Jean Watson’s Theory of Human Caring

Jean Watson

Introducing the Theorist
Overview of the Theory
Applications of the Theory
Practice Exemplar by Terri Woodward
Summary
References

Introducing the Theorist

Dr. Jean Watson is distinguished professor emerita and dean of nursing emerita at the University of Colorado Denver, where she served for more than 20 years and held an endowed Chair in Caring Science for more than 16 years. She is founder of the original Center for Human Caring at the University of Colorado Health Sciences, is a Living Legend in the American Academy of Nursing, and served as president of the National League for Nursing. Dr. Watson founded and directs the non-profit Watson Caring Science Institute, dedicated to furthering the work of caring, science, and heart-centered Caritas Nursing, restoring caring and love for nurses’ and health-care clinicians’ healing practices for self and others.

Watson earned undergraduate and graduate degrees in nursing and psychiatric–mental health nursing and holds a doctorate in educational psychology and counseling from the University of Colorado at Boulder. She is a widely published author and is the recipient of several awards and honors, including an international Kellogg Fellowship in Australia; a Fulbright Research Award in Sweden; and 10 honorary doctoral degrees, including seven from international universities in Sweden, the United Kingdom, Spain, Japan, and British Colombia and Montreal, Quebec, Canada.

Dr. Watson’s original book on caring was published in 1979. Her second book, Nursing: Human Science and Human Care, was written while on sabbatical in Australia and reflects the metaphysical and spiritual evolution of her thinking. A third book, Postmodern Nursing and
Beyond moves beyond theory to reflect the ontological foundation of nursing as an overarching framework for transforming caring and healing practices in education and clinical care (Watson, 1999). Additional empirical and clinical caring research foci developments include the first and second editions of the book on caring instruments. Assessing and Measuring Caring in Nursing and Health Sciences (2002, 2008b), which offers a critique and collation of more than 20 instruments for assessing and measuring caring. Her Caring Science as Sacred Science makes a case for a deep moral—ethical, spirit-filled foundation for caring science and healing based on infinite love and an expanding cosmology. Watson’s 2008(a) theoretical work, Nursing: The Philosophy and Science of Caring, Revised New Edition, revisits and reworks her first book, Nursing: The Philosophy and Science of Caring (1979, reprinted 1985), bringing the original publication up to date to include all the changes made during the past 30 years. This latest update introduces Caritas nursing as the culmination of a caring science foundation for professional nursing. A coauthored educational book, Creating a Caring Science Curriculum: Emancipatory Pedagogies by Marcia Hills and Watson, was published in 2011 followed by another coauthored research and measurement book, Measuring Caritas. International Research on Caritas as Healing (Nelson & Watson, 2011).

The Watson Caring Science Institute is developing educational, clinical, and administrative—leadership and research models that seek to sustain and deepen authentic caring—healing practices for self and other, transforming practitioners and patients alike. The caring science model, integrating Caritas with the science of the heart in collaboration with the Institute of HeartMath (www.heartmath.com), deepens intelligent heart-centered caring. All of Watson’s latest publications and innovative educational partnerships, activities, new programs, speaking calendar, and directions and developments, including information about a nontraditional doctorate in caring science as sacred science can be found on the website: www.watsoncaringscience.org.

Overview of the Theory

The theory of human caring was developed between 1975 and 1979 while I was teaching at the University of Colorado. It emerged from my own views of nursing, combined and informed by my doctoral studies in educational, clinical, and social psychology. It was my initial attempt to bring meaning and focus to nursing as an emerging discipline and distinct health profession that had its own unique values, knowledge, and practices, and its own ethic and mission to society. The work was also influenced by my involvement with an integrated academic nursing curriculum and efforts to find common meaning and order to nursing that transcended settings, populations, specialty, and subspecialty areas.

From my emerging perspective, I make explicit that nursing’s values, ethic, philosophy, knowledge, and practices of human caring require language order, structure, and clarity of concepts and worldview underlying nursing as a distinct discipline and profession. The theory goes beyond the dominant physical worldview and opens to subjective, intersubjective, and inner meaning, underlying healing processes and the life world of the experiencing person. This original (Watson, 1979) language framed this orientation that required unique caring—healing arts. The human caring processes were named the “10 carative factors,” which complemented conventional medicine but stood in stark contrast to “curative factors.” At the same time, this emerging philosophy and theory of human caring sought to balance the cure orientation of medicine, giving nursing its unique disciplinary, scientific, and professional standing with itself and its public.

The early work has continued to evolve dynamically from the original writings of 1979, 1981, 1985, and the 1990s to a more updated view of 10 caritas processes, to caring science as sacred science, and to a unitary global consciousness for leadership. My work now makes connections between human caring, healing, and even peace in our world, with nurses as caritas peacemakers when they are practicing human caring for self and others. This shift moves to more explicit metaphysical/spiritual
focus on transpersonal caring moment, postmodern critiques, to metaphysical—from the
tory to ontological paradigm for caring science. A broad, evolving unitary caring science
worldview underlies the fluid evolution of the theory and the philosophical-ethical
foundation for this work.

**Major Conceptual Elements**

The major conceptual elements of the original
(and emergent) theory are as follows:

- Ten carative factors (transposed to ten
  caritas processes)
- Transpersonal caring moment
- Caring consciousness/intentionality and
  energetic presence
- Caring—healing modalities

Other dynamic aspects of the theory that
have emerged or are emerging as more explicit
components include:

- Expanded views of self and person (unitary
  oneness; embodied spirit)
- Caring—healing consciousness and energetic
  heart-centered presence
- Human—environmental field of a caring
  moment
- Unitary oneness worldview: unbroken
  wholeness and connectedness of all
- Advanced caring—healing modalities/
  nursing arts as a future model for advanced
  practice of nursing qua nursing (consciously
  guided by one’s nursing ethical—theoretical—
  philosophical orientation)

**Caring Science as Sacred Science**

The emergence of the work is a more explicit
development of caring science as a deep moral—
ethical context of infinite and cosmic love. As
soon as one is more explicit about placing the
human and caring within their science model, it
automatically forces a relational unitary world-
view and makes explicit caring as a moral ideal
to sustain humanity across time and space, one
of the gifts and the raison d’être of nursing in the
world, but yet to be recognized within and with-
out. Nevertheless, a caring-science orientation
is necessary for the survival of nursing as well as
humanity at this crossroads in human evolution.

This view takes nursing and healing work
beyond conventional thinking. The latest ori-
entation is located within the ageless wisdom
traditions and perennial ingredients of the dis-
cipline of nursing, while transcending nursing.
Caring science as a model for nursing allows
nursing’s caring—healing core to become both
discipline-specific and transdisciplinary. Thus,
nursing’s timeless, ancient, enduring, and most
noble contributions come of age through a
caring-science orientation—scientifically, estheti-
cally, and ethically.

**Ten Carative Factors**

The original work (Watson, 1979) was organized
around 10 carative factors as a framework
for providing a format and focus for nursing
phenomena. Although carative factors is still
the current terminology for the “core” of nurs-
ing, providing a structure for the initial work,
the term factors is too stagnant for my sensibil-
ities today. I have extended carative to caritas
and caritas processes as consistent with a more
fluid and contemporary movement of these
ideas and with my expanding directions.

Caritas comes from the Latin word mean-
ing “to cherish and appreciate, giving special
attention to, or loving.” It connotes something
that is very fine; indeed, it is precious. The
word caritas is also closely related to the origi-
nal word carative from my 1979 book. At this
time, I now make new connections between
carative and caritas and without hesitation use
them to invoke love, which caritas conveys.
This usage allows love and caring to come to-
together for a new form of deep, transpersonal
caring. This relationship between love and car-
ing connotes inner healing for self and others,
extending to nature and the larger universe,
unfolding and evolving within a cosmology
that is both metaphysical and transcendent
with the coevolving human in the universe.
This emerging model of transpersonal caring
moves from carative to caritas. This integrative
expanded perspective is postmodern in that it
transcends conventional industrial, static
models of nursing while simultaneously evok-
ing both the past and the future. For ex-
ample, the future of nursing is tied to Nightingale’s
sense of “calling,” guided by a deep sense of
commitment and a covenantal ethic of human service, cherishing our phenomena, our subject matter, and those we serve.

It is when we include caring and love in our work and in our life that we discover and affirm that nursing, like teaching, is more than just a job; it is also a life-giving and life-receiving career for a lifetime of growth and learning. Such maturity and integration of past with present and future now require transforming self and those we serve, including our institutions and our profession. As we more publicly and professionally assert these positions for our theories, our ethics, and our practices—even for our science—we also locate ourselves and our profession and discipline within a new, emerging cosmology. Such thinking calls for a sense of reverence and sacredness with regard to life and all living things. It incorporates both art and science, as they are also being redefined, acknowledging a convergence among art, science, and spirituality. As we enter into the transpersonal caring theory and philosophy, we simultaneously are challenged to relocate ourselves in these emerging ideas and to question for ourselves how the theory speaks to us. This invites us into a new relationship with ourselves and our ideas about life, nursing, and theory.

**Original Carative Factors**

The original carative factors served as a guide to what was referred to as the “core of nursing” in contrast to nursing’s “trim.” Core pointed to those aspects of nursing that potentiate therapeutic healing processes and relationships—they affect the one caring and the one being cared for. Further, the basic core was grounded in what I referred to as the philosophy, science, and even art of caring. Carative is that deeper and larger dimension of nursing that goes beyond the “trim” of changing times, setting, procedures, functional tasks, specialized focus around disease, and treatment and technology. Although the “trim” is important and not expendable, the point is that nursing cannot be defined around its trim and what it does in a given setting and at a given point in time. Nor can nursing’s trim define and clarify its larger professional ethic and mission to society—its raison d’être for the public. That is where nursing theory comes into play, and transpersonal caring theory offers another way that both differ from and complements that which has come to be known as “modern” nursing and conventional medical—nursing frameworks.

The 10 carative factors included in the original work are the following:

1. **Formation of a humanistic—altruistic system of values.**
2. **Instillation of faith—hope.**
3. **Cultivation of sensitivity to one’s self and to others.**
4. **Development of a helping—trusting, human caring relationship.**
5. **Promotion and acceptance of the expression of positive and negative feelings.**
6. **Systematic use of a creative problem-solving caring process.**
7. **Promotion of transpersonal teaching—learning.**
8. **Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment.**
9. **Assistance with gratification of human needs.**
10. **Allowance for existential—phenomenological—spiritual forces.** (Watson, 1979, 1985)

Although some of the basic tenets of the original carative factors still hold and indeed are used as the basis for some theory-guided practice models and research, what I am proposing here, as part of my evolving practice and the evolution of these ideas and the theory itself, is to transpose the carative factors into “clinical caritas processes.”

**From Carative Factor to Clinical Caritas Processes**

As carative factors evolved within an expanding perspective and as my ideas and values have evolved, I now offer the following translation of the original carative factors into clinical caritas processes, suggesting more open ways in which they can be considered.

1. **Formation of a humanistic—altruistic system of values becomes the practice of loving**
kindness and equanimity within the context of caring consciousness.

2. Instillation of faith—hope becomes being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one being cared for.

3. Cultivation of sensitivity to one’s self and to others becomes cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self, opening to others with sensitivity and compassion.


5. Promotion and acceptance of the expression of positive and negative feelings becomes 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 (authentically listening to another’s story).

6. Systematic use of a creative problem-solving caring process becomes creative use of self and all ways of knowing as part of the caring process; to engage in the artistry of caring-healing practices (creative solution seeking becomes caritas coach role).

7. Promotion of transpersonal teaching-learning becomes engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within others’ frames of reference.

8. Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment becomes creating a healing environment at all levels (a physical and nonphysical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated).

9. Assistance with gratification of human needs becomes assisting with basic needs, with an intentional caring consciousness, administering “human care essentials,” which potentiate wholeness and unity of being in all aspects of care; sacred acts of basic care; touching embodied spirit and evolving spiritual emergence.

10. Allowance for existential—phenomenological—spiritual forces becomes 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. “Allowing for miracles.”

What differs in the caritas process framework is that a decidedly spiritual dimension and an overt evocation of love and caring are merged for a new unitary cosmology for this millennium. Such a perspective ironically places nursing within its most mature framework and is consistent with the Nightingale model of nursing—yet to be actualized but awaiting its evolution. This direction, while embedded in theory, goes beyond theory and becomes a converging paradigm for nursing’s future.

Thus, I consider my work more a philosophical, ethical, intellectual blueprint for nursing’s evolving disciplinary/professional matrix, rather than a specific theory per se. Nevertheless, others interact with the original work at levels of concreteness or abstractness. If the theory is “read” at the carative factor level, it can be interpreted as a middle-range theory. If the theory is “read” at the transpersonal unitary caring science/transpersonal caring consciousness level, the theory can be interpreted as a grand theory located within the unitary—transformative context.

The caring theory has been and increasingly is being used nationally and internationally as a guide for educational curricula, clinical practice models, methods for research and inquiry, and administrative directions for nursing and health-care delivery.

**Reading the Theory**

The “theory” can be “read” as a philosophy, an ethic, a paradigm, an expanded science model, or a theory. If read as a theory, it can be “read” as a grand theory within the unitary—transformative paradigm when understood at the transpersonal, energetic-field level of caritas—universal love and evolving consciousness.

It can be “read” as middle-range theory when read at the carative factors/caritas process level, which provides the structure and language of
the theory, as both middle range and specific. When used in clinical settings, the theory helps nurses to frame their experiences around the caritas processes to sustain the caring-science focus, as well as developing language systems, including computerized documentation systems, to document and study caring within a designated language system (Rosenberg, 2006, p. 55). The middle-range focus is also congruent with clinical caring research projects, utilizing the caring language of carative/caritas. Indeed, many of the more formalized caring assessment tools are based on the language of this structure. Several multisite research projects are now underway using consistent caring assessment tools, such as Duffy’s Caring Assessment Tool and the Nelson, Watson, and Inova Health Instrument Caring Factor Survey (Persky, Nelson, Watson, & Bent, 2008). The latest Watson Caritas Patient Score is being used in multisite clinical studies as an international research project. (For more information, go to www.watson-caringscience.org.) In addition, most of the current caring-science assessment tools may be seen in Assessing and Measuring Caring in Nursing and Health Sciences, 2nd ed. (Watson, 2008b).

Heart-Centered Transpersonal Caring Moment: Caritas Field

Whether the “theory” is read at different levels, used as a language system for documentation, used as a guide for professional nursing practice models, or used as the focus of multisite or individual clinical caring research studies, the essence of the lived theory is in the transpersonal caring moment. The caring moment can be located within any caring occasion, as a concept within middle-range or even prescriptive or practice-level theory.

However, the caring moment is most evident within the transpersonal caritas energetic field model, in that one’s consciousness, intentionality, energetic heart-centered presence is radiating a field beyond the two people or the situation, affecting the larger field. Thus, nurses can become more aware, more awake, more conscious of manifesting/radiating a caritas field of love and healing for self and others, helping to transform self and system. For more comprehensive understanding of this work, see Nursing: The Philosophy and Science of Caring (revised 2nd ed.; Watson, 2008a). Indeed, the latest research based on the science of the heart has demonstrated that the loving heart-centered person is radiating love that can be measured several feet beyond themselves, affecting the subtle environment of all. Moreover, this research affirms that the heart is actually sending more messages to the brain, rather than the other way around. For more information, please visit www.heartMath.com; www.heartMath.org

This work posits a unitary oneness worldview of connectedness of all; it embraces a value’s explicit moral foundation and takes a specific position with respect to the centrality of human caring, “caritas,” and universal love as an ethic and ontology. It is also a critical starting point for nursing’s existence, broad societal mission, and the basis for further advancement for caring–healing practices. Nevertheless, its use and evolution are dependent on “critical, reflective practices that must be continuously questioned and critiqued in order to remain dynamic, flexible, and endlessly self-revising and emergent” (Watson, 1996, p. 143).

Transpersonal Caring Relationship

The terms transpersonal and transpersonal caring relationship are foundational to the work. Transpersonal conveys a concern for the inner life world and subjective meaning of another who is fully embodied. But the transpersonal also energetically goes beyond the ego self and beyond the given moment, reaching to the deeper connections to spirit and with the broader universe. Thus, a transpersonal caring relationship moves beyond ego self and radiates to spiritual, even cosmic, concerns and connections that tap into healing possibilities and potentials. Transpersonal caring is both immanent, fully physical and embodied physically, while also paradoxically transcendent, beyond physical self.

Transpersonal caring seeks to connect with and embrace the spirit or soul of the other through the processes of caring and healing and being in authentic relation in the moment.
Such a transpersonal relationship is influenced by the caring consciousness and intentionality and energetic presence of the nurse as she or he enters into the life space or phenomenal field of another person and is able to detect the other person’s condition of being (at the soul or spirit level). It implies a focus on the uniqueness of self and other and the uniqueness of the moment, wherein the coming together is mutual and reciprocal, each fully embodied in the moment, while paradoxically capable of transcending the moment, open to new possibilities.

The transpersonal caritas consciousness nurse seeks to “see” the spirit-filled person behind the patient, behind the colleague, behind the disease or the diagnosis or the behavior or personality one may not like and connect with that spirit-filled individual who exists behind the illusion. This is heart-centered caritas practice guided by the very first caritas process: cultivation of loving kindness and equanimity with self and other, allowing for development of more caring, love, compassion, and authentic caring moments.

Transpersonal caring calls for an authenticity of being and becoming, an ability to be present to self and others in a reflective frame. The transpersonal nurse has the ability to center consciousness and intentionality on caring, healing, and wholeness, rather than on disease, illness, and pathology.

Transpersonal caring competencies are related to ontological development of the nurse’s human caring literacy and ways of being and becoming. Thus, “ontological caring competencies” become as critical in this model as “technological curing competencies” to the conventional modern, Western techno-cure nursing-medicine model, which is now coming to an end.

Within the model of transpersonal caring, clinical caritas consciousness is engaged at a foundational ethical level for entry into this framework. The nurse attempts to enter into and stay within the other’s frame of reference for connecting with the inner life world of meaning and spirit of the other. Together, they join in a mutual search for meaning and wholeness of being and becoming, to potentiate comfort measures, pain control, a sense of well-being, wholeness, or even a spiritual transcendence of suffering. The person is viewed as whole and complete, regardless of illness or disease (Watson, 1996, p. 153).

Assumptions of the Transpersonal Caring Relationship

The nurse’s moral commitment, intentionality, and caritas consciousness exist to protect, enhance, promote, and potentiate human dignity, wholeness, and healing, wherein a person creates or cocreates his or her own meaning for existence, healing, wholeness, and living and dying.

The nurse’s will and consciousness affirm the subjective-spiritual significance of the person while seeking to sustain caring in the midst of threat and despair—biological, institutional, or otherwise. This honors the I–Thou relationship versus an I–It relationship (Buber, 1923/1996).

The nurse seeks to recognize, accurately detect, and connect with the inner condition of spirit of another through authentic caritas (loving) presencing and being centered in the caring moment. Actions, words, behaviors, cognition, body language, feelings, intuition, thought, senses, the energy field, and so on—all contribute to the transpersonal caring connection. The nurse’s ability to connect with another at this transpersonal spirit-to-spirit level is translated via movements, gestures, facial expressions, procedures, information, touch, sound, verbal expressions, and other scientific, technical, esthetic, and human means of communication into nursing human art/acts or intentional caring-healing modalities.

The caring–healing modalities within the context of transpersonal caring/caritas consciousness potentiate harmony, wholeness, and unity of being by releasing some of the disharmony, the blocked energy that interferes with the natural healing processes. As a result, the nurse helps another through this process to access the healer within, in the fullest sense of Nightingale’s view of nursing.

Ongoing personal—professional development and spiritual growth and personal spiritual practice assist the nurse in entering into this deeper level of professional healing.
practice, allowing the nurse to awaken to the transpersonal condition of the world and to actualize more fully “ontological competencies” necessary for this level of advanced practice of nursing. Valuable teachers for this work include the nurse’s own life history and previous experiences, which provide opportunities for focused studies, as the nurse has lived through or experienced various human conditions and has imagined others’ feelings in various circumstances. To some degree, the necessary knowledge and consciousness can be gained through work with other cultures and the study of the humanities (art, drama, literature, personal story, narratives of illness journeys) along with an exploration of one’s own values, deep beliefs, relationship with self and others, and one’s world. Other facilitators include personal-growth experiences such as psychotherapy, transpersonal psychology, meditation, bioenergetics work, and other models for spiritual awakening. Continuous growth is ongoing for developing and maturing within a transpersonal caring model. The notion of health professionals as wounded healers is acknowledged as part of the necessary growth and compassion called forth within this theory/philosophy.

Caring Moment/Caring Occasion

A caring occasion occurs whenever the nurse and another come together with their unique life histories and phenomenal fields in a human-to-human transaction. The coming together in a given moment becomes a focal point in space and time. It becomes transcendent, whereby experience and perception take place, but the actual caring occasion has a greater field of its own, in a given moment. The process goes beyond itself yet arises from aspects of itself that become part of the life history of each person, as well as part of a larger, more complex pattern of life (Watson, 1985, p. 59; 1996, p. 157).

A caring moment involves an action and a choice by both the nurse and the other. The moment of coming together presents the two with the opportunity to decide how to be in the moment in the relationship—what to do with and in the moment. If the caring moment is transpersonal, each feels a connection with the other at the spirit level; thus, the moment transcends time and space, opening up new possibilities for healing and human connection at a deeper level than that of physical interaction. For example:

[W]e learn from one another how to be human by identifying ourselves with others, finding their dilemmas in ourselves. What we all learn from it is self-knowledge. The self we learn about . . . is every self. It is universal—the human self. We learn to recognize ourselves in others . . . [it] keeps alive our common humanity and avoids reducing self or other to the moral status of object. (Watson, 1985, pp. 59–60)

Caring (Healing) Consciousness

The dynamic of transpersonal caring (healing) within a caring moment is manifest in a field of consciousness. The transpersonal dimensions of a caring moment are affected by the nurse’s consciousness in the caring moment, which in turn affects the field of the whole. The role of consciousness with respect to a holographic view of science has been discussed in earlier writings (Watson, 1992, p. 148) and includes the following points:

- The whole caring—healing—loving consciousness is contained within a single caring moment.
- The one caring and the one being cared for are interconnected; the caring-healing process is connected with the other human(s) and with the higher energy of the universe.
- The caring—healing—loving consciousness of the nurse is communicated to the one being cared for.
- Caring—healing—loving consciousness exists through and transcends time and space and can be dominant over physical dimensions.

Within this context, it is acknowledged that the process is relational and connected. It transcends time, space, and physicality. The process is intersubjective with transcendent possibilities that go beyond the given caring moment.
Implications of the Caring Model

The caring model or theory can be considered a philosophical and moral/ethical foundation for professional nursing and is part of the central focus for nursing at the disciplinary level. A model of caring includes a call for both art and science. It offers a framework that embraces and intersects with art, science, humanities, spirituality, and new dimensions of mind—body—spirit medicine and nursing evolving openly as central to human phenomena of nursing practice.

I emphasize that it is possible to read, study, learn about, and even teach and research the caring theory. However, to truly “get it,” one has to experience it personally. The model is both an invitation and an opportunity to interact with the ideas, to experiment with and grow within the philosophy, and to live it out in one’s personal and professional lives.

Applications of the Theory

The ideas as originally developed, as well as in the current evolving phase (Watson, 1979, 1985, 1999, 2003, 2005, 2008, 2011), provide us with a chance to assess, critique, and see where or how, or even if, we may locate ourselves within a framework of caring science/caritas as a basis for the emerging ideas in relation to our own theories and philosophies of professional nursing and/or caring practice. If one chooses to use the caring-science perspective as theory, model, philosophy, ethic, or ethos for transforming self and practice, or self and system, the following questions may help (Watson, 1996, p. 161):

- Is there congruence between the values and major concepts and beliefs in the model and the given nurse, group, system, organization, curriculum, population needs, clinical administrative setting, or other entity that is considering interacting with the caring model to transform and/or improve practice?
- What is one’s view of “human”? And what does it mean to be human, caring, healing, becoming, growing, transforming, and so on? For example, in the words of Teilhard de Chardin (1959): “Are we humans having a spiritual experience, or are we spiritual beings having a human experience?” Such thinking in regard to this philosophical question can guide one’s worldview and help to clarify where one may locate self within the caring framework.
- Are those interacting and engaging in the model interested in their own personal evolution? Are they committed to seeking authentic connections and caring—healing relationships with self and others?
- Are those involved “conscious” of their caring caritas or noncaring consciousness and intentionally in a given moment at an individual and a systemic level? Are they interested and committed to expanding their caring consciousness and actions to self, other, environment, nature, and wider universe?
- Are those working within the model interested in shifting their focus from a modern medical science—technoculture orientation to a true heart-centered authentic caring—healing—loving model?

This work, in both its original and evolving forms, seeks to develop caring as an ontological—epistemological foundation for a theoretical—philosophical—ethical framework for the profession and discipline of nursing and to clarify its mature relationship and distinct intersection with other health sciences. Nursing caring theory—based activities as guides to practice, education, and research have developed throughout the United States and other parts of the world. The caring/caritas model is consistently one of the nursing caring theories used as a guide in Magnet Hospitals in the United States and found to be culturally consistent with nursing in many other cultures, nations, and countries. Nurses’ reflective-critical practice models are increasingly adhering to a caring ethic and ethos as the moral and scientific foundation for a profession that is coming of age for a new global era in human history.

Latest Developments

The Watson Caring Science Institute (WCSI) was established in 2007 as a nonprofit foundation. The following statements define and
describe the goals, missions, and purposes of the International Caritas Consortium (ICC) and the WCSI as two interrelated entities. The general goals and objectives of the WCSI are to steward and serve the ICC in its activities and more specifically to:

- Transform the dominant model of medical science to a model of caring science by reintroducing the ethic of caring and love, necessary for healing.
- Deepen the authentic caring—healing relationships between practitioner and patient to restore love and heart-centered human compassion as the ethical foundation of health care.
- Translate the model of caring—healing/caritas into more systematic programs and services to help transform health care one nurse, one practitioner, one educator, and one system at a time.
- Ensure caring and healing for the public, reduce nurse turnover, and decrease costs to the system.

**International Caritas Consortium Charter**

The main purposes of the unfolding and emerging ICC (Watson, 2008a, pp. 278–280) are as follows:

1. To explore diverse ways to bring the caring theory to life in academic and clinical practice settings by supporting and learning from each other
2. To share knowledge and experiences so that we might help guide self and others in the journey to live the caring philosophy and theory in our personal and professional lives.

The consortium gatherings, sponsored by systems implementing caring theory in practice:

- Provide an intimate forum to renew, restore, and deepen each person’s and each system’s commitment and authentic practices of human caring in their personal/professional life and work.
- Learn from each other through shared work of original scholarship, diverse forms of caring inquiry, and modeling of caring—healing practices.

- Mentor self and others in using and extending the theory of human caring to transform education and clinical practices.
- Develop and disseminate caring science models of clinical scholarship and professional excellence in the various settings in the world.

**Activities for Caritas Consortium Gatherings**

- Provide a safe forum to explore, create, and renew self and system through reflective time out.
- Share ideas, inspire each other, and learn together.
- Participate in use of appreciative inquiry in which each member is facilitative of each other’s work, each participant learning from others.
- Create opportunities for original scholarship and new models of caring science—based clinical and educational practices.
- Generate and share multisite projects in caring theory/caring science scholarship.
- Network for educational and professional models of advancing caring—healing practices and transformative models of nursing.
- Share unique experiences for authentic self-growth within the caring science context.
- Educate, implement, and disseminate exemplary experiences and findings to broader professional audiences through scholarly publications, research, and formal presentations.
- Envision new possibilities for transforming nursing and health care.

Because of the many national and international developments and sincere desire for authentic change, new projects using caring science, caritas theory, and the philosophy of human caring are now underway in many systems. The WCSI and the ICC are examples of individuals and representatives of systems convening (in these cases, 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 world (Watson, 2008a).
Caring Indicators and Programs

Although these earlier-named systems are identified as sponsors of the growing ICC, 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 that are representative of actions taking place in many of the systems in the ICC and other systems guided by caring science and caring theory. The following are examples of such caring-in-action indicators:

- Make human caring integral to the organizational vision and culture through new language and documentation of caring, such as posters.
- Introduce and name new professional caring practice models, leading to new patterns of delivery of caring/care (e.g., Attending Caring Nursing Project, Patient Care Facilitator Role, the 12-Bed Hospital).
- Create conscious intentional meaningful rituals—for example, hand washing is for infection control but may also be a meaningful ritual of self-caring—energetically cleansing, blessing, and releasing the last situation or encounter, and being open to the next situation.
- Selectively use of caring—healing modalities for self and patients (e.g., massage, therapeutic touch, reflexology, aromatherapy, calmative essential oils, sound, music, arts, a variety of energetic modalities).
- Dim the unit lights and have designated “quiet time” for patients, families, and staff alike to soften, slow down, and calm the environment.
- Create healing spaces for nurses—sanctuaries for their own time out; this may include meditation or relaxation rooms for quiet time.
- Cultivate one’s own spiritual heart-centered practices of loving kindness and equanimity to self and others.
- Intentionally pause and breathe, preparing the self to be present before entering patient’s room.
- Use centering exercises and mindfulness practices, individually and collectively.
- Placing magnets on patient’s door with positive affirmations and reminders of caring practices.
- Explore documentation of caring language and integration in computerized documentation systems.
- Participate in multisite research assessing caring among staff and patients.
- Create healing environments, attending to the subtle environment or caritas field.
- Display healing objects, stones, or a blessing basket.
- Create Caritas Circles to share caring moments.
- Perform Caring Rounds at bedside with patients.
- Interview and select staff on the basis of a “caring” orientation. Asking candidates to describe a “caring moment.”
- Develop of “caring competencies” using caritas literacy as guide to assess and promote staff development and ensure 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 clinical and educational systems incorporating caring theory into professional nursing practice models (many are Magnet hospitals or preparing to become Magnet hospitals) can be found at www.watsoncaringscience.org and 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 grassroots transformation of nursing, one that emerging 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.
Conclusion

Consistent with the wisdom and vision of Florence Nightingale, nursing is a lifetime journey of caring and healing, seeking to understand and preserve the wholeness of human existence across time and space and national/geographic boundaries, to offer heart-centered compassion, informed knowledgeable human caring to society and humankind. This timeless view of nursing transcends conventional minds and mindsets of illness, pathology, and disease that are located in the physical body with curing as end goal, often at all costs. In nursing’s timeless model, caring, kindness, love, and heart-centered compassionate service to humankind are restored. The unifying focus and process is on connectedness with self, other, nature, and God/the Life Force/the Absolute. This vision and wisdom is being reinvented today through a blend of old and new values, ethics, and theories and practices of human caring and healing. These caritas consciousness practices preserve humanity, human dignity, and wholeness and are the very foundation of transformed thinking and actions.

Such a values-guided relational ontology and expanded epistemology and ethic is embodied in caring science as the disciplinary ground for nursing, now and in the future. The advancement of nursing theory, which includes both ideals and practical guidance, is increasingly evident as nursing makes its major contribution to health care and matures as a distinct caring—healing profession—one that balances and complements conventional, medical—institutional practices and processes. Nevertheless, much work remains to be done. New transformative, human-spirit—inspired approaches are required to reverse institutional and system lethargy and darkness. To create the necessary cultural change, the human spirit has to be invited back into our health-care systems. Professional and personal models are required that open the hearts of nurses and other practitioners. New horizons of possibilities have to be explored to create space whereby compassionate, intentional, heart-centered human caring can be practiced. Such authentic personal/professional practice models of caring science are capable of leading us, locally and globally, toward a moral community of caring. This community will restore healing and health at a level that honors and sustains the dignity and humanity of practitioners and patients alike.

The Watson Caring Science Institute is dedicated to create, conduct, and sponsor Caring Science/Caritas education, training, and support to serve the current and future generations of health-care professionals globally (www.watsoncaringscience.org; WCSI, 4405 Arapahoe Avenue, Suite 100, Boulder, CO 80303).

Practice Exemplar

Practice Exemplar by Terry Woodward, RN, MSN.

October 2002 presented the opportunity for 17 interdisciplinary health-care professionals at the Children’s Hospital in Denver, Colorado, to participate in a pilot study designed to (1) explore the effect of integrating caring theory into comprehensive pediatric pain management and (2) examine the Attending Nurse Caring Model® (ANCM) as a care delivery model for hospitalized children in pain. A 3-day retreat launched the pilot study. Participants were invited to explore transpersonal and modeled by Dr. Jean Watson, through experiential interactions with caring—healing modalities. The end of the retreat opened opportunities for participants to merge caring theory and pain theory into an emerging caring-healing praxis.

Returning from the retreat to the preexisting schedules, customs, and habits of hospital routine was both daunting and exciting. We had lived caring theory, and not as a remote and abstract philosophical ideal; rather, we had experienced caring as the very core of our true selves, and it was that call that had led us...
Practice Exemplar cont.

by the retreat, we returned to our 37-bed acute care inpatient pediatric unit, eager to apply caring theory to improve pediatric pain management. Our experiences throughout the retreat had accentuated caring as our core value. Caring theory could not be restricted to a single area of practice.

Wheeler and Chinn (1991) define praxis as “values made visible through deliberate action” (p. 2). This definition unites the ontology, or the essence, of nursing to nursing actions, to what nurses do. Nursing within acute care inpatient hospital settings is practiced dependently, collaboratively, and independently (Bernardo, 1998). Bernardo described dependent practice as energy directed by and requiring physician orders, collaborative practice as interdependent energy directed toward activities with other health-care professionals, and independent practice as “where the meaningful role and impact of nursing may evolve” (p. 43). Our vision of nursing practice was based in the caring paradigm of deep respect for humanity and all life, of wonder and awe of life’s mystery, and the interconnectedness from mind–body–spirit unity into cosmic oneness (Watson, 1996). Gadow (1995) described nursing as a lived world of interdependency and shared knowledge, rather than as a service provided. Caring praxis within this lived world is a praxis that offers “a combination of action and reflection . . . praxis is about a relationship with self, and a relationship with the wider community” (Penny & Warelow, 1999, p. 260). Caring praxis, therefore, is collaborative praxis.

Collaboration and cocreation are key elements in our endeavors to translate caring theory into practice. They reveal the nonlinear process and relational aspect of caring praxis. Both require openness to unknown possibilities, both honor the unique contributions of self and other(s), and both acknowledge growth and transformation as inherent to life experience. These key elements support the evolution of praxis away from predetermined goals and set outcomes toward authentic caring–healing expressions. Through collaboration and cocreation, we can build on existing foundations to nurture evolution from what is to what can be.

Our mission—to translate caring theory into praxis—had strong foundational support. Building on this supportive base, we committed our intentions and energies toward creating a caring culture. The following is not intended as an algorithm to guide one through varied steps until caring is achieved but is rather a description of our ongoing processes and growth toward an ever-evolving caring praxis. These processes are cocreations that emerged from collaboration with other ANCM participants, fellow health professionals, patients and families, our environment, and our caring intentions.

First Steps

One of our first challenges was to make the ANCM visible. Six tangible exhibits were displayed on the unit as evidence of our commitment to caring values. First, a large, colorful poster titled “CARING” was positioned at the entrance to our unit. Depicting pictures of diverse families at the center, the poster states our three initial goals for theory-guided practice: (1) create caring–healing environments, (2) optimize pain management through pharmacological and caring–healing measures, and (3) prepare children and families for procedures and interventions. Watson’s clinical caritas processes were listed, as well as an abbreviated version of her guidelines for cultivating caring–healing throughout the day (Watson, 2002). This poster, written in caring theory language, expressed our intention to all and reminded us that caring is the core of our praxis.

Second, a shallow bowl of smooth, rounded river stones was located in a prominent position at each nursing desk. A sign posted by the stones identified them as “Caring–Healing Touch Stones,” inviting one to select a stone as “every human being has the ability to share their incredible gift of loving–healing. These stones serve as a reminder of our capacity to love and heal. Pick up a stone, feel its smooth
cool surface, let its weight remind you of your own gifts of love and healing. Share in the love and healing of all who have touched this stone before you and pass on your love and healing to all who will hold this stone after you.”

Third, latched wicker blessing baskets were placed adjacent to the caring—healing touch stones. Written instructions invited families, visitors, and staff to offer names for a blessing by writing the person’s initials on a slip of paper and placing the paper in the basket. Every Monday through Friday, the unit chaplain, holistic clinical nurse specialist (CNS), and interested staff devoted 30 minutes of meditative silence within a healing space to ask for peace and hope for all names contained within the baskets.

Fourth, signs picturing a snoozing cartoon-styled tiger were posted on each patient’s door announcing “Quiet Time.” Quiet time was a midday, half-hour pause from hospital hustle-bustle. Lights in the hall were dimmed, voices hushed, and steps softened to allow a pause for reflection. Staff members tried not to enter patient rooms unless summoned.

Fifth, a booklet was written and published to welcome families and patients to our unit to introduce health team members, unit routines, available activities, and define frequently used medical terms. This book emphasized that patients, parents, and families are members of the health team. A description of our caring attending team was also included.

Sixth and most recently, the unit chaplain, child-life specialist, and social worker organized a weekly support session called “Goodies and Gathering,” offered every Thursday morning. It was held in our healing room—a conference room painted to resemble a cozy room with a beautiful outdoor view and redecorated with comfortable armchairs, soft lighting, and plants. Goodies and Gathering extended a safe retreat within the hospital setting. Offering 1 hour to parents and another to staff, these professionals provided snacks to feed the body.

**Attending Caring Team (ACT)**

To honor the collaborative partnership of our ANCM participants, to include patients and families as equal partners in the health-care team, and to open participation to all, we adopted the name Attending Caring Team (ACT). The acronym ACT reinforces that our actions are opportunities to make caring visible. Care as the core of praxis differs from the centrality of cure in the medical model. To describe our intentions to others, we compiled the following “elevator” description of ACT, a terse, 30-second summary that rendered the meaning of ACT in the time frame of a shared elevator ride:

*The core of the Attending Caring Team (ACT) is caring-healing for patients, families, and ourselves. ACT cocreates relationships and collaborative practices between patients, families and health care providers. ACT practice enables health care providers to redefine themselves as caregivers rather than taskmasters. We provide Health Care not Health Tasks.*

Large signs were professionally produced and hung at various locations on our unit. These signs served a dual purpose. The largest, posted conspicuously at our threshold, identified our unit as the home of the Attending Caring Team. Smaller signs, posted at each nurse’s station, spelled out the above ACT definition, inviting everyone entering our unit to participate in the collaborative cocreation of caring—healing.

Giving ourselves a name and making our caring intentions visible contributed to establishing an identity, yet may be perceived as peripheral activities. For these expressions to be deliberate actions of praxis, the centrality of caring as our core value was clearly articulated. Caring theory is the flexible framework guiding our unit goals and unit education and has been integrated into our implementation of an institutional customer-service initiative.

Unit goals are written yearly. Reflective of
Practice Exemplar cont.

statement and outline goals designed to achieve that mission. In 2003, our mission statement was rewritten to focus on provision of quality family-centered care, defined as “an environment of caring-healing recognizing families as equal partners in collaboration with all health care providers.” One of the goals to achieve this mission literally spelled out caring. We promote a caring-healing environment for patients, families, and staff through:

- Compassion, competence, commitment
- Advocacy
- Respect, research
- Individuality
- Nurturing
- Generosity

Education

Unit educational offerings were also revised to reflect caring theory. Phase classes, a 2-year curriculum of serial seminars designed to support new hires in their clinical, educational, and professional growth, now include a unit on self-care to promote personal healing and support self-growth. The unit on pain management was expanded to include use of caring–healing modalities. A new interactive session on the caritas processes was added that asks participants to reflect on how these processes are already evident in their praxis and to explore ways they can deepen caring praxis both individually and collectively as a unit. The tracking tool used to assess a new employee’s progress through orientation now includes an area for reflection on growing in caring competencies. In addition to changes in phase classes, informal “clock hours” were offered monthly. Clock hours are designed to respond to the immediate needs of the unit and encompass a diverse range of topics, from conflict resolution, debriefing after specific events, and professional development, to health treatment plans, physiology of medical diagnosis, and in-services on new technologies and pharmacological interventions. Offered on the unit at varying hours to accommodate all work shifts, clock hours provide a way for staff members to fulfill continuing educational requirements during workdays.

Customer Service to Covenantal

In the practice of human caring as a formal theory and practice model, there is a philosophical shift from a customer-service mindset to viewing nursing and human caring as a covenant with humanity to sustain human caring in the world.

Within this exemplar, caring theory has provided depth to an institutional initiative to use FISH philosophy to enhance customer service (Lundin, Paul, & Christensen, 2000). Imported from the Pike Place Fish Market in Seattle, FISH advocates four premises to improve employee and customer satisfaction: presence, make their day, play, and choose your attitude. Briefly summarized, FISH advocates that when employees bring their full awareness through presence, focus on customers to make their day, invoke fun into the day through appropriate play, and through conscious awareness choose their attitude, work environments improve for all. When the four FISH premises are viewed from the perspective of transpersonal caring, they become opportunities for authentic human-to-human connectedness through I–Thou relationships. The merger of caring theory with FISH philosophy has inspired the following activities. A parade composed of patients, their families, nurses, and volunteers—complete with marching music, hats, streamers, flags, and noisemakers—is celebrated two to three times a week just before the playroom closes for lunch. This flamboyant display lasts less than 5 minutes but invigorates participants and bystanders alike. In addition to being vital for children and especially appropriate in a pediatric setting, play unites us all in the life and joy of each moment. When our parade marches, visitors, rounding doctors, and all others on the unit pause to watch, wave, and cheer us on. A weekly bedtime story is read in our healing room. Patients are invited to bring

Continued
their pillows and favorite stuffed animal or doll and come dressed in pajamas. Night- and day-shift staff members have honored one another with surprise beginning-of-the-shift meals, staying late to care for patients and families, and refusing to give off-going report until their on-coming coworkers had eaten. Colorful caring stickers are awarded when one staff member catches another in the ACT of caring, being present, making another’s day, playing, and choosing a positive attitude. These acts are authentic and not performed as hospitality acts and within the customer mindset; rather, they are a professional covenant nursing has with humanity around the world.

**ACT Guidelines**

Placing caring theory at the core of our praxis supports practicing caring—healing arts to promote wholeness, comfort, harmony, and inner healing. The intentional conscious presence of our authentic being to provide a caring—healing environment is the most essential of these arts. Presence as the foundation for cocreating caring relationships has led to writing ACT guidelines. Written in the doctor order section of the chart, ACT guidelines provide a formal way to honor unique families’ values and beliefs. Preferred ways of having dressing changes performed, most helpful comfort measures, home schedules, and special needs or requests are examples of what these guidelines might address. ACT members purposefully use the word **guidelines** as opposed to **orders** more congruent with cocreative collaborative praxis and to encourage critical thinking and flexibility. Building practice on caring relationships has led to an increase in both the type and volume of care conferences held on our unit. Previously, care conferences were called as a way to disseminate information to families when complicated issues arose or when communication between multiple teams faltered and families were receiving conflicting reports, plans, and instructions. Now these conferences are offered proactively as a way to coordinate team efforts and to ensure we are working toward the families’ goals. Transitional conferences provide an opportunity to coordinate continuity of care, share insight into the unique personality and preferences of the child, coordinate team effort, meet families, provide them with tours of our unit, and collaborate with families. Other caring—healing arts offered on our unit are therapeutic touch, guided imagery, relaxation, visualization, aromatherapy, and massage. As ACT participants, our challenge is to express our caring values through every activity and interaction. Caring theory guides us and manifests in innumerable ways. Our interview process, meeting format, and clinical nurse specialist (CNS) role have been transfigured through caring theory. Our interview process has transformed from an interrogative three-step procedure into more of a sharing dialogue. We are adopting another meeting style that expresses caring values.

Our unit director had the foresight to budget a position for a CNS to support the cocreation of caring praxis. The traditional CNS roles—researcher, clinical expert, collaborator, educator, and change agent—have allowed the integration of caring theory development into all aspects of our unit program. The CNS role advocates self-care and facilitates staff members to incorporate caring-healing arts into their practice through modeling and hands-on support. In addition to providing assistance, searching for resources, acting as liaison with other health-care teams, and promoting staff in their efforts, the very presence of the CNS on the unit reinforces our commitment to caring praxis.

**Conclusion**

We continue to work toward incorporating caring ideals in every action. Currently, we are modifying our competency-based guidelines to emphasize caring competency within tasks and skills. Building relationships for supportive collaborative practice is the most exciting and most challenging endeavor we are now facing as old roles are reevaluated in light of cocreating caring-healing relationships.
Practice Exemplar cont.

Watson and Foster (2003) described the potential of such collaboration:

The new caring-healing practice environment is increasingly dependent on partnerships, negotiation, coordination, new forms of communication pattern and authentic relationships. The new emphasis is on a change of consciousness, a focused intentionality toward caring and healing relationships and modalities, a shift toward a spiritualization of health vs. a limited medicalized view. (p. 361)

Our ACT commitment is to authentic relationships and the creation of caring–healing environments.

Summary

Nursing’s future and nursing in the future will depend on nursing maturing as the distinct health, healing, and caring profession that it has always represented across time but has yet to fully actualize. Nursing thus ironically is now challenged to stand and mature within its own caring science paradigm, while simultaneously having to transcend it and share with others. The future already reveals that all health-care practitioners will need to work within a shared framework of caring—health relationships and human—environmental energetic field modalities. Practitioners of the future pay attention to consciousness, intentionality, energetic human presence, transformed mind—body—spirit medicine, and will need to embrace healing arts and caring practices and processes and the spiritual dimensions of care much more completely.

Thus, nursing is at its own crossroad of possibilities, between worldviews and paradigms. Nursing has entered a new era; it is invited and required to build on its heritage and latest evolution in science and technology but must transcend itself for a new future, yet to be known. However, nursing’s future holds promises of caring and healing mysteries and models yet to unfold, as opportunities for offering compassionate caritas services at individual, system, societal, national, and global levels for self, for profession, and for the broader world community. Nursing has a critical role to play in sustaining caring in humanity and making new connections between caring, love, healing, and peace in the world.

References


Rosenberg, S. (2006). Utilizing the language of Jean Watson’s caring theory within a computerized...

Bibliography
For complete listing of all Watson’s calendar, program, publications, videos of presentations, audio readings and other media, go to: www.watsoncaringscience.org.

Journal Articles

**Audiovisual or Media Productions**

CD: Jean Watson: A caring moment. Care for the Journey CD. www.nursing.ucdenver.edu/caring
Watson, J. (1988). The Denver nursing project: human caring [videotape]. University of Colorado Health Science Center, School of Nursing, Denver, CO. Contact: ellen.janasko@ucdenver.edu.
Watson, J. (1988). The power of caring: The power to make a difference [videotape]. Center for Human Caring Video, University of Colorado Health Sciences Center, School of Nursing, Denver, CO. Contact: ellen.janasko@ucdenver.edu.
Watson, J. (1989). *Theories at work* [videotape]. New York: National League for Nursing. In conjunction with University of Colorado Health Science Center/School of Nursing Chair in Caring Science. Contact ellen.janasko@ucdenver.edu.
Watson, J. (1994). *Applying the art and science of human caring* Parts I and II [videotape]. New York: National League for Nursing. In conjunction with the University of Colorado Health Science Center/School of Nursing, Chair in Caring Science. Contact: Ellen.janasko@ucdenver.edu.