



Podcast Transcript

Distinguished Careers in Nursing: C. Alicia Georges and Jean Watson

Part 2 – Jean Watson

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Guest

Jean Watson, PhD, RN, AHN-BC, FAAN, LL (AAN)

- Distinguished Professor and Dean Emerita, University of Colorado Denver
- Founder of the original Center for Human Caring in Colorado
- Fellow of the American Academy of Nursing
- Past President of the National League for Nursing
- Founding member of International Association in Human Caring and International Caritas Consortium
- Founder and Director of the non-profit foundation, Watson Caring Science Institute
- Inducted as a Living Legend by the American Academy of Nursing
- Author /co-author of over 30 books on caring

Host

Leana McGuire, BS, RN

- Extensive expertise with leadership development and executive coaching
- Best selling author
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- Expertise in content development, visual performance, speaking and podcast hosting.

Transcript

JEAN WATSON (GUEST): And that we have a new one for the culture in the organization. So hospitals that are connected and really seriously wanting to transform with this framework, they're using the healing measurement cultural variable to assess the leaders and the CEOs because they have a responsibility to create a caring and healing culture for the practice practitioners, not just for the patients, particularly during this pandemic and all the crisis that nurses are going through. So it's like going beyond nursing retention and trying to just keep nurses and doing that big open door policy, the product line to really pay attention to how do we sustain nurses and nursing within our systems through new measurements.

LEANA MCGUIRE (HOST): Hello and welcome to Distinguished Careers in Nursing, an Elite Learning Podcast series. I'm your host, Leana McGuire. In this episode, I'm extremely pleased to introduce you to Dr. Jean Watson. She is distinguished professor and Dean Emerita at Colorado University, Denver College of Nursing, and founder of Watson Caring Science Institute, an international nonprofit organization. Welcome, Dr. Watson.

WATSON: Thank you. I'm happy to be here with you and join you for this conversation.

MCGUIRE: Yeah, it's going to be wonderful. Our listeners are going to love this. Before we get started on all of the great work you've done, what brought you to nursing?

WATSON: You know, such a general question that always comes up and in some ways the general answer is, you know, of course you're attracted to wanting to help people and so forth. But to tell you the truth, I actually was scheduled to go to a university and study English literature. And as a result of, you know, just life circumstances, my father died, etc.. And so I made that choice to go into nursing at that time. However, you know, flashing back, I can recall some moments where one of my sisters had a friend who had an epileptic seizure at our home. And I remember as even a child, you know, of course, wanting to do something and wanting to help and, you know, so all of these life experiences and moments inform you in ways you may never know.

And in some ways, I think, you know, we were talking earlier a little bit about somehow there's a divine hand guiding us in ways we never know when we think we're in charge. But it's like some destiny call to follow your bliss, so to speak. And so here I am.

MCGUIRE: Wonderful. That's wonderful. Great story. Did you have aspirations from the start of going into academia or did your career lead you in that direction, as you say?

WATSON: No, I had no expectations. I was really just working to be a nurse in my orientation like most new graduates. And yet I wanted to make sure I fulfilled some academic and some educational. I didn't feel like I got a complete education in my nurse's training. And so I was always feeling like there was need for more knowledge and more understanding, and particularly because I was at a diploma program. It was all focused on procedures and tasks and medicine. And I felt deprived because I had wanted to be educated. And there was never anything philosophical. There were never any concepts. Anything that brought out the human dimensions of that expanded my thinking or my heart until I was inside nursing. And I've told this story before that some people have heard where it was during psych nursing, where I was in Spring Grove State Hospital in Baltimore, Maryland, and it was a time of a lot of experimentation. They were doing LSD experimentation, they were doing group therapy. It was totally interdisciplinary. And for the first time, I was exposed to this broader, abstract, relativistic worldview versus this absolute medicalized world view of having to follow rules and so forth. And so it expanded my heart and my mind. And at the same time, another interesting sidebar was one of my nursing instructors was working on her doctorate either at Boston College or Boston University at that time.

And I thought I had died and gone to heaven. You know, that that was a concept of a possibility for nursing because, you know, I had this goal and this desire here to make nursing something dignified and and valued and honored because it was treated as a demeaning kind of secondary kind of option. So anyway, that inspired me and really led me further to always continue to get advanced education and so forth. So that's a little bit the backdrop of how I got into where I am now.

MCGUIRE: Yes, very interesting. And how did your path take you to researching caring and what exactly is caring science?

WATSON: Well, because I was interested in human and I was interested in human dimensions of patient care. Even as a student, I was always connected with the person that I was assigned to take care of and their life journey, their experience says how they were responding to their situation. Is that kind of a personalized kind of connection that I felt every patient that I was taking care of, even as a student.

And so there after I got my master's in psych mental health nursing, not so much about pathology, but more about the human dimensions of health and illness and patient's experiences and, you know, theories of personality and understanding, human dynamics, etc., etc.. So that led me to, well, my Ph.D. work. I did a lot of philosophy and a lot of studies of expanded thinking and joined the faculty at the University Colorado.

And there is where I began to realize that nursing was advancing under medical science. And I was asking my questions myself whether I'd stay in nursing. I had this background in psychology and mental health and philosophy and other options. And I began to ask myself, Is there anything in nursing? Is there a science of nursing that transcends all the medical treatment, all the tasks, all the procedures?

Is there anything that's core to nursing that is across time and space, etc.? And that's when I came up with that first book. 1979. Philosophy and Science of Caring as a disciplinary and professional foundation of nursing to advance nursing. Quite nursing, in contrast with nursing, medical science because we were advancing after medical science and we still are to some extent.

MCGUIRE: Sure. And how long after this first book was the Caring Science Institute started?

WATSON: Well, that was in 79. And that I, I had a major sabbatical in my college foundation in Western Australia and did additional studies there and returned in the eighties. I'm trying to recall my time and I was dean at the University of Colorado School of Nursing from about 1983 until about 1991. And during that time, again, I got to fulfill some of my vision of advancing nursing under this center for human caring, to give them more knowledge and practices and make it interdisciplinary.

We had people from Boulder campus and like Hazel Barnes, who was the expert in existential philosophy, and and she taught courses in the existential meaning of selected human conditions. We had musicians, we had artists. We had people from kinesiology department doing movement and showing how movement could be healing for patients and the way we approach ourselves and, you know, we just it was like a renaissance of expanding our horizon.

And we had a practice model. So we had the Center for Human Caring, but we had a another clinical project that was fully funded for a long period of time, which was based on the theory of human caring at that time. Ten curative factors and it was interdisciplinary. It was for persons who had AIDS or had an AIDS diagnosis, HIV positive and their partners.

It was totally community based. It was and it was called the Denver Nursing Project and Human Caring. And we did research. We responded to the patients and whatever they said they needed, we did some of the medical treatment and so forth there in in that center. But we listened to the patients if they wanted exercise physiology, if they wanted nutrition, if they wanted healing touch, if they wanted Reiki, if they wanted group therapy, if they wanted a psychiatrist, if they wanted whatever they wanted, we worked from their frame of reference, and we really it was very successful and we actually demonstrated we've saved about \$1,000,000 a year by treating patients in the in the center versus hospitalizing them and so forth. But because the project originated by the chief nurse at the VA hospital in Denver at that time approached me and the Chancellor and the medical department at the VA Hospital to develop a program under my model because I was there, you know as the dean, and people knew my work and she wanted to develop a project with me and the Center for Human Caring to address the needs of persons who had AIDS at that time.

And it was really a very beautiful project. And I remember one of the patients saying to me one day, he said, People think AIDS means acquired immune deficiency syndrome, but it really means adventure and discovery of self. And he says, why does it have to get AIDS to have this kind of treatment? You know, it's like a journey because, you know, when you whatever if you have a traumatic illness or you have a diagnosis, there's an existential spiritual crisis for anybody and we don't pay it, you know, the dominant medical science has just wanted to treat you and and cure you without paying attention to the healing of the inner journey, the meaning this has for the person, and how they have to deal with the consequences. So anyway, it's a different paradigm, obviously, than what we were oriented to originally.

MCGUIRE: Yes. But I'm. Sounds so groundbreaking, but it also sounds like, why should that have to be groundbreaking talking? Right. That should be the approach all along. I mean, I completely relate to that. I'm so Caritas Coaching what is what is that? Am I pronouncing that correctly?

WATSON: That's right. Caritas. Either way. Caritas coaching is an educational program that we developed here through the nonprofit of Watson Care and Science Institute. And it's geared toward anyone who wishes to be more grounded in the theory and the practices of those ten caritas processes. That the theory within a unitary science kind of context of a quantum universe we're in now that goes really deeply into your own self-discovery and your own journey into how do you live out this for yourself and then translate it into meaningful practices as projects that serve you and the system they happen to be organized in.

And that's a it's a six month program and it's been very, very successful. And it's really not just for nurses. We have social workers, we've had chaplains and physicians and we've had educators and others go through the program. But it's you know, it's based upon a nursing foundation. But it you know, nursing is actually transdisciplinary. The theories of human caring, the caring science work that I've done, unitary care science, transpersonal caring, caring and healing models, they're transdisciplinary.

MCGUIRE: Right. Right. And I know that you mentioned working in Australia, but you've been you've worked literally globally with this, don't you?

WATSON: Absolutely. There's something happening in the universe for nursing in the world because nursing is waking up and nursing is actually hungry to honor their own knowledge, their own practices, their own model of science, their own philosophy, their values that they want to live out. And they're standing in place so much more clearly giving voice and language. And if any, if my work has done anything at all, it has been giving a language to the phenomena of human care, and now we have the measurements of it.

You know, it's a whole practice phenomena of a full circle of knowledge, but really nurses, if you don't have your own language, you're invisible. And we have not had language of caring. It's been superficial. It's been these little, nice little way of being. be a nice little person, you know, pat you on the head. That kind of condescending approach to what caring is this soft thing that you don't pay attention to.

And I give it's a serious epistemic endeavor. It's a serious philosophical, ethical, moral, practical, scientific endeavor. It's a whole new model of science which is now before us. The pandemic has awakened us that we're in a quantum universe. Everything we're doing is affecting everything else. So these small acts of caring have a great impact in ways we will never know.

And we never know how we're touching the life of another person.

MCGUIRE: Right, right. And that global approach has extended to the Middle East as well. Have you found that the need and the the language of caring is consistent throughout all cultures that you've been through?

WATSON: If there's anything universal about my work, it's the ten caritas processes. Practice of loving kindness. They've all been translated into different languages, but the phenomena of those ten caritas process is practice of love and kindness. Japan's special development attending to another person's basic needs with dignity, creating a healing environment, honoring, you know, the life cycle.

I mean, I understand those processes are universal. And so, yes, the Middle East, we have a project that's been going on now for ten or 11 years now where it's the only program in the in the world, really, where the Palestinians and Israelis have been able to come together in safe space and share their work.. And it's really been quite beautiful.

And it's started very kind of informally. I was in Jerusalem at a conference and an Arab and Israeli nurse invited me to meet with them privately with a small group of Palestinian and Israeli nurses. It was pretty clandestine because they could lose their jobs that because they can't really meet there in safe space. So Jordan is a place that they can meet safely.

And I had a doctoral student, Jordan, so we helped create this first forum. And from there on it's kind of life of its own. And they've now continued to do this work and we meet every year for a major conference in Jordan. So that opening and we've had these other projects globally, we have a lot of oh, there's so much happening in Latin America.

If you go to my website, there are eight or nine countries that include Portugal as well, and Spain as well as all throughout Latin America, Argentina, Uruguay, Colombia, Peru, Brazil, etc., etc... So and then we've had this major project in China, South Africa, Chile, and Japan. And so that too has expanded the global impact of nurses. And of course I invite invited all over the world right now.

Pretty pretty humbling. Yeah.

MCGUIRE: Yeah, that's amazing. Now I have seen personally in my practice, I've seen the results of a caring approach with patients. But was there anything when you started your research, research that actually surprised you?

WATSON: Well, what surprised me was actually developing the measurement tools and discovering that there was quite a momentum. I had that book, that first book that came out on necessity, measuring, caring, and with some of my doctoral students. And when I was, you know, faculty, we had this assessment of all the literature that had been published or research that had been published on caring measures.

And that was quite a surprise to find. There were so many, there were as many as 23 or so. And we also found that many of them were based on the theory of human caring and those ten caritas processes. And now we have these five or six measurement tools that we're assessing the outcomes of patients' experience of caring, and it includes five items that are based on the caritas processes.

We're asking patients, is your care delivered with loving kindness so that measurements are tied to the theory and the philosophy and the value system? Did you receive care with, let's say with loving kindness? Did you have a trusting relationship with your practitioner? Were your values and beliefs honored?

Were your basic needs met with dignity and did you experience a healing environment? So those five measures are now built into the Press Ganey database. So any hospital that has a client of Press Ganey, they can include these items and get measures of the patient's experience. And now we have a version for self, for your coworker, for your leader, and of course for patients.

And that we have a new one for the culture in the organization. So hospitals that are connected and really seriously wanting to transform with this framework, they're using the healing measurement cultural variable to assess the leaders and the CEOs because they have a responsibility to create a caring and healing culture for the practice practitioners, not just for the patients, particularly during this pandemic and all the crisis that nurses are going through.

So it's like going beyond nursing retention and trying to just keep nurses and doing that big open door policy, the product line to really pay attention to how do we sustain nurses and nursing within our systems through new measurements.

MCGUIRE: And that's that's something that I was going to ask you about, actually, if your research changed any or if there were any adjustments made because of the pandemic. Are you finding more of a need for this?

WATSON: Well it's a crisis. I mean they're going back where caring was seen as an add on, now it's seen as an absolutely core essential. And if we don't do that, you're not going to survive. The systems are not going to survive unless they begin to sustain nurses and their commitment to human care in healing and health.

MCGUIRE: Yes, absolutely. Have you ever gotten pushback on your research? Anyone with the negativity towards any of this or.

WATSON: Well, not so much negative. I mean, of course, in the beginning it was just like, well, who's paying attention? This is interesting. You know, it was sort of tangential to mainstream thinking, but now it's absolutely core. And of course, it was unless you had the measures. And I think that's one of the things I've been able to do is work between paradigms.

My work has been, you know, way ahead of itself. And yet I've had to ground it academically intellectually, and also empirically. So that too has been part of that transition. And I've learned by people critiquing or criticizing or, you know, expecting a quantitative measures. But really we have to pay attention to both, and, it's not either or the whole.

MCGUIRE: Yeah, this is so essential. You know, I hear a lot of people within and outside of the nursing profession saying that kindness and caring have disappeared from our culture, but they haven't. Right?

WATSON: Well, it depends on how you it depends on who's asking that question. It depends on patients. Patients and hospitals are contacting me saying the patient outcomes are at the lowest percentile. That's not acceptable. As a matter of fact, when we did the experimental pilot with Press Ganey, one hospital had a

significant number of reports saying they had never experienced care with loving kindness. They had never had a moment of loving kindness in their whole hospital experience.

Now, then you have to pay attention to that.

MCGUIRE: Yes, absolutely. Wow. Now, let's talk about your, we'll go back a little bit to your career. This is your career. But I wanted to know among your long list of accomplishments, and that includes receiving the Living Legend Award from the American Nurses Association. You've written numerous books and you've also been the recipient of I hope I have this number right, Jean, 16 honorary doctorates, 13 of them internationally.

What would you say out of all of the thing, all of those accomplishments, including the Caring Institute, you're most proud of?

WATSON: I think being recognized through these distinguished honorary doctorates to me was like a pinnacle. But at another level, it's really been because of giving language to the phenomenon of human caring that nurses are able to own their own practice through advancing under care and science.

MCGUIRE: That's I mean, it's such a contribution we need that so desperately in this profession. It's huge. So I'm not surprised that that's your answer. And some biggest positive change related to caring that you've seen through work at the Institute on the profession.

WATSON: Hospitals, adopting it seriously. I mean, many, many hospitals say they're using caring science and theory of human caring, but it's not really lived out in a way that's pragmatic. But hospitals that are now affiliated with us as an institute are really going deep, dove into transforming self and system from the inside out. They were doing very concrete things, micro practices, preparing nurses, having, you know, healing rooms or Watson rooms, whatever they're called, sanctuaries for the nurses.

They're out their whole system and having support systems, I mean, creating all kinds of new creative responses, like having a code Caritas, where the nurses had a very traumatic experience or a sudden death and needed support. Really responding. And so they're creating a culture of community of caring right at the unit level and supporting each other and and pausing, very micro practices.

Many of them have this singing bowl. Everybody knows about my singing bowl, but this is a Tibetan singing bowl that's calibrated to the vibrations of the human heart and caring resides in our heart, compassion, heart, and loves in our heart. So the very source of our humanity is in our heart. So we set our hearts down and do this busy, busy work and we focus on all this doing and now we're having to reverse and pay attention to our doing.

What does it mean to be a nurse versus doing nursing? And being a nurse requires calmness, presence, authenticity, quiet, silence, use of very concrete skills, human skills that transcend the technology. And even if you're doing the technology, you're doing it, you're doing it through your being in your caring healing approach. You're offering this procedure. You're offering this task as a caring and healing modality, not just as another task and skills and your human presence preparing yourself before you enter that space, falling into your heart center, radiating compassion for yourself and that patient even before you enter that space.

Concrete rituals of hand-washing, self-caring, blessing, and releasing. Very concrete, micro practice to change your consciousness and your ways of being present. Catching yourself mid-step or mid-sentence when you're most rushed and hurried and just slow down, it slows everything down. Walking more slowly I mean, these are very conscious, intentional practices to prepare the nurse for self as well as for patient, to be nursing.

MCGUIRE: I got goosebumps. It takes us back to why we got into the profession in the first place. I think. I think we have so many elements of that when when we're starting out. And, you know, based on that, I'd love to ask you. Any words of advice for new nurses entering the profession, you know.

WATSON: With such a shortage. I know I have choices. Yes, right. They should could at least interview for a fit between their values, their philosophy, their theories that they want to adhere to so that they can be assured of career advancement and have purpose and meaning to sustain their entry into nursing as a career and a lifelong journey of learning and practicing. Way beyond just going in to fill a position and emptying a place of a retention model, which we have now.

MCGUIRE: Yes, we sure do. Advice to career paths for new nurses.

WATSON: It's unlimited. I think that it is some of them. Looking at your own background, I just received an email from an engineer nurse and she's doing a reverse analysis of the concept of compassion to sort of engineer, almost artificial intelligence, how you might engineer a like the caritas process, how would you translate those into a consciousness as a guide for artificial intelligence?

So this is the stuff that's happening right now. So it's unlimited. And, you know, at the University of Colorado, we started this ND program a professional doctorate in care and healing and health before the doctor of Nursing Practice and we accepted students from all diverse backgrounds and of course, many other programs now admit, students with diverse backgrounds and bring them in.

But the trick is to utilize and help them translate their background into these new options. In nursing, you can, no matter what your background and you can translate it into nursing and make a contribution.

MCGUIRE: So they could interview at a facility and say, do you work with the Watson Caring Institute? Right. I mean, really?

WATSON: Or even ask the question. Yes. Ask question is the nursing theory that you have for your practice, or do you have a nursing theory? Yes. So what is it?

MCGUIRE: Right, exactly.

WATSON: Likewise, the hospitals can start interviewing the nurses. So if the nurses don't have or are not able to articulate in many of the hospitals that are using caring science that I'm working with, they ask their applicants to describe a caring moment. And if they can't describe it, they they're not they don't fit the culture. So that's another, both ways. So you need to be articulate. You need to be articulate as to what they represent and what they stand for.

MCGUIRE: Yeah. Oh, that's brilliant. I like that. Yeah. I don't think I mean it hasn't traditionally or maybe I'm just from a different generation, been we haven't always been in the driver's seat with the opportunities that are available now, but they literally could get jobs anywhere. And asking those questions is crucial to your point.

WATSON: Absolutely. And, you know, nurses are dropping out very quickly as you nurse graduates. But one of the ways that I've witnessed the success is when the system actually values them and gives them career options and helps them find purpose and meaning and nursing as a career. And if they don't have that sense of purpose, they're just like a robotic filling these gaps, then they're not going to stay.

They're not putting up the industrial product product, you know, institutional model that we've all experienced in our lifetime.

MCGUIRE: Yes, good point. Any closing comments that you'd like to share?

WATSON: Well, I think it's a very critical turning point for nursing. It's like a tipping point. We're either going to become this mature, caring health profession with their knowledge and values and philosophies and transforming and systems inside out. Or we're going to succumb to being very good technicians of a totally transformed system because the public is asking for something else and the systems will not survive unless they become caring and healing health systems.

We've just been medical treatment centers, so this is a time of true transformation, but it's the authenticity of the humans in the system that have to change, not just the environment and making things nice with all the procedures and technology. So anyway, I'm passionate about this.

MCGUIRE: Yes. And so you should be I mean, so you should be. It's it's just great and important work and authenticity is a magic word. I love that you mentioned that as well, bringing it back to caring and authenticity. Thank you again. Goose bumps. I'm not I'm not exaggerating.

WATSON: [inaudible] to share this time with you. And thank you for your interest. Then you're keeping the conversation going. This was so, God bless and namaste.

MCGUIRE: Namaste. Thank you so much and thank you for the work you're doing with human caring. It's so important. We hope you enjoyed this episode of Distinguished Careers in Nursing featuring Dr. Jean Watson. You can learn more about Jean and the continuing work on Caring at Watson Caring Science dot org. And we'll be sharing other resources for you to find out more about this really wonderful work.

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MCGUIRE: Remember beyond this podcast Elite Learning dot com has a variety of great courses to help you expand your knowledge and shape your career. We encourage you to explore all that we have to offer. Thank you so much for listening. And this is Leana McGuire for Elite Learning by Colibri Healthcare.

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