

THEORETICAL ARTICLE/ESSAY

An analysis of Jean Watson's theory according to Chinn and Kramer's model

Análise da teoria de Jean Watson de acordo com o modelo de Chinn e Kramer

Análisis de la teoría de Jean Watson de acuerdo con el modelo de Chinn y Kramer

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Abstract

Background: Being a grand theory, the Theory of Human Caring involves abstract concepts that should be analyzed to support research and nursing care delivery.

Objective: To analyze Jean Watson's Theory of Human Caring according to Chinn and Kramer's model description.

Main topics under analysis: A description of Jean Watson's Theory of Human Caring based on her works, books and articles from other scholars, and a detailed analysis of the concepts, definitions, relationships, structures, and assumptions of her work.

Conclusion: The description of Jean Watson's theory showed that it helps nurses provide a more effective care while considering its transcendent dimensions. The description of concepts, definitions, relationships, and structures can facilitate the understanding of her work, allowing the Theory of Human Caring to be applied to different contexts.

Keywords: nursing; nursing theory; nursing care

Resumo

Enquadramento: A teoria do cuidado humano, por ser de grande alcance, envolve aspetos abstratos que devem ser analisados para sustentar as investigações e a assistência prestada pelo profissional da enfermagem.

Objetivo: Analisar a teoria do cuidado humano de Jean Watson, segundo o modelo de descrição elaborado por Chinn e Kramer.

Principais tópicos em análise: Descrição da teoria do cuidado humano de Jean Watson, a partir de obras da autora, livros e artigos de outros estudiosos e de uma análise detalhada dos conceitos, definições, relações, estruturas e pressupostos da obra.

Conclusão: A partir da descrição da teoria de Jean Watson verificou-se que esta permite que o enfermeiro realize um cuidado mais efetivo, direcionado também para os seus aspetos transcendentais. A descrição dos conceitos, definições, relações e estruturas podem facilitar a compreensão da obra, permitindo que a teoria do cuidado humano possa ser aplicada em diferentes contextos.

Palavras-chave: enfermagem; teoria de enfermagem; cuidados de enfermagem

Resumen

Marco contextual: La teoría del cuidado humano, por ser de gran alcance, implica aspectos abstractos que deben ser analizados para apoyar las investigaciones y la asistencia prestada por el profesional de enfermería.

Objetivo: Analizar la teoría del cuidado humano de Jean Watson, según el modelo de descripción elaborado por Chinn y Kramer.

Principales temas en análisis: Descripción de la teoría del cuidado humano de Jean Watson, basada en las obras de la autora, libros y artículos de otros académicos y un análisis detallado de los conceptos, definiciones, relaciones, estructuras y presupuestos de la obra.

Conclusión: A partir de la descripción de la teoría de Jean Watson se constató que esta permite al enfermero realizar una atención más eficaz, dirigida también a sus aspectos transcendentales. La descripción de conceptos, definiciones, relaciones y estructuras puede facilitar la comprensión de la obra, lo que permite que la teoría del cuidado humano se aplique en diferentes contextos.

Palabras clave: enfermería; teoría de enfermería; atención de enfermería



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Introduction

Theories are a creative and rigorous structuring of ideas that project a tentative, purposeful, and systematic view of phenomena. They are based on the theorist's assumptions, values, choices, and judgment (Chinn & Kramer, 2018). According to Watson (1999, 2012), a theory is an imaginative grouping of knowledge, ideas, and experience that seek to explain a given phenomenon.

Analysis, evaluation, and critique are methods used by researchers to study nursing theories. It is the first step in applying nursing theoretical works of great relevance for researchers who intend to analyze and expand them (Alligood, 2018). These methods should be used to investigate concepts, definitions, objectives, and other theoretical components that enhance understanding of the work.

This study is based on the analysis of Jean Watson's Theory of Human Caring. This theory is related to reciprocity between the professional and the patient in the search for holistic care, with every person being viewed as whole, regardless of disease (Watson Caring Science Institute, 2016).

As it is a broad-scope theory involving abstract aspects, it can be difficult to apply in clinical practice, making its analysis necessary to support research and nursing care delivery. Professionals must be able to understand and use theories to support their nursing practice, which will allow them to consolidate theoretical frameworks and develop a systematized, evidence-based practice (Ribeiro, Martins, Tronchun, & Silva, 2018).

In view of the above, this study aimed to analyze Jean Watson's theory according to Chinn and Kramer's model description.

Chinn and Kramer's model of evaluation of theories comprises a description and critical reflection of the theory (Chinn & Kramer, 2018). This study used the model of description of theory that involves six components: *Purpose*, *Concepts*, *Definitions*, *Relationships*, *Structure*, and *Assumptions* (Chinn & Kramer, 2018). This article was derived from the thesis of the first author who decided to use Chinn and Kramer's model during an activity proposed in the course unit Critical Analysis of Nursing Theories of the Postgraduate Program in Nursing, of the Doctoral Program in Nursing of the Federal University of Paraíba. This model was chosen due to its relevance and topicality and for assisting in the understanding and careful analysis of nursing theories.

The analysis of the theory was based mainly on works (Watson, 1999, 2008, 2012, 2018; Sitzman & Watson, 2013), book chapters (Watson, 2011, 2013; Nelson, DiNapoli, Turkel, & Watson, 2011), and articles (Watson, 2007; McDowell, Williams, & Kautz, 2013).

Development

The purpose, concepts, definitions, relationships, structure, and assumptions of Jean Watson's theory are presented below.

Purpose

Jean Watson drew upon the ideas of Carl Rogers, Hegel, Marcel, Whitehead, Kierkegaard, Sally Gadow, and Nightingale, as well as her own assumptions. Considerations regarding the definition of the self, moral ideal, intersubjectivity, and human dignity helped her develop this theory (Watson, 1999, 2008, 2012).

The Theory of Human Caring involves seeing the person as a whole, attending to the spiritual and existential dimensions and putting aside the traditional care that focus only on the physical dimension and whose main purpose is to cure the disease (Watson, 1999, 2012).

In Watson's theory, the main purpose of nursing is to help the person gain a higher degree of harmony within the mind, body, and soul that fosters self-knowledge, self-reverence, self-healing, and self-care processes (Watson, 1999, 2012).

This theory has been implemented in both home (Rodrigues et al., 2016) and hospital settings (Elbahnasawy, Lawend, & Mohammed, 2016), with children (França et al., 2017), patients with cancer (França et al., 2017; Mendonça, Pereira, Barreto, & Silva, 2018), older adults (Maygua, Arévalo, Hail, Herrera, & Jimbo, 2017), families (Santos, Souza, Misko, Silva, & Szylit, 2018), and patients receiving palliative care (França et al., 2017), which demonstrates that this theory has been widely used and applied in a variety of health care settings and with different populations.

Concepts and definitions

As recommended by Chinn and Kramer (2018), an investigation of the concepts and definitions in Jean Watson's theory will contribute to a better evaluation of the components of the description. In this study, the concepts and definitions are presented on the same topic to facilitate their discussion.

Jean Watson's theory defines three of the four metaparadigm concepts in nursing: health, nursing, and person or human being. Health refers to the harmony of the mind, body, and soul, and it is associated with the degree of congruence between the self as perceived and the self as experienced (Watson, 1999, 2012). In turn, Watson understands nursing as a philosophical, dynamic, and changeable concept that implies caring and has several meanings (Watson, 1999, 2012).

The nurse is viewed as a co-participant of the caring process, helping people find meaning, even in a time of disharmony and suffering, and assisting in the decisions regarding the patient's condition (Watson, 1999, 2012). The person is defined as a being-in-the-world, spiritual, magnificent, a part of nature, not just matter. The person has three dimensions (mind, body, and soul) influenced by the self. The person and the self are congruent when the person is equivalent to the true self, which occurs when there is harmony between the human dimensions (Watson, 1999, 2012).

Although not explicitly, Jean Watson highlights the concept of environment and its definition in her books, including in one of the Ten Carative Factors and the Caritas Processes (Watson, 2008).

The Carative Factors and the Caritas Processes are, respectively, the old and the new designation of the ten steps proposed by Watson to deliver transpersonal caring. The eighth Carative Factor regards the provision of a supportive, protective, and corrective mental, physical, societal, and spiritual environment while the eighth Caritas Process refers to creating a healing environment at all levels, showing a similarity between them. Thus, although implicit, the environment is very important in Watson's theory because both the physical and the non-physical environments promote nursing care (Watson, 2008).

Other concepts such as harmony-disharmony, illness, metaphysics, soul, time, caring occasion, phenomenal field, transpersonal caring, and spiritual dimension, as well as the Caritas Processes, are also present in the theory and assist researchers in understanding Watson's work.

The concepts and definitions of harmony-disharmony are explicitly presented. According to the theory, when there is a split between the self as perceived and the self as experienced, there is disharmony between the mind, body, and soul, which leads to negative sensations, threat, anxiety, inner turmoil, despair, illness, and disease. Thus, harmony is achieved when there is congruence, and the more a person is capable of experiencing the true self, the more harmony there will be and a higher degree of health (Watson, 1999, 2012).

A troubled soul due to suffering, sadness, loss, despair, or stress can lead to illness. This illness can cause disease. Watson considers illness as a turmoil or disharmony, conscious or unconscious, within the person's inner ego or the dimensions of the self. It indicates an incongruence between the self as perceived and the self as experienced (Watson, 1999, 2012).

Time has an implicit definition. According to Watson, one cannot distinguish between past and present time, although the present is more subjective and the past more objective. At the caring moment, nurses and patients come together and their past, present, and future merge (Watson, 1999, 2012).

Metaphysics has special relevance in Watson's theory and allows exploring explanatory models of healing beyond the physical body. It is a branch of philosophy that involves worldview and non-physical reality (Watson, 2018). Although the nurse, at the caring moment, can explain and experience a fact, include the mysteries of life and the unknown, and even discover something new from a metaphysical perspective, he/she cannot predict all things (Watson, 1999, 2012). Transpersonal caring is metaphysical because the entire consciousness of caring and love occurs in a single moment that transcends time and physical space (Watson, 2018).

Jean Watson explicitly defines the concept of transpersonal. Transpersonal caring refers to an intersubjective relationship, in this case, between the nurse and the client, in which both influence and are influenced by each other. Each person brings with him/her a life story and a phenomenal field. When caring occurs, they share a phenomenal field in common and are influenced by a transaction that becomes part of their life story (Watson, 1999, 2012), presenting it as something that goes beyond

the physical environment and transcends the physical dimension.

Transpersonal caring goes beyond the ego. It radiates to the spiritual dimension and seeks to connect with the spirit of the other through an authentic, reciprocal relationship that is capable of transcending the moment (Watson Caring Science Institute, 2016).

The phenomenal field is also explicitly defined and refers to how people behave in the world. It is an individual frame of reference; a subjective reality that will determine how a person understands and responds to the circumstances imposed on him/her at that moment (Watson, 1999, 2012).

The spiritual dimension is also a core concept in Watson's theory given the theoretical emphasis on the non-physical world and the existential/ spiritual issues and meeting the patient's human needs. However, it does not have an explicit definition. According to the author, spirituality varies from one person to another, from one culture to the other, and within each person (Watson, 1999, 2012). The soul, also called inner being and spiritual self, refers to the spirit, the inner self, or the essence of the person. The soul is connected to a higher level of consciousness, a higher source of infinity, a force that moves within each being, the cosmos, and a power that may enable transcendence (Watson, 1999, 2012).

In turn, the definition of actual caring occasion is based on Whitehead's theory of events. It involves two people (nurse and patient) with their stories and phenomenal fields in a caring transaction. Therefore, an event is an actual caring occasion. If this occasion is transpersonal and allows for the spiritual presence of those involved, the event can expand human capabilities (Watson 1999, 2012).

The definitions of the Caritas Processes are presented as follows:

1. Cultivating the practice of loving-kindness and equanimity toward self and other (Nelson et al., 2011; Watson, 2012, 2018) involves listening and respecting others, honoring human dignity, recognizing vulnerabilities in self and others, and being empathetic (Nelson et al., 2011). It is a natural state of being and living, in that when we experience it fully, it brings joy and peace to the lives of those around us (Watson, 2008).
2. Being authentically present; enabling, sustaining, and honoring faith and hope and honoring the subjective world of self and the other (Nelson et al., 2011; Watson, 2012, 2018). Even if there are no more pharmacological options, the nurse instills the patient with faith and hope in something or someone beyond him/herself (Watson, 2007).
3. Being sensitive to one's self and to others, cultivating one's own beliefs and practices (Nelson et al., 2011; Sitzman & Watson, 2013; Watson, 2018). In this context, authors define spirituality as the search for meaning and connection, which may or may not involve religiosity (Nelson et al., 2011).
4. Developing and sustaining helping, trusting, loving, and caring relationships (Nelson et al., 2011; Watson, 2018). In a transpersonal caring relationship, the nurse enters into the patient's experiences and vice versa (Wat-

son, 2007). Building caring relationships requires being compassionate, aware, and awake to others' dilemmas (McDowell et al., 2013).

5. Promoting and accepting the expression of positive and negative feelings; listening authentically to the other person's story (Nelson et al., 2011; Sitzman & Watson, 2013; Watson, 2012, 2018). In listening to, knowing, and honoring another person's feelings, we honor a story which holds meaning and importance for them and their healing. Listening to another person's story may be the greatest healing act we can offer (Watson, 2007).

6. Creative use of self and all ways of knowing as part of the caring process (Nelson et al., 2011; Watson, 2012, 2018). A creative approach acknowledges that nurses use all ways of knowing/being/doing in engaging in clinical caring (Watson, 2007).

7. Engaging in genuine teaching-learning experience that attends to unity of being and subjective meaning (Nelson et al., 2011; Watson, 2012, 2018) implies a caring relationship as the context for any teaching-learning process. The process of genuine teaching-learning becomes transpersonal, in that the experience, the relationship, and the meaning and significance of the experience affect both the nurse and the patient within their encounter (Watson, 2008).

8. Creating a healing environment at all levels (Nelson et al., 2011; Watson, 2012, 2018). Implementing such an environment is facilitated by measures such as noise reduction, adequate lighting and ventilation, the organization and cleanliness of the environment, the patient's comfort and safety, and the performance of integrative and complementary practices. In addition, useful information should be provided, and the environment must be kept clean, among others (Nelson et al., 2011; Watson, 2008).

9. Administering sacred acts of caring and healing by tending to basic human needs (Nelson et al., 2011; Watson, 2012, 2018), that is, assisting with basic needs, with an intentional caring consciousness, administering *human care essentials*, which potentiate alignment of mind, body, and spirit, wholeness, and unity of being (Watson, 2008; McDowell et al., 2013). All needs are unified and interdependent; they are equally important and must be valued for the client's caring/healing (Watson, 2007).

10. Opening and attending to spiritual, mysterious, and existential dimensions (Nelson et al., 2011; Watson, 2012, 2018). It comprises the phenomena that cannot be explained scientifically through the Western approach of modern medicine. It honors spirit-filled meanings, cultural beliefs, myths, metaphors, and the inner subjective life world of nurses, patients, and families, even allowing miraculous cures (Watson, 2007).

In Jean Watson's theory, the core concepts of transpersonal caring, Caritas Processes, and actual caring occasion are interconnected.

The majority of the concepts in her theory are abstract because they involve issues related to the non-physical world. Concepts such as soul, inner self, and spiritual self are equivalent, as well as caring moment and caring occasion.

The concepts in Watson's theory express different ideas, although most of them are interrelated and interdepen-

dent, such as the concepts of health, harmony-disharmony, and illness.

Considering that it is a grand theory, the definitions are used to convey the general meaning of the concepts. The definitions, the concepts, or the theory itself are not specific to a given population, caring environment, or groups. Therefore, Watson's theory can be applied to any circumstance requiring nursing care.

Relationships

The relationship between the concepts in Watson's theory is clear, with the author presenting the dynamics of how transpersonal caring is delivered and the relationship between the concepts of actual caring occasion, phenomenal field, self, time, nurse, patient and transpersonal caring (Watson, 1999, 2012).

These relationships are descriptive given that they describe relationships without making predictions. However, Watson mentions that some of the theory's ideals are described as potentially prescriptive (Watson, 1999, 2012).

Structure

Both patient and nurse are the focus of the structure. Therefore, if both are not present at the caring moment, transpersonal caring will not occur. The caring moment presents them the opportunity to decide what to do in that moment. If that moment is transpersonal, it allows for the presence of the spirit of both. Thus, both nurses and patients, with their own past and present stories, merge at the caring moment through the Caritas Processes. At that moment, they can plan for the future (Watson, 1999, 2012).

Assumptions

The assumptions are explicit in Jean Watson's books and other works (Watson, 1999, 2008, 2011, 2012, 2013) and the majority of them emphasize the concepts of metaparadigm, nursing, person, and caring, which is a central component in her theory.

The following assumptions in Watson's work should be highlighted: Caring can be effectively demonstrated and practiced only interpersonally (Watson, 1999, 2011, 2012, 2013); caring consists of the Caritas Processes that facilitate healing, honor, wholeness and contribute to the evolution of humanity; effective caring promotes health and individual and family growth; caring responses (outcomes) accept the person not only as he or she is now but as what he or she may become; a caring environment (caring relationship) is one that offers the development of potential while allowing the person to choose the best action for himself or herself at a given point in time; a science of caring is complementary to the science of curing (Watson, 2008, 2011, 2013); and the practice of caring is central to nursing (Watson, 1999, 2008, 2011, 2012, 2013).

Jean Watson's theory of human/transpersonal caring makes important contributions to health, especially to nursing. Following the 10 steps of caring can contribute to the patient's recovery. However, although Watson's theory is particularly relevant in nursing, professionals, and researchers may find it difficult to understand and

use in their practice given that some of its concepts have implicit definitions.

Conclusion

The study highlights concepts such as soul, spiritual self, transpersonal caring, metaphysics, and phenomenal field. These elements embedded in Watson's theory can help nurses deliver holistic care and attend to all the dimensions of the patients. The integration of these dimensions may promote a more effective care than that focusing solely on curing patients, which is not always possible.

This theoretical reflection aims to add to the knowledge already available in nursing about Jean Watson's theory while helping researchers and faculty to produce and disseminate knowledge and contributing to nursing education and nursing practice.

This analysis model allowed for the description of the purpose, core concepts, definitions, relationships, structure, and assumptions of Watson's theory, thus it may enhance the understanding of researchers, nurses, and nursing students about the theory, transpersonal caring, and how this model is implemented. In turn, this will facilitate the study of Watson's theory in undergraduate programs and its application by nurses in their work environment, allowing them to work with the concepts in their area of expertise.

Therefore, the implications for nursing education, nursing practice, and the scientific community include the description of a theory that can assist nurses in delivering holistic care, putting aside the predominant focus on treating and curing diseases that still exists in professional practice.

Nevertheless, other critical reflections are welcome, based on the Chinn and Kramer's theory analysis model, to assess the clarity, generality, importance, simplicity, and accessibility of Jean Watson's theory, with a view to providing a more in-depth knowledge about the theory of human caring given its importance in nursing caring.

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