

Watson's Caring Science Theory: Ten Caritas Processes®

1. Practicing loving-kindness, compassion & equanimity with self/other.
2. Be authentically present; enabling & sustaining a deep belief system.
3. Cultivating one's own spiritual practices; beyond ego-self to transpersonal presence.
4. Developing and sustaining loving trusting-caring relationships.
5. Allowing for expression of positive and negative feelings – authentically listening to another person's story.
6. Creatively using self and all ways of knowing as part of the caring process.
7. Engaging in genuine teaching-learning experience that attends to wholeness & meaning.
8. Creating a healing environment at all levels.
9. Assisting with basic needs, with an intentional caring consciousness.
10. Opening to spiritual, mystery, unknowns; allowing for miracles.

References:

Kornfield, J. (2002). *The Art of Forgiveness, Loving Kindness, and Peace*. New York, NY: Bantam.

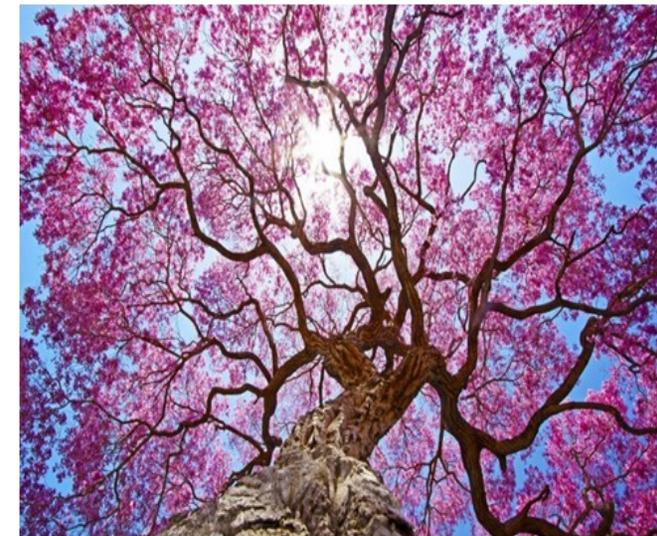
Watson, J. (2008). *Nursing: The Philosophy and Science of Caring*. Boulder, CO: University Press of Colorado.



Watson Caring
Science Institute

Utilizing Caring Science In End of Life Conversations

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Working in an ICU with critically ill patients comes with stress and uncertainty. This pamphlet provides guidance for nurses using Jean Watson's Caring Science around end of life conversations with patients and/or families.



Purpose: This pamphlet is designed to help nurses in the ICU utilize Jean Watson's Caring Science in discussion with patients/families around end of life.

Nurses in the ICU witness patients and families at their most vulnerable moments and can help ease pain and suffering with a kind word or a moment to listen. Here are 5 of Watson's Caritas Processes® to help nurses integrate Caring Science into their practice.

Caritas Process 1: Practicing loving-kindness, compassion & equanimity with self/other.

- Love and kindness to others begins with love and kindness to self and caring for self .
- "This model invites, if not requires, nurses to attend to self-caring and practices that assist in their own evolution of consciousness for more fulfillment in their life and work." (Watson, 2008, p. 47)
- A centering exercise is one way to prepare for the practice of loving-kindness. One example is setting an intention, a silent gratitude, or taking a simple deep breath before entering a patient's room.
- Self care is about daily caring for your own physical, emotional, and spiritual well-being. At work, take a break and spend a few minutes in the Thoracic Caritas Room.
- Encourage peers and families to practice self-care.
- "Loving-kindness gives birth to a natural compassion. The compassionate heart holds the pain and sorrow of our life and of all beings with mercy and tenderness...It is the tender heart that has the power to transform the world." (Kornfield, 2002, p. 102).
- In caring for patients and families, especially at end of life, be compassionate.

Caritas Process 2: Be authentically present; enabling & sustaining a deep belief system.

- "By being sensitive to our own presence and Caritas Consciousness, not only are we able to offer and enable another to access his or her own belief system of faith-hope for the person's healing, but we may be the one who makes the difference between hope and despair in a given moment." (Watson, 2008, p. 62)
- Near end of life it is important to be authentically present, listening and honoring topics that are important to patients/families. Ask them about their beliefs and what is important to them. "What is your understanding of the situation?" Help them to understand, encourage others on the medical team to provide necessary information in kind ways.
- Listening and appreciating the difficulty of the situation can be influential to the patient and family. "Is there anything I can do to ease your suffering?"
- Utilize the 'Getting to Know You' posters in the room to better understand the patient. Encourage families to add photos and information.

Caritas Process 5: Allowing for expression of positive and negative feelings – authentically listening to another person's story.

- "The process of being with another in a nonjudgmental way as that individual expresses his or her feelings generates a mutual trust & understanding." (Watson, 2008, p.104)
- Ask the patient and family about their story—about their family life, the work they do, hobbies, use of their free time, what brought/brings them joy .
- When caring for patients and family at End-of-Life:
 - Ask how have they coped with difficult situations in the past? How are they coping now?
 - You can add, "I see this is difficult for you and your family. We are here to listen and support you..."
 - Ask "Has your loved one ever discussed what they would or wouldn't want if they were in a difficult situation such as this?"
- Listen, be compassionate and provide loving kindness to the patient and also their family and friends.

Caritas Process 8: Creating a healing environment at all levels.

- Creating a healing environment improves patients' coping with the disruptive ICU environment, such as noise, bright lights and untidy surroundings.
- The nurse's caring presence itself creates a healing environment.
- A healing environment includes attention to safety, comfort, privacy, and human dignity. Nurses are often the gatekeeper, assuring the patient's and family's privacy and dignity during the constant flow of care by the health care team.
- In end of life care, offer the patient and family a variety of ways to decrease pain and suffering, such as touch, kindness and compassion, Reiki, and music, along with medication.
- Utilize music on the Care Channel, tuned to the patient's and family's favorite music, to diminish noise of alarms and other sounds and to promote sleep and healing. Encourage the family to play the music.

Caritas Process 10: Opening to spiritual, mystery, unknowns; allowing for miracles.

- "This Caritas Process invites an...allowance for mysteries, miracles, and a higher, deeper order of life's phenomena that cannot be understood with the ordinary...mindset." (Watson, 2008, p. 193).
- Allow hope and healing of spirit.
- Look beyond the science to the spirit of the individual and humanity. Attending to a patient's spirituality and personal story can be beautiful

