Caring

By:

James Schinazi

December 4th, 2012

Nursing Research

Nur 3130

Professor Debonis

**Caring**

During my four years of practicing as a registered nurse I have come across situations that were both delicate and difficult to handle. Baring in mind the job of a nurse is to not only deliver treatment but to have a caring and compassionate attitude towards their patients, I was able to navigate through these tough times. By setting aside my own personal feelings and emotions it enabled me to carry out the most effective plan of care in a considerate and positive manner.

Jean Watson developed seven assumptions and ten carative factors that revolved around the concept of caring in nursing. According to the seven assumptions caring can only be carried out through one’s own self and that doing this will satisfy certain needs. Successful caring will

propel health and growth. The response to caring will recognize what a person will become, not

only who he is now. A caring environment enables the growth of a person’s potential while

allowing them to make their own choices. Caring is thought to be “healthogenic” as oppose to

curing and the idea of caring is fundamental to nursing.(Nursing Theories 2012). The ten primary carative factors consist of forming a humanistic-altruistic system of values, instilling hope, being sensitive to yourself and others, developing a helping-trust rapport, promoting and accepting positive and negative feeling, the use of scientific problem solving method to make decisions, promoting interpersonal teaching and learning, a supportive environment for a protective mental,

physical, and spiritual well being, assistance with gratification of human needs, and allowing for existential-phenomenological forces. (Vance 2003).

In June of 2012 I was presented with a patient that was growing more impatient and upset by the minute with the staff at my facility. During her intake process she felt as though she wasn’t given much attention and that the staff was rushing through her assessments and history. She voiced her desire to leave the facility many times as she wasn’t being treated in a caring manner. When she came to my unit I was unaware of the situation that had previously occurred. I was however in the middle of doing a lot of paperwork that needed to be submitted in a couple of days. I began my usual speech in orienting her to the unit and initial assessment. About halfway into this process I noticed her extremely depressed and dejected affect. Upon asking her if everything was alright she muttered something to the effect of all healthcare staff being the same and that they showed up to work for a paycheck and not to help others. Despite having the stress of many other things to accomplish I was taken aback and completely disheartened by her comment and asked her if there was anything specific I could help her with. After much prodding she finally relented and told me what had happened to her earlier that evening. She complained of being in pain and needing to lie down in a bed because she was exhausted. I immediately got her pain medication and into a decent bed and gathered the rest of my staff to assist in making her feel as comfortable as possible. I never thought much of it because I believed it was the decent, caring thing to do. Many days later my supervisor gave me a letter that was written by this patient highlighting the wonderful, caring staff on my unit that had

helped her through her rough intake. It made me realize that by me, the nurse, showing a caring attitude towards my patient who was ready to leave our facility was able to change her whole experience. It could salvage a bad situation and turn it into a positive one. Even though I could have rushed through her assessment and orientation to the unit because I had many other things to do the simple act of stopping to listen and show her that I cared made a world of a difference to her.

As nurses our primary goal is to deliver treatment to our patient’s as they journey towards

recovery. Many times we get caught up in all the documentation and tasks we need to complete

and fail to provide one vital measure to our patients- showing them that we care. It’s easy to

hand a patient their pills or change a wound dressing especially when you can do it in your sleep,

but what would make all the difference in the world is how you do these things. A simple

conversation to find out how your patient’s day is going or if there is anything else they need to

make them more comfortable will not only enhance their experience but it can make your

workload much easier. Patients may be less likely to be combative or get frustrated when they

feel that someone cares. This can lead to a smoother shift for the nurse and his staff. Being

aware of how you would want to be treated if you were the patient enables you to set your

emotions and stresses aside to properly care for those who rely on you. While Jean Watson’s

seven assumptions and ten carative factors aren’t all valid they do hold some truth. One doesn’t

need to fulfill an innate desire to show that they care. Simply taking any measure to make a

patient feel more comfortable is not for the nurse’s satisfaction but rather the client. Caring does

indeed promote growth, health, and well being because it fosters a positive atmosphere for

recovery. The response one receives from caring doesn’t necessarily dictate who they’ll become

but rather it may pave the way for future occurrences that are similar. Caring realistically does

not cure, however it formulates a healthy environment for recovery by giving the client a sense

of something positive to grasp onto. As for the ten carative factors it is imperative that nurses do

allow a positive relationship to be built that permits a non-judgmental setting for all fears and

concerns. By using these factors as guidelines while practicing as nurses and being aware of it’s

profound effects, one can make the difference in their patient’s time of need.

**References**

Vance, T. (2003). ***Caring and the Professional Practice of Nursing. RN Journal.* Retrieved from**

**http://www.rnjournal.com/journal\_of\_nursing/caring.htm**

**Rafael, F., (2000). *Watson's Philosophy, Science, and Theory of Human Caring as a Conceptual***

***Framework for Guiding Community Health Nursing Practice.*** Volume 23(2), 34-49.

**Retrieved from**

**http://watsoncaringscience.org.previewdns.com/images/features/library/Falk\_Adeline.pdf**

Nursing Theories a companion to nursing theories and models*.* (2012) *Jean Watson’s Philosophy*

*of Nursing*. Retrieved from http://currentnursing.com/nursing\_theory/Watson.html