

Jean watson



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Dr. Jean Watson, a native of West Virginia, began her career in 1961 where she graduated from the Lewis Gale School of Nursing in Roanoke, Virginia. She then moved to Colorado, where she now lives, to further her education. She attended the University of Colorado and received her Bachelor of Science in Nursing in 1964, then further pursued her Master's degree in psychiatric-mental health nursing in 1966 and then on to obtain her Ph. D. in educational psychology and counseling in 1973.

Today she serves as a legendary Professor of Nursing and holds an endowed Chair in Caring Science at the University of Colorado and is a Fellow in the American Academy of Nursing (Watson, 2007). She is the author/co-author of more than 14 books on caring and holds six honorary doctorates. Recently she founded Watson Caring Science Institute, a non-profit organization developed to help spread her nursing theory and ideas. Dr. Jean Watson's goal is to have nurses come together, regardless of specialty, and share a common definition that embraces science and philosophical perspective.

The common goal has become known as caring-healing consciousness. Watson begins her theory by identifying 10 curative factors of care. Theory Concepts Watson bases her theory of nursing on 10 curative factors: 1. Formation of humanistic-altruistic systems of values: This begins in early development and is molded by life experiences, exposure, learning, and culture. 2. Development of faith and hope: The belief in spiritual being can assist in the healing process. The nurse can be authentic in enabling a patient to become more aware of his deep belief systems.

3. Sensitivity to self and others: The nurse is to be sensitive to others in a nurturing, healing way to facilitate healing and promote spirituality. Listening

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and understanding how the patient is feeling and why the patient are reacting to the moment the way they are will lead to a better understanding and empathy. 4. Helping-trust relationships: Develop a helping-trusting relationship by using congruence, warmth, and empathy. 5. Acceptance of feeling, both positive and negative: Accepting of others feelings can lead to understanding.

Someone can accept someone's expression by audio, visual or intuition. The nurse also needs to be supportive of these feelings. 6. Problem-solving for decision making: This method permits control and self-correction. "Creatively using all ways of being, knowing, and caring as integral parts of the nursing process" (Sitzman, 2007, p. 9). 7. Interpersonal teaching-learning: Understanding the learning process and how someone perceives the teaching is crucial to the healing process.

The nurse needs to understand both sides and be able to know when to alter teaching for better perception. 8. Support and protection of mental, physical, cultural, and spiritual environment: The nurse can manipulate internal and external factors to provide protection. Not only is the physical environment a factor but also energy levels, peace, and comfort. 9. Gratification of needs: Gratification of needs is based on Maslow's hierarchy to promote optimal health. Watson focuses on psychosocial, psychophysical, and biophysical needs.

This is a conscious effort to satisfy the patients' needs in a caring manner. 10. Acceptance of existential-phenomological forces: The nurse uses phenomenological analysis by understanding the patient's frame of mind and how it is in reference. In other words, the nurse needs to view the

situation through the patient's eyes to have a better understanding and be able to develop a relationship. " Her theory is based on a form of humanism and has its origins in metaphysics (philosophy of being and knowing)" (McCance, 1999, p. 1389).

These carative factors uses a belief that all life interconnects and that the nurse can implements any or all of the carative factors in any setting or during any activity. Nurse-Patient relationship " A model of caring science that goes beyond an intellectualization of the topic invites us into a timeless yet timely space to revisit this perennial phenomenon of the human condition. When one considers knowledgeable human caring as a mandate for survival, this caring can be seen as the highest form of ethical commitment to patients, families, communities, society, civilization, and planet Earth.

A caring science model is based on a deeply relational worldview that includes human-to-human relationships as well as human-to-environment relationships. This caring science seeks to honor the depth, humility, connection, compassion, responsibility, and concern for human welfare and optimal human development/evolution. It is a model that honors the paradox of differences and similarities that unite rather than separate our existence and experiences" (Watson, 2008, p. 58). Transpersonal Caring relationship emerges from the 10 caritas.

The transpersonal caring relationship is the nurses' moral commitment to protecting human dignity as well a higher self, the nurses caring consciousness of respecting a person to not treat the person as an object and a nurse's conscious connection to a person through experience to heal.

Caring is an approach that promotes a state of being. The nurse needs to look at transactions of the caring moment and environment to note how it affects the healing process. If negativity exists then it will affect everyone involved in a negative way. Many nurses use Watson's theory without knowing.

Learning and using the *caritas* can enhance their nursing care and promote a more harmonious environment. Watson's theory views the patient as body, mind, and spirit. There is a healing space between the nurse and patient with a conscious awareness of caring and healing. This will lead to a higher degree of healing and health. Environment is also to be made into a soothing and an atmosphere to promote healing of the body, mind, and spirit. "Collectively, the art of transpersonal caring allows humanity to move towards greater harmony, spiritual evolution, and perfection.

Such a union of feelings and caring communication renders accessible to humans all the knowledge discovered by the experience of and reflection upon preceding generations as well as people in one's own time. The art of transpersonal caring in nursing makes accessible to a person a sense of humanity and intersubjectivity experienced by previous individuals and contemporaries in similar human conditions" (Watson, 2007, p. 69). Transpersonal caring transpires during the moment to moment encounter between two people. This event is the caring moment.

When actively implementing Watson's theory, storytelling, and sharing can be beneficial for the learning process of nursing staff. Sharing and identifying the *caritas* used during the transpersonal moment will open communication, understanding, and acceptance of the caring theory. This process will

improve the quality of nursing. The experiences and sharing will give more meaning to the caring moments. Theory assumptions The assumptions that can be made from the transpersonal relationship is caring can be practiced only and demonstrated effectively through an interpersonal event. Caring occurs when satisfying the carative needs of the patient.

Effective caring promotes health and healing of the patient. Caring is in response to the patient as a whole, mind, spirit, and body. A caring environment promotes a solid foundation for the patient to make the right decisions for himself and wellbeing. Caring compliments the scientific aspect of nursing care. Caring is the core to nursing practice and nursing processes. “ Transpersonal caring modalities draw upon multiple ways of knowing and being; they encompass ethical, and relational caring along with those intentional consciousness modalities that are energetic in nature, e. g. form, color, light, sound, touch, visual, olfactory, etc. that potentiate wholeness, healing, comfort, and wellbeing” (Watson, 2002, p. 458).

Utilization of Caratives Use of the carative factors of care can be individually or several at one time. Demonstration of her caratives will be as follows. The teaching-learning carative is not the act of teaching alone. It is the nurse’s ability to teach a patient to help attain goals for optimal health. The nurse must be able to determine the patient has learned the required skills or knowledge in order to respond to health needs and concerns. This will allow the patient to understand and promote informed decision-making and promote self-care.

Support and protection of mental, physical, cultural, and spiritual environment can be practiced with some small actions such as dimming the

lights to promote a calming environment, hand washing as a ritual, or respecting cultural boundaries. A person cannot be cold, task-oriented or not has compassion to cultivate a feeling of protection and wellbeing. Sensitivity to self and others can be effective with empathy. Understanding and sharing with a person can benefit the healing process. Listening and caring in a nurturing manner will promote harmony in patient-nurse relationship.

Helping-trusting relationship can develop with knowledge, caring, and understanding. The patient will be calm and receptive to a nurse who congruent, empathetic, and warm. Interaction with a person and nurse who shows patience, eye contact and confidence will grow trust. Personal Reflection Nursing care without caring is not nursing. Nursing would be task-oriented work without reason and understanding. Reviewing Watson's theory of caritas and transpersonal relationship is molding my thought processes, the way I treat my patients and the actions I make during care for my patients.

Watson's theory has opened my eyes to be more conscious of what I say and do with a patient in a more caring, nurturing way. It allows viewing the patient in a new light as a whole person, mind, spirit, and body. Caring always has been an integral part of my nursing practice but Watson's theory gives it more meaning and purpose. Now when addressing a patient a more meaningful relationship can develop that will allow the patient to understand and heal. For example, I recently cared for 72 year old women brought to the hospital by herfamily. Ms. Garcia was terminally ill suffering from end stage lung cancer with mets to the bones.

She was under hospice care at home but her family was not able to manage her pain with her home medications of Dilaudid and Reglan. Ms. Garcia was weak, pale and semi-conscious when I received her. She was crying, moaning and guarding her abdomen saying, " please help me" Her family was distraught, she had one daughter that wanted her mother out of pain. Ms. Garcia was placed in a private room, her family knew the end of her life was near and wanted to stay with her around the clock. I encouraged the family to stay at the bedside, provided two comfortable chairs and encourage them to talk to her and hold her hand.

My goal was to explain the plan of care and to alleviate their fears. Ms. Garcia was placed on a PCA pump, initially it was set up for her to press the button when she experienced pain, but knowing that her condition was deteriorating, I contacted the doctor and had the order changed to continuous pain controlled so the button did not have to be pushed. The family and I connected, they started telling me about their mother's life, reminiscing about happier times, and I was able to see Ms. Garcia as a person not just an object lying in bed.

My presence in the room became more comfortable to the family and my routine assessments did not disturb the family. I offered them as much as I could from the hospital, providing beverages, snacks, tissues, blankets, chaplain services, etc. I found myself going out of the way to help Ms. Garcia maintain comfort, the family wanted to be involved in her care since they were so involved, I showed them how to reposition her using her draw sheets, using pillows between her knees to avoid rubbing and so on.

Unfortunately Ms. Garcia expired the next day; I was able to provide emotional support, giving them time to grieve in the room.

It was very sad but I was happy I was able to have the Chaplain come to provide them with spiritual guidance. Two weeks later my nurse manager received a card from the family expressing how satisfied they were with their experience and the care their mother received. The 10 Carative factors revitalized why I am a nurse and why I continue to be a nurse. The factors reminded me of the reason I am advancing my education. Actively practicing Watson's theory can apply not only to patient care but also to the relationship with coworkers. This will give growth to a more harmonious working environment that can spread to patient care.

A more caring working environment will benefit everyone from the administrators to the cleaning staff. Addressing health and safety in the workplace will promote basic needs of the nursing staff. Interacting with coworkers in a professional, clear, and timely manner will facilitate a caring environment. One aspect of Watson's theory I must pay closer attention to is caring for oneself. Nursing leads to taking care of others and not oneself. I know that my personal harmony can and will affect others will now take a conscious effort to make sure I am well rested, nourished, and have my personal affairs in order.

“ A nurse who is holistic and self-caring can create harmony with others through authentic presence in the caring moment” (Sitzman, 2007, p. 11).

Conclusion A well rounded nurse will implement Watson's theory of caring and transpersonal relationship better to care for her patients and promote healing. Application of Watson's theory can be beneficial to patient and

nurse to achieve goals in health care. The focus of care is on the patient and psychosocial needs rather than on technology.

The patient is viewed as whole with focus on mind, body, and spirit to promote harmony and healing. A caring, calm environment will help achieve harmony and healing. Using Watson's theory in research and practice can be beneficial to nurse, patient, and community. Watson's theories are used in all nursing settings. Caring theory successfully has been weaved into existing philosophy to improve patient care. Caring theory is complementary to medical systematic theory. Watson's theory has become a caring science and is evolving every day to improve nursing care.