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Watson Human Caring Theory

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Abstract

According to Watson (1997), the core of the Theory of Caring is that "humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce." Her theory encompasses the whole world of nursing; with the emphasis placed on the interpersonal process between the care giver and care recipient. The theory is focused on "the centrality of human caring and on the caring-to-caring transpersonal relationship and its healing potential for both the one who is caring and the one who is being cared for" (Watson, 1996). Watson's hierarchy of needs begins with lower-order biophysical needs, which include the need for food and fluid, elimination, and ventilation. Next are the lower-order psychophysical needs, which include the need for activity, inactivity, and sexuality. Finally, are the higher order needs, which are psychosocial. These include the need for achievement, affiliation, and self-actualization.

1 Introduction

Nursing is defined by caring. At Redlands Community Hos-pital, nursing has embraced the theory of Jean Watson's Caring Science. Caring Science helps us to embrace the positive energy that flows from an integrated mind, body and spirit and is mutually rewarding to both the patient and the nurse. Forged by the vision of Florence Nightingale who asserted that the "role of a nurse is to put her patient in the best position to be able to self-heal", nurses are optimally positioned to be the heart of healing. By actively engaging in caring through authentic presence and intentionality, the nurse is able to optimize her patient's ability to heal from within.[1]

2 Background of Jean Watson

Jean Watson is an American nurse theorist and nursing pro- fessor who is best known for her Theory of human caring. She is the author of numerous texts, including Nursing: The Philosophy and Science of Caring. Watson's research on car- ing has been incorporated into education and patient care at hundreds of nursing schools and healthcare facilities acrossthe world.[2]

Early Life

Watson was born on June 10, 1940 in Williamson, West Virginia. **Education** Jean Watson graduated from the Lewis Gale School of Nursing in Roanoke, Virginia, in 1961. She continued her nursing studies at the University of Coloradoat Boulder, earning a B.S. in 1964, an M.S. in psychiatric and mental health nursing in 1966, and a Ph.D. in educational psychology and counseling in 1973. She has been awardednine honorary doctoral degrees in six countries.



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FIGURE 1: Jean Watson

Academic Appointments

Watson is a Distinguished Professor of Nursing at the Uni- versity of Colorado, where she formerly served as Dean of Nursing.

Leadership Achievements

She is a past president of the National League for Nursing.

Honors and Awards

1999: Norman Cousins Award, Fetzer Institute.[3]

3 Caring Theory

Watson developed the Theory of Human Caring. She founded the non-profit Watson Caring Science Institute in 2008. The ten primary carative factors are :

- 1. The formation of a humanistic- altruistic system ofvalues.
- 2. The installation of faith-hope
- 3. The cultivation of sensitivity to one's self and to others
- 4. The development of a helping-trust relationship
- 5. The promotion and acceptance of the expression of positive and negative feelings.
- 6. The systematic use of the scientific problem-solving method for decision making
- 7. The promotion of interpersonal teaching-learning
- 8. The provision for a supportive, protective and /or cor-rective mental, physical, socio-cultural and spiritual environment.
 - 9. Assistance with the gratification of human needs.
 - 10. The allowance for existential-phenomenological forces.[4]

The first three carative factors form the "philosophical foundation" for the science of caring.

The remaining seven carative factors spring from the foun- dation laid by these first three.

1. The formation of a humanistic- altruistic system of values

- · Begins developmentally at an early age with valuesshared with the parents.
- · Mediated through ones own life experiences, the learningone gains and exposure to the humanities.
- '• Is perceived as necessary to the nurse's own maturation which then promotes altruistic behavior towards others.



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2. Faith-hope

- · Is essential to both the carative and the curative processes.
- · When modern science has nothing further to offer theperson, the nurse can continue to use faith-hope to provide a sense of well-being through beliefs which are meaningful to the individual.

· Cultivation of sensitivity to one's self and to others Explores the need of the nurse to begin to feel an emotion as it presents itself

- · Development of one's own feeling is needed to interactgenuinely and sensitively with others.
- · Striving to become sensitive, makes the nurse more au-thentic, which encourages self-growth and self-actualization, in both the nurse and those with whom the nurse interacts.
 - · The nurses promote health and higher level functioning only when they form person to person relationship.

3. Establishing a helping-trust relationship

· Strongest tool is the mode of communication, which establishes rapport and caring.

Characteristics needed the Helping-Trust Relationshipare:

- · Congruence
- Empathy
- · Warmth
- · Communication includes verbal, nonverbal and listeningin a manner which connotes empathetic understanding.[5]

4. The expression of feelings, both positive and negative

- · "Feelings alter thoughts and behavior, and they need tobe considered and allowed for in a caring relationship".
- · Awareness of the feelings helps to understand the behav-ior it engenders.

5. The systematic use of the scientific problem-solving method for decision making

- · The scientific problem- solving method is the onlymethod that allows for control and prediction, and that permits self-correction.
 - The science of caring should not be always neutral and objective.

6. Promotion of interpersonal teaching-learning

- The caring nurse must focus on the learning process asmuch as the teaching process.
- · Understanding the person's perception of the situation assist the nurse to prepare a cognitive plan. [6]

7. Provision for a supportive, protective and /or correc-tive mental, physical, socio-cultural and spiritual environment

- · Watson divides these into eternal and internal variables, which the nurse manipulates in order to provide support and protection for the person's mental and physical well-being.
 - · The external and internal environments are interdepen-dent.
 - · Nurse must provide comfort, privacy and safety as a part of this carative factor.

8. Assistance with the gratification of human needs

- · It is based on a hierarchy of need similar to that of the Maslow's.
- · Each need is equally important for quality nursing careand the promotion of optimal health.
- · All the needs deserve to be attended to and valued.[7]

Watson's Ordering of Needs

Lower order needs (biophysical needs)

- · The need for food and fluid
- · The need for elimination
- · The need for ventilation

Lower order needs (psychophysical needs)

- · The need for activity-inactivity
- · The need for sexuality

Higher order needs (psychosocial needs)

- · The need for achievement
- · The need for affiliation
- $\cdot \ Higher \ order \ need \ (intrapersonal-interpersonal \ need)$
- · The need for self-actualization.[8]

9. Allowance for existential-phenomenological forces

- · Phenomenology is a way of understanding people from the way things appear to them, from their frame of reference.
- · Existential psychology is the study of human existenceusing phenomenological analysis.



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- This factor helps the nurse to reconcile and mediate the incongruity of viewing the person holistically while at the same time attending to the hierarchical ordering of needs.
 - Thus the nurse assists the person to find the strength or courage to confront life or death[9]

4 Watson's Theory and the four Ma-jor Concepts

1. Human being

Human being refers to "a valued person in and of him or herself to be cared for, respected, nurtured, understood and assisted; in general a 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".[10]

2. Health

Watson adds the following three elements to WHO defi-nition of health:

- · A high level of overall physical, mental and social func-tioning
- · A general adaptive-maintenance level of daily function-ing
- The absence of illness (or the presence of efforts thatleads its absence)

3. Environment/society

According to Watson, caring (and nursing) has existed inevery society.

- · A caring attitude is not transmitted from generation togeneration.
- · It is transmitted by the culture of the profession as aunique way of coping with its environment.[11]

4. Nursing

- · "Nursing is concerned with promoting health, preventing illness, caring for the sick and restoring health".
- · It focuses on health promotion and treatment of disease. She believes that holistic health care is central to the practice of caring in nursing.[13] She defines nursing as
- · "A human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, esthetic and ethical human transactions".

5 Watson's Theory and Nursing Pro-cess

Nursing process contains the same steps as the scientific research process. They both try to solve a problem. Both provide a framework for decision making.

1. Assessment

Involves observation, identification and review of the problem; use of applicable knowledge in literature.

Also includes conceptual knowledge for the formulation and conceptualization of framework.

Includes the formulation of hypothesis; defining variables that will be examined in solving the problem.

2. Plan

It helps to determine how variables would be examined or measured; includes a conceptual approach or design for problem solving. It determines what data would be collected and how on whom.

3. Intervention

It is the direct action and implementation of the plan. It includes the collection of the data.

4. Evaluation

- · Analysis of the data as well as the examination of the effects of interventions based on the data.
- · Includes the interpretation of the results, the degree to which positive outcome has occurred and whether the result can be generalized.
 - · It may also generate additional hypothesis or may evenlead to the generation of a nursing theory.

6 Watson's Theory and the Characteristic of a theory

- · Logical in nature
 - · Relatively simple
 - · Generalizable
 - · Based on phenomenological studies that generally askquestions rather than state hypotheses.
 - $\boldsymbol{\cdot}$ Can be used to guide and improve practice.
 - · Supported by the theoretical work of numerous humansits, philosophers, developmentalists and psychologists.



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Strengths

- · This theory places client in the context of the family, the community and the culture.
- · It places the client as the focus of practice rather than thetechnology.

Limitations

- · Biophysical needs of the individual are given less im-portant.
- · The ten caratiive factors primarily delineate the psy-chosocial needs of the person.
- · Needs further research to apply in practice.[13]

7 Conclusions

Watson provides many useful concepts for the practice of nursing. She ties together many theories commonly used in nursing education. The detailed descriptions of the carative factors can give guidance to those who wish to employ them in practice or research.

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