The Art of Caring

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Abstract

Nursing today has become very task-oriented and many nurses and patients are realizing the lack of care within the healthcare environment. “Nursing is known as a scientific profession based on research, theory, and concepts – centered on the art of caring and focused on health care outcomes” (Jasmine, 2009, p. 415). Caring is a conscious and purposeful attitude and point of reference for behaviors and actions, and is, therefore, an intended act resulting from conscious thought and judgment. This paper answers the important question: How can the healthcare environment be transformed to integrate caring-healing practices to achieve the best possible patient outcomes. Jean Watson’s Theory of Human Caring is the framework from which this question will be answered.
The Art of Caring

“Caring is the art and essence of nursing, the tradition of nursing, and the process of interaction in nursing” (Jasmine, 2009, p. 425). Most individuals enter into the nursing profession with a desire to care for others holistically rather than simply provide medical treatments. This desire to treat the mind, body, and spirit of patients was present in the nineteenth century when Florence Nightingale was creating a blueprint for nursing practice today. Watson (2010) describes what she calls Nightingale’s Legacy, stating that “she called forth and made explicit the connections between and among all aspects of self, other, humanity, the environment, nature, and the cosmos as a means of learning, understanding, and connecting health, caring, and healing” (p. 107). The focus of Nightingale’s early work was based on basic and expert caring-healing knowledge and practices.

Nursing today is known as a scientific profession based on research, theory, and concepts, and it is centered on the art of caring and focused on health care outcomes (Jasmine, 2009). Nursing has grown drastically since the early days of Nightingale’s times. Nurses, once viewed as subservient, practicing under the instruction of physicians and viewed as mother/caretaker figures, are now viewed as professionals with their own set of practice standards (Jasmine, 2009). With this increased independence for the nursing profession comes increased responsibility and work. Nurses today have many tasks to complete in a day. That along with system issues such as low staffing and high patient to nurse ratios leads to stress and burnout for many nurses, thus compromising their ability to provide a caring-healing environment for their patients. “Nurses are torn between the human caring values and the ‘calling’ that attracted them to the profession, and the technologically, high-paced, task-oriented
biomedical practices and institutional demands, heavy patient load, and outdated industrial practice patterns” (Watson, 2009, p. 467).

How can the nursing profession be transformed to integrate caring healing practices to achieve the best possible patient outcomes, not only physically, but mentally and spiritually as well? This issue is of great importance to all nurses because caring is the core of nursing. Watson (2009) describes how nurses who are not able to practice caring can become hardened, brittle, worn down, and robot-like. Incorporating a caring-healing theory base into nursing practice is intended to be reciprocal. The art of transpersonal caring in nursing allows a nurse to move toward greater harmony with his or her mind, body, and soul to care for another (Jasmine, 2009).

Theory Base

Interpretation and integration of a theoretical nursing framework into the analysis of a nursing issue gives a broad perspective from which this issue can be viewed. Caruso, Cisar, and Pipe (2008) explain that a theoretical context for nursing is needed so that thought and behaviors can be seen in a broader, systematic perspective of caring for the person as a comprehensive whole (p. 127). Further, a theoretical context can also support the relationships nursing colleagues have with each other and with other interdisciplinary colleagues (Caruso, Cisar, & Pipe, 2008).

There are numerous theorists who address caring aspects as a foundation for their theory or model, but Jean Watson’s Theory of Human Caring demonstrates all aspects of the advantages of a caring-healing environment and how it can be incorporated into practice. Watson’s theory describes caring the core of nursing and the nurse as the conduit of caring for the patient (Herbst, Swengros, & Kinney, 2010). The three major elements of the Theory of Human Caring include:
caritas processes, transpersonal caring, and the caring moment. *Caritas*, meaning to hold precious or to give special attention to, is a term that characterizes how nurses may choose to approach their patients and colleagues (Caruso, Cisar, & Pipe, 2008). Jean Watson’s ten caritas processes include: 1) Practice loving kindness, 2) Instill faith and hope, 3) Nurture individual and spiritual beliefs and practices, 4) Develop helping-trusting relationships, 5) Promote and accept the expression of positive and negative feelings, 6) Use creative scientific problem-solving methods for decision making, 7) Share teaching and learning that address individual needs and learning styles, 8) Create a healing environment for the physical and spiritual self which respects human dignity, 9) Assist with physical, emotional, and spiritual human needs, and 10) Allow room for miracles to happen (Herbst, Swengros, & Kinney, 2010, p. E7).

Intentionality describes the focused, mindful way that a nurse connects with a patient and promotes healing of the mind, body, and spirit (Herbst, Swengros, & Kinney, 2010). Intentionality describes how nurses can make use of Watson’s Caritas Processes, bringing forth more than just single-minded tasks in interactions with patients, thus enhancing healing. Through the use of intentional presence and caring connection, the nurse can create a caring, healing environment.

Watson (2009) discusses the essential change that is necessary to reverse the non-caring trend that many experience or witness in health care today. She explains that “what is needed is a deeper, philosophical, value-based approach relevant to sustaining the integrity and dignity of the profession of nursing” (Watson, 2009, p. 467). Systems approaches to the issue, such as nursing recruitment and monetary bonuses, are superficial and merely short-term approaches. A shift in the health care culture within organizations to implement the Human Caring Theory would lead to a transformation of nursing and health care.
Another theory that is very influential on human caring from an interdisciplinary perspective is Richard Emerson’s Social Exchange Theory (1976). According to Emerson, a sociologist, relationships evolve over time into trusting, loyal, and mutual commitments, but to do so, parties must abide by certain “rules” of exchange (Cropanzano & Mitchell, 2005). Rules and norms of exchange guide this exchange process with reciprocity being the best known exchange rule. Reciprocal interdependence emphasizes interpersonal transaction such that an action by one individual leads to a response by another (Cropanzano & Mitchell, 2005). These interdependent transactions have the potential to generate high-quality, trusting, caring relationships thus improving patient outcomes.

Caring is an empathetic exchange between the caregiver and the receiver. The cycle of exchange and interconnectedness describes the nurse’s role beyond task-oriented duties (Jasmine, 2009). This exchange occurs continuously throughout a nurse’s day with each nurse-patient interaction. As a nurse enter into a patient relationships he or she strives to balance nursing functions and caring behaviors, and in achieving this balance, professional fulfillment is attained (Jasmine, 2009). Commitment to this balance keeps caring in nursing.

Assessment of Healthcare Environment

Nurses today are often overwhelmed by competing obligations. The complexity of today’s healthcare environment requires nurses to balance several important goals, including allocating time to anticipate caring needs, addressing priorities, establishing a trusting patient relationship, providing basic activities of living, meeting timed tasks, assessing, and evaluating (Jasmine, 2009, p. 419). Maintaining balance and upholding a caring-healing environment can be a challenge.
The core of nursing practice is to create healing environments in order to provide quality patient care. France, Byers, Kearney, and Myatt (2011) explain that registered nurses need to create a practice environment based upon a caring framework to foster trust and to empower and respect one another. Caring relationships between nurses help to facilitate caring-healing relationships with patients. Several theoretical frameworks could be analyzed to assess the integration of a caring-healing environment. Florence Nightingale believed that the nurse is the center of the environment (France, Byers, Kearney, & Myatt, 2011). Because of this, caring practices must be provided by nurses to achieve quality patient outcomes. Martha Rogers focused on the “continuous mutual process of person and environment in which the presence of one affects the other knowingly or unknowingly (France, Byers, Kearney, & Myatt, 2011, p. 44). A caring presence from nurses can greatly affect the outcomes of the patient. When nurses appear hurried and their presence seems uncaring this can negatively affect the health care environment.

The physical healthcare environment can greatly impact the ability to practice human caring. France, Byers, Kearney, and Myatt (2011) state that statistical findings indicate that there is often too much noise and distracting light within hospital units and not enough soothing sound and light. Another common factor affecting human caring within the healthcare environment is nurse-to-nurse interpersonal communication. Anger, frustration, tension, and lack of nurse-to-nurse caring and touching leads to decreased trust and empowerment putting nurses at risk for burnout and compromising caring behaviors (France, Byers, Kearney, and Myatt, 2011).

**Implications/Consequences**

Human caring, practiced in the healthcare environment, greatly impacts the satisfaction and outcomes of patients and helps elicit positive attitudes among the staff. “Caring-healing
modalities and nursing arts are reintegrated as essentials to ensure attention to quality of life, inner healing experiences, subjective meaning, and caring practices, which affect patient outcomes and system successes alike” (Watson, 2009, p. 471). Nurses who are unable to practice within a caring paradigm become dissatisfied and may lose the essence that attracted them to the profession. Nurses who have the ability to form caring relationships are capable of having loving, caring, kind, and meaningful personal connections with an increasingly enlightened public: a public seeking wholeness and spiritual connections for their wellbeing (Watson, 2009).

Several barriers exist which may hinder the nurses ability to practice human caring. Nurses are often torn between the human caring model of nursing that originally attracted them to the profession and the overwhelmingly task oriented needs and demands that consume their time (Jasmine, 2009). Delegation, time management, and interdisciplinary collaboration are crucial aspects that influence the caring experience.

Perception, both by the nurse and by the patient, also affects human caring. “Perception is the mechanism by which an individual evaluates information received from the external environment” (Jasmine, 2009, p. 418). Perception is a critical component that precedes one’s behavior and influences their definition of certain concepts such as caring (Jasmine, 2009). Nurses must not only be aware of their own perception of others, but they must also be aware that patient’s perceptions may differ from their own. Perception is influenced by personalities, attitudes, biases, and previous experiences. It is important to assess a patient’s perception of caring when planning and rendering caring behaviors (Jasmine, 2009).

According to Watson (2009), a number of hospitals in the United States have shifted toward implementation of Human Caring as a guide toward professional nursing practice
changes, as well as cultural institutional changes. Much of this shift is triggered by the American Nurses Credentialing Center, Magnet Hospital Program. Hospitals credentialed with Magnet status must demonstrate criteria that recognize quality patient care, nursing excellence, and innovations in professional practice and also assure quality of care to consumers (Watson, 2009, p. 469). Many nursing leaders and administrators are committed not only to meeting Magnet criteria through transforming nursing, but also have pursued to realize deeper levels of caring and healing practices for their nursing staff (Watson, 2009).

**Recommendations for Quality and Safety Improvement**

In order for the healthcare environment to adopt a caring-healing philosophy, changes must be made at the individual level. “True transformation of health care ultimately has to come from a shift in consciousness and intentional actions of the practitioners themselves, changing health care from the inside out” (Watson, 2009, p. 470). Herbst, Swengros, and Kinney (2010) discuss transformational learning and teaching human caring, stating that it is more than just imparting cognitive information about theory or demonstrating intentional caring behaviors. Transformational learning occurs when new knowledge, experience, perspective, or ideas prompts a person to consider and evaluate his or her own ideas. “The learner then adopts new beliefs, feels validated in old beliefs, or ends up somewhere in between (Herbst, Swengros, & Kinney, 2010, p. E7).

Jean Watson identifies the need for transformation in the healthcare environment to not only achieve better patient outcomes, but also to improve satisfaction of the nurses and contribute to an overall feeling of balance and wellness. Watson (2009) discusses the Caring Theory-in-action stating that it reflects transformative processes which are representative of actions taking place in many of the healthcare systems guided by Caring Theory. Some
examples of these caring-in-action indicators include: new language and documentation of caring, conscious intentional meaningful rituals, intentionally pausing and breathing, preparing self to be present before entering room, engaging in centering exercises and mindfulness practices, and placing magnets or signs on the doors with positive affirmations (Watson, 2009). By practicing some of these caring-in-action indicators, the nurse can become more centered and focus solely on the patient, improving patient safety and quality of care.

The American Nurses Association (ANA) defines Standards of Practice which reflect the values and priorities of the profession (ANA, 2004). The standards provide direction for professional nursing practice and a framework for evaluation of this practice, and they also define the profession’s accountability to the public and the outcomes for which nurses are responsible (ANA, 2004). The American Nurses Association’s Standard of Practice can serve as a guide and motive for adopting a caring-healing environment.

Standard 7, Quality of Practice, states that “the registered nurse systematically enhances the quality and effectiveness of nursing practice” (ANA, 2004, p. 33). One of the measurement criteria of this standard listed by The American Nurses Association is: “The registered nurse uses creativity and innovation in nursing practice to improve care delivery” (ANA, 2004, p. 33). Utilizing the caring-in-action indicators mentioned above is one way that the nurse can enhance the quality and effectiveness of nursing practice.

Standard 10, Collegiality, states that “the registered nurse interacts with and contributes to the professional development of peers and colleagues” (ANA, 2004, p. 37). Measurement criteria of this standard include: “Maintains compassionate and caring relationships with peers and colleagues” and “Contributes to a supportive and healthy work environment” (ANA, 2004, p. 37). By practicing human caring with fellow nurses, the healthcare environment can be
transformed to display a positive caring-healing atmosphere. Caring relationships between peers will ultimately improve the caring nurse-patient relationship.

Standard 12, Ethics, states that “the registered nurse integrates ethical provisions in all areas of practice” (ANA, 2004, p. 39). One of the measurement criteria listed within this standard is: “Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others” (ANA, 2004, p. 39). Human caring and Watson’s caring-in-action indicators help nurses to not only connect with self, but also facilitates a spiritual connection with patients thus improving patient care.

The Quality and Safety Education for Nurses (QSEN) competencies recognize the patient as the source of control and full partner in providing compassionate and coordinated care based on respect for patients’ preferences, values, and needs (QSEN, 2011). This initiative recognizes the need to respect and encourage individual expression of patient values, preferences, and needs. It also makes clear the need to provide patient-centered care with sensitivity and respect for the diversity of human experience. The adoption of human caring in a nurse’s practice encourages full, intentional presence with each patient. This intentional presence allows nurses to become in tune with the very diverse needs of their patients and provide individualized care within the caring-healing modality.

**Conclusion**

The high-paced, hectic, task-oriented practice of nursing today has left many patients with less than optimal outcomes, and has contributed to the rise of dissatisfied nurses. Nurses who are unable to practice with the caring values that drew them to the profession become bitter and resentful. This negatively affects patients, organizations, and the nursing profession as a whole. Watson’s Theory of Human Caring provides a framework for which caring can become
the core of nursing practice. Watson (2009) states “nursing is a lifetime journey of caring and healing, seeking to understand and preserve the wholeness of human existence, and to offer compassionate, informed, knowledgeable human caring to society and humankind” (p. 479). By adopting a caring-healing philosophy nurses can promote excellence in patient care and improve relationships between nurses.
References


