Critique of Jean Watson's Theory of Human Caring

Sharon Wehr

Ferris State University

Abstract

There are several theories of caring but Jean Watson’s Theory of Human Caring is unique. She developed her theory identifying ten carative factors that characterize a caring relationship between the nurse and the patient as a human and spiritual being. She believes nursing is a healing art and science which should strive to bridge the technical aspects of nursing with the metaphysical and spiritual dimensions. The caring moment is a main component of Watson’s theory and can be created when a nurse and patient come together with their unique phenomenal fields. This paper explores Watson’s theory and defines her concepts. An internal and external critique of the theory is provided utilizing the publications of Peterson and Bredow and Walker and Avant. In addition, a research study utilizing the theory of human caring is explored and the relevance of this theory to nursing education is examined.

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The theory of human caring is based on the work of Dr. Jean Watson. This theory was developed between 1975 and 1979 however it is evolving to be consistent with her ideas of a more fluid and contemporary movement (Watson, n.d.). This middle-range theory emerged from Dr. Watson’s own views of nursing in combination with educational-clinical and social psychology studies (Watson, n.d.). Jean Watson originally developed this theory “to bring meaning and focus to nursing as an emerging discipline and distinct health profession with its own unique values, knowledge and practices, with its own ethic and mission to society” (Watson, n.d., para. 1). Dr. Watson’s work was also inspired by her participation in developing a college nursing curriculum and an effort to discover a shared meaning to nursing that transcended specialty areas, people and locales (Watson, n.d.).

She developed a framework called “carative factors,” which stands in contrast to conventional medicine and “curative factors” (Watson, n.d.). This paper will describe Watson’s complex theory including conceptual elements and the ten evolving carative factors. In addition an analysis of the theory will be presented, theory research reviewed and the application of this theory to the role of nursing education discussed.

**Theory of Human Caring: Description and Concepts**

Jean Watson developed the theory of human caring to give nursing its own distinctive scientific, disciplinary, and professional reputation (Watson, n.d.). This status is important both for the profession of nursing and the public as recipients of nursing care. This theory gives nurses the ability to validate their profession and separate it from the medical profession. The public, made up of individuals in need of nursing care benefit from this caring-healing model.

Nurse theorists and philosophers, who especially influenced Watson, include Nightingale, Henderson, Leininger, Martha Rogers, and Gadow (George, 2011). Jean Watson expresses a close connection with Nightingale as both are guided by a tremendous sense of commitment and a covenantal ethic of human service (George, 2011). Just as Nightingale answered the call to transform the profession, Watson’s theory has been widely utilized as a model for schools and institutions to put the human element back into the practice of nursing (George, 2011).

According to Dr. Watson there are three main conceptual elements to both her original and evolving theory. The first element is carative factors (evolving toward clinical caritas processes). Originally Jean Watson’s work evolved around ten carative factors that provided a focus for nursing phenomena. She now believes the term “factor” is stagnant and offers the concept of “clinical caritas” as more consistent with a contemporary movement (Watson, n.d.). “Clinical caritas” is an evolving paradigm of transpersonal caring that shifts from carative to caritas (Watson, n.d.). Dr. Watson states “This integrative expanded perspective is both postmodern, in that it transcends conventional industrial, static models of nursing, while simultaneously evoking both the past and the future” (Watson, n.d., para. 6). Dr. Watson presents a transformation of the initial ten carative factors to the clinical caritas processes.

* “Formation of humanistic-altruistic system of values, becomes: Practice of living-kindness and equanimity within context of caring consciousness” (Watson, n.d., para. 10). A nurse’s reflection includes “Who is this person?” and “How should I be in this situation?” (Alligood, 2010, p. 113).
* “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” (Watson, n.d., para. 10). A nurse’s reflection includes, “What information do I need to nurse this person?” and “What health event brings this person to this health facility?” (Alligood, 2010, p. 113).
* “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” (Watson, n.d., para. 10). A nurse’s reflection includes, “How am I attending to this person’s spiritual needs and soul care?” and “Can I find new ways of caring?” (Alligood, 2010, p. 113).
* “Development of a helping-trusting, human caring relationship, becomes: Developing and sustaining a helping-trusting, authentic caring relationship” (Watson, n.d., para. 10). A nurse’s reflection includes, “How can I enter this person’s space?” and “What specific forms of caring will best acknowledge, affirm, and sustain this person?” (Alligood, 2010, p. 113).
* “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” (Watson, n.d., para. 10). A nurse’s reflection includes, “How must this person be feeling?” and “What are the mores about pain in his or her culture?” (Alligood, 2010, p. 114).
* “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 artistry of caring-healing practices” (Watson, n.d., para. 10). A nurse’s reflection includes, “How does this situation compare with my previous experience?” and “What is the uniqueness of this person and this situation?” (Alligood, 2010, p. 114).
* “Promotion of transpersonal teaching-learning, becomes: Engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within other’s frame of reference” (Watson, n.d., para. 10). A nurse’s reflection includes, “Is this person able to understand what he or she is experiencing?” and “How does this person view the future?” (Alligood, 2010, p. 115).
* “Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, becomes: Creating healing environment at all levels, physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated” (Watson, n.d., para. 10). A nurse’s reflection includes, “What is important to this person to make his or her stay comfortable?” and “How can the healing art be incorporated into this space?” (Alligood, 2010, p. 115).
* “Assistance with gratification of human needs, becomes: Assisting with basic needs, with an intentional caring consciousness, administering human care essentials, which potentiate alignment of mind-body-spirit, wholeness, and unity of being in all aspects of care; tending to both embodied spirit and evolving spiritual emergence” (Watson, n.d., para. 10). A nurse’s reflection includes, “Can I let go of the need to fix situations?” and “Am I honoring this person as an embodied spirit in my actions?” (Alligood, 2010, p. 116).
* “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” (Watson, n.d., para. 10). A nurse’s reflection includes, “How can I enable this person to find meaning in this experience and make good decisions about his or her life and/or death?” and “What are the life lessons in this situation for the patient and myself?” (Alligood, 2010, p. 116).

These transformed elements have a spiritual feature with love and caring merging into a new paradigm for the future (Watson, n.d.). There are several theories of caring however the ten clinical caritas are a unique feature of Jean Watson’s theory.

The second element is transpersonal caring relationship (Watson, n.d.). Establishing a trusting, human care relationship is crucial to Watson’s theory (Falk-Rafael, 2000). These relationships are the foundation of her work. She believes one must care for themselves before they can care for others (George, 2011). She indicates that forgiveness, gratitude and surrender are gifts of the universe that puts the nurse in the right spiritual state to care for others in a way that brings healing and meaning (George, 2011).

The third element is a caring occasion or caring moment (Watson, n.d.). When a nurse and another human being come together with their individual pasts and phenomenal fields, a caring moment is created (George, 2011). A caring moment could be a turning point for both the nurse and the patient. That moment in time could be the reason a nurse was put on this earth. Watson believes language limits her ability to explain the concept of a caring moment (George, 2011). She believes that “connecting of human spirits in a caring, loving interaction exists in a timeless field of cosmic energy” (George, 2011, p. 460).

**Theoretical Assertions**

**Nursing**

 Jean Watson believes the word nurse is both a noun and a verb (Alligood & Tomey, 2010). Her theory summons nurses to go beyond procedures and tasks, known as the trim of nursing to the core of nursing which includes those aspects of the nurse-patient relationship that results in an outcome included in the transpersonal caring process (Alligood & Tomey, 2010). The nurse provides care to the patient using the original and evolving 10 carative factors. Watson’s work is emphatic that humans cannot be treated as objects and cannot be separated from self, other, nature, and the universe (Alligood & Tomey, 2010).

**Personhood**

 Watson uses the terms human being, person, life, personhood, and self interchangeably (Alligood & Tomey, 2010). She believes “We are not human beings having a spiritual experience we are spiritual beings having a human experience” (George, 2011, p. 460). She uses the terms mind, body, and soul intentionally to imply and make obvious the spirit and metaphysical which she believes is silent in other models (Alligood & Tomey, 2010).

**Health**

Jean Watson defines health as “unity and harmony within the mind, body, and soul” and is associated with the “degree of congruence between the self as perceived and the self as experienced” (Alligood & Tomey, 2010, p. 99). She believes illness is not just a disease but a “subjective turmoil or disharmony within a person’s inner self or soul at some level of disharmony within the spheres of the person, for example, in the mind, body, and soul, either consciously or unconsciously” (Alligood & Tomey, 2010, p. 99).

**Environment**

 Watson describes the environment as a caring science not just to sustain humanity but to sustain the planet (Alligood & Tomey, 2010). She believes “healing spaces can be used to help others transcend illness, pain, and suffering” (Alligood & Tomey, 2010, p. 99). The environment is like a magnetic field when the nurse enters the room with an expectation created (Alligood & Tomey, 2010). In her current work, Watson addresses the importance of policies, administrative practices and value systems which can be considered part of the environment (George, 2011).

**Assumptions**

 The Theory of Human Caring depends on several assumptions.

* There is a moral commitment and consciousness which is needed to protect human dignity and healing (George, 2011).
* The nurse must have the skill to accurately discover and bond with the inner spirit of another human being (George, 2011).
* The nurse must have the ability to comprehend another’s condition as a being in the world and feel a bond with them (George, 2011).
* A caring-healing modality augments harmony, unity, and well-being and promotes inner healing by liberating some of the obstructed energy that may interfere with the natural healing process (George, 2011).
* The nurse’s past history and experiences. Some of the required knowledge and sensitivity can be obtained through awareness of other cultures, studying humanities, and exploring one’s own values and beliefs (George, 2011).
* The nurse must have the will and determination to uphold the subjective/inter-subjective importance of the person (George, 2011).

**Diagram**

A diagram is provided in figure 1. This diagram demonstrates the journey from the carative factors through an actual caring occasion with the possible outcomes of transcendence, harmony and healing. The human care transactions of an actual caring occasion, inter-subjective caring occasion and a transpersonal caring moment are the access through which the possible outcomes occur.

*Figure 1.* **Watson’s Theory of Human Caring** (From Lynch, Conway, Palmer, Myers, & Erickson, 2008)

**Critical Analysis of the Theory of Human Caring**

**Internal Criticism**

 **Clarity.** Jean Watson describes her concepts such as caring, love, carative factors and caritas in a non-technical, artful way. Her concepts are complex and need to be read more than once to understand the meaning. She writes about transcendence which is not a common word for most nurses. She has increasingly used art, personal reflections and poetry to make her concepts more easily understood (George, 2011). Jean Watson believes her theory can be taught and studied but a person does not truly understand it until they experience it (Watson, n.d.).

 **Consistency.** The Theory of Human Caring is consistent throughout the explanation of the elements of the theory. It has been called many things including the Theory of Human Caring, the Caring Theory, and Transpersonal Caring which is inconsistent and confusing. Critics of Watson’s work focus on the changing definitions and terms and her focus on the psychosocial rather than the patho-physiological aspects of nursing (George, 2011). There are interchangeable terms such as caring moment and caring occasion which can be baffling. Watson addressed this criticism by defining her intent to explain the core rather than the trim of nursing (George, 2011).

**Adequacy.** The Theory of Human Caring offers great understanding for its concepts. There is still developing areas to help further understand the caring competencies. It has been in existence for a long time and has been refined numerous times which creates an acceptable level of adequacy.

 **Logical development.** Watson’s original theory focused on the core of the nurse-patient relationship rather than the technical aspect of nursing. This attempt was to bring attention and importance to nursing as a distinct and emerging discipline (Watson, n.d.). Her original caring factors evolved into the clinical caritas to keep more contemporary views. More components are still emerging including an expanded view of self and person, a caring-healing consciousness, a phenomenal field/unitary consciousness and advanced caring-healing modalities ("Million Nurse," 2010).

 **Level of theory development.** Watson’s theory encompasses nursing as a whole but a caring moment is between the nurse and the recipient. The Theory of Human Caring focuses more on the use of the clinical caritas processes and developing a transpersonal caring connection within the setting of a caring moment. It has been in existence for a long period of time and has been used by researchers as a theoretical framework for their studies. It is a complex theory but appropriate as a middle-range theory.

**External Criticism**

 **Complexity.** Jean Watson’s concepts require a lot of detail to explain. One must read through each carative factor or clinical caritas multiple times to really grasp their meaning. Reading the Theory of Human Caring requires one to think on a high abstract level. The readings could be interpreted in many different ways depending on the reader’s background and experiences.

 **Discrimination.** There are multiple theories of caring but the Theory of Human Caring is a unique theory with its caring factors or clinical caritas. This is easily seen in its theory concept explanations. Research using Watson’s Theory of Caring will have unique outcomes compared to other theories of caring.

 **Reality convergence.** Jean Watson’s theory measures high for reality convergence. Nursing is caring. Nurses must care for those who are unable to care for themselves thus this theory is extremely appropriate. Caring is the core of most nurse’s practices and we want this theory to be reality but it does not always reflect the real world.

 **Pragmatic.** Jean Watson’s goals have always been to bring caring to the real life setting. She created the Watson’s Caring Science Institute and the International Caring Consortium to further her goals. The American Nurses Credentialing Center’s magnet hospital designation has created a newfound interest in theory-guided practice (Foster, 2006). There are positive outcomes for both patients and nurses, resulting from an innovative model of care based on Watson’s theory. Many hospitals have established Relationship Based Care (RBC) which is founded on the theory of caring. RBC includes caring for self, co-workers and patients.

 **Scope.** This theory has a comprehensive range and looks at the entire scope of caring in nursing. This may cause it to seem abstract and may dissuade nurses from applying it to their practice. It is appropriate as a middle-range theory but it is complex and can be difficult to understand. This theory does not specify precise guidelines on how to establish a caring-healing relationship. Nurses that want a concrete formula may not feel comfortable applying this theory (Alligood & Tomey, 2010).

 **Significance.** Even though the theory is broad and complex it is extremely applicable to nursing practice. Many educational institutions and hospital systems are incorporating this theory in their philosophies. The research generated from it is significant and has improved health outcomes and quality of life.

 **Utility.** This theory is practical for all ages and populations in the health care discipline. It is a very beneficial theory in nursing practice and much research has utilized it. Even though the theory can be argued as abstract it has not stopped its utilization in a wide variety of research in nursing.

**Research Generated and Theory Application**

 There are many research studies available that utilized Watson’s Theory of Caring. One research study applied this theory to a group of 52 patients with hypertension in four health care groups in Turkey (Erci et al., 2003). These patients were asked to partake in a research project related to nursing care. After they accepted, blood pressure measurements were taken and questionnaires involving demographic and quality of life were given. Each nurse researcher was trained in the use of Watson’s Theory of Caring and the 10 carative factors (Erci et al., 2003). This training served as the foundation of the caring process (Erci et al., 2003). Each week for a three month period the researchers visited the patients to measure their blood pressure. The foundation of the caring process was the training based on Watson’s theory. The results revealed a statistically significant difference between the mean scores of general well-being, physical symptoms and activity, and medical communication. Significant differences in systolic and diastolic pressures were significant. This study established a relationship between care given according to Watson’s Caring Model and quality of life for these patients (Erci et al., 2003). A relationship between the Caring Model and a decrease in the patient’s blood pressure was also recognized. This theory is proposed as a model for patients with hypertension, as one means of decreasing blood pressure and increasing quality of life (Erci et al., 2003).

 A different aspect for applying this theory includes the utilization of Jean Watson’s theory within a computerized clinical documentation system (Rosenberg, 2006). One Chicago-based healthcare system adopted Watson’s Theory of Caring as part of their revised nursing philosophy (Rosenberg, 2006). According to Rosenberg, Jean Watson asserts that the 10 carative factors are dimensions that offer structure and guide to the theory. They can be used as an expressive tool while providing the caring human dimensions of nursing practice such as assessment, interventions, and charting. It was discovered during implementation of the theory that there was no mechanism within the current electronic documentation system for staff to document the patient experience using the language specific to this theory. During an upgrade to this system it was decided new terminology would be added to the documentation system so interventions developed utilizing Watson’s theory would be added. When it was time to implement the new change a group of staff nurses, managers and other leaders known as “The Caring Advocates” were trained to assist the education of the rest of the staff. Kick off week included a lecture by Jean Watson. Nurses expressed excitement that the theory was now part of the documentation system. Handbooks were also supplied which described how to use the theory for daily documentation. A random search of patient records concluded 87% had at least one carative factor recorded. Many organizations integrate nursing science theory within their nursing philosophies however they must ensure the tools are available for nursing staff to document the theory in daily practice (Rosenberg, 2006). Nursing needs to continue to better define and develop the terminology needed to document patient events within the context of a specific theory such as Watson’s Theory of Caring. This will bolster the strength between nursing theory and nursing practice.

 Watson’s Theory of Caring was also used as a foundation for development of an instrument to measure nursing students’ perception of instructor caring (Wade & Kasper, 2006). The Nursing Students’ Perceptions of Instructor Caring (NSPIC) was painstakingly developed based on Jean Watson’s theory. The items for the NSPIC were developed in collaboration with Dr. Jean Watson and validated by Dr. Carolie Coates (Wade & Kasper, 2006). Developing this instrument required defining the concept of nursing students’ perceptions of instructor caring, developing the scale items, and reviewing the items for relevance and clarity. The NSPIC was designed to reflect the 10 carative factors in Watson’s Theory of Caring. After a pilot study was conducted a larger scale study was administered. A sample of 88 senior and 43 junior nursing students answered the NSPIC which included such questions as “my instructor shows genuine interest in patients and their care” and “my instructor makes me feel like a failure” (Wade & Kasper, 2006, p. 165). Inspection of the scores revealed most students perceived their instructors as caring however there was a significant mean difference between the scores of the junior and senior students. Senior students perceived their instructors significantly more positive than the junior students did. The NSPIC is in the early stages of development and this study showed only one field test. Additional testing with larger and more diverse samples will be needed. During this era of evidence-based practice, empirical evidence of caring interactions between students and faculty help move us closer to identifying and honoring the profound nature of nurses caring work (Wade & Kasper, 2006).

 Even though there are numerous research studies utilizing Watson’s theory, her work has been criticized by those who do not come from the same “Era III paradigm” (George, 2011, p. 470) that is used as a context for the theory. There is a lack of physical importance which annoys those practicing from the more technical medical model (George, 2011). Jean Watson’s theory attempts to put the focus back on the person and attempts to rekindle the passion in nursing. The future of this theory will mostly be determined by the degree in which the public and the minority of professional healers can “transform sickness treatment systems into the healing/health care centers of a caring, holographic cosmology (George, 2011, p. 470).

 Watson’s theory constructs and values are applicable in any situation or setting where the importance of humanity is a concern. In nursing, the Theory of Human Caring is easily applied to both educational curricula and practice settings (George, 2011). Several universities use nursing education models based on caring philosophies. Increasingly hospitals are also basing their nursing philosophies on a caring theory. Watson’s theory can provide this framework in both institutions. Utilizing this theory involves subjective and both rational and non-rational reflection (Alligood, 2010). She emphasizes the nurse’s subjectivity and ontological capability is critical to caring and healing (Alligood, 2010). This theory thus emphasizes and enhances the phenomenon of clinical reasoning and critical thinking. These are exceptionally valuable aspects of experienced nurses. Teaching this theory to student nurses may enhance their skills in these vital areas.

In summary, Jean Watson’s Theory of Human Caring is important to the future of nursing throughout humanity. Her initial wisdom to create meaning and focus to nursing as an emerging discipline and a unique health profession is even more applicable in today’s tumultuous health care environment. Nursing is quickly moving towards the forefront of our health care system but it must not forget caring as its foundation.

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