


Nursing Administration: Watson's Theory of Human Caring

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Abstract

Watson's human caring theory is widely used in nursing clinical practice, education, and research; however, further discussion on the application of this theory in administration is needed. The authors in this article aim to substructure Watson's theory of human caring for nursing administration. Major elements of the theory—transpersonal caring dimensions, caring competencies, and caring moments—are presented in a model of substructure that links the theoretical basis to methodology. In conclusion, this theory can be used as a framework or a conceptual model in nursing administration within an organization.

Keywords

caring, nurse administrators, nursing

Nurse administrators increasingly find themselves leading through the enormous complexity of healthcare systems, particularly in managing human resources and creating positive practice environments to improve nursing care delivery and quality. Their roles are highly important but remain challenging, and this requires competence, commitment, and dedication (Gunawan, Aunguroch, Fisher, & McDaniel, 2020).

Nurse administrators are often viewed as administration or management rather than part of the nursing team due to the nature of the work of nurse administrators. Their work is associated with indirect support to clinical nursing practice, and they do not typically provide bedside nursing care as their role is to contribute to the vision and mission of the organization in a nonclinical manner (Gunawan et al., 2020). This is a problem as nurse administrators should be viewed as part of the nursing team, and while they have administrative responsibilities, the perception that nurse managers are not part of the nursing team requires a change to align nurse administrators with the nursing staff. Therefore, in order to change this challenging point of view, nurse administrators need to be grounded in both the knowledge and practice of caring. They also need to act as role models to create a caring culture for nurses to follow. Watson (2009b) noted that a caring attitude is not transmitted from generation to generation by gene and heredity, but rather caring is transmitted by the culture of the profession. Caring is a unique way of coping with the environment, and when caring does not exist, subordinates or nurses feel undervalued and objectified. This contributes to dissatisfaction and low quality of life (Watson, 2009b).

Nurse administrators and managers are certainly “nurses” at their core, and caring is part of their essence. Instead of caring for individual patients and families, nurse managers care for other nurses and the total patient census for the clinical units through indirect care efforts (Jeffery, 2013; Parse, 2019). In other words, top nurse managers care for middle managers and first-line nurse managers, and first-line nurse managers care for the nurses, and the nurses ultimately directly care for the patients. This model of caring for nurse managers means that they are directly providing care to staff members and indirectly providing care to patients.

The concept of caring has been discussed by nurse theorists in multiple terms and definitions. Gaut (1983) stated that caring does not exist without action, while Swanson (1993) wrote that nursing is informed caring for others' well-being while caring is grounded in maintaining beliefs, being with, doing for, and enabling others. Leininger (1986) emphasized that the central focus of nursing is caring, and Larson (1984) stressed the importance of nurse caring behavior as perceived by patients. Valentine (1989) said that caring is more than kindness, and at the center of caring in nursing is Watson's (1979) definition of caring as a moral imperative to preserve human dignity and help achieve a higher degree of harmony within the mind, body, and soul through a transpersonal caring relationship.

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Nyberg (1998) developed a model of caring nursing administration with five attributes including commitment, self-worth, ability to prioritize, openness, and ability to bring out potential, and the translation of caring to management links caring theory as an ethical guide to administrative practice (Watson, 2006). Ray (1989) described bureaucratic caring and recognized it in the cultural context of the hospital with multiple components including politics, economy, legal, technology, education, social, spiritual/religious, and ethics. Related to this, Bondas (2003) generated five caring dimensions in administration including the caritas motive, dignity, healthcare meaning and measurement, dignity, and the correlation in the caring culture. Minnaar (2002) provided a caring framework for the human resource management process for nurses using 10 carative factors as described by Watson (1985).

Given the development and importance of the caring concept, questions related to what caring is and how it is performed still remain. In part, this is because caring is defined in different ways, but above all, most nurse administrators agree that caring must be a foundational element to nursing administration. Therefore, further discussion related to caring in nursing administration should be conducted. In this article, Watson's theory is selected as a more comprehensive, philosophical, and holistic theory that uses unitary transformative paradigmatic thinking to view nursing phenomena (Watson, n.d.-a). It is important to emphasize that Watson's theory focuses on individuals, not just patients. Therefore, the aim of this article is to substructure Watson's theory of human caring for nursing administration. The article begins with a discussion of the general aspects of the theory followed by its theoretical substructure in nursing administration.

Overview of Watson's Human Caring Theory

Watson is an American nurse scholar who developed the theory of human caring between 1975 and 1979. This theory combined components from nursing, clinical, educational, and social psychology (Pajnkihar, McKenna, Štiglic, & Vrbnjak, 2017). The major conceptual elements of the theory consist of transpersonal caring relationship, carative factors, and caring occasion/caring moment. Transpersonal can be described as self-awareness of identity beyond a personal state of being an interconnection with humankind and the universe (Grof, 2000). Watson (1985) defined transpersonal as an intersubjective and equal connection between two individuals, the one providing the caring and the one receiving the care. This is deeply involved and consists of meeting as one at the soul or spiritual level. Such a transpersonal relationship needs the dimensions of caring (healing) consciousness, the ability to take care of one's self, intentionality, the ability to detect the condition of the other person, the ability to be present, and the ability to be open to new possibilities

(Watson, n.d.-b). These dimensions are measured by nurses themselves in their reflection of taking care of self and others prior to the caring moment.

Carative factors were developed in 1979 and revised in 1985 and 1988. The term *carative* was used as an antonym to curative in medicine (Watson, 1985). As Watson continued to evolve the theory, the term *caritas* was used to replace *carative*, and it means to cherish, love, appreciate, and give special attention. The caritas processes consist of embrace (loving-kindness), inspire (faith-hope), nurture (relationship), trust (transpersonal), forgive (all), balance (learning), minister (humanity), deepen (creative self), co-create (caritas field), and open (infinity) as essential to the theory (Watson, n.d.-a). This caritas process is considered a set of competencies for nurses to take care of others (Watson, n.d.-a).

The caring moment is the actual caring occasion when two individuals come together and engage in sharing their phenomenal fields and unique life histories (Watson, 1999b, n.d.-a). On this occasion, both transpersonal caring reflection and the set of caritas competencies of a nurse are evaluated and are detectable as caring behaviors. The transpersonal caring ability and its reflection of a care receiver are also evaluated. The transpersonal caring relationship will not be achieved if the two individuals are not open nor allow for the presence of the spirit of both (Watson, 1999b).

Theoretical Substructure of Caring in Nursing Administration

To substructure Watson's theory, the four steps outlined by Hinshaw (1979) were used. These include (a) identifying and isolating major concepts, (b) specifying the linkage between concepts, (c) ordering the concepts hierarchically based on the level of abstractions, and (d) presenting the correlations among the variables. The substructure can be seen in Figure 1. For clarity, nurse administrators refer to all levels of nurse managers including top nurse managers, middle-line nurse managers, and first-line nurse managers (Figure 2).

Outcome of Caring Administration

The substructure of the Watson's theory yields an outcome to protect human dignity and improve human health. This outcome is described in the concept of health and person in this theory. Health is defined as unity and harmony of an individual within the body, mind, and soul (Pajnkihar et al., 2017; Watson, 1999a, p. 48). In caring nursing administration, it can mean the physical, mental, social, and spiritual health, as well as the quality of life of nurse administrators and nurses. Individuals should be able to take care of themselves (self-care) and others (transpersonal caring). The person is viewed as a spiritual being in the world living and growing as a whole and complete (Watson, 1999b). Watson (1999a) said that caring is the moral ideal of nursing, and the goal is to protect, enhance, and preserve human dignity

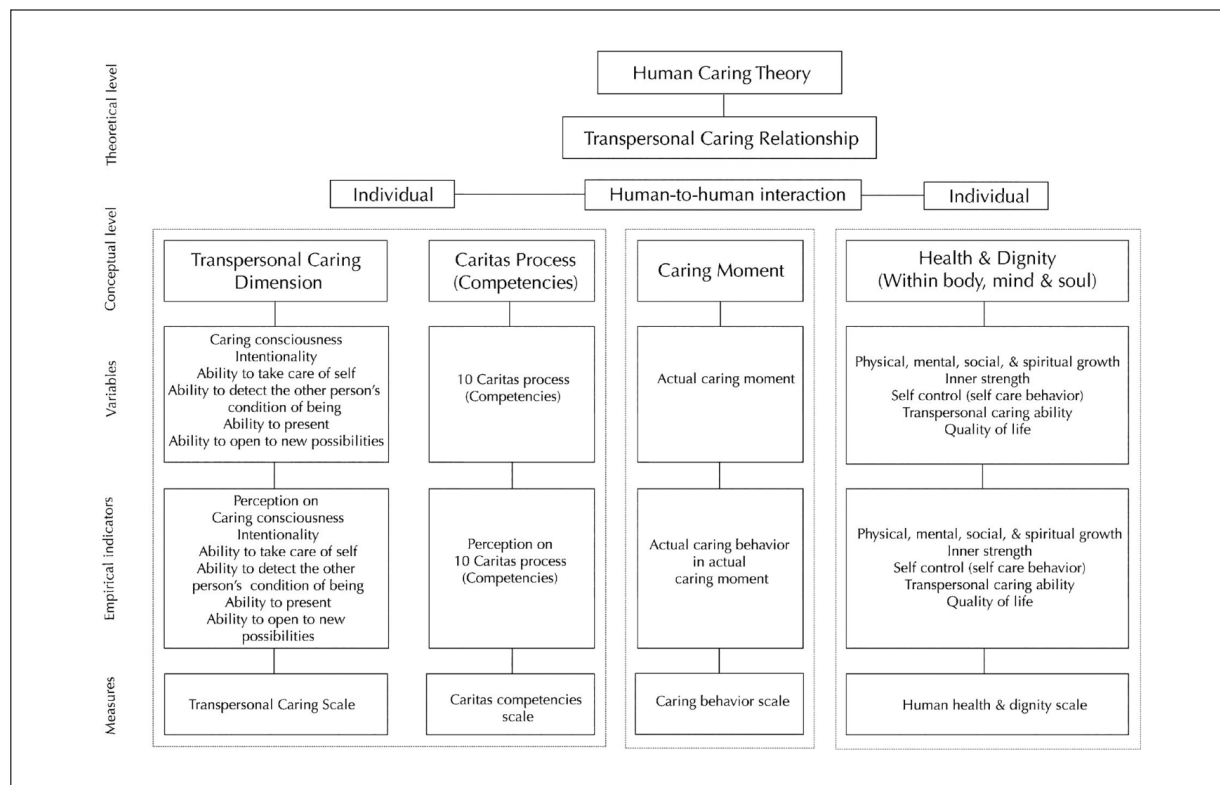


Figure 1. Theoretical Substruction of Watson's Human Caring Theory.

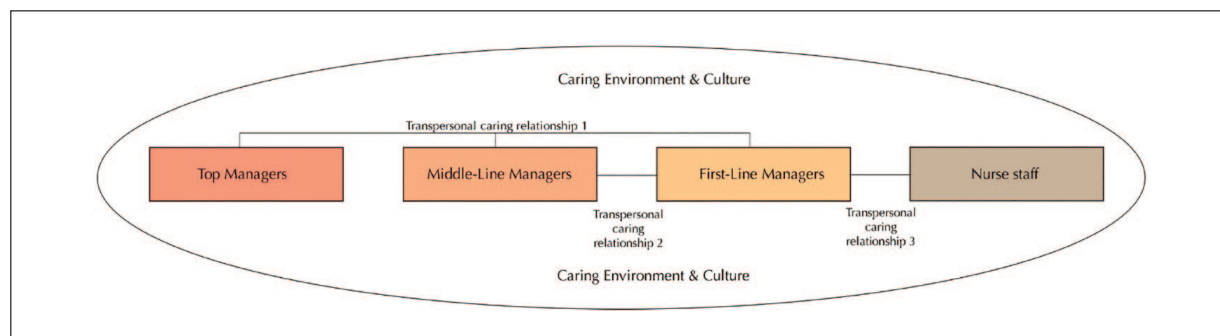


Figure 2. Caring Administration Line.

(p. 29). Dignity in caring nursing administration means recognizing the uniqueness, the strengths, and the abilities of nurses without harm (Bondas, 2003).

Components of Caring Administration

Caring is effective if it is practiced interpersonally (Watson, 1985). To achieve the interpersonal connection between two individuals, it requires three major concepts—transpersonal

caring dimensions, the caritas processes, and caring behavior in a caring moment. Transpersonal caring dimensions and the caritas processes are considered sets of characteristics, abilities, and competencies that the giver should have or do. Both transpersonal caring dimensions and the caritas processes are complementary to each other. However, for the sake of clarity, the transpersonal caring dimensions apply to self-care and self-reflection, and the caritas processes are the modalities or interventions that the giver does to the receiver.

Table. Translation of Caritas Competencies in Administration.

No	Caritas Competencies	Activities
1	Embrace (Loving-Kindness)	<ul style="list-style-type: none"> • Knowing characteristics and uniqueness of each employee • Positive view towards employees • Helping employees to achieve better quality of life • Being stable, goodwill, and peace • Not harming and abusing employees
2	Inspire (Faith-Hope)	<ul style="list-style-type: none"> • Respecting the belief, faith, and hope of employees • Being present with employees
3	Trust (Transpersonal)	<ul style="list-style-type: none"> • Being sensitive towards employees' needs • Avoiding misinformation • Being consistent
4	Nurture (Relationship)	<ul style="list-style-type: none"> • Maintaining a good relationship with employees • Applying competence-based management to avoid injustice among employees
5	Forgive (All)	<ul style="list-style-type: none"> • Promoting and accepting employees' expressions and feelings • Being able to listen and open for employees' complaints • Being forgivingly fit • Being able to managing conflict
6	Deepen (Creative Self)	<ul style="list-style-type: none"> • Being creative for problem-solving-solution-seeking • Being able to lead employees creatively • Having negotiation skills and able to deal with bureaucracy and political issues • Understanding and having budgeting skills for problem solving
7	Balance (Learning)	<ul style="list-style-type: none"> • Coaching employees (subordinates) • Providing preceptorship or caring coaching program for employees
8	Co-create (Caritas field)	<ul style="list-style-type: none"> • Being able to create good physical environment (infrastructures, facilities, and technologies) • Being able to create a better social environment (social values, socioeconomic, nature of workplace, ideal ratio between human resource and demand, racial and ethnic, and politics) • Being able to create spiritual environment, such as praying before and after working and other activities
9	Minister (Humanity)	<ul style="list-style-type: none"> • Being able to fulfill lower order needs of employees (food and water, elimination and ventilation, and functional needs) • Being able to fulfill higher order needs of employees (success, affiliation, and actualization)
10	Open (Infinity)	<ul style="list-style-type: none"> • Being open to spiritual connection • Understanding the cultural belief of employees related to miracles and myths

Caring behavior is the actual acts, caring dimensions, and the caritas processes the giver provides to the receiver.

Transpersonal Caring Dimensions in Administration. In caring nursing administration, transpersonal caring can be defined as self-awareness of an individual, such as a nurse manager or a nursing staff member, about self-care behaviors or competence in caring for self and others. This also includes self-evaluation or reflection by the giver. Caring and noncaring can be seen from their sensitivity to a person as a unique individual (Watson, 2012). There are five dimensions of transpersonal caring including caring consciousness, intentionality, ability to take care of self, ability to detect the condition of others, ability to present, and the ability to be open to new possibilities.

Caritas Processes in Administration. Watson's theory focuses on the caring of an individual as a whole, and therefore, the caritas processes may be applied to nursing administration. The caritas processes in nursing administration are competencies (literacies) for nurses or nurse managers (see Table).

The 10 caritas competencies/processes are explained in the following description.

Embrace (Loving-Kindness). In the relationship between top managers and middle-line or first-line nurse managers and between first-line nurse managers and nursing staff, practicing loving-kindness, compassion, and equanimity is very important to promote the best professional care (Watson, n.d.-a). This first component is widely discussed in most of the management literature, for instance, a company's charge to value the employee first and the customer second (Nayar, 2010), which emphasized the employees' value rather than the customers' value. Similar to human resource management concepts, nurse managers are encouraged to focus on their human resources and view them as partners rather than subordinates (Gunawan, Aunguroch, & Fisher, 2019). Once the staff members receive the necessary care, care becomes pervasive in the organization as caring permeates all levels from top nursing managers down to bedside nurses and their individual patients. In caring nursing administration, an example of loving-kindness occurs when each manager

remembers and uses the name of each employee (Minnaar, 2002). When seeking to understand employees' uniqueness, it is essential to look at employees in a positive way to help employees achieve the benefits of happiness, stability, goodwill, and peace, all while remaining free from harm or abuse. According to the literature, the instruments to measure loving kindness and compassion are well-developed (Cho et al., 2018).

Inspire (Faith-Hope). In caring nursing administration, the top managers are encouraged to be a role model for all employees by respecting employees' beliefs, faiths, hopes, and being authentically present. Instilling faith and hope is the basic process and helps to influence the outcomes, and therefore an individual mind and soul should be inspired first (Watson, 1985, 2007). Top managers are incredibly busy with various roles and tasks, and they cannot be face-to-face with nurses and patients. This differs from bedside nurses who spend the majority of their time caring directly for patients. However, being authentically present for nurse managers is not necessarily something that occurs face-to-face as there are alternative ways to be present such as through texting, chatting, or video calls. The managers may also arrange weekly or monthly meetings with employees as a way to be present.

Trust (Transpersonal). One of the successful elements of the employee-manager relationship is trust. Employees trust and rely on their managers for career development and accurate information such as pay and delegation of job duties, and managers should trust their employees to perform their job well. Misinformation will destroy credibility and trust. Both managers and staff members are encouraged to be sensitive toward their own needs and the needs of others to improve the capability to comprehensively achieve actualization (Watson, 1985, 2007). As managers, the employees' satisfaction, quality of life, burnout, and stress are important issues, and the nurse manager can work to improve these to strengthen the relationship among them.

Nurture (Relationship). The hardest part in a human-to-human relationship is to maintain the relationship itself. Managers are demanded to be fair, just, impartial, and consistent with the rules specifically related to staff development and reward, or compensation schemes (Watson, 1985, 2007). Competence-based management should be applied to ensure that the right person is present at the right place and time (Gunawan et al., 2019).

Forgive (All). Nurses work in a team, and creating the environment to support the expression of positive and negative feelings is important for the success of the team. A lack of expression and acceptance leads to poor relationships and environments (Watson, 1985, 2007). Managers are encouraged to be open and flexible, and they are invited to be

willing to accept the inputs, critiques, and complaints from employees. Listening skills are essential to forgiveness as listening to employees' stories may be the greatest intervention or gift to offer. It is undeniable that a conflict may occur at work; therefore, conflict management and the concept of forgiveness should be enhanced between managers and staff as this ends conflict and revenge. Being forgivingly fit starts by making a new commitment to do no harm and not talk about negative things about those who did bad things as this forgiveness will produce strong psychological benefits (Enright, 2015).

Deepen (Creative self). The use of problem-solving "solution-seeking" is important in the human caring approach (Watson, n.d.-a), and it is necessary for decision-making for managers. In administration, not all matters can be scientifically explained. Creativity, negotiation, politics, bureaucracy, budgeting, and leadership are the other skills needed for solving problems and decision-making (Gunawan, 2016).

Balance (Learning). Engaging in transpersonal teaching and learning within the context of a caring relationship is very common between nurses and patients (Watson, n.d.-a). In administration, the context of teaching and learning is most likely related to coaching or preceptorship, specifically for the transition of new nurse managers or new staff members to ensure that they are skilled and knowledgeable based on the demands or current conditions (Gunawan et al., 2020). The Watson Caring Science Institute provides balance through learning by offering the Caritas Coach Education Program for leaders, educators, clinicians, and caregivers (Watson Caring Science Institute, n.d.).

Co-create (Caritas field). Creation of a healing environment at all levels is one of the important caritas competencies (Watson, 2015). In administration, creating a healing environment means creating the best or positive practice environment. This includes the provision of supportive, protective, and/or corrective physical, social, and spiritual environment, whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Watson, 2007). The physical environment in nursing administration is related to infrastructure and the completeness of facilities and updated technologies. The social environment includes the social value and the nature of the workplace, such as the nature of supporting each other without regards to seniority, racial, ethnicity, bullying, or political issues. The spiritual environment is related to the integration of beliefs and all aspects of life including work. Some organizations include a work environment infused with elements that create a spiritual environment. This may reflect specific religions and represents the foundation and vision of the organization, such as Christian, Islam, or Jewish beliefs. Nurses are also considered the environment for patients (Watson, 2012), and this reflects that top managers are the environment for middle-line or first-line nurse

managers, while the middle-line or first-line nurse managers are the environment for the nursing staff.

Minister (Humanity). Human needs should be valued. Watson classified Maslow's need into lower order needs such as food and water, elimination and ventilation, and functional needs including activity and rest. Higher order needs include success, affiliation, and self-actualization needs (Watson, 2007). In administration, these needs should be widely discussed and influence the performance and competence of nurses and nurse managers.

Open (Infinity). In the transpersonal caring relationship, an individual should be open to existential-phenomenological and spiritual dimensions of caring (Watson, n.d.-a). This may not be explained scientifically in Western medicine; however, in Eastern medicine, the spiritual dimensions related to miracles, cultural beliefs, myths, metaphors, and inner subjective life are common (Watson, 2007). As a result, nurse managers should cultivate openness as this could be a fundamental belief in their employees' lives.

Caring Moment. In a caring moment, otherwise known as a caring occasion, the actual caring behavior of the nurse managers to their subordinates is evaluated. The caring moment is a combination of transpersonal caring dimensions and the set of caritas competencies combination. Subordinates are also evaluated in terms of their transpersonal caring ability, competence, performance, and quality of life.

Caring Measures. Watson and colleagues developed seven instruments to assess authentic human caring practice. These consist of the (a) Watson Caritas Patient Score, (b) Watson Caritas Co-Worker Score, (c) Watson Caritas Self-Rating Score, (d) Watson Caritas Preceptor Score, (e) Watson Caritas Leader Score, (f) Watson Caritas Leader Score–Leader Role, and the (g) Watson Caritas Leader Self-Rating Score (Watson, n.d.-b).

Several instruments have been developed using Watson's theory as a source. These include the Caring Behaviors Assessment (CBA) survey (Cronin & Harrison, 1988), Caring Behaviors Inventory (CBI) survey (Wu, Larrabee, & Putman, 2006), and the Caring Nurse–Patient Interaction Scale (Cossette, Cara, Ricard, & Pepin, 2005). Also, the Caring Assessment Tool (Duffy, Brewer, & Weaver, 2014) and the Caring Factor Survey (DiNapoli, Turkel, Nelson, & Watson, 2010) use Watson's theory as the basis of their development.

Other instruments that measure caring include the Caring Assessment Report Evaluation Q-Sort (CARE-Q) survey (Larson, 1984) and the Professional Caring Behaviors survey (Harrison, 1995). Further, the Nursing/Patient Caring Questionnaire (Valentine, 1991), Humane Caring Scale (HCS) instrument (Töyry & Vehviläinen-Julkunen, 2001), the Client Perception of Caring Scale (McDaniel, 1990), and

the Relational Caring Questionnaire (Turkel & Ray, 2000) provide information on caring. Additionally, the Holistic Caring Inventory (Latham, 1996), the Respondents Perceptions of Caring Scale (Benner, 1984), and the Caring Professional Scale (Swanson, 2000) provide important information about caring. The Nyberg Caring Assessment Scale (Nyberg, 1990), the Nursing Care Behavior Scale (NCBS) instrument (Piredda et al., 2017), and other instruments are useful tools for evaluating caring.

Discussion

This article aimed to provide the substruction of Watson's theory. There are many different thoughts about Watson's theory, and some consider it a grand theory (Pajnkihar et al., 2017), while others consider it a middle-range theory (Fawcett, 2005), some consider it a conceptual model (Morris, 1996), and even still, some consider it a philosophy (Marriner Tomey, 1998). For the purposes of this paper, Watson's theory of human caring can be used as a single framework for nursing administration.

In caring administration, there are two major principles of human caring science that the managers should hold including (a) managers must engage in self-care to be available to employees and (b) caring occurs at the point in time when two individuals are able to make a professional and spiritual connection. In caring nursing administration, both are changed or have an improvement in their quality of life, and dignity and wellness occur as a result of the interaction.

The literature indicated that managers or leaders are invited to put employees first rather than their own needs. A leader's work never ends, and leaders care deeply regardless of the time of day. Managers think of their own employees and the entire organization, and as a result, they are fatigued and can be overwhelmed. However, when these leaders or managers do not get enough sleep or lack self-care, they are more likely to be less creative, supportive, and able to provide the necessary care to their staff. As a result, they may be abusive to their teams (Johnson & Humble, 2020). Engaging in self-care is not selfish because it empowers leaders to be the best version of their self. When self-care needs are met, managers can give genuinely and without expectation (Johnson & Humble, 2020).

In addition, knowing one's self as a caring person is an important attribute in transpersonal caring. When the nurse manager is grounded in nursing, all activities of the role are directly focused on creating, maintaining, and supporting a caring environment in which calls for nursing are heard and nurturing responses are offered (Boykin & Schoenhofer, 2001). Additionally, each employee may be inspired by the value of caring and follow their leader. Each individual has an important contribution to make to the overall caring environment (Boykin & Schoenhofer, 2001).

In the application of Watson's theory in practice, nurse managers are encouraged to have caring competencies by

implementing the caritas processes in the actual caring moment. It could be argued that the 10 caritas processes of Watson's theory provide a comprehensive model that allows other concepts to emerge. This represents leadership behavior, competence, caring environment, compassion, empowerment, motivation, human resource development, interpersonal relationship, and openness. These components are important in nursing administration. Overall, these caritas processes in administration indicate the caring leadership competencies that managers should possess to improve the capability and dignity of their employees. Sinek (2017) said that leadership is not about being in charge, but it is about taking care of those under their charge.

In measuring caring, several instruments evaluate these subjects and contexts. Despite different measures in the existing instruments, the need for advancing the empirical measurement of caring behaviors of nurses and nurse managers is recommended, as well as the evaluation of the effect of caring on nursing outcomes.

Based on substruction, it is suggested that future instruments could measure the following: (a) transpersonal caring ability (self-rating) of those who provide care, (b) caritas competencies, and (c) human health and dignity. Caritas competencies can be measured separately in each caritas process or combined within a total score. This instrument could also be used to measure caring behaviors with different levels of scale, such as an observation checklist of the actual behavior. However, it is noteworthy that multiple tools may be used to empirically measure human caring, but any measurement is only an indication of a small piece of a deep human phenomenon (Watson, 2009a).

Strengths and Limitations

Watson's theory has been serving as a framework for more than 20 years in nursing practice and administration; thus, it is not surprising if the findings of this review are not new. However, our study provides an extended knowledge of the translation process of the theory in response to the gap of discussion of the whole components of the theory in administrative practice. For instance, Nyberg (1998) developed a caring administration model based on Watson's theory, but she synthesized different attributes rather than using the 10 caritas processes. Minnaar (2002) used 10 carative factors in caring for human resource management but lacked discussion about transpersonal relationships and caring moments. Therefore, this substruction may offer additional insight into each element in the theory.

Conclusion

The authors provided a substruction of Watson's theory in nursing administration. The transpersonal caring dimensions, caring competencies or caritas processes, and caring

moments in human-to-human relationships can be used as a single framework or a conceptual model in caring for nursing administration in an organization where nurse managers and their employees work together in harmony. The 10 caritas processes provide a holistic dimension in understanding an individual as a whole (mind-body-spirit); therefore, its application in administration will improve the employees' ability and dignity. Understanding the theory of human caring as a philosophy within nursing administration will change organizational activities into caring activities. Caring should be grounded in each individual, especially nursing managers as role models to create a caring culture and environment for the employees and any individuals involved.

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The Correct Sequence of Epithets – According to Bartholomew (1948, p. 80), the following order should be used in placing epithets after one's name. Abbreviations for licensure in an area are the first to follow immediately after the name. A semicolon follows to separate these abbreviations from those of the educational degrees. Educational degrees appear in order of their issue. Abbreviations for professional societies are always the last of the epithets and are separated from the educational degrees with a semicolon. Example: Helen Doe, RN; BSN, MSN, PhD; FAAN

Bartholomew, C.A. (1948). *Epithetology*. Red Bank, NJ: Commercial Press