



# Editorial

## Human Caring Research in Nursing

Jean Watson<sup>1</sup>

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1. PhD, RN, AHN-BC, FAAN. Distinguished Professor & Dean Emerita, University of Colorado Denver College of Nursing. Founder/Director Watson Caring Science Institute (<http://www.watsoncaringscience.org>). E-mail: [jean@watsoncaringscience.org](mailto:jean@watsoncaringscience.org)

Over the past few decades, there have been increasing numbers of nursing investigations into the phenomenon of human caring in nursing science. All of the scholarly developments in this area are contributing to caring science knowledge and practices. (For example, see history - *International Journal of Human Caring* [<http://www.humancaring.org>]).

This editorial offers a current update of a collaborative, multi-site caring-research study, known as the International Watson Caritas Comparative Database (1).

This project is under the direction of Watson Caring Science institute (WCSI) and Dr. Barbara Brewer, Research coordinator. The research is motivated by the need for theory-guided practice and more data on outcomes of patient caring, beyond conventional economic-objective-problem-oriented criteria. The need for empirical theoretically sound data generated the Watson Caritas Patient Score (WCPS). Information can be found at [www.watsoncaringscience.org](http://www.watsoncaringscience.org) under theory-research). The WCPS is being used in multi-site clinical research in selected hospitals/clinical settings using Watson's Theory of Human Caring and Caring Science (2-5).

The WCPS is a 5-item instrument designed to capture patient perceptions of caring practices, guided by factor analyzing through construct validity, 5 of the original 10 Caritas Processes of Watson's Theory. The 5 item 7 point Likert Type scale has been reported by patients as simple to complete, and is based upon excellent reliability and validity (1).

The WCSP differs from institutional patient care satisfaction that focus on noise and food temperature. This instrument was designed to capture more subjective, authentic patient experiences of receiving human caring. For example, the questions on the Watson Caritas Patient Score ask patients to indicate the extent that:

- caring was delivered with loving-kindness,
- basic needs were met with dignity,
- a trusting relationship was established,
- presence of healing environment,
- personal beliefs and faith were valued.

Currently, the WCPS has 29 clinical service areas, 9 National Caring Science designated Affiliates of Watson Caring Science Institute and 11 systems who are research partners of WCSI and /or systems excelling in caring science theory and practices (1).

In addition to the clinical areas using the WCPS as participants in the International Watson Caritas Comparative Database, for the past several years, WCSI has been identifying caring indicators and new caring science criteria by which to recognize Caring Science systems, moving beyond medicalized-institutional practices.

The general WCSI criteria for identifying authentic caring science systems include evidence of the following (1):

- Exemplary professional caring practice guided by caring science theory, values, philosophy;

- Healing environment culture of caring for staff, colleagues, patients/family;
- Participation in clinical caring scholarship/research;
- Presence of ‘caritas coaches’ as system resources in implementing and sustaining a culture of caring for self, other colleagues, patients’ families;
- Implementing caring-healing modalities (e.g. intentional touch, reflexology, aromatherapy, music, sound, visualization, imagery, relaxation)
- Presence of nurse generated ‘centering rooms’ and unit décor including healing space for staff and space for patients;
- Visibility of caring –Healing language in practice documents such as job descriptions, clinical ladder requirements, performance evaluations, and promotion criteria;
- On-site presence –visitation of Dr. Jean Watson and/or WCSI faculty to prepare staff and validate activities;
- Staff preparation caritas consciousness; creation of selected caring science/heart science theory guided intentional practices, e.g. ‘quick heart-coherence’ approaches; ‘centering’, ‘authentic presence’, ‘heart-centered caritas intentions’, based on 10 caritas processes, such as compassion, loving kindness; intentional ‘rituals’ e.g. handwashing, pausing, silence, and other self-generated mutuality of trusting relations, creative emergent caring changes in patterns of care delivery and practices.

Based on the criteria and site validation by Dr. Watson, these identified systems have been recognized as National Caring Science Organizations, Affiliates of the WCSI. This project has built upon 2014 standards of Magnet Recognition Program® (6) components, acknowledging and honoring the standard Magnet criteria, while identifying new caring science indicators. In this way, the caring science criteria are aligned with the Magnet sources of evidence and have expanded the elements to include caring science indicators. Based on the evidence of content experts and available research, whole person/whole system caring science indicators and interdisciplinary caring healing and health criteria have been identified and established.

It is our intent that these criteria will advance the next generation of whole persona/whole system caring science standards; moving beyond the walls of the hospital, consistent with the aims of healthcare reform and aligned with the Magnet programs’ movement beyond inpatient care. The advancement of caring continues to call for commitment on the part of nurse executives across all practice settings in valuing the outcomes of caritas science.

## Conclusions

This new turn in caring science practices and outcome research is both theory-guided and empirically validated to assess patient experiences and patient’s more authentic report of caring. Without indicators and assessment instruments to research human caring, it remains invisible to both

nurses and patients as well as clinical systems and society. At this time in nursing's evolution, it is time nursing took responsibility to give voice language and empirical evidence of new standards of patient care and nursing's human caring processes.

This International Watson Caritas Comparative Database research project is International in scope. Various versions of the Watson Caritas Patient Score is being used in projects in Italy, Israel and the Middle East, and has been translated into Italian, Hebrew and Arabic. Thus, this caring science research is an opportunity and invitation to other countries to participate by using the same caring assessment instrument; translating the five items into your specific language in order to validate and expand human caring practices for patients and families. As such, we are all contributing to the advancement of caring science knowledge and sustaining universal caring practices of nursing for our world.

## References

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## Websites

<http://www.humancaring.org>

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