Nursing Model: Jean Watson's Caring Theory

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Watson's model of caring was developed originally in the 1970's and amended many times to the postmodern transpersonal caring-healing paradigm (1999) which is applicable to the practice of nursing and other disciplines (Fitzpatrick & Whall, 2005) . Watson believes that many concepts identified by Florence Nightingale and other leaders in nursing are still valid to modern clinicians and has adopted these traditional concepts into her caring model. Such themes include, "the view of the human as a valued person in and of him-or herself to be cared for, respected, nurtured, understood and assisted" as well as, "an emphasis on human-to-human care transaction between the nurse and person." Fitzpatrick and Whall also explain that Watson believes both client and practitioner are to actively participate in healing and caring by, "experiencing the quantum energy fields conducive to healing from a spiritual, mystical environment" (2005, p. 297). Many of her concepts have a spiritual element that affects both the nurse and the client, allowing them to connect deeply and transcend the moment (Fitzpatrick & Whall, 2005).

Watson's model can best be described in terms of the nursing metaparadigm. When describing nursing, Watson proclaims that caring is the "moral ideal" (1988, p.54). She explains that contact between two human beings can help the ill discover new knowledge that will assist with recovery and promote harmony. The nurse is involved in a partnership with the patient in the caring process in which the goal is intersubjectivity. Watson explains that because nursing is a human science, there are important moral, spiritual and metaphysical components and we can use our spirits to relate to others (Watson, 1988).   In describing the person, Watson believes that the person has three elements within them which are the mind, body and soul, all of which are influenced by the self. A person is both a physical being and a spiritual being, with an individual experience and existence. She describes a person as, "the experiencing or perceiving organism.

The person and the self are the same when the person is congruent with the real self. That occurs when there is harmony in the mind, body and soul of the person" (Watson, 1988, p.55). The previous sentiment about harmony between all three aspects of person can be used to describe health. Health also encompasses unity of the self with others and the environment (Fitzpatrick & Whall, 2005). Health and the client's perceived sense of health must be in balance as well for true health to exist (Watson, 1988). Her original definition of health was based on the World Health Organization's model which and then transformed into a more unconventional and spirituality influenced as the model developed (Fitzpatrick & Whall, 2005). Watson discusses environment in more abstract terms. Environments should be transformative in nature. She believes that caring and healing must be able take place in an environment that the nurse helps create. The nurse helps regulate the environment, making sure all factors for healing are present, such as support, protection and spirituality (Fitzpatrick & Whall, 2005).

Watson describes ten central components called "carative factors" that serve as the basis of her theory. These carative factors transcend many of the traditional ideas of nursing yet evoke the dogma of Nightingale (Fitzpatrick & Whall, 2005). Major points of the carative factors include altruism, love, trust, creativity, teaching, and spirituality (Watson, 1988). The factors can be used as an entry way into the theory and be built upon to comprehend more philosophical and complex themes. It is evident that these carative factors influence her beliefs on all aspects of the nursing metaparadigm.

Watson's model of caring supports the huge paradigm shift in the field of nursing. The curriculum revolution, as it has been called, has focused on departing from the conventional behaviorist and medical model to one rooted in humanistic values with caring as its central focus. Bevis states, "Nursing has a social mandate toward shaping a healthcare system that is more

efficacious, just, equitable and caring" (1993, p. 56). Many scholars support this shift and

Watson's model that embodies caring, transpersonal relationships and spirituality fits well within

this newer set of beliefs. Interestingly, caring is far from a new concept. While it may be

traditional it is also unique to the field of nursing, and many educators and experts believe it is an

essential component to the curriculum. Integrating caring into curriculum is especially important

in today's healthcare environment, where high patient acuity and technological advances threaten

the sacredness of the nurse patient relationship (Watson, 2009). When a college or university

adopts Watson's theory as a framework, a nursing student obtains an education that has caring

central to all aspects of the curriculum. Therefore, her model and concepts within the model are

used in many nursing curriculums today.

If one is to explore educational philosophies of nursing schools, almost all make some

reference to caring. Not surprisingly, the caring model has been used at the University of

Colorado where Watson serves as professor. The College's values include the belief that,

"Nursing is a theory-guided, evidence-based practice, focused on holistic, relationship-centered

caring that facilitates health and healing"

(http://www.ucdenver.edu/academics/colleges/nursing/about-us/deans-

office/Pages/philosophy.aspx). Certain Universities have used Dr. Watson's caring model as an

influence and formed their own theories based on her core beliefs, such as Watson did with

Rogers. At the Catholic University of America, Dr. Duffy created the Quality Caring Model. It

is described as a, "mid-range theory reflect[ing] nursing's unique role within a multidisciplinary

health care system and places caring relationships at the center of nurses' work"

(http://nursing.cua.edu/qualitycaring/). Similar to Watson's beliefs, this theory places

importance on relationships and the interaction between the patient and nurse where caring can occur and is paramount.

A multitude of studies have been performed nationally and worldwide focused on the integration of caring into the nursing curriculum. For example, a study by Sawatzky, et. al., aimed to show that a caring model can also be applied to nursing education as well as patient care. She argues that one's teaching philosophy should be intertwined with one's own nursing philosophy, and caring is at the root of nursing (Sawatzky, et. al, 2009). In Watson's caring model, she emphasizes the importance of the nurse – client relationship. She identifies the agent of change in the healing process as an "intersubjective interdependent process wherein both persons may transcend self and usual experiences" (Watson, 1988, p.70). Nursing researchers claim that this personal relationship applied to the client and nurse also applied to student teacher interactions (Sawatzky, et. al., 2009). The study also suggests that the nurse educator with a strong caring ethic should serve as a role model for the student. As a result, their beliefs will pervade all aspects of the curriculum and the student will learn similar values (Sawatzky, et. al., 2009). Cook and Cullen studied the restructuring of an associate degree nursing program using Watson's caring model (2003). The program specificities were adequately described and could be easily replicated by an institution. This study used the carative factors as an introductory method to help students begin to understand about caring. Later, students used the factors to help identify clients' needs and analyze the incorporation of caring into patient care focusing on the more complex and abstract definitions of caring (Cook & Cullen, 2003).

According to certain supporters of the caring curriculum shift, behaviorist values stifle creativity and do not facilitate critical thinking (Bevis, 1993). Using a framework such as

Watson's to build a curriculum helps interject themes of caring and altruism into content based courses, which helps reinforce the importance of adoption and implementation of such values in patient interactions. Adopting a caring model into ones curriculum must have educators whom also share this philosophy and use caring in their practice. It is postulated that students learn caring by modeling so it is especially important that faculty members treat students respectfully, feel good about themselves and confident in their teaching roles (Bauer, 1990). Additionally, in a clinical setting, students observe caring interactions and learn from experiencing faculty interactions with patients (Cook & Cullen, 2003).

The humanistic philosophy at its core emphasizes the respect and love for all human beings (Billings & Halstead, 2009). This concept of altruism is clear throughout Watson's caring model. In her caritas processes a, "humanistic-altruistic system of values" is the first concept listed (Watson, 1988). Watson believes that caring is a moral commitment to humanity that can spiritually benefit the nurse as well as the welfare of others (Watson, 1988). Both Watson and Nightingale believe in a "calling" that brings people to the profession of nursing. This sense of calling is rooted in love and reverence for all human beings (Watson, 1988).

Watson was influenced by Carl Rogers, one of the innovators of the humanistic approach to psychology. Like Rogers, Watson believed that one must have a harmony and balance within oneself to be capable of knowing and caring for another (Fitzpatrick & Whall, 2005). Much of her beliefs about the "transpersonal relationship" have been influenced by Rogers as well. The transpersonal relationship requires both the nurse and client to explore their own beliefs within themselves in order to maximize their experience as a human being. Watson believes that, "self-knowing is the foundation for loving and accepting the human experience of others" (Fitzpatrick

& Whall, 2005, p.313). In humanism, the ultimate goal is to treat other human beings with dignity and respect. This goal could be considered equitable to the definition of caring.

One could easily compare the relationship between the student and teacher in the humanistic educational philosophy with the nurse – client relationship in Watson's model. When utilizing a humanistic educational philosophy, the teacher serves at the facilitator of learning, rather than adopting an authoritarian position (Billings & Halstead, 2009). The relationship between the teacher and student could be described as a partnership. Learning occurs primarily within the student and the teacher's goal is to assist the student on the journey where learning can occur. The student serves as the agent of change, and the teacher supports the student in maximizing their potential. The relationship between student and teacher is more egalitarian and collaborative in nature, compared to traditional paradigms. When describing nurse client relationships, the nurse similarly is a collaborator in the healing process and helps promote positive change within the patient (Fitzpatrick & Whall, 2005). The nurse aims to promote autonomy and freedom of choice in client interactions (Fitzpatrick & Whall, 2005).   When a caring relationship occurs, it allows the client can move towards a more enlightened self (Watson, 1988). Both the teacher and the nurse's ultimate goal is the formation of a collaborative relationship in which change can occur.

Self actualization is a common theme in both the theory and humanistic philosophy. Humanists believe that self-actualization is an important to achieve in one's life. Maslow describes self actualization as the desire to reach ones full potential, synonymous with self – fulfillment (Maslow, 1943). Once basic, essential needs are met, the person strives to achieve what they are meant to do, thus becoming self-actualized (Maslow, 1943). In a transpersonal relationship between the nurse and client, "focuses our self-development and expression on

deeper, more spiritual, even cosmic concerns than emanate from the personal and intersubjective" (Watson, 1994, p.5). When the nurse is active in the caring process and utilizes the carative factors, self actualization and heightened levels of consciousness can be achieved (Fitzpatrick & Whall, 2005). In this relationship, the nurse must explore her own beliefs and try to embrace the caring processes which can result in actualization of her own spirit (Fitzpatrick & Whall, 2005). In addition to the nurse achieving self actualization, the primary goal is facilitation of self actualization in the client. She states, "The goal of nursing proposed is to help persons gain a higher degree of harmony within the mind, body, and soul which generates self-knowledge, self-reverence, self-healing, and self care processes while allowing increasing diversity" (Watson, 1988, p.49). By assisting clients in finding meaning behind their illness, the nurse aids in the achievement of self-actualization while often achieving it herself as a secondary response.

In Watson's model, there is perhaps more emphasis on spirituality and mysticism than in the humanistic paradigm. Watson speaks much of the transpersonal relationship which occurs with human to human interaction.   She states, "if the caring moment is transpersonal, each feels a connection with the other at the spirit level, thus it transcends time and space" (Watson, 1985, p.157). When educating students in the humanistic philosophy, students are often asked to engage in self-reflection of experiences in order to extract meaning (Billings & Halstead, 2009). Perhaps this could be considered spiritual in nature; however it seems that the concept of spirituality is most apparent in Watson's theory, with more emphasis on cosmic and mystical effects.

The caring model has been criticized for language that is abstract and vague. The semantic consistency has been compromised due to the evolution and republications of the

theory (Fitzpatrick & Whall, 2005). Watson has borrowed components from philosophy, spirituality and mysticism, and existentialism which cause difficulty for the reader to abstract meaning from her works (Fitzpatrick & Whall, 2005). She also references metaphysical and epistemological concepts, which make those without a background in psychology and philosophy at a disadvantage for total theory comprehension. Watson's writing style is not necessarily concise making it difficult to decipher. For a novice nursing student with only a high school degree, this could pose a great problem. Students may be easily discouraged by these factors and although her concepts within the theory are relatively simple, it may be perceived as too abstract and confusing for curriculum application.

Additionally, critics question the practicality of such a model in today's healthcare environment, where the goal of care in many cases is to provide the best quality for the lowest cost. Nurses may not be able to maintain such personal and spiritual relationships with patients where acuity levels are high (Fitzpatrick & Whall, 2005). A novice nurse especially may be misguided by the interwoven caring theme and falsely prioritize emotional needs and thus neglect basic needs of the patient, such as medication administration and disease management. Watson however does acknowledge the change in acuity of healthcare today and claims that this is all the more reason to adopt a caring model in nursing, as this central nursing concept is being threatened by such an environment (2009).

Watson's model is most appropriately used to perform descriptive, qualitative, phenomenologic research (Fitzpatrick & Whall, 2005). This type of research adds to the body of nursing knowledge and aids nurses in understanding patient experiences. However, nurses must be able to conduct quantitative research, which is important for the implementation of evidence based practice. Evidence based practice is an important concern of policy makers and regulatory

agencies and Watson's model is not adequate in supporting such research methods. The caring

model may neglect to express the responsibility of the nurse to provide for the patients physical

needs, which is a primary role of the nurse as a member of the healthcare team. The model is

well suited for specialties such as palliative care, and oncology where death is imminent and

spiritual experiences and mysticism are high. This model may not work as well in certain areas

such as neurology or the ICU, where many patients are acutely ill, unconscious or heavily

sedated. The student may not find this theory applicable in such care opportunities.

     The strengths in Watson's model lie in its content. This model reminds and reinforces

the nurse to hold caring central to every action and thought while practicing. By utilizing this

framework in a curriculum, nursing students can truly understand the deeper meaning of what it

means to be a nurse, as caring is the essence of nursing. Also, by adopting this model personally

as a framework for care, the nurse can focus on the spiritual rewards that can be gained by

assisting others in the healing process. This is likely to increase the nurse's perception of the

overarching value of his/her profession which may increase job satisfaction and performance

(Bauer, 1990).   By adopting the caring model, nursing can have its own model and basis for

practice that is different from medical and more behaviorist models.

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