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## Original Article

## Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study

Holly Wei <sup>a,\*</sup>, Jean Watson <sup>b</sup><sup>a</sup> College of Nursing East Carolina University, Greenville, NC, USA<sup>b</sup> Watson Caring Science Institute, Boulder, CO, USA

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## ABSTRACT

**Objectives:** As Watson's Human Caring Theory continues to evolve and guide the discipline of nursing, the challenge is to find ways to integrate it into practice. The purpose of this study is to describe interprofessional team members' perspectives on human caring based on the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory within the Unitary Caring Science.

**Methods:** This is a qualitative directed content analysis study, taking place in a Children's Hospital in the United States between November 2017 and April 2018. Information redundancy was utilized to guide the recruitment. Data were collected via a one-time face-to-face individual interview. A qualitative directed content analysis was conducted using Watson's Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy as a coding framework.

**Results:** Twenty-seven healthcare professionals participated in the study. Interprofessional human caring, based on the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy, was referred to as performing loving-kindness to patients, each other, and self; maintaining faith-hope in teamwork; valuing inter-subjective interactions and building trust among team members; cultivating heart-centered-caring relations; acknowledging and processing positive and negative feelings non-judgmentally; applying all ways of knowing in caring; encouraging reciprocal teaching-learning; developing caring-healing environments collaboratively; respecting human dignity of patients and each other; and being open-minded to the unknowns and believing in miracles.

**Conclusions:** Watson's Human Caring Theory can be an underlying guide to enrich human-to-human relations and create a caring-healing environment. When human caring is applied in interprofessional teams, healthcare professionals find a caring consciousness to care for oneself and each other and promote patient care.

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## 1. Introduction

A rich body of theory has been developed to guide the discipline of nursing. One of the theories is Watson's Human Caring Theory [1]. This theory, founded in the notions of a holistic perspective and transpersonal psychology, has a deep value system built on a continuing ethical-epistemic-ontological and a unitary worldview [1]. The main gist of Watson's Human Caring Theory is the transpersonal relationships and the human-to-human caring moments [1,2].

Literature reviews demonstrate that Watson's Human Caring Theory is widely used to guide nursing education, practice, and research internationally [3,4]. Interventions based on Watson's Human Caring Theory show promise in promoting patients' psychological health, nurse job satisfaction and engagement, and nursing students' confidence in clinical performance [3]. The assumptions underlying the research studies are that the principles of human caring are universal and can be found across disciplines [3,4]. The noticeable strengths of the Watson's Human Caring Theory include the continual advancement of the theory and the persistent international interest in the theory-based education, practice, and research, contributing to a unitary caring-healing environment and the best patient care quality.

Positive patient and nurse outcomes are evident when the core values of Watson's Caring Science are embedded in practice [3,5].

\* Corresponding author. 3123 Health Science Building, College of Nursing, East Carolina University, Greenville, 27858, USA.

E-mail address: [weih16@ecu.edu](mailto:weih16@ecu.edu) (H. Wei).

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Promoting patient care quality requires the collaborations among interprofessional teams [6–8]. The culture of healthcare has been shifting from isolated individualistic work to incorporated inter-professional collaborations, but the shift has been slow and lacked persistent success [9]. While Watson's Human Caring Theory is widely utilized in nursing, it, however, lacks concrete evidence from an interprofessional perspective. This study helps further the research and validate the relevance of this theory across disciplines.

According to Watson's Human Caring Theory, caring is a process including Ten Carative factors [2] which evolve to Ten Caritas Processes<sup>®</sup> [1]. The Ten Caritas Processes<sup>®</sup> include: practicing loving-kindness to self and others; being authentically present to enable faith, hope, and the inner-subjective life world of oneself and others; fostering one's own spiritual practices; developing trusting interpersonal caring relationships; forgiving and showing empathy to self and others; using all ways of knowing; engaging in genuine teaching-learning experiences; creating a caring-healing environment for all involved; valuing humanity; and embracing the unknowns and miracles in life [10].

As the theory progresses, the Ten Caritas Processes<sup>®</sup> further advance to Caritas-Veritas Literacy in Unitary Caring Science [1]. Veritas represents the eternal values of honoring human caring [1]. The corresponding Caritas-Veritas Literacy underlying the Ten Caritas Processes<sup>®</sup> is captured by one keyword for each of the Caritas Processes<sup>®</sup>. These keywords are: "Embrace (Loving-Kindness), Inspire (Faith-Hope), Trust (Transpersonal Self), Nurture (Relationship), Forgive (All), Deepen (Creative Self), Balance (Learning), Co-create (Caritas Field), Minister (Humanity), and Open (Infinity)" [1 (pp. 138–140)]. When grounded in the Unitary Caring Science, nursing actions are considered as sacred healing acts, addressing a person's needs in a holistic caring-healing perspective [1,11]. As the philosophy and core values of the theory progress, the challenge is to find ways to transform and implement the Unitary Caring Science in everyday clinical practice, especially in interprofessional team collaborations.

Interprofessional teamwork seeks to re-pattern and improve the structure and process of patient care delivery. Promoting inter-professional collaborations has proved its significance in patient care [12]. Understanding team members' perspectives on human caring can provide insights to foster interprofessional collaborations. Therefore, the purpose of this study is to use a qualitative directed content analysis to validate interprofessional team members' perspectives on human caring based on the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory within the Unitary Caring Science.

## 2. Methods

### 2.1. Study design

This is a qualitative directed content analysis study discovering healthcare professionals' perceptions of human caring on inter-professional teams. The directed content analysis is a methodology that explores a phenomenon of interest using a theory as a guide [13,14]. The theoretical framework for this study is Watson's Theory of Human Caring [1]. By means of this methodology, researchers use the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory as a guide to describe the phenomenon of interprofessional human caring.

### 2.2. Setting and sample

This study was approved by the Institutional Review Board of

the first author's university. The study took place in a Children's Hospital in the United States between November 2017 and April 2018. Participants included were those who were full-time and caring for children in a pediatric intensive care unit and intermediate care unit where interprofessional collaborations were vital for patients' survival and care. Professionals were excluded if unwilling to share their experiences. Information redundancy [15] was used to guide the recruitment, based on which a convenience sample of twenty-seven self-selected professionals was included.

To make the study known, information flyers were posted on the relevant units where recruitment took place. The information in the flyers included the title of the study and the contact information of the first author. The flyers also indicated that the inquiry of the research study would not obligate their participation in the study, but help them learn more about the study to make informed decisions on whether to participate. When contacted, the first author set up an appointment and met them to explain the study in detail.

### 2.3. Data collection

Two forms of data were collected from participants: a demographic survey and a face-to-face in-depth individual interview. Participants completed the demographic survey prior to the interviews which were audio-taped and transcribed. The time of the individual interviews lasted from 45 to 75 min.

The first author (HW) was the interviewer of the study. Interview questions were developed by the research team – the authors of the study, which included "What does human caring mean to you?" "Could you please tell me your experiences of caring on interprofessional teams at work?" During the entire time of the interview, the interviewer stayed in true/authentic human caring presence with the participants, listening attentively, and using probing questions to encourage discussion. Interviews were designed to inquire into participants' perceptions of human caring in acute care settings. Probing questions were "what do you mean when you say ... ?" and "would you please share an example of ... ?" Field notes were taken during the interviews.

### 2.4. Data analysis

The data analysis of the study followed the suggestions provided by Hsieh and Shannon [13] and Assarroudi et al. [14]. The initial coding categories were based on the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory [1]. NVivo, a qualitative data analysis software, was used to aid the data analysis.

The first author (HW) was the primary coder of the study. She discussed the codes with the second author (JW) along the coding process. If disagreement occurred, the original transcripts were referred to for clarification. The main steps of the directed content analysis included: reading transcripts as a whole to have a feel of the essence of participants' descriptions of human caring; using the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy as the initial coding categories; selecting participants' quotes supporting the particular code; reflecting on the central ideas extracted and synthesizing participants' perceptions; and converting participants' perceptions of human caring into a written form.

### 2.5. Strategies to achieve rigor in the study

The first author (HW) conducted the initial categorization and the second author (JW) then confirmed the selection of the quotes

in the categories. When disagreement occurred, the original transcript was referred to understanding participants' meanings. To produce insightful appraisals of participants' perceptions of human caring on interprofessional teams, the authors followed Sandelowski's [16] recommendations on maintaining rigors of qualitative research including credibility, fittingness, auditability, and confirmability. In establishing credibility, the authors made sure that the findings were honest to participants' experiences and descriptions. To ensure fittingness, the participants of the study were all healthcare professionals who worked in the acute care setting that required a higher level of collaborations. To maintain auditability, a clear audit trail was reserved during the research process. For confirmability, the authors assured that the findings were based on participants' quotes across the research data source and exemplified the data as a whole.

### 3. Results

#### 3.1. Participants

Twenty-seven healthcare professionals participated in the study. While the participants were multi-discipline professionals, nurses and physicians accounted for the majority of the participants, 11 (40.74%) and 8 (29.63%) respectively. More participants were female (22; 81.48%). Their age ranged from the twenties to over fifties. Their healthcare work experience spanned from 1 year to more than 30 years. The participants were diverse in race and ethnicity. The detailed demographics of the participants are displayed in Table 1.

#### 3.2. Participants' perceptions of human caring on interprofessional teams

Categorized according to the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory, each caritas is explained based on the theory and described from an interprofessional perspective. The connection between the theory and interprofessional practice is exemplified by participants' narrative

**Table 1**  
Demographics of participants ( $n = 27$ ).

| Demographics                     | Categories            | $n$ (%)   |
|----------------------------------|-----------------------|-----------|
| Gender                           | Female                | 22 (81.5) |
|                                  | Male                  | 5 (18.5)  |
| Age                              | 22–35                 | 11 (40.7) |
|                                  | 36–45                 | 7 (25.9)  |
|                                  | 46–55                 | 6 (22.2)  |
|                                  | ≥56                   | 3 (11.1)  |
| Years of Professional Experience | <10                   | 15 (55.6) |
|                                  | 10–20                 | 5 (18.5)  |
|                                  | 21–30                 | 4 (14.8)  |
|                                  | >30                   | 3 (11.1)  |
| Profession                       | Nurses                | 11 (40.7) |
|                                  | Physicians            | 8 (29.6)  |
|                                  | Nurse Practitioners   | 3 (11.1)  |
|                                  | Chaplains             | 2 (7.4)   |
|                                  | Physician Assistant   | 1 (3.7)   |
|                                  | Nursing Assistant     | 1 (3.7)   |
|                                  | Respiratory Therapist | 1 (3.7)   |
| Education Level                  | Associate Degree      | 2 (7.4)   |
|                                  | Bachelor Degree       | 10 (37.0) |
|                                  | Master's Degree       | 7 (25.9)  |
|                                  | Doctorate Degree      | 8 (29.6)  |
| Race/Ethnicity                   | Caucasian             | 19 (70.4) |
|                                  | African American      | 3 (11.1)  |
|                                  | Asian                 | 3 (11.1)  |
|                                  | Hispanic              | 2 (7.4)   |

examples. Table 2 displays the meaning of each caritas process from an interprofessional perspective and the connection between participants' narratives and the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of the theory.

#### 3.2.1. Embrace (loving-kindness): performing loving-kindness to patients, each other, and self

The first caritas process is the practice of loving-kindness and being compassionate towards oneself and others. Human caring is to perform loving-kindness not only to others but also to oneself. Embracing and caring for oneself is foundational for one to have the capability of caring for others. The enactment of Loving-Kindness opens one up to connectedness with self, recognizes the acts of others' kindness, and validates the uniqueness of each other.

As to the perceptions of loving-kindness at a work environment, a physician voiced, "As healthcare professionals, only having medical knowledge is not enough. We need to have a loving heart toward patients." Another physician expressed, "I am thankful for the people I work with. We all support each other. To do a great job taking care of patients, we also need to be compassionate to ourselves." A nurse also realized the importance of self-care. She admitted, "I tend to push myself to the limit. But when I do, I feel ill and burnout. What I've learned is that we cannot really love others unless we also love and care for ourselves."

Human caring is performing loving-kindness to patients, each other, and self. Loving-Kindness, from an interprofessional perspective, is an action or consciousness in which one loves oneself and others on the team. Showing loving-kindness for oneself and team members can be done in various forms. Examples include accepting and offering help from and to others and being authentically present. Healthcare professionals need to be open to the notion that during a caring moment, the benefits for caregivers and receivers are reciprocal.

#### 3.2.2. Inspire (faith-hope): maintaining faith-hope in teamwork

Inspiring faith-hope is to maintain faith-hope and belief in life. With faith-hope, one sees life as mysteries to be discovered instead of problems waiting to be solved. When believing in faith-hope, one is willing to seek caring arts and sciences as resources to promote healing.

A physician stated, when she thought of interprofessional caring, she thought of sports teams. She said, "Having faith is crucial for a team. In sports, games are filled with ups and downs. It is important for team members to have faith toward each other and to believe what we can accomplish together." Another physician affirmed a similar notion. He believed, "Everybody plays a role on a team. It is vital to develop an atmosphere making members feel a sense of belonging." A nurse stated that she was often inspired by what patients went through. She voiced, "Human caring is to put oneself in someone else's shoes. What patients go through inspires me to be kinder. What brings me to work is my faith in great things to rise."

From an interprofessional perspective, having faith is to believe that the end results of team collaborations are greater than isolated individualistic efforts. When having faith in team members, one views interprofessional collaborations as opportunities to grow together and advance. Building a team filled with faith-hope requires team members to develop a sense of trust and belonging, which can inspire team members' moral and ethical commitment to the team to achieve high-standard patient care.

#### 3.2.3. Trust (transpersonal self): valuing inter-subjective interactions and building trust

This caritas confirms that to trust is to hold others with unre-served love and regard and is the inter-subjective human-to-

**Table 2**  
The meaning of each caritas process from an interprofessional perspective.

| The Ten Caritas Processes <sup>®</sup> /<br>Caritas-Veritas Literacy | The meaning of the caritas from an<br>interprofessional perspective              | Examples of participants' narratives  |
|--|--|---|
| <i>Embrace</i> (Loving-Kindness)                                     | Performing loving-kindness to patients, each other, and self                     | "As healthcare professionals, only having medical knowledge is not enough. We need to have a loving heart toward patients."<br>"I am thankful for the people I work with. We all help and support one another."<br>"What I've learned is that we cannot really love others unless we also love and care for ourselves."   |
| <i>Inspire</i> (Faith-Hope)  | Maintaining faith-hope in teamwork   | "It is important for team members to have faith toward each other and to believe what we can accomplish together."<br>"Human caring is to put oneself in someone else's shoes. What patients go through inspires me to be kinder."<br>"Everybody plays a role on a team. It is vital to develop an atmosphere making members feel a sense of belonging."                              |
| <i>Trust</i> (Transpersonal Self)                                    | Valuing inter-subjective interactions and building trust among team members      | "Human caring helps team members trust one another and bond."<br>"I like the team spirit here. I feel comfortable to talk and listen to my teammates, and address concerns."<br>"Working on interprofessional teams, professionals need to trust one another and acknowledge our uniqueness so that we can work together well."   |
| <i>Nurture</i> (Relationship)  | Cultivating heart-centered-caring relations and honoring one another's expertise | "The relationships that I build with patients and team members make me feel proud."<br>"If someone is not doing well on a team, we need to find ways to bring his spirit up so that we can all work well on the team."<br>"Pleasant workplace relationships facilitate the bonding and performance of a team."  |
| <i>Forgive</i> (All)   | Acknowledging and processing positive and negative feelings non-judgmentally     | "Caring to me is learning how to let go the grudges and connect with one another in a positive manner."<br>"Forgiving is not only about others but also about me. When I forgive others, I have the benefit too."<br>"We are healthcare professionals, yet we are also human beings who need to forgive and connect."   |
| <i>Deepen</i> (Creative Self)  | Applying all ways of knowing in caring   | "I need both the medical knowledge and a caring heart to be a good team member."<br>"We work as a team. All team members bring different aspects of knowledge, the science and arts, to the team."<br>"[As a chaplain], a part of my job is to remind patients and everybody around patients that the emotional and spiritual aspects of caring are also important."                  |
| <i>Balance</i> (Learning)  | Encouraging reciprocal teaching-learning   | "New staff need not only information, facts, and data, but also mental support, encouragement, and reassurance."<br>"Teaching is not just the transfer of knowledge, but a heart-to-heart dialogue and connection."   |
| <i>Co-create</i> (Caritas Field)                                     | Developing caring-healing environments collaboratively                           | "I love the team spirit here. When I am busy, I have someone to rely on. When I feel sad, I have someone to talk to."<br>"A healing environment is a place where both your body and soul can get a rest."<br>"Creating a healthy environment starts from our own hearts."   |
| <i>Minister</i> (Humanity)   | Respecting human dignity of patients and each other                              | "We all have one identification that is human and have an obligation to respect one another's human dignity."<br>"When caring for patients and co-workers, I always think of what I would like to be treated in that particular situation."<br>"Human caring is to respect and support one another, instead of bullying and talking bad behind each other's back."                    |
| <i>Open</i> (Infinity)   | Being open-minded to the unknowns and believing in miracles                      | "I want to help people [parents, children, and healthcare staff] find and connect to their spirituality or internal resources that can help them cope and make them feel that life is meaningful and hopeful."<br>"We ought to look for our inner energy source to combat the traumatic experiences and believe miracles."<br>"We need to believe what we can do together as a team." |

human relationship. The transpersonal self signifies a relationship between caregivers and receivers during caring. At a caring occasion, the energy between caregivers and receivers is interchangeable and the benefits between them are reciprocal.

A physician indicated that human caring helped team members trust one another and bond. He said, "Working on interprofessional teams, professionals need to trust one another and acknowledge our uniqueness so that we can work together well." A nurse affirmed, "I like the team spirit here. I feel comfortable to talk and listen to my teammates, and address concerns."

Interprofessional human caring is to trust and value one another's strengths and contributions to a team and create a transpersonal self. These findings demonstrate that the success of a team is a collective effort and requires the partnership of all involved. Trusting each other and appreciating one another's expertise are foundations for an effective team. This caritas presents the necessity of the creation of the transpersonal self to trust and support

one another. To mature a caring-healing profession/discipline, the practice requires the cultivation of everyone's knowing, doing, and being sensitive to one self's and others' contributions.

### 3.2.4. *Nurture (relationship): cultivating heart-centered-caring relations*

Nurturing relationships is key in developing genuine human-to-human connections. When people with different background enter a relationship that is authentic and cherishing a human-to-human transaction, they can expand one another's worldview and discover new possibilities of oneself and others. Relationships created in caring moments – established out of love and compassion – are healing for oneself and others.

A nursing assistant said, "When physicians and nurses leave patients' rooms, I have the privilege to go in and support patients. The relationships that I build with patients and team members make me feel proud." A physician assistant stated, "If someone is

not doing well on a team, he cannot concentrate on the team play. We need to find ways to bring his spirit up so that we can all work well on the team.” A nurse voiced, “Pleasant workplace relationships facilitate the bonding and performance of a team. Nurses are like the glue of a team, who connect the different providers together.”

Human beings crave social connections. The core of this *caritas* is that when healthcare professionals with various expertise work together in a human-to-human transaction where they share human experience and honor one another's expertise, they can help one another achieve their fullest potentials and produce the highest quality of care. Nurturing and attaining optimal relationships at work can help team members value one another's roles and lift team spirits.

### 3.2.5. *Forgive (all): acknowledging positive and negative feelings non-judgmentally*

Forgiving is to bestow ourselves the wisdom and freedom to acknowledge ourselves' and others' feelings, understand one another's perspectives, and process our emotions non-judgmentally. Feelings are subjective and cannot be judged right or wrong. Human caring is to accept feelings in a non-judgmental way and recognize that human healing is an inner journey.

A nurse said, “Caring to me is learning how to let go the grudges and connect with one another in a positive manner. Forgiving is not only about others but also about me. When I forgive others, I have the benefit too.” A respiratory therapist stated, “It's really important to lift one another up by giving praises to each other. If a patient says something nice about somebody, I make sure to tell him/her.” A chaplain summarized, “We are healthcare professionals, yet we are also human beings who need to forgive and connect. The tactics which help us relate to the people with whom we serve and work are forgiving and being a good listener.”

Forgiving, from an interprofessional human caring perspective, is bearing witness to one another's experiences/stories and embracing peace, hope, and gratefulness. Healthcare professionals face patient sufferings on a daily basis, which may result in diverse feelings. Human caring is to create a work environment where individuals can acknowledge and process positive and negative feelings non-judgmentally.

### 3.2.6. *Deepen (Creative Self): applying all ways of knowing in caring*

To deepen the caring-healing practice needs professionals to creatively use themselves during caring processes. The Creative Self requires the application of all ways of knowing, combining medical sciences and the artistry of caring. Promoting a caring-healing process compels the integration of science, arts, ethics, and personal experiences to optimize the manifestation of caring science.

All participants brought up the notion that medical knowledge alone was not sufficient to perform well in clinical settings. It required the science of medical knowledge and caring to provide the best care to patients. A nurse conveyed, “I appreciate the knowledge that I learned in school, which helped me build a solid foundation for my work. But, I need both the medical knowledge and a caring heart to be a good team member.” A physician articulated, “An interprofessional team can include many: nurses, physicians, chaplains, recreation therapists, social workers, pharmacists, patients, families, and so on. We work as a team. All team members bring different aspects of knowledge, the science and arts, to the team.” A chaplain articulated,

I think my role is unique because it's a particular kind of caring in a clinical setting. [As a chaplain], a part of my job is to remind patients and everybody around patients that the emotional and

spiritual aspects of caring are also important. For instance, when a family is in the crisis, they need somebody to listen to them and give them a chance to tell their experiences/stories ... No one professional can do it all to the best for patients and families. We can all use our strengths to serve the people we care, which requires the blend of science and art.

High patient care quality demands the combination of medical science and caring science. Interprofessional collaborations are a great way of providing the best quality of care because of the creative use of interprofessional team members with various expertise. Effective collaborations are present when diverse forms of knowledge and all ways of knowing are honored on a team.

### 3.2.7. *Balance (learning): encouraging reciprocal teaching-learning*

Transpersonal teaching-learning can be seen as a relational accountability in which relationships and teaching-learning responsibilities are guided by love and respect. This relational accountability encompasses building meaningful and trusting intersubjective relationships when teaching and learning are taking place. Learning is not merely an occasion of receiving information or data, but a process honoring the information-receiver as a whole person who has physical, psychological, and spiritual desires.

One nurse described how a teaching-learning moment changed the way she thought of precepting. She said that one time, she saw a new graduate nurse was stressed out and crying in breakroom after the new nurse's preceptor taught her a procedure that the new graduate nurse had difficulties in performing. The nurse said that “That occasion made me reflect on my own teaching-learning experiences and how I teach others.” A physician affirmed, “New staff need not only information, facts, and data, but also mental support, encouragement, and reassurance.” A nurse practitioner affirmed, “Teaching is not just the transfer of knowledge, but a heart-to-heart dialogue and connection.”

Healthcare professionals are in a constant state of teaching-learning. Teaching is not a simple act of giving information, but an event in which healthcare professionals need to have a heart-to-heart connection with learners. When human caring and relational accountability are integrated into the teaching-learning process, the process can be turned from task-driven occurrences to relationship-filled caring moments.

### 3.2.8. *Co-create (Caritas Field): developing caring-healing environments collaboratively*

*Caritas Field* denotes a caring-healing environment at both physical and non-physical levels, by which human beings' wellness and wholeness can be enhanced. Promoting human beings' well-being needs a healing environment that allows caring-healing – human beings' comfort, peace, and harmony – to occur. This *caritas* process emphasizes the unitary perspective of human beings and that a healing environment cannot be created in isolation.

One nurse expressed, “I love the team spirit here. When I am busy, I have someone to rely on. When I feel sad, I have someone to talk to.” A chaplain conformed, “Our mind-body-soul are closely connected. A healing environment is a place where both your body and soul can get a rest. Creating a healthy environment starts from our own hearts.”

Interprofessional human caring is to work together and create a caring-healing environment which comprises an external setting that provides aesthetics, safety, and privacy, and an internal milieu that offers peace, calm, and comfort. A unitary caring-healing environment emphasizes the interconnectedness of human beings' body, mind, spirit, and environments. The development and maintenance of the caring-healing environment are a collaborative

effort of all interprofessional team members.

### 3.2.9. *Minister (humanity): respecting the human dignity of patients and each other*

Respecting humanity and human dignity is an ethical foundation for all healthcare professionals. When attending to human beings' needs with a caring consciousness, the caring actions are considered as sacred acts. The administration of the sacred acts can potentiate the wholeness of human beings and unify the mind-body-spirit.

A chaplain spoke, "We all have one identification that is human and have an obligation to respect one another's human dignity." A nurse affirmed, "Growing up, I was always taught 'do unto others as you would have them do unto you.' When caring for patients and co-workers, I always think of what I would like to be treated in that particular situation." Another nurse stated, "Human caring is to respect and support one another, instead of bullying and talking bad behind each other's back."

Healthcare professionals are in a privileged position to care for others at their most vulnerable times and enter into their most private physical and body-mind-personal space. In a life journey, healthcare professionals are both caregivers and care-receivers at different time points. While respecting human dignity is mainly meant towards patients, it is also applied to colleagues. A caring-healing environment should promote human dignity for all entities, including patients, families, and healthcare professionals.

### 3.2.10. *Open (infinity): being open-minded to the unknowns and believing in miracles*

This caritas conveys the opportunities for human beings to embrace unknowns and allow ourselves to open to miracles. While healthcare advances drastically, it is still filled with uncertainties and ambiguities. Opening to infinity is a notion in which human beings identify an inner energy source, find ways to connect to it and sustain hope and belief.

A chaplain explained that one of his roles as a chaplain was to support people during their difficult times, including parents, children, and healthcare staff. He said, "I want to help people [parents, children, and healthcare staff] find and connect to their spirituality or internal resources that can help them cope and make them feel that life is meaningful and hopeful." Another chaplain confirmed that there were traumatic events happening in hospitals. Patients' conditions were unpredictable which could be traumatic to healthcare professionals. She advised, "We ought to look for our inner energy source to combat the traumatic experiences and believe miracles." A physician affirmed, "We need to believe what we can do together as a team."

Interprofessional human caring is to be open for unknowns and spirituality. Healthcare may be filled with uncertainties, but it is also full of wonders. It is the mysteries that motivate healthcare professionals to work together and support one another in the wholeness.

## 4. Discussion

This study demonstrates that each of the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy of Watson's Human Caring Theory is affirmed through the findings which in turn, have also validated each aspect of the theory. Interprofessional human caring is the caring consciousness in which one loves self and others, respects one another's beliefs and holistic needs, creates the transpersonal self to develop caring occasions, builds genuine human connections, and uses all ways of knowing to care. Human caring, from an interprofessional perspective, is transpersonal (between human

beings and across disciplines), intentional (purposeful), and transcendent (uplifting), which affects the unitary field of the whole system of a human being and the dynamics of an interprofessional team. Interprofessional human caring is an indispensable core in interprofessional collaborations and a bridge that connects the interdisciplinary professionals.

The study agrees that being compassionate for others begins with the caring for oneself. Loving-caring and being sensitive to self and cultivating a sense of belonging are a foundation to be caring for others. It is noted that when having the human caring in mind, interprofessional team members have a desire to care, be cared for, and have a sense of belonging to promote patient care quality as well as self-care. A sense of belonging is an underlying need for human being's wellbeing because it makes one feel complete and needed in the society [17,18].

The notion of self-caring and having a sense of belonging can be significant in healthcare. Currently, healthcare faces a wide-spread phenomenon, professional burnout. Healthcare leaders have been looking for ways to promote nurse resilience and self-care [19]. Traditionally, a notion is that healthcare is only about patients and families. While this notion is fundamental and correct, to provide the best quality of care to patients requires physically and psychologically healthy healthcare professionals [20]. It is obvious in the study that fostering interprofessional human caring among team members could promote team spirits and combat professional stress. Healthcare professionals need to embrace the concept that caregiving and care-receiving are not mutually exclusive, but are reciprocal. This study shows that when working with co-workers who are caring and supportive, team members feel the joy to work. Workplace culture and environments affect patient care quality [21,22].

The caring relations built among interprofessional team members can play a pivotal role in creating a caring-healing environment not only for patients but also for one another. When living out the caring processes, team members become a support system for one another. By doing so, team members act as the last line of defense for each other and patients. The mentality of being the last line of defense could be key to ensure patient safety. Medical errors are currently the third leading cause of death in the United States [23]. This study shows promise to apply caring principles at work, enhance collaborations, and act as one another's support system.

The findings indicate that developing a caring-value-based literacy among team members may promote interpersonal relationships and help team collaborations. Research shows that creating a caring culture in healthcare results in positive patient, nurse, and organization outcomes [5,22]. Human beings receive motivation from individuals who radiate higher vibration energies with loving-kindness. A positive and constructive work culture and environment are important sources of healing to patients, families, and professionals [24].

*Limitations and future research:* The purpose of this study is to explore the meaning of human caring from an interprofessional team members' perspective. Because of the characteristics of a qualitative study conducted in a children's hospital, it is not the intention of the study to generalize the findings. However, this study has provided a systematic description of human caring in an interprofessional setting based on Watson's Human Caring Theory. The findings provide evidence that validates the link between healthcare professionals' everyday clinical practice and the Ten Caritas Processes<sup>®</sup> of Watson's Human Caring Theory. Future research may use the examples as a foundation to further develop educational materials to implement the Ten Caritas Processes<sup>®</sup>/Caritas-Veritas Literacy in interprofessional clinical practice.

## 5. Conclusion

Healthcare is a multifaceted environment composed of different services and professionals. To ensure patient safety and the quality of the whole person/whole system care, effective interprofessional collaborations are imperative. While interprofessional collaboration is a complex process, Watson's Human Caring Theory can be an underlying guide to enrich human-to-human relations and create a caring-healing work environment. When human caring is applied in interprofessional teams, healthcare professionals find a caring consciousness to care for oneself and each other, and thus promote patient care.

## Author contributions

WEI and WATSON conceived the study. WEI collected the data which were co-analyzed by the authors. Both WEI and WATSON contributed to the writing and revising of the manuscript substantially. WEI is the corresponding author and takes responsibility for the paper as a whole.

## Conflicts of interest

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

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijnss.2018.12.001>.

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