# Dr Jean Watson: The Theory Of Human Caring



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# Medicine and Health in the 1970's

Spring 1971

A committee of the US Senate identified five problems in the health care system:

- 1. Maldistributions and shortage of health manpower;
- 2. Inequality in health care and inequality in access to health care including financing;
- 3. Rising costs;
- 4. Too little attention paid to keeping people well;
- 5. Lack of coordination in the health-care system, resulting in waste and duplication.

Baughman, Bondi, Layman, McConnell, & Tompkins, 2001

# Nursing in the 1970's

- Increase in autonomy and increase in decision-making responsibilities
- Increased level of education to college-level degree in nursing
- Women's movement influencing the roles between doctors and nurses

# The conception of the Theory Human Caring

- During the turmoil of the 1970's the Theory of Human Caring was developed by Dr. Jean Watson.
- Developed between 1975 -1979 by Jean Watson while she was involved in her doctoral studies in educational-clinical and social psychology.

Watson, 2007

## Dr Jean Watson PhD, RN, AHN-BC, FAAN

- RN Diploma in nursing
- B.S. in nursing
- M.S. psychiatric mental-health nursing Minor: psychology
- Graduate study: Social and Clinical psychology
- PhD Educational Psychology and Counseling

# The Theory of Human Caring

The Theory of Human Caring was Dr. Watson's first attempt to "bring meaning and focus to nursing as an emerging discipline and distinct health profession with its own unique values, knowledge and practices, with its own ethics and mission to society....to find common meaning and order to nursing that transcended settings, populations, specialty, subspecialty areas, and so forth."

Watson, 2007

# Jean Watson's responses to changing medicine

- "The current dilemmas in health care are often located within a framework that emphasizes the outer forces of economics, staffing shortages, and technological medical issues, or system/institutional needs" (Watson, 2004b, p. 249).
- This disconnection between the current focus in addressing health care issues conflicts with and greatly differs from the deeply human-to-human caring relationships and human-to-human connections that give meaning and purpose to nurses, patients, and other health practitioners alike.

# The Theory of Human Caring

Unique Concepts of the Theory of Human Caring

- Transpersonal caring relationship
- Caring occasion/caring moment
- Clinical Caritas Process

### **Transpersonal Caring Relationship**

- "The human-to-human connectedness"
- "A high regard for the whole person and his or her being-in-the-world."

### Caring Occasion/Caring Moment

"A caring occasion occurs whenever the nurse and another come together with their unique life histories and phenomenal fields in a human-to-human transactions...the actual caring occasion has a greater field of its own in a given moment."

## The Theory of Human Caring

Originally the theory was organized by a framework of "carative factors". However, recently this has evolved in to "clinical caritas" and "caritas processes"

Watson, 2007

#### **Carative Factors**

 Formation of humanisticaltruistic system of values

Instillation of faith-hope

- 1.) Practices of loving-kindness and equanimity within context of caring consciousness
- 2. ) Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared-for

#### **Carative Factors**

 Cultivation of sensitivity to one's self and to others

 Development of a helpingtrusting, human caring relationship

- 3.) Cultivation of one's own spiritual practices and transpersonal self, going beyond ego self
- 4.) Developing and sustaining a helping-trusting, authentic caring relationship

#### **Carative Factors**

 Promotion and acceptance of the expression of positive and negative feelings

 Systematic use of a creative problem-solving caringprocess,

- 5.) Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for
- 6.)Creative use of self and all ways of knowing as part of the caring process: to engage in artistry of caring-healing practices

#### **Carative Factors**

Promotion of transpersonal teaching-learning

 Provision for a supportive, protective, and /or corrective mental, physical, societal, and spiritual environment

- 7.) Engaging in genuine teachinglearning experience that attends to unity of being and meaning attempting to stay within other's frame of reference
- 8.)Creating healing environment at all levels physical as well as nonphysical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity and peace are potentiated

# Evolution of the Theory of Human Caring Carative Factors Clinical Caritas Processes

 Assistance with gratification of human needs

- Tending to both embodied spirit and evolving spiritual emergence; allowance for existential-phenomenologicalspiritual forces
- 9.) Assisting with basic needs, with an intentional caring consciousness, administering "human care essentials: which potentiate alignment of mind-body-spirit, wholeness, and unity of being in all aspects of care
- 10.) Opening and attending to spiritual-mysterious and existential dimensions of one's own life-death: soul care for self and one-being-care-for

The evolution of Jean Watson and her theory is challenging a paradigm shift in the culture of nursing to a more spiritual and loving focus.

# Metaparadigms

### **PERSON:**

A human being has needs (biophysical, psychophysical, psychosocial and intrapersonal) that are to be valued, respected, supported and cared for.

### **ENVIRONMENT:**

The environment should be conducive to holistic healing (mentally, physically, socially, spiritually) as it is critical to the patients well being.

### **HEALTH:**

Health is viewed in a holistic approach; it is being able to function mentally, physically, spiritually, and socially to your full capacity.

### **NURSING:**

The contact and the bond between two individuals is the foundation of nursing.

# Watson's Practice Methodology Requirements:

- Transpersonal Caring Relationships
- Authentic Presencing

### **Transpersonal Caring Relationships**



#### The Nurse Sees:

- Everyone as unique and whole
- Not defined by illness or disease



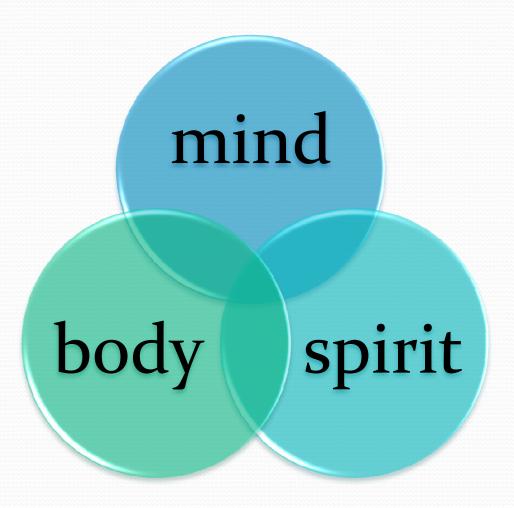
### The Nurse:

Actively engages in the well being of her patient.





### The nurse is aware of the unity of



#### The nurse also has a:

#### Spiritual connection awareness



#### The nurse sees that:

### Caritas lead to natural healing.



#### The Nurse:

Utilizes various elements to promote healing.



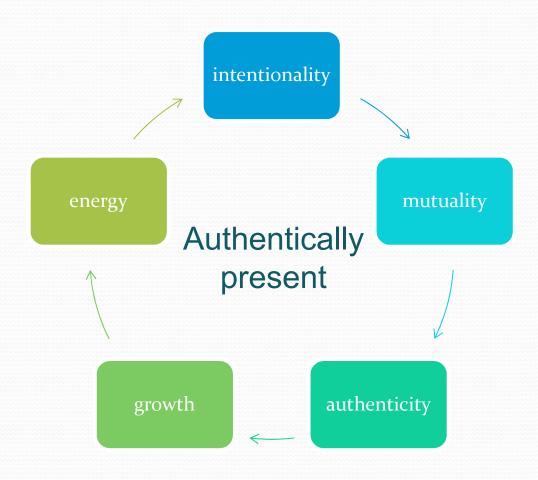








### **Authentic Presencing**



#### The Nurse:

- Is not distracted
- Is focused



### The authentically present nurse:

- Sees through the eyes of the patient
- Wants to make a difference
- Promotes calmness





### **Current Research Status**

### **Caring Relationship**

Improves recovery from depression
Improves patient outcomes
Improves quality of life
Improves perceived quality of care

"...In trying to measure caring, one is drawn into a process of reducing a complex subjective, intersubjective, relational, often private, and invisible human phenomenon to a level of objectivity that...trivialize, and dilutes its authenticity and deeper meaning".



Watson, 2009

#### **Current Difficulties**

"..The abstractness of the concept and the clinical reality in some situations...has limited the development of a knowledge base in Watson's caring theory..."

Alligood, 2006, p.102

## **Caring Assessment Tools**

- 1.CARE-Q
- 2.CARE/SAT
- 3.CBI
- 4.PCB
- **5.Care Efficacy Scale**
- **6.Caring Factor Survey**

## **Caring Relationship**

#### **Promotes:**

General feeling of wellbeing

Psycho-social development

Development of support system

Development of appropriate coping mechanisms

Self-expression

## Limitations of Watson's Theory

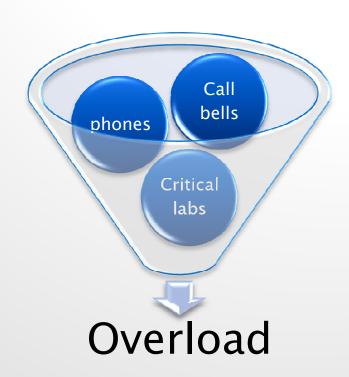
"... the congruence between... the values and major concepts and beliefs in the model and the given nurse, group, system, organization, curriculum, population needs, clinical administrative setting, or other entity that is considering interacting with the caring model to transform and/or improve practice."

Watson, 1996

## The spiritual aspects are difficult for some to relate to.

## Some situations in the clinical setting do not lend themselves to practicing her theory.

## Is it feasible to "let go" of your concerns and thoughts about other clients while being with this particular one?



"I consider my work more of a philosophical, ethical, intellectual blueprint for nursing's evolving disciplinary/professional matrix rather than a specific theory per se"

Watson, 1996

#### **Strengths Of Watson's Model**





# Watson's model acts as a stimulus to examine what it means to care

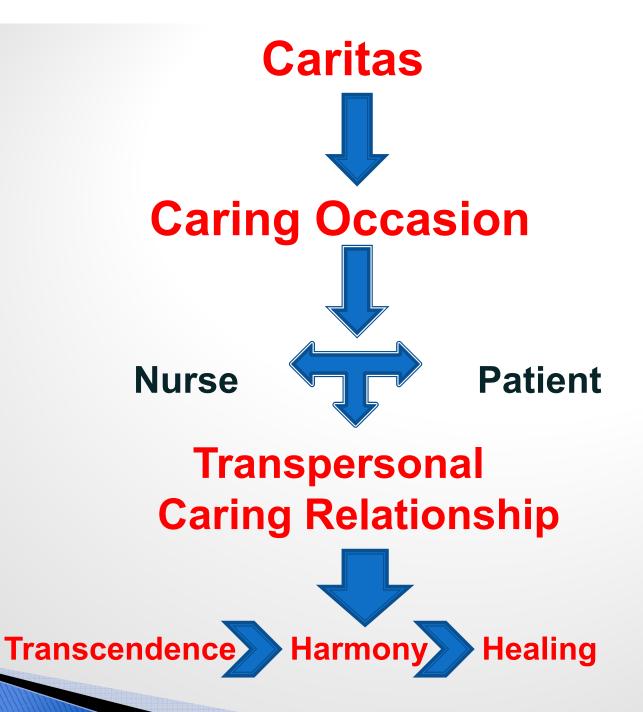


Her theory can bring a new facet or dimension to the individual nurses' practice and can be a model of potential and goal attainment of institutions

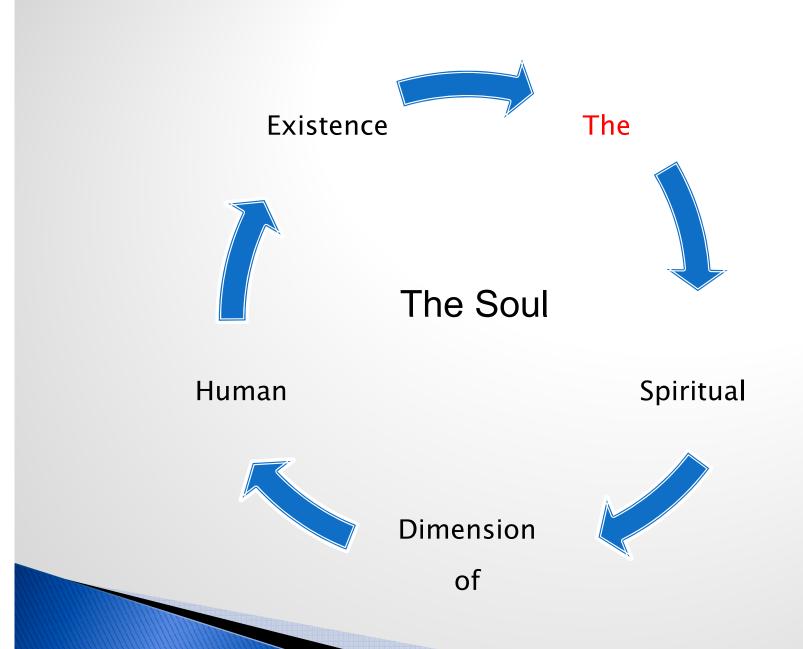
## Self Identified Strengths



## Final Analysis: Dr. Jean Watsons' Theory of Human Caring







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## Thank You!