

Watson's theory of caring in nursing education: challenges to integrate into nursing practice

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Abstract

Nursing is based on the principle of caring. Caring involves looking after and providing care to the patients. The first of these two main domains in holistic nursing are concerned with professional expertise and knowledge, while the second is concerned with client religious and emotional considerations. Endorsing the principle of human caring as the foundation or guide for nursing profession is one way to ensure that caring is important to the patients' experience. Watson's caring theory says that nursing care goes beyond human interaction and instead focuses on the patient's soul. When a nurse cares for a patient, Watson argues that the nurse enters the patient's living space and detects his or her psychological state. Nursing education is important in the formation and advancement of caring qualities, and this should be stressed throughout their careers. The problem is to discover ways to integrate Watson's Human Caring Theories into practice as it continues to expand and drive the nursing discipline. According to research, both the nurses and the patients benefit from this shared experience when patients are involved in this way. When the caring theory is incorporated into the undergraduate nursing curriculum, nursing students learn to use the theory in their own practice from the beginning, allowing for a more realistic nursing experience for themselves and their patients. Using Dr Jean Watson ideas can add a new depth to learning that is both rewarding and challenging.

Key words: Caring model, Jean Watson theory, nursing theory, nurses, nursing care

Introduction

To govern the field of nursing, a large amount of theory has been established. As Florence Nightingale taught us, nursing concepts explain and describe what is and is not nursing.¹ Nursing knowledge is now being acquired in a several ways, with a diversity of scholarly techniques contributing to the growth of the discipline. Nursing profession is becoming more common in interprofessional community settings, while nurses in hospital settings are changing all the time. Nurses who are actively involved in the discipline's work, whether in nursing

profession, research, education, or administration, are essential to the growth of nursing theory.²

The theory of care was created by Jean Watson. Care has been defined as the most important service that nursing practise can provide to humanity, and this part of caring has been overlooked in nursing practise. Many other factors were prioritised, but the subject of care was overlooked. Watson felt that a person could be cured but that the ailment would still exist since full health could not be achieved without proper care. The most important aspect of nursing practise is care since it allows for direct communication between the patient

and the nurse. Care can help a patient become more informed, confident, and in charge.³

From 1975 and 1979, Dr. Jean Watson developed the Watson theory, based on her vision of nursing as a developing discipline and separate healthcare field with own set of values, expertise, and methods, and its own ethical and social mission. The subjectively internal process of healing and the experienced person's life circumstances were the focus of nurse ideas, expertise, and parental care behaviours. This demanded the creation of unique caring-healing skills and a paradigm defined as "carative variables," which enhanced conventional medicine but stood in stark contrast to "curative factors." Nursing's dimensional and complex, scientific, and professional status among its peers and the general public was founded on the concept of human care, which attempted to balance medicine's cure-oriented approach.^{1, 2, 3, 4}

Watson proposes ten curative qualities as nurse interventions in human care, but they will only function if the nurse has values, a strong will, and a strong commitment. Knowledge background and clinical competence are also required. Each act of caring aims to maintain a conscious awareness of caring. Healing and completeness are enhanced by this energetic and concentrated consciousness. The goal of this philosophy is to instil a humanistic value in nursing practise. The model tries to produce or establish a more humanistic nursing profession. This would make the nursing practise more approachable to the general public. There is also an aspect that inspires sufferers' faith. Faith is one factor that causes patients to heal quickly. Nurses are intended to give patients optimism that they will get better, as this would help them recover quickly. This part of caring cultivates sensitivity as well. Nurses become more responsive to the patient's requirements at this point. This also makes nurses more tender while dealing with patients.^{3, 4, 5}

When patients see that the nurses are attentive to their needs, they develop a positive attitude that will aid in their recovery. This will also aid in the acceptance and promotion of both happy and negative emotions. People have a better manner of settling difficulties when there is a humanistic framework in place because there is mutual understanding.^{5, 6}

Watson believes that caring can only be done in a social setting. This implies that the art of caring can only exist if there are multiple people

involved. It can only exist when two or more people are in a relationship. The art of caring has various components that allow a person to feel fulfilled in specific needs. This gives a person peace of mind and peace of heart, both of which aid healing in a patient. Caring allows a patient to choose what is best for him or her at any given time. Nursing requires a high level of care because there is always a link between a nurse and a patient.⁷

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In August 2012, Majda Pajnkihar, Gregor tiglic, and Dominika Vrtnjak used a convenience sample of 1,098 nursing team members and a purposive sample of 1,123 patients in four Slovenian health care institutions to conduct a questionnaire survey to identify the concept of Watson's carative factors in nursing and their (dis)harmony with patient satisfaction. The nurses were given a demographic questionnaire as well as the Caring Nurse-Patient Interactions Scale (nurse version). Discharged patients received a Hospital Consumer Assessment of Health Plans Survey. The results suggest that the quality of nursing education was connected to Carative factor responsiveness. Patients were happy with the care they received from nurses, nursing assistants, and hospitals, though there were some differences in nurses' and nursing assistants' perceptions of caring factors and patient satisfaction. Only nurses and nursing assistants' perceptions of carative elements in health care institutions were compared, and disparities were discovered for seven of the nine carative factors.⁹

Between November 2017 and April 2018, Holly Wei and Jean Watson conducted a qualitative 's impact analysis study in a children's hospital in the United States to define interprofessional group members' perspectives on human caring based on Watson's Human Caring Theory's Ten Caritas

Processes within the Unitary Caring Science. The recruitment process was guided by information redundancy. Twenty-seven healthcare professionals participated in each face-to-face individual interview to gather data. Watson's Human Caring Theory, according to the study, can be used as an underlying guide to improve human-to-human relationships and build a caring-healing environment. When human caring is used in interdisciplinary collaboration, healthcare professionals develop a loving consciousness that allows them to care for themselves and each other, resulting in better patient care.

When Watson's Caring Science's basic beliefs are integrated in practise, improved nurse and patient outcomes are visible. Collaboration between interprofessional teams is required to improve patient care quality. The hospital culture has been transitioning from separated individual work to integrated interprofessional teamwork, but the transition has been sluggish and sporadic. Watson's Human Caring Theory is extensively taught in nursing schools, although it lacks actual data from such an interprofessional and practice standpoint. The significance of this idea is validated in this article across the three key parts of nursing disciplines: education, practise, and profession.

Terminology used in Watson theory

1. Contemporary medicine

Contemporary medicine is the practise of medicine that purports to have a therapeutic effect on the client when performed but has no scientific basis for doing so.

Acupuncture, for example, is a technique in which metallic needles are inserted into the skin to cause pain insensitivity. It's thought to help with headaches, menstrual cramps, postoperative dental pain, and low back pain, among other things. Naturopathy, aromatherapy, and yoga are some other examples.

2. Geist

Geist is a German word that can mean mind, spirit, or ghost, but it can also mean drive or "motivation. The term soul refers to a person's geist, spirit, or inner self, or essence, which is linked to a deeper feeling of self-awareness, a higher level of consciousness, an inner strength, and a power that can enhance human potential and allow the person to transcend his or her ordinary self. The terms soul, inner self, spiritual, self, and geist are all

interchangeable names that refer to the same phenomenon. It can be thought of as a superpower that one possesses but only shows up when one is in a circumstance where one would be unable to execute it otherwise.^{1,2}

E.g., one can easily jump off a tall wall when being chased by street dogs. But if he or she is asked to repeat the same act, that is to jump off the tall wall again without being chased by any dog, he/she will not be able to do so.

3. Transpersonal theory

The term "transpersonal" refers to going beyond one's own ego and the present moment in order to promote the patient's comfort and healing through deeper spiritual connections. The scientific professionals, ethical yet aesthetic, creative and individualised giving-receiving behaviours and responses between two people (nurse and other) that enable for contact between the subjective worlds of the experiencing persons are known as transpersonal human care and caring transactions (through physical, mental or spiritual routes or some combinations thereof). The nurse's unique use of self through movements, sensations, touches, sounds, words, colours, and forums in which he or she conveys and reflects the person's condition back to that person is included in the human care exchanges. He or she does it in a way that allows his or her intersubjective feelings, thoughts, and pent-up energy to flow freely.¹¹

4. Metaphysical theory

Beyond physical, metaphysical refers to one's perspective of reality, which includes both matter and spirit and is concerned with abstract cognition, existence, and philosophy. Nursing has a metaphysical component that cannot be overlooked or substituted. They are either inherently operating directly or inherently operating indirectly. In a sense, nursing theory's metaphysical beliefs fuel nursing's passion and keep it alive, dynamic, and open to new possibilities.¹¹

According to Watson theory meaning of

- **Client:** Clients, according to Jean Watson's perspective, are subjective and distinctive, rather than objective and predictable, and have different biophysical, psychosocial, psychophysical, and interpersonal requirements. A Client is a functioning whole who should be valued, cared for, respected, fostered, understood, and assisted. There is no separation

between mind, body, and soul. Their external environment has a direct impact on it.

- **Health:** Being in a state of perfect wholeness is defined as health. The unity and harmony of the mind, body, and soul is referred to as health. Being 'healthy' entails being physically active and fit, eating correctly, and being able to cope with environmental pressures. It is considered holistically as a unit that connects the physical, social, mental, and spiritual selves, with all components working in harmony and to their full potential. It is influenced by the patient's own unique life experiences and is interpreted by the patient. It encompasses all aspects of a person's physical, social, artistic, and moral lives, not only their behaviour and physiology.
- **Environment:** As it is vital to the patient's well-being, the atmosphere should be conducive to holistic recovery (mentally, physically, socially, and spiritually). Internal (mental and spiritual well-being) and outward (safety and physical comfort) factors make up the environment. With a caring-healing paradigm, the environment has an impact on both the patient and the nurses. It is frequently made to look like a home. Noise, seclusion, light, access to nature, colour, space, and fragrance are all factors that can affect the caring-healing paradigm. Caring is a result of the surroundings. The environment, according to Watson, includes social, cultural, and spiritual effects that may be viewed as caring.^{1,2,11,12,13}

Application of Watson's Theory Concept in Care Settings

To give a framework and emphasis on nursing phenomena, the original work was constructed around ten carative aspects. Watson created the phrases "clinical caritas" and "caritas process. To regard and admire, to pay special attention to, or even to adore," says Caritas, a Greek phrase. Because of the relationship between carative and caritas, love and compassion can come together in a new sort of deep transpersonal caring. This connection among love and compassion denotes inner recovery for individuality and many others, trying to extend to essence and the bigger world, unveiling and developing inside astrophysics that is

both transcendental and omnipotent with the in this person in the world.

Watson stated that caring is "the moral ideal of nursing, with the final goal of protecting, enhancing, and preserving human dignity." Interpersonal interactions that are based on trust and respect are critical for maintaining human dignity. Eriksson coined the term "carative" in the field of caring science, defining it as "love and charity, as well as the motivation for all caring." Watson's studies and creation of carative factors were influenced by her notion of caritative care. The core of caring, according to Watson's theory, is represented by ten carative components of love-heart-centered-caring/compassion. The patient's caring experience is supported and enhanced by carative elements.⁹

Watson's carative elements are nurse-patient interactions and modalities that can be used to help support and promote the actual care experience. These caritas elements are explained as: cultivating the practise of loving-kindness and equanimity toward self and others as foundational to caritas consciousness; being authentically present; enabling, sustaining, and honouring the faith, hope, and profound belief system and the internal life world of the self and of the other; cultivating one's own spiritual practises and transcendental self, going further than the self-importance; creating and managing a helter-skelter connection with; being aware of and supportive of the expression of both positive and negative emotions; using the self and all modes of knowledge creatively as part of a course of care; trying to stay inside the other's point of reference; delivering spiritual nursing actions of compassionate by attending to basic human needs; exposing and responding to spiritual or enigmatic and existentialist unknowns of life and death

Jean Watson eventually expanded carative elements into 10 caritas activities, which were defined by Jesse & Alligod in 2014 and have more uniform descriptions of all caritas methods. Carative variables and caritas activities promote healing, honour, and completeness, as well as contributing to humanity's growth.^{9,10}

From Carative Factors to Clinical Caritas Processes⁹

Carative factors	Caritas processes
Humanistic –altruistic system of values	Developing affectionate, as well as serenity, for oneself and others.

Enabling faith-hope	Being truly present; allowing one's religious belief and sensory world for identity to flourish
Cultivation of sensitivity to self and others	Developing personal spiritual practises; moving beyond the ego-self to genuine transpersonal presence
Helping-trusting, human care relationship	Maintaining a caring, loving, and trusting connection.
Expression of positive and negative feelings	Allowing sentiments to be spoken; truly listening and "keeping another person's tale for them"
Creative problem-solving caring process	Engage in arts of human caring/healing techniques and methods; all ways of knowing/doing/being;
Transpersonal teaching/learning.	Realistic instructional in the framework of a caregiver role; staying in the framework of others; shifting to a health-healing-wellness coaching model
Supportive, protective, and/or corrective mental, social, spiritual environment.	Developing a therapeutic environment on all aspects; completeness, beauty, dignity, and tranquilly are potentiated in the physical, nonphysical, and subtle environments of energy and awareness.
Human needs assistance	Assisting with basic necessities in a reverent and courteous manner, maintaining a deliberate, caring awareness of touching the embodied soul of another as a sacred practise, and working with another's life force/life energy/life mystery.
Existential-phenomenological-Spiritual forces	Allowing for miracles by opening and responding to spiritual, enigmatic, unknown, and existential components of all life's vicissitudes. Everything is predicated on a solid foundation of knowledge and clinical expertise.

Yeter Durgun Ozan, Hülya Okumuş, and Ayhan Aytekin Lash give a case study documenting the application and outcome of Watson's Theory of Human Caring to an infertile woman undergoing in vitro fertilisation treatment in their case study series. The applications of the ten carative factors, which are inherent in the theory, were incorporated into the article to give supportive nursing care. The nurse-patient interaction was described, as was the accomplishment of the ultimate aim of getting the patient to the "health-healing-wellness" phase. This case study was discovered as an instance of the value of theory-based nursing practise in enhancing human healing in stressful events, such as "the moment" whenever the client in this case study actually realised, she was unable to conceive a

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much-desired child despite promising medical treatments and sought healing from her nurse. In conclusion, the practise of Watson's concept Human Caring can be a beneficial guide in providing caring relationships, according to this case study. Furthermore, carative "creative problem-solving" and the accompanying carative procedure, which require the entire the use self in discovering creative solutions via caring, were successful in allowing people to return to a stage of optimism.¹⁴

1. Transpersonal Caring Relationship

Transpersonal and transpersonal cares are terms that are used in the work. The term "transpersonal" expresses concern for another's inner life world and subjective meaning. However,

transpersonal awareness extends beyond the present moment, to deeper links with spirit and the larger cosmos. As a result, transpersonal caring extends beyond the ego self to spiritual, even cosmic, concerns and connections that tap into healing potentials and possibilities. Transpersonal care aims to connect with and accept the other's spirit or soul through loving and healing processes, as well as being in true relationship in the moment. As she or he enters another person's life space or phenomenal field and is able to identify that person's state of being, it is influenced by the nurse's loving consciousness and intentionality (at the soul or spirit level). It implies a focus on the singularity of one's own and others' identities, as well as the singularity of the current moment. Transpersonal care involves the ability to be true in one's being and developing, and the capacity to be present to oneself and others in a reflective frame. Instead, then focusing attention and intentionality on sickness, illness, and pathology, the transpersonal nurse can focus on caring, healing, and wholeness. On an ontological level, the skills are related to the nurse's human skills and techniques of being and being.^{15,16}

Assumptions of Transpersonal Caring Relationship

The nurse's moral commitment, intentionality, and *caritas* consciousness is to defend, enhance, promote, and potentiate human dignity, wholeness, and healing, in which each individual generates or co-creates his or her own meaning for existence, healing, wholeness, living, and dying. Through true presenting and being centred in the caring moment, the nurse attempts to discern, accurately detect, and connect with the inner condition of another's spirit. Transpersonal caring is facilitated by actions, words, behaviours, cognition, body language, feelings, intuition, thought, senses, the energy field, and other factors. The nurse's ability to connect with another on a transpersonal spirit-to-spirit level is translated into nursing human art/act or intentional caring-healing modalities through movements, gestures, facial expressions, procedures, information, touch, sound, verbal expressions, and other scientific, technical, aesthetic, and human communication needs.^{7,11}

2. Caring Moment/Caring Occasion

A caring occasion arises when a nursing and another nurse comes together along with her unique life experiences and amazing fields in a human-to-

human transaction. A focal point for space and time is formed when a group of individuals gathers at a given time and place. It becomes transcendent where emotion and perception take place. Genuine care, on the other hand, has a greater territory of its own at any one time.

Both the nurse and the patient must act and make a decision at a caring moment. At the time of coming together, the two have the opportunity to select how to have been in the moment, what to do in the relationship, and be in the moment. Every person feels a psychic relationship with the other if the love moment is transpersonal. As a consequence, the moment transcends space and time, opening up new possibilities for recovery and emotional intimacy that aren't limited to physical contact.

We learn how to be human from one another, for example, through identifying with individuals and putting ourselves in their shoes. We can all benefit from self-awareness. The self-awareness of humans is universal. We get the ability to see ourselves in other individuals as we grow older. It protects our common humanity by preventing us from reducing ourselves or others to moral objects.¹²

3. Caring-Healing Modalities

Within a caring moment, a field of consciousness displays the dynamics of transpersonal care (healing). The nurse's awareness in the caring moment has an impact on the caring moment's transpersonal dimensions, which in turn has an impact on the entire field. In the holographic paradigm of science, consciousness plays the following roles:

- The one who cares and the one who is cared for are linked, and a single caring second encompasses the full caring-healing-loving awareness.
- The nurse's caring, healing, and loving awareness is transferred to the individual who is being cared for.
- Caring-healing-loving consciousness exists beyond time and space and has the potential to control physical realms.¹⁷

Benefits of applying Caring Model

This journey to combine nursing theory and practice has not yet arrived at its destination. There are still opportunities to be discovered and explored. The findings of the previous or ongoing research studies, will have the opportunity to enhance to the nursing knowledge base in the future. The Caring

Model or Theory can be seen of as a philosophical and moral/ethical foundation for professional nursing, and it is a disciplinary focus for nursing. A request for both art and science are included in a caring model. It provides a paradigm that encompasses and integrates art, science, humanities, spirituality, and new aspects of mind-body-spirit medicine and nursing as they emerge as fundamental to human phenomena in nursing practice. The model is both an invitation and a chance to engage with the ideas, to experiment with and grow within the philosophy, and to put it into practice in one's personal and professional life.

Implications for Nursing Education

Nurses work in a difficult and morally destructive environment, where they endure disdain, rage, irritation, and apathy from various parts of the healthcare workplace. To counter this, establishing care in nursing practise appears to be a which was before for the nurse practitioner's basic peace of mind. If the capacity to cultivate care is part of the nursing education curriculum, this can be cultivated. When practise is influenced by "values and beliefs, **Dyess, Boykin, and Rigg** find that nurses utilise these beliefs and values as a lens to "see their profession, interact, and create an atmosphere for nursing care to be delivered." In other terms, nurses can choose the lens through which they will view their work. When caring theory was incorporated into nurses' everyday practice, a few studies indicated that they acknowledged their critical significance to the hospital environment.¹⁸

Conclusion

Nursing's development and destiny will be defined by its maturity as a distinct health, healing, and nurturing career, which it has always aspired to, but has yet to attain. Watson introduces a variety of concepts that can be applied in the classroom. The detailed explanations can be used as a guide for those who desire to employ human caring aspects in practice or research. To clarify, Jean Watson's philosophy of caring promotes traditional caring and empathy behaviours, as well as a more emotional and open approach to patient care in a healthcare setting. Nurses are urged to engage authentically and spiritually with their patients and their families, allowing everyone to have a better experience in the healthcare setting. According to research, both the nurses and the patients benefit from this shared experience when patients are involved in this way.

When the caring theory is incorporated into the undergraduate nursing curriculum, nursing students learn to use the theory in their own practice from the beginning, allowing for a more realistic nursing experience for themselves and their patients. Using Dr Jean Watson ideas can add a new depth to learning that is both rewarding and challenging.

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