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## Application of the Theory of Human Caring

Introduction
A theory refers to a set of propositions and concepts that provide an orderly way or method to view phenomena. Theory helps to guide research and enhance or support the existing knowledge on a certain discipline. A theory not only helps individuals to organize their ideas or thoughts, but it also directs them on what to do, when to do it and how to do it. Nursing is one of the disciplines that constantly employs the concept of the theory, and over the years, theory has become essential to effective nursing practice as well as research (Peate, 2010). The difference of theory in nursing and other disciplines is that in nursing, its purposes are to describe, explain, predict and control desired outcome of nursing care practices. According to Peate (2010), nursing theories provide a framework or a charter through which situations can be examined and strategies developed to solve or deal with the situation. When a situation is encountered, the framework for provides a comprehensive structure for analysis and decision making. In addition, nursing theories help the nursing discipline the clarification of values, goals, and beliefs and help to define the inimitable contribution of nurses in patient’s care (Peate, 2010). In practice, nurses may choose a specific theory to guide practice or may adopt and eclectic approach that include adopting ideas from several theories. Either of these approaches is fully valid. In addition, specifics theories only apply to certain situations, and the nurse, therefore, has to care full decide which one fits best to a certain situation. Nursing theories are categorized into three broad categories; grand nursing theories, mid- range nursing practice theories and nursing practice theories (Peate, 2010). Grand nursing theories are comprehensive and relatively global. They virtually cover areas of human experience. Mid-range theories adopt a middle view reality and are specific to certain areas of nursing practice. On the other hand, nursing practice theories and narrowly focused on a certain view of reality and are also simple and straight forward. Depending on the scope and implications of the nursing situation encountered, any of these theories can be chosen to assist in dealing with the situation.
One of the theories of nursing that is very popular and that is constantly employed in nursing is Jean Watson’s theory of human care. The Watson’s theory assumes that the foundation and indeed the essence of nursing resides in the science of caring. Watson (2008), assumes that interpersonal interactions are the primary expression of caring and nurses are supposed to act as caregivers and help patients by availing care that goes deeper than just the required technical skills and aspects. Therefore, caring in nursing should not be limited by time or even physical space. Caring essentially represents an aspect of humanity in the nurse. This theory is composed of three primary elements; the carrative factors, transpersonal caring relationship, and the caring moment. The ten carrative factors articulated by Watson are expressions of behavior that conveys caring to each other (Watson, 2008). The caritas balance the medical orientation of curing or treating with a unique scientific, disciplinary and professional aspect of caring in nursing (Watson, 2009). The word caritas is itself derived from the Latin expression that means “ to cherish”. The caritas summon caring, love, forgiveness and compassion in the relations between the individual self as well as the other stakeholders in the discipline of nursing including patients, nursing leaders and so on (Watson, 2009). The second element of the theory, which is transpersonal caring, occurs via the therapeutic use of self, for example by being attentive and present to the nursing relationship so that real connectivity as well as related healing can take place between the one providing care and the being cared for. This gives rise to the third element of the human caring theory which is the caring moment. This is a moment in a particular time when the individual availing the caring and individual being cared for enter into human to human relationship that is authentic and that results in self-reflective insight or an internal awakening about the particular situation or the related dialogue that has occurred (Watson, 2008). Watson in a summary note states that the practice of nursing is paramount to nursing practice and provides a foundation for healing and wholeness and at the same reflects the humanity in the individual involved in the practice of nursing. This theory of human caring can occur at various levels including that of self, institutional level, and even in a leadership sense. This paper will look at the application of the theory in the latter (Watson, 2008).
The following discussion aims to explore the application of this theory to nursing practice using a specific case study. The discussion will explore a nursing situation, and concept form the theory will be used to solve this problem. First, the problem will be described explicitly and later; concepts of the Jean Watson’s theory of human caring will be used to solve the problem.

Adequate nursing staffing is key to the provision of quality care to patients across every health setting (Douglas, 2011). The nurse to patient’s ratio must be appropriate to ensure that a nurse is not overwhelmed and attends sufficiently to each patient. In addition, the working conditions must be sufficient for the nurse to be able to avail the best quality of care. Unfortunately, adequate staffing has proved to be a problem in problem for nursing manager and administrators in recent years (Douglas, 2011). High turnovers resulting from aspects such as workplace bullying and lateral violence has given nursing managers and administrators headaches and has threatened to affect the overall quality of care (Fornes et al., 2011). I have been unlucky to experience this issue in one of the hospitals where I had volunteered as an intern during my second year of school. Cases of bullying and lateral violence were escalating, and I was myself unlucky to experience firsthand these problems. In addition, there were very high turnover rates in the hospitals and nurse managers and leaders were not doing anything to alleviate the problem. High turnover meant that there were an insufficient number of nurses to provide care to patients, and even the available nurses did not demonstrate any motivation in their work. There was a clear indication however that was the work place bullying accompanied by lateral violence was what was contributing to the problem. In addition, most of the nurses were already suffering from compassion fatigue and the negative effect on the overall patient outcome was conspicuous. For instance, there were more deaths and longer hospital stays.
The theory of human care can effectively work when applied to the issue as the one described above. It can provide vital insight and indeed effective solutions that assist nursing leaders, managers and administrators to improve the overall patient care deliverable, give support to nurses and improve the overall health outcomes (Olender, 2013).
Application of the Theory of Human Caring
As mentioned previously, the theory of human caring applies across the levels of self, institution and even in a leadership sense. One of the factors that was seen to contributing to high nurse turnover was workplace bullying and lateral violence. Unfortunately, the health institution did not have an effective leadership to address these problems, and perhaps this is why the turnover rates escalated. The fundamental basis of the human caring theory is “ caring” and in relation to this problem, caring by the nursing leaders and managers can positively impact or influence the staff nurse’s job satisfaction as well as turnover (Watson, 2009).
Workplace bullying which is one of the factors that leads to high turnover rates can be reduced by the nurse’s manager and leadership through the application of the human caring theory. Research shows that the creation of a caring culture in a health setting is integral to a nurse manager role (Watson, 2009). The creation of a loving culture between the nursing manager or leader with the nursing staff can occur through the actualization of the ten caritas. The ten caritas denote caring facilitation through practicing living kindness, faith and hope installation, promotion of free expression of emotions and feelings, adopting a holistic approach and finally the establishment of trusting and helping relationships (Olender, 2013). The nursing behaviors that reflect the caritas process are, usually, relational and on a general level honor the uniqueness and wholeness of every human being (Burtson, P., & Stichler, 2010). The caritas element of the human caring process can for instance be demonstrated in several behaviors such as the nurse leader accepting both negative and positive expression by the staff nurses as well as seeking to comprehend any alternate perceptions (Burtson, P., & Stichler, 2010). It can also involve the promotion of the concept of transpersonal learning and teaching where learning is mutually appreciated and respected. Another behavioral example of the caritas on the manager’s part is the provision of clear guidelines and expectations on the supportive work environment (Olender, 2013). In addition, the nurse manager can develop and then implement policies that ensure work practices that are healthy and also provide space for nurses to recuperate and rejuvenate and therefore prevent compassion fatigue (Burtson, P., & Stichler, 2010). Therefore, the human caring concept commences with the fostering of a caring culture between the nurse leader or manager with staff through some of the behaviors described above (Clerico, 2011). The creation of a caring culture between the manager and the staff then trickles down to the staff where further caring relationships are fostered between the staff members. When the nursing manager shows and practice kindness to the nursing support staff, he is essentially teaching or supporting them to exhibit this level of kindness to each other and to patients (Clerico, 2011). When there is a genuine sense of care between the various members of staff in hospice setting, then it is very unlikely to experience incidences of bullying or lateral violence that inadvertently culminate in high job turnover rates (Fornes et al 2011). This means that there will be low job turnover, and there will be adequate nursing staffing that can effectively provide sufficient care to the patients without aspect such as overworking or suffering from compassion fatigue. In addition, the creation of a caring culture between the nurse leaders and staff as well as between staff members further flows down to the nurse and patient interaction where once again, the culture of caring is exhibited (Fornes, et al., 2011). The overall result in an improvement in the administration, the staff and finally the patient outcomes.
In simple terms, solving the problem of high turnover rates caused by factors such as workplace bullying and lateral violence commences with the nurse leader who incorporates elements of the human caring theory into his own practice. In doing, this he opens the door for nursing staff to incorporate the aspect of caring into their practice that in the end positively impacts interactions with the patient. In addition, the incorporation of caring into their own practice enables nurse to develop effective relationships with one another and actions such as bullying and lateral violence which promotes high turnover rates are avoided. The staff nurses adopt of a perception of being cared for by their managers and leaders, and this influences their perception of aspects of bullying and lateral violence.

## Ethical challenges

The human caring theory is one of the most popular theories particularly because there are not many ethical or legal challenges that plague it. However, one of the ethical challenges that may be experience in practicing this theory is that of too much closeness between the nursing leaders and staff nurses leading to the compromise of legal guidelines (Burtson, P., & Stichler, 2010). The nursing leader may exhibit too much caring and may in the process abandon his legal duties as a leader and manager and enact strategies proposed by nurses in order to appease them in spite of the fact that they may not be legal. This may also occur between the nurse and a patient where more than sufficient caring may lead to overstepping of professional boundaries that may make a nurse prone to legal prosecution.

## Conclusion

Theory is essential to effective nursing practice as well as research. Nurse theories enable the participants of this discipline to organize their ideas or thoughts and also directs them on what, when and how to deal with certain situations in the nursing profession. This paper has shown that the Jean Watson’s theory of human caring can be effectively used by nurse leaders and managers to solve or address the issue of high turnover rates brought about by practice such as workplace bullying and lateral violence. It has been shown that when the nurse leader or manager incorporates elements of the human caring theory into his own practice, he opens a door for nursing staff to incorporate the aspect of caring into their practice which at the end positively impacts their interactions with the patient and leads to the development of effective relationships between the nursing staff. Consequently, actions such as bullying and lateral violence which promotes high turnover rates are avoided.

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