ORIGINAL PAPER

Implementation of Watson's Theory of Human Caring: A Case Study

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Abstract

This manuscript presents a case study detailing the application, and the outcome, of the Watson's Theory of Human Caring to an infertile woman receiving in vitro fertilization treatment. The implementations of the ten carative factors, inherent in the theory, to provide a supportive nursing care are chronicled. The sustained nurse-patient interaction and the achievement of the ultimate goal of having the patient reach the phase of "health-healing-wellness" (carative factor #7) were detailed. This case study is an example of the value of a theory-based nursing practice that can enhance human health and healing in stressful life events, such as "the moment" when the patient in this case study realized her inability to have conceived a much desired child, even with promising medical treatments, and turned to her nurse for healing.

Keywords: Infertility, unsuccessful IVF treatment, Watson's theory of human caring

Introduction

Infertility is not only a physiological problem but it is one that can initiate a life crisis that is experienced with psychological, familial, social, and cultural consequences (Devine, 2003). Hence, increasingly, infertile couples look for a recovery from this life crisis and often turn to in-vitro-fertilization (IVF) for solutions. In the beginning of the treatment, couples are hopeful that a pregnancy will occur (Boden, 2007). However, success is not a given, repeated treatments may be needed before fertilization is achieved. Given the recurrent need for retreatment, from the very beginning it is important that health care professional assess how the women may adjust to unsuccessful outcomes. In fact, this early assessment may be the key to prepare them to cope with feelings of failure, loss, hopelessness, and regain the emotional health to initiate retreatment. This early assessment is also necessary because evidence suggests that women cannot become pregnant if they are under emotional distress during the treatments (Durgun-Ozan & Okumuş, 2013; Benyamini, Gozlan & Kokia, 2005; Widge 2005; Verhaak et al, 2005; Franco et al, 2002; Hammarberg, 2001). Further, Fawcett (2005) and others (Chin, 2001; Fawcett et al, 2001), indicate that when unsuccessful IVF treatment occurs, giving nursing care based on nursing-specific theories that provide holistic nursing care, including individual assessment, observation, and a keen focus on problems unique to each woman, may be essential. In terms of clinical application of these studies, it is evident that the women undergoing fertility treatments need constant monitoring of emotional health in tandem with theory-based emotional support, and a nursing approach that is based on close, individualized, when possible, face-to-face contact (Durgun-Ozan & Okumuş, 2013). A recent (2014) randomized study reported that nursing care based on Watson's theory of Human Caring

decreased the negative impact of infertility in women receiving infertility treatment (Arslan-Özkan, Okumuş & Buldukoğlu, 2014).

Therefore, the goal in this particular nursing case study was to prepare an infertile woman to accept an outcome of an initially unsuccessful treatment and, at an appropriate time, support the woman in her decision to try re-treatment. In order to reach this goal, however, it was explore and delineate the kind of nursing interventions that would be effective in helping the infertile woman cope with her negative feelings about self, and thereby, improve her sense of well-being (Payne & Goedeke, 2007). Hence, this case was undertaken to assess and evaluate the implementation of the Watson's theory of Human Caring to the care of a woman who has had unsuccessful IVF treatment at first attempt.

Watson's Theory of Human Caring

The theory of Watson's Human Caring focuses on human and nursing paradigm (Fawcett, 2005). It asserts that a human being cannot be healed as an object. It argues, on the contrary, that he/she is part of his/her self, environment, nature, and the larger universe. In this theory, the environment is defined as comfortable, beautiful, and peaceful (Lukaose, 2011; Watson, 2009; Watson, 2007) and that caring is the moral ideal that entails mind-body-soul engagement with one another. Nursing is categorized as a humanitarian science and characterized as a profession that performs personal, scientific, ethical, and aesthetical practice. Watson's theory of Human Caring aims to ensure a balance and harmony between health and illness experiences of a person. Watson states that in a holistic approach to caring for a human, there are mind-body-spirit sub-dimensions, all of which reflect the whole as the whole is different from her/his sub-dimensions (Jesse, 2006; Fawcett, 2005; Cara, 2003). Therefore, applying Watson's Theory of Human Caring to the nursing care of infertile woman, in this case study, found to be a fitting approach for the following reasons:

1) Theory of Human Caring is people-oriented that accepts the peculiar dimensions of human integrity without compromising its mind-body-spirit (Jesse, 2006; Fawcett, 2005; Watson & Foster, 2003; Rafael, 2000).

2) The theory signifies that love is the most important healing source in nursing care (Watson, 2012).

3) The theory defines nursing as the process of human-to-human caring (Fawcett, 2005) which consists of four basic concepts: healing processes, interpersonal maintenance of relationship, the caring moment, and awareness of healing.

4) The ten carative factors inherent in the theory and the well delineated caritas process (Table 1) provide lucid guide to clinical implementation of the theory. Based on the above characteristics of the theory, the case study design was chosen as a method of study. Case studies are in-depth investigation of a single entity or a small number of entities (Polit & Beck, 2008) which may be an individual, family, group, or other social units. The case study approach is particularly valuable for health science research to test and further develop theories, evaluate programs, and develop interventions. Case studies are empirical methods to demonstrate how a theory may be applied to practice (Baxter & Jack, 2008). Consisted with the method of single case study, the first author, a clinician and a nurse-investigator, developed a practice protocol based on Watson' Theory of Human Caring, to care for an infertile woman who has had unsuccessful IVF treatment.

Case Study

Case Study Objectives

1. Explore theory-based approaches to the holistic care of women with unsuccessful IVF treatment that can assist health care professionals in this specialty to provide effective nursing care.

2. To ascertain the effectiveness of Watson's theory of Human Caring in assisting women to cope with unsuccessful IVF treatments in traditional cultures where women's infertility is equated with dishonor and shame.

Method

Participant selection and ethical considerations

Initially an approval for this single-case case study was obtained from the institutional review board of the medical center that operated the IVP clinic in a city located in the Southern part of Turkey. The participant for this study was, then, randomly selected from the group of individuals receiving care at the clinic. The participant was first asked verbally if she would

be willing to participate in the study. When the response was affirmative, a written consent was obtained. The consent form assured confidentiality and described the specific nature of the case method, and particularly that it was a nursing study. It also stated that the participation was voluntary and that she could withdraw from the study anytime and that the withdrawal would have no impact, what-so-ever, on the care she was receiving.

Table 1. Ten carative factors and caritas processes

Carative factors		Caritas processes
1.	Humanistic –altruistic system of values.	Practicing loving-kindness/compassion and equanimity for self/other.
2.	Enabling faith-hope	Being authentically present; enabling belief system and subjective world of self/other
3.	Cultivation of sensitivity to self and others	Cultivating own spiritual practices; beyond ego-self to authentic transpersonal presence
4.	Helping-trusting, human care relationship	Sustaining a loving, trusting and caring relationship.
5.	Expression of positive and negative feelings	Allowing for expression of feelings; authentically listening and "holding another person's story for them"
6.	Creative problem-solving caring process	Creatively solution seeking through caring process, full use of self; all ways of knowing/doing/being; engage in artistry of human caring-healing practices and modalities
7.	Transpersonal teaching-learning.	Authentic teaching-learning within context of caring relationship; stay within other's frame of reference; shift toward a health-healing-wellness coaching model
8.	Supportive, protective, and/or corrective mental, social, spiritual environment.	Creating healing environment at all levels; physical, nonphysical, subtle environment of energy and consciousness, wholeness, beauty, dignity and peace are potentiated.
9.	Human needs assistance	Reverentially and respectfully assisting with basic needs, holding an intentional, caring consciousness of touching the embodied spirit of another as sacred practice, working with life force/life energy/life mystery of another.
10	Existential-phenomenological-Spiritual forces	Opening and attending to spiritual, mysterious, unknown and existential dimensions of all the vicissitudes of life change; "allowing for miracle." All of this is presupposed by a knowledge base and clinical competence.

(Watson, 2012)

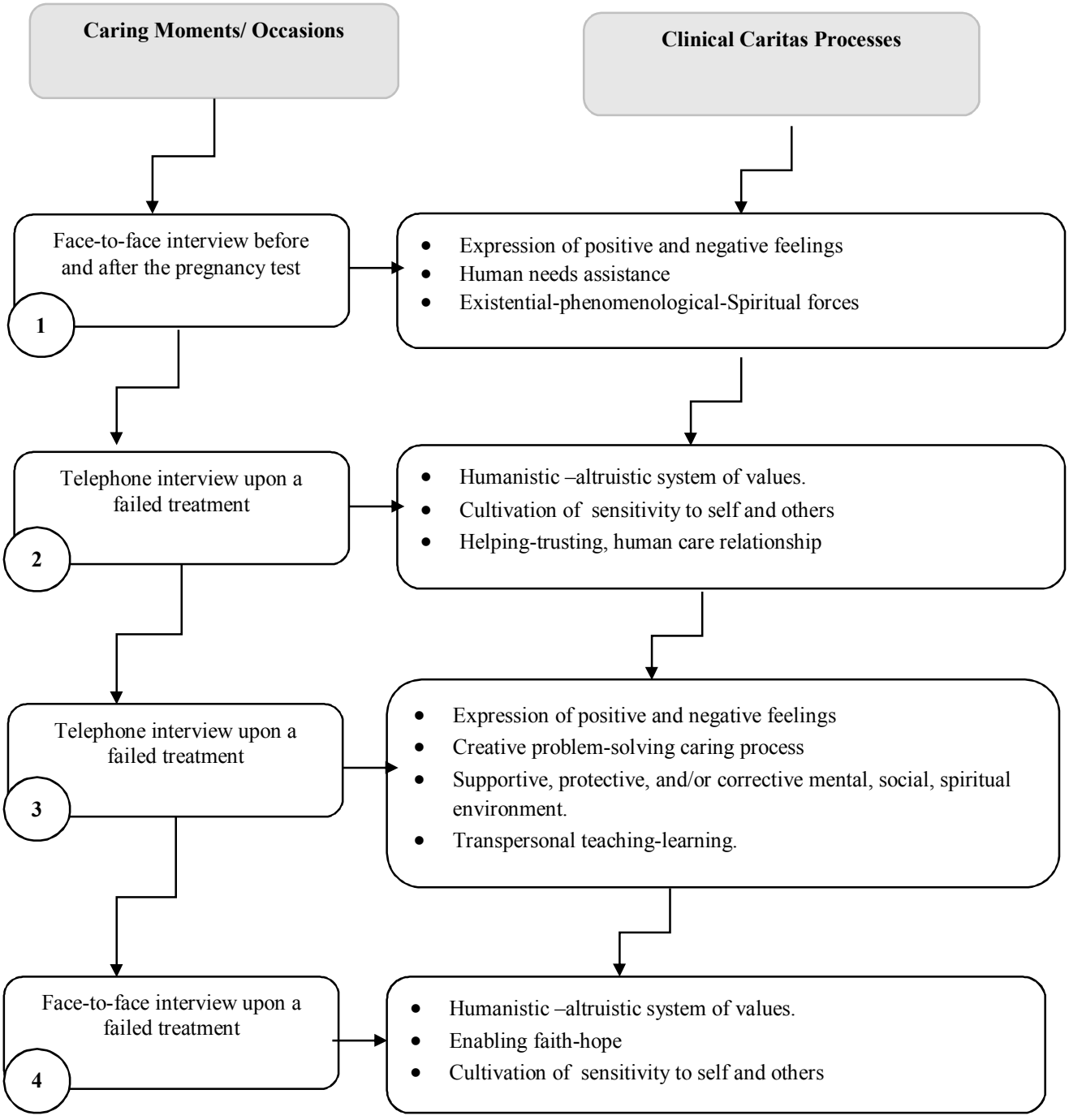

Figure 1. The Process of Caring and-Healing post a Failed IVF Treatment

A separate written consent to audiotape interviews was also obtained. Confidentiality and anonymity, which are a matter of great concern for individuals receiving infertility treatments, were maintained throughout the interviews and in transcriptions by using code names.

The interviews were audiotaped, then, transcribed verbatim in Turkish language. Subsequently, transcriptions were translated from Turkish to English. The final version of the English translation was re-reviewed and refined by the first two investigators. Finally, translation was reviewed and further edited by the third author, bilingual nurse-researcher proficient in both Turkish and English.

Implementation of the Case Study

Mrs. E. Y, is a 23-year-old, junior high school graduate and housewife who lives in the center of an urban city. Mrs. E.Y is Muslim and she introduces herself as a faithful person to her religion and beliefs. Her husband lives in a different city away from the family due to work. Mrs. E.Y has been married for three years.

She indicated that her in-laws expected grandchildren by now, and blamed her for not having had any children. In Turkey, in order for a woman to earn familial respect and social status, she must give birth. If a woman does not become pregnant, she is to blame first and soon becomes stigmatized as "barren". Mrs. E. Y. and her husband, both interested in having several children, have been trying to conceive for the last two years. After two years of no pregnancy they began the IVF treatment. As part of IVF treatments, four oocytes were obtained via the Oosit Pick Up (OPU) operation. To their delight, one of the three alive embryos, resulted in successful fertilization. The fertilized embryo was then transferred to Mrs. E.Y, the other two were frozen per the couple's wish. However, even though the fertilization process was successful the pregnancy did not seem to occur. Ms. E. Y. and her husband were was asked to come to the clinic to receive a pregnancy test and, based on the results, consider options.

Receiving the results of the pregnancy test, positive or negative, is one of the most critical moments for women who have received IVF treatments. Hence, both the physicians and nurses are encouraged to be present at the time the test results are presented.

Consistent with the plan previously approved, Watson's Theory of Human Caring was initiated to the care of Mrs. E.Y. which included four interviews/interactions. The first interview was to be conducted on the same day, in two parts: a brief interview/interaction before, and the second, after the result of the pregnancy test was revealed. Both of these initial interviews were conducted face-to-face at the clinic. The third and the fourth interviews were conducted by telephone, as Mrs. E.Y wished not to come to the clinic. The interviews lasted from 45 to 90 minutes depending on how much the participant wished to share. Figure 1 summarizes the major steps taken in the application of theory to the care of Mrs. E.Y.

Caring and Healing Process

First Interview/Interaction

I have known Ms. E. Y. since the beginning of her IVF treatment process. During this period we developed a trusting and caring relationship as she shared her feelings, fears, and concerns with me *[CCP#4]*. This sustained relationship made me perceive her not as an IVF patient but as a person with hopes and aspirations for a family life. As the couple walked in for the pregnancy test, I welcomed Mrs. E.Y. and her husband in the role of IVF nurse implementing Watson Theory of Human Caring.

Nurse: Welcome Mrs. E.Y. and Mr. Ö.Y.

Mrs. E.Y and Mr. Ö.Y: Thank you, Nurse Yeter (We looked at each other with a smile. From that moment, the caring process started.)

Nurse: How do you feel since our last meeting? I recall you had back pains: do you still have them? I gave you some recommendations. Were you able to practice those? Were they helpful? *[CCP#6, CCP#7]*.

Mrs. E.Y: Before I talked to you, I had thought I was going to have a miscarriage and I was so scared. The recommendations you gave me made me feel so comfortable. I felt less scared. I was doing what I could.

Nurse: You know that you will have pregnancy test today. If you want, we can have a talk while

we are waiting. I realize this is an important time for you two. (Mrs. E.Y. knew that I was there for her and would care for her at every stage of the treatment. I could tell that now she considered me as her own nurse) *[CCP#4]*. Her movements and gaze felt like she was nervous. I asked her talk to me about how she felt while we were waiting for the result of the pregnancy test *[CCP#3, CCP#5, CCP#10]*).

Mrs. E.Y: Okay… I would be glad… If I don't talk to you, I will get really tense waiting for the results.

Caring and Healing Process

Observing her tense state, I invited Mrs. E.Y. to a room that was designed for private talks with IVF patients. According to Watson's Theory of Human Caring, the environment of the patient should be organized and decorated in physically, mentally, spiritually comfortable, and peaceful way (Lukose, 2011; Watson, 2008). Consistent with the theory, the rooms used for this purpose had been decorated as a healing environment. A sign "An Interview in progress: Do Not Disturb" was hung on the door. The room was small,

quiet, warmly-decorated, like a family room. Tissue paper box and water were kept handy inside the room. I sat close to Mrs. E.Y. *[CCP#8]* to meet her needs for human assistance at a critical time. *[CCP#9]*).

Nurse: All right E., would you like to share with me how you feel right now? *[CCP#5, CCP#10]*.

Mrs. E.Y: I'm having complicated feelings right now. I'm so excited and nervous. I can't keep myself from wondering whether I'm pregnant or not-- all the time.

Nurse: (I held her hands): I understand! I share your feelings. I have been along with you since the beginning of your IVF treatments. We went through the process together. I know that you've done your best so as to have a successful outcome. Now we need to think positive. I will always be with you, and near you. *[CCP#2, CCP#4]*.

Mrs. E.Y Yes, you are right… When our previous doctor told us that we would never be able to have kids, our whole world came crashing down around us. However, we never lost hope. Thank God! Actually, having received this treatment is like a miracle for us.

Nurse: You thing reaching to this stage of IVF treatment as a miracle? *[CCP#10]*

Mrs. E.Y: Yes, because when our previous doctor had told us we would never be able to have kids, my husband's hopes were dashed. He did not want to see any hospitals.

But I never lost hope. We came here and met you; you have always been there for us and supported us, until now everything worked out alright.

Caring and Healing Process

In this particular IVF clinic the results of the pregnancy tests are presented by doctors. I talked to the couple's doctor and told him wished to be in the room when the result of the test is presented [CCP#3.)

This was going to be a difficult experience for me. To prepare myself for the possible negative results, I went to the bathroom, washed my hands and face. After a few deep breathes, I infused myself into being stronger. [CCP#1, CCP#3] to better assist Mrs. E.Y. in receiving the test results. Mrs. E.Y. had told me that she wanted to hold my hands while she received the news. Three of us walked to the room in unison [CCP#4] greeting the physician. Then, her physician announced the pregnancy test was negative. Mrs. E. Y. started to cry. She held my hands and looked into my eyes and asked as if to hear differently.

Mrs. E.Y: "I'm not pregnant?"

At this emotional moment, I and Mrs. E. Y were feeling exactly the same. I could not prevent myself from crying too. I continued to hold her hands tightly looking into her eyes. Witnessing her profound disappointment to the failed pregnancy was heart breaking [CCP#1].

Mrs. E.Y: I want to go home and be alone as soon as possible. I feel terrible now…(crying).

The couple stood up with a definite intention to leave the room, and then perhaps the clinic. I walked them to the door. I respected their feelings sharing their silence. Before they left, I told them that I would like to continue our relationship.

Nurse: I can only imagine how you feel. I will always be with you, whenever you need to talk please contact me. May I also call you?

Mrs. E. Y. No response and a swift exit.

Caring and Healing Process

I began to plan as to, how can I help Mrs. E.Y. recover from her disappointment. How can I help her gain the mind-body-soul harmony *[CCP#9]* to make her hope and believe again. *[CCP#2, CCP#6]*

Second Interview (by Phone): I called Mrs. E.Y. two days later.

Nurse: Hello Mrs. E.Y. How do you feel today?

Mrs. E.Y: (She sounded tired and sad). I'm all right… there is nothing to do… (she stopped speaking).

Nurse: I can only imagine how you must have been feeling during these days. Do you wish to share your feelings with me *[CCP#5]*?

Mrs. E.Y: I feel horrible now… I need to be alone a little more.

Nurse: I understand, Mrs. E.Y., as you wish… You know that you can call me whenever you want. Take care *[CCP#3]*.

Caring and Healing Process

This brief interaction showed to me Mrs. E.Y. was still experiencing a sense of profound loss even though there were opportunities to try again. I realized her disappointment with the failed pregnancy was still fresh and she needed to be alone to deal with it. It was also evident to me that our brief interactions were insufficient to help her cope with her loss. However, I needed to respect her wishes to be left alone with a caring and healing consciousness. The immediate challenge was to help Mrs. E.Y. to pull herself together and gain hope again. Because regaining the sense of hope was the key for her to start re-treatment. I searched to find an approach that would reflect a caring relationship and encourage her find a meaning out of this experience *[CCP#4]*.

I also knew that my refined approach should reflect love and greater compassion. I came to a conclusion that, as her nurse, I needed to be by her side more frequently and show more compassion in our interactions.

Third Interview (by phone):

Two days passed by but Mrs. E.Y. had not called. Due to the fact that Mrs. E.Y. didn't feel ready to come to the clinic and preferred to stay alone, I decided to call her and conduct the third interview on the phone.

Nurse: Hello, Mrs. E.Y., how do you feel today?

Mrs. E.Y: I feel a little better! (Her voice sounded stronger compared to our previous phone conversation)

Nurse: If you are able talk comfortably and have time I would like you share with me how have you been feeling *[CCP#5]?* Would it be OK to talk on the phone, would you rather come to the clinic?

Caring and Healing Process

In Turkey, most of the couples that start IVF treatment keep it as a secret. Thus, the IVF nurses pay strict attention to the matters like the availability of patients, and when to call them *[CCP#8]*.

Mrs. E.Y: We can talk now. Not being able to become pregnant upset me so much. The test result shook me in my core. I was deeply affected by it. Everything was working out all right. Since everything seemed positive, facing up such a result was quite difficult for me. But now I feel a bit better.

Nurse: The reason I called you today is to tell you that I wish to be by you as your nurse and tell you that you are not alone. I am happy to hear about your feelings. Also, going through something like this alone is difficult. Is there anyone supporting you? Are your parents and family members helping you? Do you feel comfortable being around them *[CCP#4]?*

Mrs. E.Y: My husband has always been beside me. He has been stronger than me. Thanks to my neighbors, I have never been alone. Yet the first day was a nightmare. Thank God, I have gotten over it. I need a little more time to pull myself together.

Nurse: I agree! It is helpful that you get support from your family and the people around you. It will make it easier for you to overcome this difficult period.

Mrs. E.Y: Yes, you're right. As you know, our families live in different cities. They are inviting us over. They think that if we stay with them during this period, it will make us overcome this disappointment more easily.

Nurse: What do you think about visiting them?

Mrs. E.Y: In fact, neither I nor my husband, wish to accept the invitations because if we go there our relatives will be asking thousand questions. Why didn't you have a baby? Which one of you has the problem? Why don't you try the treatments elsewhere?

Nurse: How do you feel about yourself being in such an environment? How do you plan on responding to their questions?

Mrs. E.Y: I don't feel like I can answer these questions. My mother-in-law will be asking too many questions. She will be acting like I am the one to blame for everything… She will try to accuse me by saying things like I didn't take care of myself and rest well-enough after the embryo transfer. I know I would remain silent regarding what she says and keep everything bottled up inside of me; this makes me angry and nervous. The in-laws make me and my husband drink herbal tea so that we could have children. Unfortunately, no matter where we go, our not having children comes back to haunt us.

Nurse: I understand how you feel. It is unfair to be blamed for something you have no control over. However, it looks like you would be going through difficulties times with the in-laws. We need a plan to cope with their blaming.

Mrs. E.Y: What is worse when we visit our families is that all of our relatives have kids… It breaks my heart to see my husband playing with their kids and looking at them wistfully…

Nurse: O! Yes, that must be so hard on you. But les us think, **w**hat do you feel comfortable doing at this stage? We can plan something together.

Mrs. E.Y: I don't want to visit my family for a long time.

Nurse: You can tell them that, like "I love to see but I am not quite ready". I am sure they will respect your wishes. I realize it may be difficult to come out and say it but can you give it a try?

Mrs. E. Y.: Silence!

Nurse: Now, let us talk about you. Could you tell me what you are doing to relieve your stress? *[CCP#10]?*

Mrs. E.Y: Opening up to you, and my neighbors, sets my mind at ease.

Nurse: If talking is putting you at ease, you can share how you feel with the people that you trust and feel comfortable with. *[CCP #7]*

Mrs. E.Y: I poured myself into cleaning these days; I've been passing time by cleaning the house. And I've been praying to God. Everything was working out all right in our treatment… Why didn't it happen?... (She started crying)

Nurse: I understand how you feel! It must be so difficult for you to realize the treatment did not work.

Mrs. E. Y.: A short pause, then suddenly! This is not rebellion against God… I always thank God for what we have… However, there are so many questions in my mind.

Nurse: Praying could be good for you *[CCP#10]*. You can ask me the same questions you have on your mind *[CCP#6; CCP#7]*. In fact, when you feel better, or feel like talking with me, why not come up to the clinic and we can talk about your feelings *[CCP#7]* face-to-face.

Mrs. E.Y: Okay, I do want to sit and talk to you in person.

Nurse: O! Great!. I would be so happy to speak with you, as well. If it's okay with you, we can meet in a few days. Is that OK?

Mrs. E.Y: Yes! In a few days.

Nurse: Goodbye and lots of love and hugs.

Caring and Healing Process

In this particular clinic, pregnant women whose pregnancy occurred via IVF method are monitored frequently. The interview appointments of the women, whose treatment results are negative, are arranged in such an order that they would not encounter the other pregnant women. *[CCP#1, CCP#8]*. Within her consent, an appointment was arranged for Mrs. E.Y. to come on a day, at an hour, when the clinic had no other appointments.

4th Interview: Face-to-face at the clinic

Mrs. E.Y. entered the meeting room with a smile on her face. I smiled back sitting on a couch next to her, looking at her with sympathy and love.

Nurse: Thank you for coming here. (I held her hands). Welcome!

Mrs. E.Y: Thank you also. Talking to you is good for me. It makes me feel better.

Then, I asked her how she was feelings since we last talked. I asked how she dealt with the feeling she had been experiencing *[CCP#6]* with family and friends. She reiterated the discomfort she felt being with the in-laws, relatives who had children. Then we talked about various methods of problem solving as far as her emotional status *[CCP#6]*.

Nurse: You have told me that there were some questions you wanted to ask me. If you wish, we can talk about those now *[CCP#6]*

Mrs. E.Y: After our conversation I realized that I was making those concerns up in my own mind and exaggerating them. I noticed that I was making an issue of even the smallest things.

Nurse: Do you wish to speak more about these feelings?

Mrs. E.Y: I had a great disappointment when I couldn't become pregnant. All those vaccinations, drugs, procedures, and the prolonged period of treatment tired me. But worst of all was waiting for the pregnancy test result. Then I thought to myself, what if none of the embryos took. The thought of having a living creature in me after the embryo transfer made me so happy. Right now, I think that even that experience was good for me. It happened once, can happen again. I've never lost my hope.

Nurse: You and I went through the IVF treatment process together. During this period, I have also experienced emotions like you did. We got excited, happy, sad, and together gained hope again. So, I understand how your emotions kept shifting. Do you want to talk about what you want to do from here on? *[CCP#2, CCP#8]*

Mrs. E.Y: I want to have a rest for a few months and recover. And then, as you also know, I have more frozen embryos and I am hoping to restart the treatment. Thank you so much for all the help and support you gave me. You were always beside me (She held my hand and smiled).

Nurse: Do you think the talks we have had were helpful in your regaining hope? Was I able to support you, calm you? Is there anything else I could do for you now to help you feel better and be more optimistic about your future treatments? *[CCP#3, CCP#5]*

Mrs. E.Y: You've stood by me during the treatment. You've never left me. I thought you wouldn't wish to see me after the treatment failed. That the pregnancy failed and you were done with me. But you did not leave me. You were there for me at those times I needed you the most.

Nurse: How did having such nursing care made you feel? *[CCP#5]*

Mrs. E.Y: I never felt alone. It gave me peace having someone stand by me, who is trustworthy and always there for me. You have always approached me with your positive energy and smile. You always treated us as if I were special.

Nurse: Listening, facing her.

Mrs. E.Y: The fact that you stood by me when I learned I wasn't pregnant was so supportive. Then you called me at home. You organized a special atmosphere for our meetings. These meetings made me fell accepted and content.

Nurse: Well, of course! I could not have left you alone. The IVF treatment requires a holistic care; it is not a process ends with treatments or procedures. We know women need to be supported before, during and after the treatment. Seeing you arrive a state of feeling comfortable with your feelings, and come to a decision to try re-treatments really make me so happy.

Caring and Healing Process

Mrs. E.Y. recognized that her inability to become pregnant was not an unexpected outcome of IVF treatments. She returned back to her usual life. A few months later, she returned to the clinic to try another treatment cycle *[CCP#2, CCP#8]*. Her return was a start of a renewed hope for her and, for me, it was a new phase of nursing care based on human caring.

Summary and Conclusion

Infertile couples start the IVF treatment with hopes of a pos such a challenging treatment process, women need a sustained supportive nursing care that builds a helping-trusting, human care relationship *[CCP # 4]*. In this case study, it was this relationship that prepared the Mrs. E. Y. for the announcement of the treatment outcome, an emotional time whether the results are positive or negative. As we saw during the meeting, when Mrs. E. Y. was notified of the failed pregnancy, she immediately turned to the nurse, not to any

other in the room, to repeat what she just heard, "I am not pregnant?" Further, in trying to process the information and find ways to cope with her disappointment, she continued to interact with her nurse only, feeling comfortable in showing her profound disappointment with the results of the treatment *[CCP #5],* and her inner struggle with the way the in-laws and relatives viewed her. This case study also showed that throughout their interactions, the nurse was authentically present with Mrs. E. Y, facing her, making eye-contact, holding hands, even her eyes overflowing with tears, when the results were announced. Yet the nurse, using her professional knowledge, was still able to assist Mrs. E. Y. to continue to have hope and faith in the treatments *[CCP #2]*. Moreover, when Mrs. E. Y, became withdrawn and refused to come to the clinic for interviews, the nurse sustained the relationship, via telephone, becoming a safe sounding board to Mrs. E. Y. allowing Mrs. E. Y. to talk about family expectations, her feelings of despair, hopelessness and uncertainty *[CCP #5]*. It is through this sustained interaction, the nurse was able to move Mrs. E. Y. from hopelessness towards creative problem solving *[CCP #6]*. While Mrs. E. Y was struggling with the decision whether or not to seek another treatment, the nurse was reverential and respectful of her feelings, coaching Mrs. Y. E. gently toward a health, healing, and wellness state *[CCP #7]* on her own time *[CCP # 9]*. At the end of this sustained caring interaction the nurse was able to assist Mrs. E. Y to arrive a decision to retry the treatment. The nurse was effective in helping Mrs. E.Y to arrive a decision to retry treatments because Mrs. E.Y perceived her nurse not only as a caring professional but also the one with professional knowledge, that the IVF treatments can be successful, that she should keep hope and give treatments another chance.

In conclusion, this case study suggest that the practice of Watson's theory Human Caring could be a useful guide and caring relationship" were the prime roadmaps in the care of Mrs. E. Y. In addition, carative factor #6, "creative problem- solving" and the corresponding carative process, that require full use of self in finding creative solution through caring, were effective in enabling Mrs. E. Y. to arrive a stage of regaining hope. The theory of Human Caring focuses on human characteristics that strive for healing and love in stressful, physical or emotional conditions and makes it a suitable guide for IVF nurses in providing care that projects, hope, respect, trust, and compassion.

References

Arslan-Özkan İ., Okumuş H. and Buldukoğlu, K. (2014) A Randomized Controlled Trial of The Effects of Nursing Care Based on Watson's Theory of Human Caring on Distress, Self-Efficacy and Adjustment in İnfertile Women. Journal of Advanced Nurse 70:1801-1812.

Baxter P. & Jack S. (2008) Qualitative case study methodology: study design and implementation for novice researchers. The Qualitative Report 13: 544-559.

Benyamini Y., Gozlan M. & Kokia E. (2005) Variability in the difficulities experienced by women undergoing infertility treatments. Fertility and Sterility 83: 275-283.

Boden J. (2007) When IVF treatment fails. Human Fertility 10: 93–98.

Cara C. (2003) A pragmatic view of Jean Watson's caring theory. International Association for Human Caring 7: 51–61.

Chinn P. (2001) Toward a theory of nursing art. In: NL. Chaska eds., The nursing profession: tomorrow and beyond thousand oaks, (p. 287–298). CA Sage.

Devine K.S. (2003) Caring for ınfertile women. Maternal Child Nursing 28:100–105.

Durgun-Ozan Y. & Okumuş H. (2013). Experiences of Turkish women about infertility treatment: A qualitative study. International Journal of Basic and Clinical Studies 2: 56-64.

Franco J.G., Baruffi R.L.R., Mauri A.L., Petersen A.L., Felipe V. & Garbellini E. (2002). Psychological evaluation test after the use of assisted reproduction techniques. Journal of Assisted Reproduction and Genetics 19: 274–278.

Fawcett J., Watson J., Neuman B., Walker P.H. & Fitzpatrick J.J. (2001). On Nursing Theories and Evidence. Journal of Nursing Scholarship 33: 115–119.

Fawcett J. (2005). Watson's theory of human care. In Contemporary Nursing Knowledge an Analysis and Evaluation of Nursing Models and Theories. (2nd ed., p.353-399). Philadelphia: F.A. Davis Company.

Hammarberg K., Astbury J. & Baker H.W.G. (2001). Womens experience of IVF: A follow up study. Human Reproduction, 16:374–383.

Jesse E. (2006). Watson's Philosophy ın Nursing Practice. In M.R. Alligood, & A.M. Tomey, Nursing Theory Utilization and Application. (3nd ed., pp.103-129). St.Louis: Mosby.

Lukose A. (2011). Developing a practice model for Watson's theory of caring. Nursing Science Quarterly 24: 27 –30.

Payne D. & Goedeke S. (2007). Holding together: caring for clients undergoing assisted reproductive technologies. Journal of Advanced Nursing 60: 645-653.

Polit D. E & Beck C. T. (2008). Nursing Research; Generating and assessing evidence for nursing practice. Philadelphia: Wolters Kluwer/Lippincott Willams & Wilkins.

Rafael A.R. (2000). Watson's philosophy, science and theory of human caring as a conceptual framework for guiding community health nursing practice. Advances in Nursing Science 23:34–49.

Verhaak C.M., Smeenk J.M.J., Minnen A.V., Kremer J.A.M. & Kraaimaat F.W. (2005). Longitudinal, prospective study on emotional adjustment before, during and after consecutive fertility treatment cycles. Human Reproduction, 20:2253–2260.

Watson J. & Foster R. (2003). The attending nurse caring model: Integrating theory, evidence and advanced caring-healing therapeutics for transforming professional practice. Journal of Clinical Nursing 12: 360-365.

Watson J. (2007.) Watson's theory of human caring and subjective living experiences: caratıve factors/caritas processes as a disciplinary guide to the professional nursing practice. Texto Contexto Enferm, Florianópolis *16*: 129–135.

Watson J. (2008). The philosophy and science of caring. Boulder, CO: University Press of Colorado.

Watson J. (2009). Caring as the essence and science of nursing and health care. O Mu n dO d a Sa ú d e São Paulo 33: 143–149.

Watson J. (2012). Human caring science: A theory of nursing. (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Widge A. (2005). Seeking conception: Experiences of urban indian women with in vitro fertilisation. Patient Education and Counseling 59:226–333.