Jean Watson

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Abstract

This paper discusses the theory/model of Jean Watson in relation to the history and significance in nursing practice. Jean Watson was instrumental in the development of nursing curriculum for the baccalaureate program in human caring, health, and healing. The nursing profession sets great store by the Theory of Transpersonal Caring as this model unites theory and practice, which is one of the most philosophically complicated nursing theories. Her theory integrates a framework for patient assessment that the nurse incorporates at the bedside. This paper describes how clinical practice uses this theory and provides an analysis of the model within nursing education. Watson’s definitions of carative and curative and the emphasis of carative over curative provide a foundation for nurses’ clinical care.

Jean Watson

Since its establishment as a profession more than a century ago, nursing has been debating the course, methods and development of nursing education, knowledge, and practice Caring is a core value for nursing and a component of our professional standards of practice. The American Nurses Association (ANA) (2004) states, “the registered nurse delivers care in a manner that preserves and protects patient autonomy, dignity, and rights” (p.39). Despite intensified nurses’ workloads and responsibilities, increasing patient acuities, and increasing longevity of illness, nurses must still maintain their caring practice.

Jean Watson’s Theory of Transpersonal Caring was developed in 1979. In Watson’s (1979) original *Nursing: The Philosophy and Science of Caring,* she referred to caring as a “moral ideal rather than a task-oriented behavior and includes such characteristics as the actual caring occasion and the transpersonal caring moment, phenomena that occur when an authentic caring relationship exists between the nurse and patient” (Tomey & Alligood, 2006, p.94).

**Analysis of Model**

Watson believes nursing is concerned with “health promotion, restoration, and illness prevention” (Tomey & Alligood, 2006, p.99). Watson defines caring as a term that nurses use to represent the factors to deliver health care to patients. Using the ten carative factors developed by Watson enables nurses to provide care to various patients (Tomey & Alligood, 2006). In addition, Watson (1979) states “curative factors aim at curing the person of disease, carative factors aim at the caring process that helps the person attain (or maintain) health or die a peaceful death” (p. 7). Watson defines the “person as a being-in-the-world who holds three spheres of being—mind, body, and spirit—that are influenced by the concept of self and who is unique and free to make choices” ( Watson, 1999, p.54 ).

In addition, Cara (n.d.) found that Watson revisited Nightingale’s concept of environment and discusses how the healing space or environment can expand the person’s “awareness and consciousness” and promote mind, body, spirit wholeness and healing. Cara (n.d.) states, “this is why Watson recognizes the importance of making a patient’s room a soothing, healing, and sacred place” (p.7). Cara (n.d) states that:

Watson’s definition of health does not correspond in her earlier work; she defines the person’s health as a subjective experience. Health also corresponds to the person’s harmony, or balance, within the mind, body, spirit, related to the degree of congruence between the self perceived and the self d to the simple absence of disease as experience (p.7).

In addition, Cara (n.d.) found Watson believes once a person perceives their real self, the more harmony there will be within the mind, body, spirit, and one can achieve a higher degree of health. Watson defines nursing “as a human science of persons and human health—illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions” (Watson, 1999, p.54). In addition, Cara (n.d.) found Watson views nursing as both a science and an art. Unfortunately, creativity, along with originality, is often seen as different with an institution’s policies and procedures. However, according to Cara (n.d.), Watson believes being an artist is part of our role and certainly part of caring for patients and their families. According to Cara (n.d.), Watson recognizes caring as the essence of nursing and also adds that caring can be viewed as the nurse’s moral belief of preserving human worth by assisting a person to find meaning in illness and suffering in order to restore or promote the person’s harmony. Watson’s caring theory corresponds to providing comfort measures as well by helping the cared-for to alleviate pain, stress, and suffering, as well as to promote well-being and healing (Cara, n.d). Cara (n.d.) found that Watson’s (1999) present definition includes “caring as a special way of being-in-relation with one’s self, with others, and the broader environment” (p.8). Such a relationship calls for both a meaning and a responsibility to care for the individual. In other words, the nurse has to be aware and take on the care in order to connect and establish a relationship with the patient to promote health/healing (Cara, n.d).

Watson’s Theory of Transpersonal Caring bases 10 carative factors that play a role in nursing practice. These concepts are unique in that each carative factor has a dynamic element that is comparative to the person involved in the relationship encompassed by nursing (Tomey & Alligood, 2006). Tomey & Alligood (2006) state that “using the 10 carative factors, the nurse provides care to various patients. Each carative factor describes the caring process of how a patient attains, or maintains health or dies a peaceful death” (p.99). On the other hand, Watson describes curing as a medical term, such as the removal of disease. This definition of curing being different from caring explains nursing being distinctive from medicine and classifies nursing as an individual science (Tomey & Alligood, 2006). These carative factors embrace:

1. Formation of humanistic-altruistic system of values
2. Instillation of faith-hope
3. Cultivation of sensitivity to self and to others
4. Development of a helping-trust relationship
5. Promotion and acceptance of the expression of positive and negative feelings
6. Systematic use of the scientific problem-solving method for decision making
7. Promotion of interpersonal teaching-learning
8. Provision for supportive, protective, and corrective, mental, physical, sociocultural, and spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential phenomenological forces (Watson, 1979, p.9-10).

Watson’s ideas have progressed; she translated the 10 carative factors into caritas processes. These processes have a more spiritual dimension and an explicit suggestion of love and caring (Tomey & Alligood, 2006). The following interpretations of these processes are:

1. Practice of loving kindness and equanimity within context of caring consciousness.
2. Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and the one-being-cared-for.
3. Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self, opening to others with sensitivity and compassion
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for.
6. Creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within others’ frames of reference.
8. Creating healing environment at all levels (physical as well as non-physical), subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering “human care essentials,” which potentiate alignment of mind, body, spirit, wholeness, and unity of being in all aspects of care; tending to both the embodied spirit and evolving spiritual emergence.
10. Opening and attending to spiritual-mysterious and existential dimensions of one’s own life-death; soul care for self and the one-being-cared-for (Parker, 2006, p. 298)

Watson’s theory is being incorporated in the clinical setting. Many hospitals and institutions are seeking a more holistic approach to nursing care. They are integrating Watson’s theory and commitment to caring (Tomey & Alligood, 2006). Tomey & Alligood (2006) have found that many hospitals with magnet status have acquired interest of Watson’s theory to make a framework for transforming nursing practice. Her theory is being used in a variety of nursing settings and by various people and populations. This model can be demonstrated in clinical settings such as critical care units, neonatal intensive units, pediatric units, and gerontological units (Tomey & Alligood, 2006).

My practice as a critical care nurse often seems task oriented. When I provide care for a vented, sedated patient, I try to provide a tranquil, soothing environment that aids in the healing process and relaxing the family. In addition, I make an effort to communicate to the patient to the best of my ability, knowing that often the individual cannot communicate to me. By providing a safe environment, protecting the patient’s privacy and dignity, I build trust with the patient and the family. In addition, I make an effort to keep the patient as comfortable as possible by keeping them clean and changing his or her positions. Using Watson’s theory in my clinical practice enables me to treat and care for my patient as a whole being, rather than a medical diagnosis. Watson thinks we can become better nurses by life experiences, and when we look at our patients with empathy.

According to Watson, the nursing process has the same steps as the scientific process so her Transpersonal Theory of Caring is used as a framework for patient assessment. Both these processes try to solve a problem and provide a framework for decision-making (“Nursing Theories”, 2010). This process is as follows:

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. (“Nursing Theories”, 2010).

Watson’s caring model is taught in many bachelor nursing curriculums in the United States as well as in Australia, Sweden, Finland, and the United Kingdom. Watson is an advocate for a strong liberal arts background. She believes this is essential to the process of holistic care and the studies of the humanities increases thinking skills and personal growth (Tomey & Alligood, 2006).

Another way Watson’s Theory of Transpersonal Caring can be applied to education is through the simple way educators instruct their students. Transpersonal caring is shown when an instructor uses a teaching moment to show an opportunity of caring between the nurse and patient.

Watson’s Theory of Transpersonal Caring obtains a moral and philosophical basis for nursing. In addition, the theory addresses characteristics of maintaining wellness and experiencing a peaceful death (Tomey & Alligood, 2006). Although Watson provides guidelines for nurse-patient interactions, her theory does not provide definite directions to the nurse to achieve healthy-caring relationships (Tomey & Alligood, 2006). Also, Watson’s theory places the patient as the focus of practice, rather than technology or a diagnosis (“Nursing Theories”, 2010). Another strength of Watson’s theory is “besides assisting in providing the quality of care that client ought to receive, it also provides the soul satisfying care for which many nurses enter the profession” (“Nursing Theories”, 2010).

There are some limitations to Watson’s Theory of Transpersonal Caring. One limitation is that given the acuity of patients in hospitals, the shortened length of stay, and the increasing difficulty of technology, it is difficult because of increasing demands on nurse’s time to implement the caring theory (Tomey & Alligood, 2006). In addition, the 10 carative factors explain only the psychosocial needs of the patient (“Nursing Theories”, 2010). Also, Watson’s ten carative factors need further research to exhibit their application to nursing practice (“Nursing Theories”, 2010).

Overall Watson’s Theory of Transpersonal Caring provides dimensions to practice that are both satisfying and challenging (“Nursing Theories”, 2010). Watson’s theory presents an effective and influential orientation for the delivery of nursing care (Tomey & Alligood, 2006). Tomey & Alligood (2006) state, “Watson’s theoretical concepts, such as the use of self, patient-identified needs, the caring process, and the spiritual sense of being human, may help nurses find meaning and harmony in a period of increasing complexity (p.105). As nurses, providing care to others aids in therapeutic outcomes to us as well as better patient outcomes.

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| --- | --- | --- |
| **Grading Rubric for Theory Paper** | Possible points | Points Earned |
| 1. **Introduction of theory/model** |  |  |
| a. Introduction clear and well focused | 5 | 5 |
| b. History and significance of model | 5 | 5 |
|  |  |  |
| 2. **Analysis of Model** |  |  |
| a. Explain the model in terms of: Person, Environment, Health, and Nursing. | 10 | 10 |
| b. Explain other concepts that are unique to the model. | 10 | 10 |
| c. Demonstrate how the model can be used in clinical practice. | 10 | 10 |
| d. Explain how the model can be used as a *Framework for patient assessment.* | 10 | 10 |
| e. Explain the model within the context of nursing education. | 10 | 10 |
| f. Identify strengths and limitations of the model. | 10 | 10 |
| g. Analyze the model overall, demonstrating new insights about the model. | 10 | 10 |
| 3. **Evidence of Academic Writing** |  |  |
| a. Development of a clear, logical, well-supported paper; demonstrating original thought and content. | 5 | 5 |
| b. Evidence of research with a minimum of 2 research articles in addition to the course required texts. Correct acknowledgement of sources using APA style referencing. Attaches APA checklist | 5 | 5 |
| c. Overall presentation; grammar, spelling, punctuation, clean and legible. | 5 | 5 |
| d. Stays within page limit which includes: one cover page, one reference page, body of paper is to have a maximum of 5 pages and a minimum of 3 full pages. | 5 | 5 |
| Total Possible Points You really out did yourself on this one! Excellent, well thought out critique. Thank you for your tremendous efforts. They are appreciated!! | 100 | 100 |
| Total Points Earned |  |  |

**CHECKLIST FOR SUBMITTING PAPERS**

|  |  |
| --- | --- |
| **CHECK**  **DATE, TIME, & INITIAL** | **PROOFREAD FOR: APA ISSUES** |
|  | 1. **Page Numbers:**  Did you number your pages using the automatic functions of your Word program? [p. 230 and example on p. 40)] |
|  | 2. **Running head:** Does the Running head: have a small “h”? Is it on every page? Is it less than 50 spaces total? Is the title of the Running head in all caps? Is it 1” from the top of your title page? (Should be a few words from the title of your paper). [p. 229 and example on p. 40] |
|  | 3. **Abstract:** Make sure your abstract begins on a new page. Is there a label of Abstract and it is centered at the top of the page? Is it a single paragraph? Is the paragraph flush with the margin without an indentation? Is your abstract a summary of your entire paper? Remember it is not an introduction to your paper. Someone should be able to read the abstract and know what to find in your paper. [p. 25 and example on p. 41] |
|  | 4. **Introduction:** Did you repeat the title of your paper on your first page of content? Do not use ‘Introduction’ as a heading following the title. The first paragraph clearly implies the introduction and no heading are needed. [p. 27 and example on p. 42] |
|  | 5. **Margins:** Did you leave 1” on all sides? [p. 229] |
|  | 6. **Double-spacing:** Did you double-space throughout? No triple or extra spaces between sections or paragraphs except in special circumstances. This includes the reference page. [p. 229 and example on p. 40-59] |
|  | 7. **Line Length and Alignment:** Did youuse the flush-left style, and leave the right margin uneven, or ragged? [p. 229] |
|  | 8. **Paragraphs and Indentation:** Did you indent the first line of every paragraph? See P. 229 for exceptions. |
|  | 9. **Spacing After Punctuation Marks:** Did you space once at the end of separate parts of a reference and initials in a person’s name? Do not space after periods in abbreviations. Space twice after punctuation marks at the end of a sentence. [p. 87-88] |
|  | 10. **Typeface:** Did you use Times Roman 12-point font? [p. 228] |
|  | 9. **Abbreviation:** Did you explain each abbreviation the first time you used it? [p. 106-111] |
|  | 11. **Plagiarism:** Cite all sources! If you say something that is not your original idea, it must be cited. You may be citing many times…this is what you are supposed to be doing! [p. 170] |
|  | 12. **Direct Quote:** A direct quote is exact words taken from another. An example with citation would look like this:  “The variables that impact the etiology and the human response to various disease states will be explored” (Bell-Scriber, 2007, p. 1).  Please note where the quotation marks are placed, where the final period is placed, no first name of author, and inclusion of page number, etc. Do all direct quotes look like this? [p. 170-172] |
|  | 13. **Quotes Over 40 Words:** Did you make block quotes out of any direct quotes that are 40 words or longer? [p. 170-172] |
|  | 14. **Paraphrase:** A paraphrase citation would look like this:  Patients respond to illnesses in various ways depending on a number of factors that will be explored (Bell-Scriber, 2007). Do all paraphrased citations look like this? [p. 171 and multiple examples in text on p. 40-59] |
|  | 15. **Headings:** Did you check your headings for proper levels? [p. 62-63]. |
|  | 16. **General Guidelines for** **References:**  **A.** Did you start the References on a new page? [p. 37]  **B.** Did you cut and paste references on your reference page? If so, check to make sure they are in correct APA format. Often they are not and must be adapted. Make sure all fonts are the same.  **C.** Is your reference list double spaced with hanging indents? [p. 37] |
|  | **PROOFREAD FOR GRAMMAR, SPELLING, PUNCTUATION, & STRUCTURE** |
|  | 13. Did you follow the assignment rubric? Did you make headings that address each major section? (Required to point out where you addressed each section.) |
|  | 14. Watch for run-on or long, cumbersome sentences. Read it out loud without pausing unless punctuation is present. If you become breathless or it doesn’t make sense, you need to rephrase or break the sentence into 2 or more smaller sentences. Did you do this? |
|  | 15. Wordiness: check for the words “that”, and “the”. If not necessary, did you omit? |
|  | 16. Conversational tone: Don’t write as if you are talking to someone in a casual way. For example, “Well so I couldn’t believe nurses did such things!” or “I was in total shock over that.” Did you stay in a formal/professional tone? |
|  | 17. Avoid contractions. i.e. don’t, can’t, won’t, etc. Did you spell these out? |
|  | 18. Did you check to make sure there are no hyphens and broken words in the right margin? |
|  | 19. Do not use “etc.” or "i.e." in formal writing unless in parenthesis. Did you check for improper use of etc. & i.e.? |
|  | 20. Stay in subject agreement. When referring to 1 nurse, don’t refer to the nurse as “they” or “them”. Also, in referring to a human, don’t refer to the person as “that”, but rather “who”. For example: The nurse that gave the injection….” Should be “The nurse who gave the injection…” Did you check for subject agreement? Likewise, don’t refer to “us”, “we”, “our”, within the paper…this is not about you and me. Be clear in identifying. For example don’t say “Our profession uses empirical data to support ….” . Instead say “The nursing profession uses empirical data….. |
|  | 21. Did you check your sentences to make sure you did not end them with a preposition? For example, “I witnessed activities that I was not happy with.” Instead, “I witnessed activities with which I was not happy.” |
|  | 22. Did you run a Spellcheck? Did you proofread in addition to running the Spellcheck? |
|  | 23. Did you have other people read your paper? Did they find any areas confusing? |
|  | 24. Did you include a summary or conclusion heading and section to wrap up your paper? |
|  | 25. Do not use “we” “us” “our” “you” “I” etc. in a formal paper! Did you remove these words? |
|  | 26. Does your paper have sentence fragments? Do you have complete sentences? |
|  | 27. Did you check apostrophes for correct possessive use. Don’t use apostrophes unless it is showing possession and then be sure it is in the correct location. The exception is with the word it. It’s = it is. Its is possessive. |

Signing below indicates you have proofread your paper for the errors in the checklist:

Kelly Price\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A peer needs to proofread your paper checking for errors in the listed areas and sign below:

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