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Watson's Theory of Caring Jean Watson’s caring philosophy and science in nursing is traced back to its earliest beginning as a textbook for the nursing courses at the University of Colorado (Alligood, 2010). Her initial work at the university laid the foundation for Watson’s theory of caring. Watson’s philosophy “ defines the outcome of nursing activity in regard to humanistic aspects of life” (Potter ; Perry, 2001, p. 97). Her model is designed around the caring process.

She defines caring as “ the ethical and moral ideal of nursing that has interpersonal and humanistic qualities” (Alligood, 2010, p. 111). According to Watson, as stated in Potter and Perry (2001), caring represents all the factors a nurse uses in his or her deliverance of health care. The caring process requires that the nurse be knowledgeable in human behavior and responses to actual or potential health problems, an individual’s needs, how to respond to others, and the strengths and limitations of the patient and his or her family as well as the strengths and limitations of the nurse (Potter ; Perry, 2001).

The nurse also comforts and offers empathy to the patients and his or her family (Potter ; Perry, 2001). Watson’s theory is a “ complex concept involving the development of a range of knowledge, skills, and expertise encompassing holism, empathy, communication, clinical competence, technical proficiency, and interpersonal skills” (Alligood, 2010, p. 111-112). Watson’s theory of caring has four major concepts, these are the concept of human being, concept of health, concept of nursing, and the concept of environment.

As stated by Current Nursing (2010), Watson's defines the human being as " a valued person in and of himself or herself to be cared for, respected, nurtured, understood and assisted; in general philosophical view of a person as a fully functional integrated self. He, human is viewed as greater than and different from, the sum of his or her parts. " The human being or person is viewed holistically (Alligood, 2001). The person " is a living, growing gestalt that possesses three spheres of being-body, mind, and soul- influenced by the concept of self" (Alligood, 2001, p. 118-119). " The person is neither simply an organism, nor simply spiritual.

A person is embodied in experience in nature and the physical world and a person can also transcend the physical world by controlling it, subduing it, changing it, or living in harmony with it" (Watson, 1989, p. 225 as cited by Alligood, 2001, p. 119). The concept of health is defined " as the unity and harmony within the body, mind, and soul and a harmony between self and others and between self and nature and openness to increased possibility" (Alligood, 2010, p. 122). Health is a subjective experience and involves the process of adapting, coping, and growing throughout one's life (Alligood, 2010).

Alligood (2010), states that according to Watson " health focuses on physical, social, esthetic, and moral realms and is viewed as consciousness and a human-environmental energy field. Health reflects a person's basic striving to actualize and develop the spiritual essence of self" (p. 123). Illness, which may lead to disease is subjective disharmony in a person's soul within the three spheres (mind, body, and soul) (Alligood, 2010). Watson

suggests that health, illness, and disease may exist congruently within a human being (Alligood, 2010).

Nursing is described by Watson as a transpersonal interaction that “ conveys a human-to-human connection in which both persons are influenced through the relationship and being-together in the moment. This human connection… has a spiritual dimension…that can tap into healing” (Watson, 1999, p. 290, as cited in Alligood, 2010, p. 120). The goal of nursing in the caring-healing process is to achieve a “ higher degree of harmony within the mindbodyspirit, which generates self-knowledge, self-reverence, self-healing, and self-care processes allowing for diverse possibility” (Alligood, 2010, p. 20). According to Watson if the nurse has a higher level of genuineness and sincerity within the act of caring the greater the efficacy caring is (Alligood, 2010). The nurse pursues Watson’s goal of nursing “ by integrating caritas processes and human care processes with intention, transpersonal caring, and relationship, responding to the subjective world of persons such that individuals find meaning in their existence by exploring the disharmony, suffering, and turmoil, within the lived experience” (Alligood, 2010, p. 120).

Watson’s concept of environment has been described not only as the actual physical environment that nursing care takes place but also has been broadened to the nonphysical energetic environment (Alligood, 2010). “ The nurse becomes the environment in which ‘ sacred space’ is created” (Alligood, 2010, p. 123). As cited in Alligood (2010), Watson describes how the “ nurse is not only in the environment, able to make significant changes in the ways of being/doing; knowing in the physical environment, but that the nurse IS the environment” (p. 123-124).

This environment elevates the healing role of the immediate surroundings in conjunction with " conscious, intentional, caring, healing modalities" (Alligood, 2010, p. 124). " Conscious attention to healing spaces shifts the health care facility from being simply a place for bodies to be treated to a place in which there is conscious promotion of mindbodyspirit wholeness, attention to the relationship between stress and illness, recognition of hospital stress factors, and acknowledgement of the key role that emotions and senses play in healing" (Alligood, 2010, p. 24). In caring-healing science, compassionate human service and caring are driven by love or caritas (Alligood, 2010). This shifts the focus of patient care from " illness, diagnosis, and treatment to human caring, healing, and promoting spiritual health" (Alligood, 2010, p. 120). This science does not go against the important contributions of objective medical and nursing science instead it includes the subjective experience and values, meaning, quality, and soul-human phenomena allowing a view of the whole picture (Alligood, 2010).

Watson states that caring is the moral ideal that encourages the nurse to hold the conscious intent to preserve his or her patient's wholeness, increase healing, and preserve dignity (Alligood, 2010). In Watson's theory a single caring moment becomes the moment when this is possible (Alligood, 2010). The coming together in a single moment becomes the focal point in space and time (UCD, 2008). This caring moment involves a choice and action by the nurse and his or her patient and gives them the opportunity to decide how to be in the caring moment and what to do with it (UCD, 2008).

If the moment is transpersonal each party involved feels a connection with the other at the spiritual level thus transcending in time and space, opening

up new possibilities for healing and connection at a deeper level than actual physical interaction (UCD, 2008). I received a phone call from the ambulance triage nurse that day asking if I had an available bed for a patient she wished to send me. I informed her that I had an open bed and proceeded to obtain report for the triage nurse.

She stated that the patient a 45-year-old female called 911 and arrived to emergency department via ambulance with a chief complaint of “ anxiety. ” The nurse stated that the patient had a past medical history of hypertension and anxiety disorder and that the patient denied any suicidal ideations at that time. The nurse also informed me that after triage the patient appeared to be unhappy with her placement decision and was yelling some obscenities at her. I use every opportunity during my brief report to bring an intentional caring presence into the conversation.

I accepted the assignment and the patient was transported to her bed on the ambulance gurney. I could empathize with what my patient was experiencing in that moment and how frustrated she must be with her current situation. By incorporating Watson’s carative factors I was able to potentiate my attentiveness, listening, comforting, patience during my interaction with my patient. Before I entered my patient’s room I had to use Watson’s first carative factor, the formation of humanistic-altruistic system of values, to practice loving-kindness and equanimity with the context of the caring consciousness.

I had to be aware of my own emotions going into the room so my judgment of the patient was not clouded by the information I had already received

from the triage nurse. I had to create the ideal environment in which the caring moment was to take place by being aware of my own intentions, body language, thoughts, words, and behaviors as well as my patients. My personal " energy field contributes to the transpersonal caring connection" (Alligood, 2010, p. 127). I hope I will know what to offer my patient and have no expectations of the meeting, keeping myself " open to receive each patient/client as a unique person" (Alligood, 2010, p. 27-128). As I entered the room I saw my patient laying back on her gurney, face turned away from me, she didn't even acknowledge me as I stepped closer to her. I was not exactly comfortable with the situation but I could sense her anxiety and despair. I used Watson's third carative factor, the cultivation of sensitivity to oneself and others, in order to show cultivation of my own spiritual practices and transpersonal self, going beyond the ego self by being sensitive to myself and my patient. I introduced myself to my patient; she remained turned away from me making no eye contact.

Realizing I was uncomfortable I consciously centered myself, remained steady, and open to my patient. I stepped closer resting my hand on the rail of her bed and asked her why she was in the emergency room. She began to sob and continued to avoid making eye contact with me. As my patient continues to cry and look away, I remain silent; however I set my chart down, leave my hand on the rail, and look at her. I can relate to my patient as a person. Her fear, anxiety, and stress are evident. She then reaches for my hand and grabs it.

She is squeezing hard enough to cause me a little discomfort but I allow her to continue. She then meets my gaze and I smile at her gently to show her

that feelings are okay and that she can trust me. With this our caring moment moves into Watson's fourth carative factor, the development of a helping-trusting relationship. My patient begins to open up and explains to me why she is in the emergency room that day. She states that she has been feeling anxious for the past few weeks. She wonders out load if life is even worth continuing to live.

I continue to listen never stopping her to ask a question. She states that her husband makes too much money on disability and that the state stopped her cash aide and medical benefits and because she no longer has medical benefits she could not fill her anxiety medications and go to therapy. I felt like this was a release of disharmony and bad energy that may have hindered her natural healing process and that our interaction demonstrated transpersonal nursing-caring-healing. As my patient began to calm down and stopped talking, I felt this was the appropriate time to speak.

During this time Watson's fifth carative factor, the promotion and acceptance of the expression of positive and negative feeling, was used. We discussed how it was okay to feel overwhelmed about life's situations and that most people at sometime in their life feel as if they have no control. We also talked about how she made the right decision to come into the emergency department so that we could have the social worker speak with her and give her some referrals and recourses for no cost health care services. By the end of our interaction my patient was no longer crying and she was visibly calmer.

She was open to speaking with our social worker and being treated for her anxiety. With each patient interaction and personal life situations, I use retrospective reflection-on-action. This is where " deeper personal meaning develops as the nurse reflects on his/her lived experiences" (Alligood, 2010, p. 125). " Retrospective contemplation involves integrating nursing experiences- physical, mental, and spiritual- into personal history" (Alligood, 2010, p. 125). It starts with my unique experiences in which I have uncomfortable feelings and thoughts that I cannot make sense of based on my current knowledge.

In my interaction with this patient I knew I was uncomfortable before I even entered the room. After some reflection I realized I was uncomfortable because I have been experiencing my own anxieties and worries over the past few months and I was not sure if I was ready to present myself to a patient and bring up my own personal feelings. But I realized that experiencing those feelings myself actually made me more capable of developing that caring moment with my patient and helped to build that trusting relationship.

By showing my understanding and allowing my patient to express her feelings when she was ready, showed her that I was understanding and compassionate to her needs. Caring is something that must be constantly retrieved and recaptured with each caring occasion (Alligood, 2010). When a patient tells his or her story, it becomes a way for him or her to find his or her own voice and lived experiences (Alligood, 2010). The " concerns and personal worlds of the nurse and patient can become instructive for locating

and understanding a deeper, more universal, more complex pattern of life” (Alligood, 2010, p. 125).

Each of Watson’s carative factors plays a part in the relationship and meaning of the transpersonal caring for the patient and nurse (Alligood, 2010).