

Factors of care, experience in light of Jean Watson's theory

Factores de cuidado, experiencia a la luz de la teoría de Jean Watson

Fatores de cuidado, experiência à luz da teoria de Jean Watson

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Resumen


Introduction: In nursing, caring is considered the essence of the discipline that involves not only the recipient, but also the nurse. According to Watson, care is manifested in interpersonal practice, which aims to promote the health and growth of the person. In nursing education, there are few studies that consider the trajectory of the formation of the future professional, in the experiences and experiences they face in their university life or care in nursing education, and even more limited are the works that address nursing students as subjects of care. The objective of this research was to analyze the experience of a nursing student as a subject of care, in the light of Jean Watson's theory. **Materials and Method:** Qualitative research with narrative design. The case study was used to integrate information and experiences of events that involved the experiences, feelings, emotions and interactions of a nursing student. **Results:** The story experienced by a nursing student who presented a particular health condition that led him to modify his routines was compiled, the general story was constructed by interweaving the individual narratives and the analysis was organized based on the ten factors of care proposed by Watson. **Conclusions:** The application of the theory strengthens the professional identity and creates perspectives for ethical and humane nursing, without losing the scientific vision.

Keywords: Caregiving; Life experience; Nursing theory; Continuing nursing education.


Abstract

Introducción: En enfermería, el cuidado es considerado la esencia de la disciplina que implica no solamente al receptor, sino también a la enfermera. Según Watson, el cuidado se manifiesta en la práctica interpersonal, que tiene como finalidad promover la salud y el crecimiento de la persona. En la enseñanza de enfermería son escasos los estudios que plantean la trayectoria de la formación del futuro profesional, en las experiencias y vivencias que afronta en su vida universitaria o el cuidado en la educación en enfermería, y aún más limitados son los trabajos que abordan a los estudiantes de enfermería como sujetos de cuidado. El objetivo de esta investigación fue analizar la experiencia de un estudiante de enfermería como sujeto de cuidado, a la luz de la teoría de Jean Watson. **Materiales y Método:** Investigación cualitativa con diseño narrativo. Se utilizó el estudio de caso hasta lograr integrar información y

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Received: February 23, 2023

Approved: April 28, 2023

To cite this article

Valderrama-Sanabria ML, Leal-García PC, Caicedo-Carmona LD. Factors of care, experience in light of Jean Watson's theory. Rev. cienc. cuidad. 2023; 20(2):76-86. <https://doi.org/10.22463/17949831.3793>

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experiencias de eventos que involucraron las vivencias, sentimientos, emociones e interacciones de un estudiante de enfermería. **Resultados:** Se recopiló la historia que experimentó un estudiante de enfermería que presentó una condición de salud en particular que lo llevó a modificar sus rutinas, se fue construyendo el relato general entretejiendo las narrativas individuales y se organizó el análisis con base en los diez factores de cuidado propuestos por Watson. **Conclusiones:** La aplicación de la teoría, fortalece la identidad profesional y crea perspectivas para enfermería ética y humana, sin perder la visión científica.

Palabras clave: Cuidado; Experiencia de vida; Teoría de enfermería; Educación Continua en Enfermería

Resumo

Introdução: Na enfermagem, o cuidado é considerado a essência da disciplina que envolve não apenas o receptor, mas também o enfermeiro. De acordo com Watson, o cuidado se manifesta na prática interpessoal, que tem como objetivo promover a saúde e o crescimento da pessoa. Na educação em enfermagem, são poucos os estudos que consideram a trajetória de formação do futuro profissional, as experiências e vivências que ele enfrenta em sua vida universitária ou o cuidado na educação em enfermagem, e ainda mais limitados são os trabalhos que abordam os estudantes de enfermagem como sujeitos do cuidado. O objetivo desta pesquisa foi analisar a experiência de um estudante de enfermagem como sujeito do cuidado à luz da teoria de Jean Watson. **Materiais e Método:** Pesquisa qualitativa com desenho narrativo. O estudo de caso foi utilizado para integrar informações e experiências de eventos envolvendo as vivências, os sentimentos, as emoções e as interações de uma estudante de enfermagem. **Resultados:** Foi compilada a história vivida por um estudante de enfermagem que apresentava uma condição de saúde específica que o levou a modificar suas rotinas, a narrativa geral foi construída a partir da junção das narrativas individuais e a análise foi organizada com base nos dez fatores de cuidado propostos por Watson. **Conclusões:** A aplicação da teoria fortalece a identidade profissional e cria perspectivas para uma enfermagem ética e humana, sem perder a visão científica.

Palavras-chave: Cuidado; Experiência de vida; Teoria de enfermagem; Educação continuada em enfermagem.

Introduction

Jean Watson indicates that nursing work is framed in three aspects; protection, enhancement and preservation of human dignity. In her transpersonal theory, she speaks of care that seeks a balance between mind, body and soul, so that the processes of care occur in an integrated manner (1). He invites the nursing professional to offer a humane, creative and loving treatment, centered on the patient and not on the results that his clinic may have; he seeks holistic care to allow a greater degree of harmony. Therefore, it is essential that nurses investigate and use their knowledge and love for care to turn the science of the profession into an art (2).

Some authors have raised in their professional or nursing education field, the existence of limitations in

knowledge for the application of Watson's theory, conditioned by the scarce bibliographic evidence (3). Likewise, the difficulty in the nursing professional to establish close interpersonal relationships or to deal with existential issues with patients is highlighted, referring that they feel contradiction in wanting to get involved with the subject of care to provide comprehensive care. But, at the same time, they avoid emotional involvement due to their professionalism, a situation that hinders the humanization of care sought by Watson (4).

Now, there are several facts that the human being must face daily with his own reality, among them health conditions, or according to the degree of complexity, the disease. Faced with these situations, the individual must initiate a process of acceptance to assume his new condition of such event (5). In the case of some type of

limitation, people have to assume the situation, expecting to receive humanized nursing care, which allows them to set goals and face adversities, strengthen spirituality through faith and hope to motivate them to take care of their own health in the face of the recognition of themselves and their new condition (6,7).

Watson promoted ten factors of care and each one with caritas processes, this word is related to loving, appre-

ciating and providing special attention to the person who has not been cared for with affection (8). These processes are mainly directed to health personnel with the objective of providing coherence to the procedures for care, based on evidence-based practice. Figure 1 shows the charitable factors of care.



Figura 1. Factores de Cuidado J Watson
Fuente: Elaboración propia

In relation to the above, in this research these processes were taken into account to meet the objective of analyzing the experience of a nursing student as a subject of care. Likewise, the importance of models and theories in nursing practice is identified as a strategy for disciplinary strengthening in the quality, recognition and autonomy of care (9). The development of this article has relevance for the profession, due to the little evidence on the application of transpersonal theory, and the contribution of new knowledge to the quality of care based on theoretical support.

Methods

This is qualitative research with a narrative design (10). The case study was used to enable the connection between research, theory and practice, (11) thus allowing

the researcher to transcend the observational to integrate information and experiences. The case study is a multimethod inquiry process, in which real-life situations are approached and ideas related to the phenomenon are tested as it develops in practice (11).

Facts, situations and events that involved thoughts, feelings, emotions and interactions are described through the experiences told by a nursing student. The semi-structured interview and the field diary were used to record and make notes during the events related to the study phenomenon.

Initially, the communication was carried out through the meet platform, respecting the measures of confinement in times of pandemic and in agreement with the participants, after signing the informed consent. Sub-

sequently, some face-to-face meetings were held. The research was conducted from July 2021 to December 2022, was approved by the bioethics committee of the Universidad de los Llanos and the participants signed the informed consent.

The story of a nursing student who presented a particular health condition that led him to modify his routines was compiled, the story was constructed, interweaving the individual narratives and the analysis of results was organized in the light of Watson's theory. In accordance with Resolution 008430 of 1993 (12), of the Ministry of Health for health research in Colombia, this project was classified as research without risk, given that there was only evaluative intervention on volunteers.

Results

Four people participated in the study; their names have been changed to reserve their identity. The main actor in the story is Manuel, male, 36 years old, at the time the research began, he was in his sixth semester of nursing school, and also has training as an auxiliary nursing technician. His mother is Isabel, 62 years old, and Manuel's best friends are Karla, 20 years old, and Rocío, 22 years old, who are classmates.

On December 8, 2020, Manuel suffers an ischemic cerebrovascular attack (CVA) in vertebro basilar circulation territory, as personal history, he presented left optic neuritis in 2017 and within the relatives, cerebral infarction in mother by sticky platelet. Panangiography performed on 09/12/2020 showed vertebral artery dissection with 50% stenosis on the right side and 80% on the left side. On January 21, 2021 he presented bilateral total campimetric loss, severe right hemiparesis and severe ataxia, requiring support for basic activities of daily living, which configures severe functional dependence. On 04/13/2021 he consulted again stating "I stopped seeing", the deterioration of visual acuity and right hemiparesis were increasing over time (13).

The following is the analysis of Manuel, as a subject of care, in the light of Watson's theory.

The first factor, called Humanistic-Altruistic Formation, is related to the satisfaction received from providing help and can be noted in the actions performed by Karla and Rocío who give their testimony.

"At the beginning we didn't like each other, then the relationship became very close, we were very attentive, and the fact that we realized that Manuel had had a stroke was quite surprising, and beyond the friendship, we put ourselves in his place" Karla.

"When I went back to see him, he could not move, he could no longer see, he depended 100% on his mother, Manuel is a person to be admired, his will is made of steel, he was very active, he did not believe what he was going through, he told me: I do not need compassion, what I have left is to go up" Rocío.

The second factor is the incorporation of faith and hope, with the motivation for the patient to adopt healthy behaviors. Now, the testimonies that support this factor are presented:

"We have always counted on God's help, as a mom I hope for a miracle for Manuel's life, I know that nothing is impossible, God is going to do something in him, I have a great expectation because he has been a good son, it is the faith that is inside me" Isabel

"I keep the hope of returning to the way I was before, things have changed, trusting in God and believing in miracles, I am functional again" Manuel.

"When we go to the doctor and we see such hard results, it is very difficult the situation, they give us so much negative news, I say: go ahead, we are trusting in God and this is not the last word, there is faith and move forward" Isabel

"Most of the time I'm focused on my recovery, I tell my mom: the day I get my vision back and I can move, you have to get on the bike with me, she's scared of it, but I get the idea and it's a commitment." Manuel

"My motto has been: One day at a time, the faith that I have today is not going to reach me for three days, I started working with Manuel every day as if it was the minimum effort and the result that was seen little or much was a victory for us. Something we incorporated was to set short- and long-range goals, but for many people around us it was an unattainable goal." Isabel

"The faith and hope that we implemented with Manuel was to make jokes about the situation he was going through, he is very funny, that way we distracted him"

because he was in therapy, medical controls, we always listened to him” Karla.

“My grandmother prayed for him, my mother was very attentive, even though my beliefs are not Catholic, I consider that good wishes help people, my family was very fond of Manuel during the time we shared” Rocío.

The third factor, Cultivation of sensitivity towards oneself and others is essential in nursing care and our protagonists expressed it in the following way:

“The hardest thing for me was not even my vision, but my mobility, that was a very difficult moment for me, I wanted to give up, but my mom is always there to lift me up. My biggest fear is the cognitive area, I live accepting that my body does not work the same, that the visual issue may no longer be accommodated or may not improve; but definitely my biggest fear is losing my mind, not knowing how to make decisions, now new fears have been generated in relation to college, some people tell me: it is better to worry about your recovery and then college will come or consider the possibility of postponing”.

“There are days when he wakes up with his spirits down, so I help him, that has been mutual because I have also had my moments where I reflect and it is not so easy. But we take strength, we are trusting in God”. “I am not afraid of death today, I have told my mother: if I go into cardiac arrest, leave me alone and I will go, but I don't want to be a burden to anyone” Manuel.

“Many times, Manuel realized, I could not cry, I had to be that strong woman for him, but there were very hard days and that left me learning, I was able to overcome them, I have learned to love myself, that part has also been very valuable, Manuel helped me a lot because I did not see myself as the person I am today” Isabel.

“When there is such a close case of illness and disability, one begins to reflect, he is a young person who would not think that something like this would happen to him. Manuel told us that when he was in the ICU, he had to be pricked all the time and we are very much in contact with these situations in our daily practice, we learn to put ourselves in the other person's place. I adopted an overprotective behavior, unfortunately there are people who want to know what happened to him, but they do not have good intentions, I did not allow

anyone to make comments about Manuel, or to try to know more than what he said, because I thought that because he had a disability, they were not going to help him” Rocío.

The fourth factor emphasizes the development of a relationship of support and trust that goes hand in hand with the acceptance of positive and negative feelings. The nursing assistant who attended Manuel for the first-time inspired peace and tranquility, going from being the one providing care and now being the one being cared for generated a lot of anxiety, but she knew that they were doing their job.

“But the person who helped me the most was my mother, she became my psychologist, Isabel says:” I can't let him demotivate me, I talked to my family and told them: we all have to put our shirt on with Manuel and create an environment of trust so that he can move forward. It was not easy, the fact of having to accompany him, help him bathe, dress him, it was hard for him, because that part was not expected, he became my baby again”.

Factor five related to the acceptance of expressions of positive and negative feelings has in mind the connection with the spirituality of the being cared for.

Manuel has experienced different feelings since the symptoms of the disease began: *“At the beginning I felt quite numb, nowadays it makes me feel uncomfortable to remember it, maybe it is a defense mechanism”.* Meanwhile, Isabel mentions: *“We have a good communication, sometimes we laugh, as there are days when we respect our moments of silence and solitude”.*

Manuel affirms that, of the funny moments, at the beginning he remembers when he ate because of the mess he made. Also, in the family meetings they would watch a movie, but Manuel could not watch, only listen, then the brothers would make jokes, if you see that, terrible, isn't it?

Isabel expresses the joy of having him at home, but the sadness of having to tell him *“here is his bedside table, here is his bed, come and get settled”*, the fear of going to the bathroom, for both of us it was very sad, the first impact to clean his intimate areas, it was like having him as a child again, his body on the right side did not work, so we had to dress him, pull up his pants, sometimes we laughed, we opted for sweatshirts which

was the most practical but sometimes he would tell me “mommy, put on my pants”, when we had a medical appointment: “mommy put me a jean”, when we had medical appointments.

Factor 6, which refers to the systematic use of creative problem solving in the care process, is reflected in Manuel's fears of losing mobility. Isabel knows that he does not collapse easily, despite the diagnoses, he has not lowered that strength, it is an inner work of the person. She had to learn to take care of him, to make the position changes and apply the strength without damaging his health, he also learned to be creative using his left hand.

Factor 7, which has to do with the promotion of a teaching-learning process, was experienced by Isabel with the management of the spaces, describing the environment to Manuel, locating him where everything was because he could not see, we had to move from one apartment to another due to economic reasons and he had the image of the previous home visually in his mind, but during the move I had to describe his bedroom, the objects that were around him, so that he could touch them little by little. The therapies were something new because Isabel had to learn the exercises and the administration of medications.

Manuel comments: *“I learned to eat, dress and bathe with the help of my left hand, which I did not use before, I have been gaining some independence in aspects of self-care, but that does not mean that I do not accept help, I was autonomous and self-sufficient. The experience has helped me to value the help of others. When I worked with patients I did it mechanically, now with this situation I have understood what the patient feels when he says it hurts because it is true or when he says I don't want it is because there are reasons. We learned not to lose heart, to thank life and God, to find the courage, strength and patience that we did not have before.”*

In factor 8 with the creation of a protective and/or corrective environment for the physical, mental, spiritual and sociocultural environment, Isabel mentions that they live in a small apartment, Manuel has a comfortable room, a place was adapted as a study to receive remote classes, he also has a comfortable chair. The place he likes the most is the living room because it has the TV, to listen to movies.

Factor 9 refers to the assistance with the gratification of human needs, Isabel assisted him in bathing, helped him to dress, for him it was hard, because he never imagined himself in the position of patient.

Factor 10 with the recognition of phenomenological and existential forces was reflected in Isabel with a brave son who despite the difficulties has not let himself be defeated, she has seen tears in his eyes, but she also observes his extraordinary intelligence and ability to accomplish his goals. Today Manuel values life more, he is happy to be able to go to the bathroom by himself, to feel the presence and love of his pet, to sit in class, to have his mother close to him is the most comforting and gratifying thing. Rocio hopes that Manuel will recover physically and that in the future he will be able to work as a nurse without any impediment. For Karla, happiness is seeing every achievement, getting good grades or doing very well in practice and never losing faith.

This part of the story is called “Miracles do exist”.

Manuel tells that on April 11, 2022, he was near the night table, he felt a little sleepy, I tell Isabel: “mommy there is the acetaminophen”, she answered: “I can't find it”, the first drawer was open, Manuel knew it because he opened his eyes and started to see, it was incredible. Isabel said: “but how so, can you see the box?”, “yes, I can see it”, it has very bright colors, I can see green and red. That's how Manuel started to see again, he was so happy that the headache took a back seat and from then on everything has been a celebration for Isabel and Manuel who has been gradually improving, after the neuro-ophthalmologist had told him that he was not going to recover his vision.

Now Manuel is going to tell us how he was able to read again?

“It was at the mall, we were in front of Beer Company and Popsy, and I read the signs, then at the university. Before, I couldn't identify the small print, reading from the cell phone was hard for me and Rocío and Karla, my great friends, told me: we are going to write to you, we are going to read to you. They wanted to be my eyes, today my vision has been improving. We enlarged the letters on the cell phone and something curious was that as soon as I started to recover my sight, I enjoyed watching many Netflix series, before I could only

listen to them.

Now he will tell us how he returned to college....

This day she had mixed feelings, from the fear of getting on a bus and falling, the distance between the entrance of the university and the classroom seemed eternal, she had forgotten what it was like to walk. He felt very anxious, almost with tears in his eyes. "I tried to be quiet, like a scolded child, I didn't even go to the bathroom, I was afraid to take steps and face reality". Rocio and Karla were attentive all day. Isabel accompanied him to class for a couple of hours and in the afternoon, she went to pick him up, she also took pictures of him as a child on his first day in the garden. It seemed like a dream come true, the relationship with his classmates was excellent, better than before, because Manuel felt he had a high ego, due to his work experience and his age, now the bonds of friendship have been strengthened.

At present, it has not been easy for Manuel to develop the training practices in health institutions, the experience has several faces. From a sentimental point of view, it has been significant to meet patients again, but on the other hand, he has seen the reality of obstacles, not only physical, but also from some teachers who have mentioned that he may lose the subject due to activities such as not performing cardiopulmonary resuscitation correctly.

"But I have always been one for challenges, even with the limitations in my right arm, it is difficult for me to open an ampoule, channel, and connect equipment, I have been losing my fear, and the fact of performing these procedures again has strengthened me, the fear is not so much for me but for the patients. Not everything is rosy, but I think that the barrier is in the head of each one, and if it is overcome, from there everything is a gain. Every day I go to practice is a struggle with myself and so far, I am succeeding. At the university they talk to us about humanized care, empathy, but when one goes from being the one who gives these things to being the one who receives them and then returns to give them again, it is totally different and one does it with more awareness and more affection, and the response of those patients who are combative and difficult has been very good, they say: "you do not understand", and I do not understand, of course I do, but we also need their help. When patients see me with confidence,

they feel that I generate more trust, now I talk to them more. The week before, I found that an elderly lady, simply by talking to her, there was no need to administer painkillers, I relieved her pain. I have seen in creativity the opportunity to do activities such as opening an ampoule, packing and canalizing a vein with my left hand.

Willpower has been constant in Manuel, knowing that it is possible to do what he sets out to do regardless of the circumstances, finding the courage and patience that has always characterized him. Today he sees life in a different way, after having been on the verge of death, he values what he really has, the people, the moments, the words and in 2023 he will graduate as a nursing professional.

Discussion

Caring is related to patient satisfaction and has an impact on the quality of nursing care and patient safety. That is why in nursing practice and education it is considered an expected competence of students. In some universities nursing theories are part of the curriculum, particularly in Slovenia they incorporate Watson's theory in order for students to understand what it means to care and at the same time for professors to know what this concept means to students (14).

Maya and Gallardo (15) applied some factors of the theory of care with nursing professionals and hospitalized children and observed the importance of support and trust because it facilitates the expression of positive feelings such as empathy and effective communication. The authors agree with the results of this research where the physical support perceived by the patient is reflected in simple but significant activities such as looking into the eyes, holding hands, performing procedures or relieving pain, as proposed by Watson (15).

Likewise, the application of the *caritas* process is relevant for professionals to evaluate their work in order to recognize potentialities, limitations and strengthen intersubjectivity (16). The cultivation of sensitivity in the nursing professional, both towards him/herself and towards others, requires the willingness to establish a close and trusting bond with the person cared for, the characters in this story, experienced these sensations; many times, there is not enough time to establish a close relationship that allows them to be sensitive to their

emotions and feelings.

However, there are barriers to provide humanized care, one of them is the lack of professional identity, so it is necessary to validate the commitment to care for people, to strengthen the autonomy of the nurse, identify and overcome personal, professional and institutional obstacles to regain the necessary power to contribute to the strengthening of care (17) Gomes et al., (16) mention the barriers in the dimension of primary health care, professionals should put aside judgments and prejudices and accept spirituality as part of care and that nurses should be open-minded to new practices. Other types of impediments are generated by the little participation in decision making, the scarce training in ethics of health professionals, the lack of institutional support to face emotional stress and the biomedical conception of care, which generates dehumanization (18).

Using this theory in clinical practice serves as a guide to establish the care relationship, especially in those people who struggle to heal from an illness of the soul or body and who are exposed to stressful conditions, but are filled with faith, next to the nurse who projects compassion to them (19). In relation to the spiritual dimension, the nurse promotes comfort by helping the patient to bear the problems and enable the improvement of health. However, there is still a lack of preparation of these professionals (20, 21). Thus, caring has importance in nursing practice and education and is considered an expected competence of nursing students, especially as they understand the fundamental values (14).

In the study developed by Storr et al. (22), It analyzed that, although the student presents a health problem or a disability, he/she can reach the established competencies and be apt for practice at the end of his/her studies. However, this does not mean that the person is subsequently employable in all practice settings. In the case of nursing, he or she could work in the administrative area or in outpatient care. In any case, it is important for nursing students with disabilities to be realistic about their employment opportunities and abilities. In Manuel's particular case, he has a fear of harming patients and this is consistent with a study in which students experienced difficulties in certain areas of practice with implications for patient safety. Higher education institutions must therefore make reasonable accommodations on behalf of the student, from admis-

sion to graduation, and they also have a responsibility to engage in negotiation, communicate their needs and the type of support that can be provided. However, it is difficult to establish support at the beginning of a nursing career that will be optimal throughout the program. Support for disabled students has tended to be reactive rather than proactive and the level and quality of support varies from institution to institution (22).

In any case, when the person comes to the health service, there is a clash between two worlds. One is that of the patient and the other that of the health institution. In this way, new expectations are generated and sometimes the professional's performance is blurred to impose the needs of the system, the institution and colleagues (23). However, nursing care should be open to spiritual aspects, mysteries of life, death, pain, joy and changes, allowing miracles, as evidenced in the tenth element of the Caritas Process (20).

In relation to the perception of care, an evolutionary trend has been found on the part of nursing students as they approach graduation. Likewise, nurse educators continue to delve deeper into the theories and value of caring from clinical practice (24). It is essential that students adopt a flexible and reflective approach when interacting with patients and strive to establish a trusting relationship. These interactions could be useful for teachers, so that specific knowledge about care is gradually acquired (25). Thus, in order to reinforce knowledge, it is pertinent to strengthen the curriculum, analyzing the contents related to the humanistic paradigm, bioethical aspects associated with clinical practice and the vision of the person from an integral perspective (18).

In the work developed by Vera et al. (26), they highlight the contribution of Jean Watson's theory for professional training, since it allows knowing and understanding the integrality of the human being and approaching it with ethical suitability. Thus, from university education, the student strengthens professional competencies to be autonomous, develop critical thinking and take a transforming stance. Therefore, it is essential to incorporate in the subjects the application of this model, to provide philosophical, ontological and epistemological bases in professional practice (26-28). However, in the study by Evangelista et al. reported the difficulties in professional training to address the spiritual dimension of patients, as well as the lack of preparation to face

death (20).

That is why, regarding the nurse-patient relationship competence, it is worth noting that nursing knowledge, skills and attitudes are not innate, but must be developed; the purpose is none other than to prepare the student for professional performance in real scenarios. One of them is nursing administration with a holistic sense to transform organizational activities into caring actions as a model to follow in order to create a culture and environment of care for workers and all the people involved (29). Jean Watson has been considered as a theorist concerned about interacting with patients from a phenomenological and humanistic perspective that nowadays needs to be strengthened in the future nursing professional (30,31).

At present, the training of nurses leads to a change in the profile of the graduate that adapts to the care required by patients, there is little emphasis on the human aspects and spirituality (23) that unquestionably are a substantial part in the patient's recovery, as evidenced in the story of Manuel

Conclusions

- The application of Watson's theory strengthens the professional identity and creates new perspectives for an ethical and humane nursing, without losing the scientific vision. The research allowed verifying the elements of the Theory of Human Care that are present in the formative practice.
- From the academy, it is important that the teacher takes into account the student's health condition to recognize that there may be barriers in the field of teaching, learning and evaluation of competencies and that some methods are not adapted to the diversity of students. But it should also be taken into account that within the nursing training programs it is required to comply with legislation, likewise they are limited by the quality requirements related to the suitability and comprehensiveness of the future professional.

Conflict of interest

The authors declare that there is no conflict of interest.

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