Introduction: Nursing theory drives practice as evidence documents improved patient outcomes, increase patient satisfaction and improves nurse retention (Jarrin, 2007). The political agenda in the United States today demands health care be accessible while maintaining cost consciousness. A caring nursing science framework builds intentional, authentic, interprofessional teams to implement best caring-healing practices and improve patient outcomes, while remaining cost conscious with improved patient and family satisfaction and increased nurse retention (Watson, 2006).

Significance: One in three graduate nurses leave nursing practice the first year due to stressful work environments, fear of mistakes in patient care with complex role expectations, and interprofessional demands (Patterson, 2006). The cost of reorientation of new nurses with rapid exit of new graduate departures is increasing the cost of health care and decreases patient satisfaction with lack of continuity and interprofessional caring-healing practices (Contrell and Browne, 2006). Integrating the Watson “10 Caritas Fields” (Watson, 2008) into nursing practice improves outcomes that: “incorporates life generating and life-receiving processes of human caring and healing for practitioners as well as patients”(Watson, 2006, p. 89). Two health care hospitals, within a health care system, have successfully applied Dr. Watson’s theory into practice outcomes to achieve Magnet Status. Now, the challenge is to integrate Watson’s theory to energized nursing practice across health care system to improve patient outcomes and cost effective patient care through increased nurse retention.

Purpose: The purpose of the project is: 1) to demonstrate the steps in launching the Watson’s “10 Caritas Fields” from two hospitals across a 16 hospital Non-profit “Catholic-based” health care system; and, 2) integrate Watson “10 Caritas Fields into a school of nursing to reduce stressful student nurse transition and improve graduate retention. Important in launching the system wide theory driven practice is creating baseline benchmarks to measure successful outcomes in the across time with metrics to demonstrate outcomes.

Setting and Participants: A non-profit, Catholic-based, health system creates an “Enterprise Caritas Council” with selected qualified nurse leaders at the cooperate level to obtain baseline Assessment of two successful “Magnet Status” hospitals and form a foundation for further implementation of the Watson’s “10 Caritas Fields” across the remaining 14 hospitals in the health care system and the school of nursing.

Project Outcomes: 1) Analyze Watson’s “10 Caritas Processes” and review current literature. 2) Establish a team of professional nurses from direct patient care nurses, to service and educational leaders, researchers and case manager experts to cross the continuum of health care providers. 3) Establish a council with vision, mission and charter; 4) Assess a baseline of the
current implementation in the 2 “Magnet Status” hospitals that are currently using Watson’s Theory. 5) Create a timeline for implementation and metrics evaluation. 6) Create a theory based BSN nursing curriculum immerse in the “10 Caritas Fields”

**Project Evaluation:** 1) Evaluate the essential nursing leaders, educators, direct nurse care providers to implement the “Enterprise Caritas Council. 2) Assess the importance of theory and evidence-based practice in for sustainability of implementation. 3) Outline current success in two “Magnet Status” hospitals with baseline assessment of progress on outcomes. 4) Develop a vision, mission, and charter to include: timelines and measurement outcomes, document sustainability, cost containment, improved patient outcomes, patient satisfaction, nurse satisfaction and nurse retention. 5) Develop a Watson’s Theory-based nursing curriculum to improve student transition and graduate retention.

**Future Directions:** 1) Write grants to develop research projects; 2) Measure projected timeline and outcomes; 3) Continue to implement and assess transformation of nursing practices, professional and interprofessional patient care; 4) Continue to improve patient caring- healing relationships; 5) Measure transition of students to graduate nurse post-implementation of a BSN Watson’s Theory driven curriculum.

**References**


