Theory of human caring (watsons)

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Watsons Theory of Human CaringUniversity of PhoenixTheories and Models of Nursing PracticeNursing 403May 17, 2008Watsons Theory of Human CaringThis paper will explore the past and present of Jean Watson??™s theory of human caring. Jean Watson began writing in the 1970s in an attempt to bring meaning and focus to nursing as an emerging discipline, and a distinct health profession, with unique values, knowledge, practice, ethics, and mission (Alligood and Tomey, 2006, p. 103). Watson began her journey to present an integrated curriculum for undergraduate nursing programs that would create a structure on the basic nursing process. Watson??™s quest brought her to address the impact of human caring and nursing which laid the foundation for what was to become the Theory of Human Caring and Nursing: Human science and human care (Alligood and Tomey, 2006). In Watson??™s early writings from the 1970s she identified 10 carative factors that served as the foundation and framework for the science and practice of nursing.

Watson??™s framework of caring brings nurses back to the basic??™s of nursing. Perhaps rediscovering the reason they chose nursing as their profession. Watson writes (2001), the major elements of her theory are (a) the carative factors, (b) the transpersonal caring relationship, (c) the caring occasion or caring moment. Alligood and Tomey (2006) state, ??? the original carative factors, grounded in philosophy, science, art, and caring evolved into the theory of human caring.??? Caring in nursing, is thought to have interpersonal and humanistic qualities. In her later years, the concept of clinical ??? caritas??? emerged (2006). Alligood and Tomey (2006) state ??? caritas??? means to cherish, appreciate and give special attention, and is

related to, ??? carative??? a deeper and expanded dimension of nursing that joins caring with love.

??? In Watson??™s transpersonal-nursing-caring-healing, the nurse??™s goal is to help persons gain a higher degree of harmony within the mind-body-spirit, in which generates self-knowledge, self-reverence, self-healing, and self-care processes while allowing for diversity and possibility (Alligood and Tomey, 2006, p. 108). Watson embraces many concepts and through these concepts practicing nurses find the theories truest resonance and hope (2006). The nature of Jean Watson??™s theory anchors itself in the caring moments that occur between a patient and a nurse. The following is a transpersonal relationship and the events involved.

Watson states (1988b, 1999), ??? a caring occasion is the moment (focal point in space and time) when the nurse and another person come together in such a way that an occasion for human caring is created. Both persons, with their unique phenomenal fields, have the possibility to come together in a human-to-human transaction.??? When looking at a human-to-human interaction, Mary will be the patient. Mary who is a 28-year-old female admitted to the neuro intensive care unit (NICU) after experiencing a severe headache, blurred vision, dilated pupils, nausea and vomiting, stiff neck, sensitivity to light, and loss of sensation.

A computerized axial tomography (CAT) scan revealed a ruptured cerebral aneurysm. Mary??™s past medical history included smoking a pack of cigarettes a day for the past 10 years and 2 caesarean section deliveries. Mary graduated from high school. She is married to Tom for 7 years and has

two sons ages 3 and 5. Mary works at home. She, her husband and their son??™s board and train horses on a 40 acre ranch.

Mary was the patient in the NICU that everyone held in his or her heart, at work and at home. Mary became unresponsive a short time after her arrival in the NICU and did not regain consciousness. She was intubated shortly after arriving on the unit, ventilated, and sedated. Mary went to surgery that night to have the aneurysm clipped and give her a chance to recover from this devastating event.

The next day, Mary??™s therapy included a hypothermic state, maintaining her body core temperature between 30 and 33 degrees Celsius. The nurses worked tirelessly maintaining her body with the drips and the temperature making sure that the temperature did not vary anymore than a few degrees. Slowly, the nurses re-warmed Mary over the next 24 hours bringing her back to a temperature of 37 degrees Celsius, considered normal for human beings. Daily the nurse??™s would anxiously wait for the time to reduce Mary??™s sedation level and look for purposeful movement, any movement, hoping for a miracle for Mary and her family.

Mary would not move, she just laid there as she had for the past few days, unresponsive to her husband and parents, sister, and the rest of the relatives who slowly trickled in and out. Many of them crying, sniffling, shaking their heads, praying for a miracle, and asking why this was happening to Mary. Mary??™s parents were not willing to let Mary go, they wanted everything done. Mary??™s husband Tom talked with the nurses and said that Mary would not want this. The nurses told Tom ultimately he was the one with the

final say when it came to his wife. Tom did not want to go against Mary??™s parents, so he continued to have everything done to keep Mary alive. A week after the initial aneurysm rupture, Mary had her brain operated on again to clip another aneurysm that they found. Mary??™s family continued to hold a 24 hour, 7 day a week vigil at her bedside.

This practice continued with the nursing staff, the rest of the medical team and with Marys devoted family for nearly another week. One particular day, it was time to turn off the sedation and check for some purposeful movement as the nurses had done daily, for nearly two weeks. Now, it was more of a painful ritual than a time of hope for the medical staff and family. First, it was one finger lifting up, just a little, and another finger lifted with it. Excitedly the nurse said ??? Mary! Give me a thumbs-up!??? Mary gave a thumbs-up. Mary??™s husband jumped up and said ??? Do it again!??? Mary gave another thumbs-up.

Tom started to cry and tried to talk to Mary the nurse was crying and trying to assess Mary. Some of the other medical staff heard the commotion, so they came running in. The doctors were notified and Mary??™s parents were called. Mary continued to show improvement throughout the day and the next day. Finally, after nearly two weeks on a ventilator, and multiple up??™s and downs it was time to titrate medications and wean Mary off the ventilator, hopefully, for good. After careful manipulation of the sedatives, along with days of a constant family vigil and nursing care, Mary was ready to be extubated.

Everyone on the healthcare team along with many of Mary??™s family members braced for Mary??™s reactions after having been on a ventilator for the past 12 days and the multiple assaults on her brain. Nearly 2 weeks after Mary??™s admission with two ruptured aneurysms, Mary??™s life is handed back to her. What must be going through her mind after all these days Slowly, Mary began to respond after the sedation was weaned, hope was in the air. The healthcare team mutually agreed upon a plan of care that included ways to make Mary feel a member of the human race again. Mary was healing physically, mentally and emotionally. Nursing used an approach that helped Mary to regain self-knowledge, self-control, and self-healing. Our approach was calming and gentle, this was done to help Mary preserve her dignity and worth.

Many of the carative factors defined by Jean Watson were applied, in this relationship and will be discussed later in this paper. Watson (1988b) defines the person as a being-in-the-world who holds three spheres of being, ??? mind??“ body??“ spirit??? that are, influenced by the concept of self and who is unique and free to make choices. Nurses must acknowledge that Mary??™s body alone is not the unity of the person, but must inquire about her mind and spirit as well.

In Jean Watson??™s definition of health, it does not relate to the simple absence of disease. In Watson??™s earlier works, she writes that the person??™s health is a subjective experience. Health also corresponds to the person??™s harmony, or balance, within the mind-body-spirit, related to the degree of congruence between the self as perceived (for example, Mary perceives she will die). Watson (1988b) believes, as one is able to

experience one??™s real self, the more harmony there will be within the mind-body-spirit, so that a higher degree of health will be present. In her writings, Watson will often refer to Florence Nightingale when describing her commitment to nursing and compares herself to Nightingale when telling others of her basic philosophy of nursing.

Her studies have reinforced her belief in the science of nursing as well as her theory of caring. Watson states, ??? She does not deny the importance of empirical factors and the physical material world of nursing practice. She embraces concepts of mind, consciousness, soul, the sacred, the ancient, and the contemporary Yin emergence, holism, energy fields, waves, energy exchange, quantum, holography, transcendence, time and space, healing artistry, evolution, and the transpersonal is this paraphrased or her words (Watson, 1999, 2005, as cited by Alligood and Tomey, 2006).??? Nursing, defined by Watson is ??? as a human science of persons and human health??” illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions??? (1988b, p. 54). Watson describes her theory of caring as if the nurse is standing on a high place looking at the patient??™s situation and planning their care considering all aspects of their need; with a clarity of understanding and planning. According to Watson (1989),??¦this science with a view leans toward employing qualitative theories and research methods.

Such as existential-phenomenology, literary introspection, case studies, philosophical historical work, rmeneutics, art criticism, and other approaches that allow a close and systematic observation of one??™s own experience and that seek to disclose and elucidate the lived world of health-illness-

healing experience and the phenomena of human caring (p. 221). The nurse must be engaged in caring for Mary in order for them to connect and build a relationship that will promote health and healing. Watson??™s original writings include 10 carative factors, she describes the nurse??™s role in the environment of patient care. Her theory describes this role as supportive and protective. The mental, social, physical, and spiritual environments are the primary areas of concern to the nurse and these include areas of stress, privacy, safety, and comfort. The use of music, art, scent and cleanliness are of utmost importance to accomplish a carative environment for Mary.

Using Watson??™s carative factors along with clinical competence and a strong knowledge base in reference to the events with our patient ??? loving-kindness and equanimity with context of caring-consciousness??? (Alligood and Tomey, 2006). In doing this, nurses promoted personal reflections and their meanings as well considering the subjective world of Mary. Our goal was to show Mary, that by our actions she had choices of how to function in the relationship and having the perception that she continued to be helped. Alligood and Tomey (2006) state, ??? Watson emphasizes the act of helping persons while preserving their dignity and worth regardless of their external or environmental situation??? (Chap.

6, p. 109). The nurses needed to let Mary know that her needs, would be taken care of no matter what reasons brought her to the hospital for care. Watson (2007) states, ??? It is the capacity of one human being to receive another human being??™s expression of feeling and to experience those feelings for oneself that the artistic activity of nursing and caring is based??? (Chap. 8, p. 67). Nursing also used the carative factor that involves ???

engaging in genuine teaching-learning experience that attends to unity of being and meaning and attempts to stay within other??™s frame of reference??? (Alligood and Tomey, 2006, Chap. 6 p.

117). The nurses wondered if Mary was aware of her choices and able to understand the full context of what he was experiencing. Nursing also needed to know what her views of the future were and if any of the concerns, she had, could be changed into goals for recovery. It was also important to share our knowledge to assist her in a way that would maintain her dignity and feelings of worth and give her a more meaningful recovery. Mary??™s subjective world was involved when she was able to tell us that she was glad to be alive and that life was much more meaningful to her. She was able to identify her meaning for being alive. Mary expressed her joy in being able to go home to her two children and husband after considerable rehabilitation.

This gave Mary a sense of freedom and a commitment to positive actions to be more in harmony with her. As Mary began to share both positive and negative feelings, the nurses were there to support her and her expressions. The subjective component for Mary allowed her to search for interpretation and meaning in her experiences as well as to maintain a comfort level about the types of information she was willing to disclose. Watson supports that this also allows the patient, ??? clarity of the current health situation and the meaning of his or her life choices??? (Alligood and Tomey, 2006, Chap.

6, p. 117). The difficulty for Mary was admitting that her use of cigarettes most likely compounded the undiagnosed aneurysms in her brain. These

issues were responsible for her current disharmony. Within the framework of the transpersonal caring relationship, she was eventually able to disclose her habits and discuss ways to discontinue using cigarettes. Looking at the last carative factor used for discussion in this format ??? developing and sustaining a helping-trusting, authentic caring relationship??? (Alligood and Tomey, 2006, Chap. 6, p. 117).

Nursing needed to figure out a way to break through to Mary??™s private space and initiate a caring dialogue in order to help her better understand her reasons for her current experience. Throughout people??™s lives, there comes a time that people are confronted with existential concerns about their existence and the meaning of their life. These concerns tend to be more urgent when the person??™s existence is threatened (Watson, 2007, Chap.

8 p. 65). Nurses needed to reflect and identify strategies to develop a degree of trust and decrease Mary??™s feelings of vulnerability. Nurses believed this to be very important because it involved Mary??™s ability to feel validated in her concerns, needs, and priorities.

In reflecting on the transpersonal relationship with Mary, my calling to be a nurse was, validated. ??? In transpersonal human caring, the nurse can enter into the experience of another person, and another can enter into the nurse??™s experience. The ideal of transpersonal caring is an ideal of inter-subjectivity in which both persons are involved. This means that the value and views of the nurse, though not decisive, are potentially as relevant as those of the patient??? (Watson, 1999). All people, no matter their lifestyle

deserve and need a caring nurse who is willing to stand up to others when they are labeling a patient in a negative way. The patient perceived the caring as genuine and authentic as she was able to open up and purge herself of many undisclosed thoughts and feelings.

Watson (2006) states, ??? caring must be the same thing that one achieves at one moment when one is caring or fails to achieve when one fails to be caring??? (p. 33) With the nurse displaying a caring relationship the patient was able to grow throughout this process, learn more about herself, and gain a better insight to her own situation. Mary continues to return to the NICU to thank her caregiver??™s for saving her life. Every time Mary frequently stops by to thank the nursing staff, smiles cross our faces, this is what nursing is all about. ReferencesAlligood, M., & Tomey, A. (2006).

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