A HANDBOOK FOR Caring Science

Expanding the Paradigm

EDITORS
William Rosa, MS, RN, AGPCNP-BC, ACHPN, FCCM, Cantas Coach
Sara Horton-Deutsch, PhD, RN, PMHCNS, FAAN, ANEF, Cantas Coach, HeartMath Trainer
Jean Watson, PhD, RN, AHN-BC, FAAN

ASSOCIATE EDITORS
Marilyn A. Ray, PhD, RN, CTN-A, FAAN
Marlane C. Smith, PhD, RN, AHN-BC, FAAN
Marian C. Turkel, PhD, RN, NEA-BC, FAAN

ASSISTANT EDITORS
Diane L. Gullett, PhD, MSN, MPH, RN
Grissel Hernandez-Kertland, MPH, BSN, RN, HNB-BC

A monumental compendium of Caring Science—past, present, and future

This groundbreaking work is an encyclopedic reference on the full spectrum of Human Caring Science. With contributions from highly accomplished scholars and practitioners from six continents, it spans the evolution of Caring Science from its origins 40 years ago through its ongoing innovation and development and into the future. Comprehensive and in-depth, this resource brings multigenerational perspectives to Caring Science and demonstrates its ethical nursing applications across cross-cultural settings worldwide.

The book’s broad scope embodies the paradigm’s theoretical foundations, guidance from Caring Science educators and researchers, and practice insights from expert clinicians and administrators. It offers strategies for influencing meaningful policy change integrating principles throughout cross-cultural and global settings and introduces inspiring voices from luminaries in coaching, Caring Science creative arts, spirituality, and self-care. The text clearly demonstrates how theories, frameworks, and paradigms are directly integrated into practice, research, and educational settings. Scholarly narratives and discourses on Caring Science will facilitate understanding of how to transform systems with a caring consciousness and ethically informed action. Chapters are consistently formatted to promote ease of comprehension and include exemplars and reflective questions.

Key Features:
• Traces the history of Caring Science and merges it with current and future perspectives
• Provides a “how-to” guide for understanding the integration of theories, frameworks, and paradigms into practice, research, and education
• Distills a vision of how to transform systems with a caring consciousness and a commitment to ethically informed action
• Enables readers to cross-reference Caring Science leaders across specialties
• Illustrates Caring Science practice through case studies, examples, and discourses
• Supports hospitals in procuring or maintaining ANCC Magnet® certification
• Identifies research and practice opportunities for readers to integrate Caring Science into their professional milieu

William Rosa, MS, RN, AGPCNP-BC, ACHPN, FCCM, Caritas Coach is currently an RWJF Future of Nursing Scholar, University of Pennsylvania, School of Nursing, PhD Program, Philadelphia, PA, and Nurse Practitioner, Supportive Care Service, Memorial Sloan Kettering Cancer Center (MSKCC), New York, NY. Mr. Rosa received his BSN magna cum laude from NYU Rory Meyers College of Nursing (2009) and was valedictorian of his MSN class, Hunter College (2014). He recently completed the MSKCC Palliative Care Fellowship (2016–2017); other specialties or board certifications include holistic nursing, critical care, nurse coaching, and global health. Mr. Rosa spent one year with the Human Resources for Health Program in Rwanda, East Africa (2015–2016), contributing to the curriculum content for the first Masters-prepared nursing cohort in the country. He is the editor of two previous books related to leadership and global health and has more than 100 publications in a host of diverse forums. Mr. Rosa has been recognized with numerous awards, including the American Association of Nurse Practitioner’s New York State Award for Excellence (2018); NYU’s Young Distinguished Alumnus Award (2018); and Sigma’s Daniel J. Pesut International Spirit of Renewal Award (2017). He was also named one of America’s Most Amazing Nurses by The Doctors television show and Prevention magazine. Mr. Rosa serves on the national Nominating Committee for the American Holistic Nurses Association and the editorial board for the Journal of Hospice & Palliative Nursing. He is a proud member of the American Association of Critical-Care Nurses’ Circle of Excellence Society. Mr. Rosa is a Fellow of the American College of Critical Care Medicine and the New York Academy of Medicine. He will be inducted as a Fellow into the American Academy of Nursing in November 2018.

Sara Horton-Deutsch, PhD, RN, PMHCNS, FAAN, ANEF, Caritas Coach, is a professor at the University of San Francisco, School of Nursing and Health Professions. She also holds an adjunct appointment at the University of Colorado College of Nursing where she mentors doctoral students in the PhD program’s Caring Science focus area. Prior to joining the University of San Francisco, she served as the Watson Caring Science Chair at the University of Colorado College of Nursing. Upon earning her doctorate, she completed a postdoctorate in psychoneuroimmunology and spent the next 7 years on faculty as a practitioner/teacher and assistant professor at Rush University, Chicago, Illinois. Her career included a joint appointment to the School of Nursing (SON) and School of Medicine at Indiana University (1999) where she taught nursing students, medical students, and psychiatric residents and served as co-chief of a psychiatric consultation/ liaison program at University Hospital. In 2004, she assumed a full-time position in the SON, where she coordinated the graduate psychiatric nursing track and served as interim department chair. Her honors include nomination as Nurse Educator of the Year (2012), induction as an Academy of Nursing Education Fellow (ANEF) in 2014, and Fellow in the American Academy of Nursing (FAAN). From 2014 to 2015, she served as president of the International Society of Psychiatric Mental Health Nurses (ISPN) and worked with the national association of Quality and Safety Education for Nurses (QSEN). She has been recognized with international, national, and regional awards recognizing her excellence in creative work in reflective practice and leadership. Her other co-edited publications include Reflective Practice: Transforming Education and Improving Outcomes; Reflective Organizations: On the Front Lines of QSEN and Reflective Practice Implementation; and Caritas Coaching: A Journey Toward Transpersonal Caring and Informed Moral Action in Healthcare.

Jean Watson, PhD, RN, AHN-BC, FAAN, is distinguished professor emerita and dean emerita of the College of Nursing at the University of Colorado, Denver. She is the founder of the Center for Human Caring in Colorado, a fellow of the American Academy of Nursing, and the past president of the National League for Nursing. Her current activities include founder and director of Watson Caring Science Institute, a nonprofit international organization foundation, committed to furthering caring science in the world. Dr. Watson has earned undergraduate and graduate degrees in nursing and psychiatric–mental health nursing with a PhD in educational psychology and counseling. She is a widely published author and recipient of numerous awards and honors, including an international Kellogg Fellowship in Australia, a Fulbright Research Award in Sweden, and 14 honorary doctoral degrees, including 11 honorary international Doctor of Science awards from Sweden, Spain, the United Kingdom, Japan, Canada (British Columbia and Quebec), Turkey, and Colombia. Clinical nurses and academic programs throughout the world use her published works on the philosophy and theory of human caring and the art and science of caring in nursing. Dr. Watson’s Caring Science/Philosophy Theory is used to guide new models of caring and healing practices in diverse settings worldwide. At the University of Colorado, Dr. Watson held the title of distinguished professor of nursing, the highest honor accorded its faculty for scholarly work. In the period of 1998 to 1999, she assumed the nation’s first endowed Chair in Caring Science, based at the University of Colorado. In 2013, Dr. Watson was inducted as a Living Legend by the American Academy of Nursing, its highest honor. Her work continues through the Watson Caring Science Institute (www.watsoncaringscience.org).
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Assistant Editors
Diane L. Gullett, PhD, MSN, MPH, RN
Grissel Hernandez-Kertland, MPH, BSN, RN, HNB-BC

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For the whole of the global nursing village, carrying the light of humanity and human caring into the future.
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Contributors

Jan Anderson, EdD, RN, AHN-BC, Caritas Coach   Director, Caritas Coach Education Program, Watson Caring Science Faculty Associate, Watson Caring Science Institute, Boulder, Colorado

Jeanne Anselmo, BSN, RN, HNB-BC, BCIA-SFC   Holistic Nurse Educator/Consultant, Sea Cliff, New York; Co-Founder, Contemplative Urban Law Program, School of Law, City University of New York, Long Island City, New York; Faculty, Merton Contemplative Initiative, Iona Spirituality Institute, Iona College, New Rochelle, New York; Dharma Teacher, Order of Interbeing, Plum Village Tradition of Vietnamese Zen Master Venerable Thich Nhat Hanh, Green Island Sangha: Community of Mindful Living—Long Island, Syosset, New York

Emily Barr, MSN, RN, CPNP, CNM, Caritas Coach   Senior Instructor With Distinction, University of Colorado Children’s Hospital Colorado, Department of Pediatric Infectious Disease, Aurora, Colorado

Charlotte Barry, PhD, RN, NCSN, FAAN  Professor and Master Teacher, Florida Atlantic University, College of Nursing, Boca Raton, Florida

Mark D. Beck, DNP, MSN, BS, RN-BC, CENP, HeartMath™, Caritas Coach   Assistant Professor, RN to BSN Program, Samuel Merritt University, Santa Rosa, California

Julie Benbenishty, PhDc, MSN, RN   Nurse, Hadassah Hebrew University Medical Center, Jerusalem, Israel

Anna M. Biley, DCSc, MSc, DipN   Dorchester, United Kingdom

Barbara B. Brewer, PhD, MBA, RN, MALS, FAAN   Associate Professor, College of Nursing, The University of Arizona, Tucson, Arizona

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Lyn Brown, MA, RN-BC  Atlanta Veteran Affairs Medical Center, Decatur, Georgia

Robert Browning, PhD (hc)  Co-Director & Master Trainer, HeartMath Healthcare; Faculty & Board Member, Watson Caring Science Institute, Boulder, Colorado; Adjunct Faculty, University of Colorado, College of Nursing, Anschutz Medical Campus, Denver, Colorado; Co-VP, Pathways to Peace, UN Consultative Status (ECOSOC), UN Peace Messenger

Michelle Camicia, MSN, RN, CRRN, CCM, NEA-BC, FAHA, Caritas Coach  Director of Operations, Kaiser Foundation Rehabilitation Center, Kaiser Permanente Vallejo Medical Center, Vallejo, California

Chantal Cara, PhD, RN  Full Professor, Faculty of Nursing, Université de Montréal, Montréal, Québec, Canada; Distinguished Caring Science Scholar, Watson Caring Science Institute, Boulder, Colorado

Gayle L. Casterline, PhD, RN, AHN-BC  Associate Professor of Nursing, Hunt School of Nursing, Gardner-Webb University, Boiling Springs, North Carolina; Faculty Associate, Watson Caring Science Institute, Boulder, Colorado

Peggy L. Chinn, PhD, RN, FAAN  Professor Emerita, University of Connecticut, Storrs, Connecticut; Advances in Nursing Science, Editor

W. Richard Cowling, III, PhD, RN, AHN-BC, ANEF, FAAN  Dean of College of Nursing, Argosy University, Orange, California

Andy Davies, PhD, MEd  Deputy Director of Nursing – Nursing Education, Prince Sultan Cardiac Centre, Riyadh, Saudi Arabia

Patrick J. Dean, EdD, MSN, RN, OSTJ  Clinical Associate Professor ad Honorem, School of Nursing, University of Minnesota, Rochester, Minnesota; President, International Association for Human Caring

Charlotte Delmar, PhD, MSc, RN, MPG, FEANS, FAAN  Professor and Chair, Head of Department of Nursing Science, Department of Nursing Science, Institute of Public Health, Health Faculty, Aarhus University, Aarhus, Denmark; Adjunct Professor, Faculty of Medicine, Aalborg University, Aalborg, Denmark; Professor II, Norway Arctic University, Tromsø, Norway; Professor II, Diakonova University College, Oslo, Norway

Charlene Downing, PhD, RN, RM, RPN, RNA, RNE, RCN  Senior Lecturer, Department of Nursing, Faculty of Health Sciences, University of Johannesburg, Johannesburg, South Africa

Rina Emoto, PhD, RN  Professor, Japanese Red Cross College of Nursing, Tokyo, Japan
Tarron Estes, BA, RN  Founder, Conscious Dying Institute, Boulder, Colorado; Transformational Learning Consultant for Health Care Systems; Palliative Innovation Specialist and End of Life Education Design and Curriculum Development

Jacqueline Fawcett, PhD, ScD (Hon), RN, FAAN, ANEF  Professor, Department of Nursing, University of Massachusetts, Boston, Massachusetts

Lisa Lally Flack, DNS, MS, RN, Watson Caring Postdoctoral Scholar  Director/Founder and Associate Professor, Baldwin Nursing Department, Sienna College, Loudonville, New York

Anne M. Foss-Durant, MSN, MBA, NP, RN, NEA-BC  Regional Director of Adult Services and Caring Science Integration, Kaiser Permanente Northern California, Oakland, California


Marlienne Goldin, DSc, RN, MPA, BSN, CNML, Caritas Coach  Director, Trauma and Neurosurgical Intensive Care Unit, Moses Cone Memorial Hospital, Cone Health System, Greensboro, North Carolina

Diane L. Gullett, PhD, MSN, MPH, RN  Instructor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Jordan R. Hannink, BA  Hebrew University of Jerusalem, Jerusalem, Israel

Grissel Hernandez, MPH, BSN, RN, HNB-BC, Caritas Coach  Nursing Professional Development Specialist, Center for Education and Professional Development, Stanford Health Care, Stanford, California

Marcia D. Hills, PhD, RN, FAAN  Professor, School of Nursing, University of Victoria, Victoria, British Columbia, Canada; Watson Caring Science Distinguished Scholar, Watson Caring Science Institute, Boulder, Colorado

Stephanie Hope, BSN, RN, NC-BC  DNP Student, Integrative Health and Healing, University of Minnesota, Minneapolis, Minnesota; Nurse Coach, NBN Group, Kingston, New York

Sara Horton-Deutsch, PhD, RN, PMHCNS, FAAN, ANEF, Caritas Coach, HeartMath Trainer  Full Professor, University of San Francisco, School of Nursing and Health Professions, San Francisco, California; Adjunct Professor, University of Colorado-Denver, College of Nursing, Denver, Colorado
Hirokazu Ito, PhD, RN  Assistant Professor of Nursing, Institute of Health BioSciences, Department of Nursing Science, University of Tokushima, Tokushima Prefecture, Japan

Beth M. King, PhD, ARNP, PMHNP-BC  Florida Atlantic University, Christine E. Lynn College of Nursing, Boca Raton, Florida

Mary Koithan, PhD, CNS-BC, FAAN  Anne Furrow Professor, College of Nursing, University of Arizona, Tucson, Arizona

Mary Jo Kreitzer, PhD, RN, FAAN  Director, Earl E. Bakken Center for Spirituality and Healing, Professor, School of Nursing, University of Minnesota, Minneapolis, Minnesota

Mary Rockwood Lane, PhD, RN, FAAN  Associate Clinical Professor, College of Nursing, University of Florida, Gainesville, Florida

Susan M. Lee, PhD, RN, CNP  Senior Nurse Scientist and Caring Science Scholar, Brigham and Women’s Hospital, Boston, Massachusetts

Rozanno C. Locsin, PhD, RN, FAAN  Professor Emeritus, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida; Professor of Nursing, Institute of Health BioSciences, Department of Nursing Science, University of Tokushima, Tokushima Prefecture, Japan

Shawna McDermott, MBA  Watson Caring Science Institute Doctoral Candidate, Boulder, Colorado

Kelly Morrow, MSN, RN-BC, CNE  Instructor, Nevada State College, Henderson, Nevada

Debra Morton, RN, MLDR, Caritas Coach and HeartMath Trainer  Chief Nurse Executive, Patient Care Services, Kaiser Permanente Vallejo Medical Center, California

Anna Nolte, PhD  Professor, Department of Nursing, Faculty of Health Sciences, University of Johannesburg, Johannesburg, South Africa

Kathleen S. Oman, PhD, RN, FAEN, FAAN, Caritas Coach  Professor, College of Nursing, University of Colorado-Denver, Denver, Colorado; Chair of Pediatric Nursing, Children’s Hospital Colorado, Denver, Colorado

Patrick A. Palmieri, DHSc, EdS, MBA, MSN, RN, FACHE, FISQua, FAAN  Core Faculty, Doctoral Program, School of Nursing, Walden University, Minneapolis, Minnesota; Professor and Primary Investigator, Universidad Privada del Norte, Lima, Peru

Joyce B. Perkins, PhD, MA, MS, RN, AHN-BC, CHTP, RMP-T  Associate Professor, Department of Nursing, St. Catherine University, St. Paul, Minnesota
Marguerite Purnell, PhD, RN, AHN-BC  Editor Emeritus, *Journal of Art and Aesthetics in Nursing and Health Sciences*, Boca Raton, Florida

Marilyn A Ray, PhD, RN, CTN-A, FAAN, FESFCH (Hon), FSFAA  Professor Emeritus, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Robert Reynoso, MSN/Ed, BSN, AAS, RN, CEN, Caritas Coach  Lecturer, School of Nursing, Nevada State College, Henderson, Nevada

William Rosa, MS, RN, AGPCNP-BC, ACHPN, FCCM, Caritas Coach  Robert Wood Johnson Foundation Future of Nursing Scholar, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania; Nurse Practitioner, Supportive Care Service, Memorial Sloan Kettering Cancer Center, New York, New York

Linda Ryan, PhD, RN, AHN-BC  Assistant Professor, College of Nursing & Health Professions, Lewis University, Romeoville, Illinois

Kathleen Sitzman, PhD, RN, CNE, ANEF, FAAN  Professor, College of Nursing, East Carolina University, Greenville, North Carolina

Marlaine C. Smith, PhD, RN, AHN-BC, FAAN  Dean and Helen K. Persson Eminent Scholar, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Jacqueline A. Somerville, PhD, RN, FAAN  Faculty Associate, Watson Caring Science Institute, Boulder, Colorado

Karen Sousa, PhD, RN, FAAN  Professor, College of Nursing, University of Colorado-Denver, Denver, Colorado

Donnean Thrall, ND, RN, Watson Caring Postdoctoral Scholar  Assistant Professor of Nursing; Siena College, Loudonville, New York

Mayumi Tsutsui, PhD, RN  Professor Emeritus, Director of International Collaboration Center, Japanese Red Cross College of Nursing, Tokyo, Japan

Marian C. Turkel, PhD, RN, NEA-BC, FAAN, Watson Post-Doctoral Scholar  Associate Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Michele J. Upvall, PhD, RN, CNE  Professor of Nursing, Program Director, MSN Nurse Educator Programs, College of Nursing, University of Central Florida, Orlando, Florida

Nancy Vitali, PhD, RN, Caritas Coach  Associate Professor, Tulsa Community College, Tulsa, Oklahoma
A. Lynne Wagner, EdD, MSN, RN, FACCE, CHMT  Professor Emeritus of Nursing, Fitchburg State University, Fitchburg, Massachusetts; Faculty Associate, Watson Caring Science Institute, Boulder, Colorado

Jean Watson, PhD, RN, AHN-BC, FAAN  Distinguished Professor and Dean Emerita, College of Nursing Anschutz Medical Center, University of Colorado-Denver, Denver, Colorado

Danielle Wofford, PhD and DNP-FP Student, RN  Arizona State University, Phoenix, Arizona

Zane Robinson Wolf, PhD, RN, FAAN  Dean Emerita and Professor, School of Nursing and Health Sciences, La Salle University, Philadelphia, Pennsylvania; Editor-in-Chief, *International Journal for Human Caring*

Terri Zborowsky, PhD, EDAC  Design Researcher, HGA Architects & Engineers, Minneapolis, Minnesota; Teaching Specialist, Center for Spirituality & Healing, University of Minnesota, Minneapolis, Minnesota
Foreword

Of all the professions, it is perhaps nursing that is most decisively leading the way toward a reorientation of values and behaviors that promote wellness and the continuity of humanity on Earth. This is a fitting development because “nurse” is derived from the Latin nutrire, meaning “nourish,” and it is nurses whose empathy, compassion, caring, and wisdom have nourished countless humans in their journeys from birth to death. Now nurses and their leaders are nourishing the human species in a worldwide effort.

Dr. Jean Watson, one of the most distinguished and widely honored nurses in the world, has been awarded 15 honorary doctorates, 12 of which are international. She is distinguished professor and Dean Emerita, University of Colorado-Denver, College of Nursing, where she held the nation's first endowed chair in Caring Science for 16 years. She is the founder of the original Center for Human Caring in Colorado and the founder and director of Watson Caring Science Institute, a nonprofit foundation. The Caring Science philosophy and clinical practice model that Watson has pioneered include but transcend the needs of individuals. They also promote health in the largest sense—the health of the Earth itself. Caring Science philosophy and practice have been embraced by nursing organizations worldwide.

Through the courage and wisdom of Dr. Watson and her colleagues represented in this volume, we see the dawning of a concept that is powerful enough to catalyze a solution not only to health-related issues but also to the challenges that affect humanity’s very survival. The origin of the problems we face can be expressed succinctly: We have tried as a species to secede from nature, and we have failed. In so doing, we have misconstrued our relationship to one another and to all sentient life. “The twenty-first century will be spiritual or it will not be,” said André Malraux (1901–1976), France’s former Minister of Cultural Affairs (Dennis, 2017, p. 41). Malraux’s observation dates to the second half of the 20th century, and it appears more accurate now than ever before. As the planetary dilemma Malraux predicted plays out, it is no longer possible to be a passive bystander. As global citizens, if we are passive toward the problems we now face, we contribute to them. In our era, neutrality is not an honorable option. As Mahatma Gandhi put it, “To believe something and not live it is dishonest” (Dewal, 2015, p. 29).
We confront threats to our existence our forebears never imagined. The evidence for our global predicament is based in abundant science, not on some sidewalk lunatic wearing a sandwich board yelling, “The end is near!” Our challenges include climate change and global warming; polluted air and water; exploding populations; habitat and species loss; water scarcity; deforestation; desertification; murderous ideologies; resource depletion; grinding poverty; endless wars of choice; ethnic and religious hatreds; lack of decency, love, and kindness toward others; on and on, all abetted by the materialistic “I’ve got mine/every man for himself” philosophy with which our society is currently septic. This is a hell from which, experts say, beyond a certain point there may be no escape. As author John Graves wrote in his elegy Goodbye to a River, “That long and bedrock certainty of thoughtful men that regardless of the race’s disasters the natural world would go on and on is no longer a certainty” (Graves, 1974).

What do these dismal facts have to do with Watson’s Human Caring Science? The answer is, everything.

There is an ancient belief that during times of crisis, the Earth produces or raises up a solution. It may be in the form of a great heroine or hero, or it may be a new belief or concept that is powerful enough to steer things back on course. What is our current crisis? As the mythologist Joseph Campbell wrote toward the end of the past millennium, “The old gods are dead or dying and people everywhere are searching, asking: What is the new mythology to be, the mythology of this unified earth as one harmonious being?” (Campbell, 2002, p. xix). Nowadays we hunger for a culture that transcends the suffocating narrowness and intellectual strangulation resulting from the prejudice, bigotry, greed, and crass materialism that threaten our future. We are vision starved and myth hungry. As cultural historian Morris Berman writes, we long for a future culture that “will have a greater tolerance for the strange, the nonhuman, for diversity of all sorts, both within the personality and without” (Berman, 1981, p. 275). Also, Kingsley L. Dennis, the British sociologist, observes, “We will reconnect with the sacred or we will stagnate” (2017, p. 49). Many believe we have turned the corner in the right direction. As Dennis writes, “The magical, mysterious sacred revival is already underway, it just isn’t paraded by the mainstream yet. But the spores are seeding all over the holy ground of this blessed planet. It will come to pass—it has already been born” (2017, p. 49). We contend that the Human Caring Science that Jean Watson has midwifed is part of this process of rebirth. It is part of “the knowing, accepting, and the seeking out the sacred aspects of life that bring the revitalizing energies surging and coursing through our spirit veins” (Dennis, 2017, p. 51).

Our online dictionary suggests that “care” is related to the assurance of health; welfare; maintenance; and protection of a person or thing (Online Dictionary, 2011). We in the healing professions usually translate this into our professional roles, responsibilities, and skills toward sick and suffering individuals, but the “health, welfare, maintenance, and protection” of the “something” apply also to Earth itself. For if our environment is degraded beyond reclaim, it will not matter much what our blood pressure or cholesterol levels are. Human health is impossible if the Earth cannot sustain us. Only by sensing at the deepest emotional, psychological, and spiritual levels our connections with one another and the Earth itself can we summon the courage necessary to make the tough choices that are required to survive. This is Human Caring Science writ large.
But the connections implicit in Human Caring Science are not human- or Earth-limited; they are infinite. As French philosopher René Guénon put it, “The human order and the cosmic order are not in reality separated, as they are nowadays all too readily imagined to be; they are on the contrary closely bound together, in such a way that each continuously reacts on the other so that there is always correspondence between their respective states” (Guénon, 1953, p. 140). This view is ancient. As the Greek philosopher Parmenides famously asserted in the 5th century BCE, “No mind, no world” (Singh, 2014).

The fact of our oneness and connectedness suggests that we revise the Golden Rule from the customary “Do unto others as you would have them do unto you,” to “Be kind to others because in some sense they are you” (Dossey, 2013a, p. xxviii). As novelist Alice Walker said, “Anything we love can be saved” (Walker, 1998)—including the Earth and its creatures, our children, and generations yet unborn. Also, as poet W. H. Auden bluntly said in the 1930s, as if peering into the present, “We must love one another or die” (Auden & Mendelsson, 1977, p. 246). Love is a natural accompaniment of our inherent unity, connectedness, and oneness. Love helps us resacralize our world. Love helps us survive.

Extending Human Caring Science to all our interactions in the world is a way of recalibrating our collective response to all the problems we face, a move that permits a cascade of solutions to fall into place. As Watson has consistently emphasized, this approach requires a shift in our consciousness. It entails reorienting our ethical and moral compass toward the Earth and one another. It is about changing channels, redialing our basic concepts of who we are and how we are related to one another and to the terrestrial crucible that sustains us.

When caring includes all of life, it becomes a vision powerful enough to make a difference in how we approach all the challenges we face—not as a mere intellectual concept, but as something we feel in the deepest way possible. As Herman Hesse said in the prologue to Demian, “I have been and still am a seeker, but I no longer seek in stars and books; I have begun to listen to the teachings my blood whispers to me” (Hesse, 1919, p. ii).

Jean Watson sees that caring and science must be wedded, thereby producing a force greater than either factor can achieve in isolation. Her vision is affirmed by developments in the physical sciences that portend a revolution in how we conceive our relationships with one another.

It is now clear that, owing to advances in modern physics and the biological sciences, we live in a nonlocal world in which apparently separate elements are intrinsically connected or entangled (Dossey, 2013b, p. 30; Radin, 2006). These intimate connections defy separation in space and time. They operate at both an invisible subatomic level and, we have recently learned, in the everyday, macroscopic biological domain as well (Vedral, 2011). Our existence is based not in separation, competition, and rugged individuality, but in unity, connectedness, and cooperation. The sheer fact of caring arises naturally from these intrinsic relationships.

It is beginning to dawn on our society that the implications of nonlocality are enormous. As renowned historian of religions Huston Smith expressed the relevance of this development, “[If] nonlocality holds for the material world, what about the world of the human mind? If both mind and matter are nonlocal, we are on our way to regaining what was lost in Newton’s time—a complete, whole world in which we can live complete, whole lives, in the awareness that we are far more interrelated than we had thought” (Jauregui, 2007, p. xiv).

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But we do not require modern physics to inform us of our unity. This wisdom is ancient. We merely detoured from this knowledge in the modern era in our attempted withdrawal from nature and one another. The thread of oneness runs through human history, from ancient times through the present. The pedigree of this concept is extensive. As Plato wrote, “[H]uman nature was originally One and we were a whole” (Wilber, 1983, p. 234). Hippocrates stated, “There is one common flow, one common breathing, all things are in sympathy” (Watson, 1992, p. 27). Pico della Mirandola, the Renaissance philosopher, believed that the world is governed by a “unity whereby one creature is united with the others and all parts of the world constitute one world” (Watson, 1992, p. 27). In the 19th century, the German philosopher G. W. F. Hegel called distant mental exchanges between humans “the magic tie.” He believed that “the intuitive spirit oversteps the confines of time and space; it beholds things remote; things long past, and things to come” (Inglis, 1992, p. 158). Arthur Schopenhauer, the 19th century German philosopher, suggested that a single event could figure in two or more different chains of circumstance, linking the fates of different individuals in profound ways. He believed in a form of communication that took place between humans during dreams (Watson, 1992, p. 27). Walt Whitman, America’s 19th century bard, proclaimed, “All these separations and gaps shall be taken up and hook’d and link’d together…. Nature and Man shall be disjoin’d and diffused no more” (Whitman, 1917). His contemporary, philosopher-essayist Ralph Waldo Emerson, wrote, “There is one mind common to all individual men … [a] universal mind…” Emerson called this universal mind the “Over-soul” which, he said, is “that unity … within which every man’s particular being is contained and made one with all other…. [W]ithin man is the soul of the whole … the eternal ONE” (Emerson, 1987). Among the poets in Emerson’s camp was William Butler Yeats: “[T]he borders of our minds are ever shifting, and … many minds can flow into one another … and create or reveal a single mind, a single energy…. [T]he borders of our memories are … shifting, and … our memories are part of one great memory” (Pierce, 2000, p. 62). Swiss psychiatrist Carl G. Jung’s concept of the collective unconscious and the collective conscious paralleled the views of Emerson and Yeats (Jung, 1968). These various observers are saying that everything is connected, including minds.

Caring awareness is spreading. We have allies. For example, Vaclav Havel, the playwright, poet, and first president of the Czech Republic, said: “I have been given to understand how small this world is and how it torments itself with countless things it need not torment itself with if people could find within themselves a little more courage, a little more hope, a little more responsibility, a little more mutual understanding and love” (Havel, 1995). In other words, a little more caring.

Caring is not something we have to invent. It is our nature to care. Caring must merely be rekindled. That is what Jean Watson has done. She reminds us of who we are and of what we are capable. In her perspective, reality is interconnected, multidimensional, mindful, relational, and loving (Radin, 2013, p. 310).

It is appropriate that Watson launched her Human Caring Science nursing, for all the human professions it is nursing that provides the soil and the soul that can best nurture the wisdom on which our future likely depends. In so doing, Watson stands in the tradition of Florence Nightingale (1820–1910), a towering genius of both intellect and spirit who streaked like a fiery comet across the sky of 19th-century England, transforming nursing in world culture with her philosophical “art and science” nursing legacy (Dossey, 2010). In
Nightingale's tradition, Dr. Jean Watson has herself streaked across the 20th- and 21st-century skies with an equally precious gift—her Human Caring Science that is now an emerging paradigm. Her vision calls us to ethically informed caring and love—praxis in action. It is difficult to imagine a greater contribution.

Barbara Montgomery Dossey, PhD, RN, AHN-BC, FAAN, HWNC-BC
Co-Director, International Nurse Coach Association
International Co-Director, Nightingale Initiative for Global Health

Larry Dossey, MD
Executive Editor, Explore: The Journal of Science and Healing

REFERENCES


Preface

As the title suggests, *A Handbook for Caring Science: Expanding the Paradigm* is an inclusive and broadly encompassing text—the encyclopedia, if you will—of Caring Science. This book is the realization of over 30 years of Caring Science scholarship and a guidepost for the next stages of emerging paradigm.

Over 20 books by Dr. Jean Watson, along with hundreds of scholarly articles and additional publications by Caring Science scholars and authors, have validated Caring Science as a starting point for nursing as a field of study. As Caring Science nears its 40th anniversary of development, innovation, and continued emergence, nursing is preparing to celebrate its 150th anniversary as a profession. Never has a detailed and expansive guide for ethical philosophical nursing practices, across specialties and cross-cultural settings, been more needed.

In building upon and furthering Caring Science as the philosophical foundation and core of professional nursing, there is the opportunity to recalibrate the discipline to the healing art and science it was always meant to be. It does so despite the bureaucratic constraints and dictates that have dehumanized the healthcare scenario.

Caring Science as disciplinary foundation resounds the call for nurses to fulfill their covenant with society as peacemakers, the vanguards of human dignity, and the advocates for human betterment. Outdated institutional norms in healthcare are rapidly unraveling, and nurses must be equipped with a clear moral compass for effective leadership. Caring Science gives voice to that compass, offering a guide as a deeper practice consciousness for authentic human caring and healing throughout health systems for the future.

This book will be the first of its kind, guided by the disciplinary maturity of nursing, from theorists, from Caring Science educators and researchers, from practice insights, and from expert clinicians and accomplished administrators. These foundational Caring Science principles, strategies, and values serve to extend and transform health policy change.

These changes will continue to emerge from the hearts of Caring Science activists, cross-cultural colleagues, and global moral actions and applications from international/national caring scientists, and inspired voices from frontrunners in Caritas and integral health
coaching, the creative healing arts, spirituality, self-care, and the next generation of Caring Science scholars and Caring Science praxis.

This book merges the full spectrum of Caring Science evolution and identifies a clear path for future growth and development. By illustrating the detailed connections between theory and practice, this book provides an opportunity to experience that delicate space of praxis, as the examples of a living philosophy are made accessible to the reader through the expert writing of contributing authors.

The ability to cross-reference Caring Science leaders across specialties and identify links between research and practice, practice and education, education and theory development, and global action in the world, makes this book a unique and essential partner in Caring Science scholarship for nurses and all other health and human service professionals. Through personal narrative, exemplars, and discourses on Caring Science, the reader will come to understand the history, accomplishments, and vision of human caring as a serious ethical, ontological, epistemological, practical endeavor; it is an art and science, celebrating the landscape of our shared humanity. In short, the reader will understand how to transform systems with a caring consciousness and a commitment to ethically informed action.

_A Handbook for Caring Science_ is for all students who are forming or evolving their own philosophy of nursing; experts who are looking to renew or redefine their practice; educators, researchers, and scientists hoping to reconnect with the mature disciplinary foundation of nursing while adopting a greater purpose. Likewise, it is a gift for any health professional searching to regain his or her authentic identity as a caring-healing advocate and informed leader working toward an evolved moral community of caring and peace.

May this handbook be a source of wisdom, reflection, self-growth, and self-discovery along the path. May it bring you encouragement in your efforts to promote healing and wholeness. May it also offer solace in the knowledge that there is a place—a global village of the heart—that offers nourishment to the caring spirits of our nurse leaders, educators, scholars, and clinicians. May this book offer your work the reliable shelter and sustenance that emerges from a foundation of human caring and compassion.

William Rosa
Sara Horton-Deutsch
Jean Watson

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Acknowledgments

This work started with a vision to create a handbook that would provide readers with a rich and comprehensive literary source rooted in Human Caring Science wisdom. I believe we have successfully compiled a substantial, heart-centered guide to inform the future unfolding of Caring Science scholarship. I am deeply honored and humbled to have had a small hand in its journey toward the light.

My sincerest gratitude to Springer Publishing Company and Margaret Zuccarini for your shared belief and trustworthy partnership in accomplishing this vision.

My sincerest gratitude to the chapter authors; your words enlighten with your unabashed commitment to caring-healing. The entire editorial team bows to each of you for your inspiration and relentless advocacy of Caring Science dissemination.

Dr. Sara Horton-Deutsch, your friendship helped to guide me through this project with love, compassion, and understanding. I am so grateful to and continue to learn from you in so many ways.

Dr. Jean Watson, you continue to amaze and humble me with your generous heart and mentorship. I am forever awed by your willingness to elevate the next generations of Caring Science leaders and to help usher all of us to our next levels of self-growth and self-discovery.

Drs. Marilyn Ray, Marlaine Smith, and Marian Turkel, and Grissel Hernandez, your fierce dedication to Caring Science is palpable throughout this volume of vision. Endless thanks for trusting me to spearhead this book and for your myriad contributions to its realization.

Dr. Diane Gullett—our “hub” of Caring Science communication—please believe me when I say that none of this would be possible without you. How honored we are to know and have you!

Mom and Dad, you always have a hand in every word. I love you.

Michael—whole, perfect, and complete—and so deeply, deeply loved.

To nurses everywhere who may read and come to embody this work, please know you are always cared for and supported.

Wishing you all endless waves of compassion and caring for the road ahead.

—William
I humbly and gratefully acknowledge the cocreators of this handbook—editors, authors, mentors, students, friends, Caritas colleagues. I have grown from your knowledge and wisdom to understand and appreciate there is always more to Caring Science than we can ever imagine. Collaborating with you has enriched my life by teaching me the value of opening myself—to surrender as an act of power and courage; this conscious choice leading to new energy, to new creation, to present forward.

I am honored to share this collection of works with our nurse and healthcare colleagues around the world as a source of scholarship for healing, hope, and wholeness—enlightening the world to “seeing” how healthcare as a healing art nurtures and sustains humanity.

Thank you, I love you.

—Sara

First, my dedication with deep gratitude to my beloved historic Caring Science scholars/colleagues who were the original faculty associates of Watson Caring Science Institute (WCSI), who birthed and journeyed WCSI with me, cocreating, and implementing the Caritas Coach Educational Program (CCEP). They include Dr. Jim D’Alfonso, Dr. Jan Anderson, Dr. Gayle Casterline, Dr. Marliene Goldin, Dr. Lois Kelly, Dr. Mary Rockwood Lane, Dr. Linda Ryan, Dr. Marian Turkel, Dr. Lynne Wagner, Dr. Sharon Cumbie, and Marilyn Fogerty, Mary Jane McGraw, Terri Woodward. Without this group of dedicated Caring Science scholars, educators, and caring-healing practitioners, along with the original board of directors believing in me and this work, WCSI and the nature and extent of local, national, and global Caring Science programs would not have come into existence.

Second, my sincere bow to Mr. Rosa and Dr. Sara Horton-Deutsch for their leadership and vision for this manuscript as an important contribution to the growing global scholarship in Caring Science; their prescience is already legendary by generating such a comprehensive tome of collective works by experts in Human Caring Science. Enduring heart thanks for your devotion to this field of study, as you continue on your path of living Caring Science scholarship. Your gifts of self and sacrifice for this work stand out in our world—a world in need of new voices for a new generation, for a new era for humankind. You are showing the way.

Finally, but ironically first in my heart, I dedicate my deep love and awe to nurse partners, colleagues, and human caring practitioners all over the world, wherever you may be in the world, and wherever you may be in the work of compassionate Caring Science, human service. You are the ones who inspire me, inform me, teach me, guide me, touch me, and affirm my writings, my theory, my teachings, my vision and voice for Human Caring Science. I am in gratitude to the human caring you each offer, often behind the scenes, as nursing’s gift to humanity to sustain Human Caring Science. You, wherever you are in the world, are the ones contributing to nursing coming of age as a distinct caring-healing health profession for our world and a new era for humanity. I offer you, all, my love and light!

—Jean
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A Handbook for Caring Science: Expanding the Paradigm
Introduction: Ontology, Epistemology, and the Lived Experience of Caring Science

Marilyn A. Ray, Marlaine C. Smith, Marian C. Turkel, and Grissel Hernandez-Kertland

The editors’ intent of *A Handbook for Caring Science: Expanding the Paradigm* is to create a compendium of cutting-edge literature related to Caring Science from scholars in nursing and other disciplines for the purpose of reflecting on its foundations, inspiring continuing knowledge development, and sparking the creative use of Caring Science to inform and transform nursing practice. Throughout the book, all ways of knowing are used to grasp the many contours of being and becoming within this tradition. We introduce this work with a reflection on the associate editors’ personal journeys into Caring Science to ground this work and establish a scholarly premise upon which to expand the paradigm. Their stories reflect the power of Caring Science to influence scholarship, research, education, administration, practice, and personal challenges that confront the human experience on our individual and collective journeys.

PERSONAL JOURNEYS INTO CARING SCIENCE

*Marilyn A. Ray*

Two nurse-anthropologists, the late Dr. Madeleine Leininger and Dr. JoAnn Glittenberg-Hinrichs, declared at the American Nurses Association Conference in 1976 that “caring: [is] the essence and central focus of nursing” (Leininger, 1977, p. 1). From Leininger’s perspective, it was the first time that nurses talked directly about caring attitudes and activities related to nursing care at a conference (Foreword of the first Three National Caring Conferences, Leininger, 1981). This introduction to *A Handbook for Caring Science: Expanding the Paradigm* is the story of the thoughtful evolution of nursing as a Caring Science by scholars who share their philosophies, research, and practice experiences about a movement that *formally* began in Leininger’s doctoral program in 1977, in which caring was a primary concentration and of which I, Dr. Marilyn Ray, was a part. Historically, the
study of caring started many years earlier, developing foundational work by defining concepts; providing conceptual frameworks; creating models; identifying paradigms; and advancing theories (Alligood, 2018; Smith & Parker, 2015).

I was a master of science student of Leininger in 1969 and was enthralled with the fact that she declared nursing as a human science. She was committed to caring because she had studied the lifeways and care/caring behaviors of the Gadsup people of the Eastern Highlands of New Guinea for her PhD in cognitive anthropology, thus becoming the first nurse-anthropologist. She identified that, in the maintenance of health, caring behaviors were practically all within the purview and leadership of women, whereas men were concerned with curing behaviors (Leininger, 1979). She stated that from an anthropological perspective, caring is one of the oldest and most universal expectations for human development and survival throughout human history (Leininger, 1970, 1978, 1991). Archaeologists validated the claim that caring is as paramount in human development as is the evolution of the brain (Ray, 1981a, 1981b). After my introduction to nursing as a human and anthropological science, I completed a master’s degree in cultural anthropology focusing on the contemporary culture of nurse decision making in the hospital. Dr. Leininger admitted me into the first transcultural nursing PhD program, with a focus on caring at the University of Utah (U of U) College of Nursing (CON). Under her mentorship, my passion continued in the study of nursing in the contemporary hospital culture, with emphasis on the ways of knowing of caring in nursing practice.

In 1978, a small group of faculty and doctoral students had the privilege of being invited to the first conference on human caring, “The Phenomena and Nature of Caring.” A highlight of my life was meeting Dr. Jean Watson from the University of Colorado (UCO), my alma mater, who was working on her first book on caring and Carative Factors (later enhanced to the Caritas Processes®). Watson was seeking the core of nursing that forms a structure for studying, understanding, and implementing the science of caring. Her first book, Nursing: The Philosophy and Science of Caring (1979), is in its third edition. I presented on the philosophical analysis that engaged the metaphysics of first principles or what is related to meaningfulness and understanding, determining that, in nursing, caring and love are synonymous (Ray, 1981a, p. 32). At that time in nursing science, methods to study nursing were more positivistic, but at the U of U, qualitative research methods were emerging as a systematic way of inquiry. My work focused on the meaning and action of caring using three qualitative research methods: ethnography (study of the organizational culture), phenomenology (study of the meaning of life-world caring experience), and grounded theory (discovering substantive theory and generating formal theory; Glaser & Strauss, 1967; Morse et al., 2009; Ray, Morris, & McFarland, 2013; van Manen, 2014). It was the first caring research study in the hospital culture (Ray, 1981b, 1989, 2010a; Ray & Turkel, 2015).

The strength of these integrated methods in nursing practice was the generation of the widest variety of descriptive and reflective understanding of data gleaned from multiple participants laying the foundation for the discovery of the grounded theories. As Smith (2014) pointed out, “A theory provides a particular way of seeing phenomena of concern to the discipline” (p. 8). Two theoretical codes emerged to formulate theory. First, the substantive theory code was discovered from the experiential and conceptual patterns of meaning of caring and their categories and properties within all units of the hospital culture—the Theory of Differential Caring (Ray, 1981b, 1984, 1989, 2010a). Second, the formal theory
code, the conceptual model emerged from analysis of the caring relationship that was discovered from the substantive codes and discerned through the Hegelian dialectic of thesis, antithesis, synthesis—thus, the synthesis of the paradox of caring and the hospital as a bureaucratic system (The Theory of Bureaucratic Caring; Coffman, 2014, 2018; Glaser, 1992; Glaser & Strauss, 1967; Hegel in Stace, 1955; Ray, 1981b, 1984, 1989, 2010a; Ray & Turkel, 2015; Turkel, 2007). This work showed how important the concept of spiritual-ethical caring, or creativity, love, and moral choice were related to the context, the physical, technological, economic, political, legal, and social-cultural (Ray, 2010a, 2010b, 2016). The theories identified a universal meaning, or, in part, “theoretical transparency” (van Manen, 1997, p. 17) in the context of the hospital. Research in this sense was “a caring act” (van Manen, 1997, p. 5); it showed what is most essential or substantive to persons as well as went to the heart of institutional caring. Finally, the use of the theory in practice is ongoing, with new theoretical approaches emerging from additional research, such as the Theory of Relational Complexity (Turkel & Ray, 2000, 2001) and the Theory of Relational Caring Complexity (Ray & Turkel, 2014). The Theory of Bureaucratic Caring is now being used as a structural model for the United States Air Force Patient-Centered Caring Model. The economics of caring was critical to understanding sustaining caring in complex systems. Thus, in the early 1990s, Dr. Marian Turkel and I conducted the first studies on the economics of caring.

My academic career included joining Dr. Jean Watson, dean at UCO CON in the 1980s, as a faculty member to develop Caring Science, human science, and qualitative research methodologies. Watson’s leadership in the scholarship of caring philosophy and science is unparalleled developing Caring Science at the UCO. In 1989, I joined the faculty of Florida Atlantic University (FAU) under the leadership of Dean Anne Boykin as the Christine E. Lynn Eminent Scholar in Nursing to facilitate the development of Caring Science. I continued teaching human science/qualitative research in the doctoral program at UCO until the death of my caring husband and soul mate, James Droesbeke, in 2005. (Jim was the creator of the Droesbeke Caring Award for international students in the International Association of Human Caring [IAHC].)

Throughout the 1980s, Leininger and others continued the evolution of the caring movement, educational developments, and the national caring research conferences with many publications of proceedings by Leininger. She initiated the first advisory board and was appointed the founder and chair of the IAHC with charter membership in 1987. During the creation of the IAHC, there was a lively discussion about whether the organization would be called the International Association for Human Caring or Care. It was determined that “caring” was the most expressive and scholarly name for the advancement of Caring Science for the organization. I was a charter member of the IAHC and designed the first set of goals of the bylaws, finalized in 1990 at the IAHC annual conference. Dr. Doris Riemen designed the first logo of the IAHC, and Drs. Delores Gaut and Doris Riemen were business officers. Drs. Gaut and Gwen Sherwood launched the first quarterly newsletter of the organization until it emerged as a peer-reviewed journal, the International Journal for Human Caring in 1997, under the coeditorship of Dr. Kathleen Valentine, a caring scholar dedicated to understanding how caring and cost structures were integrated. Drs. Anne Boykin and Patricia Benner were also part of the caring movement that illuminated caring, clinical judgment from novice to expert, and ethics (Benner, Tanner, & Chesla, 1996). It is important to note that Caring Science was a global movement. While Caring Science was developing
in North America, the Caring Science movement was evolving in Scandinavia in 1970 under the pioneering efforts of Drs. Kari Martinsen, Katie Eriksson, and Charlotte Delmar who highlighted the essential meaning of caring as collectively caritative caring, love, mercy, and the ethical demand (Delmar & Johns, 2008; Eriksson, 2006; Martinsen, 2006).

Marlaine C. Smith

From the very beginning of my education, I was introduced to nursing as a discipline focused on the health of unitary human beings. My Fundamentals of Nursing teacher at Duquesne University was Rosemarie Parse. In the early 1970s, she taught us the difference between the “nursing model” and the “medical model.” One of those differences, she said, was that medicine’s goal was “cure,” whereas nursing’s was “care.” After I received my master’s degree, I returned to my alma mater to teach. I attended a provocative presentation on caring in nursing from Anne Davis, the noted nursing ethicist, in which she argued that the essence of nursing was caring. I remember being impressed with the clear connections between the relational dimensions of caring and the practice of nursing. At several nursing theory conferences, I heard Madeleine Leininger speak about the centrality of caring to nursing and Jean Watson presented her work on the art and science of human caring. Tenets related to existential-phenomenology (E-P) reflected in Watson’s theory resonated with me since I was exposed to this philosophy at Duquesne University and was studying Parse’s theory of man-living-health (now human becoming).

During my doctoral work at New York University (NYU), I studied Rogers’s Science of Unitary Human Beings and healing modalities such as relaxation, guided imagery, music, and therapeutic touch. After completing my PhD at NYU and teaching at Duquesne, Penn State, and LaRoche College in the late 1970s and 1980s, I moved to Colorado and accepted a faculty position at the UCO. Jean Watson was the dean of the school at the time. She was a visionary, transformational leader, establishing a Center for Human Caring and a caring-based Doctor of Nursing (ND) program that was a 4-year postbaccalaureate professional entry program modeled after other professional degrees like medicine and law. Scholars from a variety of disciplines came to the Center so that caring scholars in nursing could be informed by poets, artists, engineers, and scientists in quantum physics. The curricula of the degree programs were grounded in Caring with courses such as Caring in Art, Caring in Music, and Caring in Literature. PhD students engaged in research using a range of innovative methodologies to understand the nature of human caring. Faculty (Dee Ray, Janet Quinn, Fran Reeder, Sally Gadow, Peggy Chinn, and others) was working at the intersection between caring and ethics, healing, and social-political reform. This was a nurse-led, caring theory–guided Center for persons with HIV/AIDS. My time there was like living in Camelot for Caring Science.

I stayed in Colorado for 18 years, growing my thinking about Caring Science, its relationship to unitary science, and studying healing from a unitary and Caring Science perspective, specifically conducting research related to the outcomes of touch therapies for people with life-limiting diseases. Jean developed a certificate program in Caring and Healing that attracted nurses from around the world, thirsty for this content, and the opportunity to study with her and others. I immersed myself in my work with brilliant PhD students who were eager to conduct their research and scholarship on caring philosophy, science, and art. I progressed to become a tenured full professor and became the director of the master’s
program. During my sabbatical, I studied with Margaret Newman and Richard Cowling, following which I published “Caring and the Science of Unitary Human Beings” as a response to Rogerian scholars about the place of caring in the discipline and the nature of caring from a unitary theoretical perspective. This became my seminal work. In 2000, I revamped the ND into the new doctor of nursing practice program grounded in caring.

I loved Colorado; it was my home. I grew up there as a scholar and my family grew up there, but I also had a passion to advance Caring Science in a place that was dedicated completely to that mission. I was further inspired hearing Dr. Boykin, dean at FAU, speak at the IAHC conference in Denver of her vision and leadership. FAU was establishing an innovative caring-based program, and it was launching a PhD program. In 2005, Anne invited me to speak at the opening of FAU’s new building, and in 2006 I accepted a position as associate dean for Academic Programs and the Helen K. Persson Eminent Scholar at the CON at FAU. I was in awe of the faculty; they were dedicated to “advancing caring as a science, practicing the art, studying its meaning and living caring day-to-day.” This became our mission statement that continues to guide us to this day. I advanced my work, developing unitary caring into a middle-range theory. In coediting Nursing Theories and Nursing Practice with Marilyn Parker, we featured middle-range theories in Caring Science. Marian Turkel, Zane Wolf, and I coedited Caring in Nursing Classics, a text containing classic literature in Caring Science. As an associate dean, I led the caring-based curricular development in the College.

In 2011, I became the second dean of the CON. I could never replace Anne Boykin, but I followed in her footsteps, continuing to advance the College to be the preeminent leader in Caring Science in the world. During my deanship, I honored the traditions of excellence in our caring-based education, expanded our influence and visibility, and demonstrated caring in our community engagement. We reformed our PhD program to focus on the advancement of Caring Science and nurtured the development of our two nurse-led centers as demonstration models for Caring Science in action. In 2018, I will step down from the deanship to a new season of my life where I hope to continue my writing about caring and healing work with PhD students.

Marian C. Turkel

My journey into Caring Science began in 1989 when I read an advertisement in the local Fort Lauderdale newspaper about a new master of science in nursing (MSN) program at FAU, grounded in caring. I was working in a leadership role at a local hospital and thought of myself “as a caring nurse and caring leader,” so I applied and was accepted into the Nursing Administration Concentration. I soon learned that there was an ontology and epistemology of caring, and that caring was informed by multiple ways of knowing, and that nursing was being and becoming through caring. It was a very exciting time, as Dean Boykin was committed to advancing caring into the nursing curriculum at the undergraduate and graduate levels. The graduate courses were explicitly grounded in caring and had innovated names such as “Creative Leadership” and “Values and Financing: Nursing Strategies.” I took the first course, “Caring as Foundational to Advanced Nursing Practice” in 1989 under Dean Boykin. I remember that we had to find five articles on caring per week over the course of 12 weeks and analyze them in the multiple ways of knowing (not easy in an era prior to online journals, the Internet, and electronic search engines).
Dr. Savina Schoenhofer was associate dean for the graduate program and was very passionate about nursing theory. She organized nursing theory conferences at a Miami-based hospital in 1989, 1990, and 1991. Nursing theorists who presented at these conferences included Drs. Boykin, Dorothy Johnson, Margaret Newman, Betty Neuman, Dorothea Orem, Rosemarie Parse, Martha Rogers, Savina Schoenhofer, Sister Callista Roy, and Jean Watson. Drs. Schoenhofer and Parker inspired my love and passion for nursing theory. Reflecting on my personal journey through the lens of the Janus perspective, the past truly informed my future. I was inducted as a fellow in the American Academy of Nursing in 2012, joined the Nursing Theory Guided Practice Expert Panel, and served in a leadership role for 3 years. In this role, I was very fortunate to become a professional colleague and friend of Drs. Peggy Chinn, Jacqui Fawcett, Dorothy Jones, and Sister Callista Roy. They are true leaders of nursing theory and nursing knowledge advancing the disciplinary focus of nursing.

In 1996, I was invited to participate in meetings when the outside surveyors (deans and nurse leaders) from the National League for Nursing (NLN) came to the college to accredit the MSN Program. At the end of the visit when members of the survey team discussed their findings, they started with saying, “When we came on this site visit we did not think that a graduate program focused on caring/caring theory could be accredited but after talking with students and hearing their understanding of how caring is knowledge and can be integrated into practice, leadership, and research we changed our perspective and will be recommending full accreditation.”

I remember Dr. Ray was hired in 1990 as the Eminent Scholar within the CON. As students, we knew that it was an important title, but we did not know whether we were allowed to talk with her. I was fortunate that she was my professor and we immediately bonded over our passion for studying caring and economics within complex healthcare systems. Upon graduation, I entered the PhD program at the University of Miami. In the first class I took, all students were invited to share our definitions of nursing and I proudly said, “being and becoming through caring.” I was met with blank stares from my colleagues and my professor said, “What kind of definition is that?” I recall being in other classes and discussing our substantive areas of study and I said mine was “caring.” The immediate response from my professors was “perhaps you mean ‘comfort’?” I said no, “I mean ‘caring’.” I returned to Dr. Schoenhofer’s office, upset about the responses I received to caring, and thought perhaps it was not the place for me to study. She said “No, you will go back, they don’t understand caring and you will help them understand the meaning.”

Dr. Ray and I wrote our first grant together, Nurse-Patient Relationship Patterns: An Economic Resource, over Thanksgiving 1994. We could not use the “C” word in the title but Ray’s Theory of Bureaucratic Caring served as the nursing theoretical framework. Over the course of our research careers with Dr. Ray as principal investigator (PI) and myself as co-PI, we have received almost $1 million in federal funding to study caring and economics in complex systems (Ray & Turkel, 2012, 2014).

I met Dr. Watson for the first time in 1989 at a candle-lighting ceremony at FAU for students and faculty with her candle that traveled all over the world. I find it amazing that I now do that same ritual with colleagues, nurses in practice, and nursing students. In 2007, my husband and I moved to Philadelphia where I became director of Professional Practice/Magnet and Research at Einstein Hospital in Philadelphia and began the integration of Watson’s Theory of Human Caring into the practice setting. I also joined the faculty of the
Watson Caring Science Institute (WCSI) teaching in the Caritas Coach Education Program (CCEP), mentoring nurses doing WCSI Caring Science doctorates, publishing, and assisting Dr. Watson with planning of international conferences. Einstein hospital was designated as a WCSI Affiliate hospital in 2010 for the intentional and authentic integration of Watson’s Theory of Human Caring into practice.

In 2014, I returned to academia and am currently an associate professor with the CON at FAU. I teach Advanced Nursing Practice, grounded in caring, for graduate students and Creating Healing Environments for undergraduate students. I am also doing a postdoctorate with Dr. Watson with the focus on advancing the epistemology and ontology of nursing science and Caring Science. The second part of my postdoctoral work includes the submission of two book proposals. One book is related to Unitary Caring Science and the other is collaborating with my husband, Brooks Turkel (senior vice president of a healthcare system), on a book for healthcare executives framed within Caring Science. My husband has always been a part of my Caring Science journey. He loves to say that he knows more nursing theorists than any chief executive officer and many chief nursing officers.

**Grissel Hernandez-Kertland**

My journey into Caring Science began in 1996 during my Nursing Research course at the University of Pennsylvania (U of Penn). We were introduced to "nursing theorist" and watched the video series *The Nurse Theorists: Portraits in Excellence* by Jacqueline Fawcett. Although I barely understood anything Jean Watson shared about her Theory of Human Caring, it still made a profound impact on me. This theory resonated and aligned with my reasons for becoming a nurse and from that moment on, the theory became my philosophical and ethical-moral compass informed by my nursing student experience and eventually my professional life.

Caring Science reconnected me with the moral and ethical dimensions of caring in nursing, reminding me that as a nurse I have a social covenant with the public to advocate for my patients at all levels and above all preserve their humanity and dignity. Moreover, Watson’s Theory of Human Caring, with its strong emphasis on caring for the caregiver, gave me permission to slow down, engage in self-care practices, and become a much better version of myself as I engaged with others. Its core principles have informed my many nursing roles from student, direct care provider, educator, and administrator, particularly Caritas Processes 1, 2, 3, 4, 8, and 10. And yet, my journey with Caring Science extends beyond my professional nursing career into personal experiences that transformed the way I viewed the nursing profession as a consumer and as a nurse. It began with my parents’ experiences with cancer in the United States and in Puerto Rico, my own experience with cancer at age 38, and finally the untimely death of my beloved husband, John, at age 53.

In 1997, during my last semester of nursing school at U of Penn, my mother was diagnosed with thyroid cancer. A few months later, when she needed her first radioactive iodine treatment, she worried she was not going to be able to deal with it. When she was told she could not take communion that Sunday, she even considered leaving against medical advice. Luckily, her nurse had the presence to see her distress and requested a consultation with a Catholic chaplain who explained the situation to my mother. Rather than giving her communion, she received the sacrament of the sick prior to treatment. This simple act of
acknowledgment and meeting her basic needs allowed my mother to remain calm and complete her treatment successfully. Years later, she was diagnosed with breast and uterine cancers. I witnessed both extraordinary displays of kindness as well as extreme indifference and disregard for her as a human being. She hated hospitals and every encounter became a source of stress and anxiety for her. To keep her mind preoccupied, I shared information related to caring and particularly Watson’s Caring Science. She always commented how much she agreed with “la Señora Watson’s” view of nursing as caring and how the work connected with her somehow. She encouraged me to view my practice of nursing as a sacred vocation and above all “to have charity for patients and listen to their stories.”

In 2005, my father, who lived in Puerto Rico, was diagnosed with end-stage pancreatic cancer at age 60. He relied on his faith and prayer to sustain him, but unlike my mother, decided to keep his illness a secret. His hospitalizations were physically painful and, at times, neglectful, with incidences of overmedication with morphine. Whenever I tried to discuss any of these issues, he would beg me “not to stir the pot and get them angry because they will get mad and take it out on me in the hospital.” Those statements and the realization that my father felt unsafe in the hospital were very distressing. He died within 6 months of receiving his diagnosis. By the end, he witnessed an outpouring of love, friendship, acts of kindness and charity from family, friends, and total strangers. His death too was peaceful, as he was surrounded by people who loved him.

In early 2008, I was diagnosed with renal cell carcinoma. This diagnosis came during a visit to the emergency department (ED) preceded by acute chest and right-sided flank pain. I remember asking, “Why me?,” crying, and at the same time, surrendering and detaching from the outcome. I was horrified, afraid, embarrassed, angry, curious, grateful, hopeful, and thankful all at the same time. Unlike my father’s decision, I chose love and told my family, friends, and colleagues and asked for help and prayers. I also embraced several caring-healing modalities to support me through my patient experience such as laughter, visualization, guided imagery, poetry writing, journaling using CarePages, and chronicled my journey as a way to keep everyone informed. I even named my tumor “Pearl.”

I had the practice of Caring Science to help me frame and make sense of my feelings and was determined to use my parents’ and my own experiences as examples of how to be with patients. I have integrated the theory into patient care and nursing educational activities, including nursing orientation, preceptor development, new nurse residency program, nursing leadership development program, and my own personal nursing leadership practice.

In 2005, I completed the Integrative Nursing Practice Certificate from the BirchTree Center for HealthCare Transformation, began the process of becoming a nationally certified holistic nurse and I attended the American Holistic Nursing Association conference in Philadelphia where Jean Watson was the keynote speaker. In 2008, AtlantiCare adopted Jean Watson as our nursing theorist. Once again, I was inspired to continue to infuse her work into my nursing leadership practice and in 2010, I began the CCEP—Cohort 5. My Caritas Coach project included the integration of Caring Science into our newly developed Nurse Manager Leadership Development program and the development of our organization’s Professional Practice Model, integrating Caring Science as our foundational theoretical framework. In 2012, AtlantiCare hosted the 19th International Caritas Consortium and became a Watson Caring Science Affiliate (WCSA) Hospital.
For the past 4 years, I have been working at Stanford Healthcare in Palo Alto, California. Caring Science was already integrated into our Professional Practice Model and part of my role is to provide a road map for full practice integration into the fabric and DNA of the organization. We conducted a Caring Science needs assessment using the Caring Hospital criteria as outlined by Jean Watson and Barbara Brewer and created a 5-year Caring Science Integration Plan. In 2015, Stanford Healthcare became a WCSA Hospital, and this past October 2017, we hosted the 23rd International Caritas Consortium.

In 2014, I began my PhD in nursing at UCO CON in the Caring Science track. My research interest is the perceptions of nurse leaders regarding their influence on creating a caring, healing environment for their staffs. I am interested in conducting qualitative Caring Science research using Relational Caring Inquiry (RCI) and Photovoice on Caritas Process #8: Caring, healing environment.

This past June 2017, my beloved husband, John, died unexpectedly at home of a heart attack. His death left me heartbroken and in a deep depression and grieving. John suffered for many years with depression and panic and anxiety attacks. However, during the past year of his life he began integrating Watson Caring Science Caritas Processes, practicing lovingkindness, meditation, and spending countless hours in his garden tending to his Jersey tomatoes, bell peppers, and herb garden. His favorite Caritas Process was #5, allowing for positive and negative feelings! He called gardening his spiritual practice and attributed his practice of lovingkindness with his new-found sense of peace. Caring Science, along with my deep faith, has provided me with all the coping strategies I needed during these challenging times. It has made me more resilient with a deeper capacity to handle anything that comes my way with a trusting spirit. It has provided me a road map for my professional and personal life mission to share my patient’s experiences and teach healthcare providers about the need to reclaim the art and science of caring and the healing power of compassion, authentic presence, reflection, intentionality, and gratitude in every human encounter. It made me feel love from others and more importantly allow others to love and care for me. Caring Science is lived in every encounter and these experiences have reaffirmed how, as a philosophical and ethical foundation, it has the potential to apply to any situation in which nursing occurs.

SECTION OVERVIEWS

The following part of the introduction provides section overviews for this Handbook, with detailed information about its structure, content, sections, and themes. The purpose of this overview is to give you a brief synopsis of the focus of the chapters in each section.

This book is structured with 10 sections, each focused on a particular theme. Each section contains several chapters written by expert scholars who offer some perspective on the theme. Sections I through IX include 38 chapters. Section X features personal journeys illuminating the power of aesthetic knowing in Caring Science, and is composed of 10 shorter pieces. These sections reflect substantive areas of disciplinary-specific knowledge in Caring Science.

- Section I: The Disciplinary Discourse: Theories and Frameworks Evolving to Unitary Caring Science
- Section II: Converging Paradigms: Constructing New Worldviews
Section I: The Disciplinary Discourse: Theories and Frameworks Evolving to Unitary Caring Science

The editors’ assumption is that nursing knowledge is evolving toward a unitary-transformative worldview, and the ontology of Caring Science is embracing the tenets of this unitary worldview. There are six chapters in this section. Chapter 2, “Unitary Caring Science: Disciplinary Evolution of Nursing,” by Jean Watson, Marlaine C. Smith, and W. Richard Cowling, III, is both a reprise of their previous work together and a deeper reflection on the foundations of an emerging Unitary Caring Science. Both Smith and Cowling are experts in Martha Rogers’s Science of Unitary Human Beings and, of course, Watson’s theoretical work reflects unitary tenets and has been informed by an ethic of belonging as well as metaphysical and Eastern philosophical thought. Chapter 3, by Peggy L. Chinn, the noted meta-theorist, critical-feminist scholar, and editor of Advances in Nursing Science, is titled, “The Evolution of Nursing’s Ethic of Caring.” In this chapter, Chinn provides a critical synopsis of the literature in the discipline on nursing ethics and its relationship to caring, and argues that caring is central to a nursing ethic. Chapter 4 is a reprint of Marilyn A. Ray and Marian C. Turkel’s article on their Theory of Relational Complexity. Their theory draws on complexity theory as a metaphor to capture the dynamic process of caring within organizations, and the power of caring to influence both the valued outcomes of the organization and the persons served. Chapter 5, “Caring in African Ontology,” is written by Anna Nolte and Charlene Downing, prominent South African nurse scholars. These authors introduce the readers to Ubuntu, the African worldview that originates from the primacy of belonging to a village, tribe, or community where actions come from the heart and manifest in love for each other. The authors recognized the close alignment of this cultural worldview with Watson’s Caritas Processes, and they explicate these similarities. Shawna M. McDermott, a Native American nurse scholar, is the author of Chapter 6, “Caring Science—Native Science.” McDermott apprehends the connection between the indigenous beliefs of interconnectedness, wholeness, discovery, and being in right relationship with Watson’s Caritas Processes, and concludes with a call for action based in authenticity, agency, and advocacy. The final chapter in this section, Chapter 7, “Developing the Knowledge of Human Caring,” is written by Jacqueline Fawcett, a renowned meta-theorist and prolific author on nursing theory.
Fawcett’s focus is on the place of caring in nursology, the discipline-specific knowledge for nursing. She elaborates the structure of nursology, including the metaparadigm, philosophies, conceptual models, theories, and empirics and how this structure relates to the advancement of Caring Science.

**Section II: Converging Paradigms: Constructing New Worldviews**

The contributing authors developed explicit connections between established programs or initiatives and Caring Science. Chapter 8, by Robert Browning and Jean Watson, is titled “Caring Science and Heart Science: A Guide to Heart-Centered Caritas Praxis.” Browning is a master teacher with the HeartMath Institute. Through the WCSI, he and Watson have re-formed HeartMath methods within a Caring Science framework as Caritas Heart Praxis. In Chapter 9, “Expanding Global Reach Through a Massive Open Online Course on Mindfulness and Caring,” Kathleen Sitzman provides a report of the Massive Open Online Course (MOOC) called Caring Science, Mindful Practice (CSMP) that she created to bring Watson’s theory and Caritas Processes and mindfulness praxis to people all over the world. Chapter 10, “Conscious Dying: The Sacred and Subtle of Living and Dying,” by William Rosa, Tarron Estes, Stephanie Hope, and Jean Watson contains a vision of conscious dying within a Caring Science ontology, reflecting a deepening awareness of dying and death as part of the sacred cycle of life. Sara Horton-Deutsch and William Rosa authored Chapter 11, “Reflective Practice and Caring Science.” Horton-Deutsch, a scholar of both reflective practice and Caring Science, is well-positioned to identify the synchrony between these two fields of study. Horton-Deutsch and Rosa provide a comprehensive review of the literature related to reflective practice and models for the structured reflection process. Chapter 12 is a reprinted article authored by Mary Jo Kreitzer, Mary Koithan, and Jean Watson. Kreitzer and Koithan are leading scholars in the field of integrative nursing. They present the tenets of integrative nursing and relate these tenets to Watson’s Caritas Processes.

**Section III: Caritas Science Literacy: From Caritas to Global Communitas**

In Chapter 13, “Ways of Being/Knowing/Becoming,” Jean Watson and Sara Horton-Deutsch invite each one of us to seek understanding of our ways of being, knowing, and becoming through knowledge of the meaning of Watson’s 10 Caritas Processes. This understanding emerges through deep reflection on the processes to facilitate the beginning of illumination of our whole person presence with a perception of our evolving consciousness that opens us to the higher levels of an energetic, infinite spiritual field within us—universal Love. Chapter 14, “Curriculum Development Processes and Pedagogical Practices for Advancing Caring Science Literacy,” by Marcia D. Hills and Chantal Cara, focuses not only on what we teach but also on how we teach that promote Caring Science literacy in nursing. From the ideas of Watson, Caring Science literacy deepens our ways of attending to and cultivating how we are to be deeply human, be caring, and have a healing presence. Chapter 15, “Loving Kindness and
Equanimity: Illuminating the Nursing Literature Through a Caring Lens,” by Zane Robinson Wolf and Marian C. Turkel, addresses the roots and major influences of select Caritas Processes: first, “Cultivating the practice of loving kindness” and second, “Equanimity within the context of caring consciousness.” By means of reviewing the literature, Wolf and Turkel highlight the fact that the cultivation of loving kindness and equanimity requires caregivers to act purposefully with kindness and calmness in the moment directed toward self and others by going on an inner journey of self-understanding to create healing environments.

**SECTION IV: CARITAS LITERACY AS A FOUNDATION FOR NURSING EDUCATION**

Chapter 16, “Teaching From the Heart,” by Nancy Vitali, identifies ways to be present to students to help them engage in caring-healing relationships and to actually hear the stories of others in an educational setting. Vitali points out that the climate of nursing education in the United States is one of constant change and complexity, and resounds, “Teaching from the heart is a transpersonal experience.” Chapter 17, “Developing Values and a Philosophy of Being,” by Lisa Flack and Donnean Thrall, identifies ways to embody thought, being, and becoming, caring literacies in nursing education to promote the development of caring-healing nurses. In this chapter, Flack and Thrall develop a new Caring Science curriculum in a Franciscan College dedicated to opening the heart to love as well as opening the mind to truth. Chapter 18, “Fostering Metamorphosis Through Caring Literacy in an RN-to-BSN Program” is written by Mark D. Beck. As a Caritas Coach and educator, Beck describes a transformative unitary Caring Science curriculum and the many ways it has transformed relationships with self, others, the healthcare team, and the organization or system. Both students and educators experienced profound transformation in their personal and professional lives based on their relational encounters of caring and how they grounded themselves in the principles and framework of Watson’s Caring Literacy. Chapter 19, “Nursing Doctorally Prepared Caring Scientists” by Sara Horton-Deutsch, Kathy Oman, and examines the role of the Caring Science researcher within a contemporary, socially progressive pedagogy of Caring Science and scholarship of an interprofessional PhD program. The significance of the PhD pedagogy and credential brings forth the qualities of a caring scholar and stewardship for the discipline of nursing through a Caring Science lens. Chapter 20, “Advancing Caring Science Through the Missions of Teaching, Research/Scholarship, Practice and Service,” by Marlaine Smith, is a description of FAU Christine E. Lynn’s CON programs from baccalaureate-, master’s-, and doctoral-level programs of study where the core concept of caring over almost four decades ago emerged as the essence of nursing. Smith, as dean for nearly a decade, outlines the vision, mission, and philosophy of the CON and how caring has grounded the core values within the vision, mission, and philosophy. Sustaining and growing the culture of caring is a living tribute to the leadership over the years of many faculty scholars, especially former dean, Dr. Anne Boykin, and current dean, Dr. Marlaine Smith.
Section V: Authenticating Caring Science Through Scholarly Inquiry

The chapters written for this section focus on how scholarly inquiry advances the epistemology of Caring Science in the areas of leadership, research, and education. In Chapter 21, “Leading From the Heart; Caring, Love, Peace and Values Guiding Leadership,” Dr. Marian C. Turkel offers a unique perspective on leadership from the unitary-transformative paradigm and a Caring Science perspective. Practice exemplars are presented to highlight how tenets from the unitary-transformative paradigm are guiding the practice of nursing leadership and how Caring Science can be used to reframe the traditional organizational language. In Chapter 22, “Evaluation of Authentic Human Caring Professional Practices,” Drs. Barbara Brewer and Jean Watson expand the epistemology of Caring Science through development of the Watson Caritas Patient Score©™. The Watson Caritas Patient Score (WCPS) is a five-item measurement assessment to capture the patient’s experience of caring based on Watson’s 10 Caritas Processes. This measurement tool is in contrast to the traditional patient surveys that focus on the traditional biomedical view and customer service approaches. In Chapter 23, “The Evolution of Knowledge Development Related to Caring in Online Classroom and Beyond,” Kathleen Sitzman provides an overview of core concepts of Watson’s Theory of Human Caring. The unique and innovative perspective of this chapter is the creation of the 10 Caritas Processes for faculty to support caring comportment during online teaching (Sitzman & Watson, 2014).

Section VI: Touching the Space of Praxis

The chapters in this section are written by caring scholars whose scholarship has advanced the epistemology of research, aesthetic knowing (healing environments), and Caritas Praxis. In Chapter 24, “Caring Inquiry Methodology: The Esthetic Process in the Way of Compassion,” Dr. Marilyn A. Ray illuminates a methodology for research grounded in caring. In this chapter, Dr. Ray makes explicit the connection among caring, love, compassion, esthetics, theology, and spirituality in nursing (caring) inquiry. In Chapter 25, “Holding Sacred Space for Loving-Kindness and Equanimity for Self/Others,” Dr. Joseph Giovannoni writes about the metaphysical realm of Caring Science affirming that being still, silent, and connected with Source allows for a consciousness of humanity that is holographic, pandimensional, nonlocal, universal, and a true expression of love. In Chapter 26, “Mutual Vulnerability: Creating Healing Environments That Nurture Wholeness and Well-Being,” Drs. Charlotte Barry and Beth King explore the concept of mutual vulnerability from the perspective of the nurse and the one nursed, and view the concept of mutual vulnerability as being an integral component of a healing environment. Their conceptualization of vulnerability is not a problem “to fix” but an opportunity to come to know each other as personal filled with potential. In Chapter 27, “Integrating Caring Science and Caritas Into Professional Practice,” Dr. Linda Ryan focuses on the integration of Caring Science and Caritas Praxis within healthcare systems to create caring-healing environments and provides evidence of the outcomes related to increased patient satisfaction, nursing satisfaction, and improved patient outcomes when the role of the Caritas Practitioner becomes integrated within the healthcare system.
SECTION VII: REDEFINING HEALTHCARE THROUGH HEART-CENTERED WISDOM

Chapters in this section are written by Caritas nurse leaders who made the commitment to authentically and intentionally integrate Caring Science grounded in Watson’s Theory of Human Caring and the 10 Caritas Processes into large complex healthcare systems. In Chapter 28, “A Blueprint for Caritas Health ‘Care,’” Drs. Jacqueline A. Somerville and Susan M. Lee share their experiences at Brigham and Women’s Hospital in Boston. The transformation included the specific nursing practices of setting intentions at the start of each shift, posting Caritas Processes over the entrances to patients’ rooms, practicing loving kindness to self and others during interdisciplinary team conferences, creating Caritas Rooms, and integrating Caritas Heart Math. In Chapter 29, “Kaiser Permanente Patient Care Services Northern California: The Adaptation of Caring Science,” Anne M. Foss-Durant and Shawna M. McDermott share the process of integrating Caring Science across the Kaiser System in Northern California. The authors described the process of intentionally integrating Caring Science into the hiring process, orientation, and ongoing educational offerings for all registered nurses. In Chapter 30, “Nursing As Love: A Hermeneutical Phenomenological Study of the Creative Thought Within Nursing,” Dr. Marlienne Goldin asserts that love of humanity, compassion, caring, and love are all qualities manifested by nurses when providing nursing care. Goldin’s research question “How does love manifest itself in the day to day practice of nursing?” serves as the conceptual basis for a qualitative research study with registered nurses.

SECTION VIII: GLOBAL CARING SCIENCE

Chapters in this section reflect the process of Caring Science and cross-cultural (transcultural) ethical significance that is being developed in many parts of the world. Chapter 31, “The Essential Nature of Caring Partnerships: Contextual Relevance and Cross-Cultural Ethical Considerations,” by Michele J. Upwall, Diane Gullett, and William Rosa, illuminates the concept of partnerships in terms of a global context and shared humanity. Developing and sustaining loving trusting-caring partnership (Watson, n.d.) provides the ethical foundation to the meaning, characteristics, and process for partnerships across cultures as practiced by the Caritas nurse. Chapter 32, “Scandinavian Caring Sciences” by Charlotte Delmar of Denmark, demonstrates the development of Caring Science in Scandinavia beginning in 1970 with the scholarship of Professor Katie Eriksson of Finland and Sweden, and Professor Kari Martinsen of Norway culminating in the scholarship of Charlotte Delmar. Chapter 33, “Caring Practices in an Era of Conflict: Middle East Nurses” by Julie Benbenishty and Jordan R. Hannink, illuminates the conflict situation in the Middle East between Israel and Palestine. The chapter highlights the nurse as a political and social being, the nurse as part of the political and social conflict and landscape, as well as the nurse as the organizer of the chaos of disease, mental states, nutrition, mobility, and so forth. The authors state, “the complexity of life in the Middle East has brought us together,” and is represented by Nurses in the Middle East, a non-profit organization supported by Jean Watson. The organization helps nurses to come together and dialogue about conflict situations and how caring and Caritas Processes can mediate conflict to determine life chances and good health outcomes for the cross-cultural population. Chapter 34, “Caritas, Peace, and Change in Japan,” by Mayumi Tsutsui, Rina Emoto, and
Jean Watson, illustrates the evolution of Caring Science within Japan over the past two to three decades. From the time that Watson was first in Japan as a Caring Science scholar in 1989 until the International Hiroshima Caring and Peace Conference in 2012, development of caring knowledge, values, theories, and practices of human caring have been embraced and advanced. Chapter 35, “Caritas Nursing and Professional Practice in Peru” by Patrick A. Palmieri, identifies the historical evolution of a sociomedical, paternalistic, “machismo” culture in healthcare and its influence on nursing to a new phase of development of Caritas-informed nursing and healthcare renaissance. The effort within Peruvian nursing in the past decade was initiated by Dr. Palmieri who has dedicated his professional life to changing the landscape of nursing within Peru. Chapter 36, “Towards Planetary Caring: Sustainable Health and Wellbeing for All,” by William Rosa, addresses an ethical-spiritual starting point for human-centeredness, a planetary theory and way of being that encompasses and fosters a deep connection to the spiritual-metaphysical oneness of all, the human–environment integrality. Rosa outlines global problems in the 21st century that impact concerns about environmental and planetary health, and concludes that the 2030 Sustainable Development Goals of the United Nations need to be used as a guiding framework for multidisciplinary teams, especially nursing as a planetary partner, to implement planetary solutions to many global health and environmental problems—One Mind, One Health, One Planet. Caritas nursing is the answer—Love, and compassion, the ethic of Caritas, a new planetary caring and citizenship that honors the sacredness of planetary life for humans and all species on the planet.

**SECTION IX: EMERGING INQUIRY: THE EVOLUTION OF A SCIENCE**

The chapters written for this section focus on advancing disciplinary-specific knowledge grounded in a relational unitary worldview within the context of Unitary Caring Science. In Chapter 37, “Unitary Caring Science Inquiry,” Drs. Marian C. Turkel, Joseph Giovanni, and Jean Watson advance definitions of Unitary Caring Science, and expand the field of inquiry and the discussion related to what counts as knowledge within the Unitary Caring Science paradigm. Calling the Circle of Reflection, Videography and Photography, and Metaphysical and Non-Physical Inquiry are presented as forms of creative scholarly inquiry to advance, inform, and transform unitary Caring Science knowledge. In Chapter 38, “Unitary Caring Science and Multicultural Perspectives,” Dr. Joyce B. Perkins addresses Unitary Caring Science through the lens of holistic healing and the multicultural perspectives of ancient traditions and indigenous culture. She presents an extensive description of Unitary Caring Science from the perspective of the Unitary/Transformative Paradigm and the scholarly writings of Rogers, Parse, Leininger, and Watson and integrates concepts from complexity science into the chapter. In Chapter 39, “Unitary Caring Science: Evolving Society Toward Health, Healing and Humanity,” Dr. Jean Watson, Dr. Sara Horton-Deutsch, and William Rosa frame the discourse on Unitary Caring Science as an expanded worldview where all are connected to include the convergence of activism, caring economics, global human service, human rights, and social justice and reform. They invite us to return to our core values of caring, compassion, and LOVE, and to use Unitary Caring Science to guide moral actions toward health and healing to preserve humanity and planet Earth.

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SECTION X: JOURNEYS INTO THE TRANSPERSONAL: AESTHETIC WAYS OF KNOWING

The chapters written for this section focus on how Caring Science can become a journey of personal and professional transformation engaging in aesthetic ways of knowing. In Chapter 40, “Caritas Coaching: The Future of Health and Well-Being,” Dr. Jan Anderson explores Caritas Coaching as a way to preserve dignity and to integrate Caring Literacy into transpersonal relationships honoring and finding purpose and meaning in persons’ lives. In Chapter 41, “Creative Health Arts,” Dr. Mary Rockwood Lane uses her personal traumatic experience to reflect on the healing aspects of art as caring-healing creative practices exploring the lived experiences. Her beautiful art and guided imagery provide a living portrait of how the Caritas Processes support the practice of art as a way of caring and healing. In Chapter 42, “Narrative Healing,” Dr. A. Lynne Wagner explores the power of reflective practice through four lenses of storytelling/listening: (a) Knowing self through self-story, (b) knowing other through other’s story, (c) honoring connected humanity through shared-connected story, and (d) discovering new possibilities through expanded story. In Chapter 43, “The Power of Ritual in Nurses’ Everyday Lives: Personal and Professional Exemplars,” Dr. Zane Robinson Wolf uses nursing literature and nursing experience to explore exemplars of both personal and professional rituals performed by professional nurses as reflective practice. In Chapter 44, “Photovoice: Qualitative Research Strategy for Theory-Guided Nursing Practice,” Dr. Gayle L. Casterline describes the qualitative methodology of photovoice and its value to human Caring Science and theory-guided nursing practice. Using her professional experience integrating photovoice as a transformative educational strategy, Dr. Casterline provides us with an innovative way to create a caring learning environment providing students with a meaningful learning experience and enhancing the science of nursing practice. In Chapter 45, “Music and Poetry for Healing,” Patrick Dean explores the intersection between music and poetry and Caring Science as essential artistic and scientific means of human healing. In Chapter 46, “The Interplay of Integrative Nursing, Caring Science, and Healing Environments,” Mary Jo Kreitzer and Terri Zborowsky provide us with a road map to understand the six principles of integrative nursing through the lenses of Caring Science and the role of nurses in cocreating and promoting a caring, healing environment for self and others. In Chapter 47, “Remembering Purpose: An Autoethnography,” Anna Biley reflects on how her professional experience studying Caring Science provided her the strategies she needed while caring for her terminally ill husband, Dr. Francis Christopher Biley, and ultimately how her personal experience provided a catalyst for her graduate research and informed her choice of autoethnography as an innovative Caring Science methodology to give meaning to her lived experienced and personal transformation. In Chapter 48, “Caring Science and Yoga: The Human Caring Science Kosha Model,” Andy Davies shares his personal and professional journey integrating Watson’s Human Caring Science with a Yoga Model to develop an educational experience for first year Bachelor of Nursing students in Australia providing a framework to evolve nursing consciousness within the context of human life complexity. In Chapter 49, “The Embodiment of a Caring Nature,” William Rosa provides a personal reflection of what it means to fully embody a caring nature in our personal and professional lives. Through thought-provoking questions, he invites readers to reflect on what it
means to be the embodiment of a caring nature and reminds us that this way of being requires fortitude and commitment.

**ONWARD**

Jeanne Anselmo’s conclusion by way of meditation helps readers to breathe in and assimilate this Caring Science Handbook with integrity and reflection. Drs. Rozazano C. Locsin, Marguerite Purnell, and Hirokazu Ito’s “Bridge to the Future” prepares us to embrace and live caring in the ecosystem of artificial intelligence. Appendix A provides several tools for Caring Science Measurement and Research from Caring Science pioneers Drs. Marilyn A. Ray, Marian C. Turkel, John Nelson, and Jean Watson. Appendix B offers a small sampling of abstracts by graduates of the CCEP to assist leaders and practitioners in developing Caring Science interventions to promote healing in their professional settings. Finally, Appendix C offers a reference list, to date, of the available Caring Science literature as a source and guide for ongoing Caring Science scholarship.

The editors of this Handbook wish you, the reader, peace and caring on your journey. We hope this collection of Caring Science thought and passion will impact your life and work with the caring-healing intentions it carries.

**REFERENCES**


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Developing the Knowledge of Human Caring

Jacqueline Fawcett

CARITAS LITERACIES

By the end of this chapter, the caring-healing nurse will be able to

1. Describe the meaning of “nursology” and its relationship to developing knowledge of human caring.

2. Define nursology’s metaparadigm and its relationship to human caring.

3. Identify several challenges in the development of the distinctive knowledge of human caring.

The purpose of this chapter is to discuss future directions in the development of nursology discipline-specific knowledge of human caring, which encompasses Human Caring Science and Unitary Caring Science. Two questions provide the structure for this chapter. The first question that must be answered when discussing the development of knowledge of nursology: What is nursology-distinctive knowledge of human caring? The second question: What are the challenges to use and in further development of nursology-distinctive knowledge of human caring?

I will answer the two questions from the perspective of more than 50 years as a registered nurse, of more than 40 years as a PhD-prepared nurse, and of my understanding of human caring science and unitary caring science. I have been thinking and writing about these questions and their answers since I began doctoral studies in 1972 at New York University (NYU). I have been greatly influenced by the faculty at NYU, including Martha E. Rogers, Florence S. Downs, and Margaret A. Newman—who taught me a great deal about knowledge development—as well as by Stephanie Edgerton—who taught me a great deal about philosophies of science and applied science. I also have been influenced by my

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colleagues and students, first at the University of Connecticut, then at the University of Pennsylvania, and now at the University of Massachusetts–Boston. Thus, paraphrasing Isaac Newton (1676), my thoughts flow from standing on the shoulders of these nurse stars and rising stars.

WHAT IS NURSOLOGY: DISTINCTIVE KNOWLEDGE OF HUMAN CARING?

I have been committed to the development, analysis, and evaluation of nursology-distinctive knowledge throughout my career. I now use the term, “nursology,” as the name for our discipline, rather than “nursing,” because nursology conveys more than nursing in that the focus of the discipline is the generation and testing of knowledge, dissemination of knowledge, and application of knowledge (Fawcett et al., 2015).

Regardless of the term used for the discipline, disciplinary knowledge encompasses the five components listed here (Fawcett & DeSanto-Madeya, 2013).

- A single **metaparadigm**, which identifies the distinctive global and perspective-neutral phenomena of interest to members of the discipline in the form of very abstract and general concepts and statements about the concepts.

- Multiple **philosophies**, which encompass various “ontological claims about the phenomena of central interest to a discipline, epistemic claims about how those phenomena come to be known, and ethical claims about what the members of a discipline value” (Fawcett & DeSanto-Madeya, 2013, p. 8).

- Multiple **conceptual models**, which are abstract and general concepts and statements about the concepts that address all the phenomena identified in the disciplinary metaparadigm and which reflect certain ontological, epistemic, and ethical claims.

- Multiple **theories**, which are relatively concrete and specific concepts and statements about the concepts. The concepts and statements of each theory are derived from a particular conceptual model.
  - Theories range in increasing levels of concreteness and specificity from grand theories, to middle-range theories, to situation-specific theories. My understanding is that grand theories are less abstract and general than conceptual models, but more abstract and general than middle-range theories and situation-specific theories. Grand theories include content addressing some, but not all of the metaparadigm concepts. Middle-range theories are less abstract and general than grand theories and address one or more concepts of a conceptual model or a grand theory. Middle-range theories are meant to be generalized to people with various health conditions and in various settings. Situation-specific theories are even less abstract and general than middle-range theories. Like middle-range theories, situation-specific theories address one or more concepts of a conceptual model or a grand theory. In contrast to middle-range theories, situation-specific theories address certain people (e.g., older adult females) with a particular health condition (e.g., myocardial infarction). Middle-range and situation-specific theories encompass...
descriptions of a concept, explanations of the relations between two or more concepts, and predictions of the effects of one concept (e.g., an intervention) on one or more concepts that are outcomes.

- **Methods of scholarly inquiry**, which are very concrete and specific, approach the generation and testing of theories. Methods typically encompass the design of research or other scholarly inquiry; sources of data (observations, people, or documents); instruments used to collect data, including coding forms, interview guides, and questionnaires; and data analysis techniques. Data may be words or numbers or observations.

### Nursology’s Metaparadigm and Human Caring

Over the years, nurse scholars have argued for and against the inclusion of caring as a metaparadigm concept. I have never included caring in my version of the metaparadigm, arguing that caring is neither distinctive to our discipline nor perspective-neutral (Fawcett, 2005). Similarly, Cook and Peden (2017) pointed out that “Some wonder whether nursing can presume to lay claim over the entire domain of caring when so many other professions describe their function as also involving caring” (p. 12). After an extensive review of the literature, however, Cook and Peden (2017) concluded that “caring is [indeed] nursing’s contribution to the knowledge base of the healthcare sciences” (p. 22). Thus, their work supports the inclusion of human caring in nursology’s metaparadigm.

### Philosophies and Human Caring

Philosophies evident in the works of nurse scholars range from positivism to postpositivism to interpretive philosophy to critical social theory to pragmatism (Weaver & Olson, 2006). Positivism is the philosophy least frequently used by contemporary nurse scholars, especially those nurse scholars who write about human caring science and not at all by nurse scholars who write about unitary caring science.


### Conceptual Models and Theories of Human Caring

The distinction between human caring conceptual models and theories is admittedly difficult to discern. Various classification schemes about human caring that are used by authors and editors of widely used textbooks about nursing knowledge and a journal article about caring are listed in Table 7.1.
TABLE 7.1 Various Classification Schemes About Human Caring Used in Textbooks About Nursing Knowledge

<table>
<thead>
<tr>
<th>Source of Classification</th>
<th>Classifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alligood (2014)</td>
<td>• Nursing philosophies</td>
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<tr>
<td></td>
<td>• Nursing theories</td>
</tr>
<tr>
<td>Alligood (2018)</td>
<td>• Nursing philosophies</td>
</tr>
<tr>
<td></td>
<td>• Nursing theories</td>
</tr>
<tr>
<td></td>
<td>• Middle-range theories</td>
</tr>
<tr>
<td>Butts and Rich (2018)</td>
<td>• Models and theories focused on human existence</td>
</tr>
<tr>
<td></td>
<td>• Theories focused on caring</td>
</tr>
<tr>
<td></td>
<td>• Models and theories focused on culture</td>
</tr>
<tr>
<td>Cook and Peden (2017)</td>
<td>• Theories</td>
</tr>
<tr>
<td>Fawcett (2000a); Fawcett and DeSanto-Madeya (2013)</td>
<td>• Conceptual models</td>
</tr>
<tr>
<td></td>
<td>• Grand theories</td>
</tr>
<tr>
<td></td>
<td>• Middle-range theories</td>
</tr>
<tr>
<td>Fitzpatrick and McCarthy (2014)</td>
<td>• Theories applied to future research and practice</td>
</tr>
<tr>
<td>George (2002)</td>
<td>• Theories</td>
</tr>
<tr>
<td>McEwen and Wills (2014)</td>
<td>• Grand nursing theories based on human needs</td>
</tr>
<tr>
<td></td>
<td>• Grand nursing theories based on interactive process</td>
</tr>
<tr>
<td></td>
<td>• Middle-range nursing theories</td>
</tr>
<tr>
<td>Meleis (2012)</td>
<td>• Theories: On needs and self-care</td>
</tr>
<tr>
<td>Sitzman and Eichelberger (2017)</td>
<td>• Theories that define nursing or discuss nursing in a general sense (philosophies)</td>
</tr>
<tr>
<td></td>
<td>• Theories about broad nursing practice areas (grand theories)</td>
</tr>
<tr>
<td>M. C. Smith and Parker (2015)</td>
<td>• Conceptual models and grand theories in the unitary-transformativ e paradigm</td>
</tr>
<tr>
<td></td>
<td>• Grand theories about care or caring</td>
</tr>
<tr>
<td></td>
<td>• Middle-range theories</td>
</tr>
<tr>
<td>M. J. Smith and Liehr (2014)</td>
<td>• Middle-range theories</td>
</tr>
<tr>
<td>Thornton (2013)</td>
<td>• Conceptual model</td>
</tr>
</tbody>
</table>

The diverse classifications of several nurses’ perspectives of human caring are listed in Table 7.2. The perspectives listed in Table 7.2 are limited to those that include care or caring in the name and were included in the textbooks or the journal article that are in my personal library. Given the diversity of conceptual models and theories that include human caring as a concept, it is not surprising that the definition of “caring” varies (Cook & Peden,
<table>
<thead>
<tr>
<th>Name of Human Caring Perspective</th>
<th>Classification</th>
<th>Source of Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benner’s Theory of Caring, Clinical Wisdom, and Ethics in Nursing Practice</td>
<td>Philosophy</td>
<td>Alligood (2014, 2018)</td>
</tr>
<tr>
<td>Boykin and Schoenhofer’s Theory of Nursing as Caring</td>
<td>Grand theory</td>
<td>M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Boykin and Schoenhofer’s Theory of Nursing as Caring</td>
<td>b Theory</td>
<td>Alligood (2018); Butts and Rich (2018); George (2002)</td>
</tr>
<tr>
<td>Dorsey &amp; Murdaught’s Theory of Self-Care Management for Vulnerable Populations</td>
<td>Middle-range theory</td>
<td>M. J. Smith and Liehr (2014)</td>
</tr>
<tr>
<td>Duffy’s Quality–Caring Model</td>
<td>b Theory</td>
<td>Butts and Rich (2018)</td>
</tr>
<tr>
<td>Eriksson’s Theory of Caritative Caring</td>
<td>Middle-range theory</td>
<td>M. C. Smith and Parker (2015)</td>
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<tr>
<td>Gaut’s Theory of Caring as Action</td>
<td>Philosophy</td>
<td>Alligood (2018)</td>
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<tr>
<td>Gaut’s Theory of Caring as Action</td>
<td>b Theory</td>
<td>Cook and Peden (2017)</td>
</tr>
<tr>
<td>Hall’s Theory of Care, Core, and Cure</td>
<td>b Theory</td>
<td>George (2002); M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Leininger’s Theory of Culture Care Diversity and Universality</td>
<td>Grand theory</td>
<td>Fawcett (2000a); Sitzman and Eichelberger (2017); M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Leininger’s Theory of Culture Care Diversity and Universality</td>
<td>Middle-range theory</td>
<td>McClenahan and Eichelberger (2017); M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Leenerts &amp; Magilvy’s Theory of Self-Care</td>
<td>Middle-range theory</td>
<td>M. J. Smith and Liehr (2014)</td>
</tr>
<tr>
<td>Locsin’s Technological Competency as Caring in Nursing</td>
<td>Middle-range theory</td>
<td>M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Martinsen’s Philosophy of Caring</td>
<td>Philosophy</td>
<td>Alligood (2018)</td>
</tr>
<tr>
<td>Orem’s Self-Care Framework</td>
<td>Grand theory</td>
<td>McEwen and Wills (2014)</td>
</tr>
<tr>
<td>Orem’s Self-Care Framework</td>
<td>Theory: On needs and self-care</td>
<td>George (2002); Meleis (2012)</td>
</tr>
<tr>
<td>Name of Human Caring Perspective</td>
<td>Classification</td>
<td>Source of Classification</td>
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</tr>
<tr>
<td>Ray’s Theory of Bureaucratic Caring</td>
<td>Philosophy</td>
<td>Alligood (2018)</td>
</tr>
<tr>
<td>Riegel et al.’s Theory of Self-Care of Chronic Illness</td>
<td>Middle-range theory</td>
<td>M. J. Smith and Liehr (2014)</td>
</tr>
<tr>
<td>Sanford’s Theory of Caring Through Relation and Dialogue for Patient Education</td>
<td>Middle-range theory</td>
<td>M. J. Smith and Liehr (2014)</td>
</tr>
<tr>
<td>Smith’s Theory of Unitary Caring</td>
<td>Middle-range theory</td>
<td>M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Swanson’s Theory of Caring</td>
<td>Middle-range theory</td>
<td>Alligood (2018); M. J. Smith and Liehr (2014); M. C. Smith and Parker (2015)</td>
</tr>
<tr>
<td>Thornton’s Model of Whole Person Caring</td>
<td>Conceptual model</td>
<td>Thornton (2013)</td>
</tr>
<tr>
<td></td>
<td>Middle-range theory</td>
<td>Fawcett and DeSanto-Madeya (2013)</td>
</tr>
<tr>
<td>Wuest’s Theory of Precarious Ordering: Theory of Women’s Caring</td>
<td>Middle-range theory</td>
<td>M. J. Smith and Liehr (2014)</td>
</tr>
</tbody>
</table>

*See the source of classification references for and content about the perspectives.

*Type of theory (grand theory, middle-range theory) not specified.

*Could be classified as a situation-specific theory.
2017). More specifically, it is not surprising that each nursological conceptual model and theory about human caring might use a different definition of caring, as each is, per se, a different perspective (Fawcett & DeSanto-Madeya, 2013).

Five Types of Theories
Five types of theories—or fundamental patterns of knowing in nursology—have been identified. Carper (1978) identified empirical, aesthetic, ethical, and personal knowing theories. White (1995) added sociopolitical theories, which Chinn and Kramer (2015) refer to as “emancipatory theories.” These theories may be middle-range theories or situation-specific theories.

Empirical theories constitute the science of nursology and encompass descriptive, explanatory, and predictive theories, all of which address “average” behavior of samples or entire populations. Empirical nursological theories abound—indeed, the product of nursological research always is theory (Fawcett & Garity, 2009), although the theory frequently is not explicitly labeled as such. Review of the content of the theories of human caring science and unitary caring science listed in Table 7.2 indicates that all of these are empirical, which is essentially a tautology, because science is empirical.

Aesthetic theories, which constitute the art of nursology, focus on understanding of each individual’s behavior. Only one explicit aesthetic nursological theory could be located—Chinn’s (2001/2006) theory of nursing. However, the theory does not address human caring per se.

Ethical theories constitute the ethics of nursology. Many ethical nursological theories are empirical theories. Those that are not empirical include ethical codes, practice standards, and philosophical essays about how nurses should behave. Tong (2018) presented a discussion of feminist ethics, and Rich (2018) presented a discussion of ethical theories and methods. Neither author, however, identified any explicit ethical nursological theories. An example of an explicit ethical nursological theory is the American Nurses Association’s (2015) Code of Ethics. Although none of the nine provisions of the Code explicitly addresses human caring, all provisions reflect caring in some way.

Personal knowing theories focus on the interpersonal relationships of nursology in the non-empirical sense of the nurse knowing how to convey authenticity to patients, to convey that he or she cares about the patient. Nursological theories of personal knowing can be extracted from autobiographical stories and essays about nurses’ experiences of their genuine, authentic selves. An example is Diers’s (2005) autobiographical story of her work as a nurse. However, she did not explicitly address human caring. Although S. Nelson (2018) wrote about interpersonal relationships, she did not identify any theories that could be considered personal knowing.

Sociopolitical/emancipatory theories constitute the politics and policies of nursology. Fawcett and Garity (2009) explained that sociopolitical/emancipatory theories could be extracted from “documents and statements that indicate that the many voices involved in nursing practice are heard and acknowledged” (p. 18). For example, Browne’s (2001) sociopolitical theory is a critique of nurses’ “implicit [liberal] political allegiances” and the implications of these allegiances on the development of knowledge that “help us to understand whether our science disrupts or inadvertently helps to maintain social inequities” (p. 129). Although
Chinn (2018) presented a comprehensive discussion of emancipatory knowing, she did not identify any emancipatory nursological theories. The voices of nurse stakeholders who support human caring science or unitary caring science, translated into their written words, are, however, heard by the readers of this book.

**Methods of Scholarly Inquiry for Human Caring Knowledge Development**

Given the exclusive emphasis on human caring *empirical* theories, usual ways of generating and testing descriptive, explanatory, and predictive theories are relevant. Theories of human caring science typically are generated by qualitative methodologies used in various disciplines, such as simple description and phenomenology. These theories typically are tested by various widely used quantitative methodologies, such as correlational and experimental designs.

Watson’s (2009) book includes several different instruments that were designed to measure “diverse concepts such as quality of care, patient/client/nurse perceptions of caring, caring behaviors, caring abilities, and caring efficacy” (p. xv). J. Nelson and Watson’s (2012) book is “a collection of research that [explicitly] tests the construct of Caritas (caring and love) within the context of Caring Science and the Theory of Human Caring assembled over the last 30 years by Dr. Jean Watson” (p. xxi). J. Nelson and Watson (2012) pointed out that most of the tools used to collect data for the research reports included in the book were derived from the Caring Factor Survey (CFS). The CFS was explicitly designed to measure Watson’s 10 Caritas Processes®; versions for providers and for recipients of the Caritas Processes have been developed (DiNapoli, Nelson, Turkel, & Watson, 2010; J. Nelson, Thiel, Hozak, & Thomas, 2016).

In contrast, most theories within the tradition of *unitary caring science* are generated using primarily qualitative nursology-specific methodologies. Leininger (2006), for example, offered ethnonursing as a way to develop what I regard as situation-specific theories of culture care diversity and universality. In addition, Smith (2015) described how the concepts of her theory can be translated into empirical indicators that constitute what I regard as a research methodology and a practice methodology (see Fawcett, 2018).

**WHAT ARE THE CHALLENGES TO USE AND IN FURTHER DEVELOPMENT OF NURSOLOGY-DISTINCTIVE KNOWLEDGE OF HUMAN CARING?**

Tapp and Lavoie (2017) joined others (e.g., Fawcett, 2000b; Nagle, 1999) in expressing pessimism about the use of nursology discipline-specific knowledge. They stated, “Discussions about theories and conceptual models seem to be losing their prominence with the nursing discipline” (p. 1).

In a more optimistic tone, they added, “However, some theorists remain very active and influential in academic circles” (p. 1). Some theorists’ works are also evident in practice settings. For example, the Magnet® status for clinical agencies requirement for a professional practice model (American Nurses Credentialing Center, 2011) is sometimes interpreted as the use of a nursological conceptual model or theory (Fawcett & DeSanto-Madeya, 2013).
Challenges: The Metaparadigm

A challenge for those nurse scholars who are interested in further formalization of the global perspective of the discipline is to determine the place of caring in the metaparadigm of nursology. Continuation of the debate about the need for caring—or human caring—as a metaparadigm concept is necessary, with dialogue focused on whether caring should replace nursing as a metaparadigm concept, be an additional metaparadigm concept, or be a dimension of the concept of nursing. My current preference is that human caring be considered a dimension of the metaparadigm concept of nursing.

Challenges: Philosophies

A challenge for those nurse scholars who are interested in philosophical issues is to determine the most relevant philosophy for human caring. A related challenge is to determine whether there should be different philosophies for human caring science and for unitary caring science.

Challenges: Conceptual Models and Theories

A major challenge about conceptual models and theories of human caring is to determine a specific classification of each one as a conceptual model, a grand theory, a middle-range theory, or a situation-specific theory. As can be seen in Table 7.2, very few of the perspectives of human caring have a single classification. Clearly, dialogue among the authors and editors of the numerous nursology knowledge textbooks is needed to reach consensus about classification. I believe that this is particularly important because classification determines how the perspective is used. For example, if a perspective is classified as a middle-range or situation-specific theory, users expect to be able to directly measure its concepts and apply those concepts and their connections directly in research and practice. If, however, a perspective is classified as a conceptual model or a grand theory, its concepts are not directly measurable and, therefore, middle-range and situation-specific theories must be derived from the conceptual model or grand theory so that the theories can be used for research and practice. Thus, the utility of a conceptual model or grand theory is a broad guide for research and practice (Fawcett & DeSanto-Madeya, 2013).

Another challenge is to better understand the limits of the use of descriptive and explanatory theories. The concepts of these theories can be used as the basis for the development of assessment tools (Fawcett & Garity, 2009). These theories do not, however, include content about the effects of interventions on outcomes; they are not predictive theories. Furthermore, any predictive theory about interventions and their outcomes is limited unless there is content that directs the user to know what should be assessed to determine what intervention to use.

Still another challenge is to expand thinking and theory development about who engages in caring and who are the participants in caring. Many of the perspectives listed in Table 7.2 focus on the behaviors of nurses as the ones who provide caring to others. A few perspectives focus on others’ perceptions of the receipt of caring provided by nurses. Still fewer perspectives focus on caring provided by people who are not nurses.
A related challenge is to determine whether the vast literature about informal caregiving by family members and friends is relevant to human caring science or unitary caring science. The extensive amount of this literature was evident in an April 22, 2017, search of the Cumulative Index to Nursing and Allied Health Literature (CINAHL), using the search terms, “caregiving AND literature review,” which yielded 239 references. As literature reviews, these 239 publications encompass references to many more publications about caregiving. The addition of the search term, “caring science,” yielded one reference; inspection of the journal article indicated that the literature reviewed was not within the context of human caring science or unitary caring science.

The nurses who have developed human caring theories obviously support the use of nursology discipline-specific knowledge. That some researchers “regard caring … as unnecessary or an unrealistic ideal that interferes with research goals” (Fawcett, 2013, p. 378) is, of course, a major challenge for scholars who have a vested interest in widespread use of human caring science and unitary caring science.

CHALLENGES: TYPES OF THEORIES

A major challenge is to greatly increase the number of explicit nursological aesthetic, ethical, personal knowing, and sociopolitical/emancipatory theories that address human caring. The current plethora of empirical human caring science and unitary caring science theories is an instance of what Chinn and Kramer (2015) call “patterns gone wild” (p. 18). They explained,

> When knowledge within any one pattern [type of theory] is not integrated within the whole of knowing, distortion—rather than understanding—is produced. Knowledge that is developed in isolation without the consideration of all patterns of knowing [i.e., types of theories] leads to uncritical acceptance, narrow interpretation, and partial use of knowledge. (p. 18)

It may be that development of other than empirical theories is hindered by the emphasis on human caring science and unitary caring science. Therefore, another challenge is to be very clear about what we mean by “science” when we refer to human caring science and unitary caring science.

Barrett (2002, 2017) defined nursing (i.e., nursological) science as “a basic science, [which] is the substantive discipline-specific knowledge that focuses on the human-universe-health process articulated in the [nursological] frameworks and theories” (2002, p. 51; 2017, p. 130). Might we then define nursological human caring science as a basic science that focuses on nurses’ and others’ perceptions and ratings of caring behaviors articulated in conceptual models and theories of human caring? Might we define nursological unitary caring science as a basic science that focuses on unitary human experiences of caring articulated in conceptual models and theories of unitary caring?

CHALLENGES: METHODS OF SCHOLARLY INQUIRY

A substantial challenge for nurse scholars who work within the context of human caring science or unitary caring science is to continue to create innovative methodologies for generation and testing of human caring science and unitary caring science nursological
It is important to understand that every instrument—forms to code data from documents and observations, interview guides used to collect word data, and questionnaires used to collect number data—and every experimental condition are designed to measure some theory concept. Some reports of development of instruments that are purported to measure some aspect of caring do not include an explicit theory concept that is measured by the instrument. Although Watson (2009) noted that these instruments are “atheoretically derived” (p. xv), it is more accurate to state that the theory is implicit. In as much as Popper (1970) maintained that “we approach everything in the light of a preconceived theory, we can conclude that atheoretical is an impossibility.” (p. 52). Therefore, the challenge is to clearly and explicitly identify which concept of which theory is measured by which instrument, and which concept of which theory is operationalized by which experimental treatment.

CONCLUSION

The other chapters of this book attest to the many substantial and timely contributions to human caring science and unitary caring science by nurse scholars in many countries. Their work may already have overcome some of the challenges I identified in this chapter.

That unitary caring science is emphasized in this book signals considerable interest in a simultaneity/unitary-transformative/simultaneous action worldview. Acknowledging this worldview, Tapp and Lavoie (2017) commented that the more active and influential of contemporary nurse theorists’ work “converge[s] toward the ‘simultaneity’ paradigm associated most often with the human sciences” (p. 2). Continuing, they explained, “Simultaneity paradigm scholars claim that their theories are more representative of, and connected to, a ‘real’ nursing knowledge, because of the originality of the nursing role promulgated and the knowledge put forward in their conceptualizations and methods” (p. 2).

This chapter was written with the dual goals of helping readers to better understand the structure of nursology knowledge that addresses human caring science and unitary caring science, and to stimulate thinking about how to overcome challenges to use and about further development of nurses’ perspectives of human caring. Overcoming the challenges identified in this chapter requires the courage to march, as the “revolutionary creators of the nursing theory movement did” (Barrett, 2017, p. 132). The authors of the other chapters of this book have been marching in the footsteps of those revolutionary creators of the nursing theory movement. I, too, have been marching in the footsteps of those revolutionary creators, even daring to add to the movement by working with colleagues to develop a conceptual model that addresses the intersection of nursology and health policy (Fawcett & Russell, 2001; Russell & Fawcett, 2005) and a conceptual model addressing the intersection of nursology and population health (Fawcett & Ellenbecker, 2015). My personal challenge now will be to think about how these two nursology discipline-specific conceptual models can be refined so that each addresses human caring and guides derivation of nurso logical human caring theories.

Finally, overcoming these challenges urgently requires, as Barrett (2017) maintained, a “discussion of philosophy, power, politics, and policy” (p. 132). I urge all readers of this chapter to engage in dialogue about these issues in their workplaces, at conferences, and in publications. If we are to survive as a discipline and if we really want to advance
nursological knowledge of human caring, we must more fully understand what we believe and value (philosophy), how organizational structures and personal choices impede or advance work (power), and how stakeholders (politics) influence availability of resources (policies). Once understanding is enhanced, we must have the courage and motivation to act to advance the development of many more nursological conceptual models and theories that focus explicitly on human caring and to apply these perspectives in service to humankind.

NEXT ERA POSSIBILITIES

Education
• What are tangible steps toward creating a single classification schema for conceptual models, grand theories, middle-range theories, and situation-specific theories of human caring that may be widely accepted and taught to students?

Research
• How can Caring Science be integrated into nursing research initiatives toward the development of instruments that measure specific concepts of the theory?

Praxis
• In what ways can I identify practical uses of descriptive, explanatory, and predictive theories of human caring?

Theory and Knowledge Development
• Why is the evolution toward nursology a logical next step amid the progression of Caring Science theory and knowledge advancement?

REFERENCES


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