Caring in Nursing Classics
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Zane Robinson Wolf, PhD, RN, FAAN, is dean emerita and professor, School of Nursing and Health Sciences at La Salle University. She returned to full-time teaching in the fall of 2012. She practiced as a critical care and medical surgical nurse and has worked in nursing education, teaching in diploma, associate, baccalaureate, master’s, and doctoral nursing programs. She teaches courses on patient safety, nursing research, evidence-based practice, and caring and continues to conduct qualitative and quantitative research on medication errors, nurse caring, nursing education concerns, and other topics. Dr. Wolf is a board member of the Institute for Safe Medication Practices and she is a member of the Patient Safety Committee of St. Christopher’s Hospital for Children. She reviews manuscripts for various nursing and health care journals. Dr. Wolf has been an editor of the International Journal for Human Caring since 1999. She is a former board member and past president of the International Association for Human Caring and has hosted three International Caring Conferences in Philadelphia. The Christine E. Lynn College of Nursing at Florida Atlantic University honored her by designating her as caring scholar.
Caring in Nursing Classics
An Essential Resource

MARLAINE C. SMITH, PhD, RN, AHN-BC, FAAN
MARIAN C. TURKEL, PhD, RN, NEA-BC, FAAN
ZANE ROBINSON WOLF, PhD, RN, FAAN

Editors
I dedicate this book to:

- The pioneering caring scholars who had the vision and courage to create the path we walk today. Madeleine, Jean, Sister Simone, Anne, Savina, Dee, Dolores, Kathleen.… You stood in the center of your truth and formed the foundation for the caring science, art, pedagogy, and practice that is humanizing nursing and health care today. Without you we wouldn’t need this book. You are my heroes and I thank you.

- The past and present faculty, staff, alumni, students, and friends of the Christine Lynn College of Nursing at Florida Atlantic University. I was drawn here because of our shared conviction that nursing is a professional discipline grounded in caring and because Dr. Anne Boykin, the iconic founding dean, presided over the growth of a college that bears witness to this conviction. I look forward to continuing to build upon this legacy.

- The past and present scholars who have contributed and will continue to contribute to the body of caring knowledge. Some of your work appears in this book; some does not. Please know that we value all your work and wish we could transcend the page limits.

- My former students. Thank you for inspiring me, teaching me, and helping me to grow.

- My dad, Deno Cappelli, whom I lost in April 2010 as we were working on this book. Through your example I learned about love, courage, and living caring. You planted in my heart a passion for education and the moral imperative to care for others. I miss you every day.

—Marlaine C. Smith

As I reflected on my dedication, I remembered starting graduate school at Christine Lynn College of Nursing at Florida Atlantic University in 1989 with a curriculum grounded in caring. I always thought of myself as a “caring” nurse but soon learned that there was an ontology and epistemology of caring, that caring was informed by multiple ways of knowing, and that nursing was being and becoming through caring. I wish I had this book when I took my first course with Dr. Anne Boykin in 1989 when we had to find five articles on caring per week over the course of 12 weeks, and analyze them in the multiple ways of knowing—not easy before the Internet and electronic search engines. This book is dedicated to my mentors and guides on my journey to understanding the scholarship of caring science. Dr. Anne Boykin, Dr. Carolyn Brown, Dr. Marilyn Parker, Dr. Marilyn Ray, Dr. Savina Schoenhofer, and Dr. Jean Watson provided ongoing love, nurturance, and inspiration as I came to understand the meaning of caring as a substantive area of study within the discipline.
To the faculty and board of directors of the Watson Caring Science Institute (WCSI) whom I am privileged to work with for being there and holding the energetic field for me the past few months.

To my colleagues at Einstein Healthcare Network for valuing my commitment to caring and being on the journey with me to transform practice.

To registered nurses in the practice setting who are creating caring moments every day, and to the Caritas Coaches that I have had the honor to serve and guide. Remember the journey never ends; you only continue to grow.

Most important is the special dedication to my husband, Brooks Turkel. He truly understands my love for caring science, is supportive of my work with WCSI and the International Association for Human Caring, and encourages the dissemination of caring in terms of writing and publishing. Thank you for giving up so many weekends to do the household tasks and errands while I was writing. This is a formal recognition for Husband of the Year for 2011.

—Marian C. Turkel

I dedicate this book to the many scholars whose work we selected for this publication and for the many caring experts who authored excellent publications on nurse caring over the past decades. I also dedicate this work to past, present, and future nursing students.

I am in awe of our colleagues’ commitment and excellence when investigating and seeking to understand what nurse caring really means for patients, families, communities, students, nurses, researchers, and administrators. I enjoy their writing when I discover it while searching the literature and as editor of the International Journal for Human Caring.

I also dedicate this book to my husband, Charles J. Wolf, MD, for his constant support and love.

—Zane Robinson Wolf
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**PART IX SYNTHESIS AND EPILOGUE**
Marlaine C. Smith, Marian C. Turkel, and Zane Robinson Wolf

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This collected work by noteworthy scholars Smith, Turkel, and Wolf stands as a classic indeed. It offers nursing and related fields a repository and living history of the evolution of nursing within a caring science paradigm over a 40-year span from foundational ideas and developments, to current work in education, research, and institutional/community practices of caring. It lays the foundation for understanding core concepts, theoretical views, and seminal forms of caring inquiry, study designs, and methods.

The book is organized clearly, as it carries us through the intellectual foundation of caring as a serious epistemic endeavor, not just a “nice” way of being. From there, this classic includes caring in relation to health policy, eco-caring, as well as caring within a communitarian framework.

Lastly, caring leadership, administrative practices, and system approaches are represented, concluding with the latest thinking on the state of Caring Science. This overview highlights and summarizes the historic classic cross-sections of writing from the literature. The closing Epilogue offers mature implications for continual evolution of Caring Science, including reflective future directions.

Because of the span of this collection, it will quickly become essential reading for all nursing faculty, graduate students, and current scholars in related fields while also educating a new generation of students, scholars, and educators/practitioners into Caring Science and its distinct disciplinary foundation of nursing. It is through such work, as contained in Caring in Nursing Classics, that we can find our way home again to sustain and advance the philosophical-ethical-theoretical guide to the nursing discipline, which is being threatened. Indeed there are new generations of nurses who have not studied the core disciplinary foundation of the profession. This work offers informed caring scholarship that, in turn, provides a broader foundation upon which to guide the development of the profession, from the inside out.

This timeless, historical nursing caring scholarship occurred in some ways parallel to, and outside of, the mainstream thinking in nursing at the time it was written. Now, however, this history promises to be reclaimed and rediscovered from within and without as nursing undergoes its next major transition as a mature health and healing profession.

This work requires attention like never before, or nursing may become even more detoured from its disciplinary essence, and in turn lose its meta-story. The meta-story of caring scholarship in this book helps to carry forward the heritage, history, values, goals, theories, ethics, knowledge, and philosophical views of humanity that guide the future professional and profession.
Without such works as *Caring in Nursing Classics*, nursing is in danger of losing a core story of its scholarly evolution, and caring, as a specific disciplinary endeavor, necessary for nursing to continue to mature within a unified paradigm that sustains and advances knowledge of human caring to serve humanity.

Jean Watson
Founder, Watson Caring Science Institute
Preface

Descriptions of what caring in nursing really means range from the essence of nursing to an often repeated phrase spoken by nurses who provide direct patient care every day. Many nurse scholars and clinicians have offered their perspectives on caring, realizing its importance to professional nursing practice. But the significant work of caring scholars began to emerge during the 1970s, laying the foundation for current conceptualizations in the discipline. This book honors the scholars who, early on, called our attention to nurse caring and the other colleagues who persisted and produced an abundance of work in the ensuing years.

Caring in Nursing Classics includes selected, foundational, scholarly work for nursing students, faculty, researchers, administrators, and those who care for patients to examine and enjoy. We have provided a reflection on each set of manuscripts and have posed questions for reflection for baccalaureate, master’s, and doctoral students.

Part I sets the stage for the book, with in-depth analysis of the evolution of caring scholarship. Review of the narratives in Part II, “Analyzing the Concept of Caring,” includes systematic reviews on the concept of caring. Part III, “Theoretical Perspectives on Caring,” reveals conceptual orientations, middle-range theories, and grand theories on nurse caring. Part IV, “Seminal Research Related to Caring,” contains qualitative and quantitative examples of research beginning with Delores Gaut’s (1983) work on the meaning of the word caring and essential conditions for actions to be considered caring. In this section, noncaring nursing is described by Doris Johnston Riemen (1986). Furthermore, instruments to measure caring are introduced. In Part V, “Research Designs and Methods for Studying Caring,” research designs, with both quantitative and qualitative examples, are reviewed and are elaborated.

Part VI, “Caring-Based Nursing Practice Models,” references professional practice models and theoretical frameworks for the integration of caring within the contemporary hospital-based practice environment. The focus of Part VII, “Caring, Health Policy, and the Community,” is on caring theory guiding the practice of nursing with the context of community as practice environment. Part VIII, “Caring Leadership and Administration,” highlights research related to caring and economics, and includes exemplars related to caring science guiding the practice of nursing leaders. Part IX forecasts the future of caring science contextualized by the works that have preceded it.

As a collection of important work, we think Caring in Nursing Classics is a unique contribution to professional nursing. We also hope that all nurses and other colleagues continue to create and share scholarly and clinical publications on nurse caring and find this book and the authors represented in it stimulating and inspiring.

Caring in Nursing Classics: An Essential Resource is supplemented by the Teachers’ and Students’ Resource Guide. The guide includes three syllabi for a course on caring in nursing at three educational levels: baccalaureate, master’s, and doctoral. Nine sections reflect each part of the Caring in Nursing Classics book. Parts I through VIII incorporate multiple-
choice test questions, a matching test, and a nursing situation with reflective questions for discussion. PowerPoint slides are also included for Parts I through VII. Part IX has a matching test and a critique examination for both a quantitative and a qualitative caring research study. These are available from Springer Publishing Company for qualified instructors by emailing textbook@springerpub.com.

ACKNOWLEDGMENTS

We are indebted to colleagues from the International Association for Human Caring and the Watson Caring Science Institute for their belief in this caring work. Their financial support enabled us to obtain copyright clearances for many of the caring classics contained within. Our colleagues in caring likewise supported the idea of this book by helping us to identify the market interest in such a publication.

We also would like to thank Lisa Willie, administrative assistant, Dean's Office, School of Nursing and Health Sciences of La Salle University for her support throughout this book project and Suzanne Riley and Christine Seixeiro, undergraduate students, for their steadfast assistance.

We are grateful to Allan Graubard, former Executive Editor, Springer Publishing Company, for his guidance and support during the process and to Christina Ferraro, former assistant editor, nursing, for her attention to the details of the process.

Marlaine C. Smith
Marian C. Turkel
Zane Robinson Wolf
The inclusion of caring as a central concept in the discipline of nursing has been the topic of passionate debate. Despite the disagreement, over the past 40 years, an emerging science of caring has been developed with substantive theories, research, and practice models. The art of caring in nursing has been expressed in the practice of individual nurses and captured through a variety of art forms. There have been about 60 books and thousands of journal articles published on the phenomenon. The International Association for Human Caring (IAHC) is nearly 25 years old, and the 35th annual conference will be held in 2013. The International Journal of Human Caring was established in 1997, and has been a vehicle to advance the work of caring scientists, artists, and practitioners. Yes, caring in the discipline of nursing has come of age. The purpose of this chapter is to describe the importance of caring within the discipline of nursing, to review the historical debate around caring in the discipline, and to provide a brief overview of two philosophies that have informed nursing theories and conceptualizations of caring.

Caring has been at the heart of nursing’s identity before its recognition as a profession or discipline. The root of the word “nursing” means nurturance or care. Nursing, as a set of nurturing activities focused on caring for the sick, was assigned or ascribed as a role in all societies to healers, members of religious orders, or women in their homes before the role became formalized. In these myriad variations, the role of the one performing these activities has been imbued with qualities of protection, nurturance, and altruism.

Florence Nightingale (1860) professionalized western nursing when she asserted that specific knowledge and training were needed to practice well. According to Nightingale, this knowledge focused on the activities associated with putting a person in the best condition for nature to act. For Nightingale, nature was the inherent healer, and the nurse’s activities focused on creating the environment that facilitated this natural process of healing. One cannot read Nightingale’s writings without finding caring within them. Her references to the importance of sensitivity to the person’s experience, tender attendance to the needs of the suffering person, and to nursing as a spiritual practice affirm the primal connection between nursing and caring.

As modern nursing evolved under the shadow of medicine, its relationship to caring became less explicit, and as the quest for scientific legitimacy consumed this early modern consciousness, some considered the “feminine” or “soft” side of nursing as a threat. However, the terms “care” and “caring” were always a part of the traditional nursing lexicon, with common references to “patient care” or “nursing care” (Smith, 1999). In the early 1970s, there was an urgent call to distinguish nursing
as a discipline in its own right, separate from medicine. A discipline is characterized by “a unique perspective, a distinct way of viewing all phenomena, which ultimately defines the limits and nature of its inquiry” (Donaldson & Crowley, 1978, p. 113). A discipline has a substantive body of knowledge that students learn, faculties teach, practitioners apply, and scientists expand through research.

Several scholars attempted to identify the unique perspective or the substantive focus of the discipline of nursing. Donaldson and Crowley (1978) identified the unique perspective of nursing as: (1) concern with principles and laws that govern the life processes, well-being and optimum functioning of human beings—sick or well; (2) concern with the patterning of human behavior in interaction with the environment in critical life situations; and (3) concern with the processes by which positive changes in health are affected. (p. 113)

Jacqueline Fawcett (1984) coined the nursing metaparadigm as person, environment, health, and nursing in an effort to name the uniqueness of the discipline of nursing. To Fawcett, nursing is the study of person–environment relationships that facilitate health. The inclusion of the word “nursing” in the metaparadigm seemed tautological to many. Although Fawcett’s intent in using “nursing” is to reflect the processes or activities that affected health (also identified by Donaldson and Crowley), it is awkward to define the discipline nursing by using “nursing” as one of the defining concepts.

In the 1970s, Madeleine Leininger (1978) identified care as the essence of nursing, and this idea captured the imaginations of some scholars. She stated, “Caring is the dominant intellectual, theoretical, heuristic and practice focus of nursing, and no other profession is so totally concerned with caring behaviors, caring processes, and caring relationships than nursing” (p. 33). Following Leininger, Watson (1979, 1985) proposed that nursing is the art and science of human caring. At a major conference in 1989, leaders of the American Academy of Nursing and Sigma Theta Tau concurred that “caring” should replace “nursing” in the metaparadigm (Stevenson & Tripp-Reimer, 1990). In this way, the focus of the discipline might be stated as the study of person–environment relationships that facilitate health through caring. In 1991, Newman, Sime, and Corcoran-Perry published a landmark article focusing the discipline of nursing. They submit that “nursing is the study of caring in the human health experience” (Newman, Sime, & Corcoran-Perry, 1991, p. 3). The authors cite the theoretical linkages between caring, health, healing, and well-being that appeared in the literature. (Benner & Wrubel, 1989; Leininger, 1989; Watson, 1979, 1985). In a similar way, M. C. Smith (1994) linked these concepts by asserting that nursing is the study of human health and healing through caring.

In 2008, Newman and another group of colleagues (Newman, Smith, Dexheimer-Pharris, & Jones, 2008) published a paper that revisited the focus of the discipline. In this chapter, the authors suggested that theoretical perspectives are shifting to a unitary-transformative paradigm,

from looking at the whole as sum of parts to looking at the whole as primary, from seeking to solve a problem to seeking to know the pattern, and from embracing an action-reaction causal approach, to realizing the mutuality of the unfolding, rhythmic process through which insight arises. (p. E16)

These authors reflected that relationship was emerging as the central focus of the discipline.

It is the nature of the nurse–patient relationship that unites the practice of nursing as it occurs in myriad settings throughout the world at every moment of every day. Whether it be a neonatal nurse applying
knowledge of highly technical treatments aimed at preserving the life of the baby of the parents before her, a nurse sitting on the cot of a person dying of a chronic illness in a remote village, or a nurse working with community members faced with an epidemic, nursing actions occur within the context of a unified commitment. That commitment is to a caring relationship focusing on understanding the meaning of the current situation for the people involved and appreciating the pattern of evolving forces shaping health, so that appropriate actions can be taken. (p. E-17)

In the published summary of a symposium held at the IAHC conference, Cowling, Smith, and Watson (2008) offered their reflections on the unifying concepts of wholeness, consciousness, and caring as emergent themes in the disciplinary discourse within nursing.

We are essentially whole beings, but our human perceptions get in the way of experiencing and realizing this. Blake said, “If the doors of perception were cleansed, everything would appear... as it is, Infinite.” Caring cleanses the doors of perception so that we can see ourselves and others as they are—whole.” As we become more aware of and awake to this universal oneness, we grow in caring and love for ourselves, others and our environment. When we see ourselves as separate from others, we focus on our differences and it is easier to judge, label, objectify, fix, advise, intervene, and order. We may more easily be called to intolerance, conflict, apathy, and disrespect. When we see others as whole we can marvel, appreciate, journey with, partner with, accompany, support and facilitate. Seeing others as whole is a different ontology and a different ethical starting point. ... When we see self as integral with all that is, we are more likely to live life with reverence, harmony and peace. (pp. E-45–E-46)

Through caring, we apprehend the whole, and through caring for others, we come to apprehend their own wholeness, their integral nature, or who they truly are. Caring deepens with expanding consciousness. The caring consciousness is qualitatively different in that it is focused in the transcendent present and connected to the universal consciousness. This is what Watson refers to as the caring occasion (p. E-46).

THE CRITIQUE OF CARING AS CENTRAL TO THE DISCIPLINE OF NURSING

Although we, the editors, obviously agree that caring is a central and identifying concept in the discipline of nursing, there are those who have questioned this. It is important to represent these views to readers as part of the historical scholarly debate on the topic within nursing.

Martha Rogers (1992) was one of the most vocal opponents for defining nursing with the concept of caring. She was adamant that “there is something to know in nursing,” that anti-intellectualism is pervasive in nursing and has eroded the progress of the discipline, and that identifying nursing with caring would undermine the progress of building nursing science through identifying it with an affect instead of substantive knowledge.

Similarly, Mary Jane Smith (1990) wrote a short but powerful article raising the question: Is caring ubiquitous or unique? In this chapter, she argues that disciplines have unique perspectives and that caring does not provide this unique perspective; therefore, it should not be a defining element for the discipline of nursing. She states that caring is present in many professions. For example, pastoral care providers, physicians, psychologists, teachers, and counselors care within their professional practices. So defining nursing by caring does not provide the uniqueness that is needed for nursing to distinguish its area of inquiry.

Morse, Solberg, Neander, Bottorff, and Johnson (1990) published an article raising issues about the conceptual clarity related to the use of caring in the nursing literature. They stated that reviewing the literature on
Caring and the Discipline of Nursing

Caring produces confusion, and if caring is to be advanced as a distinguishing concept in nursing, it must be clarified.

John Paley (2001) provided a challenging critique on the body of developing literature on caring. He takes issue with nursing’s persistent interest in caring as an object of study. Paley uses Foucault’s archaeology of knowledge to critique the current knowledge of caring, saying that it is limited to “knowledge of things said” that is presented in associations, attributes, and aggregations (p. 190). Paley argues that theoretical and research literature related to caring becomes circular, endless, and useless, prescientific, irrelevant, and irretrievable, and he compares it to what can be found in a thesaurus. He concludes that caring is “... an elusive concept, which is destined to remain elusive” (p. 196).

RESPONSE TO THIS CRITIQUE

Caring scholars have responded thoughtfully to these critiques. M. C. Smith (1999) acknowledged the lack of clarity in the use of the term caring. She suggests that the concept of caring is different depending on the theoretical perspective in which it is situated. So, to clarify the concept, it is essential to be clear about the assumptions and worldview within which caring is being conceptualized. As far as the argument about the ubiquitous nature of caring, it is true that caring as a dimension of human relating is important for all professions and arguably in all human relations. But nursing is the only discipline developing knowledge about “how this quality of relationship facilitates health, healing and the quality of life” (Smith, 1999, p. 19). In addition, caring is the art of nursing, and any discipline seeks to understand the art of its practice. “There is substantive knowledge related to nursing’s art and this is a legitimate area of scholarship” (p. 19). For those concerned about defining nursing exclusively with caring, it is the interrelationship of caring with health and healing that distinguishes the focus of the discipline: “Is nursing caring? No. But neither can nursing exist without caring” (p. 18).

Watson and Smith (2002) respond to Paley’s critique of caring knowledge. They state that he ignored the discussion in the literature related to how different worldviews shape the meaning of caring. “Caring looks differently depending upon the ontological and ethical perspective in which the approaches and categories are located. Without specifying the ontology one cannot understand caring within it” (p. 454). In addition, Paley, in his critique, engages in the same approach to analyzing caring knowledge that he criticizes. He “accumulates words and total lists, categories and approaches to the study of caring ... derived from a detached analysis of text, without an engagement with the ideas of caring or context espoused by the authors” (p. 454). Watson and Smith note that there is a call to examine nursing knowledge within the context of deliberation and moral action. Without addressing ontological foundations and the moral-ethical context, what results is a superficial analysis of the knowledge of caring. “Understanding caring is not a spectator sport; the scholar must invest in the deep understanding of the moral, ethical foundations where caring is understood as a value-laden relation of infinite responsibility to self and others” (p. 455). Perhaps caring is ineffable and unknowable in its totality. When engaging in caring science, we are entering a mystery.

Indeed knowledge of caring is, like most of the important ideas in history of humankind that seek to define and sustain our humanity, ineffable, difficult to describe and incomprehensible. However, just because concepts such as caring, suffering, love, beauty and God are elusive we struggle to capture their essence because of...
their importance. We always fall short, and will continue to fall short. Nevertheless, we strive to know them through many different methods and approaches; we seek descriptions, qualities, attributes as well as experience. (p. 455)

PHILOSOPHICAL FOUNDATIONS OF CARING

Milton Mayeroff

American philosopher Milton Mayeroff (1925–1979) offered his philosophy of caring in a primer that informed the work of many caring scholars in nursing. In On Caring (Mayeroff, 1971), he provided the definition and ingredients of caring that elaborate his perspective on the meaning of the concept. According to Mayeroff, caring is helping the other to grow. The “other” can be a person, an animal, idea, or object. He states, “I experience what I care for . . . as an extension of myself and at the same time separate from myself” (p. 7). As an extension of self, one who cares recognizes himself in the experience of the other; there is a recognition of a shared humanity. But Mayeroff differentiates caring from a parasitic relationship in that instead of trying “to dominate or possess the other” the one caring wishes the other to grow into his or her own right and not in the preferred image of the one caring. (p. 8). Caring is being needed by the other, but the response to this need does not reflect a “power over” the other; instead, there is acknowledgment of the other’s agency and personhood. Mayeroff asserts,

In helping the other to grow I do not impose my own direction; rather, I allow the direction of the other’s growth to guide what I do, to help determine how I am to respond and what is relevant to such response. (p. 9)

Devotion is an essence of the caring relationship, and it involves a commitment to self and others (Mayeroff, 1971, p. 5). Devotion is “being there for the other” in a way that is the opposite of being equivo-
cal about entering into this relationship. (p. 11). The well-being of the one caring is “bound up” in the well-being of the other: “I respond affirmatively and with devotion to the other’s need, guided by the direction of its growth” (p. 12). Helping the other to grow means helping him or her care for self and to discover areas of life in which his or her care is invested. When Mayeroff describes caring as helping the other to grow, he refers to helping the person become more self-determining, making decisions based on his or her own values. (p. 13). Human growth is becoming who the person truly wants to be.

The major ingredients of caring are: (1) knowing, (2) alternating rhythms, (3) patience, (4) honesty, (5) trust, (6) humility, (7) hope, and (8) courage. Mayeroff states that caring involves knowing about many things. “I must know who the person is, what his strengths and limitations are, what his needs are, and what is conducive to growth; I must know how to respond to his needs, and what my own powers and limitations are . . .” (p. 19). So caring involves knowing self and others. Caring involves implicit and explicit, direct and indirect knowledge, and knowing that and knowing how. Alternating rhythms refer to “moving back and forth between a narrower and a wider point of view” to understand fully (p. 22). Patience is “enabling the other to grow in its own time and in its own way” (p. 23). “Patience is not waiting passively for something to happen, but is a kind of participation with the other in which we give fully of ourselves” (p. 24). The one caring believes in the potential for the other’s growth and must be patient with his or her own growth in caring (p. 24). Honesty refers to being true to self and open with others, seeing truly. Honesty is the foundation for authentic presence.

I must be genuine in caring for the other. I must “ring true.” There must not be a
significant gap between how I act and what I really feel, between what I say and what I feel. To be present for the other, so that the other can be present for me, I must be open to the other. Pretending to be what I am not interferes with being able to relate to the other as an individual in its own right: I cannot be fully present for the other if I am more concerned about how I appear to other people than I am with seeing and responding to its needs. (p. 26)

Mayeroff (1971) asserts that caring is trusting that the person will grow in his or her own time and way (p. 27). This involves letting go of control of the other and trying to impose one’s own will on the other. From this perspective, the nurse who labels someone as “noncompliant” or “nonadherent,” falls short in the ingredient of trust in caring. Humility is understanding that there is always more to know about the other, that the one caring is always learning. The one caring does not have all the answers: “Through caring I come to a truer appreciation of my limitations as well as my powers” (p. 31). Hope is the seventh caring ingredient. For Mayeroff (1971), hope is the belief in the plentitude of the present, “a present alive with a sense of the possible” (p. 32). Finally, courage is living caring through the ability to journey into the unknown with the other.

Mayeroff’s philosophy of caring informed the philosophies and theories of nurse scholars such as Paterson and Zderad, Boykin and Schoenhofer, and Watson. According to Mayeroff, caring is helping the other to grow through coming to know self and others, moving with alternating rhythms, learning more about self and others with humility, trusting that the other knows what is best for self, being honest with self and others in living authentic presence, being patient in the unfolding process of becoming, focusing on possibilities in the moment, and having the courage to journey with the other in the process of becoming.

**Emmanuel Levinas**

Emmanuel Levinas (1906–1995) was a Lithuanian Jewish philosopher who has influenced the thinking of Jean Watson, Katie Eriksson, and others. He studied under Martin Heidegger, and introduced Husserlian and Heideggerian phenomenology to France; however, later in his life, he renounced Heidegger for his connections to the Nazis.

Levinas (1969) is known for his assertion of ethics as first philosophy. Although the conventional philosophy of the time placed ontology, the study of being or existence, as the primary question, Levinas argued that belonging or being for another was most essential. While Heidegger’s emphasis was *dasein* or being in the world or being with the other, Levinas’ philosophy is belonging for the other, which includes the responsibility to care, and to act to alleviate suffering. In this way, his writing holds profound meaning for the caring theorists.

Levinas (1969) argues that the human condition implies responsibility and commitment to the other. Caring for another implies being face-to-face in a human encounter. This human encounter, gazing into the eyes of the other, breaks through the mask of objectivity. Levinas (1969) stated that “the eyes break through the mask—the language of the eyes, impossible to dissemble” (p. 66). In his ethic of face, he reminds us that looking on the face of the other connects one to the humanity of the other. “The face of the Other at each moment destroys and overflows the plastic image it leaves me [. . .]. The face is a living presence; it is expression” (Lavoie, De Koninck, & Blondeau, 2006, p. 225). This face-to-face encounter illuminates both connection and separation. The subjectivity of the self is known through apprehending the subjectivity of the other through this face-to-face encounter. By knowing self as subject and other as subject, there is an experience of shared humanity. At the same time, by knowing self as subject, there
is a recognition of the other as separate from the self. In the face-to-face encounter, we touch Infinity (Levinas, 1969).

Levinas’ (1969) work is an ethic in that it lays a foundation for the moral imperative of caring. The ethic of face compels care. “The human face obliges each and every one of us, leaving no possibility ‘to remain deaf to its appeal’ or to ‘cease being responsible” (Lavoie et al., 2006, p. 230). Indeed the human being is a responsible being (p. 228). This responsibility gives life meaning. There is the responsibility to be available for the other, not only being with the other. Levinas emphasizes goodness and compassion at the very heart of care (Lavoie et al., 2006, p. 230). Compassion is expressed in action; it is not sufficient to feel with the other, and this is a strong foundation for caring in nursing.

In this introductory chapter to our anthology, we present an overview of the central place of caring in the discipline of nursing. We offered an overview of the dialogue surrounding this. Finally, we summarized Mayeroff’s and Levinas’ philosophies that serve as the foundation to classic nursing texts on caring. The readers are invited to go deeper into these philosophies to more fully comprehend their meaning. This chapter is an invitation to enter into an exploration of the classic works on caring within nursing.

REFERENCES


QUESTIONS FOR REFLECTION

Baccalaureate
• How did Newman, Sime, and Corcoran-Perry define the focus of the discipline of nursing?
• Identify, describe, and provide an example of two of Mayeroff’s caring ingredients.
• What is your definition of the focus of the discipline of nursing? Is caring a part of that definition? Why or why not?

Master’s
• What is the difference between a discipline and a profession? How do Donaldson and Crowley characterize a discipline?
• What was Martha Rogers’ concern about the emphasis on caring in nursing? How would you respond to her concern?
• Provide an example of how humility is an important ingredient of living caring in nursing.

Doctoral
• Should caring be a defining element in the nursing metaparadigm? Support your answer.
• Respond to Paley’s analysis that caring knowledge is no better than consulting a thesaurus on the term “caring.”
• Provide a brief synopsis of Levinas’ ethic of face and relate it to one nursing theory related to care or caring.