

Original Article

Teaching Compassion: Incorporating Jean Watson's Caritas Processes into a Care at the End of Life Course for Senior Nursing Students

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Abstract

The course, Care at the End of Life, currently open to senior nursing students at a small liberal arts college in a north-eastern city in the United States, incorporated Watson's Theory of Human Caring as the framework. Through required readings from Watson's publications, videos, lectures, guest speakers, discussion, assignments and projects, students were introduced to the foundation of Caring Science as they addressed issues faced by patients, families, and health care providers at the end-of-life. Students reported that following the course they were more aware of how to provide compassionate care at the end of life.

Key words: nursing education, end of life care, palliative care, compassion, compassionate care, Watson, Jean, Caring science, Caritas Processes™

Introduction

Care at the End of Life, is a course which was developed utilizing the End-of-Life Nursing Education Consortium (ELNEC) curriculum (AACN, 2016). End of life care is defined as the care and support provided to people in the period before death. This could refer to the moments preceding death or the months leading up to the patient's death (NIH, 2017). The course includes important topics such as palliative care, symptom management, communication, cultural and spiritual considerations, grief, loss, and bereavement. The Institute of Medicine report on Death in America recommends that all clinicians across disciplines and specialties who care for people with advanced serious illness should be competent in basic end of life care, including communication skills, interprofessional collaboration, and symptom management (IOM, 2014). The American Association of Colleges of Nursing (AACN) has

identified that nursing students are not well prepared to deliver quality care to those patients who are facing serious illness and end of life. Compassion is a necessary element of the care patients require at the end of life. Jean Watson describes compassion as the "capacity to bear witness to, suffer with, and hold dear with in our heart the sorrow and beauties of the world" (Watson, 2008 p 78). Nurses are required to provide competent, compassionate, and culturally sensitive care for patients and their families at the time of diagnosis of a serious illness through the end of life (AACN,2016). As an educator joining the well-established course, one of the authors was faced with the question, how does one teach compassionate care? In answering this question, she came to an understanding that Jean Watson's theory of Transpersonal Care and the Caritas Processes™. (table 1) provides a framework for nurses to foster those human to human connection that is so important in our everyday interpersonal

relationships and even more important for the patient and family at end of life. A major goal for the course is to provide students with a framework for Watson's (2008) Caritas Processes™. This was achieved through various assignments described throughout the article. The author who had developed and taught the course with another colleague for more than a decade found that the intentional focus on Watson's Caritas Processes

was a very meaningful way to explicate the concepts that have been integral to the course. Using Watson's framework allowed for a way for students to "see" (utilizing Watson's description of the purpose of theory as "to see") very clearly the depth and essence of nursing caring in comprehensive, well formulated and accessible way.

Table 1: Jean Watson's theory of Transpersonal Care and the Caritas Processes™.

1	Practicing loving-kindness and equanimity within context of caring consciousness.
2	Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for
3	Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4	Developing and sustaining a helping-trusting, authentic caring relationship
5	Being present to, and supportive of the expression of positive and negative feelings
6	Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7	Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8	Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9	Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10	Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles

Watson, J. (2008). *Nursing : The Philosophy and Science of Caring*. Boulder, Colo: University Press of Colorado.

All ways of Knowing

An important concept that is critical to understand when considering Jean Watson's theory of Transpersonal Care is that of all ways of knowing. Students are called upon to recognize multiple ways of knowing. In health care, especially nursing, we learn about the importance of evidence based practice. Yet through Jean Watson's theory of caring we learn that science is but one way of knowing. We learn about and experience the world through artistic and aesthetic means, ethical and personal or intuitive knowledge. For example, I tell

the students the story of how palliative care nurses on the inpatient palliative care unit will know that the end of life is very near for a patient with a large invasive tumor close to a patient's carotid artery. The nurses will place black sheets on the bed so that the family will not suffer the sight of their loved one hemorrhaging from a carotid rupture from tumor invasion. There is no written policy for this nursing intervention, in fact there is not even a budget for black sheets. Nurses buy these sheets from their own money for patient use. This is the intuitive/personal knowledge that reflects art aspect of the art and science of nursing.

Reflective Journaling

Reflecting on life experiences of patients undergoing care for serious illness is an effective learning tool (Lillieman and Bennet, 2012). Researchers found that the use of reflective journaling about patient care experiences can contribute to the development of the new knowledge and understanding of how to comfortably provide compassionate patient care (Adamson & Dewar, 2015). Throughout the course students were asked to reflect on many of the experiences they witnessed in their clinical area or in their personal lives when they cared for someone during the end of their life. The topic of end of life care can be emotionally intense for novice students. Students were also asked to reflect on the Caritas processes in these examples from their clinical areas or life or in assorted readings of people who wrote in first person about the experience of dying or caregivers and family members. This application of reflection provided a rich story of compassion from the students.

Examples ranged from a discussion of the nurse as the environment, support for patient spiritual and cultural practices in addition to examples of how student nurses created an authentic presence to supporting patient and family member's belief in the presence of miracles. Classroom activities also included guest speakers such as palliative and hospice providers and family members who had experienced the loss of a parent or child. The students were incredibly engaged throughout the classroom experience. The reflections were deep and insightful.

One especially poignant reflective assignment involved students viewing a 2-hour video about the care of a patient facing a life limiting illness in the hospital. Throughout the video the students viewed the main character being subjected to one after another of inhumane behaviors by hospital personnel. Following the viewing students were asked to submit a reflection highlighting the ineffective behaviors and the caring behaviors that could be used instead. Students readily identify the uncompassionate behaviors of the staff members in the film. Students could identify how Watson's Caritas Processes™ could easily be applied to care of a patient at end of life. Having access to Watson's theory of human caring allowed the

students to articulate the meaning behind the behaviors that they recommended for the care of the patient in the film. Caring Science has a role in supporting nurses to deliver the caring and compassionate care they require at this most vulnerable stage of their life.

Practicing Self-Care

Watson's (2008) Theory of Human Caring and Caring Science provides nurses with increased awareness and knowledge needed for compassionate and transpersonal caring relationships that are necessary in quality end of life care. The practice of healthy behaviors by undergraduate health professional students is important not only to their health and success as students, but also to the effectiveness of their professional practice after graduation. A study of professional health care undergraduate students suggests that following the introduction of healthy behaviors education students were more likely to practice healthy behaviors (Roll, Stark, Hoekstra, Hazel, & Barton, 2012).

As health care professionals realize the value of practicing healthy behaviors, they may be more likely to teach healthy behaviors to their patients. Watson's theory emphasizes the need nurses for who are caring for patients with life limiting illness to practice self-care. Students were instructed on day one that they had to choose a self-care practice that they would begin that day and continue throughout the semester. Students were expected to report on their self-care practice at the end of the semester to the entire class.

Examples of self-care practices students used were practicing yoga, writing a gratitude journal, renewal of faith, prayer, meditation, music and poetry. Overwhelmingly students reported that their new-found self-care practice was life changing for them. Many students reported decreased stress and increased awareness of the value of self-care practices. When the well of energy is dry from having been utilized too much and not replenished there is little left to give. This may be where compassion fatigue sets in.

Caring-healing modalities and art

A variety of caring-healing modalities such as massage, therapeutic touch, reiki, aromatherapy, music and art were explored in this course. Caring-

healing modalities and art are additional tools which nurses can bring into the care of their patient at the end of life. These modalities can contribute to quality of life and inner healing experiences (Watson, 2005).

Students explored the creative modalities in a variety of ways. Each class began with a meditation and each class ended with an expression of gratitude. Students were exposed to various healing modalities throughout the course, in addition to meditation and the practice of gratitude such as use of art, therapeutic touch, poetry and writing.

Students worked individually or collectively to develop a creative, artistic expression representing personal meanings and emotions related to caring at the end of life. The presentations which took place during the last day of class included a beautiful art piece reflecting the student's feelings about caring for her patient at the time of her death, a recitation of beautiful piece of poetry, a passionate piano piece, a storybook for parents who had lost a child, the creation of a memory box for the family of a loved one who had died. Interestingly, at the beginning of the class many of the students had expressed that they did not think they were artistic. Yet the presentations flowed with artistic expression. The use of art in health care has been associated with improved outcomes (Rockwood-Lane, 2006).

Through this assignment the students stepped out of their comfort zone and in turn learned more about themselves and discovered yet another tool they can utilize in supporting the care of their patients.

Cultural presentation

Cultural factors significantly influence communication with patients and families at the end of life and must be incorporated into the care of the patient at the end of life. If patients and their families do not receive culturally appropriate care at the end of life they may experience poor quality care (IOM, 2014). Assumptions of patient and family preferences for care at the end of life must not be assumed. Watson's Caritas Process™ number 9 calls on nurses to provide care that potentiates alignment of mind-body-spirit, wholeness in all aspects of care. Students presented

on cultural considerations at the end of life. This assignment allowed for students to consider the care of the whole person recognizing the important role culture plays in end of life care.

Conclusions

Nurses are integral in the support of seriously ill patients, including those who are at the end of their life. It is most important that nurses are competent to provide high quality care to patients at the end of their lives. Through required readings from Watson's publications, videos, lectures, guest speakers, discussion, assignments and projects, students were introduced to the foundation of Caring Science.

Watson's Caritas Processes™ (Watson, 2008), and concepts of caring moments, and multiple ways of knowing were integrated into each of the course modules that address issues faced by patients, families, and health care providers at the end-of-life. Students reported that following the course they felt they were more aware of how to provide compassionate care to their patients at the end of life.

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