

# Examining Caring Theories in Nursing from Non-nursing Viewpoints

Rieko Matsuoka

National College of Nursing, Japan ; 1-2-1 Umezono, Kiyose-shi, Tokyo, 〒 204-8575, Japan  
matsuokar@adm.ncn.ac.jp

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**【Abstract】** Caring is regarded as a fundamental concept to humans and in nursing, as Heidegger (1975) posits caring as an essential part in being a human. Accordingly, caring is a universal phenomenon that influences humans' way of living in relation to one another. This review article examines main caring theories in nursing, and compares them in terms of the meaning, the constructs of care, and the way in which caring is applied in nursing, from non-nursing perspectives with some attention towards communication, based on the belief that caring, which is relational and interactive, should arise in the relationship and/or communication between the nurse and patient. Furthermore, the supposition that caring should be the central part of nursing will be discussed.

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**【Keywords】** care ケア, caring ケアリング, caring theory ケア理論, phenomenology 現象学, carative factors ケアの要因

## Introduction

Caring, which is regarded as a fundamental concept to humans based on the fact that humans are social beings, meaning that we humans are related to one another in our lives, is posited as an essential part in being a human by Heidegger (1975). Accordingly, caring is a universal phenomenon that influences humans' way of living in relation to one another, and has been studied and theorized by nursing researchers (e.g., Watson, 1985, 2005; Leininger, 1988, Benner & Wrubel, 1989, Roach, 1992).

Watson (2005), for instance, argues that caring should be a framework for research in nursing, while Leininger (1988) believes that caring has been the central part in nursing. By the same token, Benner and Wrubel (1989) take the position of viewing caring as primacy and as a concept central to their theory of nursing practice. On the other hand, Sumner (2006) in her concept analysis of caring claims that caring in nursing remains an unresolved topic, and that existing theories have limitations.

The author of this review paper, with expertise not in nursing but in communication, has been interested in caring theories in nursing partly because caring, which is relational and interactive, should arise in the relationship and/or communication between the nurse and patient. In fact, Sumner (2006) believes that caring in nursing is communication action as an ideal.

In this review article, main caring theories in nursing are examined and compared, in terms of the meaning, the constructs of care/caring, and the way in which caring is applied in nursing. Furthermore, the supposition that caring should be the central part of nursing (e.g., Watson, 2005) will be discussed.

## Definitions of Care / Caring

In our social lives, 'care' has been one of the most frequently used words in verbal exchange, as its attribute of involving the other individual. According to Bevis (1988), the word care, as well as cure, is derived from the word cura, which has the dual meaning of anxious exertion, and carefulness and devotedness; these meanings influence the modern English use of these words.

May (1969) defines caring as 'a feeling denoting a relationship of dedication, taking the ultimate terms, to suffer for, the other'. Bevis (1988) further elaborates May's definition, stating that caring demands that feelings be converted into behaviors and that the behaviors and feelings be accompanied by thought constructively and positively, and in taking account of Heidegger's view (1975) seeing it as equivalent to the will or the motivating force of life.

Leininger (1988), whilst acknowledging that care and caring have multiple conceptualizations and characterization, defines care/caring as a generic sense of assistive, supportive, or

facilitative acts toward or for another individual or group with evident or anticipated need to improve the condition.

Mayeroff (1971) speaks about caring as the antithesis of simply using the other person to satisfy one's needs; it is not as an isolated feeling or a momentary relationship, but a process of helping another grow and actualize oneself through mutual trust and through a deepening and qualitative transformation of the relationship.

Watson (1985, 2005) defines caring as a science and her operational definition of caring science has been described as " an evolving philosophical ethical-epistemic field of study that is grounded in the discipline of nursing and informed by related fields " (Watson, 2005, p.63) . Her philosophical metaphysical and empirical findings are as follows;

- a) Caring is a way of manifesting intentions,
- b) Caring is the way of appreciating patterns,
- c) Caring is a way of experiencing the infinite, and
- d) Caring is a way of inviting creative emergence.

Benner and Wrubel (1989) suggests that ' caring ' is a word for being connected and having things work and a term for a wide range of involvements, such as from romantic love to parental love.

Roach (1992), on the other hand, has tried to define ' caring ' from the theological point of view, related to love, putting an emphasis on involvement in the other individual.

A brief look at the literature for locating the definition has revealed the complexity and vastness of meanings in care/caring. However, the inevitable attribute in care/caring, can be found in the interactiveness or involvement with other individual(s); in other words, care/caring cannot be realized without the other existence. Though some researchers (e.g., Roach, 1992) have included ' love ' in the notion of ' care ' ; the subtle difference between care/caring and love must be noted, that is, ' care ' seems to be generated at the higher level in the emotional and cognitive structure than ' love ' (c.f., Erikson, 1968).

This brief review of definitions from some literature has revealed the multiplicity within the notion of care/caring. Prior to viewing caring theories, phenomenology needs to be considered given that phenomenology offers a rich methodology to the science of caring and that the existential-phenomenological factors acknowledge the personal, subjective experience of the person as Watson (1985, 1988, 1999) asserts. Therefore, the following philosophical considerations will help to excavate and clarify the underlying meanings of care/caring, and the significance of care/caring in nursing, with communication being accordingly highlighted at the same time.

### ***Philosophical perspectives about care/caring***

Parse (1988) suggests that in order to understand caring from a human science perspective, it is important to explore the six basic tenets of it as an emerging theory about man, living, and health. The first tenet is ' living unity ' referring to man's wholeness, which means that man and environment create patterns of expression with each other, and through the patterns man is recognized. The second one is negentropy, the concept of negative entropy, which refers to the growth as multidimensional and moving toward increasingly complex and heterogeneous dimensions. The third tenet is freedom in situation; Man chooses the place of existence from contextual nature based on multidimensional experiences. The fourth one is intersubjectivity i.e., an encounter between two human subjects. The fifth tenet is coexistence, meaning that humanness is confirmed only in relation with other human beings. The last one is co-constitution, i.e., making up relationships in which each individual chooses a way of being.

Leininger (1988) posits that a worldview approach is essential to conceptualize paradigms, theories, and models related to holistic caring. Kuhn (1970) has discussed the role and importance of paradigms in the evolution of the body of knowledge of a discipline, arguing the belief that knowledge and scientific fields have developed through steady increments of knowledge. He emphasizes the importance in relational ontology of being in relations and the worldview of unity and connectedness, which should support diverse paradigms about caring, rather than epistemology.

Heidegger (1975) used the term Dasein to designate " the being to whose being an understanding of beings belongs " (p. 312), though in German the word ' Dasein ' means simply ' existence ' ; as in man's everyday existence (Drefus, 1987, p. 263). From a phenomenological viewpoint, the relationship of the person to the world, which has a fundamentally different meaning from our common understanding of world, constructs our existence. World, according to Heidegger (1975), is *a priori*, given in our cultural and linguistic practices and in our history. The world is constitutive in the self and shaped by it in a process that is not the causal interaction of self and world as objects, but rather the non-reflective taking up of the meanings, linguistic skills, cultural practices, and family traditions by which we become persons (Leonard, 2001). Heidegger (1975) argues that one can arrive at the view of the self only by passing over the world. Human existence is involved in the working-out of the possibilities that exist for us by virtue of our being thrown into a particular cultural, historical, and familial world (Leonard, 2001).

As Bevis (1988) explicates, Heidegger regards " care " (Sorge in German) as " the source of the will ". For him, the will is the

driving force of life, and care is its source. Heidegger (1975) thinks care to be the basic phenomenon of human existence including the sense of selfhood. In other words, by not caring we lose our selfhood, our being, our will. In not caring our being disintegrates. Heidegger (1975) believes that conscience manifests itself as care.

Boykin, et al. (2005), following Heidegger's philosophy, state that the underlying structure of the nursing philosophical system is created by the belief that all persons are caring by virtue of their humanness, that to be human is to be caring. It is posited that all nursing takes place in nursing situations - shared, lived experiences in which the caring between nurse and nursed (patient) enhances personhood; therefore, all nursing exists in the special relation of caring between them. The nurse enters intentionally into the world of the other (patient) in order to come to know the other (patient) as person (Boykin, et al., 2005).

According to Watson (2002, 2005), a caring science perspective exists in a relational ontology of being, and a worldview of unity and connectedness of all. Furthermore, she added that caring science investigations are reflective, subjective and interpretative, including multiple epistemological approaches. Watson states that the inner and infinite nature of the reality of belonging and being is allowed for in caring science.

Following Heidegger's (1975) attitudes towards care/caring, most researchers dealing with caring theories seem to adopt phenomenological perspectives in viewing the notion of care/caring given that human existence itself come into existence through caring for the other. Accordingly, the elements featuring phenomenology such as intersubjectivity and/or connectedness, being relational, and/or relative, and being interpretative and reflective, in contrast with Cartesian's philosophy which allows for dichotomy, have been observed deep inside of each of the following theories of care/caring.

## Caring Theories

### **Rationale**

Leininger's (1988) rationale for studying caring in nursing research consists of the following four reasons. First, caring is the necessary ingredient for helping other people under the threat of illnesses or diseases in a humanistic and scientific manner. Leininger (1988) believes that humanistic caring is essential in helping people in the middle of stressful, most adverse and changing environments. Her second reason is to clarify the roles of caregivers and care recipients in various contexts as caring has interdependent relationships between people. Her third reason is to preserve and maintain the human attribute of caring and being

cared for in today's world devaluing and demeaning human life, which may lead human race to being belittled. The last one is to explore and define care *per se* because the nursing profession since Nightingale has not systematically studied caring.

On the other hand, Watson (1988), who believes that human life is " a gift to be cherished - process of wonder, awe, and mystery (p.17) ", holds the view that the humans are valued to be cared for, respected, nurtured, understood and assisted, as a fully functional integrated self based on the philosophical belief that the humans are greater than and different from the sum of their parts, instead of reducing the human to body systems.

Vance (2003) mentions that caring and nursing have been thought of synonymously, and many individuals choose nursing as their profession because of their desire to care for other individuals (cf. Roach, 1992); caring has been a central concept in nursing for many researchers.

### **Caring theories in nursing**

Several caring theories in nursing, which have been established based on the beliefs that caring is a seminal part in nursing, follow, as indicated in Table 1.

Mayeroff (1971) observed that caring is more than merely interest, finding that essence of caring is a deep regard for another and that caring is a crucial and vital component in nursing. He regarded care/caring as a process that offers both carers and cared opportunities for personal growth. His caring process consists of a) getting knowledge, b) alternating rhythms, c) being patient, d) being honest, e) trust, f) humility, g) hope, and h) courage.

Leininger (1988) suggested that searching for the essence, nature, expression, and function of caring and its relationship to nursing care remains a major area of investigation, though admitting that caring should be the central, critical, and unifying domain and focus for nursing care knowledge. She holds that caring is the dominant intellectual, theoretical, heuristic, and central practice in nursing, and no other profession has paid such attention to caring behaviors, caring processes, and caring relationships. To endorse this claim, Leininger developed a classification of ethnocaring constructs based on her ethnoscientific research (Ray, 1988), as an evidence of her belief that caring behaviors should appropriate the ethno-cultural context.

Watson (2005) gave a credit to the theoretical and empirical work of Swanson (1991, 1999), as an important contribution to caring science knowledge and understanding. Swanson (1991) holds that caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility, with caring aspects of a) knowing, b) being with,

Table 1 Overview of Caring Theories

Researcher	Meaning of Caring	Constructs of Caring	Application to Nursing	Significance of Caring in Nursing
Mayeoff	Deep regard for another.  The clue to understand ourselves; To find our stable place in the world.	a) Getting knowledge, b) Alternating rhythms, c) Being patient, d) Being honest, e) Trust, f) Humility, g) Hope, and h) Courage.	A crucial and vital component in nursing.	A process that offers both carers and cared opportunities for personal growth.
Leininger	The essence, nature, expression, function; needs investigation.	A classification of ethnocaring constructs from her ethnoscientific research.	The dominant intellectual, theoretical, heuristic, and central practice in nursing. *Nursing has the most direct and immediate relationship with caring.	The essence and a central, critical, and unifying domain and focus for nursing care knowledge.
Swanson	Nurturing way of relating to a valued other.	a) Knowing, b) Being with, c) Doing for, d) Enabling, and e) Maintaining belief.	Can produce emotional-spiritual well-being, physical enhance healing, trust relationship.	Central to understanding the way caring is related to issues of concern and significance.
Benner and Wrubel	Person, events, projects, and things matter to people; a wide range of involvement.  Specific and relational, interpersonal interaction.	Lived experience of the illness, presencing, and the delicate use of humor as a means of relating.	Phenomenology based on abundant empirical data on real-world experience and experiments therefore, it describes, interprets, and explains actual expert nursing-context based and grounded in nursing practice.	Primacy in nursing.  The power of caring.  Nursing education needs reform that will enable nurses to critique organizational life based upon expert caring practice.
Roach	Fundamental phenomenon of constructing the human existence;  Integration of inner self and harmony with the other.	Compassion, competence, confidence, conscience, and commitment.	Unique and attributive in describing nursing though other professions may implicate it.	Essence and core in nursing.
Watson	A word with multiple social usages; with symbolic and functional meanings.	a) Formation of a humanistic-altruistic system of values, b) Faith-hope, c) Sensitivity of self and others, d) Creation of a helping-trust human care relationship, e) Expressing positive and negative feelings, f) Using carative problem-solving in the caring process, g) Transpersonal teaching-learning,	Intrinsic to the actual nursing process. As the nurse's moral commitment to others and involves transpersonal caring relationship.	The core and basic foundation for nursing practice. [skills, techniques, specialized language are the trim]

Researcher	Meaning of Caring	Constructs of Caring	Application to Nursing	Significance of Caring in Nursing
Watson		<ul style="list-style-type: none"> <li>h) Promotion of support, protective, and/or corrective mental, physical, societal, and spiritual environment,</li> <li>i) Assistance with the gratification of human needs, and</li> <li>j) Existential-phenomenological-spiritual forces.</li> </ul>		

c) doing for, d) enabling, and e) maintaining belief. In her 1999 study of Meta-analysis from 130 empirical studies, Swanson found that consequences of caring included emotional-spiritual well-being, physically enhanced healing, trust relationship, emotional spiritual sense of accomplishment, preserved integrity, whilst consequences of non-caring included humiliation, frightened feelings, despair, helplessness, alienation, vulnerability, lingering bad memories, decreased healing (Watson, 2005).

Benner and Wrubel (1989), who highlight stress coping as an embodied nursing context, also developed a caring theory with an explicit phenomenological stance from Heidegger and Merleau-Ponty, endorsed by abundant empirical data (Benner, 1984). Therefore, their theory is grounded on real-world experiences and experiments from their own data; consequently, it describes, interprets, and explains actual expert nursing, using specified paradigms such as the lived experience of the illness (Benner & Wrubel, 1989). As the title of their book *Primacy of caring* indicates, care/caring is regarded as primacy in nursing.

Roach (1992) reviews various caring theories and presents her theory from both philosophical and theological points of view; conceptualizing the notion of caring with five categories - ontological, anthropological, ontic, epistemological, and pedagogical. She proposes five C's - compassion, competence, confidence, conscience, and commitment - as attributes that care/caring may connote (Roach, 1992). She specifies that care/caring should be attributive in nursing and be placed as an essence and core in nursing.

Watson's caring theory (1985, 1988, 1999), which is regarded as the most comprehensive (e.g., Roach, 1992; Ryan, 2005), is based on the belief that human caring can be effectively demonstrated and practiced only interpersonally or intersubjectively. Her theory is organized by the following ten carative factors which combine science and humanities to form a structure for studying the caring process (Watson, 1985, 1988, 2002, 2005).

- a) formation of a humanistic-altruistic system of values,
- b) faith-hope,
- c) sensitivity of self and others,
- d) creation of a helping-trust human care relationship,
- e) expressing positive and negative feelings,
- f) using carative problem-solving in the caring process,
- g) transpersonal teaching-learning,
- h) promotion of support, protective, and/or corrective mental, physical, societal, and spiritual environment,
- i) assistance with the gratification of human needs, and
- j) existential-phenomenological-spiritual forces.

The first three factors interact to establish a philosophical foundation for the science of caring (Watson, 1985). Humanistic values and an altruistic approach to life bring meaning to one's life through relationships with other people as Adler (1927) believed that everyone tends to develop social interest as the individual outgrows egoism and strives for superiority over self. The formation of a humanistic-altruistic value system is considered the first and most basic factor for the science of caring (Watson, 1985, 1988, 1999), and enhances the other factors. The formation of a humanistic-altruistic value system and the third factor of instillation of faith-hope complement each other (Watson, 1985, 1988, 1999). The individual needs to recognize and have feelings in order to develop sensitivity to self and to others, which, in turn, provides one with a foundation for empathy with others (Watson, 1985).

Watson (1985) suggests that development of a helping-trust relationship (the 4th factor) depends on the first three factors as they may determine the quality of one's relationship. The other characteristics affecting the development of human relationships provided by Watson (1985) are; a) congruence, b) empathy, and c) non-possessive warmth. Watson (1985, 1988) also states that communication needs to be considered within the context of developing a helping-trust relationship. Communication consisting of all the cognitive, affective, and behavioral responses

has three basic types of communication: 1) the somatic level, 2) the action level, and 3) the language level consisting of denotative communication, the explicit meanings of words, and connotative communication, the implicit meaning, associated ideas, feelings, symbolic responses, and latent content of words. The three basic messages/requests of the other person are a) action, b) information, and c) understanding. A fourth is the 'inappropriate' message/request, in which Gazda, et al. (1975) identified five categories, 1) rumor, 2) gossip, 3) chronic or inordinate griping, 4) inappropriate dependency, and 5) inappropriate activities, such as illegal, unethical, safety-risk, and seductive activities.

As Watson (1985) points out, the fifth factor of promotion and acceptance of the expression of positive and negative feelings is an inherent part of the development of a helping-trust relationship. Emotions, rather than cognition, play a central role in people's behavior as indicated by Izard (1977) who maintains that emotions constitute the primary motivational system of human beings. Though both cognition (thoughts) and affect (feelings) operate in an interpersonal situation, one's feelings and the 'non-rational' emotional aspect of an event should be focused on in caring behaviors, as Watson (1985) states, because feelings alter thoughts and behavior, and they need to be considered and allowed for in a caring relationship. Feelings are thought to have a powerful effect on behavior and thoughts; for instance, a person's thoughts and behavior may be guided by certain emotions not entirely within his or her awareness or realm of recognition. Therefore, Watson (1985, 1988, 1999) argues that the expression of positive and negative feelings in self and others should be promoted and accepted in the science of caring. Rosenberg (1960) examined the precise relation between the affective and cognitive components, finding a consistency between the affective and cognitive components of an attitude, and that certain feelings can change the associated cognition. The theories and findings have supported the factor of acceptance and promotion of the expression of positive and negative feelings in caring.

Watson (1985) argues that the use of the scientific problem-solving method (the sixth factor) allows the nurse to draw on common principles.

Interpersonal/transpersonal teaching-learning is the seventh factor that involves processes engaged in by both the nurse and the patient. Watson (1985) explicates that it includes the issues of imparting information as well as consideration of the nature of learning and what interpersonal/transpersonal processes facilitate learning.

As Watson (1985) points out, a number of variables, which affect a person's life and wellbeing, should be considered in day-

to-day nursing care. Watson (1985, 1988) discusses those functions as the eighth factor: promotion of a supportive, protective, and (or) corrective mental, physical, societal, and spiritual environment, some of which are external, whilst others are internal to a person.

Assistance with the gratification of human needs involves a great deal of information and subparts, though conceptually it is only one broad carative factor (Watson, 1985). A psychophysiological view is also consistent with contemporary studies of the effect of stress on the body. The dynamic, symbolic meanings and concerns of human needs are easily understood from an interactional perspective. Based on the different human needs, Watson (1985, 1988) categorizes lower order and higher order needs. The lower order needs are 1) the biophysical food and fluid need, 2) the elimination need, and 3) the ventilation need. Although they are lower order biophysical needs, they are developed from a holistic, more psychological perspective relevant to health care. Human activity and sexuality needs are also classified as lower order needs, but they are labeled psychophysical rather than biophysical. The lower order biophysical needs are more fundamental for survival. The lower order psychophysical needs suggest not only simple survival but also satisfaction and quality of living brought about by the gratification of those needs. The higher order needs are designated as psychosocial. They include 1) the achievement need, 2) the affiliation need, and 3) the need for self-actualization. Practice of the factor of assistance with the gratification of human needs, combined with the other factors, helps gratify higher order needs and provide the essence of what nursing ultimately seeks for quality health care. Assistance with the gratification of human needs is important to nursing's role of helping persons in their growth and development. Even though it may sound all encompassing, the major function of the practice of caring is dependent on the success or failure of helping them in their efforts to gratify their human needs (Watson, 1985, 2005). In the development and practice of assistance with the gratification of human needs, a useful approach is to view the needs as belonging to and affecting individuals, not as isolated concerns. Keeping in mind the holistic-dynamic framework for viewing human needs, the factor of assistance with the gratification of human needs leads to a more complete development of each human need, which are all equally important for quality nursing care and the promotion of optimal health (Watson, 1985).

## Discussion

It is apparent that there is an excessive asymmetry among the

theories in the previous section; namely, much more space is devoted to a single theory by Watson. This imbalance was caused by the belief that Watson's theory may be the representative of caring theories, because her theory appears in many articles as the most comprehensive and influential one (e.g., Sumner, 2006; Roach, 1992). Watson has also continued publishing articles and books on caring, and owns a homepage with abundant information (Resurrection Health Care, 2006). Her theory is, indeed, thoroughly organized as well as elaborative and interdisciplinary. However, Watson's theory appears to have limitations as Sumner (2006) claims. First, it seems like a guideline, possibly caused by the limited amount of empirical data, which may contrast with Benner and Wrubel's (1989) theory. Second, the way in which Watson seems to theorize care/caring is a pragmatic manner, even though she declares that she takes a stance of phenomenological approach.

On the other hand, Benner and Wrubel's theory is abundant with empirical data, with a finer phenomenological approach. For instance, the process that the expert nurse succeeded in communicating with the patient explicates how care/caring was established using real-world interactions between the nurse and patient, using a narrative account. However, it may lack in an organized system, which Watson has succeeded in. Leininger's theory seems to include ample data, with anthropological perspectives, based on the belief that considering varied cultures should occupy the vital position in caring. In her concept analysis of caring, Sumner (2006) designates Leininger's theory as a leading theory in caring. Swanson's theory, which Watson praises, is based on the empirical data using the approach of meta-analysis, proposing five caring aspects, in the similar manner that Watson has used. Mayeroff's aspects of viewing care/caring as a process seems to be beneficial in an actual nursing setting. Roach's theory, which has been introduced only briefly, uses multiple perspectives, orchestrating various theories from multiple disciplines, related to caring. Her in-depth theory may well be utilized in the real world of nursing.

As mentioned above, each caring theory projects varied meanings, different constructs in care/caring; however, all of them seem to agree that the notion of care/caring should be the essential and core part of nursing, with Heidegger's phenomenological approach, whilst the seemingly more immediately required condition in nursing practice, such as skills, techniques, and special language are qualified as the trim, as Leininger (1988) posits (see Table 1). The question may be which, care/caring or practical competency such as skills, should be seen as an essence or core and be regarded as more important in nursing. From a non-nursing point of view, care/caring should be a central part in

nursing from Heidegger's phenomenological positioning of care; however, a nursing profession devoid of nursing skills, for instance, would not function. A certain amount of skills required for appropriate nursing should be labeled as inevitable part or prerequisite in nursing profession for sure. It may be absurd to dichotomize nursing by care/caring and skills, since care/caring should coexist with skills or vice versa, because they interact with each other. In fact, Watson (1988) seems to include skills in the name of satisfying the needs of patients. Therefore, the practical competence such as skills should occupy the important part in nursing practice. On the other hand, Benner (1984) and Benner and Wrubel (1989) provide abundant examples indicating how care/caring enhances the quality of nursing. A dangerous possibility, from the non-nursing eye, is highly skilled nursing without care/caring. One colleague, who is a nursing researcher with nursing experience, pointed out that care/caring enables nursing practice more efficiently, giving the simple example of giving a glass of water to a patient. She explained that even difficult patients, who would trouble a nurse otherwise, will be satisfied with a glass of water when the nurse gives it to them with an appropriate amount of care, which eventually saves lots of time. As caring researchers reviewed in this article (e.g., Leininger, 1988) have posited, care/caring seems to be entitled to be positioned in a central part of nursing.

### Concluding Remarks

In this review paper, main caring theories, with some emphasis on Watson's comprehensive theory, have been reviewed. In an actual nursing setting, however, it has not fully elaborated in what way caring theories should be applied. As one of the examples, Kleiman (2005) discusses humanism evolved within the context of an anamnestic voyage into the past consciousness of a nurse in her lived experiences. A structure of humanism in nursing is articulated from these concepts and their interrelationships. In the different context, Ryan (2005) explores the possible applications in clinical setting of Watson's nursing theory. For the future study, the way in which caring theories have been applied in actual nursing settings and pedagogical implications from non-nursing perspectives should be explored.

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### 看護におけるケア理論の一考察

松岡里枝子

国立看護大学校；〒204-8575 東京都清瀬市梅園 1-2-1

【要旨】 ケアリングとは、ハイデッガーが人間であることの本質であると唱えているように、人間にとって、そして看護にとって基本的概念であるといえる。したがって、ケアリングは、人間がお互いにかかわりながら生活を営む際、影響を与える普遍的な現象であるといえる。本論文では、ケアの意味やケアを構成している要因やケアが看護においていかに用いられているかについて、お互いのかかわり合いや相互作用であるケアが看護師と患者の関係やコミュニケーションから生じるものであるという観点に基づき、看護の背景をもたない者の見解から、主要なケア理論を検証し比較する。さらに、ケアが看護の中心となるという想定が妥当であるか否かについて考察する。

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