



Jean Watson's Theory of Human Caring: Theory Analysis

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Abstract:

Introduction:

The theory of human caring that was written by Jean Watson will be analyzed in a systematic manner below. I will be utilizing the guide for the critical reflection of theory that highlights most of Chinn & Kramer's (1999) work. This is in efforts to more easily conceptualize the theory and to create a richer understanding of Watson's theory of human caring.

Purpose:

Jean Watson is a very intelligent theorist that has gained a great bit of respect among the philosophical realm of the nursing profession. When analyzing Watson's Theory of Human Caring it appears simple at first but certainly has much more depth than what initially meets the eye. Jean Watson states herself that she developed this theory in efforts to help fill a void in the nursing profession (Watson Caring Science Institute [WCSI], n.d.-a.). She further stated that she felt that nursing was driven primarily from a medical and diagnostic perspective that heavily intertwined the taskings and procedure, however lacked the philosophical framework and sociopolitical context of the caring that nurses embody with each patient exchange (WCSI, n.d.-a.). Watson Caring Science Institute (n.d.-a) shows Watson speaking to her experience in psychiatric nursing and how it influenced the development of the theory, as well as the team and leadership at her first nursing job were progressive, and highly they encouraged a genuine human-to-human connection with patients.

Early in Watson's career she gave credit to Jungian psychology, feminist theory, and Maslow's psychological concept of self-actualization (Butts & Rich, 2022). Watson initially developed the theory to be utilized on an individual basis (Rafael, 200). However, as Watson has continued to update her theories they have grown into a systematic approach to nursing and she has confirmed motivation from the sciences, humanities, and Buddhism as well as leaders within nursing theorists' community such as Nightingale, Peplau, and Leininger (Butts & Rich, 2022). Looking at the end state of the theory, it is clear that Watson desires that all nurses use this theory to help with establishing a helpful and trustful relationship with their patients (Butts & Rich, 2022).

Clarity and Concepts:

Watson breaks the theory of caring into smaller digestible concepts and sub-concepts. There are 4 concepts noted in Watson's caring theory, which are human, health, environment, and nursing (Gonzalo, 2023). The definition of these remain quite clear as they align with the 4 main metaparadigms annotated amongst the philosophical community. However, due to the broad nature of caring there are a total of 10 concepts that Watson titles the

10 carative factors. Watson has been noted to have adapted these from the Yalom's 11 carative factors (Butts & Rich, 2022). Watson revised the carative factors into caritas process to be implemented into the clinical environment (Gonzalo, 2023). The caritas process helps to improve the patient's thought process regarding their disease in those caring moments (Nikfarid et al., 2018). The carative factors are as follows (Gonzalo, 2023);

1. "The formation of a humanistic-altruistic system of values."
2. "The instillation of faith-hope."
3. "The cultivation of sensitivity to oneself and others."
4. "Development of a helping-trust relationship" became "development of a helping-trusting, human caring relation."
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" became "systematic use of a creative problem-solving caring process."
7. "The promotion of transpersonal teaching-learning."
8. "The provision of the supportive, protective, and (or) corrective mental, physical, societal, and spiritual environment."
9. "The assistance with the gratification of human needs."
10. "The allowance for existential-phenomenological forces" became "allowance for existential-phenomenological spiritual forces."

Watson developed the theory to be simplistic in design and did a great job at not integrating complexity into specific parts of the theory. She intended to utilize this theory to explain the holistic approach of integrating the patient's harmony within their own body, soul, and mind rather than on physical health outcomes alone (Carla, 2020). Watson does not establish her own vernacular as do some theorists nor does she borrow words from other disciplines. Watson is a deeply passionate theorist and provides a great amount of structure in her caring theory but not to an excess of verbiage. While analyzing this theory there is a singular diagram that is recalled. It is a detailed image that provides the mission statement, the ten caritas, and maintains the patient and their family at the center of the design. This is indicative of what the goal is of the caring theory. As the objective of the caring theory is to place the patient at the core and to take all necessary actions to care for patients, Watson (2015) states "it is truly in our heart where caring resides". Thus, the diagram is beneficial in helping to illustrate the desired outcome of the theory.



(Watson's Caring Theory, n.d.)

Assumptions of Caring Theory:

Assumptions within the caring theory are plentiful, and the purposes remain consistent with each other.

Watson's model makes seven assumptions: [1] Caring can be effectively demonstrated and practiced only interpersonally. [2] Caring consists of carative factors that result in the satisfaction of certain human needs. [3] Effective caring promotes health and individual or family growth. [4] Caring responses accept the patient as he or she is now, as well as what he or she may become. [5] A caring environment offers the development of potential while allowing the patient to choose the best action for themselves at a given point in time. [6] The science of caring is complementary to the science of curing. [7] The practice of caring is central to nursing (Gonzalo, 2023, section 4).

Watson integrates the view of person and environment heavily into her theory and assumptions as she uses the 4 metaparadigms as a foundation for her concepts. The terms within her assumptions are consistent throughout the caring theory.

Connections between the assumptions are natural in their progression for a bedside provider, as it goes hand-in-hand with how the typical nurse-patient relationship coexists.

Diagramming the assumptions would be difficult, however the theory has an effective diagram that Watson developed as seen above regarding the overall caring theory. While each assumption is understandable and could stand alone, they have a consistent theme of caring and act better together. From a nurse's perspective

Jean Watson does a great job at relating the caring theory to current nursing practice (Carla, 2020).

Universal Approach:

Watson's caring theory is all encompassing regarding the nursing profession. There are nursing schools who have based their full curriculum on this theory as it is integral in every aspect of nursing, as we are in the human business. This theory is mostly specific to nursing, researchers outside of nursing have stated that theory presents more complex in nature (Carla, 2020). Although there are no sub-purposes, the caring theory has been widely incorporated into multiple facets of nursing due to the direct correlation with nursing actions and purpose (Carla, 2020). The concepts are most certainly broad as they align with the 4 metaparadigms which are broad enough to encompass most philosophies and theories.

Personal Thoughts on the Theory:

Even though I am not a huge lover of philosophy I have come to love Jean Watson's work, specifically the caring theory. I personally use this theory with every patient interaction that I have. I also see the relevancy of the theory and believe that when implemented appropriately that both the nurse and patient benefit from it. I believe this theory not only has potential to influence nursing actions, but it will conform all nursing actions to a genuine experience of caring. Watson's theory certainly has impacted both research and education, so much so that some universities are using her theories as a foundation for their curriculum.

I believe that both the implied and stated purposes are important to nursing practice with the core principle being sincere caring for one another. There is absolutely no way that the use of genuine caring would hinder the nursing profession. I feel that the theory is forward-looking, as is Jean Watson. My reasoning for this thought is that Watson has repetitively updated her theories to stay current with nursing practice and I believe she will continue to do so. I believe a lot of research has already been done regarding this theory, however further research would certainly be welcomed to continue to show its relevance as nursing is ever evolving.

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