THE THEORY OF HUMAN CARING HOLDS OUR PRACTICE
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Introduction: The theory of human caring provides structure and language for the philosophical, ethical and moral essence of nursing while gently guiding nurses back to the core values, knowledge and practice of human caring that, for many nurses, was the impetus for career choice. Nurses at a diverse regional medical center articulated caring as a core value and the theory of human caring was chosen to deepen caring wisdom, develop caring consciousness and increase awareness of caring relationships and caring moments in our practice.

Significance: The Magnet designation program has identified the importance of applying a theoretical or practice framework into organizational nursing practice in the journey toward nursing excellence (Turkel & Ray, 2007). As a global nursing theory in a relational paradigm, the theory of human caring invites creative and continually advancing modalities to bridge theory into practice.

Purpose: The purpose of this project is to summarize the strategies utilized to implement, sustain and measure the process of bridging the theory of human caring into practice.

Setting and Participants: The setting is a 206-bed, diverse, regional medical center. Participants in the project include the 1300 employees from the medical center.

Project Description: A strategic plan with a timeline was developed using Dr. Jean Watson’s caring concept as a guide: “There is a way to give something to someone in such a way that they can receive it” (Watson, 2008, p. 150). The goal is to give the theory in a way that healthcare professionals can receive it so they can give their unique gifts of caring to patients and family members in the framework of caring relationships and caring moments. Three key elements make up the implementation plan:

1. One of the Caritas Processes is highlighted each month using three different delivery methods. These include monthly caring columns that are published via an internal email system accessible to all employees; monthly caring teas using a variety of creative exercises and techniques to highlight concepts in the Caritas Process; monthly caring discussion boards where various pieces of caring literature are posted and employees answer discussion questions or post comments.

2. Quarterly Habitat for Healing sessions are offered where various artists from the community perform on each unit to help create a healing environment.

3. An annual Re-Lighting the Lamp Ceremony is offered on a nearby mountain with a candle lighting ceremony and storytelling to re-ignite passion for caring. The plan involves other creative interventions including the addition of caring literacy to clinical laddering and competency requirements, adding Caritas Process language as part of documentation, and
offering unit-specific interventions. Relating all that nurses do to the Theory of Human Caring and enhancing a caring culture are the ultimate goals.

**Project Outcomes:** The project involves the use of two ongoing measurement tools. The first measures the nurse’s self-perception of caring behaviors using the Caring Efficacy Scale (Coates, 1997). Baseline measurements were collected in 2005 with a mean of 5.1 (1-6 Likert Scale) and again in 2008 with a mean of 5.3, a significant improvement. The second tool, the Caring Factor Survey (Nelson, Watson, & INOVA Healthcare, 2006), measures the patients’ perceptions of caring behaviors. The tool was utilized in 2007 with a sample size of 314 and showed a mean score of 6.16 (1-7 Likert Scale). A second measurement is in progress.

**Future Directions:** As part of the Division of Nursing’s strategic plan, integrating the theory of human caring into practice continues to evolve as goals are met and new goals emerge. Future plans include a pilot study to help nurses answer the questions: Am I as caring as I think I am? How do my patients perceive my behaviors – are they caring or uncaring? Answering these questions will involve the use of a revised quantitative tool, as well as adding a qualitative component. Future plans also include more unit-specific interventions, as well as continued creation and evolution of the ongoing caring interventions that are in place. The continuity of the monthly, quarterly and annual interventions makes the implementation of the Theory of Human Caring a sustainable and continually evolving component of the Medical Center’s organizational culture. It provides structure, yet allows for new ideas to emerge so that the Theory of Human Caring holds the wholeness of nursing praxis.

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**References:**


