

Rachel Mathison

Samuel Merritt University

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Considering how Caring Science describes the work that you do every day in your practice:

1. What does authentic presence mean to you? How do the readings validate or refine your definition and experience of authentic presence? Do patients know when you are not being authentic? How do you think they know?

To me, in the context of nursing, authentic presence goes well beyond the physical presence to a state of being in tune with your patient's physical, spiritual and emotional needs. To fully accomplish this, I believe you have to be in harmony with your own feelings and senses as they relate to the patient and to still yourself into the moment. The readings helped me to better define my thoughts about authentic presence, which in turn has helped me be more aware of trying to accomplish this in practice. I became more conscious of a personal tendency to approach nursing from an intellectual source, rather than from a spiritual or emotional origin, as a misguided means of self-protection. Prior to the readings, I have experienced authentic presence and have felt that sense of pride and accomplishment that go along with providing a caring moment, but in defining the process while incorporating other wisdom learned in this program, I am able to more actively and frequently replicate authentic presence.

Patients might not always intellectually know when you are not being authentic, but the perception of lack of authenticity subconsciously remains and affects their care experience. Without defining what was happening, I noticed early in my career that when I was feeling overwhelmed and tense at work, some of the babies I was caring for would become agitated

and harder to settle. I have a vivid memory of the first time I realized this. I managed to calm myself and noticed the difference in the particular baby I was caring for. This says to me that if a baby, who is unable to interpret many of the things evident in his or her environment, can sense a nurse's disconnectedness, certainly, the family of this baby can too. "Through authentic presence, patients' calls for nursing can be heard and answered, leading to improved outcomes for nurses and patients alike" 74(Hickman, 2013, p. 74).

2. Which of the Caritas Processes do you feel you practice the most in your delivery of nursing care? Why isn't this one difficult? Which Caritas Processes do you practice the least? What barriers make this one harder for you to practice?

The Caritas Process I practice most in my delivery of nursing care is the "provision for a supportive, protective, and/or corrective mental, physical, socio cultural, and spiritual environment," carative factor 8 (Watson, 2010, p. 6). This practice comes easily to me because respecting human dignity comes naturally to me. I am able to find positive qualities in people even when others may find it difficult. I am an accepting person, and I have an understanding and tolerance for behaviors that many find hurtful or otherwise disruptive. Because I derive a sense of fulfillment in experiencing the positive feelings and emotions when I'm able to anticipate the patient's needs and create a healing environment, it's easy for me to participate in "caring-healing consciousness."

The Caritas Process I practice the least is carative factor 3, "cultivation of sensitivity to oneself and others" (Watson, 2010, p. 4). The aspect of this process I struggle with most is directly related to self. Somewhere along the line, I learned to disregard my own emotional and spiritual needs and focus only on the other person. This isn't always the case in my nursing practice, or I would have long ago burned out, but it is particularly true in patient cases that

involve tremendous loss and sadness. The carative factor 3 process involves “self reflection, meditation, prayer, willingness to explore one’s feelings, the ability forgive self, and valuing the intrinsic goodness of one’s self” (Watson, 2010, p. 4). I’ve been very emotional while studying Caring Science because my suppressed feelings have been pouring out. I’ve had the experience of holding a baby for hours until it died because the mother couldn’t bear to stay, just like the nurse on the recording we listened to recently in class. I have been lacking “meaningful rituals for practicing gratitude, forgiveness, surrender, and compassion” for myself, and that has been my biggest barrier thus far (Watson, 2010, p. 4).

3. Describe how you find value in the work that you do daily in nursing. What feeds your soul? What diminishes it?

It feeds my soul when I experience a sense of purpose and accomplishment at work, whether through patient care or in contributing to my work environment in a positive way. When I make meaningful connections and encounter caring moments with patients and families, I feel satisfied, but I also derive gratification through my involvement in committees and work projects that help improve the unit. In Lott and Clerico’s literature review for their study, *Caring for the Nurse in the Hospital Environment* (2015), they note, “several authors (Cara et al., 2011, Longo, 2009) suggested that nurses feel more cared for when they connect with nursing leadership and participate in shared governance” (Lott & Clerico, 2015, p. 60). This idea of shared governance highlights one of the reasons I believe my current nursing unit remains healthy. Our nurse leaders and doctors in the NICU are very supportive of our ideas and suggestions and incorporate nursing influence into their foundation of leadership.

One thing that diminishes my soul in the daily work of nursing is when I can’t break through negativity which is specifically directed at me. Whether it’s a parent or co-worker, I am acutely sensitive to this type of negativity. I can feel it almost internally sometimes. I am more

accepting of it when I can understand where it's coming from, and usually recognition of the source serves to break the barrier. It's the rare people who seem to make an active effort to project their negativity on you, despite your best efforts, that I find particularly discomforting. Self-care is crucial in dealing with situations such as this. "Nurses are not immune to the stresses of life we assess and treat in patients" (Steinwedel, 2015). Steinwedel addresses how self-care is crucial for nurses who typically, "have been more selfless than self-caring, sacrificial rather than demanding, and focused on patients and family members rather than themselves as nurses" (Steinwedel, 2015).

4. Based on the readings, provide three examples of the core concepts of the Caring Science theory in action in your own work setting.

I recently used one of the core concepts of Caring Science, "caring is inclusive, circular, and expansive," as a learning point to correct a misguided interaction on my part (Watson, 2010, p. 1). I debated about a break policy with the nurse acting as resource that day. I didn't understand her explanation as to why she wouldn't help with a break, even though I knew it wasn't technically her role to help. She had been sitting down, doing nothing for some time. In retrospect, I realize I wasn't respecting her judgment. She is a newer nurse to our unit, and I let my ego get involved instead of authentically listening to her perspective. She stayed calm and persisted, even respectfully bringing the manager into the conversation for her advice. That day, I agreed that in strictly following the policy she was correct and even apologized, but I'm certain I conveyed my true feelings that I didn't agree with her choice to follow the policy so strictly. The interaction stuck with me because when I thought about it, I realized she was trying to do the right thing. I reflected over the next few weeks as our discussion kept popping into my mind during my studies for this class. My behavior was in conflict to the concept of caring as inclusive,

circular, and expansive, and I knew I had to rectify my actions in order to encourage this nurse to keep speaking up for herself. Not long after, an opportunity arose when I was able to apologize and actually praise her for the way she handled it. I honored her desire to do the right thing and her courage to pursue the correct outcome. I was genuine in my praise and conveyed that our unit needs nurses like her, and the smile on her face in response was a great reward.

The caring occasion/ caring moment demonstrates heart-centered encounters with others, when “two people, each with their own phenomenal field/background come together in a human-to-human transaction that is meaningful, authentic, intentional and honoring the person” (Watson, 2010). I experienced this when I created a moment for a mother to hold her baby skin-to-skin. The room was crowded with the mother’s gurney taking up most of the space, and it was questionable whether the baby’s CPAP device, monitor wires, or IV tubing would reach the mother to allow for this event. The respiratory therapist was looking at me with doubt. I explained to the mother who had expressed a great desire to hold her baby that I would try but that it might not work. She was committed to trying. We were able to make it happen, and she was crying with joy. Almost simultaneously, the father came in smelling of marijuana and the grandmother was with him as well. My gut reaction was to judge the father for being high and to protect the mother-baby connection from what felt to me like an intrusion. I managed to calm myself and make eye contact with the mother. I could see she was happy to see the guests and wanted to share the moment. Instead of projecting my own needs onto this family, I was able to authentically listen to the non-verbal cues I was reading and discover a new life possibility that was different than my own experiences would have allowed. I felt joy in that caring occasion too.

“A relational caring for self and others is based on a moral/ethical philosophical foundation of love and values” (Watson, 2010, p. 1). The following interaction demonstrates this concept on two levels. I walked into a patient’s room to relieve a nurse for her break. I could tell

instantly by the look on her face that something was seriously wrong. She explained to me that she had accidentally run the IV rate too fast and that the baby's blood sugar was high. She was particularly hard on herself because she said she initially didn't tell the doctor why the blood sugar was high, so she needed to call back immediately. She is my friend, so I felt comfortable to give her a hug and not saying anything. I stayed close by, trying to be a calming presence, but I gave her space to manage the situation. When she was ready, she told me how upset she was with herself for almost lying. I assured her that it was a completely normal response of self-preservation, which is what made her coming forward, even after starting down the wrong path, so impressive. I know some people might focus on the fact that she had a lapse in judgment and lied or the actual mistake itself, but I know it took a great moral and ethical foundation to come forward as she did. This nurse is a strong advocate for patients and co-workers, and a caring person. Unfortunately in nursing the human errors we make can have adverse outcomes for patients, but in order to prevent future errors, we must support transparency.

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