

Reflections on Jean Watson's Theory of Human Caring

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“On my honor as a student, I have neither given nor received inappropriate aid on this  
assignment”

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### Abstract

Jean Watson introduced The Theory of Human Caring over thirty years ago to the nursing profession. In the theory it is stated that caring is the essence of nursing and that professional nurses have an obligation to provide the best environment for healing to take place. The theory's carative factors outlines principles and ideas that should be used by the professional nurse to create the best environment for healing of the patient and of the nurse. This paper will describe and critique Jean Watson's Theory of Human Caring and discuss how this model has influenced nursing practice.

### Reflections on Jean Watson's Theory of Human Caring

Florence Nightingale helped define the role of the nurse over one hundred and fifty years ago. Even so, nursing has struggled to find an identity apart from medicine. For years nursing theorists have examined how nursing is unique from medicine. While it was obvious that nursing was a different art than medicine, there was not any scholarly work to illustrate the difference. During the 1950's nursing began building a body of knowledge, which interpreted and conceptualized the intricacies of nursing. Over the next several decades, nurse theorists rapidly grew the discipline's foundation. One of the concepts that emerged was nursing as caring. Several theorists have identified caring as being central to nursing; however, Watson's Theory of Human Caring offers a unique perspective. The theory blends the beliefs and ideas from Eastern and Western cultures to create a spiritual philosophy that can be used throughout nursing practice. This paper will describe and critique Jean Watson's Theory of Human Caring and discuss how this model has influenced nursing practice.

#### **Introduction to the Theory**

The Theory of Human Caring evolved from Jean Watson's own desire to develop a deeper understanding of the meaning of humanity and life. She was also greatly influenced by her background in philosophy, psychology and nursing science. Watson's first book *Nursing: The Philosophy and Science of Caring* (1979) was developed to bring a "new meaning and dignity" to nursing care (Watson, 2008). The first book introduced carative factors, which are the foundation of Watson's Theory of Human Caring. The carative factors offered a holistic perspective to caring for a patient, juxtaposed to the reductionist, biophysical model that was prevalent at the time. Watson believed that without incorporating the carative factors, a nurse

was only performing tasks when treating a patient and not offering professional nursing care (Watson, 2008).

In Watson's second book, *Nursing: Human Science and Human Care, A Theory of Nursing* (1985), she discusses the philosophical and spiritual components of the Theory of Human Caring, as well as expands upon the definition and implications of the transpersonal moment. The second book redefines caring as a combination of scientific actions, consciousness and intentionality, as well as defines the transcendental phenomenology of a transpersonal caring occasion and expands upon the idea of human-to-human connection. Watson's third book, *Postmodern Nursing and Beyond* (1999), focuses on the evolution of the consciousness of the clinician. The third book reinforces the ideas of the first two books and further evolves several concepts to include the spiritual realm, the energetic realm, the interconnectedness to all things and the higher power. The philosophy behind each book and the Theory of Human Caring is that all human beings are connected to each other and to a divine spirit or higher power. Furthermore, each interaction between human beings, but specifically between nurses and patients, should be entered into with the intention of connecting with the patient's spirit or higher source. Each moment or each act can and should not only facilitate healing in the patient and the nurse, but also transcend both space and time.

The components of Watson's theories include the 10 carative factors, the caritas process, the transpersonal caring relationship, caring moments and caring/healing modalities. Carative factors are the essential characteristics needed by the professional nurse to establish a therapeutic relationship and promote healing. Carative factors are the core of Watson's philosophy and they are (i) formation of a humanistic-altruistic systems of values, (ii) instillation of faith-hope, (iii) cultivation of sensitivity to one's self and to others, (iv) development of a helping-trusting

human caring relationship, (v) promotion and acceptance of the expression of positive and negative feelings, (vi) systematic use of a creative problem solving and caring process, (vii) promotion of transpersonal teaching-learning, (viii) provision for supportive, protective, and/or corrective mental, physical, societal and spiritual environment, (ix) assistance with gratification of human needs and (x) allowance for existential-phenomenological-spiritual forces. Carative factors are intended to provide a foundation for the discipline of nursing that is developed from understanding and compassion.

Watson's caritas processes are the expansion of the original carative factors and are reflective of Watson's own personal evolution. The caritas processes provide the tenets for a professional approach to caring, a means by which to practice caring in a spiritual and loving fashion. The transpersonal caring relationship is a relationship that goes beyond one's self and creates a change in the energetic environment of the nurse and the patient. A transpersonal caring relationship allows for a relationship between the souls of the individuals and because of this authentic relationship, optimal caring and healing can take place (Watson, 1985). In the transpersonal relationship the caregiver is aware of his/her intention and performs care that is emanating from the heart. When intentionality is focused and delivered from the heart, unseen energetic fields can change and promote an environment for healing. When a nurse is more conscious of his or her self and surroundings, he or she acts from a place of love with each caring moment.

Caring moments are any moments in which a nurse has an interaction with a patient or family and is using the carative factors or the caritas process. In order for a caring moment to occur the participation of the nurse and the patient is required. Practice based on the carative factors presents an opportunity for both the nurse and patient to engage in a transpersonal caring

moment that benefits the mind, body and soul of each person. The caring/healing modalities are practices that enhance the ability of the care provider to engage in transpersonal relationship and caring moments. Caring/healing exercises can be as simple as centering, being attentive to touch or the communication of specific knowledge. The goal of using Watson's principles in practice is to enhance the life and experience of the nurse and of the patient.

### **Description of Theory**

#### **Purpose**

The Theory of Human Caring was developed based on Watson's desire to reestablish holistic practice in nursing care and move away from the cold and disconnected scientific model while infusing feeling and caring back into nursing practice (Watson, 2008). The purpose of the theory was to provide a philosophical-ethical foundation from which the nurse could provide care. The proposed benefit of this theory for both the nurse and the patient is that when each person reveals his or her authentic self and engages in interactions with another being, the energetic field around both of them will change and enhance the healing environment.

The theory's purpose is quite broad, promoting healing and oneness with the universe through caring. The positive impact of these practices is phenomenal and the beauty of the theory is that the caritas processes can be used to enhance any practice. When applied to nursing practice, the theory reestablishes Florence Nightingale's vision that nursing is a spiritual calling. The deeper message within the theory is that being/relating to others from a place of love can transcend the planes and energetic fields of the universe and promote healing to one's self and to humankind.

### **Concepts & Relationships**

As previously stated, Watson's theory of Human Caring has four major concepts, to include the carative factors/caritas process, the caring occasion, transpersonal caring, and caring/healing modalities. Although all four major concepts are important to truly understanding and applying Watson's theory, the caring/healing modalities are less critical to implement clinically as compared to the carative factors/caritas process, the caring occasion and transpersonal caring. When conceptualizing a configuration for this theory, imagine a square that is composed of four triangles that are joined together at their apex. Each triangle represents a component of Watson's theory and is important to the overall understanding of the theory. However, each triangle may differ in size depending on its importance to the clinical implementation of the theory. In this instance, the largest triangle would be Transpersonal Caring and the smallest triangle would be the Caring/Healing Modalities.

### **Definitions**

Initially Watson used broad terms in her work, but over the course of writing and revising three books, the definitions of terms specific to Watson's theory have become increasingly clear. Watson was successful in using each book and revision to clarify and expand on her Theory of Human Caring. Much of second and third book reflect the evolution of Watson's expanding knowledge related to the metaphysical aspect of the theory. Watson believed that much like her own growth and development the development of the theory was fluid, dynamic and ever changing (Watson, 2008). The use of certain language in the text is rooted in terms from other disciplines, thus having a general knowledge of philosophy and psychology can be beneficial, but not necessary, to better comprehend her theory. Some of the criticism that Watson has received has been related to her using multiple terms for one action. For example, Watson has

described a person's inner being with such works as one's spirit, soul or life force. Additionally, Watson has created confusion when using the terms caring transaction, caring moment and caring occasion to describe the relationship between a nurse and a patient (Sourial, 1996). Over time she has worked to clarify these issues with semantic consistency.

### **Assumptions**

Several unstated assumptions are present in Watson's theories and they include (i) that a nurse's role in medicine is to promote the potential for healing within the patient, but the patient creates his or her own healing environment, (ii) that the nurse honors the patient as a partner in caring and not as an object, (iii) that the nurse is authentically present in the caring moment, (iv) that the nurse is aware that every action and non-action contributes to the healing/caring moment and (v) that the caring/healing modalities enhance the natural healing process (Parker & Smith, 2010). Watson asserts that other assumptions include (i) that caring is the essence of nursing, (ii) that caring is practiced interpersonally, (iii) that caring teaches us how to be human, (iv) that caring improves health but does not cure, (v) that caring and curing sciences work together and (vi) that caring is a social and moral obligation that nursing has to society (Watson, 2008). It is my opinion that based on the assumptions the reader can interpret that there is a deep spiritual and moral basis for Watson's theory.

### **Critical Reflections of Theory**

#### **Clarity**

Over time Jean Watson has been able to fine tune and elaborate on her original ideas regarding carative factors, and at this time the Theory of Human Caring is fairly straightforward and easy to understand. That is to say, that if not specifically clarified by the theorist herself, then by the immense amount of information available to the general public from other



individuals promoting her ideas. In her original works Watson provided a fairly explicit definition of caring and her carative factors provided a guideline for how to deliver nursing care.

Although her themes are clear, Watson's theory is based on several other disciplines and having knowledge of other disciplines makes the theory easier to understand. Due to the eclectic nature of Watson's philosophy her work may be difficult to interpret and apply because readers may not be familiar with the disciplines from which she draws inspiration (McCance, McKenna, & Boore, 1999; Sourial, 1996). However, research has shown that nurses can improve their caring behaviors simply by being exposed to a program that focuses on the caring principles (Glebocki & Dunn, 2010). That is, it may not be necessary for a nurse to fully comprehend all aspects of Watson's theory in order to benefit from her ideas.

There is some discrepancy among authors regarding how to define or categorize Watson's theory. According to Parker and Smith (2010), Watson's theory can be categorized as a philosophy, a grand theory, as well as a middle range theory. Due to the comprehensive and ontological nature of Watson's theory, it possesses the aspects of a grand theory. Watson's principles are also categorized or defined as a middle range theory due to the ease of their practical application in a clinical environment. Additionally, Watson's carative factors are easy to research, implement and evaluate in curriculums, medical records and clinical practice; however, it is difficult to evaluate the benefits of esoteric concepts like the transpersonal caring relationship to specific positive outcomes in clinical practice therefore positive outcomes are assumed but not able to be proven (Sourial, 1996). Although Watson's ideas have been around for some time, it has taken a while for the western culture to develop tools to evaluate the effectiveness of some aspects of the theory in practice. As the medical community develops new ways of researching and evaluating caring, the effectiveness of Watson's tenets can be proven.

Research was able to show synchronization between the healer's and the patient's heart rate during a healing encounter (Caldwell Bair, 2006). This information supports the theory that the energetic modalities improve patient outcomes. Although this does not prove that an energetic field exists or that a caring professional can enhance a patient's own energy field, it does show that one's actions affect one another. While most research focuses on the use of Watson's theory as a middle range theory because of the ease of providing evidence, it is the use of Watson's theory as a grand theory that opens nursing to a world of possibilities.

### **Generality**

Watson's theory can easily be applied to every clinical nursing situation. When reviewing the research one will find that her principles have been used in intensive care units, mental health units, oncology units, pediatric units, public health centers and many other clinical environments. Watson's theory is applicable for so many disciplines because it's focuses on *how* to provide care and does not specify *which* care should be given. To many critics this may appear to be a weakness, but in truth it is the strength of Watson's theory. Specifically, the ability for Watson's theory to be relevant throughout the nursing culture and across so many different nursing environments increases the significance of her work.

Not only is Watson's work able to be applied to many specialty areas of nursing, but it can also be used at many levels of nursing. For example, Watson's theory is the foundation for Magnet nursing accreditation, her ideas have been implemented in electronic medical records systems, and her theories can change one patient's experience by having one nurse use them. The Compassionate Care & Empathic Leadership Initiative at the University of Virginia is rooted in the beliefs and principles of human caring, and while not explicitly stated, the mind-body

connection and the interconnectedness of collaborators to be “moving as one” embodies the principles held by Watson.

### **Accessibility**

Many institutions have implemented these factors into clinical practice with positive results. Several examples of Watson’s theory in practice include (i) performing a nursing huddle at the beginning and end of each shift, during which time the nurses to check in with each other to provide support or share information about their needs, (ii) having rest periods where the lights and dimmed on the unit and the noise is kept to a minimum, (iii) having serene break rooms for family and staff and (iv) having a clean inviting environment. At the University of Denver, where Watson’s teaches, her ideas are embedded into the HIV clinics practices and values. The HIV center has been researched and the findings indicated that there was a cost savings because the nurses were able to prevent admissions and decrease lengths of stays (McCance, McKenna, & Boore, 1999).

### **Importance**

Watson’s theories on caring are extremely important to nursing, but also to any healthcare profession. Scientific and medical advances play an important role in health care, but they cannot represent the totality of the human condition. Watson’s theory moves nurses from performing tasks to caring for a human being and her principles are ingrained into the nursing culture. Watson’s beliefs are infused into centers of excellence and at times we exist unknowingly in institutions that are centered in caring. Although Watson’s ideas have been around for some time, it has taken a while for the western culture to develop tools to evaluate the effectiveness of her methods in practice. As individuals in a profession that deals with human beings and healing, it is our obligation to enhance a patient’s healing in any way possible. If that

should mean developing one's understanding of how our intention can affect patient care, then it is our responsibility and ethical duty as a health care provider to do so.

### **Conclusion**

Much like Florence Nightingale, Watson believed that there was a spiritual and moral aspect integral to nursing. Florence Nightingale and Watson also believed that it was the nurse who was responsible for creating an opportunity for the body to heal. As a nurse, Watson spent over two decades searching for a deeper understanding of what it was to be human and attempted to develop a culture within the nursing community. Watson's idea that spirituality and caring are connected to nursing created a shift in the nursing paradigm of her time, which continues to influence the nursing culture. It is impossible to know what nursing would be like today without the contributions of Watson, because her philosophy is so deeply ingrained in nursing culture. Nursing and caring have become synonymous in our culture; it is difficult to search the word caring on the Internet without nursing also coming up (Lachman, 2012). The writings and teaching of Watson and others like her have changed the field of Nursing in a profound way. Watson's contribution to Nursing's body of knowledge is immeasurable and her work brings insight and inspiration to a field filled with challenges. It is my belief that if applied, Watson's words and theory can change a nurse's practice and even their life.

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