

Theory of Human Caring Analysis

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This paper will analyze Jean Watson's Theory of Human Caring. The origin of the theory will be examined as well as some of the past uses for the theory. The major concepts and relationships of theory will be identified and defined. By analyzing this theory, logical connections will be made within this theory for the proposition statement that spirituality improves well-being. This proposition is classified as probabilistic, meaning that as spirituality occurs well-being will most likely occur also. The concepts, statement, and relationships will be examined and shown to fit well into the major constructs of this theoretical framework, by discussing the consistency of the concepts and the consistency of the relationships. This paper will then discuss compatibility of this theory for the proposition, and the modifications that are needed within this theoretical framework to support it better. From this analysis and considering the proposition, a Model of Well-being will be developed incorporating the major concepts and relationships from the Theory of Human Caring. Lastly, a conclusion will be drawn as to the usefulness of this modified framework, when considering spiritual care as the central component within a faith based free clinic.

Origin and Uses

The Theory of Human Caring was originally considered a perspective about nursing, and began in 1979 in Watson's book titled *Nursing: The Philosophy and Science of Caring*. It was originally an effort to bring a focus of meaning to nursing as its own profession and discipline. It was developed as a perspective about nursing and care, and was initially intended to formulate an integrated baccalaureate nursing curriculum. Watson developed a conglomeration or taxonomy of interventions termed carative factors, to help solve conceptual and empirical problems with nursing. Out of this construct, a deductive theory developed. In 1985, the theory was published

in Watson's *Nursing: Human Science and Human Care: A Theory of Nursing* (Sourial, 1996), and the model schematic can be viewed in Appendix A (Figure 1).

The Theory of Human Caring has been widely applied, and shows a great deal of generalizability. This theory has been used in the past as a caring-healing model for older adults in relation to well-being and quality of life, peace of mind, body, and soul (Bernick, 2004). It has also been used as a conceptual model for guiding community health nursing practice, as Watson's theory identifies the centrality of caring and holism (Rafael, 2000). Other uses of the theory have been as an occupational health nursing practice guide, using the constructs as a practice structure, and as a basis for philosophical and moral practices within the occupational health setting (Noel, 2010). The theory has also been shown to be an effective model to employ in caring for and treating hypertensive patients; as evidenced by improved quality of life measurements, and reports of increased well-being (Erci, Sayan, Tortumluoglu, Kilic, Sahin, & Gungormus, 2003). These reports and data support the testability of the theory. In addition, the Theory of Human Caring has been chosen as the nursing model by numerous faith based institutions due to the alignment of the spiritual components of the theory and the beliefs and values of the organizations and their culture (Birk, 2007). This particular use is very relative to the proposition statement that spirituality improves well-being, and is a significant factor for the use of this theory as a basis for the establishment and care at a faith based free clinic.

Major Concepts

The meaning of a theory involves the concepts of the theory, and how they relate. The meaning is reflected in the language of the theory, and must be examined as to the specific language used by the theorist. In order to understand a theory, the major concepts and

relationships must be identified (Walker & Avant, 2011). The major concepts of the Theory of Human Caring include carative factors, a caring relationship, and caring moments.

Carative Factors

Dr. Watson developed ten carative factors as a guide for nursing practice. The first carative factor is to practice loving kindness, through a humanistic and altruistic system of values. The second is to sustain the faith, hope, and belief system of oneself and those of others; and the third is to have an awareness or sensitivity to self and others. These three carative factors within the caritas process are the philosophical foundation for the caring science of nursing (Goldin & Kautz, 2010).

The remaining carative factors are derived from the philosophical foundation. These include developing and sustaining helping, trusting, and caring relationships as the fourth carative factor, while being present to and supportive of the positive and negative feelings felt by self, or expressed by others is the fifth. The sixth carative factor in the caritas process is to creatively use self, and the ways of knowing to problem solve and engage in healing practices. The seventh carative factor is to teach and learn within a transpersonal caring relationship, and the eighth is to create a healing environment at all levels, including the psychological, physical, social, and spiritual. The ninth factor is to care for and assist with basic needs and the tenth and final carative factor in the caritas process is to be open to the existential and spiritual possibilities within and surrounding a caring relationship (Goldin & Kautz, 2010).

Caring Relationship

The transpersonal relationship is another major concept within the Theory of Human Caring. It relies on a nurse's awareness of self and others. The relationship is dependent upon a caring consciousness to honor a person's spirit, and a commitment to protect and enhance human

dignity (Cara, 2008). This intentional willingness to connect with a patient creates a trusting relationship and an environment conducive to healing. It shows concern for a person's true self, and a willingness to view a situation from their perspective. This highlights the individuality of the nurse and the patient, while also emphasizing the mutuality in the search for wholeness, well-being, harmony, balance, or even the search for meaning in an illness or situation.

Caring Moment

Caring moments are moments when human to human transactions take place, creating an opportunity for human caring. The experience may consist of feelings, expectations, sensations, and expressions that may be verbal and/or nonverbal. These moments are all based on the perceptions of the nurse and the patient, and are generally reflective of past experiences, one's present, and the imagined future. The caring moment is felt by the patient and then caregiver, and is influenced by the actions taken or not taken within the transpersonal relationship. The moment allows for the presence of the spirit of both the caregiver and the one being cared for (Cara, 2008).

Major Relationships

The major relationships in the Theory of Human Caring are the interplay of these major concepts. Through the utilization of the carative factors, the caritas process creates a caring relationship. This caring relationship creates an openness and opportunity to connect, through trust; and to then experience a caring moment. In turn, caring moments strengthen the caring relationship. This utilization of individual parts or factors to carry out a collective process, that yields probable or expected outcomes; supports the logical adequacy of the theory. The original diagram of Watson's Theory of Human Care Model (Appendix A, Figure 1) shows the relationship and flow of the human care process, human care transaction, and possible caring

moment outcomes (Sourial, 1996). However, the inconsistencies in terminology and complex nature of human phenomena, keep Watson's theory from being completely parsimonious.

Consistency of Concepts

The defining attributes of spirituality are connectedness, awareness, reflection, and purpose. Connectedness involves relationship with one's spirit or inner being, and with others. Awareness is necessary to know one's thoughts, beliefs, and values; and to be aware of those of others. Reflection is the ability to look back on past events or experiences. Purpose is a reason for being, or meaning in one's life or event. Therefore, spirituality is defined as a connectedness and awareness of self and others, often obtained through the reflection on past experiences, that define purpose and meaning in one's life or current event.

For the most part, the defining attributes of spirituality are consistent with the concept definitions of the Theory of Human Caring. The concept of spirituality and the concepts of this theory are dependent upon connecting or the building of relationships. There is also a need for awareness of self and others, within the concept of spirituality and within the constructs of Watson's framework. In defining spirituality, the term reflection was used to describe one's ability to look at past events. This is also a conceptual component of Watson's theory, although her theory places more emphasis on the perceptions of the nurse and patient in regards to these past experiences. Lastly, a sense of purpose or meaning is a required attribute for the concept of spirituality. This is also a major component of the Theory of Human Caring. However, the theory really emphasizes the mutuality of seeking meaning and purpose by the nurse and the patient in the search for wholeness or well-being in a situation or illness.

When considering the definitions and characteristics for the concept of well-being, the attributes of coherence or connectedness, health, purpose, and determination of one's quality of

life must be present in the use of the concept. Coherence or connectedness involves an integration of relationships or values. Awareness of one's quality of life is a sense of recognition regarding one's life, or simply the inner recognition regarding the life lived. Health is a state of physical, mental, and social well-being. Lastly, purpose is the meaning of something or the reason for being. Therefore, well-being is defined as a state of coherence or connectedness involving all facets of health, based on a premise of purpose; determining one's quality of life.

The concept of well-being is also consistent with the major concepts of the Theory of Human Caring. The importance of relationship and connection is evident in both well-being, and within the constructs of the theory. The search for purpose or meaning is also a consistent concept within the theoretical framework, as it also was with the concept of spirituality. The other defining attributes for well-being were health and quality of life. In considering the well-being attribute of health, in relation to this theory; it is determined to be very broad in nature. In order for the concept of well-being to be more consistent with the theory, health would also need to be modified and defined as the psychological, physical, social, and spiritual state of an individual. In addition, one would then define quality of life as one's determination of psychological, physical, social, and spiritual well-being.

Consistency of Relationships

Spirituality improves well-being. This is a probabilistic relationship, having a positive sign, with a unidirectional symmetry. This relationship is consistent with the relationships within the Theory of Human caring. As the theory utilizes carative factors to create caring relationships, caring transactions will likely occur, that will probably yield positive outcomes (Sourial, 1996). Spirituality also seeks connectedness and relationships in order to improve well-being. The caring relationships developed through the caritas process, create an openness

and opportunity to connect on a more spiritual level. This connection will foster caring moments, and will likely improve overall well-being. In turn, caring moments will strengthen the caring relationship.

Compatibility

Due to the spiritual components of The Theory of Human Caring, the proposition that spirituality improves well-being fits well. The carative factors are a necessary part of a process that allows for a personal connection to take place on a spiritual level that promotes care transactions. In turn, these care transactions will likely improve well-being and quality of life, through intervention and the caritas process. Most of the major concepts and major relationships within this theory are necessary to support the proposition. However, there are less integral concepts within the Theory of Human Caring that can be discarded as it relates to this proposition, and within the context of its use as a basis for establishing a faith based free clinic. In order to clarify the concepts within the original theory model (Appendix A, Figure 1) for this purpose, carative factors, moral ideals, and intersubjective ideals; would be simply known as the carative process. In addition, actual caring occasions, intersubjective caring occasions, and transpersonal caring moments; would be known simply as human care transactions. Considering the utilization of this theory for establishing a framework or mission of a faith based free clinic, additions to this theoretical model are needed in order to specify spirituality as the central focus (Appendix A, Figure 2).

Usefulness of the Modified Framework

The Model of Well-being is a derivative of Watson's Theory of Human Care. The major concepts and relationships are maintained. However, in the context of patient care within a faith based clinic, the modified framework views spirituality as the central concept in care. The

assumption for this model is that all people have a spirit or inner being that is recognized by self, and by those that are providing care.

The Model of Well-being (Appendix A, Figure 2) maintains the need for connectedness, relationship, awareness, and purpose as the attributes necessary for spirituality. These attributes are woven with Watson's carative factors. With the care emphasis based on these principles of spirituality, the caritas process is engaged. With spirituality as the foundation, psychological, social, and physical needs are addressed. Human care transactions occur as valued relationships are made and interventions take place. The spiritual care process will then potentiate an abundant harvest of outcomes, improving well-being. As well-being improves, the strength of outcomes may also improve.

This model will be utilized as the framework in a future research project that investigates the evidenced based support of spiritual care on well-being and quality of life. This model also has the potential of being the foundation for a mission statement within a faith based practice, or within a holistic environment of care. In addition to these uses for the Model of Well-being, there is a potential for developing practice theories from the model. For instance, a practice theory of spiritual care, or a practice theory of spiritual care assessment, could be based upon this model. Practice theories such as these could eventually be the bases for care practices within a faith based free clinic.

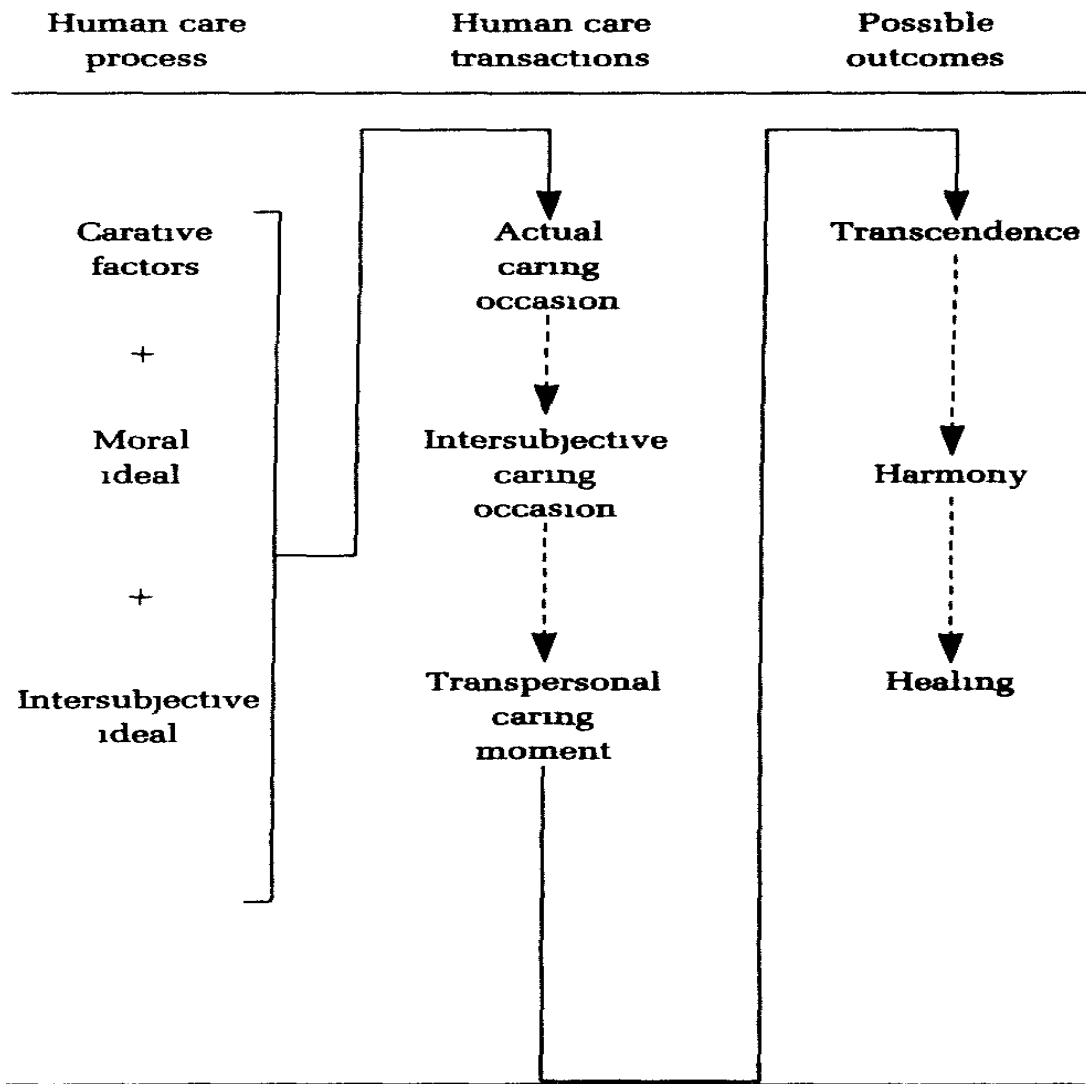
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Appendix A

Figure 1

Watson's Theory of Human Caring



Appendix A

Figure 2

The Model of Well-being

