	79.31	20.62	0	0

According to the data in Table 1, the average replies from parents in the experimental group were 76.07, indicating a significant agreement. The researchers received the findings of the parents' replies after the parents participated in four guiding sessions utilizing the SCT module, which were conducted frequently. Parents from the experimental group were stating that they were more composed in handling the caring process daily now that they have new insight of what goal must've been achieved from caring ADHD children. During the session, they were open to discuss even small things over their children's responses when implementing the stage of SCPs. Meanwhile, parents from control group only were assisted in a room to communicate their problem and their current effort to overcome the shortcomings based on their daily experience without any intervention of SCT module.

The parents' replies strongly endorse the effectiveness of the SCT module in supporting the learning process and caring for children with ADHD. Therefore, it can be concluded that the adoption of the SCT module is an innovative and beneficial approach. It may successfully contribute to the patients' well-being growth. This finding is corroborated by other studies that have also shown that SCT may enhance the caregiving process (Lillykutty & Samson, 2018; Lorajita et al., 2018; Swanson, 1991). The results from other findings related to elevating patients' proper developmental outcome are also supported by collateral and partial research (Badiola & Blazek, 2018; Ellina & Adiutama, 2019; Lorajita et al., 2018; Mårtensson et al., 2021; Miller & Wojnar, 2019; Priambodo et al., 2022).

How the five CSPs have been achieved can be used as an observation sheet in the form of a survey and checklist (Ray & Stargardt, 2020). This can be a holistic and comprehensive discussion for the world of nursing, especially about how Swanson Caring can be a practical application for caring for ADHD children and the accompanying assessment can be the final assessment of how ADHD children eventually “get used” to taking care of themselves after being cared for a period of time (Nurse-Clarke et al., 2019).

CST originated from studies undertaken by Swanson under the mentorship of Jean Watson. Nevertheless, it should be clarified that Swanson's theory is not a mere replica of Jean Watson's thesis. However, both theories concur that Swanson's theory, in its own right, reinforces Jean Watson's theory (Mårtensson et al., 2021). The theoretical components owned by Jean Watson are known as Jean Watson's 10 curative actions, which contain 10 components (Febriana et al., 2020). Meanwhile, Swanson's theory, which emerged in 1991, is more concise but contains everything (Putra et al., 2023).

The primary objective of CST is to offer a streamlined and compassionate experience for clients during their transition period. This is achieved by facilitating all necessary resources, providing comprehensive information, offering support for the challenges they encounter, and enhancing the client's healing process, ultimately empowering them to take independent action in their future endeavors. The treatment of ADHD does not provide immediate cure. Nevertheless, the effort to help parents as caregivers is still ongoing research because nurturing other well-being can be such a problem when the caregivers don't possess high quality of psychosocial aspect. Thus, the intervention to help parents will greatly help the process of caring itself

4. Conclusion and future scope

According to the calculations and analyses conducted in the research, it is evident that the implementation of parental group discussions using the SCT module is very successful, with a score of 1.117. The study determined that the intervention model is successful for implementing care for children with ADHD within the home context. This helps parents maintain a clear grasp of the goals and expected outcomes of the care process. SCT helps parents to understand the basic necessities of nurturing and caring patient. It can also be implemented in other field of medical report such as schizophrenia.

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