Teaching-Learning Professional Caring Based on Jean Watson’s Theory of Human Caring

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Abstract
A course created for senior BSN students clarifies how to enact Jean Watson’s theoretical caring concepts in relation to self, others, peers/co-workers, nursing leadership, local/world communities, the environment, and web-based interactions. Students begin to build unique caring professional identities based on enhanced understanding of caring and through studying others’ professional caring activities. A culminating project requires each student to create and enact a caring professional activity. This article presents a brief overview of Watson’s Theory of Human Caring and explores how it was applied in the creation of this course.

Key Words: Watson’s theory of human caring, nursing education

Caring in Nursing
The broad concept of “caring” has long been associated with the nursing profession. As early as the 1850s, Florence Nightingale described trained nurse caring behaviors as deliberate, holistic actions aimed at creating and maintaining an environment meant to support the natural process of healing (Nightingale, 1859). Nurse theorists and scholars have sought to describe the phenomenon of caring as it relates to professional nursing with intensified exploration of this topic starting in the late 1970s and continuing today.

Dialogue and debate about caring as it relates to nursing has resulted in differing positions among nurse scholars regarding the usefulness of identifying care as the core of nursing practice. To some, it seems that the words care and caring are so common in nursing and other disciplines, yet so vaguely understood or appreciated on a deep level, that they have lost value and meaning, becoming a bland backdrop on which to practice (Lewis, 2003). Tartler (2004) asserted that using the terms care and caring to describe the essence, or core, of nursing are inadequate in light of the broad range of activities that nurses must engage in when enacting professional roles and suggested that the phrase “responsive relationships,” based on ethical/moral knowledge, would be more appropriate. Watson (1985) asserted that caring is the stable core of all nursing activities with specific time-space limited tasks and activities comprising the continually changing trim of the profession.

Despite the existence of differing views, a loose consensus regarding care as the core of nursing arguably exists owing to the preponderance of nursing research and literature based on the notion. A general literature search, in 2007 of the EBSCO Host Research Data Bases (1975-2007), using the search words “nursing and caring,” found 4,406 results. References to caring in nursing literature are so ubiquitous that it is difficult to form one inclusive definition of the term as it relates to nursing. In on-going efforts to elucidate caring as it relates to nursing, nurse theorists have created definitions that often compliment one another, serving to extend and deepen understanding of what caring is and to clarify what behaviors, attitudes, and philosophies best exemplify fully engaged professional caring across the many specialty areas found in nursing (Sitzman & Eichelberger, 2004).

Descriptions of professional caring in nursing are often based on holism and de-scribe multiple layers of caring based on internal (philosophical) and external (scientific observable) perceptions/feelings/actions of those who interact in caring exchanges (Boykin, Schoenhofer, Smith, St. Jean, & Alem, 2003; Edwards, 2001; Kyle, 1995; McCance, McKenna, & Boore, 1999; Meyer & Lavin, 2005; Nelms, 1996; Patistea, 1999; Sumner, 2001). The widespread range of interpretations of caring in nursing literature has shown that caring means different things to different nurses, depending on amount of professional experience, level of education of the nurses involved, where and how the concept is applied, personal values, and professional focus. Throughout the completion of BSN studies, nursing students are exposed to many forms and philosophies of caring through curriculum content and interaction/socialization with practicing nurses. The concept of caring is central to the nursing discipline yet an understanding of the depth of the concept of caring often eludes nursing students and practicing nurses, owing to the wide spread use of the term. The aim of a course created for senior BSN students at Weber State University (WSU) is to focus on Jean Watson’s definition of caring and then assist students to enact professional caring based on a deepened understanding of this sometimes misunderstood and trivialized term.

Caring Curriculum within the Weber State University Nursing Program
Since 1953, the curriculum in the WSU Nursing Program has consistently focused on practical, holistic caring. For the last 20 years the same four nurse theorists have formed the underpinnings of the program: Florence Nightingale, Virginia Henderson, Madeleine Leininger, and Jean Watson. All
of these theorists are unique in their contributions to curriculum yet all share the focus of enacting holistic, intentional caring practices, which are core values taught throughout the WSU Nursing Program.

A course called "Integration of Professional Concepts" (N4000), required in the last semester of BSN study at WSU, is meant to help students focus on applied caring by translating theoretical caring into professional practice. Because the concept of caring is central to the WSU Nursing Program's theoretical underpinnings, the coursework in this class requires reflective evaluation of caring themes encountered throughout BSN study and serves to clarify the importance of intentional caring in professional nursing practice. Because Watson's theory of human caring philosophically encompasses archetypes of Nightingale, Henderson, and Leininger, it is the focus of this course. Deepened study, exploration, and real-world application of Watson's theory throughout the N4000 course helps students work toward building unique caring professional identities based on enhanced understanding of caring.

Overview of Jean Watson's Theory of Human Science and Human Care

In the mid to late 1970s, Jean Watson sought to find a common meaning for the discipline of nursing that applied to all work settings. Watson proposed that engaged professional nurses, regardless of specialty area, have awareness of the interconnectedness of all beings and share the common, intentional goal of attending to and supporting healing from both scientific and philosophical perspectives. This common goal is referred to as the caring-healing consciousness. While acknowledging the cure orientation of medicine, and nursing's legitimate place in participating in that process, Watson's theory provides balance by also identifying and describing nursing's unique curative, rather than curative, orientation in healthcare (Watson, 2007).

Watson's early theory development was organized around 10 curative factors that later evolved into the 10 clinical caring caritas processes that form the basis of the theory at the present time. The transpersonal caring moment is also central to Watson's theory. These concepts are described in greater detail below.

Ten Clinical Caritas Processes

Watson developed 10 caritas to describe fully engaged nursing practice. These processes are based on intention and mindfulness in the moment and can be effectively applied in any specialty area, during any nursing activity, for example during scientific/technical actions undertaken in critical care settings; and also during philosophical verbal exchanges between nurse and hospice client. Genuine caring exchanges are possible when the nurse mindfully enacts the following (Summarized from Watson, 2007):

1. Practicing loving-kindness within the context of an intentional caring consciousness.
2. Being fully present in the moment and acknowledging the deep belief system and subjective life world of self and other.
3. Cultivating one's own spiritual practices with comprehension of interconnectedness that goes beyond the individual.
4. Developing and sustaining helping-trusting, authentic caring relationships.
5. Being present to and supportive of the expression of positive and negative feelings arising in self and others with the understanding that all of these feelings represent wholeness.
6. Creatively using all ways of being, knowing, and caring as integral parts of the nursing process.
7. Engaging in genuine teaching-learning experiences that arise from an understanding of interconnectedness.
8. Creating and sustaining a healing environment at physical/ready observable levels and also at non-physical, subtle energy, and consciousness levels, whereby whole ness, beauty, comfort, dignity, and peace are enabled.
9. Administering human care essentials with an intentional caring consciousness meant to enable mindbody-spirit wholeness in all aspects of care, tending to spiritual evolution of both other and self.
10. Opening and attending to spiritual-mysterious and existential dimensions of existence pertaining to self and others.

These 10 caring caritas are based on the notion that all of life is interconnected. Each self/other exchange is made up of shared energy between all who are present during the interaction. The caring nurse recognizes the evolving physical/spiritual being in the other and also recognizes and nurtures the physical/spiritual being in the self, for it is not possible to provide authentic caring to another without first being able to care for self (Sitzman & Eichelberger, 2004).

Transpersonal Caring Relationship

Transpersonal caring relationships consist of connections that embrace the spirit or soul of the other through the processes of full, authentic, caring/healing attention in the moment (Watson, 1988). Transpersonal caring implies that the nurse consciously focuses on self and other within interpersonal exchanges that are grounded in the present moment, while at the same time going beyond the moment and opening to new possibilities. The nurse values the existence of the other's inner and outer perspectives and seeks to acknowledge the connection that already exists between self and other. The authentic transpersonal caring exchange supports and augments technical care, comfort measures, pain control, sense of well-being, and transcendence of suffering. Each person in the exchange is viewed as whole and complete (Watson, 2007).
In summary, Watson’s theory is about mindful, deliberate caring for self and other. Enacting Watson’s theory will support fully engaged nursing practice that reflects deliberative and professionally mature/appropriate nursing actions. Caring in this sense is not a matter of doing caring actions in a prescriptive way to obtain desired results; rather it is an approach that advocates caring as a state of being.

Applied Caring

Because of an emphasis on philosophical concepts, Watson’s theory may appear impractical and difficult to apply in everyday nursing situations but this is not necessarily so. The content in N4900 was created with the intention of clarifying what Watson’s theoretical “caring” actually looks like in relation to the work of caring nurses in a variety of settings and then inspiring new BSNs to build their own action-oriented caring identities to carry out into the real world.

Conceptual Organization of the Course

Although caring for individual clients is the most commonly accepted image in relation to caring in nursing, there are many other layers and types of caring related to nursing practice. The basic venues of caring that are explored in N4900 include caring for self, others, peers/co-workers, nursing leadership, local/world communities, the environment, and web-based interactions. Exploring nurse activities within these venues and identifying which of Watson’s 10 caritas apply to various activities, helps students make tangible connections between Watson’s theoretical definitions of caring and caring expressed in daily professional practice.

BSN coursework at WSU illustrates caring activities related to self, others, peers/co-workers, leaders, local/world communities, environmental concerns, and web-based interactions but the connection between theoretical caring and practical professional caring is often not formally discussed in class and students miss opportunities to forge deepened understandings of engaged, transpersonal caring associated with everyday nursing practice. For this reason, in the first few weeks of class, Watson’s theory is explored in depth and the core content of previously completed BSN courses is revisited with the express goal of purposefully connecting Watson’s theoretical concepts to content already learned. Following this, students explore the scholarly works of nurses from different disciplines that describe/demonstrate engaged caring in relation to seven different venues: self, others, peers/co-workers, nurse leaders, local/world communities, the environment, and web-based interactions. Coaching and facilitation by the instructor allow students to begin successfully identifying caritas that are applicable to each venue and to envision how they might mindfully enact transpersonal caring that is purposefully expressive of Watson’s theory. To illustrate different forms of caring within each venue, examples from nursing literature are provided for the students to read and explore with classmates. In addition, students are asked to discuss which of Watson’s 10 caritas might be applicable to what is described in each article. After completing all of the venue-related units of study, students create and enact a professional caring project associated with one of the venues studied in class. In the final 2 weeks of the course, students present the process and the results of their caring professional projects to each other.

Caring for Self

The “Caring for the Self” unit of study discusses the importance of productively attending to multiple aspects of work and personal life. Headings to personal and family matters, obtaining adequate rest and nutrition, engaging in stress reduction strategies, balancing home and work activities, and protecting self in the work environment all pertain to adequate self-care. An imbalance in one area typically affects all other areas of functioning. Upheaval resulting from lack of self-care can be envisioned as dropping a pebble into a still pond; ripples originate with the turmoil caused by the dropped pebble (lack of self-care) and then radiate outward until the entire pond is disturbed to varying degrees (the effect that lack of self-care has on a person’s surroundings). This allegory may also be considered in a constructive light with the dropped pebble signifying deliberate self-care activities and the ripples positively energizing all that surrounds the self. Loving, caring for, and respecting self is the first step in enabling enlightened caring for others, which has the power to transform surroundings in ever-widening circles of influence. Watson (2005, p. 142) quoted an ancient Chinese proverb that illustrates this point well:

If there is light in the soul, 
The world is beauty in the person.
If there is beauty in the person, 
There is harmony in the house.
If there is harmony in the house, 
There is order in the nation.
If there is order in the nation, 
There will be peace in the world.
(Anonymous)

Articles that Illustrate Self-Care

Foley (2004) addressed workplace safety for nurses in varied clinical settings, expressing the conviction that nurses focus on providing quality care to others and sometimes do not engage in quality self-care to avoid workplace hazards and injury.” . . . nurses must also focus on taking care of themselves so they are able to continue to provide quality care for their patients and maintain the profession’s ability to recruit and retain new nurses” (Foley, p. 91).

Attending to basic self-care through the preservation of safety and health among the myriad of risks present in the nursing profession supports long-term health and professional longevity.

In addition to basic preservation of safety and health, Turkel and Ray (2004) clarified the importance of caring for self holistic-
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cally, saying, "The soul of nursing is seeking the good of self and others through compassionate caring. Healing and caring for oneself is vital to have the energy to compassionately care for others" (p. 249). Turkel and Ray discussed the importance of creating an organizational work culture meant to support self-care. Suggestions for enhancing self-care in the workplace included providing multiple opportunities for formal and informal communication; acknowledging when one nurse's engaged professional caring made a difference in the life of a colleague or client; celebrating the human spirit through posters and photographs hung in work areas; creating a calm, clean, and pleasant break room; not expecting overtime or frequent shift rotation; offering opportunities for participation in alternative healing therapies; and having nurses develop a plan of self-care as part of the annual evaluation and respecting implementation of the plan (Turek & Ray).

These authors made an eloquent argument for the importance of self-care in nursing:

Self-care highlights the greatest asset of all—the individual. Self-care is critical to health and healing. The idea of the nurse as holistic—body, mind, and spirit, was illuminated by Watson in her theory of caring. A nurse who is holistic and self-caring can create harmony with others through authentic presence in the caring moment. If one does not appreciate the self as a caring person or if the nurse does not care for self, it is impossible for her [him] to compassionately care for others. (Turek & Ray, p. 250)

Caring for Others

For the purposes of conceptual simplification, the "Caring for Others" unit of study is limited to the exploration of interactions with clients. Watson (1985) described caring behaviors associated with client teaching/learning, biophysical needs, intrapersonal and interpersonal needs, developmental conflicts, loss, and stress. Effectiveness of caring for others relies on mindful engagement and cultivation of connection, in the moment, initiated by the nurse. Nurses have been taught to maintain professional distance when interacting with clients, so how is it appropriate to offer the whole self when entering into caring exchanges with clients? Watson (1988) clarified this distinction:

Nurses and other health professionals have been warned to avoid personal interactions... the concept of involvement of the entire self, using every dimension of the person as a resource in the professional relation, is entailed in the concept of transpersonal caring relationship between nurse and person...[these relationships differ from personal relationships with friends and family because]...the focus of a patient's personal involvement...is directed toward the problem at hand and its effect upon his or her life. (pp. 64-65)

Articles that Illustrate Caring for Others

Askinazi (2004), an author in the process of completing an Associate’s Degree in Nursing, wrote a commentary addressing caring about caring. Caring means:

We escape our own boundaries and egos as we completely and openly focus on our patients. At the same time, our patients’ personal boundaries are fraying, often because they have such a great need for physical or emotional relief. Surprisingly, this permeability ends up making each patient and nurse able to form a new connection in that space that usually separates two people. A new experience exists that is neither of the nurse nor the patient, but of both, experienced together. (Askinazi, p. 33)

This article provided perspectives from a nursing student not unlike many students in the class.

Fredriksson (1999) explored modes of relating in a caring conversation between nurse and client. Specifically, the existence or absence of in-the-moment presence, touch, and listening was addressed. The importance of intentionality in terms of being with the client in the present moment was highlighted. Touch was described as a form of relating during task-oriented, as well as interpersonal, interactions. The difference between hearing and listening was clarified with hearing being described as merely an auditory sensory phenomenon and listening being intentional connection through auditory phenomenon (Fredriksson).

Interacting with Peers/Co-Workers

The "Interacting with Peers/Co-Workers" unit of study explores immediacy, mindfulness, and appreciation for interconnectedness during co-worker interactions. Peer/Co-Worker caring supports an environment that acknowledges and upholds the worth and dignity of all, including clients, significant others, peers, and interdisciplinary partners. It is difficult to engage in holistic care with clients unless co-worker interactions are consciously and deliberately enacted with attention to basic human caring needs and respect for acknowledgment of the importance of interconnection and collaboration.

Articles that Illustrate Caring Interactions with Peers/Co-Workers

Daishi (2004) examined views of nurses who work in hospital settings about their professional relationships/interactions with nursing colleagues and others on the healthcare team. Daishi discussed the long-held belief that nurses engage in oppressed group behavior, which contributes to uncaring, non-supportive interactions between nurse peers. Daishi's study validated this belief:

Nurses largely remain an oppressed group, dominated by those considered more powerful, such as physicians, who continue to intrude on nursing matters...the continuing subordination to those thought of as more powerful
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was attributed to lack of self-confidence and to a desire to please [those with power]. (p. 48)

Negative peer interactions stemmed from feelings of disempowerment due to lack of attention to and/or consideration of staff nurses’ basic desire to be recognized for good work and be included in decision-making that affects them. Respondents’ ideas for improvement included recognition for excellence in job performance, nurse (rather than non-nurse) mediated transition and change when needed within the organization, greater advocacy by nurse managers, and continuing education/professional development.

Hayhurst, Saylor, and Stuenkel (2005) studied perceptions of work environmental factors that supported retention of nurses. Results showed:

Nurses who stayed reported less work pressure and greater peer cohesion, supervisor support, and autonomy than nurses who left... Job satisfaction among nurses has been correlated with perceived social support from their colleagues and physicians. This sense of social and collegial support may be one of the reasons nurses decided to stay at their current jobs, even though other factors might not have been ideal. (Hayhurst et al., pp. 286-287)

Nursing Leadership

The “Nursing Leadership” unit of study explores many facets of nursing leadership. Performing research is a form of nursing leadership. The creation of scholarly articles represents caring through leadership, since adding to nursing knowledge in this way shows deep caring for the nursing profession. Integrating concepts of intentional, deliberative, fully engaged professional caring into the workplace also requires nursing leadership. Caring nursing leadership may also be demonstrated through membership in professional organizations and through political action.

Articles that Illustrate Caring in Relation to Nursing Leadership

Bent and colleagues (2005) helped create caring change in a large healthcare system through action research that linked practice, theory, and inquiry in the delivery of center-based services. The authors acknowledged that small caring moments form the underpinnings for caring as expressed throughout an organization. “Often, healing moments in our busy practices go unnoticed or are not recognized for their significance and influence on the healing environment. Honoring these moments fuels the heart with the energy to care” (Bent et al., p. 24).

Goals that were formed to fuel the advancement of a caring theoretical foundation for the organization included honoring the caring practice of nurses, honoring the unique experiences and contributions of United States veterans, building a framework for strengthening nursing practice, defining caring practice and the ethical foundations of nursing, developing nursing knowledge (perform research) within a caring framework, actively articulating to others the value of nursing, and uniting nursing through a culture of caring for self and other (Bent et al.).

Ryan (2005) described integrating Jean Watson’s theory of human caring into nursing practice across a multihospital care system. Watson’s theory was integrated into multiple nursing functions and organizations within the system, for example:

The nursing theory has been woven into the job description and the clinical ladder process. The nursing job descriptions now include a statement that the nurses must be competent in both technological skills and caring factors of the caring theory. Within the clinical ladder process, candidates applying for clinical advancement are interviewed... 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 caring factors exemplified in their story. (Ryan, p. 28)

Wesorick (2004) told a personal leadership story about caring, involving one woman’s efforts to create a more caring environment in the hospital where she worked. Inspired by colleagues and the work of caring leadership, the nurse in this story begins with despair and ends with hope and resolve at the prospect of effecting positive change in support of creating a more caring workplace.

Local and World Communities

The “Caring for Local and World Communities” unit of study clarifies the point that fully engaged professional nursing care in relation to local and world communities requires understanding and skills associated with self-care, other care, effective peer interactions, and caring/engaged leadership. The movement in nursing toward acknowledging wide spread health concerns is not new. Florence Nightingale, Clara Barton, Lillian Wald, and countless other nurse leaders throughout the 19th and 20th centuries have called upon nurses to aid in community care and reform and to assume leadership roles in the care of communities—whatever the size.

Articles that Illustrate Caring for Local and World Communities

Falk-Rafael (2005a) discussed the emergence of the critical caring perspective in community health nursing. Through the application of critical caring, described as a way of being, choosing, and knowing, Falk-Rafael transformed Watson’s caring factors into seven caring health-promoting processes meant to form the core of public health nursing practice. The transformed caring health-promoting processes included Preparation of self through mindful attention to societal conditions and needs; developing and maintaining helping-trusting relationships through appropriately addressing community needs; incorporating a systematic, reflexive approach to caring.

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that embraces multiple ways of knowing along with structured, systematic approaches; contributing to the creation of supportive, sustainable physical, social, political, and economic environments, meaning that caring interventions and positive change are only effective if the community is able to sustain the changes after the nurse moves on to other projects; meeting the needs and building capacity of communities and their members, i.e., ensuring adequate infrastructure and equipping community members to eventually meet their own needs without outside assistance; and being open and attending to spiritual-mysterious and existential dimensions because constructing meaning from shared adversity is part of the caring process (Falk-Rafael).

Another article by Falk-Rafael (2005b) asserted that it is nursing’s legacy and moral imperative to care for local and world communities. Falk-Rafael concisely stated:

Nurses practice at the intersection of public policy and personal lives; they are, therefore, ideally situated and morally obligated to include sociopolitical advocacy in their practice. As an increasing body of literature links societal structures and relations to health, the need for nursing to fulfill its social mandate becomes even more critical for the health of the public and the future of nursing. (p. 222)

The Environment

The “Caring for the Environment” unit of study explores the notion that local and world environmental concerns deeply affect the health of self and others. Nurses work closely with people who have been affected by environmental concerns, for example, infants and children exposed to lead paint that now have neurocognitive deficits, workers who cleared the environmentally hazardous rubble from the 2001 World Trade Center collapse who are now suffering multiple health problems, soldiers who have been exposed to chemical agents, or a worker who is deaf due to working in a factory with excessive noise levels. Nurses work closely with people who have suffered health effects from various environmental exposures and have experience with environmental health issues that others do not possess. Because of this experience, nurses should be included at the highest level of policy making. Satter (2003a) stated:

"There should be an oncology nurse at the table when carcinogen standards are being developed, a pediatric nurse when children’s environmental health regulations are being developed, and a nurse midwife when reproductive toxins are being discussed. The time is ripe, and the environmental health risks are many; nurses indeed must take their seats at the policy table. (p. 5)

Articles that Illustrate Caring for the Environment

Sattler (2003b) addressed environmental healthcare risks created by the healthcare industry and asserted that many of those risks are preventable. In particular, two toxins created by the hospital industry are discussed, “...mercury pollution, and dioxins, an unintentional by-product created by the manufacture and incineration of polystyrene foam plastics” (p. 6). Activities of nurses who have taken leadership roles in addressing and abating these risks were highlighted in this article.

Anderko (2003) discussed protecting the health of children through environmental health tracking. She stated, “Nursing leadership, particularly as it relates to political advocacy for continued and improved funding, is essential if one is to unlock the mysteries behind causes in the upsurge in childhood diseases” (p. 14) such as asthma and childhood cancers.

Gilden (2003) discussed community involvement at hazardous waste sites and reviewed policies from a nursing perspective. Nurses were urged to become knowledgeable about hazardous waste removal policy so they are able to advocate for patients and provide leadership to affected communities.

“By understanding the policies governing cleanup of hazardous waste sites, nurses can have a vital role in ensuring communities are protected and involved in decision making” (Gilden, p. 29).

Caring in Web-Based Environments

The “Caring in Web-Based Environments” unit of study is included in this course because nurses must often work within web-based and/or on-line environments. Information regarding on-line etiquette is widely available and is helpful in clarifying what is thought of as considerate behavior, however understanding the phenomenon of caring in on-line environments is in need of further investigation. Watson (2005) addressed use of technology that increasingly defines our personal and professional interactions, saying:

This non-linear, free-association format of hypertext, multimedia, multi-sensory juxtaposition of pictures and words creates a new form of expression: three-dimensional, colored, animated symbols for interaction versus an ordered linear text that is passively read...the mind-to-mind, consciousness-to-consciousness connection in the world of cyberspace creates a disembodied human-to-human connection. (p. 201)

Articles that Illustrate Caring in Web-Based Environments

Simpson (2004) discussed how information technology improves nursing care through the availability of education, online performance management, nurses to assess efficacy of care, and mapping outcomes to practice that allows nurses to rapidly and effectively debate, create, and disseminate information related to definitions of caring in nursing. Technology allows nurses to efficiently collect data and then effectively translate that data into useful information. Simpson asserted that information technology "...reinforces—rather than destroys—the unique and intangible
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quality of caring in nursing” (p. 302). Leners and Sitzman (2006) and Sitzman and Leners (2006) explored how on-line caring is perceived by baccalaureate and graduate nursing students. Themes associated with effective on-line caring that may be helpful in everyday nursing practice include:

- **Timeliness**—The nurse promptly and consistently responds to e-mails, not letting more than 48 hours pass between received messages and responses.
- **Personal Connection and Empathy**—Sensitivity to personal issues, periodically asking how a person is doing, and responding in a caring way when personal challenges are expressed by the sender. Sharing something of oneself, outside of the necessary job-related exchange, with established on-line colleagues may also be helpful.
- **Clarity**—Clear and thorough instructions for how to complete projects and requests are always provided.
- **Multiple Contact Opportunities**—It is important to make oneself available not only via e-mail but also via telephone and in-person appointments.

### Caring Projects

After completing the units of study discussed above, students create and enact a professional caring project. During the final 2 weeks of class, students present the process and results of their caring professional projects to each other. During the presentation, they must discuss how the project was enacted, what venue the project was enacted in, and explain how the project corresponds with one or two of Watson’s 10 caritas. They must also elucidate why and how the project demonstrated and/or deepened personal and professional knowledge in relation to deliberate caring. The final class day, after all members of the class have had the opportunity to present their caring projects and have benefited from hearing about the learning and discoveries of others, students are asked to reflect on what they have learned in the course and then share their thoughts in informal discussion groups. In this way, students have the opportunity to assess personal growth that has taken place over the semester and celebrate the growth and accomplishments of classmates. Examples of caring projects, corresponding venues, and applicable caritas (Watson, 2007) are listed below:

- **Self-Care**
  - A student who was feeling burned out and exhausted with the demands of work and school decided to re-evaluate his emotional/physical/spiritual health and embark on an individualized, structured rest, exercise, and diet regime aimed at restoring emotional/spiritual engagement in work activities and increasing personal vitality.
  - Watson Caritas: Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self.

- **Caring for Others**
  - One student became a senior companion for the local council on aging.
  - Watson Caritas: Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and other.

- **Caring Interactions with Peers/Co-Workers**
  - One student worked within a close-knit group in an intensive care unit that would be closed forever in 3 months due to closure of the entire hospital. The staff was grieving this loss so the student decided to take workplace photographs, record anecdotes from each of her co-workers, and then create and give out “memories” DVDs in an effort to support each peer/co-worker as they coped with the loss and grief associated with this life event.
  - Watson Caritas: Opening and attending to spiritual-mysterious and existential dimensions of one’s own life-death: soul care for self and the one being cared for.

- **Caring Associated with Nurse leadership**
  - One student interviewed a nurse manager and asked what employees could do to better support her in her role as manager, then (with the unit manager’s permission) communicated the results to peers at a general staff meeting.
  - Watson Caritas: Developing and sustaining a helping-trusting, authentic caring relationship.

- **Caring for Local/World Communities**
  - Two students teamed up to design and create a cheerful, colorful, pediatric examination room in the local homeless shelter clinic.
  - Watson Caritas: Creating healing environment at all levels, physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.

- **Caring for the Environment**
  - Two students researched waste disposal policies in the home healthcare agency where they worked and found that there was not a policy on environmentally friendly disposal procedures for worn-out durable medical equipment (DME). These students found out where to take worn-out DME for recycling and then wrote a policy for the agency that outlined the procedure for all clinicians.
  - Watson Caritas: Systematic use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing.
practices.
- Caring in Web-Based Environments
  - One student invited her classmates to participate in an online get-to-know-you exercise to help classmates become comfortable with the online portion of the class and to encourage camaraderie and fun in the online posting forums. Every student in the class participated in this exercise even though it was entirely optional.
- Watson Caritas: Engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within others' frame of reference.

Observations from the Classroom
Students often commented that they were unaware of the many layers associated with professional caring until completing the coursework for N4900. Many also voiced a commitment to continued exploration and cultivation of deliberate, informed, professional caring practices after graduation. Students often verbalized the realization that transpersonal, deep caring is not necessarily expressed in obvious, outward displays but is subtly, holistically conveyed as a result of an inward philosophical stance assumed by the one providing care. Overwhelmingly positive end-of-semester course evaluations have indicated that the content areas and class activities provided clarification and meaning related to fully understanding the act of professional caring in nursing.

Conclusion
Engaged professional caring involves much more than one-to-one interactions with clients. Fully engaged professional caring encompasses conscious cultivation of transpersonal interactions/connections with self, peers, and clients. It includes attention to leadership, local/world communities, environmental concerns, and web-based interactions. Nurses work in multiple venues and interact with a wide range of individuals and groups. Cultivation of awareness regarding how to embody and convey professional caring in all aspects/venues of the profession is critical to personal/professional development and also to the continued evolution of the nursing profession toward a common identity with caring at the core. The N4900 course offers one way to help senior BSN students enter the nursing profession with a deeper understanding of, and a stronger appreciation for, the power of engaged, deliberate, theoretically based caring professional practice.

References


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