

My personal interpretation and experience essay sample

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Jean Watson's Caring Theory: My personal Interpretation and Experience

Personally, I believe that caring is a strong component in nursing and is the leading reason why individuals seek nursing care in hospitals. The ability for a nurse to connect and genuinely care for a patient can make an immense difference. Jean Watson defined a caring moment to involve “ an action and choice by both the nurse and the other. The moment of coming together presents them with the opportunity to decide how to be in the moment and in the relationship as whereas what to do with and during the moment” (Watson 2009).

The background and major concepts of Watson's theory include “ The formation of a humanistic- altruistic system of values, the installation of faith-hope, the cultivation of sensitivity to one's self and to others, and the development of a helping-trust relationship” (Watson 2008). My caring moment occurred with an oncology patient who I had known for the last three months of her life, while she was passing away I listened to her reminisce on her life and come to acceptance with what was left of it. This experience helped me learn how much I truly love nursing and the importance of listening. My caring was perceived by the patient as genuine. I could have enhanced this caring moment by allowing the patient to express negative feelings in regards to her life.

A caring moment is defined by Watson as “ the caring moment is transpersonal, each feels a connection with the other at the spirit level, thus it transcends time and space, opening up new possibilities for healing and human connection at a deeper level than physical interaction” (Watson

2008). Watson goes on to mention that the caring moment allows for us to connect to patients on a spiritual level that allows us to find each other in the individuals we share this moment with. This type of experience allows the nurse and patient to learn something about themselves and allows for the nurse to be genuine with the patient.

The patient whom I shared my caring moment with was a 60 year old woman recently diagnosed with colon cancer on the oncology floor where I was working at the time. I walked into her room at 7 am and introduced myself; she was a heavy set woman with a long narrow face. I made the effort to get to know her for the next three months by talking to her as much as I could. I noticed she was very spiritual as her priest came by to see her often. One day, when I was working the night shift I was informed there would be a new admit in room 22 with a perforated bowel, which I was assigned too. I walked into room 22 and introduced myself and noticed it was the same patient I knew from 3 months ago. She was hollering in pain and was accompanied by her health surrogate and the priest. I proceeded to ask her what I could do for her and she said she would like a cup of water. I informed her that she could not have water with a perforated bowel; she proceeded to tell me “ I don’t care about what you can and can’t give me, I just want you to fulfill this poor dying woman’s wishes and give me my water!”

When the priest was gone I entered the room and asked her why she was so disturbed. She told me she was in a lot of pain and had been in the emergency room for 5 hours prior to being transferred to the floor. She also said she was ready for the Lord to take her. I informed her that I would have

to speak to her physician to change her status to comfort measures only and then she could receive the water. She said this was fine. I called the doctor changed her status from a full code to comfort measures only. I walked into the room with a pitcher full of water and some pain medication and she began to tell me her life story. She reminisced on her deceased husband and how she was ready to join him in heaven because he had been the one who blessed her with the knowledge of God. As I listened I held her hand and told her that I wished only the best for her journey to meet God and her husband. In this moment I felt interconnected with the patient because I could feel the peace she had made with herself over her death.

I was happy that I could be there for her through this delicate transition from life to death, and that she felt comfortable sharing this sensitive moment with me. Watson (2008) defined a caring moment to be an experience that we learn from one another how to be human by identifying ourselves with others, finding their dilemmas in ourselves. What we all learn from it is self-knowledge. The self we learn about ...is every self. IT is universal - the human self. We learn to recognize ourselves in others. Therefore, I believe that in this caring moment I was able to understand the relief that this moment of death and dying meant to her. I believe that in this moment I had known this patient all my life and she was sharing with me the most intricate details of her life. At this moment I could only imagine that when it is my time to die that I have the peace within myself to let go and happily reminisce on the great experiences I had in my lifetime. This moment made

me feel very human and perishable. I learned to appreciate the beauty of life and the special instances we share with our loved ones.

Moreover, the major concepts of Watson's model of caring include the formation of a "humanistic- altruistic system of values, the installation of faith-hope, the cultivation of sensitivity to one's self and to others, and the development of a helping-trust relationship" (Watson 2008). Watson states that caring science was exclusive to the nursing practice because Watson (2009) discusses the importance of a caring moment in relation to nursing: My focus has been on nursing in relation to its covenant to offer compassionate human service to sustain and preserve human dignity and humanity; to sustain caring in instances where it is threatened, biologically or otherwise; a concern with deep caring-healing relationships with humans who are experiencing suffering, loss, grief, death, change/transition with life threats and challenges, and seeking meaning to be in right-relation, harmony with self and other, and that which is greater than human. My interpretation of the importance of a caring moment being specific to nursing is that nurses spend the majority of time with patients.

Therefore, they are able to form these trusting relationships with patients. They are also more likely to spend the last intricate moments of their lives with a nurse if a family member is not present. The nurse is also there to evaluate any end of life care measures the patient may request such as the presence of a priest or chaplain. Watson explains that the humanistic altruistic system of values is formed at an early age in the nurse and allows the nurse to show unselfish concern for the well-being of others. My caring

moment was solemnly based on the well-being of the patient and ultimately her comfort. The installation of faith-hope occurs when modern medicine can offer nothing more to the patient and offering faith allows the patient to feel better. I was able to help my patient through this time of pain and suffering by talking to her about her reunion with God and her husband when she passes away.

The cultivation of sensitivity to one's self and to others allows the nurse to genuinely disclose her feelings with the patient and empathize with the patient's situation. I was able to do this because I truly could understand the pain she was going through and the need she felt to reunite with her husband. The development of a helping-trust relationship is the ability to actively listen and develop a trusting relationship with the patient. The patient was able to openly discuss with me her life experiences and religious beliefs because of the trust we developed over time and I understood how important it was for her to tell me her life story.

Furthermore, this experience showed me the importance of listening to others. This patient was extremely grateful to have me sit next to her and listen to her life story. This was therapeutic to her and gave her some degree of relief that she was able to tell her story one last time and smile about it. I learned that we all have a story to tell and we all want someone to listen to it. The patient perceived my caring as genuine because I took the time out of my schedule to sit down and listen to her. This showed I was truly interested in what she had to say and that I was there for her at that moment for her every need. I could have enhanced this caring moment by allowing her to

openly express her negative feelings. At the time I just wanted her to express happy thoughts and assure her that everything would be fine.

However, according to Watson it is important for the patient to be able to openly express both positive and negative feelings. I also learned to value every moment we have in life and not spend time bickering over small things. When it is my time to pass I want to be at peace with myself and have a caring nurse that is willing to sit at my bedside and listen to me the last moments of my life. It brought me great joy to know that I made a difference in this patient's life by the simple actions of listening and giving her water and pain medication. This experience reinforced my love for nursing and the true underlying purpose of nursing which is to build genuine trusting relationships with patients. Caring moments allow the patient to heal faster or in my case provide a form of comfort as they pass away.

All in all, Watson's theory of human caring reinforced the idea that caring is an important component in the healing process. Caring is very effective in aiding patients cope through tumultuous situations such as death and dying. As a nurse, at times I realize that I may be the last human interaction a patient experiences in this world and if I can fulfill their last wish of listening to their life story then I should definitely take the time to do so. A caring moment defines what nursing is all about; it encompasses sharing a special moment with a patient in a manner that no one else could ever experience.

A caring moment occurs when a nurse and a patient are able to develop a trusting relationship and the nurse is able to empathize with the patient's

situation. This type of relationship allows for the patient and nurse to grow because they are able to see the reflection of their personal qualities in each other. This experience allowed me to recognize the importance of listening, it also showed me how a genuine caring moment can make them feel better, and lastly I learned that I should allow patients to express negative emotions because it's healthy for them.

References

Cara, C. (2003). A pragmatic view of Jean Watson's caring theory. *International Journal For Human Caring*, 7(3), 51-61.

Carson, E. (2002). A comparison of evidence of Watson's carative factors in performance appraisals for medical surgical registered nurses in the state of Illinois (Jean Watson). Clarke, P. (2009). From theory to practice: caring science according to Watson and Brewer... *Watson J Brewer BB. Nursing Science Quarterly*, 22(4), 339-345. doi: 10. 1177/0894318409344769

Fawcett, J. (2002). The Nurse Theorists: 21st-Century Updates–Jean Watson. *Nursing Science Quarterly*, 15(3), 214-219.

Walker, C. (1996). Coalescing the theories of two nurse visionaries: Parse and Watson. *Journal Of Advanced Nursing*, 24(5), 988-996. doi: 10. 1111/j. 1365-2648. 1996. tb02935. x

Watson, J. (2008). *Nursing: the philosophy and science of caring* (Rev. ed.). Boulder, Colo.: University Press of Colorado.

Annotated Bibliography

Cara, C. (2003). A pragmatic view of Jean Watson's caring theory. *International Journal For Human Caring*, 7(3), 51-61.

This article does an analysis of Jean Watson's carative factors and how they can be implemented in the clinical setting. It goes on to mention the person through Watson's caring lens and their health. Lastly, it examines nursing care through the caring lens. Nursing care theory is an important component to administrative restructuring.

Additionally, the article goes on to explain the implementation of carative factors into clinical caritas practices. For example the practice of loving kindness and equanimity within caring practice. Watson also discusses transpersonal caring relationship and what each one needs such as moral commitment from the nurse. Carson, E. (2002). A comparison of evidence of Watson's carative factors in performance appraisals for medical surgical registered nurses in the state of Illinois (Jean Watson).

This article discusses the research on the usage of 10 carative factors on a medical surgical floor in 201 hospitals in Illinois. They performed performance appraisals in order to see whether Watson's theory of caring was being implemented.

The results of the study showed that there is limited representation of carative factors on performance appraisals. There is no relation between religious and non-religious institutions on the implementation of 10 carative factors in performance appraisals. The research determined that size of facility was not associated with appearance of Watson's caring model.

Clarke, P. (2009). From theory to practice: caring science according to Watson and Brewer... Watson J Brewer BB. *Nursing Science Quarterly*, 22(4), 339-345. doi: 10. 1177/0894318409344769

This article is an interview with Jean Watson and Barbara Brewer on the implementation of Caritas in the hospital setting and its effects in nursing. They discuss the most significant impact of caring science, caring science as a scientific discipline, and the global effects of caring science in nursing. Barbara Brewer discusses the implementation of Watson's theory at John C. Lincoln North Mountain Hospital, and research on the caring database.

Jean Watson describes that caring science is exclusive to nursing because it defines the role a nurse assumes in his/her relationship with the patient. Watson goes on to mention the global impact caring science has had where she has been invited to different countries around the world in order to host workshops. The caring science has been adopted as a requirement for Magnet hospitals, which is a prestigious recognition for excellent patient care services. Barbara Brewer discusses her first encounter with Jean Watson and how she went about implementing the theory into nursing practice at her hospital. Fawcett, J. (2002). *The Nurse Theorists: 21st-Century Updates*—Jean Watson. *Nursing Science Quarterly*, 15(3), 214-219.

This an interview with Watson on her current beliefs of the development of caring theory worldwide. Also, this article includes the emergence of new perspectives, and contributions to her theory on human caring. The article discusses the advancements of discipline of nursing, complementary and

alternative therapies, as well as nursing education and research. Walker, C. (1996). Coalescing the theories of two nurse visionaries: Parse and Watson. *Journal Of Advanced Nursing*, 24(5), 988-996. doi: 10. 1111/j. 1365-2648. 1996. tb02935. x

This article describes the difference in theories that both Parse and Watson share. It analyzes the pros and cons of their theories together. It examines the difference between Parse's theory of human becoming and Watson's theory of transpersonal care.

The article discusses the similarity that Watson and Parse share in that they both reject traditional atomistic methods which say that the nurse should have a detached objective relationship with the patient. They are both advocates for the importance of human connectedness. The article goes on to describe Watson's theory incorporating the mind-body-spirit unity.

Watson, J. (2008). *Nursing: the philosophy and science of caring* (Rev. ed.). Boulder, Colo.: University Press of Colorado.

Watson's theory of caring science is defined as a humanitarian service. The implications of caring theory are also discussed with a philosophical and moral foundation. Ten caritas processes are mentioned and their respective meaning. The transpersonal caring and caring moment are defined. Caring moments and caring occasions are defined.

Caring sciences includes arts and humanities as a science. The article discusses how caring theory is a philosophy in which we must ask ourselves questions as nurses such as, what is one's view of humans? Answering these

questions will allow the nurse to be in better tune with his/her emotions in order to aid others in expressing their own emotions. A caring occasion is defined as a moment in which the nurse and patient share similar past experiences in a human to human transaction. A caring moment is when the nurse and patient share a given moment and decide what they will do within that given moment together.