

# The Journey to Integrate Watson's Caring Theory with Clinical Practice

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## Abstract

**This article describes the process of integrating Jean Watson's (1985, 1988, 1999) caring theory with nursing practice. Strategies to transition the theory from a multihospital system conceptual level to a departmental-specific operational level are discussed. Benefits and barriers in implementing nursing theory within the practice setting are also revealed.**

*Key Words: Watson, nursing, caring, theory, integration, implementation, benefits, barriers*

In the spring of 2003, the notion of integrating a nursing theory with clinical practice across a multihospital healthcare system emerged. Nursing leadership within the healthcare system recognized that clinical practice would be strengthened through the integration of an established nursing theory. An established nursing theory would strengthen practice by providing structure and language to describe, explain, support, and guide the professional nursing practice (Meleis, 1997). It would openly proclaim the beliefs and values that underpin the nursing practice, and thus it would express essences of professional nursing that had formerly been unspoken. It would make explicit what was previously merely implied. Additionally, by selecting and integrating one established nursing theory across the healthcare system, the vision for and language of nursing would be unified across the various entities of the system, solidifying and strengthening the system nursing practice as an integrated whole. This notion, then, was the impetus to begin the journey to integrate nursing theory with clinical practice.

The selection of a nursing theory was the logical first step to begin this journey. It was imperative that the selected nursing theory be congruent with the mission and core values of the healthcare organization. The mission of the organization purports that the organization "...exists to witness God's sustaining love through compassionate, family-centered care. Motivated by a reverence for life and respect for those we serve, we are committed to improving the health and well-being of our community..." (Resurrection Health Care, 2005).

The core values of the organization are represented by the acronym CARES: **C**ompassion, **A**ccountability, **R**espect, **E**xcellence, and **S**ervice (Resurrection Health Care, 2005). Nursing leaders who were doctorally or masters-prepared, familiar with both the organization's mission and core values, and nursing theories were consulted and asked to recommend a congruent nursing theory. Their recommendation was to integrate Watson's (1985, 1988, 1999) caring theory as it was most consistent with the organization's mission and core values.

A doctorally prepared nursing leader within the organization was then given the charge to facilitate the integration of the selected nursing theory and move the theory from a conceptual level to an operational level. Over the next several months, this nursing leader developed and presented various overviews of Watson's (1985, 1988, 1999) caring theory to key persons within the organization, including facility board of directors and vice presidents, and system nurse executives and nursing leadership representatives. The board of directors, vice presidents, and system nurse executives were briefed on the reasons behind the initiative to integrate nursing

theory with nursing practice and were given a summary of Watson's caring theory. The system nursing leadership representatives were provided a full-day workshop to familiarize themselves with nursing theoretical concepts, to explore Watson's caring theory, to discuss the ten carative factors from Watson's (1985) foundational work and their relevance to nursing practice, and to develop strategic action plans to integrate the theory at their individual institutions. The strategic action plans developed at the end of the workshop included such ideas as providing written invitations to staff nurses to join discussion groups that explored the relevance of the caring theory to their own work, and/or to discuss carative factors at unit meetings. The strategic action plans thus explicated specific methods that the nursing leadership groups hoped to employ at each of their respective facilities to move the nursing theory from the conceptual level to the operational level.

With this foundational work in place, the doctorally prepared nursing leader next turned her focus on guiding the integration work within her home facility. That home hospital was linked with one of the other system hospitals for this endeavor; thus the nursing leader asked for volunteers from both of those two hospitals to participate in a council whose main objective was to integrate nursing theory with practice. Nursing directors, managers, educators, and staff nurses who embraced the tenets of Watson's (1985, 1988, 1999) theory and/or those interested in exploring nursing theory and the possibilities of this endeavor were selected as participants. This core council consisted of 20 representatives from the two hospitals and eventually came to be known as the Caring Advocates.

The initial meeting of the Caring Advocates took place in May 2003. During that meeting, the nature of the council work and the role of the participants were discussed. The nature of the council work encompassed more than the completion of delegated tasks. So too, the participant role was broader in scope than merely task achievement. The council participants were expected to be scholars who would explore and reflect upon nursing theory, and guide their fellow nurses to do the same. The participants were to serve as bridges, supporting the journey to integrate nursing theory with clinical practice. They were to be catalysts that sparked the interest in nursing theory among their nursing colleagues and risk-takers, not afraid to challenge the status quo. They also needed to be visionaries that fostered new perspectives.

During this initial session, the impact of nurses' belief systems upon the nature of their nursing practice was also explored. The participants considered how each nurse's beliefs regarding the core concepts of nursing—the concepts of humans, health, and the environment— influence how they approach and care for others. To graphically depict the significance of underlying belief systems, two film clips were viewed: one showing the insensitive and controlling Nurse Ratched from the classic motion picture, *One Flew Over the Cuckoo's Nest* (Zaentz, Douglas, & Forman, 1975) and the other depicting the sensitive and patient-centered nurse caring for the terminally ill English scholar, Vivian Bearing, in the motion picture, *Wit* (Bosanquet & Nichols, 2001). The participants discussed the possible belief systems held by each nurse depicted in the film portrayals; that is, what each nurse may have believed about humans, health, and the environment and then how those beliefs influenced how they valued and cared for their patients. This discussion led to a presentation revealing Watson's (1988) beliefs regarding humans, health, and the environment.

Watson (1988) espouses that human life is “a gift to be cherished—a process of wonder, awe and mystery” (p. 17). Watson also holds:

...a view of the human as a valued person in and of him- or herself to be cared for, respected, nurtured, understood and assisted; in general a philosophical view of a

person as a fully functional integrated self. The human is viewed as greater than, and different from, the sum of his or her parts. (p. 14)

Health is seen as "...unity and harmony within the mind, body, and soul..." (Watson, 1988, p. 48). Regarding the environment, Watson purports that within the current environment of the healthcare system:

The person is split apart and the soul is replaced with narcissism of self or denied all together. The human soul is further destroyed with a depersonalized, manmade environment, advanced technology, and robot treatment for cure, delivered by strangers in a strange environment. (p. 39)

She states that the "mandate for nursing...is a demand for cherishing the wholeness of human personality" and to focus on "human relationship and transaction between persons and their environment and how that affects health and healing..." (Watson, 1988, pp. 29, 14). She calls for a balance between high-tech and high-touch in the environment, and summons the nurse to be "... a scientist, scholar, and clinician but also a humanitarian and moral agent" (p. 54) that utilizes his/her *person* to transform the environment into one in which healing can occur.

Watson's (1988) beliefs were compared to the beliefs that underpin the traditional medical model of healthcare. The beliefs of the traditional medical model reduce the human to body systems, or even further to individual cells or atoms, in order to cure a disease. The participants discussed the differences between the beliefs underpinning the traditional medical model and those undergirding the nursing model of healthcare. The dialogue among the Caring Advocates highlighted the fact that the nursing model and medical model are complimentary to but different from one another and that both perspectives are valuable to the health of society.

The Caring Advocates proceeded to meet every other week for 9 months exploring each of Watson's (1985) ten carative factors in depth. According to Watson, these ten carative factors form a structure for studying and understanding nursing as the science of caring. Those carative factors are:

1. The formation of a humanistic-altruistic system of values.
2. The instillation of faith-hope.
3. The cultivation of sensitivity to one's self and to others.
4. The development of a helping-trust relationship.
5. The promotion and acceptance of the expression of positive and negative feelings.
6. The systematic use of the scientific problem-solving method for decision making.
7. The promotion of interpersonal teaching-learning.
8. The provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment.
9. Assistance with the gratification of human needs.
10. The allowance for existential-phenomenological forces (pp. 9-10).

It was felt that if the Caring Advocates were to be successful in bringing the caring theory to life at the nursing unit level, they would need an extensive understanding of and appreciation for the carative factors. The participants demonstrated full dedication to this endeavor and emerged themselves in this scholarly work. They prepared for the biweekly meetings by reading about each of the carative factors from Watson's (1985) foundational work, *Nursing: The Philosophy and Science of Caring*. They thoughtfully considered and discussed reflective questions to deepen their understanding of the theoretical content and they willingly explored the relevance of each carative factor to their own nursing practice. The questions utilized to facilitate the self-reflection and group discussion included such questions as:

1. What does this carative factor mean to you?
2. Do you see this carative factor lived out in your area of practice? If not, how would your practice setting be different if this carative factor were present?
3. Give an example of a situation in which a nurse displays this carative factor.
4. Give an example of a situation in which a nurse does not display this carative factor.

Participants were also asked to bring in and present creative arts that displayed the carative factors, such as poetry, paintings, and music.

Story-telling became a central component of the biweekly dialogues. Nurses on all levels of practice—from nursing administrators, to nursing managers, to nursing educators, to staff nurses—were able to share past practice situations in which the carative factors were exemplified. The participants were also able to discuss situations in which the carative factors were not present, which further led to dialogue about how nurse-patient encounters might have been enhanced if the carative factor had been utilized. These story-telling and creative art dialogues held several benefits. They brought the caring theory to life, moving it from a conceptual level to the operational level of the practice setting. They affirmed that the stellar nursing professionals were already living out the theory. The discussions confirmed that the caring theory actually did explain, describe, guide, and support nursing practice; it gave language to the previously unspoken beliefs and perspectives of the nursing profession, so that the nursing professionals could better envision, realize, and articulate their unique role in healthcare.

Once the Caring Advocates were knowledgeable of and comfortable with Watson's (1985, 1988, 1999) caring theory, their next goals were to share the theory with their nursing colleagues and to make the theory an integral part of nursing practice. They developed essential strategies to accomplish these goals. The strategies were to:

1. Weave the caring theory into the existing corporate nursing philosophy.
2. Introduce the revised corporate nursing philosophy and the caring theory to fellow nursing leaders.
3. Allow the nursing leadership team to develop tactics to best integrate the caring theory within their individual units.
4. Use the caring theory as a component of recruitment and selection of new nurses.
5. Introduce the revised corporate nursing philosophy and the caring theory to newly hired nursing personnel during orientation.
6. Weave the caring theory into the nursing job descriptions and clinical ladder.
7. Incorporate the nursing theory into future educational offerings, emphasizing the holistic nursing perspective.
8. Incorporate the carative factors into the clinical documentation system.
9. Revise nursing shift-report tools to enhance communication of individual patient preferences.
10. Empirically measure the impact of the initiative to integrate the caring theory into clinical practice.

The Caring Advocates worked in collaboration with the other nursing theory leadership councils throughout the organization's system to revise the corporate nursing philosophy. The revisions centered on weaving the tenets and language of the caring theory into the existing corporate philosophy. The revisions were approved by the system nurse executive council.

The next step for the Caring Advocates was to develop an educational session for the nursing leadership of both of their affiliated hospitals to unveil the newly revised corporate

nursing philosophy and provide a synopsis of Watson's (1985, 1988, 1999) caring theory. The educational session, which took place in February 2004, evolved into a commencement dinner celebration that rekindled the spirit of nursing among the attendees. During the celebration, members of the Caring Advocates presented each carative factor, providing a description of the factor and presenting a story from their past nursing career that exemplified the factor in the practice setting. The evening concluded with a brainstorming session during which the leaders devised tactical plans for integrating the theory within their own departments. Suggested unit tactics derived from that brainstorming session that have been implemented to date include (a) bulletin boards dedicated to communication about Jean Watson and the caring theory are exhibited in nurses' lounges, (b) stories that exemplify the carative factors are posted on the unit bulletin boards, (c) carative factors are discussed during unit meetings and stories from the practice setting exemplifying the carative factors are shared during this time, (d) lists of the carative factors are posted in various locations on nursing units, (e) meal-time discussions regarding carative factors are held for those interested in participating, (f) inspirational quotes from Jean Watson are used for reflections to begin unit-based meetings, (g) articles on the caring theory have been published in unit-based newsletters, (h) unit binders are available for staff to journal and share their caring stories, (i) carative factor questions have been incorporated into annual competency validations, and (j) storyboards and/or collages have been created by staff to demonstrate their unit's unique caring perspective.

In addition to these tactics, each nursing unit was provided their own copy of Watson's (1985) publication, *Nursing: The Philosophy and Science of Caring*. Selected works by and about Jean Watson were also made available through the medical library within both hospitals.

Nurse recruiters have brought the caring theory to the recruitment and selection processes of new nursing staff. Nurse recruiters are now informing prospective candidates that the nursing practice of this organization is based upon the caring theory. During the interview process, recruiters ask candidates to describe a caring moment from their past. New graduates may describe a situation from their student clinical rotation or a time when they perhaps cared for a family member or friend, or even a time when they were the recipient of someone else's care. Seasoned nurses may tell of a caring moment from their past clinical practice. The responses provided by the candidates assist the recruiter and the management team to select practitioners who best fit within the nursing culture of caring.

The revised nursing philosophy and the caring theory have now been incorporated into the nursing orientation throughout the system. New employees have provided positive feedback regarding this component of the nursing orientation. One seasoned nurse, new to the system, made the following comment after hearing this content, "I have been a nurse for over 20 years. This is the first time that I have heard the nursing profession and nursing practice described so well."

The nursing theory has been woven into the job descriptions and the clinical ladder process. The nursing job descriptions now include a statement that the nurses must be competent in both technological skills and the carative factors of the caring theory. Within the clinical ladder process, candidates applying for clinical advancement are interviewed by a clinical ladder assessment team. As part of the interview process, the candidate shares a story from their professional practice that demonstrates how they positively influenced a patient outcome. The candidate must then identify and discuss the carative factors exemplified in their story.

Nursing theory has also enhanced educational offerings. Nursing grand rounds are presented each month as part of the hospital educational offerings. Nursing theory is woven into

these presentations. Components of the caring theory and/or specific carative factors are referenced as theoretic frameworks for these offerings. The educational offerings have also taken on a more holistic approach, addressing body-mind-spirit components of the health-illness experience. Previously, educational offerings often focused mainly on the physical nature of a medical condition. It is evident that the nursing educational offerings are now more often underpinned by the holistic nursing model rather than the disease-focused medical model.

Changes to the clinical documentation system have also been undertaken to better capture theory-based nursing practice. The clinical information system coordinators have revised the computerized documentation screens to link the carative factors with nursing diagnoses and interventions. These revisions will be available to the nurses across the system as the new computerized documentation system becomes operational at their respective facilities.

Communication tools to enhance shift reports are presently being developed. The Caring Advocates plan to review the communication tools and make recommendations to include a component that enhances communication of individual patient preferences regarding their care.

A research study is presently in progress to measure the effects of integrating the caring theory into clinical practice. One of the Caring Advocates is serving as principal investigator for this nursing research and the remainder of the Caring Advocates are acting as co-investigators. The study will compare patient perception of nurse caring behaviors pre-theory implementation to that of patient perception in the post-theory implementation phase. The study hypothesis is that the measurement of caring behavior as perceived by patients will increase significantly post-theory implementation.

A memorable culmination of this initiative to integrate nursing theory with nursing practice was a consultative visit by Dr. Jean Watson. Dr. Watson accepted an invitation to be a part of the organization's 2004 Nurses Week celebration. Dr. Watson spent 2 days with nurses across the system, touring departments and presenting an enlightening program entitled, Living the Caring Theory. Nurses were inspired by and grateful for this extraordinary opportunity to actually meet the person who wrote the nursing theory they are embracing and to actually hear the voice of the theorist who had so eloquently crafted the language to describe their professional practice.

### **Barriers and Benefits**

The journey to integrate nursing theory has led this organization's nursing practice to new vistas and new possibilities. While partaking in any journey, invariably there are barriers to overcome and benefits to appreciate as new vistas are considered and new possibilities are realized. The barriers encountered proved to be nothing more than challenges that could be overcome. At times questions arose as to whether nurses had the time to truly enact the caring theory within today's fast-paced healthcare environment. Discussions brought forth the fact that nurses *do* enact the caring theory in their professional role every day *despite* the fast-paced healthcare environment. Indeed, the caring practice of nurses must be a discernible force within the healthcare environment in order for holistic healing of body-mind-spirit to occur. Other perceived possible barriers included a diverse nursing staff, many of whom had no previous exposure to nursing theoretical concepts. These perceived barriers, however, did not at all hinder the progress of this initiative. In fact, as nurses from all backgrounds shared stories exemplifying the caring theory in a variety of venues, a common bond was formed. Nurses realized that although they might have been from different cultures, with different educational backgrounds,

working in different nursing specialties, they did share with other nurses a common mission and purpose as described by this nursing theory.

Many benefits were realized by embarking upon this journey to integrate nursing theory with nursing practice. The reflection of and dialogue about the values and beliefs underpinning the nursing perspective helped nurses realize their uniquely essential role in healthcare. The reflections, discussions, and unit activities helped to rekindle the spirit of nursing within those practicing the art and science of this profession. By integrating one established nursing theory throughout the system, a common vision for and language of nursing was established. This helped to solidify and strengthen the nursing practice across the various entities of the system. Nurses also came to understand that the caring theory affirmed their practice and provided the tenets and language to explain, describe, support, and guide their professional work. The guidance, support, and encouragement provided by Dr. Watson to this initiative were also major benefits. It is evident that the benefits of this journey far surpassed any perceived barriers.

### **Implications for Future**

This excursion to integrate nursing theory with practice is yet to reach its final destination. There are still possibilities yet to be explored and realized. The future holds the opportunity to contribute to the nursing knowledge base through publishing the results of the previously mentioned research study still in progress. The computerized documentation system revisions incorporating the carative factors will soon be implemented. The utility and efficacy of these revisions will need to be explored and evaluated. The development of the nursing report tools to enhance communication of patient preferences will also need to be completed and the efficacy of these tools will need to be appraised. The Caring Advocates thus continue to meet to address this ongoing work. They also are now serving as liaisons to the individual nursing units to help facilitate and guide initiatives to integrate the caring theory at the unit level.

In September 2004, this author was privileged to participate in the first annual nursing consortium of Watson scholars who are integrating the caring theory into practice within facilities both nationally and internationally. The consortium was a time of inspiration and learning, led by Dr. Watson. It is an honor to be part of this work to move the caring theory to the practice setting, to guide and inspire practicing nurses, as they are the ones who ultimately live out the tenets of the theory. It is the living out of the theory within the practice setting that is of paramount importance, for it is there that the true benefits of the caring theory are realized—with the public we serve, to promote and protect the well-being of individuals and of society as a whole.

In conclusion, this author asserts that the rewards of the journey are worth the efforts. Others nursing professionals are encouraged to partake in their own excursions to explore the utility of the caring theory within their own unique healthcare settings.

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