Nursing Science Quarterly
2019, Vol. 32(3) 239–244

DOI: 10.1177/0894318419845396
journals.sagepub.com/home/nsq
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Identifying and Overcoming Barriers for Implementing Watson's Human Caring Science

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Abstract

The purposes of this paper are to identify and explore ways to overcome barriers to the implementation of Watson's human caring science in Iran. A literature search was done of PubMed, Elsevier, Science Direct, Ovid, **ProQuest**, Web of science, and Google Scholar between 1991 and 2018 using the search terms *Watson's theory, clinical nursing, nursing theory, barriers to using theory*, and *carative factors or processes*, separately and in combination. Organizational-level, practitioner-level, and educational barriers were found, and solutions for each are explored.

Keywords

Iran, nursing, Watson's human caring science

Simone de Beauvoir (1947/1948) defined *freedom* as the ability to "surpass the given toward an open future" (p. 91). She also appreciated that the freedom of others was a condition of her freedom. An open future that is explored in this paper is the ability to overcome barriers that prevent the implementation of Watson's (2012) human caring science (HCS) in Iran and elsewhere. Nursing theory and nursing knowledge distinguish nurses from other members of the healthcare team, including physicians, and enhance the nursing profession. The use of a problem-solving model is also useful in eliminating barriers.

The IDEAL Problem-Solving Model

The IDEAL (identify the problem, define and represent the problem, explore possible strategies or solutions, act on a selected strategy or solution, and look back and evaluate) is a problem-solving model, a way to overcome barriers to the use of nursing theory, like HCS in practice (Saif, 2005). The first step is to identify the barriers. The authors started with reviewing the literature found in PubMed, Elsevier, Science Direct, Ovid, ProQuest, Web of science, and Google Scholar between 1991 and 2018 using the following search terms, separately and in combination: *Watson's theory, clinical nursing, nursing theory, barriers to using theory*, and *carative factors or processes*.

After discussing Watson's HCS, in particular the carative processes (see Table 1 for Watson's carative processes), the barriers to implementing her theory are discussed. The barriers found in the literature are here divided into three domains or levels: organizational- (workplace environmental-management) level barriers, practitioner-level barriers, and educational barriers.

Watson's Human Caring Science

Watson (1979) discussed the assumptions of her theory and included what she originally referred to as the carative factors. She said, "My conception of life and personhood is tied to notions that one's soul possesses a body that is not confined by objective space and time" (Watson, 2012, p. 57). She defined health as a "subjective experience that can refer to the unity and harmony with mind-body-soul" (Watson, 2012, p. 60). Therefore, the goal of nursing from her perspective is to help people gain a higher level of harmony.

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Table 1. Watson's Carative Processes.

1.	Practice of loving-kindness/compassion and equanimity with self/others
2.	Being authentically present
3.	Cultivating one's own spiritual practices
4.	Sustaining a loving, trusting, and caring relationship
5.	Allowing expression of feelings; authentically listening and "holding another person's story for them"
6.	Creative solution seeking through caring process
7.	Authentic teaching-learning within context of care
8.	Creating healing environment at all levels
9.	Reverentially and respectfully assisting with basic needs
10.	Opening and attending to spiritual, mysterious, unknown, and existential dimensions

Source: Watson (2012, p. 47).

HCS (Watson, 2012) holds that caring is the essence of nursing (Table 1). The carative processes guide nursing practice; these processes are based on tenets from existentialism, humanism, and spirituality. The carative processes stand in contrast to the biomedical curative focus. Watson's notion of spirituality has been described as human-centered as compared with theistic-centered Persian mysticism, but despite this important difference, the two do share some common ground (Nikfarid, Hekmat, Vedad, & Rajabi, 2018).

Watson (2012) holds that nursing education and healthcare should be based on human values and be focused on the welfare of others. Her theory provides a framework for educational curriculum, clinical performance models, research, and nursing management. The carative processes can be used to support caregivers, promoting and protecting their health while being the basis of a caring relationship with patients. Such a theory guides nurses to view patients as people with diseases and also as subjects who are experiencing these diseases, which are experiences nurses come to share in if they can empathically connect with their patient, intersubjectivity. In one study in Slovenia, patients who have nurses who can implement the carative processes have been shown to have higher patient satisfaction than other patients (Pajnkihar, Stiglic, & Vrbnjak, 2017).

Organizational Barriers to Implementation

One organizational barrier to the implementation of Watson's HCS is the lack of a problem-solving approach, as discussed above in this paper, in organizations (see Table 2). Problem-solving methods have been shown to address many of the situational problems (Moattari, Soltani, Mousavinasab, & Aiattollahi, 2005). Problem-solving training provides a logical and systematic approach to help persons cope with stress and deal with problematic situations (Saif, 2005). Making problem-solving and critical thinking important goals in nursing education is further discussed here.

Problematic Division of Labor

Another important barrier to the implementation of theory in practice that is documented in the literature has to do with the division of labor. Effective division of labor makes it easier for tasks to get done by allowing the necessary individuals to learn needed tasks and practice them until they become efficient. A division of labor that allows for greater diversity in roles and flexible assignments can improve the match of roles that are compatible with nurses' talents, abilities, and interests. An efficient division of labor also allows for necessary specialization in organizations. In hospital-based nursing, effective implementation of Watson's (2012) carative processes requires that nurse managers make work assignments that allow nurses time to learn and become familiar with new knowledge and skills, including theories, and not threatening punishment for not completing a predetermined schedule. This method reduces nurses' continuity of caring for patients (Sharafi et al., 2016).

A solution to this barrier is to change the division of labor at the department level and by using primary nursing, which is a model that allows better nurse-patient relationships by consistently having the same nurse assigned, allowing the development of greater patient trust and the implementation of HCS (Watson, 2012), from admission to discharge. With this model, nurses are also more responsible for individual patients. A patient-centered approach and primary nursing facilitate access to a higher quality of care by establishing better nurse-patient relationships. Therefore, it is recommended that nursing managers review and modify their approach to the division of nursing labor based on the conditions of each department in order to improve the quality of patient care (Baghaei, Saleh Moghaddam, & Seidi, 2005).

Ignoring Creativity in the Organization

Another barrier to implementing Watson's (2012) HCS in Iran and other places is organizations that do not allow nurses to be creative. Creativity is essential to assessing and caring for persons. Hospitals that allow nurses to use creativity demonstrate better clinical decision-making (Dehghani, Dehghani, & Mazaheri Tehrani, 2013). Such creativity requires nurses to be attentive to the issues, deficiencies, bottlenecks, and inconsistencies that arise in their day-to-day practice.

Part of the problem lies in how some organizations evaluate and reward nurses. Overuse of punitive approaches is more likely to discourage motivated nurses and interfere with meeting goals (Farmahini Farahani, Purfarzad, Ghamari Zare, & Ghorbani, 2013). The authors of this article recommend that organizations explore ways to encourage creativity and innovation. Leadership styles are needed that facilitate

Table 2. Barriers and Solutions to Implementing HCS in Iran.

Barriers	Solutions
The lack of a problem-solving approach at the organizational level	Organization-wide problem-solving training
Problematic division of labor	Effective and flexible division of labor
Ignoring creativity in the organization	Organizations and educational systems that support creativity and innovation
Nurses' workload issues	Improved staffing and use of a primary nursing model
Cultural care and diversity	Encourage familiarity with the cultural care patterns of patients and appreciate diversity
Ineffective communication	Encourage authentic communication
Nurses' failure to observe the prerequisites for implementing the carative processes	Practicing skills at remaining calm in a stressful situation and awakening the soul
Nurses' lack of familiarity with Watson's HCS	Increase theory content in school and for nurses in practice, documentation systems that incorporate theory
Inconsistency between the theoretical and clinical curriculum	Using theory more explicitly in the clinical courses and practicums

creative and innovative nurses and organizations. In more creative organizations, the relationships between managers and employees are more likely based on trust, clarity, and collaboration, which provides a more secure and supportive work environment.

Nurses' Workload Issues

As suggested above, high workloads make it difficult, if not impossible, for nurses to accomplish their assignments with high standards and feel they are accomplishing what they are being asked to do in the allotted time. With demanding workloads combined with long shifts, it is difficult for nurses to feel they are successful and providing quality caring. It also interferes with performing more different tasks such as coordination, counseling, caring, treatment, and support that these areas demand and are particularly draining. In order for nurses to be able to provide theory-based care consistently, rather than just complete doctors' orders, it is necessary to avoid staffing deficiencies and staffing problems, as well as reduce the need for nurses to do nonnursing tasks.

Organizational managers can better address this issue by providing clear job descriptions and providing nurses with sufficient time and schedules to allow them to effectively care for their patients (Farzianpour, Ansari Nosrati, & Rahimi Foroushani, 2017). Greater understanding of nursing by the department of human resources and recruitment will also help reduce workload problems.

Practitioner Barriers

One practitioner-level barrier to the use of nursing theory that is reported in the literature is that the language and concepts are perceived to be too abstract and not relevant to practice, at least initially. Despite this issue, the usefulness of theories has been demonstrated in many countries and clinical situations. The educational implications of this barrier will be discussed later. Cultural and communication barriers have also been described in the literature as a barrier to implementing Watson's HCS.

Cultural Care and Diversity

Cultural care can be defined as the provision of physical, psychological, and spiritual nursing while considering the cultural beliefs and behaviors of diverse caretakers (Mixer, 2008). Nurses' failure to consider cultural care differences is a barrier for effective implementation of the carative processes. The processes seek to provide a corrective, protective, supportive environment, which cannot be accomplished without considering the patient preferences and culture. Cultures that are foreign to the nurses, with language barriers, are particularly challenging to applying HCS, if the nurses do adequately consider cultural care.

Nurses who seek to use carative processes in practice need to consider cultural care and differences. Leininger (2002) considered cultural care to include three modes of action: preservation or maintenance professional actions and decisions, accommodation or negotiation of actions or decisions, and repatterning or restructuring professional actions and decisions. Organizations also need to be culturally sensitive and inclusive.

Ineffective Communication

In addition to issues related to cultural diversity, effective communication in general is also essential to implementing Watson's HCS in practice. Authentic communication is a component of the implementation of altruistic processes, especially in the process of providing assistance and building trust in relationship, which is basic to nursing. As discussed above, the nurse-patient relationship is influenced by cultural differences, as well as attitudes regarding communication, educational background, socioeconomic status, and demographic characteristics that nurses need to appreciate to effectively provide care to patients (Kounenou, Aikaterini, &

Georgia, 2011). These factors can be care provider-related, patient-related, or environmental, or all three. Rules and standards for nurses dealing with patients enhance nurses' communication and capability to provide a positive attitude toward patients (Mohammadi, Abbasi, & Saadati, 2015).

As discussed above, adequate staffing and division of labor allows for improved quality of care, especially as it related to this communication dimension. In order for nurses to be able to communicate appropriately, they need knowledge, understanding, and skill in human communication. The place where the communication takes place is also important. Both the patient and the nurse should feel calm and secure in that place. That place should be quiet, silent, and calm and have the right temperature, comfortable seats, and sufficient light. The privacy of the environment must be taken into account so that the patients can easily express their problems.

Nurses' Failure to Observe the Carative Processes

Another practitioner-level barrier to implementing Watson's HCS is the failure of nurses to observe the prerequisites of human caring (Watson, 2012). Besides being familiar with different cultures and overcoming communication barriers, another prerequisite to implementing HCS is nurse's values and personal development, as well as their skills at remaining calm in stressful situation, which can also be seen as awakening the soul and striving to be fully alive each day.

Many nurses are not aware of the importance of these prerequisites. It is also important to understand personal values and beliefs as well as the knowledge of how best to respond to the needs of others. Developing this awareness and insight addresses this practitioner-level barrier to the implementation of altruistic processes. One recommended solution for nurses is to continue in their education at the masters or doctoral level, which ideally will provide additional opportunity for them to get acquainted with the altruistic processes of Watson's theory and their prerequisites, as well as including such education in clinics and undergraduate nursing courses (Pajnkihar et al., 2017). Issues related to nursing education in Iran and elsewhere need further discussion.

Education Barriers

Nurses' Lack of Familiarity With Watson's Human Caring Science

Many nurses in Iran and other places are not familiar with Watson's HCS and the carative processes or how they are to be used; consequently, they are skeptical about its usefulness and not motivated to do the work needed to learn it sufficiently that it will become second nature to them and a valuable part of their tool kit. The traditional nursing approach, according to Linda (2005), was treatment-oriented rather than patient-centered. If theory was covered more effectively in undergraduate nursing education, this shift in focus to the patient as a person would be better understood by nurses when they get to practice. In nurse education, as in the workplace, patient documentation is critical and it could be designed to reinforce the patient-centered human caring approach by integrating the language and carative processes, in order to encourage nurses to become familiar with them. In-service training should also be provided about Watson's theory and the carative processes (Linda, 2005).

Educational objectives should specifically include the knowledge and skills necessary for nursing guided by the HCS, such as the enhancement of values, attitudes, ethical norms, social skills, and other features that shape professional nursing skills (Mohammadi et al., 2015). In general, professional ethics needs to be seen as essential to professional development and competence. Ideally then, nurses would be more likely to perform ethically and professionally when confronted with different working conditions and demands.

Institutionalizing the ethical principles among students and preparing them for professional life, on the one hand, and implementing these ethical principles in the clinical educational environment, on the other hand, are among the most important measures to be taken in this regard (Grace, 2013). Cannaerts, Gastmans, and Dierckx de Casterle (2014) also stated that educators should be able to apply the moral theories in clinical cases sufficiently. The use of these theories in classrooms and simulated labs can be used as a model for nursing students. On the other hand, educators must have the necessary abilities and competencies in making the best clinical decisions, since they can have a profound and long-lasting effect on the mentality and ethical performance of nursing students (Grace, 2013). Future research should focus on nurse educators, clinical educators, and collaboration between clinical educational institutions, personnel and clinical actions, and nursing students as alternative forces in the near future. Moreover, the impact of continuous education in ethics should be given special attention. Organizational and environmental factors and different cultures related to ethical decision- making education should be researched in the future (Cannaerts et al., 2014).

In addition, as discussed above, problem-solving and critical thinking are essential in clinical practice; they are involved in making clinical decisions and increasing the quality of nursing actions (Goff, 2011). In one study done in Iran, supervised nursing students working in clinics were able to improve their clinical judgment and develop decision-making skills that could later apply to clinical practice, including with unanticipated situations (Yekta Khotbesara, Yeganeh RastehKenari, Farmanbar, Khaleghdoost Mohammadi, & Atrkar Roshan, 2016). In addition, there remains a low level of nurse education for many nurses who do not learn professional skills. It has been demonstrated that nurses' level of education is correlated to their level of understanding of the altruistic factors and subsequently patient satisfaction (Pajnkihar et al., 2017). If the specific professional attitudes and behaviors are not

institutionalized in universities, students' moral sensitivity remains limited, which will make it difficult for them to make professional-moral decisions in practice (Woods, 2005).

Inconsistency Between the Theoretical and Clinical Curriculum

Another barrier to implementation of Watson's HCS that starts in education is the gap between theory and practice in clinical nurse education. In other words, theories introduced in the classroom are not used in the clinical placements or in the clinical course that end up symptom- or medical-disease focused. Thus, theories that are offered at universities in theoretical courses are not shown to help graduates in practice (Saif, 2005).

This difference in how students are prepared in universities and oriented to clinical practice is basic to the problem. University students need to be encouraged to be independent adult learners in the classroom and clinic, if they are going to be successful in their transition to practice (Hatlevik, 2012). The lack of a consistent and clear framework for theory in nursing as a discipline remains a problem even though nursing theory development in the United States and elsewhere has been around for 50 years. Likewise, problems with professional boundaries and independence of nursing practice in many places remains a problem and barrier to advancing nursing theory-based practice (Heydari, Soudmand, Hajiabadi, Armat, & Rad, 2014).

The solution to this is to provide clinical teaching and curriculum that consistently incorporates theories, including Watson's HCS. Measures need to be taken in universities so that students can be prepared for both the short-term and more distant future. As long as nursing service and nurse education are based on traditional approaches, they cannot meet the current needs of nurses in the workplace. Creating and implementing a clinical professional model, developing reflective skills in students, using the knowledge based on clinical research, helping students understand that theory is a prerequisite for work in the clinic that gives identity to nursing, and gaining the reflective skills requires acquisition of theoretical and practical skills are considered suggestions for solving the problem of incompatibility of theoretical and clinical curriculum (Chan, Chan, & Liu, 2012).

Conclusion

There are several levels of barriers interfering with the implementation of the Watson's (2012) HCS and the carative processes in clinical practice in Iran. The barriers are related to organizational-managerial aspects, practitioner barriers, and nurse education barriers. There are solutions to address each of the barriers, which could be used to facilitate the implementation of Watson's HCS and the carative processes in nursing practice. The most important solution is to include Watson's (2012) theory in undergraduate nursing courses in professional workshops for nurses, such as in-service training. Content and practice opportunities are also needed to better incorporate the rules and standards for nurses regarding how to communicate effectively with patients, institutionalize ethical principles, and incorporate the carative processes in clinical documentation systems in health centers. In addition, changes in the division of labor and encouragement of creativity and innovation in education and the workplace, including a problem-solving model, are needed. More research is needed to explore the effectiveness of the above discussed changes and solutions.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

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