

1: Caring Science as Sacred Science

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The book is dense, and in my opinion, not as clearly presented as it might be. In person, Jean Watson is engaging and not so difficult to understand. Can this all be used in practice? In addition, her emphasis on the act of caring, per se, as an aspect of human interaction, should be relevant to all nurses. I think her theory is more valuable as a stimulus for examining what it means to actually nurse and to care, than as a framework for decision making, in most cases. Even though her written work is hard to follow at times, occasionally I find an idea that strikes home. I think her theory is valuable. Nursing is such hard work, physically and emotionally, that I think we must look at deeper issues to maintain our commitment. Watson has stated: Caring, once glimpsed through empirical measures, whether they be qualitative or quantitative, may help us to see what has been long hidden from our public consciousness as well as our science. More specifically, the purposes for the use of formal measurement tools in nursing research on caring include: Continuous improvement of caring by using outcomes to improve practices through more mindful interventions Benchmarking structures and settings whereby caring is more manifest Tracking levels and models of caring in care settings against routine care practices Evaluating consequences of caring vs. Assessing and measuring caring in nursing and health science. I must say that this is an excellent response I agree. I take what I need and leave the rest. Not that I go about reading this stuff often. Great post from a newbie who has actually read the book, heard Jean speak, and given it some serious thought. I look forward to reading more of your posts in the future. If you ask people what they think about a book, part of the concept is a review of the author. It was, in fact, asked for. The OP was thinking about ordering a book by J. Watson and wanted to know if we thought it was worth it. It was appropriate to the thread for me to opine - NO. And there are those who would discount theory, saying it is irrelevant because it does not conform to their standards. That it has little or nothing to do with their standard of practice. It appears that some do not really understand the meaning and necessity of theory. Theory is the explanation of phenomenon. It is abstract by necessity, which makes it difficult for those who are steeped in the concrete reality of their world, to understand. Rather than accept the abstractness and the lack of concreteness, they attack the formulators of a theory, citing its lack of relevance. One needs to understand the abstractness, accept it and move on. You have an aroundthebout way of thinking that throws me off sometimes.: And for some reason I did miss the 2nd posters question when I flamed you. Thanks for pointing that out. When I consider a book, the author is normally very relevant to me. I will buy books from authors I like just because they wrote it.

2: Watson's Caring Science as Sacred Science | allnurses

Caring Science as Sacred Science In today's world, nursing seems to be responding to the various demands of the machinery with less consideration of the needs of the person attached to the machine. In Watson's view, the disease might be cured, but illness would remain because without caring, health is not attained.

According to Watson, caring is central to nursing practice, and promotes health better than a simple medical cure. The nursing model also states that caring can be demonstrated and practiced by nurses. Caring for patients promotes growth; a caring environment accepts a person as he or she is, and looks to what he or she may become. Society provides the values that determine how one should behave and what goals one should strive toward. Every society has had some people who have cared for others. A caring attitude is not transmitted from generation to generation by genes. It is transmitted by the culture of the profession as a unique way of coping with its environment. Human is viewed as greater than and different from the sum of his or her parts. Health is the unity and harmony within the mind, body, and soul; health is associated with the degree of congruence between the self as perceived and the self as experienced. It is defined as a high level of overall physical, mental, and social functioning; a general adaptive-maintenance level of daily functioning; and the absence of illness, or the presence of efforts leading to the absence of illness. Nursing is a human science of persons and human health – illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions. Actual caring occasion involves actions and choices by the nurse and the individual. The moment of coming together in a caring occasion presents the two persons with the opportunity to decide how to be in the relationship – what to do with the moment. Transpersonal The transpersonal concept is an intersubjective human-to-human relationship in which the nurse affects and is affected by the person of the other. Both are fully present in the moment and feel a union with the other; they share a phenomenal field that becomes part of the life story of both. Time The present is more subjectively real and the past is more objectively real. The past is prior to, or in a different mode of being than the present, but it is not clearly distinguishable. Past, present, and future incidents merge and fuse. As carative factors evolved within an expanding perspective, and as her ideas and values evolved, Watson offered a translation of the original carative factors into clinical caritas processes that suggested open ways in which they could be considered. The ten primary carative factors with their corresponding translation into clinical caritas processes are listed in the table below. Lower Order Psychophysical Needs or Functional Needs Next in line are the lower-order psychophysical needs or functional needs. Higher Order Psychosocial Needs or Integrative Needs The higher order psychosocial needs or integrative needs include the need for achievement, and affiliation. Higher Order Intrapersonal-Interpersonal Need or Growth-seeking Need The higher order intrapersonal-interpersonal need or growth-seeking need is the need for self-actualization. The assessment includes observation, identification, and review of the problem, as well as the formation of a hypothesis. Creating a care plan helps the nurse determine how variables would be examined or measured, and what data would be collected. Intervention is the implementation of the care plan and data collection. Finally, the evaluation analyzes the data, interprets the results, and may lead to an additional hypothesis. The model can be used to guide and improve practice as it can equip healthcare providers with the most satisfying aspects of practice and can provide the client with holistic care. Watson considered using nontechnical, sophisticated, fluid, and evolutionary language to artfully describe her concepts, such as caring-love, carative factors, and caritas. Also, the theory is logical in that the carative factors are based on broad assumptions that provide a supportive framework. The carative factors are logically derived from the assumptions and related to the hierarchy of needs. The scope of the framework encompasses broad aspects of health-illness phenomena. In addition, the theory addresses aspects of health promotion, preventing illness and experiencing peaceful death, thereby increasing its generality. The carative factors provide guidelines for nurse-patient interactions, an important aspect of patient care. Weakness The theory does not furnish explicit direction about what to do to achieve authentic caring-healing relationships. Nurses who want concrete guidelines may not feel secure when trying to use this theory alone. The Philosophy

and Science of Caring addresses how nurses express care to their patients. Caring is central to nursing practice, and promotes health better than a simple medical cure. This led to the formulation of the 10 carative factors: Describing her theory as descriptive, Watson acknowledges the evolving nature of the theory and welcomes input from others. Although the theory does not lend itself easily to research conducted through traditional scientific methods, recent qualitative nursing approaches are appropriate.

3: Download [PDF] caring science mindful practice

, *Caring Science as Sacred Science, Watson, Nursing, Research and Theory This Print on Demand title is available exclusively through www.enganchecubano.com Written by the leading expert in caring science, this book presents Jean Watson's expanded view of the emerging field of caring science as it complements the dominant curing science for health professionals.*

The Caritas Path to Peace: Caring is central to nursing practice, and promotes health better than a simple medical cure. She believes that a holistic approach to health care is central to the practice of caring in nursing. According to Watson, caring, which is manifested in nursing, has existed in every society. However, a caring attitude is not transmitted from generation to generation. According to her theory, caring can be demonstrated and practiced by nurses. Caring for patients promotes growth; a caring environment accepts a person as he or she is, and looks to what he or she may become. Caring consists of carative factors. The first three factors form the "philosophical foundation" for the science of caring, and the remaining seven come from that foundation. Within assisting with the gratification of human needs, Watson orders the needs. Lower-order biophysical needs include food and fluid, elimination, and ventilation. Lower-order psychophysical needs include activity-inactivity and sexuality. Higher-order psychosocial needs include achievement, affiliation, intrapersonal-interpersonal need, and self-actualization. The human being is defined as "He, human is viewed as greater than and different from, the sum of his or her parts. The first step is assessment. This involves observation, identification and review of the problem, and the formulation of a hypothesis. Next, the nurse creates a care plan to determine how variables will be examined, as well as what data should be collected and how. Step three is intervention. This is the implementation of the developed plan and includes the collection of the data. Finally, the nurse conducts an evaluation. This is the examination of the data and results of the intervention, and the interpretation of the results. This may lead to an additional hypothesis. It also places the patient in the context of the family, community, and culture. The patient is the focus of practice rather than the technology.

4: Jean Watson's Theory of Human Caring â€¢ Nurseslabs

Based on overall considerations, Caring Science and Sacred Science is more reflective of the interactive process nursing theories. With the Theory of Human Caring, Dr. Watson developed a practice rubric of 10 Caritas Processes.

5: Jean Watson's Caring Science as Sacred Science - Theory of Human Caring - Research Paper

I read most of the book Caring Science as Sacred Science, and then saw Jean Watson speaking at the most recent AHNA www.enganchecubano.com book is dense, and in my opinion, not as clearly presented as it might be.

6: Jean Watson - Nursing Theory

All mysticism and religion. No science. People become nurses primarily because they want to be in a helping profession. Watson presumes she invented caring, which is an insult to all the hundreds of thousands of nurses who went before her, as well as those who practice now.

7: Caring Science as Sacred Science - Jean Watson - Google Books

Caring Science as Sacred Science / Edition 1 Written by the leading expert in caring science, this book presents Jean Watson's expanded view of the emerging field of caring science as it complements the dominant curing science for health professionals.

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Caring Science as Sacred Science "In that human caring honors the life force and inner dimensions of one's heart and soul, which can never be fully known from an outer view alone, but connects with the infinity of life itself; the infinite field of Universal Love. 2,5,

9: Caring Science as Sacred Science | Association for Contextual Behavioral Science

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