

Caring as the essence and science of Nursing and health care

O cuidar como essência e ciência da enfermagem e dos cuidados médicos

El cuidar como la esencia y la ciencia de la enfermería y de los cuidados médicos

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ABSTRACT: Human Caring is part of the human condition and a way of Being Human. Caring is found throughout time. Moreover, the notion of 'caring' in nursing has been a given throughout its history. In the past 3 decades or so, professional human caring has been increasingly acknowledged as the essence and core of professional nursing. This focus is evident in nursing practice, nursing theories, nursing curricula, and nursing's philosophical and ethical perspective toward humanity and patient caring relationships. In this paper, I present the main tenets of works by means of which I have posited Caring as the disciplinary foundation for nursing and have put forward Caring Science as an evolved view of nursing and human sciences (WATSON, 1979, 1985, 1999, 2005, 2008).

KEYWORDS: Human Caring. Nursing. Health care.

RESUMO: O cuidar humano é parte da condição humana e uma maneira de Ser Humano. Cuidar é algo que se faz presente ao longo do tempo. Além disso, a noção de "cuidar" em enfermagem tem sido tida por certa durante toda a sua história. Nas três últimas décadas, o cuidar humano profissional foi reconhecido cada vez mais como a essência e o núcleo da enfermagem profissional. O foco no cuidar é evidente na prática da enfermagem, nas teorias da enfermagem, nos currículos da enfermagem e na perspectiva filosófica e ética da enfermagem como relação à humanidade e aos relacionamentos de cuidado com os pacientes. Neste artigo, apresento os princípios dos trabalhos mais importantes nos quais postulei o Cuidar como o fundamento disciplinar da enfermagem e para propor a ciência do Cuidar como uma concepção avançada da enfermagem e das ciências humanas (WATSON, 1979, 1985, 1999, 2005, 2008).

PALAVRAS-CHAVE: Cuidar Humano. Enfermagem. Cuidados médicos.

RESUMEN: El cuidar humano es parte de la condición humana y una manera de Ser Humano. El cuidar se presenta a través de la historia humana. Por otra parte, la noción de "cuidar" en el oficio de enfermería ha sido considerada su esencia a través de su historia. En las últimas 3 décadas, se ha reconocido cada vez más el cuidar humano profesional como la esencia y la base de la enfermería profesional. Este foco es evidente en la práctica de enfermería, las teorías de la enfermería, currículos de enfermería y la perspectiva filosófica y ética de la enfermería hacia la humanidad y las relaciones de cuidados con los pacientes. En este artículo, presento las principales bases de los trabajos por medio de los cuales he postulado el cuidar como la fundación disciplinaria para la enfermería y he propuesto la ciencia del cuidar como una concepción más avanzada del cuidado y de las ciencias humanas (WATSON, 1979, 1985, 1999, 2005, 2008).

PALABRAS LLAVE: Cuidar humano. Enfermería. Cuidados médicos.

Human Caring is part of the human condition and a way of Being Human. Caring is found throughout time. Moreover, the notion of 'caring' in nursing has been a given throughout its history.

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tive toward humanity and patient caring relationships. Watson has posited Caring as the disciplinary foundation for nursing and put forward Caring Science as an evolved view of nursing and human sciences (1979, 1985, 1999, 2005, 2008).

Caring Science

Within a framework of Caring Science there are basic assumptions that differ from medical science¹. These assumptions include

an *Honoring of the following*: infinity of the human spirit and the evolving universe; ancient and emerging cosmology of a unity consciousness of related of All; the world view (ontology) as ethic related to an Ethic of Belonging (acknowledging our connectedness with infinity field of spirit, before our separate physical being¹; the moral position of sustaining the infinity and mystery of the human condition and keeping alive the evolving human spirit across time, in order to *face*

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and deepen our humanity; an ethical awareness that *we hold another person's life in our hands*; this sovereign expression of life is given to us, before and beyond our control with expressions of trust, love, caring, honesty, forgiveness, gratitude and so on; transpersonal perspective that goes beyond ego fixations and obsessive feelings that are negative expressions of life; the relationship between our consciousness, words, and thoughts and how they positively or negatively affect our energetic –transpersonal field of Being/ Becoming and Belonging; thus our consciousness affects our ability to connect, to 'be-in-right-relation' with Source; the infinite universal Cosmic field of Love.

In this evolved view of science and a starting point of Caring and Humanity as ethic, we can appreciate, honor and face the reality that life is given to us as a gift. We are invited to sustain and deepen our own and other's humanity as our moral and ethical starting point for professional caring-healing.

These views of Caring Science are not unlike Nightingale's notion of natural healing processes, which draw upon spiritual dimensions that are the greatest source of healing (1969). During the last 3 decades there is an increasing attention to Caring in nursing as the ethical *core* and stable essence of professional nursing, in contrast to changing dimensions Watson referred to as *trim*.

10 Caritas Processes as core of Caring

The most recent work on Caring by Watson (2008)² builds upon the original 10 Carative factors and extends them as 10 *Caritas* Processes (bringing together caring and Love) as the fully mature practices of caring. These processes are based upon worldview and ethic of

relatedness, and unitary consciousness. It involves an intentionality and caring consciousness, which has to be cultivated and lived out in daily personal/professional life. These 10 processes include the following:

1. Practice of Loving-kindness and equanimity within the context of caring consciousness (a caring consciousness carries higher energy vibrations from our heart-center, the Source of our humanity, connecting human-to- human; heart- to- heart; spirit –to- spirit from one to another).
2. Being authentically present in the moment, acknowledging and allowing for the deep belief system and subjective life-world of self and other (instilling faith and hope).
3. Cultivating one's own spiritual practices with comprehension of interconnectedness that goes beyond the individual and opens one to Source and evolving consciousness.
4. Developing and sustaining authentic heart-centered, authentic caring relationship with self and other.
5. Being present to and supportive of the expression of positive and negative feelings, arising in self and other (with an understanding that all of these feelings come and go and need to be recognized and honored).
6. Creatively using all ways of knowing, Being and doing as integral to caring process in solving problems/ seeking solutions for patients/families/ community.
7. Engaging in genuine teaching-learning experiences that arise from an understanding of interconnectedness.
8. Creating and sustaining a healing environment at physi-

cal observable level, and also at non-physical, subtle energy level; whereby energetic consciousness of Caritas radiates the field, wholeness, beauty, comfort, dignity, peace, calm are communicated.

9. Administrating human care essentials, helping another with basic human needs, with an intentional caring consciousness that honors unity of mindbody-spirit and wholeness in all aspects of care.
10. Opening and attending to the spiritual mysterious and existential unknowns in life/death, health, illness - 'allowing for miracles'.

These Caritas Processes acknowledge the unitary energetic nature of all of life and life journey. These processes can be considered holographically in that the whole is in any part and any part is in the whole.

Caritas Nurse: Caritas Nursing

What is emerging throughout the shift to Caritas process is an acknowledgement of a deeper more evolved form of nursing: *Caritas Nursing and the Caritas Nurse*. As each nurse evolves and nursing evolves we learn that the more evolved practitioner works from the higher/deeper dimensions of humanity and one's evolving consciousness. An evolved nurse cultivates the practices of *Caritas Nursing*. Another view of a *Caritas nurse* is one who is working from an open, intelligent heart-center, rather than from a less consciousness, head-center. The heart-centered evolved *Caritas Nursing* opens to transpersonal experiences in the caring moment. The *Caritas Nurse* is working more and more in awakening the heart-center to bring one's

full and open spirit-filled self to any caring occasion.

This model of Caritas thinking invites a total transformation of self and systems from within, the deep inner place within the creativity of the human heart, which connects us with Source to sustaining the human spirit. It is here in this form of evolved nursing that nurses find heart-centered caring as the source for compassion, wisdom, truth and authentic transpersonal caring.

Transpersonal Caring Relationship

Transpersonal Caring embodies a spirit to spirit, heart-to-heart connection through the full presence of the nurse with Caritas Loving consciousness and intentionality in the moment. Transpersonal caring radiates a field of caring beyond the two people, but a process that becomes part of the life journey and greater complexity of life. A transpersonal caring transcends time, space and physicality and affects both nurse and patient which both carry into their life processes as long as they live.

It is this human caring moment which informs the next moment and potentiates healing and wholeness. In this model of caring/ Caritas nursing is not just *doing*, but involves informed, consciousness intentional way of *Being*.

Caritas Ways of Being-Becoming

The following *Caritas Ways of Being* have been identified as another dimension of cultivating Caritas Processes in Professional Nursing Practices:

Caritas –Ways of Being-Becoming:

1. Loving Kindness

2. Heart-centered Authentic Presence
3. Compassionate Forgiveness
4. Gratitude- Appreciation
5. Energetic Caritas Consciousness evolution –personal spiritual practice
6. Opening - Giving –Receiving
7. Being Still- Silence – Holding the Still Point
8. Connecting with infinite cosmic field of Universal Love
9. Manifesting Caritas Field (to sustain caring and our humanity)
10. Other - infinite

It is in understanding and connecting with the deeply human dimensions of life/death that we open our hearts to human experiences of suffering, loss, search for meaning, which nurses face and witness daily, if not moment-by-moment. These deeply human conditions and experiences cannot be dealt with by technical competent and conventional evidence-based practice models of Western medical-nursing science. Thus, a model of Caring Science allows for the emergence of an evolved *Caritas Nurse*, it invites nurses into a deeper appreciation of the complexity of the human experiences, inner life journey and meaning of inter-subjective responses to caring, healing, illness, despair, disease, and death. It is this model which truly honors and opens to the unity of mindbodyspirit and our human –to-human connection with Source which unites All.

Current focus in Human Caring^a

Philosophies, ethics, and theories of nursing science have continued to evolve over the past two or

three decades. This has occurred largely in the academic world of nursing science, which often has disconnected nursing theory from nursing practices. However, during the past decade there has been special attention to theory-guided practice models and caring and healing relationships as the core of professional nursing. Concurrently, practitioners are seeking more authentic practices, giving meaning and purpose to their professional lives and work. Much of this changing consciousness has been triggered by the nursing shortage, nursing despair over system demands, as well as an awareness of a lack of human caring in our personal/professional lives, and in both systems and society.

Nurses are torn between the human caring values and the ‘calling’ that attracted them to the profession, and the technologically, high paced, task-oriented biomedical practices and institutional demands, heavy patient load, along with outdated industrial practice patterns⁴. It has been reported in some comprehensive summary research that nurses who are not able to practice caring can become hardened, brittle, worn down, and robot-like⁵.

Both practitioners and health systems now realize radical change from within is an essential and necessary requirement to reverse the non-caring trend many experience or witness in hospitals and health care today. In other words all the change approaches to date, attempt to solve the health care crisis in the USA and other Westernized countries by focusing on external issues and forces. These include such system solutions as economics, technology, management - organization, access control, and environmental hospitality models.

a. This section draws upon previous manuscript (Watson, 2009)³

Other proposed solutions focus on nursing recruitment and retention, better compensation packages, signing bonuses, relocation fees, and hiring increased numbers of minimally-educated laypersons or assistants. These tactics comprise superficial and short-term approaches, when what is needed is a deeper, philosophical, value-based approach relevant to sustaining the integrity and dignity of the profession of nursing, which has the largest number of practitioners in the healthcare system and in society.

The contrast is attending to the most fundamental resource and the most precious and powerful source for authentic reform/transformation of hospitals and clinical agencies: competent, compassionate, knowledgeable, and caring nurses and health practitioners. Nurses and practitioners who are literate with caring relationships are capable of having loving, caring, kind, and sensitively meaningful, personal connections with an increasingly enlightened public: a public seeking wholeness and spiritual connections for their wellbeing, not just sterile, depersonalized medical technological interventions, void of human-to-human caring relationships.

The underlying dissatisfaction with healthcare continues to include system cultures and routines which inhibit the ability of nurses to practice their own profession; the dominance of medical –institutional foci, and the quantity of time demands over the quality of direct-care person-centered relationships, and also caring and healing processes and practices. This tension continues in spite of marketing logos and slogans about “caring institutions”⁶.

Recent crises related to safety concerns have brought renewed attention to nursing and physician practices and how to address the

national crises in hospitals today. Increase demand for efficiency and quantity, for production and outcomes, set within an outdated industrial mindset, has led to more and more distancing between patients and practitioners, and between and among practitioners. The result is a culture which has lost its way, void of humanity and authentic human caring relationships, important communication, and connections, paving the way for even more increase in medical errors, safety violations and numbness among the practitioners.

Ultimately, the ability to resolve conflicts between what nursing *is* (viz., the theories, philosophies, ethics and knowledge that guide their professional/disciplinary practices) and *what nurses supposedly do*, may be the most critical challenge for the discipline and for the profession’s survival into this millennium, and thus may well impact all of health care, both nationally and internationally⁴. A values-based, theory guided approach to human caring and health care change helps to make visible a major shift that is required for authentic changes, in order for nursing and human caring to survive into this era.

Recently a number of hospitals in the United States have shifted toward explicit implementation of Human Caring theory as a guide toward professional nursing practice changes, as well as culture institutional changes. Some of this momentum is triggered by the American Nurses Credentialing Center, Magnet Hospital Program. Magnet hospitals must demonstrate criteria that recognize quality patient care, nursing excellence, and innovations in professional practice and also assure quality of care to consumers.

In recent years, many nursing leaders and administrators have been committed not only to meet-

ing Magnet criteria through transforming nursing, but also have sought to realize deeper levels of caring and helping practices for their nursing staff. Watson’s Theory of Human Caring is one prominent theoretical, ethical, philosophical framework in which nurses and administrators are engaged to inspire and transform nursing and health care for this work.

Some shifts of consciousness which underpins this movement and system attempts to resolve the moral/professional conflicts for nursing, include acknowledging⁶:

- human caring is not a commodity to be bought and sold;
- caring and economics are not mutually exclusive, and can co-exist to achieve cost-benefit/cost-effectiveness ;
- caring is a professional ethical covenant that nursing has with the public to sustain human caring in instances where it may be threatened; it necessarily involves something deeper and more substantial than a ‘customer’ model orientation;
- practitioners and patients alike require caring relationships and healing environments, if caring-healing practices are to be sustained within any health care setting.
- true transformation of health care ultimately has to come from a shift in consciousness and intentional actions of the practitioners themselves, changing health care from the inside out.

The evolving caring-healing practice environments are increasingly dependent on relationships, partnerships, negotiation, coordination, new forms of communication patterns and authentic connections. This awakening includes a shift toward a spiritualizing of health, in contrast to the

more conventional medical-clinical, techno-cure orientation to health and illness. These shifts in how health and healthcare is perceived, have arisen from the public, and demand of nursing and health care administrators to develop creative solutions, that transcend the ubiquitous and ineffective fix-it models.

Emerging Models of Caring – Healing

In the past decade or so, increasing number of hospitals and academic programs in the United States and other parts of the world, have begun to use Watson's Theory of Human Caring in very specific ways, as a guide to changing nursing practice – and ultimately changing the culture of hospital nursing and academic nursing. (For more information, see websites: www.watsoncaringscience.org; www.nursing.ucdenver.edu/caring

"This theory/philosophy involves making explicit human caring and relationship-centered caring is a foundational ethic for healing practices; it honors the unity of the whole human being, while also attending to creating a healing environment. Caring – healing modalities and nursing arts are reintegrated as essentials to ensure attention to quality of life, inner healing experiences, subjective meaning, and caring practices, which affect patient outcomes and system successes alike.

This work places human-to – human – caring as central to professional nursing responsibilities, the role and moral foundation for the profession. Preserving human dignity, relationships and integrity through human caring are ultimately the measures by which patient's evaluate their often 'cure dominated experiences'."

Caring and Nursing Administrative Leadership

Nursing administrators as well as hospital managers and Chief Administrative Officers have a significant role to play in transforming the dominant medical system, which has been framed in some classic research as being *biocidic* (unhealthy, toxic) in contrast to *biogenic* (life giving and life receiving for patient and practitioners alike).

Watson Caring Science Institute: International Caritas Consortium

Because of these national and international developments and sincere desire for authentic change, new projects using Caring Science Theory and Philosophy of Human Caring are now underway in many systems. The Watson Caring Science Institute and The International Caritas Consortium² are one example where individuals and representatives of systems convene twice a year to deepen and sustain what is referred to as Caritas Nursing – that is, bringing caring and love and heart-centered human to human practices back into our personal life and work world². These gatherings are hosted by different clinical – educational systems using Caring Theory as forum for transforming education and practice from the inside out. For example, the following health care systems have sponsored the International Caritas Consortium and the Watson Caring Science Institute in recent past and into the near future as this work expands and radiates outward:

- *Baptist Hospital of Miami*, Florida – three times National Magnet designation recognition (American Nurses Credentialing Center, ANCC); This organization has analyzed health and

patient satisfaction outcomes related to the introduction of a theory-guided professional practice model.

- *Resurrection Health*, Chicago, Illinois. Providing leadership in system wide implementation of caring theory. Also exploring computerized documentation system, which incorporates language and nursing interventions based upon caring theory in contrast to conventional medical-nursing tasks and procedures⁷.
- *Inova Fairfax Hospital*, Fairfax, Virginia. A comprehensive system formally researching caring theory through a federally funded project whereby outcomes of caring theory practices are examined in relation to patient and nurse satisfaction, retention rates and other variables.
- *Central Baptist Health*, Lexington, Kentucky. Magnet hospital using caring theory as professional practice model.
- *Scripps HealthCare*, La Jolla, California. This organization is exploring caring theory in relation to complementary, holistic medical programs.
- *Bon Secours St. Mary's Hospital*, Richmond, Virginia. Saint Mary's Hospital is providing exemplary programs in caring theory-guided practice models, and exploring pilot program with CaritasHeartMath™, a program that integrates Caritas nursing and Science of Human Caring with the Science of the Heart, as researched and developed by HeartMath. (www.HeartMath.com).
- *Scottsdale Health Care*, Scottsdale, Arizona. This Magnet hospital demonstrating caring theory-guided practices and research. The host for the April, 2008 ICC

and host of the inauguration of the Watson Caring Science Institute.

- *Baptist Health Jacksonville of Northeast Florida*, Jacksonville, Florida. Baptist Health achieved Magnet recognition for the healthcare system, using caring theory as professional practice model throughout their institutions. Participants in a multi-site research project assessing caring across their system. The sponsor for the October, 2008 International Caritas Consortium.
- *Wyoming Medical Center*, Casper, Wyoming. This hospital is the projected host in October, 2009 for the Caritas Consortium and is incorporating caring theory, including indigenous, Native American population, cultural dimensions for the local people; also exploring research outcomes through identified assessment measures⁸.
- *Bon Secours St. Francis Hospital*, Charleston, South Carolina. Sponsor of spring, 2009 gathering of the International Caritas Consortium and introducing innovative caring practices, guided by theory, philosophy and ethics of Caring Science.

Caring Indicators and Programs

While these above named systems are identified as sponsors of the growing International Caritas Consortium, examples of how these systems are implementing the theory are captured through identified acts and processes depicting such transformative changes.

Caring theory-in-action reflects transformative processes which are representative of actions taking place in many of the systems in the Caritas Consortium and other

systems guided by Caring Science and caring theory as a guide. The following are examples of such caring-in-action indicators:

- making human caring integral to the organizational vision and culture – through new language and documentation of caring, such as posters;
- introducing and naming new professional caring practice models, leading to new patterns of delivery of caring/care. Some examples are: ‘Attending Caring Nursing Project’, ‘Patient Care Facilitator Role’, the ‘12-Bed Hospital’;
- conscious intentional meaningful rituals, .For example, hand washing is for infection control, but also may be a meaningful ritual of self-caring- energetically cleansing, blessing, and releasing last situation or encounter, and being open to the next situation;
- selected use of caring-healing modalities for self and patients, e.g. massage, therapeutic touch, reflexology, aromatherapy, calmate oil of essences; sound, music, arts, variety of energetic modalities;
- diming the unit lights and having designated ‘quiet time’ for patients/families/staff alike, to soften, slow down, and calm the environment;
- creating healing spaces for nurses; sanctuaries for their own time out; May include mediation or relaxation rooms for quiet time;
- cultivation of own spiritual heart-centered practices of loving kindness and equanimity to self and others;
- intentionally pausing and breathing, preparing self to be present before entering patients room;

- centering exercises and mindfulness practices, individually and collectively;
- placing magnets on patient’s door with positive affirmations, and reminders of caring practices;
- exploring documentation of caring language and integration in computerized documentation systems;
- participation in multi-site research assessing caring among staff and patients;
- creating healing environments – attending to the *subtle environment or Caritas field*;
- displaying healing objects, stones, blessing basket;
- creating Caritas Circles to share caring moments;
- caring Rounds at bedside with patients;
- interviewing and selecting staff on basis of ‘caring’ orientation. Asking candidates to describe “Caring Moment”;
- development of ‘caring competencies’ – ‘caritas literacy as guide to assess and promote staff development and assure caring.

These and other practices are occurring in a variety of hospitals across the United States, often in Magnet hospitals or those seeking Magnet recognition, where caring theory and models of human caring are used to transform nursing and health care for staff and patients alike.

The names of other health care inter/national clinical and educational systems incorporating Caring Theory into professional nursing practice models (many hospitals are Magnet hospitals or preparing to become Magnet hospitals) can be found on following websites: www.watsoncaringscience.org; www.nursing.ucdenver.edu/caring

These identified system examples are exemplars of the changing momentum today, and are guided by a shift toward an evolved consciousness. They rely on moral, ethical, philosophical, and theoretical foundations to restore

human caring and healing and health in a system that has gone astray – educationally, economically, clinically, and socially. This shift is in a hopeful direction, and is based on a grass roots transformation of nursing, one that is from the

inside out. The dedicated leaders who are ushering in these changes serve as an inspiration for sustaining nursing and human caring for practitioners and patients alike.

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