

**Theory Concept Application in Professional Nursing Practice: Jean Watson's Mid-
Range Theory of Human Caring**

[Student name]

[Department, College/ Institution]

[Course Name]

[Instructor's Name]

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Nursing theories are very important to professional nursing practice in that they are the sources that provide the theoretical and conceptual frameworks on which practice is based. What this means is that professional nursing practice does not happen in a vacuum or just by happenstance. There is order to it and all actions are based on sound scientific reasoning, judgment, and rationale. Nursing theories provide this grounding even as nurses premise their interventions on the concept of evidence-based practice or EBP. Whilst looking at the nursing theories that underpin nursing practice in terms of theoretical or conceptual framework, one notices that all the theories fall under one of the three distinct categories determined by level of abstraction. The theories are made up of concepts and the degree by which these concepts are abstract differs from theory to theory. In that context, a nursing theory can be a grand theory, a mid-range theory, or a practice-level theory (Wayne, 2020). The most abstract theories are the most difficult to comprehend and apply in practice. On the other hand, the least abstract theories are the easiest to understand and apply in daily clinical nursing practice. In this scheme of things, grand theories have been found to be the most abstract while practice-level theories are the least abstract. Grand theories are broad in scope and general whereas practice-level theories are specific and narrower in scope. Mid-range theories fall in-between and are neither too complex nor too simplistic to understand and apply. For this reason, they are the largest category or class of nursing theories existing (Risjord, 2018). Two of the most famous mid-range theories that can be given as examples are Jean Watson's Theory of Human Caring and Dorothea Orem's Self-Care Deficit Theory or SCDT (Alharbi & Baker, 2020; Pajnkihar et al., 2017; Borji et al., 2017). The purpose of this paper is to demonstrate the application of nursing theory concepts in professional nursing

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practice by identifying an existing practice problem. In this particular context, Jean Watson's Theory of Human Caring will be applied to the problem of accidental patient falls.

Accidental Patient Falls as a Measurable Nursing Practice Outcome that Can be Improved

The nursing practice outcome that is measurable and that has been chosen for this paper is accidental patient falls, affecting disproportionately the elderly population of patients of the age of 65 years and above. This identified practice issue is recognized as a quality improvement (QI) issue in all healthcare circles. The presence of a significantly high falls rate means that there needs to be a QI initiative directed at solving the underlying practice deficiency and reducing the rate of falls. To demonstrate just how serious this particular QI matter is, the Centers for Medicare and Medicaid Services or CMS stopped reimbursing providers for costs accrued as a result of patient falls as of October 2008 (AHRQ, 2018; Fehlberg et al., 2017).

Evidence from Literature

The question as to whether accidental patient falls is a significant healthcare QI issue in practice is well answered by copious scholarly literature. The presence of frailty and several comorbid conditions in persons aged above 65 years is a major contributing factor to the risk of falls in this population demographic. Most of them also suffer from disabilities and are having different levels of neurocognitive disorders rendering them deficient somewhat in cognitive functions. Most of these patients are found in elderly nursing homes and rehabilitation centers (Kojima et al., 2015). According to Kenny et al. (2017), when these accidental falls happen, they cause various forms of injuries some of which are minor but others major. After these falls, they frequently suffer bruises, concussions, fractures, and even intracerebral hemorrhage leading to death. As at present, the national average for patient falls as a clinical practice problem is 3.44 falls per 1,000 patient stays (Venema et al., 2019).

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Annually, the incidence ranges from 3.3 to 11.5 falls per 1,000 patient stays. The Agency for Healthcare Research and Quality (AHRQ) as well as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are two of the regulatory bodies that keep track of providers whose fall rates are excessively high. Particularly, the JCAHO provides certification to those providers whose rates are lowest while the AHRQ provides evidence-based guidelines on how to correct the problem.

Incorporation of a Clinical Nursing Theory in the Form of Concept-Proposition-Concept

For this clinical practice problem of accidental patient falls, a clinical nursing theory can be formulated in a bid to scientifically solve the problem. The theory will have three components in the form of Concept A, Proposition, and Concept B.

Concept A

This relates to the status of the members of the population demographic of concern. Persons aged 65 years and above have already been identified as frail, disabled mostly, and suffering from various chronic illnesses. The effect of these chronic illnesses combined renders these patients susceptible to falls in almost all settings. Some of these conditions are type II diabetes, hypertension, heart disease, and chronic kidney disease amongst others. It is a known physiological fact that as one ages, their normal bodily functions become less and less efficient. In other words, the physiological processes of the body deteriorate appreciably as one ages due to wear and tear of the tissues. It is also in this population demographic that mental conditions referred to as the neurocognitive disorders (NCDs) start manifesting. The most significant symptoms displayed by these patients when these conditions show include memory loss and spatial disorientation. These two particular symptoms place them at even higher risk of accidental falls. This is because with spatial disorientation, they will be wandering up and down and in the process will suffer a fall. Amnesia means that they may

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forget where their bed is, or may forget where they put some item and want to look for it. All these will make the elderly patient be at a greater risk of falls. This concept can be measured both quantitatively and qualitatively. That is numerically through observation data as well as through examination findings.

Concept B

The determination of the level of risk for accidental patient falls is made using special assessment tools. One of the most evidence-based and frequently used tool is the Morse Fall Scale as stated by Falcão et al. (2019). This scale allows the nurse to determine the fall risk that the elderly patient is at and enables them to take appropriate preventive measures. As already mentioned above, it has been observed and confirmed by scholarly research that those affected most by accidental falls in a healthcare setting are usually elderly patients who are aged 65 years and above. It so happens that this patient demographic is concentrated more in two particular healthcare settings – nursing homes and rehabilitation centers. The falls suffered by the elderly patients increase morbidity and mortality as well as the other outcome measures of length of hospital stay and hospitalization costs. The measurement of the concept is by specific tools such as the Morse Fall Scale as indicated above.

The Proposition

Considering concept A and concept B, the proposition is that there is a causal relationship between the two. That means that the presence on one concept heralds the occurrence of the other. In other words, concept A causes concept B and therefore the hypothesis is that a positive relationship exists between the two. Having 65 years or being older in this instance is the independent variable. The incidence of accidental falls in a healthcare setting is the dependent variable. As usual, the independent variable is invariable and constant and cannot be influenced by any intervention. On the other hand, the dependent variable is amenable to interventions and in this case that is what evidence-based nursing

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interventions target. These interventions include measures such as nurse training and education to properly identify fall risk, the use of bedside alarms, and the conducting of hourly purposeful nursing rounds per every shift (Linehan & Linehan, 2018; Leone & Adams, 2015). In the end, the clinical nursing theory that emerges from this scenario is that the independent variable is a risk factor for the dependent variable (old age is an independent risk factor for accidental falls in healthcare settings).

The Theory of Human Caring vs the Clinical Nursing Theory

Both the Theory of Human Caring (THC) and the above clinical nursing theory point to the fact that there is a need for offering interventions to contain the dependent variable. In this case it is the occurrence of accidental patient falls. That having a caring heart is a prerequisite for success in the nursing profession is the proposition in Watson's THC. This is the same thing with the clinical nursing theory that states that elderly patients at risk of falls need particular interventions. These interventions require the dedication of nurses and a commitment to selfless care and love/ devotion. They include hourly nursing rounds and nurse education for better recognition of fall risk. Doing these helps prevent human suffering and preserves human dignity of the elderly patients. Clearly, there are parallels between the clinical nursing theory and the THC by Jean Watson. According to Alharbi and Baker (2020), Providence (2020), and Pajnkihar et al. (2017); some of the main concepts found in Watson's THC and congruent with those of the clinical nursing theory are:

- Championing a therapeutic and beneficial nurse-patient relationship for the patient
- Giving all in order to realize the well-being of those who need our help through utmost selflessness
- Patient advocacy in an environment that is made to be therapeutic
- Belief in the power of a higher deity who can perform miracles and heal

Caritas Processes

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According to Providence (2020), one of the ten caritas processes in the THC is the creation of a caring and healing environment that accords respect to the human body. In light of the information in concept A, the provision of a healing environment respectful to the human body would be through hourly rounds and using bedside alarms. This is because concept A already informs us that persons aged 65 years and above are at a higher risk of suffering unintentional falls. Other respectful environmental measures in the same context include having surfaces that are not slippery and placing elderly patients in settings that do not require staircases to access.

Impact on the Nursing Profession of Discoveries Made During Readings

In going through the readings for this particular paper a number of discoveries have been made. The first one is that nursing theories are inherently formulated by the various nurse theorists to guide professional nursing practice. They do this by providing the basis for the conceptual frameworks of evidence-based interventions. The other discovery was that nursing as a profession is not just a profession. It doubles up as a calling since it requires love, a caring attitude, and selflessness. This discovery has been made from the readings on Watson's THC (Alharbi & Baker, 2020; Pajnkihar et al., 2017). For a person to succeed in nursing as a profession, they must therefore evidently possess the attributes of selflessness, care, and love for humanity.

Conclusion

The purpose of nursing theories is to guide and facilitate nursing practice they provide the much-needed conceptual frameworks that underpin and explain the actions of nurses through various interventions that they undertake in the process of patient care. The mid-range Theory of Human Caring by Jean Watson is one such theory. One of its so-called caritas processes is the provision of a healing environment that is respectful of human life and wellbeing. In this, the theory suggests that evidence-based interventions aimed at restoring

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health and wellbeing have to be delivered in a suitable environment. This paper came up with concept A, concept B, and a proposition with regard to accidental patient falls among the elderly. The clinical nursing theory that came from this was then compared to the THC by Jean Watson.

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