



## Caring Science Research

### *Criteria, Evidence, and Measurement*

Jean Watson, PhD, RN  
Barbara B. Brewer, PhD, RN

With the release of the 2014 standards,<sup>1</sup> the Magnet Recognition Program® continues to embark on a new course in relation to healthcare reform and new indicators of health, beyond medical treatment of disease and conventional acute care approaches. There is evidence of new interprofessional models of caring and healing and well-being based on extending the current Magnet® components. There are now increasing numbers of Magnet-designated hospitals (and those preparing for Magnet) using caring theory<sup>2-5</sup> and caring science leadership in implementing new models of caring and healing practices, research, and scholarship.

The need for theory-guided practice and greater transparency regarding quality outcomes has provided a backdrop for nurse leaders throughout the world to measure the effectiveness of their professional practice

environments. As a result, there is a growing need for theoretically sound empirical data on human caring that can be used to evaluate performance of key caring activities, beyond problem-oriented outcomes. The Watson Caritas Patient Score (WCPS) (see Document, Supplemental Digital Content 1, <http://links.lww.com/JONA/A396>) is being used in multi-site clinical research in systems using Dr Jean Watson's Theory of Human Caring and Caring Science<sup>3-5</sup> as a theoretical foundation for advancing professional practice by measuring clinical indicators of caring in relation to patient outcomes. These nuclei are considered important dimensions of professional theory-guided practice and play an important role in advancing caring science research.

Under the direction of Watson Caring Science Institute (WCSI) and research coordinator, Dr Barbara Brewer, the WCPS is used in a multi-site clinical research study, known as the International Watson Caritas Comparative Database. The current research has the following foci: (1) to apply the WCPS 5-item instrument in a group of acute care institutions using a common "Caring Science" professional practice model, (2) to build an accurate and reliable national comparative database on caring and related outcome variables, (3) to use the data on caring

for ongoing performance improvement and clinical investigations, (4) to improve the validity and reliability of the WCPS, (5) to build a user-generated reporting tool and evaluate its utility to the end user, (6) to appraise the value of the database, and (7) to evaluate relationships among patient perceptions of a caring environment and patient safety and satisfaction indicators.

The WCPS is a 5-item instrument (see Document, Supplemental Digital Content 1, <http://links.lww.com/JONA/A396>) designed to capture patient perceptions of caring practices of their caregivers. The scale, which hospitalized patients have reported to be simple to complete, has exhibited excellent reliability and validity. The individual questions are based on 6 of the caritas processes.<sup>3,4</sup>

Unlike traditional instruments that measure patient satisfaction with noise and food temperature, this instrument was designed to measure critical characteristics associated with deep personal human-to-human connection. The questions ask patients to rate their care based on the extent it was delivered with human kindness, attention that caregivers paid to meeting their basic needs with dignity, helping trusting relationships with caregivers, presence of a caring environment that promoted healing, and the extent that

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**Author Affiliations:** Director (Dr Watson), Research Coordinator (Dr Brewer), Watson Caring Science Institute, Boulder, Colorado; Distinguished Professor and Dean Emerita (Dr Watson), College of Nursing, University of Colorado, Denver; Associate Professor (Dr Brewer), The University of Arizona, Tucson.

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**Correspondence:** Dr Watson, 2441 7th St, Boulder, CO 80304 ([jeanwatson@comcast.net](mailto:jeanwatson@comcast.net)).

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personal beliefs and faith were valued, allowing for hope. The WCPS complements current patient experience measures required by payors and used by many healthcare organizations as well as providing patient feedback to leaders who wish to make improvements to their patient care environments.

Currently, WCSI has 29 clinical service areas, 9 national WCSI caring science affiliate hospitals, and 11 additional systems excelling in caring science caring theory. There are also hundreds of other hospitals using caring theory processes as the basis of their professional practice model. Affiliates and partners of WCSI are grounded in evidence-informed caring science, as well as caring-healing modalities that implement caritas practices. These systems apply the caring science model and are working to transform both the practitioners and the healing culture within the organization.

For the past 4 years, WCSI has been identifying caring indicators that extend beyond conventional problem-focused nursing sensitive outcomes data. These new caring criteria are used to validate new forms of authentic caring science practices and scholarship, representing the finest of true healthcare reform.

The general WCSI criteria for identifying authentic caring science systems included evidence of the following:

- Exemplary professional caring practice guided by caring science theory, values, philosophy
- Healing environment culture of caring for staff, colleagues, and patients/family
- Participation in clinical caring scholarship/research

- Presence of “caritas coaches” as system resources in implementing and sustaining a culture of caring for self, other colleagues, and patients’ families
- Implementing caring-healing modalities (eg, intentional touch, reflexology, aromatherapy, music, sound, visualization, imagery, and relaxation)
- Presence of nurse-generated “centering rooms” and unit décor, including healing space for staff and space for patients
- Visibility of caring-healing language in practice documents such as job descriptions, clinical ladder requirements, performance evaluations, and promotion criteria
- On-site presence—visitation by Dr Jean Watson and/or WCSI faculty to prepare staff and validate activities
- Staff preparation caritas consciousness; creation of selected caring science/heart science theory-guided intentional practices, for example, “quick heart-coherence” approaches; “centering,” “authentic presence,” and “heart-centered caritas intentions,” based on 10 caritas processes, such as compassion and loving kindness; intentional “rituals,” for example, handwashing, pausing, silence, and other self-generated mutuality of trusting relations; and creative emergent caring changes in patterns of care delivery and practices.

Based on the criteria and site validation by Dr Watson, these identified systems have been recognized as National Caring Science Organizations, Affiliates of

the WCSI. This project has built upon Magnet recognition components, acknowledging and honoring the standard Magnet criteria, while identifying new caring science indicators. In this way, the caring science criteria are aligned with the Magnet sources of evidence and have expanded the elements to include caring science indicators. Based on the evidence of content experts and available research, whole person/whole system caring science indicators and interdisciplinary caring healing and health criteria have been identified and established.

It is our intent that these criteria will advance the next generation of whole system caring science standards, moving beyond the walls of the hospital, consistent with the aims of healthcare reform and aligned with the Magnet programs’ movement beyond inpatient care. The advancement of caring continues to call for commitment on the part of nurse executives across all practice settings in valuing the outcomes of caritas science and nursing research.

### REFERENCES

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