

Nursing professionals' day-to-day and Jean Watson's Clinical Caritas Process: a relationship

Cotidiano dos profissionais de enfermagem e Processo Clinical Caritas de Jean Watson: uma relação

Cotidiano de los profesionales de enfermería y Proceso Clinical Caritas de Jean Watson: una relación

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ABSTRACT

Objective: to learn nursing professionals' experiences of care and identify their relationships with the Caritas Clinical Process (CCP), of Jean Watson's Theory of Human Caring. **Method:** this exploratory, qualitative, descriptive study was conducted with 26 participants indicated by their sector leaders as a reference sample for care in a teaching hospital in northwest Paraná State. Data were collected in 2016 by open interviews, recorded in audio, transcribed in full, and submitted to thematic content analysis, after approval by the Standing Committee on Ethics in Research with Human Beings. **Results:** the categories were formed from reports of the day-to-day experience of caring that related to elements of the CCP. **Conclusion:** the study revealed the care experiences of nursing professionals, and served to identify elements of the CCP in them.

Descriptors: Nursing; nursing care; nursing theory; nursing professionals.

RESUMO

Objetivo: conhecer as experiências de cuidado de profissionais de enfermagem e identificar suas relações com o Processo *Clinical Caritas* (PCC), da Teoria do Cuidado Humano de Jean Watson. **Método:** estudo exploratório-descritivo de natureza qualitativa, realizado com 26 participantes, indicados por suas chefias de setor, como referência de cuidado de um hospital de ensino da região noroeste do Paraná. Os dados foram coletados em 2016, por meio de entrevistas abertas, gravadas em áudio, transcritas na íntegra e submetidas à análise de conteúdo modalidade temática, após aprovação do Comitê Permanente de Ética em Pesquisa com Seres Humanos. **Resultados:** as categorias foram formadas pelos relatos do cotidiano de cuidado que guardavam relações com os elementos do PCC da Teoria do Cuidado Humano. **Conclusão:** o estudo permitiu conhecer as experiências de cuidado dos profissionais de enfermagem e identificar nelas elementos do Processo *Clinical Caritas*.

Descritores: Enfermagem; cuidados de enfermagem; teoria de enfermagem; profissionais de enfermagem.

RESUMEN

Objetivo: conocer las experiencias de cuidado de profesionales de enfermería e identificar sus relaciones con el Proceso *Clinical Caritas* (PCC), de la Teoría del Cuidado Humano de Jean Watson. **Método:** estudio exploratorio-descritivo de naturaleza cualitativa, realizado junto a 26 participantes, indicados por sus jefes de sector, como referencia de cuidado de un hospital de enseñanza de la región noroeste de Paraná. Los datos se recolectaron en 2016, por medio de entrevistas abiertas, grabadas en audio, transcritas en su totalidad y sometidas al análisis de contenido modalidad temática, después de la aprobación del Comité Permanente de Ética en Investigación con Seres Humanos. **Resultados:** las categorías fueron formadas por las historias del cotidiano de cuidado que guardaban relaciones con los elementos del PCC de la Teoría del Cuidado Humano. **Conclusión:** el estudio permitió conocer las experiencias de cuidado de los profesionales de enfermería e identificar en ellas elementos del Proceso *Clinical Caritas*.

Descriptores: Enfermería; cuidados de enfermería; teoría de enfermería; profesionales de enfermería.

INTRODUCTION

Nursing theories portray a movement for recognizing the scientific identity of the profession, it started in the 1950s, with considerable expansion in the 1960s, which motivated efforts for producing specific knowledge, which structured knowledge and made possible the discussion and improvement of the practice¹. The development of theories about the nursing practice stimulated the construction of a new care concept. Jean Watson, for example, between 1975 and 1979 developed the Human Care Theory².

Despite the relevance of the Nursing Theories, in Brazil, only 4.6% of the published researches in the area use them as theoretical-methodological references³, being even more incipient those that employ the Human Care Theory.

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The scarce studies show low knowledge level and limited application of the theory in the daily care⁴, but also its benefits for professionals, patients and families, both in basic care⁵ as in the hospital setting⁴.

Given the aforementioned, in order to demonstrate that the elements of the Clinical Caritas Process (CCP) of the Human Care Theory can base the practice, and that the transpersonal caring art can be present in the daily care, were defined as objectives of the study: to know the care experiences of nursing professionals and to identify their relationships with the CCP, from Jean Watson's Human Care Theory.

THEORETICAL REFERENCE

Jean Watson incorporated in his theory in 2005 the CCP, based on ten elements that consider the cared being as sacred (integral of the universe and the divine)⁶. According to these elements, the person receiving the care deserves to be recognized with courtesy, sensitivity and love,^{1,4} while the person who offers it establishes an aid-trust relationship, which transcends the professional role and is placed wholly present for the care⁶.

The ten CCP forming elements are⁶:

1. Practicing love-kindness and equanimity in the context of caring awareness;
2. to be authentically present, fortifying, supporting, honoring the deep system of beliefs and the subjective life world of the cared being;
3. Cultivate one's own spiritual practices and the transpersonal self and go beyond one's ego;
4. Develop and sustain an authentic relationship of care, help and trust;
5. To be present and to support the expression of positive and negative feelings as a deep connection with one's own spirit and that of the person cared for;
6. Creatively use the self and all paths of knowledge as part of the caring process, engaging in artistic practices of care-reconstitution (*healing*);
7. Engage genuinely in teaching-learning experiences that cater to the whole person, to their meanings, trying to stay within the frame of the other one;
8. Create a reconstitution environment (*healing*) on all levels (physical and non-physical), a subtle environment of energy and consciousness, where totality, beauty, comfort, dignity and peace are strengthened;
9. Assisting in basic needs with intentional awareness of care, administering the *essential human care*;
10. Give openness and attend to the spiritual mysteries and existential dimensions of life-death, take care of your own soul and that of the cared being. By which transpersonal care is achieved^{7,5}.

METHODOLOGY

This is an exploratory-descriptive research with a qualitative nature, which adopted Jean Watson's Human Care Theory as a conceptual reference. It was performed in a university hospital, which is a reference in high complexity care for the 15th Regional of Health of Paraná, mainly in the areas of urgency, emergency, high risk gestation, orthopedic and general surgery. The hospital has 123 beds, eight hospitalization sectors and four care units, as well as blood-center and imaging unit.

In May 2016, the staff was composed of 109 nurses (78 statutory, 30 accredited and one CLT-employee) and 186 nursing technicians (163 statutory, 22 accredited and one CLT-employee). The participants in this study were 26 members of the nursing team, indicated by their leaders as references for the care.

The first approach of the professionals occurred in the work sector itself, at which time the objectives of the study and the type of desired participation were explained. All the contacted professionals have accepted to participate. Data were collected from February to July, 2016, according to the availability of the professionals, through interviews, recorded and performed in the private sector, at a private place, with 33-minute average duration.

During the interviews, a semi-structured script was used to survey socio-demographic characteristics and two guiding questions: *Tell me what you consider important at the time of care and report on care-related situations that marked you positively and negatively.*

After the interviews have been audio-recorded, they were fully transcribed and submitted to content analysis, thematic modality, which involves three stages: pre-analysis, analytical description and inferential interpretation.⁸ In the pre-analysis, after exhaustive floating reading for constituting the corpus of analysis, the reports were grouped. For the analytical description, the codification and subsequent categorization were carried out, and then, the inferential interpretation was made, which consisted in the separation of the excerpts by semantic criteria, that is, contents with similar meanings (cutouts of speech), thus forming the categories.

The study was developed in accordance with the ethical and legal precepts regulated by Resolution No. 466/2012 of the National Health Council and approved by the Standing Committee on Ethics in Research with Human Beings (COPEP) under CAAE 51399515.0.0000. 0104 and Opinion 1,375,358. To preserve anonymity, participants were identified by the initials of the professional category: N: nurse; T: nursing technician; followed by the order number of the interview, in this identification, the time was described, in years of performance in the health area of each participant. After each excerpt of the report, numbers were added referring to the elements of the CCP linked to the reports.

RESULTS AND DISCUSSION

The 26 professionals under study (15 nurses and 11 nursing technicians) worked in different sectors and work shifts. Only two were men (a nurse and a technician). More than half (14) were over 40 years old and all have been working for more than 10 years, one of them, for 33 years. The nursing technicians had university education, seven in nursing, nine of them specialists and one studying for Ph.D grade. Of the 15 nurses, six were specialists and nine masters.

Ways of caring: identifying elements of the CCP in the daily care

It was observed that the professionals make reference to some important premises for accomplishing the care, being that the search for the knowledge is driven by the expectation to providing good care to the patient. These are reports:

I believe that to provide good care, you first have to have knowledge, seek knowledge But, in order to seek and have this knowledge, I have to like it, love what I do, because one thing is linked to the other. (N1, 23a) Elements 1,2, 6 and 10.

There is a standard of what should be done for the patient and we must respect, for example, the medical prescription [...] But, I think that such prescription only has to be obeyed when the patient is known, it is just from the moment I know the patients, that I see who they are, how they are, is that I can take care of nursing, and I will know what they really need. (N10, 14a) Elements 6, 7 and 9.

To exercise quality care, it is necessary to consider the individuality of the patient, to have theoretical knowledge, to develop a relationship of trust and safety between both, to support the patient's feelings, to be attentive to the tone of voice and gestures, to express respect and sensitivity^{2,4,9}.

Some professionals showed concern as self-knowledge and self-care and demonstrated to understand the influence of these factors on care:

I try to be well, I try to air my head, take care of me, because there is no way to treat the other one well, if you cannot even take care of yourself. So I take care of my personal, spiritual, and professional life, I take care of myself, I dance. In order to take care of the other one, I am always well with myself, I am trying to be well with myself. (T1, 26a) Elements 1,3, 8 e 10.

There are times when I'm not well, that things in the sector are not going well, [silence] I see that there is a lot of conflict, that we are getting into a lot of trouble, this reflects in the care, it is a bad climate, I think [silence, and I am going to look for professional help. (T7, 26a). Elements 2, 8 and 10.

In this way, evidenced as a care that transcends issues of good health or emotional balance at work, when caring for oneself, the professional begins to reflect on themselves, their life situation and how this impacts on their way of acting with the other one.¹⁰ Then, to take care of oneself, positively influences the health of the workers, in their interpersonal relationships and their work and care processes¹¹.

It is worth mentioning that the participants in this study recognize the importance of reflection on their own care actions:

Sometimes, you have no idea how much you are going to impact on people's life, and after a long time, you find that someone was inspired by me to choose to be a nurse, so [silence] I have always policed myself [laughs]. (N6, 26a) Elements 7 and 10.

Other professionals, in turn, upon making use of sensitivity, extend care to the patients' families.

There are hours that the professional wants me to clear the use of a pacifier in the ICU-Neo, and I think, my God [emphasis], would not it be much better to bring this baby's mother to the ICU? For her to cherish him. Why deprive them of this? How am I going to take this opportunity from them? Then I evaluate: what is better now? When feasible, I bring the mother. (N9, 17a) Elements 1,3, 4, 5, 6 and 9.

[...] With time and knowledge, I was able to understand that, in fact, I was a stranger and had to win the trust of that mother, because she was there taking care of the sick child. I realized that when things are done so, they flow better. (N1, 26a) Elements 1, 4, 5, 6, 9 and 10.

When recognizing the family as an important participant in the care process and patient recovery and as an allied of the team, these professionals corroborate with the study results in ICU-Neonatal, which demonstrated the importance of the team to encourage the mothers to gradually assume the care for the hospitalized children¹², recognizing that if the family is not well treated, by means of empathy, talking, guidance and support, they will not get to assimilate the necessities of the hospitalized being¹³.

In this direction, a Colombian research linked the use of the Care Theory to the empowerment and the valuation of professionals, patients and family members. Therefore, it is necessary for the professionals themselves to rethink about themselves and their role^{14,15}.

It is possible to perceive that the professionals recognize the existence of premises for the care and that their reflections are in line with some elements of the CCP.

Thus, in this first category, the most present CCP elements were: 1, 6, 8, 9 and 10. Although sometimes care based on human values and love can acquire negative connotations such as subservience, grief, *charity* or human alms, these characteristics are essential for nursing practices⁹, and it is through them that the professional connects to the care of the other one and of themselves, sustaining a relation of respect, understanding and accepting the particularities and times of the patients^{10,11}.

Valuating the human being: attitudes that change the care

Even without knowing the theory, the professionals recognize the value of the patient and the importance of empathy as a position relevant to the complex care-related reality, as postulated by Jean Watson.

I was already leaving, they told me the story of the patient in the hall, he was almost 12 hours running in the city to pass a bladder catheter, due to a prostate hypertrophy, [sigh, silence] I came back [...], I placed myself in the patient place, I passed the catheter, it was even fast, it was just to pass a catheter (T17, 22a). Elements 1,4, 5, 6, 8 and 9.

There was a very difficult patient, [silence] only me and my colleague got together and we managed to take care of her for a long time, so defensive she was. In time, we began to joke with each other, to play games and she started to laugh, she gave a smile and so on, and we started to play with her too, and that's how we managed to conquer her [silence] (T19, 21a). Elements 1, 2, 4, 5, 6, 7, 8 and 9.

In this category, the most present elements were the following: 4, 5, 6 and 8. It is observed that the empathic posture adopted by the professionals, combined with creativity, may influence care and may lead to change in an unfavorable environment in order to meet the physical, mental and emotional needs of the individuals^{9,16}.

There were also reports on empathy, self-esteem and collective appreciation by some participants.

Just waking up every day and having a place to come, knowing that God is blessing me, I already have a daily purpose to do better [long pause], sometimes the patient is very boring, but he only wants attention, you say: - good day, and you smile and one gets improved instantly. (N3, 22a) Elements 1, 2, 3, 4, 5,6,8 and 9.

[Tearful eyed]. I was very pleased to know that people recognize [...], being recognized and valued is very good [laughs]. I understand that when we feel valued, we work better because we realize that we are an example. (N6, 11a) Elements 5 and 10.

I think we have to offer to the patient what we wanted them to offer us, from comfort, respect, touch [silence], things that are not available in the sector, you know, they do not have in the arsenal. It is not difficult, we could have groups to discuss the difficulties, to understand, to know what happens in each sector. (T13, 19a) Elements 1, 4, 5, 6 and 8.

Watson's Theory also stresses the importance of the professionals attending human needs, taking into account the particularities of those who are cared for. In this sense, when acting with an awareness on intentional care, the professional enhances the alignment of mind-body and patient's spirit, favoring the provision of more comprehensive cares⁴. Based on such premise, humanized care also advocates rediscovering empathy at the moment of care, attributing a sense to the other's feelings and opinions^{17,18}.

In the same way as alluded to by the National Humanization Policy (NHP), whose text refers to the training of creative professionals, who are able to reconcile the use of technical-scientific knowledge and ethical posture, associated to respect for the individuality of each user, as a means for innovation in the health practice, seeking to reduce the isolation and hierarchy in care relationships, with an increase in communication and contact among people¹⁹.

It is important to emphasize that some professionals associate science and art with the care process and believe that it is possible, with care, to improve the well-being of the other one, restoring health and their destiny.

There was a patient who tried to commit suicide [sigh] who was very aggressive at the beginning, was defensive, always said that he would kill himself and that, if I kept trying to take care of him, he would kill me [silence]. After days, I always on his side, caring, helping, or even just there [...]. He improved, thanked me, and said: - Thanks to you, to what you did for me, I did not die and now I will try to live well many years of my life. (E8, 18a) Elements 1, 2, 4, 5, 8 and 9.

The participants work in a duality context, since that they seek to promote/restore health by performing their functions in an environment prone to new diseases. In this study, the professionals value and seek to meet not only the basic human needs of the patients, but also those having a psychological and spiritual nature. Acting, in this way, creates an environment that facilitates human relationships, necessary for developing the care^{16,19}.

Others demonstrated the importance for humanizing the nursing care and the valorization of relationships among the professionals, in order to promote a better working environment for the team:

[...] there is the professional who is uncommitted. But it is a lot of rush, and it turns into a snowball, we could sit and talk, because sometimes small problems end up destabilizing the sector and even among sectors [silence]. We could welcome the academics, go from time to time to know the reality of another sector. That way, we would understand when there is delay, when not punctured, or did not pass the probe. (T9, 17a) Elements 1, 5, 7 and 10.

It was observed that there is a search for care that prioritizes the valuation of patients, showing that the professionals establish a connection among them as human beings, in addition to citing the family as an important piece for the puzzle of care. In the same way, there is an appreciation in the literature on the humanization of care for patients and their families in various care contexts, emphasizing emotional and spiritual care¹⁶⁻²⁰.

It was observed that the valorization of the professional, individually or collectively, by the heads and colleagues, was highlighted by the participants. Everyone needs to feel valued. The valorization serves as a stimulus to continue and even improve the way of caring.

However, no research was found addressing measures implemented for valuating the nursing professionals. In this study, it was sometimes perceived that the participants reported on the need to turn their attention to their own spirituality, which is an imperative approach to being worked out and practiced more frequently in the hospital setting. In addition, their reports point out on the importance of valuing the professional, being omitted often.

Finally, a study with Chilean nurses showed that it is possible to evaluate, size and apply a score to transpersonal care. Their results suggest that the main difficulties faced by nurses to perform transpersonal care are related to the very beliefs and rigid norms of the institutions²¹. Just as a potentiality, the possibility for approaching patients through the dialogue of the interpersonal relationship and the care centered on the individual was identified^{21,22}.

Finding the elements of the CCP in the reports on the daily care in a hospital environment showed possibilities for applying the Human Care Theory. It was possible to demystify the difficulties, often reported, to carry out the process of care based on human values, sensitive care, tenderness and kindness, establishing an intentional and conscious care environment.

The professionals in this study sought to perform differentiated care, which Watson calls transpersonal care, so as to potentiate the cure and the integrity of the patient²³.

The CCP elements were emphasized by the participants, demonstrating that the care they perform is related to the Human Care Theory. This fact gives them the name of *Caritas* professionals, because they act with respect towards themselves and the other one with conscience on the care and show ethic-moral ideal behavior to establish the intentionality of the care with each patient⁵.

Even though they are not aware of the concept on transpersonal care and its precepts, it is possible to mention that they are aware of their role as caregiving beings and that this posture allows them to approach and give the due attention to patients, even given the daily adversities in different sectors.

CONCLUSION

The results showed that, in the daily life, the professionals under study develop care that is related to the Jean Watson Human Care Theory, because the CCP elements could be identified in their practice. Therefore, they are deemed to be *Caritas* nursing professionals.



It is noteworthy that, despite some weaknesses related to the physical structure and deficit in the contingent of workers, the hospital, field of study, the professionals demonstrated that they perform care based on human values, such as respect, responsibility, ethics and love, emphasizing the valuation of oneself, the patient and their relatives. Therefore, they put into practice the transpersonal care.

However, the results evidence some worrying aspects, such as, the feeling of devaluation perceived by certain professionals and the incipient self care. These findings point out to the need for research and interventions that may allow the adoption of behavioral care behaviors on the part of the professionals, and their valuation, by the institution.

This study demonstrates that it is possible to articulate the Human Care Theory to the practice of nursing professionals in the hospital setting and this may strengthen the care process. In addition, this is a useful approach to nurse-managers who intend to use/ implement the theory-based care process. It is possible, for example, to identify the Caritas professionals, and from them to begin the training process, in order that they become multipliers of the Human Care Theory precepts.

As a limitation of the study, it is highlighted that the participants were indicated by their heads as care references and, associating their small number with the total number of professionals in the institution, the identified characteristics do not possibly reflect the reality on care in the studied hospital. Despite that, upon requesting to the heads of sector the indication of professionals who were care reference, even without knowledge on the theory at issue, all the heads indicated professionals with *Caritas* profile, demonstrating that transpersonal care would be a possible solution to the daily caring misfortunes.

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