Assessing and Measuring Caring in Nursing and Health Sciences
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Dr. Watson has earned undergraduate and graduate degrees in nursing and psychiatric–mental health nursing and holds a PhD in educational psychology and counseling. She is a widely published author and recipient of several awards and honors, including an international Kellogg Fellowship in Australia and a Fulbright Research Award in Sweden. She holds six honorary doctoral degrees, including three international honorary doctorates (Sweden; United Kingdom; and Quebec, Canada).

She has been distinguished lecturer and endowed lecturer at universities throughout the United States and around the world several times. Clinical nurses and academic programs throughout the world use her works on the philosophy and theory of human caring and the art and science of caring in nursing.

Dr. Watson’s caring philosophy is used to guide transformative models of caring and healing practices for nurses and patients alike, in diverse settings worldwide. Watson has been featured in numerous national videos on nursing theory and the art of nursing. She has been the recipient of several national awards, including the Fetzer Institute Norman Cousins Award, in recognition of her commitment to developing, maintaining, and exemplifying relationship-centered care practices.

The latest of the 14 books she has authored or coauthored range from empirical measurements of caring to new postmodern philosophies of caring and healing. Her most recent book, Caring Science as Sacred Science (2005) is a recipient of the AJN Book of the Year Award. These latest works seek to bridge paradigms as well as point toward transformative models for the 21st century. A new revised edition of her first book, Nursing: The Philosophy and Science of Caring, was published in 2008.
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Jean Watson, PhD, RN, AHN-BC, FAAN
With continuing appreciation to Karen Holland, former executive director of the University of Colorado Center for Human Caring
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Contributor

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The health sciences would not be complete without a caring science. Although all health sciences focus to some degree on caring, when the public thinks about caring, nursing often is foremost in their minds. This book focuses on instruments for assessing caring in the nursing literature but is useful to all in the health sciences or healing professions. This second edition not only brings to the forefront the various conceptualizations of caring but also identifies approaches to the measurement of the concepts that have been derived from multiple perspectives on caring.

A compendium of caring instruments, this book is an expansion of the first edition and acknowledges the nursing profession's multiple perceptions of caring. The various instruments presented capture the multiple essences of caring, which may be viewed as an attitude, an ability, an attribute or characteristic, or a complex of interrelated behaviors. The word caring is sometimes presented as an adjective, a noun, or a verb in nursing, and this book effectively considers measurement approaches that address each of these uses. The author also notes the importance of caring as a key concept in evidence-based practice and outcome demands. Caring is a process that may be assessed and monitored as an independent variable in research studies, and as a dependent variable or as an outcome itself, but under any circumstance is a core and essential variable when one is considering best care practices.

This work brings together in one source the many approaches to conceptualizing caring and the instruments that have been designed to measure it. As in the first edition, the author has done a magnificent job compiling these instruments and providing important information that the reader can use to evaluate their usefulness. Questionnaire development procedures, theoretical underpinnings of instruments, reliability and validity evidence, and descriptions of instruments and their sources are provided. This book is a reference that will be useful to clinicians, academicians, health science researchers, care managers, and others who need to select caring measurement instruments for their day-to-day work. It is thought-provoking, and a much needed addition to health measurement protocols and to the health sciences.

Dr. Jean Watson's distinguished career and focus on caring have stimulated her colleagues to further explore and expound upon the concept of caring to make it a reality in the lives of every health care consumer and provider. This book, another one of Dr. Watson's great contributions to the scientific community, provides a continuing reminder to the world of the centrality of caring to everyone and to the enhancement of patient outcomes. Dr. Watson has
consistently moved nursing and the scientific community forward through her explorations of the construct of caring. This expanded second edition is a continuing reminder of the importance of caring in every society and the centrality of caring to every healing profession.

Ora Lea Strickland, RN, PhD, FAAN
The focus of the second edition of this book is to provide nursing leaders, students, and scholars with an up-to-date critique and compilation of the most salient and up-to-date instruments to assess and measure caring. The book is presented within the context of caring science, with new chapters on measurement, along with an exploration of some of the dynamic vicissitudes of measuring a concept as elusive as caring.

This second edition is the first official publication of the Watson Caring Science Institute, an international nonprofit foundation with the goal of furthering the work in caring science. Its mission is to advance the philosophies, theories, and practices and knowledge of human caring, and to translate the model of caring-healing/caritas into systematic programs and services that can continue to transform health care.

More specifically, within this context of caring science, this second edition includes updates of previous instruments, and some new ones developed and tested since the first edition, along with some that are in early stages but hold important promise for both new dimensions and creative approaches to assessment. Included once again is the master matrix with a compilation of all the available caring instruments to date. This matrix includes the instruments for assessing caring reported in the nursing literature from 1984 to 2008.

This revised edition includes a chapter on each of the caring instruments that incorporate diverse concepts such as quality of care, patient/client/nurse perceptions of caring, caring behaviors, caring abilities, and caring efficacy. The background provided for each instrument indicates whether it was theoretically or atheoretically derived, the theoretical origin of its development, and whether the instrument was inductively or empirically derived.

A new caring scale based specifically upon the latest work on caritas processes is included, along with some other mostly extant versions that capture aspects of the carative factors/caritas processes. In addition, Duffy has a modified condensed version of her Caring Assessment Tool, based upon carative factors, for current use in multisite research activities underway. Further, many of the authors of the original instruments have revised chapters that detail any modifications, extensions, further testing, and use of the original scales since the first edition.

This updated collection encompasses measurements of caring that have relevance in assessing caring among students as well as patients and nurses, thus allowing use in both educational and clinical care research. Some new instruments focus on assessing caring at the administrative/relational-system caring level, address a new a population (e.g., family), and include novel potential...
techniques such as computerization. Thus, there is a wide range of options to critique and from which to choose relevant instruments that may provide the best fit for a given research emphasis or target population. Further, the new instruments provide an opportunity for other researchers to contribute to improving and extending reliability, validity, and integrity of use for previously unreported scales.

The framework for the description of each instrument includes information as to the origin, development, and use of each instrument; key citations for each one’s use; and the theoretical origin, as well as access to the instruments themselves, wherever possible. A matrix with this information is provided for each instrument, and a compilation of all the instruments is located in the master matrix at the end of the book. These matrices are provided so the reader can grasp the scope of each measurement. They also present a visual of all the instruments that will help the reader to see the chronological, developmental, and evolutionary phases of each one.

As with the use of any instrument, before one decides to use any one of them, it is always appropriate, if not wise, to check for the latest bibliographic reference citations for the most current updates. With any publication, there is always a time lag and a possibility of changes or revisions or publication of new versions of the measurement. In almost all cases, the authors of the measurements request that users contact them and seek permission before using the measurements. This request is made with the hope that researchers will inform the authors as to the results of the instruments’ use and any further information on validation, reliability, and utility for its use.

During this era of evidence-based practice and outcome demands, the caring instruments in this book can be used to provide a form of empirical evidence to assist clinical researchers in assessing, if not validating, the critical role of caring and its influence in patient care and outcomes of best care practices. Further, it is important to note that with the current emphasis on point-of-care and system-environmental transformations, it becomes ever more important to measure caring, lest it get overlooked as a core and essential variable.

Caring models for professional practice, along with Magnet hospital criteria, are increasingly influencing both nurse and patient satisfaction. Further, quality outcomes at multiple levels are beginning to be realized, including system workplace changes. Thus, it is hoped that these instruments will serve as quality indicators of caring, helping to point nurse and health science researchers toward the deeper human relational dimensions of caring-based practices affecting healing and quality-of-living issues, not restricted to the dominant medical and often shallow patient satisfaction scales.

The instruments may be used as both dependent and independent variables, which makes their relevance significant and important to clinical research in a time of economic constraints and demand for caring from the public and professionals alike. As such, these caring instruments serve to bridge paradigms between and among the more ethical, theoretical, and philosophical aspects of nursing and health care practices, and the increasing expectations and demand for accountability for empirical data, to ground the less visible aspects of caring processes and behaviors.

In addition, this collection of caring instruments offers a story of nursing theory and knowledge development, as nursing scholars search for and
experiment with measuring or capturing the elusive phenomenon of human caring, often considered nonmeasurable. This work stands as a testimony to the nursing scholars who experimented with, and continue to explore, new ways of capturing a core phenomenon of nursing that must be made more explicit in both our practices and our outcomes.

The reader will recognize the journey and evolution of the different instruments and will see how some are theoretically derived, and others are atheoretical in their development; how some have been tested and used across multiple populations and cultures, and others are evolving still. This is a tribute to the multiple nursing scholars who have paved the way in this area of caring research, knowledge development, and risk taking.

Lastly, this work may also be considered controversial, in that it is not an answer to the issue of how to capture caring in nursing practice; rather, the instruments simply serve as indicators along the way and point back to a deeper dimension of nurses’ human caring relational practices that still remain forever elusive and nonmeasurable, as they should be. Nevertheless, empirical indicators that move us closer to recognizing and honoring the deeply human nature of nursing’s caring work warrant attention and focused study in clinical inquiry.

My wish is that this collection and critique of the extant caring instruments in the field of nursing will move nursing and health care research and caring knowledge one step forward. This work thus seeks to capture clinical caring research phenomena through instruments that are sensitive to those practices nurses and patients hold dear and timeless.

The doctoral students at the original Center for Human Caring at the University of Colorado who worked on the first edition of this work can now benefit from a new generation of caring instruments emerging from this revised and extended work, which continues to guide and inform nursing research and patient care.

The first edition has been translated into Japanese, helping to make caring research available to a global audience of researchers devoted to caring inquiry as a core focus. It is my hope that if nursing scholars have greater knowledge of and access to instruments to assess and validate caring, new knowledge of caring and its critical role in transforming patient care will be forthcoming.
Acknowledgments

To Jeannie Zuk, PhD, and the group of doctoral students at the University of Colorado School of Nursing who contributed to background research for the first edition.

And to the more recent support of Kathryn Lynch, nursing doctoral student at Rush Presbyterian University, for her initial editorial and research assistance for this second edition.
What is meant by “measuring caring”? How can you justify having empirical objective measures about such an elusive, nonmeasurable, existential human relational phenomenon as human caring in nursing practice? These are the questions that one hears within nursing circles. Indeed, these are some of my own internal questions. The concern is that in trying to measure caring, one is drawn into a process of reducing a complex subjective, intersubjective, relational, often private, and invisible human phenomenon to a level of objectivity that exhausts, trivializes, and dilutes its authenticity and deeper meaning.

Because of its often invisible, interior, highly subjective, intersubjective, contextual, relational nature, trying to reduce the very nature of caring to external outer-world empirical measures, such as a set of behaviors, tasks, or physical-physiological indicators, such as blood pressure or heart rate, is
often considered contradictory. (However, these connections are increasingly being made in broader arenas of biomedical science and noetic sciences.) The very paradigm in which caring is located, with its ambiguity and ubiquitous nature, emphasized in the caring theory literature, has tended to make caring almost unmeasurable, both ethically and practically, unless by some qualitative standards that seek to capture its elusive, phenomenological, subjective dimensions.

This dilemma is part of the debate about measuring such a soft phenomenon of the human realm. For example, caring is often considered an ethical worldview, an ontology, an intentionality, a consciousness, a way of being, in contrast to an “outward-doing” of something that can manifest itself in the physical, external, objective realm (Watson, 1999, 2005a, 2005b).

So, at one end of the continuum, some view caring from a basic motive; a moral-philosophical starting point; an existential, even spiritual, intent that cannot be defined in terms of external criteria; rather it is “each nurse’s own honest attitude to the basic motive” that is important (Lindstrom & Eriksson, 1999, p. 21). On the other hand there has been a call for nursing to advance its knowledge of caring by advancing “the empirical measurement of caring in a way that withstands the scrutiny of the scientific community” (Valentine, 1991, p. 100). More recently there has been a plea for nursing research in caring to “move forward to examine the frequency of caring behaviors performed by nurses in patient care, clinical conditions that affect the delivery of caring, and effects of caring on practice and health outcomes. This knowledge will make the study of caring visible in . . . the cost-driven system of healthcare” (Lee, Larson, & Holzemer, 2006, p. 8).

An even more complicated aspect of this work, aside from the dialectic debates as to how to assess or measure caring, is the indistinctness of the concept of caring itself. The common usage of the term care belies its complexity (Stockdale & Warelow, 2000, p. 1258). As several authors have noted, caring can be an adjective, a verb, or a noun; it can connote an ontological perspective of being that is often complicated by connotations that define caring as care, implying the physical, a task, body care, the external aspect of action or behaviors. Compounding the debate is the lack of consensus on the place of caring in nursing, due to different conceptualizations of caring. Morse, Bottorff, Neander, and Solberg’s (1991) identification and critique of at least five views of caring in nursing literature are often cited. These are caring:

■ as human trait, as natural condition of being human;
■ as moral imperative, such as a virtue or value;
■ an affect toward oneself, one’s patient’s, or one’s job;
■ an interpersonal interaction, something existing between two persons; and
■ a therapeutic intervention, a deliberate act with a planned goal in mind.

Other theoretical critiques surrounding the concept of caring abound. Some have questioned or advocated the view of caring as an ethic, or moral principle. Others have opposed viewing caring in any way that may lead to a duty or an obligation; still others have opposed viewing caring in any way that encourages emotional attachment, dependency, inefficiency, or burnout. Nevertheless, it is
also noted that caring involves an expression of openness, receptiveness, and authenticity within a personal context. And caring is increasingly posited as one of the core concepts for an evolved nursing science. (For more exploration of these points, see Benner & Wrubel, 1989; Bowden, 1997; Brilowski & Wendler, 2005; Brody, 1988; Brown, Kitson, & McKnight, 1992; Cowling, Smith, & Watson, 2008; Fry, 1989; Kuhse, 1993; Nyman & Sivonen, 2005; Stockdale & Warelö, 2000; Swanson, 1999; Van der Wal, 2006; Watson, 1988, 1990, 1999, 2005a, 2005b).

Another dynamic that complicates the location of the concept and the phenomenon of caring within nursing science is the meta-paradigm debates. Smith (1999) highlights these meta-paradigm issues regarding nursing’s disciplinary matrix. For example, she notes that while some nursing scholars assert that caring is a central concept in nursing science, others argue that it is ubiquitous, not unique, nonsubstantive, nongeneralizable, and feminine. Others have questioned the use of the term *caring* in nursing, believing that it is a tautology (Phillips, 1993).

These opposing points of view about the meaning and placement of caring within nursing science and its disciplinary knowledge domain have led to dualistic views of measuring caring. The end result has been tension around methodologies, resulting in schisms between qualitative and quantitative approaches to nursing phenomena in general, and caring phenomena in particular.

There remain some lingering questions around nursing’s epistemologies, its leaning toward the empirical during this time of management and control of costs. Often these new management-generated activities around care are determined by medical, economic, and administrative considerations, rather than caring needs and processes from patients’ and nurses’ perspectives. Administrative, operational, and economic-empirical external motivations often dominate. Access to sensitive nursing indicators of care/caring, which many of the caring instruments represent, can enable researchers and administrators alike to come closer to assessing, measuring, evaluating, comparing, and sustaining a caring orientation in the midst of health care reforms. By assessing caring empirically, nursing and other health sciences may uncover more of a caring science view about its basic relational-ethical-ontological assumptions. In addition to the development of a more formal researching of caring, the conceptual-theoretical caring values and philosophies may more clearly emerge, thereby more distinctively informing, if not transforming, the biophysical-technological model of care.

There are still rhetorical questions about nursing’s tendency to jump to methods and models of measurement before addressing the meaningful philosophical questions that inform knowledge as well as method and measurement. While these questions and debates will and should continue, this collection of caring instruments is a means to bridge opposing viewpoints, dualisms, and conflicting paradigms. Researching caring does not guarantee a caring ideology, values, theories, attitudes, and manifestations in practices but leads closer to putting caring into the formula.

Empirical studies of caring show that nurses recognize and take into consideration patients’ caring needs on the basis of the prevailing caring culture (Fagerstrom & Engberg, 1998). Hayhurst, Saylor, and Stuenkel (2005) studied perceptions of work environmental factors that support retention of nurses and found that nurses who stayed reported greater peer cohesion, supervisor
support, and autonomy than did the nurses who left. This finding suggests that the environment was characterized by a culture of caring, perhaps contributing to retention and professional satisfaction. Recent work has revealed that “nurses of all ages who received high scores in caring were most frustrated with the work environment and were most experienced, were most affected by the relationship with the patient, derived the most enjoyment from relationship with coworkers and provided continuity of care most consistently” (Persky, Nelson, Watson, & Bent, 2008, p. 15). The development of instruments measuring caring offers possibilities for developing knowledge of caring and learning more about how patients, nurses, and systems may benefit.

Moreover, it is a time to expand or even change our models of research in this era of shifting and emergent paradigms, time to move between and among worldviews and dualisms; it is a time for openness, for exploration, a time of pragmatics and heuristic means to move forward.

Contemporary debates and dualistic mind-sets about caring in nursing science will probably not go away. However, it is a moment in nursing history to reconcile dualisms and either-or positions, whether they are about caring/non-caring in the disciplinary matrix or about measuring or not measuring caring itself in nursing.

Compromises can and are made, and assumptions can be purposefully violated, if one can remain mindful and conscious of what compromises are made, and when they are made, and for what goals. This work acknowledges that some deep philosophical ethical-ontological-subjective dimensions of caring cannot be measured, but some measurement can elucidate the manifest field of caring practice, while still pointing toward the nonmanifest whole.

In addition, it is important to honor human caring’s central and significant place in nursing science and patient healing. Caring offers a values foundation for the profession, as well as grounds for the development of additional knowledge to guide clinical practice and research. The whole realm of human relationships and health and healing may be tied back to caring and compassion, agape, and universal love—caritas (Watson, 2008)—as the basis of any and all authentic caring-healing relationships. Thus the ability to capture the phenomenon of caring and its effects on health and healing may provide new knowledge and insights as well as new mind-sets about caring in both education and practice. Caring-based models that affect both costs and outcomes may indeed be detected and may foster improved working environments for practitioners and patients alike.

The acknowledgment of some aspects of these positions and debates opens up a horizon of possibilities that can be informed by the dialectical dance, rather than polarized in an either-or position. While caring never may be truly measured, this collection of extant measurement instruments is one means leading toward a partial end of assessing and capturing the phenomenon of caring and its relationship to patient outcomes. If more evidence can be offered in the form of quality indicators of caring, then nursing will be positioned to more clearly manifest that which is often taken for granted or dismissed. In addition, empirical evidence of caring captured in an elusive practice world that is unstable, unseen, chaotic, and changing can provide a tangible grasp and glimpse of nursing’s contribution to both science and public health and welfare.
Caring, once glimpsed through empirical measures, whether qualitative or quantitative, may help us to see what has been long hidden from the public consciousness as well as science. More specifically, the purposes for the use of formal measurement tools in nursing research on caring include:

- continuous improvement of caring through the use of outcomes and more mindful interventions to improve practices;
- the benchmarking of structures and settings and environments in which caring is more manifest;
- the tracking of levels and models of caring in care settings against routine care practices;
- evaluation of the consequences of caring versus noncaring for both nurses and patients;
- creation of a “report care” model of a unit or an institution in a critical area of practice;
- identification of areas of weakness and strength in caring processes and interventions in order to stimulate self-correction and models of excellence in practice;
- increased development of our knowledge and understanding of the relationship between caring relationships and health and healing;
- empirical validation of extant caring theories, as well as the generation of new theories of caring, caring relationships, and healing-health practices; and
- the stimulation of new directions for curriculum and pedagogies in nursing and caring and health sciences, including interdisciplinary/transdisciplinary education and research.

Measuring caring? Yes, this work offers multiple means to measure caring, while still acknowledging that any measurement is only a manifestation, an indicator of something deeper. The something deeper remains in the world of the human-environmental-universal field of life processes. Such caring science phenomena may never be fully known in totality, but pointed toward it. These instruments serve as pointers along the way.

**Theoretical Context of Instruments**

The measurement tools of caring included in this work have not developed in any particular systematic way, but rather through the interests of individuals, with some informed by specific theories of caring. While different theories of caring have stimulated nursing research on the phenomenon of caring itself, in some other instances these theories have stimulated development of specific tools for assessing caring. Some of the measurement tools here have evolved to capture significant indicators of caring, based on general information and the literature of both nursing and related fields, such as psychology and philosophy. Others have been devised from certain implicit philosophical assumptions about what caring is; thus there is a connection between the choice of the caring measures to be assessed and the prevailing philosophy of caring.
Taken together, they represent the major measurements tools on caring that have been reported in the nursing literature since the early 1980s (Larson, 1984) through 2008. This book includes the latest updates to earlier tools and offers a matrix structure and framework for all these tools. The matrix includes the following information:

- identity of each of the measurements, and when each was developed;
- the authors and their contact information;
- the year the tool was published and key source citations in the literature;
- what the tool was developed to measure;
- a description of the instrument;
- the nature and number of participants used in tool development;
- reported reliability/validity of the tool, if available;
- whether the tool was theory derived or atheoretical (conceptual basis of the measure); and
- the latest citations in the nursing literature for instrument use.

In addition to the matrix format for each of the caring measurement tools, when possible, information as to specific requirements for each instrument’s use is included in the appendix.

This collection and compilation of the measurements of caring allow nursing research to move forward in the areas of quality, outcomes, and evidence, and in terms of relationships between caring-based interventions and costs. New instruments and processes will have to develop and evolve. The future may lead to use of hard science criteria, and even the possibility of biological instrumentation, to capture a soft science experience and expression such as human caring. For example, some of the latest work in Heartmath (www.heartmath.com), the new Institute for Research in Unlimited Love at Case Western Reserve, the Heart-Brain Center at Cleveland Clinic, the research in noetic sciences, and the special projects of the Fetzer Institute represent this shift toward researching phenomena such as love, gratitude, forgiveness, compassion, peaceful feelings, and loving kindness, all connected with the vicissitudes, phenomenon, and experience of caring.

It is anticipated that even more sophistication will be forthcoming in the next generation of design, method, measurement, and analysis of data. Thus, the precision of the process and the emergence of creative new options will increase (Smith & Reeder, 1998).

**Reconciling Nursing Theory and Ontological/Methodological Congruence for Measuring Caring**

It has been proposed that one can measure caring in such a way that honors, advances, and even violates some assumptions about caring and measuring caring. It is in this debate, this dialectic, in which compromises are mindfully made, with the hope that in mindfully measuring caring, nursing science and knowledge move forward within its own unique framework for clinical nursing research, evidence, and outcomes. As Smith and Reeder (1998) suggest,
there are ways to reconcile conceptual inconsistencies between methodology, epistemology, and ontology within a nursing science context. For example, in their research on therapeutic touch, they adhered to Rogerian science and a framework of unitary human being. In doing so, they reconciled inconsistencies between traditional science and Rogerian science by acknowledging that therapeutic touch encompasses the caring intention of the practitioner and rhythmic movement as an essential process of touch therapies; this was one way of “participating in the dynamic flow of the human-environment field patterning; . . . that healing may be reflected in multiple manifestations of patterning, from physical, even cellular changes, to perception, images, and shifts in awareness; . . . that caring intention and rhythmic movement potentiate pattern change; and this pattern change . . . may be evident in multiple field manifestations” (Smith & Reeder, 1998, p. 30).

Such reconciliation and logical deduction from a paradigm or theoretical level to relational statements can be made in a similar way in the quest to measure caring. For example, by moving from caring theory at a meta-level to empirical measures, one can highlight linkages between theory, measurement, and selected outcomes. Since most of the measurement tools in this compendium were developed from theories and/or derived from conceptual systems, it is anticipated that new measures will continue to evolve that will offer closer ontological-methodological congruency and/or make the places where the reconciliations were made overt. The latest instrument developed by Nelson, Watson, and Inova (2006), Persky et al. (2008), and the Ray, Turkel, and Marino (2002) tool are recent examples.

Each conceptual-theoretical system of caring used to inform the developments of the different tools could be traced back to implied philosophical assumptions, as well as related middle-range theory, practice, or research tradition. The research traditions are the “designs, methods, data forms, and analytic processes that best help the scientist develop and test the middle range theories emerging from the broader grand theory or conceptual model” (Smith & Reeder, 1998, p. 34). Here we can acknowledge that a context for research and use of measurement for the phenomenon of caring holds the foundational ontological, philosophical, and epistemological assumptions implied or made explicit; while those assumptions inform design and methods and data forms for a study, the “ontological paradigms within the discipline may be consistent with more than one epistemic paradigm” (Smith & Reeder, 1998, p. 34), allowing for both older and newly developed instruments, data forms, and combinations of qualitative and quantitative data that best capture the complexities of the nature and quality of human caring.

Measuring caring within this context takes on a different meaning and may allow researchers to be more explicit so that the manifest key indicators of empirical caring still contain and honor the nonmanifest field that is emergent and unseen behind the observable empirics, as we remind ourselves that the empirical objective evidence of caring measurements are not the phenomenon itself, but only an indicator. The empirical indicators cannot be understood by themselves but must be located back into the conceptual system or model from which they were derived. In other words, the part that becomes objectively present in the manifest field must be placed within the context of the whole nonmanifest field from which it emerged. The findings can then be
interpreted/reinterpreted within an authentic theoretical-conceptual context and not stand alone as isolated evidence, void of context and meaning. It is through such efforts to connect research traditions, designs, methods, measurements, and findings that new interpretations, new knowledge, and new theories can be generated. Therefore, new insights can be obtained, and the shortcomings as well as strengths of existing tools can be identified, paving the way for a new generation of measurements and design as well as theory evolution.

In summary: Measuring caring? Yes, but intentionally and mindfully, with a consciousness that deep caring cannot be fully measured at this time. At best these measurements serve as quality empirical indicators of caring and point back toward the deeper aspects behind the measurements. Nevertheless, the fact that caring is a complex human phenomenon does not mean we should not try to capture as much of its depth as possible. As we do so, clarification of assumptions can be made and reconciliations identified between and among ontological, ethical, philosophical, epistemological, and even practical assumptions, within the various theoretical-conceptual system of caring. Finally, the result may lead to better fits between and among research traditions, design methods, and processes used for the development of creative new measurement tools: use of extant as well as new forms of caring inquiry.
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