

An analysis and evaluation of Watson's theory of human care

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Despite a high priority placed on theory-testing in nursing, there continues to be minimal research undertaken which adequately tests nursing theories. A study was planned to contribute to theory-testing in nursing by testing an aspect of Watson's (1988) theory of human care. Watson essentially believes that nursing is an intersubjective human process and places a high value on the caring relationship between the nurse and the recipient of care. Before proceeding with the intended study, the following analysis and evaluation of Watson's theory presented here was undertaken, with guidance from a tool developed by Fawcett & Downs (1992). In this tool, the analysis identifies the concepts and propositions that make up the theory and the evaluation includes the criteria of significance, internal consistency, parsimony, testability and empirical adequacy of the theory being tested. Overall, this analysis and evaluation found two areas of Watson's work which were in need of further development.

INTRODUCTION

The following analysis and evaluation was undertaken to prepare for a study which intended to test an aspect of Watson's (1988) theory of human care. The tool by Fawcett & Downs (refer to Table 1) was utilized because, according to the authors, their criteria facilitate an understanding of the relationship which exists between the theory itself and the methodology used to test the theory (Fawcett & Downs 1992 p 82). In other words, both the theory tested and the methodology used to test the theory come under scrutiny.

The purpose of this paper, however, is only to report on the analysis and evaluation of the theory tested and not the methodology used to test the theory. The conclusions drawn from this analysis and evaluation were subsequently used as a basis for deciding which area of Watson's theory would be tested for the study.

ANALYSIS OF WATSON'S THEORY

Watson's theorizing about nursing began with her first book in 1979 entitled *Nursing: The Philosophy and*

Science of Caring which she argues was a treatise on nursing. This is considered by Watson to have been a perspective about nursing and caring rather than a theory *per se* (Watson 1985), which fits with Hardy's (1978) description of a theory in the early stages of development.

In its original form Watson's work was at a preparadigm level. Her original intention was to formulate an integrated baccalaureate nursing curriculum (Fawcett 1993), but instead Watson developed a taxonomy of interventions, or 'caring factors', which according to Watson constitute the core of nursing when all the techniques and technologies are removed. These 'caring factors' came from Watson's attempts to 'solve some conceptual and empirical problems about nursing, what comprises nursing, and how various components of nursing relate to and direct education, practice and research' (Watson 1988, preface).

Watson produced 10 'caring factors' by structuring a number of beliefs, concepts, a body of knowledge, and principles, all foundational to human behaviour in health and illness, from a metaphysical, phenomenological, existential and spiritual orientation that draws on eastern

Table 1 Criteria for evaluation of the relationship between theory and research*

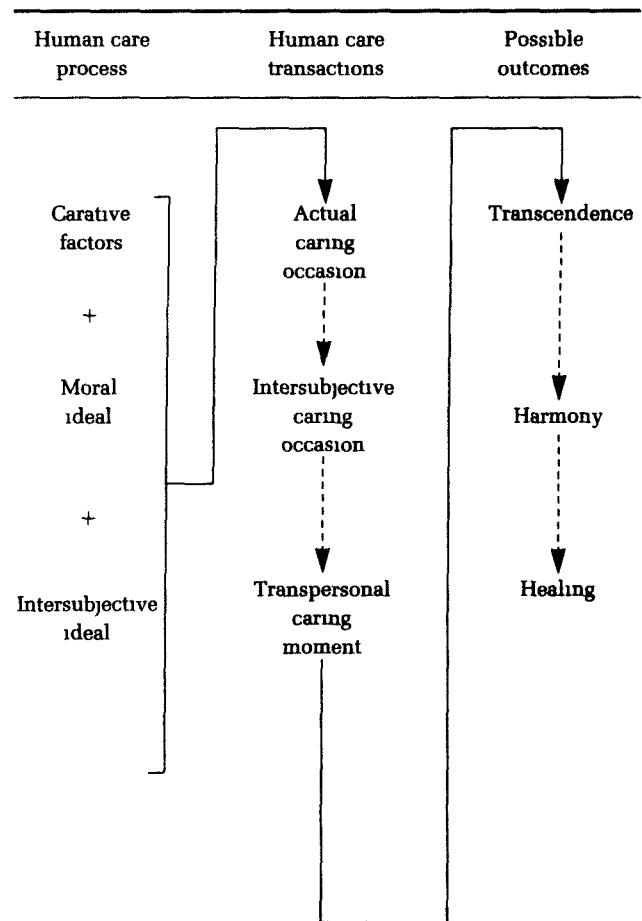
- Is the theory that was generated or tested significant?
 - Does the theory address a phenomenon of interest to the discipline and to society?
 - Does the theory improve the precision with which a phenomenon can be predicted as well as the understanding of the phenomenon?
- Is the theory internally consistent?
 - Do the concepts reflect semantic clarity and consistency?
 - Are concepts redundant?
 - Do the propositions reflect structural consistency?
 - Are there incomplete or redundant sets of propositions?
 - Do the observations substantiate the conclusions of an inductively developed theory?
 - Are the premises of a deductively developed theory valid?
- Is the theory parsimonious?
 - Is the theory stated clearly and concisely?
- Is the theory testable?
 - Can the concepts be empirically observed?
 - Can the propositions be measured?
 - Can the derived hypotheses be falsified?
- Is operational adequacy evident?
 - Is the sample representative of the population of interest?
 - Are the empirical indicators valid and reliable?
 - Is the research procedure appropriate?
 - Are the procedures for data analysis appropriate?
- Is empirical adequacy evident?
 - Are theoretical claims congruent with empirical evidence?
 - Are alternative methodological and substantive theories considered?
- Is pragmatic adequacy evident?
 - Are the research findings related to the problem of interest?
 - Is it feasible to implement innovative actions?
 - Are the innovative actions congruent with clients' expectations?
 - Does the practitioner have the legal ability to implement the innovation?
 - Do the innovative actions lead to favourable outcomes?

Intersubjective human process

Watson essentially believes that nursing, or caring as she refers to it, is an intersubjective human process, where a high value is placed upon the caring relationship between the nurse and the recipient of care. Watson's theory includes a number of concepts (refer to Table 2). The first three are part of the 'human care process'. These include the carative factors, which are comprised of 10 interventions that presuppose a knowledge base and clinical competence, a moral ideal, which is a moral commitment towards the protection, enhancement and preservation of human dignity, and intersubjective ideal, where the nurse intends to affirm the subjective significance of the recipient of care.

The second three concepts are 'human care transactions' that can take place as a consequence of the 'human care process'. These transactions include the actual caring occasion, which is the moment in which the nurse and the recipient of care come together. These are occasions in which intersubjective caring transactions may occur. The intersubjective caring occasion is where contact is

Table 2 Watson's theory of human care



* Reprinted with permission of Fawcett & Downs (1992) *The Relationship of Theory and Research* 2nd edn FA Davis, Philadelphia, p 82

philosophy. She further developed these ideas into a theory in her second book published in 1985 entitled *Nursing Human Science and Human Care: A Theory of Nursing*. Here her previous ideas gradually become 'fused' into what she calls the theory of human care (Watson 1988). This theory, therefore, is deductive in origin.

established between the subjective worlds of the nurse and recipient of care. This shared moment has the potential to touch the higher spiritual self or soul, and thus transpersonal human caring may occur, and the transpersonal caring moment is where one's mind-body-soul engages with another's mind-body-soul in a lived moment. Here a spiritual union is felt with the other person.

Watson links her 'human care process' concepts to her 'human care transactions' concepts by the relational proposition that states 'transpersonal caring is the full actualisation of the carative factors in a human-to-human transaction' (Watson 1989 p 232). She also argues that if an intersubjective flow between two people can be established, 'the recipient is better able to have a release of some of the disharmony of the mind, body and soul and be freer to direct pent up energy to his or her own healing process' (Watson 1988 p 64).

EVALUATION OF WATSON'S THEORY

Significance

The significance of Watson's theory of human care lies in her concern with the third metaparadigm proposition in nursing which focuses on health and nursing, and more specifically the nursing processes which effect positive changes in health status (Fawcett 1993 p 3). However, the theory's predictive power is weak (refer to Table 2). Even if the human care process is present during an actual caring occasion, an intersubjective caring occasion will not necessarily occur, and even if the human care process and the human care transactions take place, outcomes such as harmony and healing will not necessarily occur. Therefore, positive changes are potential occurrences which cannot be predicted with any certainty. This is expressed by Watson when she said that 'the process allows for combinations of expressions of human caring in different moments and contexts, and with different outcomes, that can never be fully explained or predicted' (Watson 1989 p 234). Barker & Reynolds (1994) wonder how Watson comes to this conclusion, and how useful this phenomenon is to clinical practice if it can never be fully explained or predicted.

Despite Watson's belief in positive health outcomes, the argument put forward by Shiber & Larson (1991) can be applied to Watson's theory. They argue that little is done to measure the therapeutic nature of care, because most theorists focus on its process to the detriment of the outcome. Perhaps greater understanding of the human care process is offered by Watson's theory, however, her world view is not always appreciated by everyone in nursing (Fawcett 1993 p 232). Furthermore, Watson's language is not always understood (Barker & Reynolds 1994 p 19) and therefore the theory is potentially inaccessible to many nurses.

According to Fawcett & Downs (1992), theories preferably need to be at the middle-range level, that is, general and complex and yet at the same time possess a small number of well-defined concepts. It is not a simple matter to categorize Watson's theory, as the literature associated with categorization is inconsistent. Whereas Fawcett (1989) distinguishes between conceptual models and theories, others clearly do not (Walker & Avant 1988), which subsequently affects definitions of theory levels. For example, if the distinction is not made, then grand theories cover broad areas of concern within a discipline (Chinn & Kramer 1991), or if the distinction is made, then grand theory is abstract but more circumscribed than a conceptual model (Fawcett 1993).

Metatheory

Some of Watson's work can be considered metatheory, because she combines a number of world views consistent with her background in psychology and philosophy (humanistic, existential, phenomenological and spiritual), and she analyses the purpose and nature of theory that we need in nursing and the processes for its development (Chinn & Kramer 1991). However, her theory of transpersonal care has been categorized at middle-range level in the literature (e.g. Smith 1991, Fawcett 1993). Middle-range theories are more circumscribed than grand theories, and their concepts and propositions are more specific and concrete (Fawcett 1993), and directly link with research and practice (Chinn & Kramer 1991).

The only exception to the above definition is the abstract nature of some of Watson's concepts, although this has not prevented links with research and practice. Therefore, Watson's theory of human care is identified as middle-range-level theory for the purpose of this evaluation.

Internal consistency

Some of Watson's concepts are more clearly defined than others. For example, her intersubjective ideal concept is mentioned only in passing even though it plays a central part in her theory. The outcome concepts are discussed very little and transcendence in particular is not discussed at all. Mitchell & Cody (1992) also found inconsistencies with Watson's theory and the human science tradition that Watson professes to follow. They claim diverging beliefs in three main areas, namely the human being's wholeness, the intention and free will of the person, and the nature of reality. This divergence makes her philosophical underpinnings unclear.

Although her definitions for concepts are used consistently, Watson often uses words interchangeably in her theory. She acknowledges this for the soul, but not in other areas. For example, she discusses a caring transaction, occasion or moment which refers to the same phenomena. Until the reader is familiar with such aspects of Watson's

work, it can be confusing and misleading, especially when it leads to an inaccurate diagrammatical depiction of her theory in published material (Boyd & Mast 1989) Watson's conversational style does make her work rather undisciplined, which some readers find tedious (Walker 1989) There are no flaws in the structural consistency of her propositions

Parsimony

Watson needs to develop further her theory before it could be said to have parsimony Consistent terminology, additional diagrams and more disciplined writing would help to clarify and make her theory more concise

Testability

Watson's theory is testable within a human science paradigm which she proposes for her work As well as phenomenology, she uses transcendental phenomenological methods, such as poetry (Krysal & Watson 1988) and metaphor (Watson 1987) to capture the essence of human experience She also undertook fieldwork in 1981/83 where she explored loss and caring with a tribe of aborigines in Western Australia and applied her findings to the theory of transpersonal care (Watson 1988) This has been questioned by Holmes (1990) who argues that this technique needs to be transposed into a more complex, urbanized setting to have validity as a practice tool for health care purposes Walker (1989) also points out that Watson's exposition of human science methodology is unclear, and therefore not helpful to a novice looking for guidance in this new form of science

Despite her methodological preferences, Watson does argue that the method should fit with the components of the theory one chooses to research (Watson 1988) Therefore, quantitative methodologies would be acceptable if appropriately applied to her theory Watson's definitions are theoretical in nature, and no operational definitions have been developed As Fawcett (1993) points out, this theory is yet to be described in an empirically measurable manner which enables the observation of human caring in the real world of clinical practice

Empirical adequacy

In keeping with Watson's preference, inductive methods are commonly used to test Watson's theory, although not all studies meet with the criteria set for 'adequate use', as classified by Silva, of theory for theory-testing (Silva 1986) For example, Lemmer (1991) and Schindel-Martín (1991) make 'minimal use' (Silva 1986 p 450) of Watson's theory because they do little more than use her theory as a framework for the research Byers (1990), Carson (1992) and Lyne & Waller (1990) make 'insufficient use' (Silva 1986

p 450) of her theory because they assume that the underlying tenets of Watson's theory are valid

Two studies have made 'adequate use' of Watson's theory (Silva 1986 p 451) Clayton (1989) investigated the interactions between four elderly individuals and nurse dyads that stand out or highlight the lives of the elder persons She used a phenomenological methodology for her interviews and observations, and her analyses found four themes consistent with some of Watson's carative factors (Clayton 1989) Burns (1991) also used a phenomenological method to investigate the spiritual dimension described by Watson Her findings support Watson's metaphysical concepts of transpersonal caring There is also now a quantitative study which has investigated her carative factor 'Faith and Hope' (personal communication, Watson, May 1994) No study has been found to document the relationship between human care transactions and positive health outcomes as proposed in Watson's theory of human care (Fawcett 1993)

CONCLUSION

Overall, two areas of Watson's work need further development Firstly, in the presentation of her theory, her philosophical underpinnings need to be more consistent, the theoretical definitions clearer and operationalized, terminology used more consistently, additional diagrams would be useful, and greater precision in her writing would help clarify her theory

Secondly, in the research arena, further work is needed to validate all the carative factors with greater understanding of the spiritual domain, and empirical support is also required for the outcomes of transpersonal caring

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