

Incorporating the metaparadigm of nursing nursing essay



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Healing must be total or holistic if health must be restored or maintained.

And a nurse-patient relationship is the very foundation of nursing Conway et al 2011; Johnson, 2011. The Theory recognizes a person's needs above all. It sets up the conducive environment to healing. It addresses and works on the restoration and maintenance of total health rather than only specific parts or aspect of the patient's body or personality. And these are possible only through a positive healing relationship between the patient and the nurse (Conway et al, Johnson).

III. Origin of Watson's Theory

Watson conceived her Theory of Human Caring while she was teaching at the University of Colorado in 1975 to 1979 (Conway et al, 2011). It evolved from her personal views on nursing and merged with her learning and experience from her doctoral studies in education, clinical and social psychology. With the publication of her first book, Jean Watson developed the initial ideas of her theory and came up with 10 "carative" factors. Her actual theory was published in 1985, after which she further developed the corresponding nursing curriculum. In those years, Watson also extensively traveled in Asia and Australia while practiced. The prevailing influences in the nursing field at the time were those of Carl Rogers, Florence Nightingale and Leininger. Main psychological influences emanated from Maslow, Giorgi, Johnson and Koch. The major thought influences in the 70s were feminism, quantum physics, wisdom tradition, Eastern philosophy, the New Ate and metaphysics (Conway et al).

IV. Description of the Theory

The Theory of Human Caring

Its main concept is transpersonal human caring, best understood within the ancillary concepts of life, illness and health (Fawcett, 2002). It defines human life as “ spiritual-mental-physical being-in-the-world,” traversing continuously in time and space. Illness is not always a disease, but can also be a state of turbulence or disharmony in a person’s inner self, whether in the conscious or unconscious level. And health is the unity and harmony of the mind, body and the soul. Transpersonal human caring and caring transactions refer to scientific, professional, ethical, aesthetic, creative and personalized giving and receiving behaviors and responses between nurse and patient. These interactions allow them to experience each other via physical, mental and spiritual paths or a combination of these paths. From these, it can be gleaned that the precise goal of nursing is to help the patient gain a higher degree of harmony in mind, body and soul. That harmony produces self-knowledge, self-respect, self-healing, and self-care processes (Fawcett).

The 10 Clinical Caritas

These are humanistic-altruistic system of values; faith-hope; sensitivity to oneself and others; helping-trusting and human care relationship; expressing positive and negative feelings; a creative problem-solving caring process; transpersonal teaching-learning; a supportive, protective, and/or corrective mental, physical, social, and spiritual environment; assistance to human needs; and existential-phenomenological-spiritual forces (Fawcett, 2002).

These later evolved into 10 clinical caritas: loving-kindness and equanimity, authentic presence, spiritual practice and transpersonal self, a helping-

trusting relationship, presence and supportiveness to the expression of positive and negative feelings, creative use of oneself in caring-healing practice, genuine teaching-learning experience to evident unity of being, healing environment in all levels, assistance with basic needs, and openness to spiritual mysteries and existential dimensions in one's own life (Hagedorn, 2004).

V. Level and Scope

The Theory's concept of inter-subjective ideal and its concept of transcendence are not adequately defined (Conway et al, 2011). It appears to conflict with concepts of wholeness, their intent and free will and the nature of reality. Care moment and caring transaction are used interchangeably. Its concept should be more clearly and strongly defined. And Watson's language is not always readily understood by nurses. Neither do they always find the opportunity for transcendence (Conway et al).

It is perceived as weak in the predictive level in that positive changes cannot be predicted with certainty (Conway et al, 2011). Watson admits that nurses' different expressions of caring can lead to unpredictable consequences. But its explanatory and descriptive aspect is strong in that it explains the importance of care to the profession and patient results. It explains and ties up care with cure. And it explains the inter-relatedness of care and the transpersonal moment. This, in turn, leads to transcendence, harmony and healing (Conway et al).

VI. Assumptions

Values and Assumptions

The theory of human caring by Jean Watson involves caring actions by nurses in

their interaction with others (Fawcett, 2002). Its values and assumptions have a

metaphysical, phenomenological-existential and spiritual slant, based on Eastern philosophy. Its values include a deep respect for the wonder and mysteries of life and the power of the human being to change; high regard and respect for the spiritual or subjective nature of each person to grow and to change; and a non-paternalistic scheme to help the person or patient acquire greater self-knowledge, self control and self-healing, whatever his or her illness. Its assumptions relate with human life, nursing science and nursing processes. Jean Watson's concept of human life draws from the belief that the soul possesses a body that is not limited by physical or concrete space and time. Experiencing a person is not subjected or limited to either external or internal perceptions of time or space. Rather, it determines its own time and space, which have no constraints. Watson also perceives nursing as a human science dealing with persons and health-illness experiences of human beings. These experiences are mediated by professional, personal, scientific, aesthetic, and ethical human care transactions. Human care is the process of nursing (Fawcett).

VII. Analysis

There are many important elements to advanced practice, but personalized care is always at the heart of it (Hagedorn, 2004). The “intuitive gap” is essential. This means a deep understanding of the whole situation or patient. How the patient sees how the disease process or health condition has affected his life should be established at the start of a caring relationship. This can be done through visual information and a written plan of recuperation. The PNP may also discuss cultural, environmental, social and emotional aspect of his health condition. As their relationship grows and deepens, they adjust their approach according to their developing needs, interests, and values. The use of caring and reflective approaches can motivate patients to express themselves and thus have a hand on their healthcare plan. Watson’s 10 clinical caritas can be used in formulating the proper approach. It can be combined with creative caring adapted to the patient’s unique personality or condition in achieving his recovery (Hagedorn).

VIII. Evaluation

In bridging the gap between research and practice, the unique contribution of nursing to healthcare must first be made thoroughly clear (Dorn, 2004). Caring is central to nursing and serves as its philosophical and conceptual frame of reference. Caring-based models that examine caring and its impact to health come in at this point. They consider the holistic nature of every patient and the complexity and uniqueness of the human condition. In using these models, nurses are better able to use and integrate the caring theory with research and evidence-based practice. They interpret evidence and its quality from a caring viewpoint in making decisions or changes in decision.

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When they do, they make explicit the clear contribution of nursing to healthcare (Dorn).

As set forth in her theory of human caring, values, assumptions and 10 carative factors or clinical caritas, Jean Watson views the patient as a soul with a body. He must be approached only through a transpersonal relationship in helping him achieve his own recovery and wholeness. Outcomes have been convincingly documented. #