

CONCEPT ANALYSIS

A concept analysis of Watson's nursing Caritas process

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Abstract

Aim: The main objective of this analysis is to give an understanding of Watson's nursing Caritas as a concept.

Design: Watson's nursing Caritas is an abstract concept, and difficult to define and operationalize because of its philosophical nature. Watson's nursing Caritas develops a clear relationship between care, caring factors, and the processes of human life.

Methods: We used Walker and Avant's method. PubMed, Scopus, Ovid, EBSCO, Science Direct, Web of Science, Google Scholar, and ProQuest were searched. "Caritas process" and "Watson's caring theory" were searched. In the primary search, 883 articles were found, but eventually, 25 articles were included in the study.

Results: We define Watson's nursing Caritas as the process based on caring consciousness, engaging in reliable human caring relationships for healing support, integrity, and development of humanity that alters the concept of caring into a higher ethical commitment inspired by responsibility for others, and different meanings, including kindness, compassion, joyfulness, and peacefulness and leads to the establishment of caring behavior in clinical Watson's nursing Caritas, thus leading to improving performance.

Conclusion: Clinical nursing Caritas enables nurses to develop an effective human being relationship between nurse–client–family, and ultimately achieve a common experience and perception of caring.

KEYWORDS

analysis, caring, concept

1 | BACKGROUND

Nursing in the relationship between nurse and patient is committed to the development of knowledge about the patterns and processes of human life and their interaction with the environment to promote health and full life potential. Caring is a key to this commitment.¹ Caring is the most important concept in nursing, caring behavior by nurses can help patient satisfaction and well-being.² Caring is beyond performing duties to improve health. Caring is considered multifaceted and determined by a holistic view of humanity.^{1,3} The conceptual factors of Watson's theory include the Caritas process, the connection between interpersonal care, care moments, and caring–healing methods.⁴ Several studies have presented that human

care theory can obtain nursing care more effectively and enhance care outcomes.⁵ Caritas sets a clear link between care and Caritas and the processes of human life. To shift from the concept of caring to Caritas, Watson desired to link Caritas to all the living dimensions and processes of human experience.⁶ Caritas' consciousness is preserved, extended, and improved by the nurse, thus permitting the person to create his or her meaning for existence.⁷ Watson's factors of caring are regarded as nurse–client transactions that can be managed to preserve and improve the real caring experience.⁸ Caring factors and Caritas support healing, morality, and wholeness to help the development of humanity and connect the nurse–patient–family, and the healthcare team by engaging in reliable human caring relationships.^{2,9} It is required to analyze the main concepts of nursing

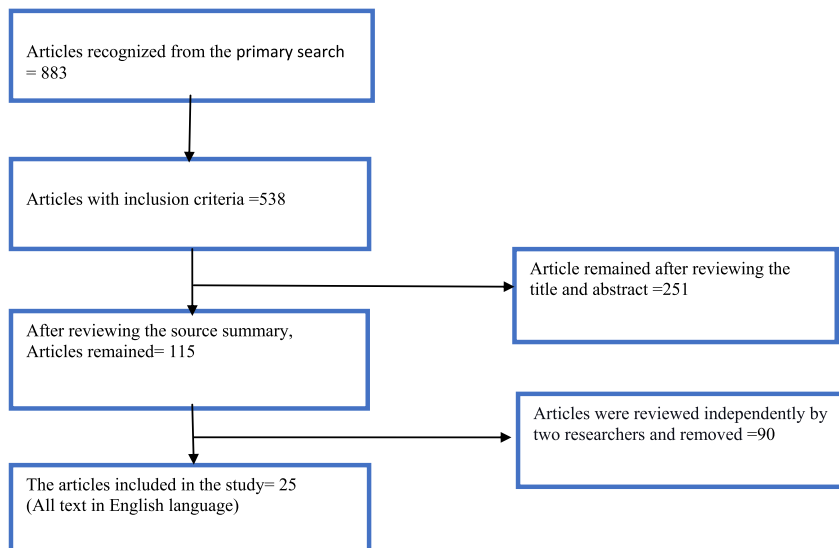


FIGURE 1 Search strategy

based on the native nursing system of the country as a basis for later studies. The main objective of this analysis is to give an understanding of Watson's nursing Caritas as a concept and explain the body of knowledge correlated with it, and study in-depth the true characteristics of nursing care agents to obtain the whole concept and more understanding of the characteristics. Recognize that the performance of nursing care can transform and combine human factors with scientific knowledge following the global trend and by the health needs of patients, families, and society.¹⁰

2 | METHODS

The study was conducted by Walker and Avant Concept Analysis 2011. This study was performed to investigate the dimensions of Watson's nursing Caritas process. Walker and Avant's approach is one of the methods of conceptualization and development of the concept that eventually leads to the development of the theory. In this approach, the process of concept analysis is to get a more comprehensive understanding of the concept. Concept analysis steps in this approach include concept choice, aims of this analysis, defining of the Concept, definition, and Application of Caritas in different fields, determining the defining properties of the concept, identifying a model case, identifying related borderline and opposite cases, identifying the antecedents and consequences of the concept, empirical representation of Caritas concept, and implications for nursing practice.¹¹

2.1 | Data collection

PubMed, Scopus, Ovid, EBSCO, Science Direct, Web of Science, Google Scholar, and ProQuest were searched for articles in English, from 2001 to 2021. These databases were searched for the Caritas process, Watson's caring theory (WCT) in title, summary, and keywords between 2001 and 2021. Articles and references were

reviewed by the author, year of publication, and all references were entered in Endnote X8 and checked for duplication. In the next step, titles were recorded and manually reviewed to ensure that the article or source was not duplicated. The inclusion criteria include: English language articles; study about the chosen title; access to the full text of studies; contains a definition of Watson caring factors, description of caring factors in general; report Watson caring concept analysis findings or relevant concepts. Exclusion criteria included studies of other languages except for English. In this review, a combination of keywords "Caritas process" and "WCT" were searched. In the initial search, 883 articles were obtained. Five hundred and thirty-eight articles had inclusion criteria. Two hundred and eighty-seven sources were removed after reviewing the title. One hundred and thirty-six sources were removed after reviewing the source summary. The remaining articles were reviewed independently by two researchers to determine the inclusion criteria and 90 articles were excluded. A total of 25 sources have been approved for final review (Figure 1). In Scopus: Caritas process (85 results) and WCT (233 results), in total (318 articles had the inclusion criteria. Two hundred and sixty-six sources were removed after reviewing the title. Thirty-one articles were removed after reviewing the source summary. The remaining 21 articles were reviewed independently by two researchers to determine the inclusion criteria and 17 articles were excluded. A total of four sources have been approved for final review. All of the studies included in this study were directly related to Watson's nursing Caritas process and WCT.

3 | RESULTS

3.1 | Selecting the concept

The main concept in this study is Watson's nursing Caritas process. Watson's nursing Caritas is an abstract concept, and difficult to define and practicalize because of its philosophical and ontological nature.

3.2 | Aims of this analysis

In our study, the features of the concept of Watson's nursing Caritas process were studied. To use the concept in nursing practice, we defined Watson's nursing Caritas process to enhance the perception of this concept, and aid makes better application of the concept in clinical nursing.

3.3 | Definition of the concept

3.3.1 | Caritas definitions in the dictionaries

Caring in Webster's dictionary means, showing concern or kindness toward others.¹² In the Oxford dictionary, caring is defined as being kind, and helpful.¹³

3.4 | Definition and application of Caritas in different fields

3.4.1 | Biological Caritas

Caring is the main principle of nursing practice. Nurse theorists often remark the establishing of a therapeutic relationship is the beginning point of caring, with consequent nursing interventions depending on the relationship for effectiveness.¹⁴

3.4.2 | The psychology of Caritas

The root of the main theory of caring was Watson's first book named *The Philosophy and Science of Caring*.¹⁵ Caritas was set up as a dementia care system in 2012 in North Singapore Regional Health System. The Abbreviation Caritas means: complete, convenient, responsible, individualized, accountable, and unbroken care for dementia.¹⁴

3.4.3 | Caritas in philosophy

The concept of Caritas has been studied and explained in religious philosophy because Caritas is a phenomenon borrowed from a religious science.^{16,17} It seems to provide the meaning and the body of unique academic discipline, which in turn simultaneously forms the core and motivation of caring science.¹⁵

3.4.4 | Watson's nursing Caritas

According to Watson, nursing care reflects the factors used by nurses to accommodate and support patients. The principal concepts of Watson's theory include reverence for life secrets

and spiritual perspectives that are hidden in the process of human caring. Another theorist who selects caring as the main concept is Parse. Parse's theory is based on Rogers's theory.^{8,18} Parse introduced her theory, which was extended based on nursing experiences.¹⁸ Advancing the practicality of Caritas is a challenge because it is a subject concept and nurses discover that it is difficult to apply in practice. A start has been made by promoting nurses to be educated to implement the practice model to improve action. A practical description of Caritas or its replacement can be explained only by really practicing.¹⁹

3.5 | Determining Caritas definition features

Levy-Malmberg concludes that Caritas is an attitude that turned the concept of caring into a higher ethical act by stimulating responsibility for others. This remarkable alteration of Caritas from true love attached to God to human attitudes could act as a reason for later ethical analysis and a theory's generation in the science of caring.¹⁵ In the context of the meaning of Caritas, its shades of meaning or conceptual elements include kindness, compassion, joyfulness, and peacefulness. The word empathy was produced only in the 20th century to explain the process of introspection. High sensitivity is also a portion of the definition above, but it is used in the practical model to define the shift of Caritas into the practice competence and excellence dimension.¹⁹

3.6 | Model case, borderline case, and opposite case

3.6.1 | Model case

The model case provides an example of the real application of a concept to clarify the true aspects of the concept, and help the reader how to interpret the concept.¹¹

Example: Mr. A. A. is a 39-year-old nurse with 10 years of experience in the emergency department. On one of the epidemic days of the coronavirus, he admitted an old man with symptoms of consecutive coughs, dyspnea, and severe anxiety. The patient and his family have face masks. The nurse carefully guided the patient to bed. The nurse immediately provided oxygen for the patient, called the physician, explained the patient's condition, and carried out the necessary instructions. The nurse came back to the patient's bedside and checked, recorded the patient's vital signs, and connected the patient to the monitoring. The nurse invited the patient and his family to calm down and listened carefully to the patient and his family. The nurse decreased the sound of monitoring as much as possible and told the family of the patient to sit in a chair next to the patient. The patient asks the nurse to tell him, has he a coronavirus? The nurse answers openly and says that we will do the tests completely. The result will be clear. He tells the patient that he should be strong and not afraid of coronavirus. With

God's help and high self-confidence, your problem will be solved. The patient and his family feel calm after the nurse talks, and the patient's symptoms improve. In this case, the nurse educates the family and patient, enhances active participation, sits, waits, listens to the patient, gives the patient time to communicate and helps him/her to resolve the concerns, and discovers and responds to the patient's needs, and respects the patient's values.

3.6.2 | Borderline case

The border case has some conceptual traits, but not all of them. It is similar in the model cases, but it can be recognized in the lack of some conceptual features.¹¹

Example: Mrs. D. A. is a nurse who has 9 years of experience and works in the orthopedic ward. A 46-year-old woman with a high weight was hospitalized after a hip surgery. The patient calls the nurse and says: she has severe hip pain. The nurse asks her about the pain and asks if she has chest pain. The nurse says that maybe she has a fat embolism, and should take an electrocardiogram (ECG) and the necessary tests from her. After the ECG, the patient asks if he has a heart problem. The nurse does not answer the patient correctly and says, I will inform your doctor; the patient is very worried and agitated and calls the nurse several times. The nurse administered the doctor's telephone instructions. The nurse visits the patient regularly, checks the patient for dyspnea and agitation, and asks the patient, has your pain improved? The patient states that her pain has decreased. But it is characterized by the patient's face that she is agitated.

3.6.3 | Opposite case

The opposite case does not have any of the main characteristics of the concept. This distinction is obviously recognizable.¹¹

Example: Mr. N. A. is a nurse in the Urology Department with 17 years of experience. Mr. J. is hospitalized after benign prostatic hyperplasia surgery. The patient complains of severe dysuria and requests the nurse constantly. The nurse advises him to wait until he finishes his work. After 2 min, the nurse comes back to the patient's bedside and queries his problem. Then, without answering the patient, he leaves the room. The patient still has dysuria and is waiting for the nurse. Eventually, he becomes depressed and requests the nurse again. The nurse answers him, he is busy. There are many patients, and when his work is done, he treats him, asks the patient not to call him again, and pays no attention to the patient's needs.

In this case, Caritas-related behaviors, such as discovering and responding to the patient's needs, respecting patient values, mutual communication, and treating the patient as a unique personality, are also lost.

3.7 | Antecedents and the consequences of concept

3.7.1 | Antecedents of Watson's nursing Caritas

We require to identify the antecedents, as its name indicates, precede the existence of the concept and consequences, which are issues that appear as a result of the existence of the concept.^{10,20} Antecedents are factors that must be disclosed before the concept becomes visible.¹¹ The antecedents of nursing Caritas date back to the caring moment (real event of caring). The caring moment is one in which the nurse affiliates with the client.^{10,20} The Human Caring Theory discusses transpersonal caring as that which happens at the moment of caring, a condition that is one of the bases of the process. Clinical Caritas is used to function and support the nurse to guide the effect of transpersonal caring. Therefore, the caring moment is essential for transpersonal caring. This union creates constant alteration in the lives of these beings, which can be represented in the future. Other elements pointed to the Antecedents are: perceiving the human being as the subject, and realized as a mind-body-spirit (mind-body-spirit unit), Moral commitment to others (to be caring), purpose, and desire, the desire for a relationship.^{8,20}

3.7.2 | Consequences of Watson's nursing Caritas

Consequences are factors that became visible after the advent of the concept. Providing conceptual care upgrades the nurse-patient relationships. Consequently, the kind of care that is provided will be perfect care.¹¹ Since the publication of the book, *Caring Science as a sacred science*, in 2005, there has been an alteration in the making of this theory. The caring factors are displaced by elements of the clinical Caritas process. To disclose them, Watson prepares a deep understanding of the dimensions of human life processes, experience, and perception of caring, further, expanding its concepts, including the holiness of care and its connection to a project that includes special and visual items. So, there is a relationship between healing and reconstitution.¹⁰ Transpersonal human care takes place in a relationship of mine, and this contact is a process that transforms, creates, and strengthens the healing process, a term that means rehabilitation and reconstitution, but should not be seen as a cure.^{8,10,20}

3.8 | Empirical representation of Caritas

Experimental representation refers to groups of real phenomena that, with their existence, prove the occurrence of a concept.¹¹ Erci showed a relationship between caring provided by WCT and decreasing the patient's BP and enhancing the patient's quality of life.²¹ Ozan demonstrated that WCT is prescribed as an index for

clinical nursing in cases of infertility, to diminish levels of distress and to improve the coping ways.²² Adib-Hajbaghery presented WCT, which is expected to give love and trust back to breast cancer patients in poor life situations.²³ By using the 10 caring factors of WCT, a human relationship with the patient is firmed based on empathy and trust. The patient can demonstrate her/his feelings and extend the healing process by God's hopes, using spirituality, and getting the support of family and friends.²⁴

3.9 | Concept implications for nursing practice

Clinical nursing Caritas enables nurses to develop an effective human being relationship with nurse–client–family, and ultimately achieve a common experience and perception of caring, therefore facilitating healing, wholeness, and contributing to the development of humanity. Defining attributes of the Watson's in nursing are presented in Table 1.

4 | DISCUSSION

Many concepts of the caring theory are very abstract concepts, and difficult to define and operationalize because of their philosophical and ontological nature.³ One of these concepts is nursing Caritas. Corinne et al. performed an integrative review analysis by using Watson's 10 Caritas Processes and showed the advent of intricate concepts and incompatibility between patients' and nurses' perceptions. They recommended additional research to generate more knowledge about caring in the patient–nurse relationship.¹ In this article, we analyze Watson's nursing Caritas. The results of Watson's nursing Caritas analysis showed that nursing care with Caritas consciousness, compassion, kindness, calmness, being authentically present, caring relationship, and other caring factors

can empower nurses to provide effective human being care based on WCT. On the other hand, a human being relationship developed between the nurses and the patients. During this effective relationship, caring factors and Watson's nursing Caritas Processes support healing, and integrity, and subscribe to the development of humanity. Also, this study presents Watson's nursing Caritas process as a more explicit relationship between caring, Caritas, and human life processes. The nurse should practice a clinical Caritas process that accomplishes effective and human being care based on WCT. WCT could be a major pattern to enhance the mutual relationships among patient-to-nurse and create a healing and caring-centered environment. When human caring is practiced in professional treatment teams, nurses gain a Caritas consciousness to care for others.^{24,25}

Caring science gives an advanced step for postmodern caring and helps us to transcend the dichotomy of the objective and subjective world. We really care for patients. Caring science advises a more obvious and comprehensive view of patient safety, professionalism in nursing, ethics in nursing, professional values for patients and nurses, spiritual-cultural consciousness, nursing empowerment, and health.²⁶ Bagdonaitė-Stelmokiene et al. concluded that the meaning of care is understood as a developmental phenomenon that depended on professional philosophy, practice, continuous learning, experience, and a way of thinking about the presence in a profession, and joint action for the well-being of others.²⁷ Durant said that caring science and 10 Caritas Processes supply a framework for nurses to support the human-to-human relationship that is so necessary for everyday interpersonal relationships and even more essential for the patient and family at the end of life.²⁸ Norman describes the caring relationship between nurse and patient as a profound and transpersonal relationship.²⁹ In the past decades, the science of caring in nursing education has been accepted and developed as a pattern for nursing practice. Tonin known the science of caring as a guide to changing the culture and development of caring in an integrated

TABLE 1 Defining 10 Watson's nursing Caritas

Defining 10 nursing Caritas	Clinical Caritas Processes
Caring consciousness based on loving and kindness	Nurse uses loving and kindness in patient caring
Induction of deep belief and subjective life	Nurse uses skillful listening, full presence, and solving problems
Develop spiritual sensitivity to yourself and others	Nurse boosts life meaning with self-consciousness
Promotion the helping trusting	Nurse develops trusting and peaceful relationships in caring
Developing and supporting the positive and negative feelings and attitudes	Nurse understands patient concerns, life hopes, values, and spirituality mean goals in life
Apply innovative problem-solving in the caring process	Nurse helps patient learns to be, how to do, how to understand, and how to interact
Develop transpersonal teaching–learning to enhance experiences	Nurse and patient participate in learning and caring–healing practice
Provide a healing and supportive environment	Nurse notices the patient's physical space, ensure from the patient comfortable, soft lighting, and private room
Assistance with basic needs	Nurse assists the patient with basic needs, offer comfortable caring
Attending and caring for dimensions of life and death	Nurse gives patient hope and support this hope about the beliefs of life and death

caring system provides the context for important dialogs at all levels of care and the organization. The science of caring acts as a mechanism that interacts between behaviors, preferences, values, policies, and caring plans.³⁰ The use of Watson's nursing Caritas Process based on caring science is of the utmost importance for caring consciousness because it enables self-evaluation of the 10 caring factors of WCT, and empowers nurses in the hospital.³¹ Costello said that the Caritas process based on caring science provides practical knowledge and nurses with transcendental caring. The practice of healthy behaviors and clinical Caritas nursing by undergraduate health professional nursing students is essential for the effectiveness of their professional practice.³¹ Though there represent various views related to caring science and Watson's nursing Caritas Process, our empiric findings show that there besee a special unanimity in theory and practice. So, we define Watson's nursing Caritas as the process based on caring consciousness, engaging in reliable human caring relationships for healing support, integrity, and development of humanity that alters the concept of caring into a higher ethical commitment inspired by responsibility for others, and different meanings, including kindness, compassion, joyfulness, and peacefulness and leads to the establishment of caring behavior in clinical nursing Caritas, thus leading to improving performance. Clinical nursing Caritas enables nurses to develop an effective human being relationship between nurse–client–family, and ultimately achieve common experience and perception of caring. Several articles were found related to other concepts such as kindness, sympathy, compassion, and empathy that are nearly related to Watson's nursing Caritas; but those were not directly related to Watson's nursing Caritas; so, these articles were eliminated from this study. Articles that are non-English language are another limitation of this study.

5 | CONCLUSION

Caritas consciousness and other carative factors qualify nurses to accomplish effective and human being care based on Watson's human being theory. The practice of healthy behaviors and clinical Caritas nursing by undergraduate health professional nursing students is essential for the effectiveness of their professional practice. Further studies on this subject are suggested to clarify the dimensions of Watson's nursing Caritas as well as to address the various facts about each dimension and evaluate the more precise principles of care. In general, we conclude that Watson's nursing Caritas is a process based on caring consciousness, comprehensive use of Watson's carative factors, and effective connection between the nurse, patient, family, and members of the healthcare treatment team by engaging in reliable human caring relationships for the healing support, integrity and subscribe to the development of humanity. This process leads to the formation of caring behavior in clinical Caritas, thus leading to improving the performance.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

This study was approved by the ethics committee of Birjand University of Medical Sciences. The ethical code (IR. BUMS. REC.1399.405).

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