Watson's Human Care Theory and the Art of Nursing:

A Comparative Analysis

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Presentation of theorist: Jean Watson

Watson’s Human Care Theory and the concept of the art of nursing are defined and discussion is centered on the similarities and distinctiveness found in each. The Human Care Theory is predicated on the major concept of caring, while the concept of the art of nursing is more elusive in its definition. The operationalization and application to the areas of practice, leadership and research are also examined.

Personal Experiences

Jean Watson was born and raised in West Virginia, the youngest of eight children. She settled in Colorado after marriage as that was her husband’s home state. She is a widow with two daughters and five grandchildren. Her husband Douglas passed away in 1998. His death and the loss of an eye were traumatic experiences that augmented her awareness and perception of her work (Neil, 2002).

Educational Background

Watson’s highest degree is a doctorate of philosophy earned in the study of educational psychology and counseling in 1973. All of her secondary education was completed in Colorado and she continues to reside there. Watson views liberal arts as a solid precursor to being able to care for patients in a holistic manner (Neil, 2002).

Work Experiences

Watson has been worked in various positions within academia. She has been on the faculty at the University of Colorado since completing her Ph.D. degree. Her theory and subsequent writings began as she put together notes for a course she was teaching. Watson has been the recipient of numerous honorary degrees, grants, and awards, all related to her work in the field of nursing and the subsequent development of her theory. In 1986, she founded the
Original Center for Human Caring at the University of Colorado. The center had several goals: to combine knowledge from various sources which could be used to further research, and to serve as a source of information for others interested in the subject of caring ("Caring in action", 2008).

**Reconstruction of Professional Network**

Watson credits Rogers, Peplau, Leininger, and Gadow as providing some of the framework for her work. Carl Rogers was distinctive in that he proposed that nurses are influential to patients but should not control them, and that the relationship between the provider and patient is important to patient outcomes. This came at a time when patients were told what to do and most often complied with their providers’ orders (Neil, 2002).

**Works Developed**

Watson developed a philosophical nursing theory of human caring. It is based on ten carative factors which she first wrote about in 1979. Her theory has evolved over time and has been revised in 1985, 1999, and 2005; the caritas process has replaced the carative factors and adds a dimension of spirituality (Chantal, 2003). Through all the revisions, caring has remained the central focus of Watson’s theory (Jesse, 2006).

**Description of Watson’s Human Care Theory**

**Major Concept**

*Caring*. The single most important concept associated with Jean Watson’s theory is caring. Caring has been defined in a variety of ways. Due to the diverse nature of caring as a concept, a search of the literature was unsuccessful in finding a single definition of the term, as it pertains to nursing. The argument presents itself that caring is not unique to nursing. Sorial (1997) describes the discourse of whether caring should be part of the meta-paradigm of nursing,
or whether it is a central concept applicable to many other professions and theoretical perspectives. While the potential for debate about this topic is high, what is more important is what scholars mean when they discuss caring from a conceptual standpoint. Watson (2012) views caring as not simply an action or task, but rather the ethical and moral ideal through which nurses connect with their patients.

Finfgeld-Connett (2008b) reviewed and collated results from 55 studies that considered the meaning of caring in nursing. Several themes emerged from the resulting paper. Finfgeld-Connett (2008) found agreement with Watson in viewing caring as an interpersonal process, but extended the description further by considering caring to be context related.

Como (2007) provided significant depth to the discussion surrounding caring by reviewing the work of several scholars. She reported that much like Watson, others feel that caring is multifaceted, occurs on many levels, and is inseparable from the moral foundation of the nurse. Essentially, the caring interaction between the nurse and the patient can only occur on an interpersonal level (Como, 2007).

**Operationalization of theory**

**Carative processes.** Watson developed ten carative processes that provide a basis for operationalizing her theory. Each process animates a specific area of the theory and allows for broad interpretation and application.

Initially, there were ten carative factors which, over time, were transformed into the carative processes, as these better reflected the nature of the theory. These changes were driven by Watson’s own growth and development as a nurse and as a person. The carative processes display more of a spiritual undertone and emphasize awareness of the patient on a holistic level.
Caring is not a goal oriented task and requires knowledge and understanding in both science and metaphysical beliefs (Watson, 2012).

Watson delineates the carative processes, all of which address global actions and/or interventions by the nurse. To some extent the carative processes can be categorized by the type of intervention. The first four carative processes encompass actions on the part of the nurse that allow for authentic use of self within the relationship. For example, in a situation where the client is at end of life, the nurse may be fully present, may use touch and spiritual support to communicate caring and compassion (Watson, 2012).

The exchange of energy and spirituality is honored and now it is not only about the authentic use of self, but engagement with the patient. The focus of factors five, six, and seven moves well beyond the nurse in isolation and integrates the needs of the patient. Within these factors the nurse adopts a more active role, and while the authentic self is present the nurse engages the patient in developing action oriented outcomes (Watson, 2012).

Factors eight, nine, and ten traverse the physical realm and enter the existential sphere. The nurse attempts to create an environment which touches the patient in multiple tangible and intangible ways. One goal for the nurse within these factors is the creation of a healing environment which envelops spiritual and energetic forces (Watson, 2012).

Watson (2012) asserts the ability of the nurse to understand, apply, and evaluate interventions within the framework of the theory relies upon a broad base of knowledge and competence in clinical care.

**Assumptions of Human Caring Theory**

There are seven assumptions upon which Watson developed her theory.

1. Caring can be effectively demonstrated and practiced only interpersonally.
2. Caring consists of carative factors that result in the satisfaction of certain human needs.

3. Effective caring promotes health and individual or family growth.

4. Caring responses accept a person not only as she/he is now but as what she/he may become.

5. A caring environment is one that offers the development of potential while allowing the person to choose the best action for him/herself at a given point of time.

6. Caring is more “healthogenic” than is curing. The practice of caring integrates biophysical knowledge with knowledge of human behavior to generate or promote health and to provide ministrations to those who are ill. A science of caring is therefore complimentary to the science of curing.

7. The practice of nursing is central to nursing. (Bailey, 2009, p. 18)

Watson describes the caring process as allowing nurses to engage in a transpersonal process through which healing also occurs (Lukose, 2011).

**Relationship of Components**

The components of the theory are dependent upon each other and should be continuous. However, there is more to caring than simply performing actions which are mandated in the day to day duties of nursing. Caring requires intent to know the patient and oneself, to be in the moment with the patient, and to make a conscious effort to create not just a caring environment, but one that heals (Watson, 2012).
Description of the Art of Nursing

Concept definition

Providing an accurate definition of aesthetics is challenging. Typically we think of something as aesthetic as pleasing to one of the senses. Every individual defines and responds differently to what is aesthetically pleasing, that is aesthetic standards. Defining aesthetics in relationship to a theory becomes problematic as a theory’s attributes do not necessarily translate to beauty. However, Chinn and Kramer (2008) suggested the “appeal (subtle feeling response)” (p. 152) to a theory is arrived at through the construction of the theoretical components. Chinn and Kramer (2008) go on to suggest that without the appeal, the theory lacks attractiveness, thus the art of nursing has a conceptual definition, rather than a specific single definition. Chinn and Kramer (2008) provide a strong conceptual definition when they state the art of nursing is “the elements that form the whole of the art as a product; the technical skills involved in creating the art/act; and the processes by which those elements can be shaped to form a satisfying, artistically valid whole” (p.154).

Essential Components

Finfgeld-Connett (2008a) suggested that three significant components of the art of nursing are relationship-centered practice, expert practice, and outcomes.

Relationship centered practice. In relationship-centered practice (Finfgeld-Connett, 2008a), the nurse makes decisions related to patient care based on past experiences with the situation, an awareness and knowledge of self, and an understanding of the patients’ needs in the moment.

Expert practice. Expert practice (Finfgeld-Connett, 2008a), refers to the knowledge and experience needed to solve problems that may require one to think beyond the realm of what is
customary and usual. Hospital policies and evidence based guidelines may not provide sufficient answers to situations which require a more creative response.

**Outcomes.** Both patients and practitioners demonstrate positive outcomes in light of the practice of artful nursing. Patients’ level of distress may be less and their general sense of well-being may be increased. That is, patients respond positively to the nurse’s ability to practice aesthetically (Finfgeld-Connett, 2008a).

The outcomes that practitioners experience under the auspices of artful nursing practice may also be positive. There is a cyclical relationship between personal and professional growth and the enthusiasm the nurse brings to her practice (Finfgeld-Connett, 2008a).

**Operationalization of art of nursing**

Finfgeld-Connett (2008a) described kindness, compassion, healing touch, humor and thoughtful doing as methods of displaying the art of nursing. It is how the nurse performs the tasks associated with patient care that transform them from mundane to art (Chinn & Kramer, 2008). It may seem that the better conditions for the art of nursing to take place require time and space, but in the emergency department, the art of nursing can be practiced and present even when time and space are limited because it is an abstract concept. The length of the interaction may be less, but when there is a nurse with expertise practicing, the artful comes through in a moment of hand holding, or in the intuitive sense of an impending code.

**Relationship of Human Care Theory to the Art of Nursing**

**Common Attributes**

**Knowledge.** As the nurse attempts to know the patient as a person, the caring moment becomes a moment of being engaged with the patient on a higher level. While empirical knowledge is necessary in nursing, personal knowing is essential in the art of nursing, by altering
the moment to one that just is, to one that is unique and meaningful to the patient and the nurse (Carper, 1978)

**Connectedness.** Being in the moment is just as important to Watson’s Human Care Theory as it is to the art of nursing. In order for caring or the art of nursing to occur, the nurse must feel a connectedness with the patient. The nurse demonstrates compassion and caring for the patient that transcends the everyday hand-holding when she is aware and in the moment (Watson, 2012).

**Whole being.** Chinn and Kramer (2008) described spirituality as one’s life force and the very essence of what makes each person an individual. Many aspects of nursing have changed over time, but the concept of caring has remained a constant. The healing power of touch and caring, the attending to of mind, body, and soul disharmonies by the nurse should be the “highest form of health and the goal of nursing care” (Sarter, 1988, p.55). Watson identifies one of the characteristics of the soul as “ higher and greater degrees of consciousness” (Sarter, 1988, p. 55) which also encompasses the ability to create transpersonal moments.

**Authenticity.** Personal knowing, connectedness, and whole being all require authenticity. These attributes are so enmeshed that it is difficult, if not impossible to have one without the others. The healing process can begin with the caring moment artfully practiced by the nurse who brings her genuine self into the moment (Watson, 2012).

**Unique Attributes**

**Intuition.** Chinn and Kramer (2008) described intuitive knowing as “immediate knowing of something without conscious use of reason” (p.138). The act of caring as described in Watson’s Human Care Theory does not necessitate the use of intuition. However, when the practice of nursing evolves to the art of nursing, intuition plays a role. The nurse may perceive
what is meaningful to the patient in the moment and not be consciously aware of this, but her actions reflect the perception (Chinn & Kramer, 2008). Intuition may rely on a collection of data and as the nurse becomes experienced, is able to integrate that data. Caring can take place in a moment, but the art of nursing shapes the moment into a transformative act (Chinn & Kramer, 2008).

**Experience.** The art of nursing is developed through the nurse’s past experiences, both in her personal life and in her work. The nurse who has achieved a level of excellence in practice may use empirical and metaphysical knowledge to develop creative solutions which result in more favorable outcomes for their patients (Finfgeld-Connett, 2008a). A nurse limited in experience may still be able to create a caring environment for the patient as detailed in the Human Care Theory.

**Action.** Caring is more action oriented, using therapeutic touch for example. The art of nursing is less tangible, such as the use of empathy where the reflective practitioner considers her actions and their meaning to the patient (Kim, 2000).

**Carative processes.** The Human Care Theory delineates ways of practice and the art of nursing focuses on artful practice. The ten carative processes result in meeting the needs of the patient and focus on healing and promoting growth of the individual. Caring occurs through the process. The art of nursing is not a process and can be realized in a moment of connectedness with the patient through situation specific shared experiences.

**Application of Human Care Theory and the Art of Nursing**

**Potential for Usefulness**

Human Care Theory can be used in multiple settings such as nursing practice, leadership and education. It is a theory that is in practice globally, with Watson and her international
colleagues holding workshops around the world (Clarke, Watson, & Brewer, 2009). The art of nursing lacks a single definition and as such, it would be difficult to state where and how it is being practiced. But if one believes that artful nursing occurs after a nurse has reached a certain level of competency and experience, then it would stand to reason that the art of nursing is also practiced in a variety of settings.

**Practice.** The Human Care Theory is useful in practice as it encourages nurses to consider the patient as a whole. If one considers caring to be the essence of nursing, then Watson’s theory provides a sound foundation for the practice of nursing. One can use the Human Care Theory to guide nursing interventions and establish outcomes and would be particularly appropriate in the palliative care (McEwen & Wills, 2011). Hospitals have adopted the theory as they strive to attain Magnet status, with results that surpassed expectations, in terms of patient and staff well-being. Hospitals in California, Colorado, Florida, Kentucky, South Carolina, Virginia and Wyoming have implemented Watson’s theory (Clarke et al., 2009). Nurses who utilize theory in their practice become better nurses as they use their clinical knowledge combined with the knowledge derived from the theoretical basis. In this way, they also may incorporate the art of nursing as their clinical experience expands (McEwen & Wills, 2011).

**Leadership.** The Human Care Theory also focuses on caring for oneself and being authentic. Authentic leadership can help to create a healthy work environment which in turn leads to increased staff satisfaction and subsequently, increased patient satisfaction (Shirey, 2006). Pipe (2008) links effective leadership with self-reflection and personal growth which can be influenced through the carative processes as outlined in Watson’s theory. Research has shown that effective leaders are intuitive and display caring behavior to those they work with.
The art of nursing entails using an intuitive sense, so one might say that there is an art to being an effective leader.

**Education.** Human Care Theory has been used in nursing schools across the country, including the University of Colorado. In a study from 2002, Watson emerged as a theorist more commonly used by a variety of nursing programs, ranging from the associate to baccalaureate degree levels, than other theorists (McEwen & Wills, 2011). Watson’s humanistic approach is reflective of the influence Carl Rogers had on the development of her theory. The Human Care Theory transitions well into the educational setting, where the nurse is the educator and the patient is the student. McEwen and Wills (2011) state that learning involves emotions as well as intelligence and that this aspect should be attended to. The art of nursing and its use of creativity in finding solutions can also be used in the field of education, particularly when dealing with a new concept students find challenging. Innovative new ways to teach a tired, old subject can bring a refreshing twist to the classroom.

**Theory restrictions.** The language and concepts of the Human Care Theory can be abstract and difficult to understand. The use of metaphysics is not based on empirical science and cannot be readily explained through research. The concept of the art of nursing is more difficult to operationalize because it is a subjective experience. It is acquired through experience and as such, it is difficult to teach one how to be artful at nursing.

**Research.** Watson has recently refined the Human Care Theory through the addition of the ten carative processes. As such, one can consider it a dynamic theory because it has evolved over time as Watson has developed as a person. The theory can be useful in areas such as complementary health practices and education of nursing students. McEwen and Wills (2011) provide examples of research which have been based on Watson’s theory. They include
spirituality, exploring hope, caring for dying patients and students perceptions of instructor caring (p. 178). The art of nursing, as an abstract concept is difficult to measure. There is no single definition as to what constitutes aesthetic nursing practice. If research is to take place, a consistent method of measuring and defining the art of nursing needs to be recognized (Kim, 2000).

**Future directions.** Future research questions would involve how to more effectively incorporate the theory into associate degree programs. Educators, keeping an eye toward caring for the student, much in the way Watson describes caring for the patient, may find it an effective way to motivate students. In this way, the student can live the experience and might be more likely to extend that caring to their patients (Lukose, 2011).

**Conclusion**

Theory has a place in the profession of nursing. It lends order to what could be chaotic without the guidelines theory provides. In writing this paper, I have had to analyze, and think about concepts which while often difficult to do, did bring about a greater awareness and understanding of Watson’s theory. The Human Care Theory utilizes a humanistic approach and can be useful in different areas of nursing. It is also a wonderful approach to day-to-day life. It highlights the importance of being in the moment, and that includes not only for the patient but also for one’s own loved ones. It legitimizes the idea of taking care of oneself, of using reflective practice, and of being emotionally connected to your patients.
References


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