

# Compassion Without Fatigue: A Unitary Caring Science Approach Part III—Theory- Guided Practice to Advance and Sustain Nurses

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**Abstract:** This article offers a different path for the profession of nursing to consider to minimize compassion fatigue using caring science. The methods used in this study are taking the findings of a qualitative research study and looking at them through the lens of the theory-guided practice in Unitary Caring Science. This article offers new ways of patterning nurse experiences through the essential truths in Unitary Caring Science toward a path of experiencing compassion without fatigue. The article shares an ideal where compassion found within transpersonal relational caring moments becomes the hallmark to help the patients and nurses simultaneously heal.

**Keywords:** nursing; compassion; Watson; Caritas; presence; authenticity

## Introduction

In the first line of a 2002 article, *Nursing: Seeking its Source and Survival*, Jean Watson writes, "The crisis in modern medicine and nursing for the new millennium seems to lie in the lack of

a meaningful philosophy for the nature of our practice and deeper dimensions of our work" (Watson, 2002a, p. 2). Almost 23 years later, the question is whether nursing has found that meaning. Once again, the nursing profession is at a pivotal moment in its history.

The literature and narratives surfacing tell a story of a profession currently in the grips of compassion fatigue and burnout with no clear plan to heal the caregivers in the profession. Daunting statistics are showing the effects of prolonged suffering on nurses, suggesting that post-pandemic, 42% of nurses have post-traumatic stress disorder (PTSD), up to 80% report symptoms of depression with a risk of suicide significantly greater for nurses compared to the general population, and 39% now experience insomnia (Davis et al., 2021; Hendrickson et al., 2022). Over half of frontline staff (55%) report that the pandemic left them with significantly less ability, interest, or willingness to carry out their role (Cutler, 2022). Although reports show a slowing of nurses abandoning their careers, 60% of nurses still report they are considering leaving, with up to 35% of all healthcare professionals saying they will most likely go in the next 3–5 years (Frogner and Dill, 2022; Hendrickson et al., 2022). It is also grim news on the other side of the equation as approximately one-third of new graduate nurses (28%–31%) leave the profession after just 1 year of employment (Clemmons-Brown, 2023; NSI Nursing Solutions, Inc., 2022).

Although the pandemic contributed to these nursing issues, another contributing factor is the predominant medical model paradigms found in hospital settings, alienating nursing practices and ideals. As a result, nurses feel marginalized because as they are called upon to care for their patients, they are abandoned by the healthcare system (Bush, 2009; Moss et al., 2022; Reed et al., 2020; Sexton et al., 2017; Tawfik et al., 2017). Yet, as nursing shortages continue to rise, many nurses stay, continuing to do the work they feel called to do prompting now more than ever the responsibility to support those nurses who are enduring and choose to stay.

## Purpose

This article seeks to offer the nursing profession a new path. First, it will discuss a research study designed to give voice to the unique experiences nurses manage as they continue to care for their patients and families. The study, shared in detail in Parts I and II of this series, invited participants to share narratives that take the invisible challenges of nursing and make them visible. Next, this paper interweaves these multiple realities

and looks at them through the lens of Watson's (2008) caring science. This paper then offers a path using a theory-guided practice to honor these nurses' experiences and proposes new ways of thinking and being. This paradigm shift guides nurses in flourishing within the profession so they can experience compassion without fatigue, regardless of the legitimate struggles within healthcare, as they choose to stay and answer their calling to support the healing of others. This paper summarizes those findings and discusses how the essential truths that emerged are reflected in and informed by the foundational truths and practices within the framework of Watson's (2008) theory-guided practices.

If the nursing discipline is to survive, it must return to the heart of caring. The American Nurses Association makes this evident in the new definition of nursing, which is stated in the following:

Nursing integrates the art and science of care and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses to advocacy in the care of individuals, families, communities, and populations in recognition of the connection of all humanity. (ANA, 2021, p. 1)

Caring science has long offered a theoretical road map that can illuminate these essential elements and support this return to nursing values while simultaneously caring for the nurses called to give. The practices outlined within caring science include the science and art of nursing based on the moral, ethical, and philosophical foundation of love and dignity for self and others. They involve being authentically present, practicing loving kindness, using all ways of knowing, and setting transpersonal caring as the true gold standard of care. Watson has spent her life's work understanding the ontological nature of caring as a relational event between two individuals and their shared humanity in that given moment. This kind of care recognizes that the space within a caring environment offers what is needed to heal and is a journey for both the caregiver and the care recipient. Caring science then provides the practices of self-compassion and caring for self that guides nurses so they have enough capacity to provide

this care without burning out. Articles including Parts I and II of this series highlighted the details of this qualitative research study, including the aim, methodology, participants, data collection, and analysis (Griffin et al., 2024).

## Literature Review

### Compassion Fatigue

Multiple contributing factors affect compassion fatigue among nurses. Burnout, often associated with inefficient or imbalanced organizational practices, is the syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Beck, 2011; Cañadas-De la Fuente et al., 2015; Gentry, 2002). Committed professional nurses begin their careers with energy, dedication, and efficacy. However, poor organizational environments cause nurses to become cynical, ineffective, and less caring (Bush, 2009). Secondary trauma is attributed to feeling overwhelmed due to the constant exposure to extreme events or suffering experienced by another (Beck, 2011; Gentry, 2002; Najjar et al., 2009). Emotional labor depicts the unique demand on healthcare providers as they manage the intricacies of caring for others in the complexities of a hospital setting. Importantly, emotional labor considers not just the quantity of emotional demands on nurses but also the quality of the experience and environments where the care occurs (Brotheridge, 2002). Moral distress is the suffering experienced when a nurse knows the right thing to do but cannot carry it out because of institutional constraints, contributing to these professionals' emotional labor (Leggett et al., 2013; Logstrup, 1997). These phenomena are reflected in the narratives summarized in the research study reviewed here.

### Unitary Caring Science

Watson's (2008) *Philosophy and Science of Caring*, presenting a nursing theory-based practice paradigm, addresses the distinct stress that nurses experience as they tend to their patient's physical bodies, mental states, and emotional landscapes (Watson & Smith, 2002; Watson, 2005). This nursing theory offers a philosophy, an ethic, and a practice for nursing to understand its unique contribution to healthcare, to sustain human dignity, and to stay connected to its caring values (Levy-Malmber et al., 2008). Watson (2008) challenges healthcare organizations to regard nurses as a

precious source of compassionate care. Woven throughout the theory are philosophical perspectives that speak to the environment of care, which disclose the nature of caring and the exposure of suffering of others and offer practices that sustain all involved. Watson then textures these perspectives to understand nurses' unique stress as they are called to create healing environments (Watson, 2005, 2008). The core concepts of caring science include the moral commitment to preserve, protect, and enhance human dignity using a relational ethical-moral foundation that promotes mindful caring as consciousness and intentionality (Beck, 2011; Clarke et al., 2016; Cohen, 1991; Watson & Smith, 2002; Watson, 2005, 2008).

## Results

The findings from this study (Griffin et al., 2024), detailed in Parts I and II of this series, highlight the complexities of being a nurse and beautifully reflect the commitment and dedication nurses feel toward their patients. The phenomenological research method revealed how unique each nurse's experience is and, using an inductive process, allowed the essential truths of these nurses' experiences with compassion fatigue to come to light. Collective truths are highlighted, followed by how they could be understood on a deeper level through the lens of the synonymous essential truths found in caring science.

### Emergence of Essential Truths of Compassion Fatigue

*Essential Nature of Compassion Is More Than Caring.* Compassion, defined as both recognizing the care needed for another person in a moment and then doing something through action to alleviate their suffering, is the calling card of the nurses in this study. It goes beyond kindness and empathy and moves into tangible moments of care for their patients to meet every need. These nurses illustrated how compassion toward their patients reduces suffering, from being present during the most excruciating moments of life and death to proving that even minor care tasks have significant meaning. Nurse participants described advocating, listening, and educating as essential as offering dignity, empowering each patient, and offering hope when there seems to be none. Several nurses hold space for their patients, sometimes in silence, to offer compassion with just their presence. One participant described her

gift of meeting patients exactly where they are and tuning into their needs as a caring dance between the nurse and patient.

***Nursing Is a Sacred Calling.*** The awareness that nursing is more than a career choice emerged as an essential truth. These nurses' collective pride about why they became and continue to be nurses was astonishing. While expressed in unique ways, a collective sense of being *called* to be in this profession was palpable during the interviews. Many moments of patient care were described as sacred moments, from being there at the beginning of life, during traumatic and miraculous moments, and right up to being present for a death. One nurse, Esther, explains that being with someone during death is the most sacred moment a nurse is called to be present. In one of her stories, she describes being authentically present with a mother as she held her child while he passed away. Esther could feel the mother's anguish and sensed that the guilt in her heart kept her from being truly present for the last moments of her child's life. Esther recalls leaning in close to the mom and whispering words of compassion that she later learned helped the mom reconnect and not lose out on precious moments. This is a sacred work.

***Compassion Can Have Natural Consequences.*** Each interview with the nurses revealed the poignant realities of being a nurse. The events they witnessed, the experiences they shared, and the times they were present are authentic for these nurses. They can remember vivid details and have visceral experiences of re-living these moments even as they just recalled them. While not all experiences were negative, they were also not benign. They affected them, stayed with them, and contributed to the complexities of trying to stay above water so they could continue to do their jobs. One of the nurses, Zoe, described times in her career when all she felt was defeated and often found herself weeping for no reason. It was shortly after being the last person to see one of her long-time patients' eyes before he closed them for the last time. The grief of the moment and the uncertainty and guilt she felt trying to bring meaning to why it was her instead of his parents lingered with her for a long time. Many had stories of caring for abused or neglected children, only to send them back home with the same family suspected of causing the harm.

Others told of deep connections with patients and the guilt and sorrow accompanying them as they needed to manage their limitations or watching them suffer with no clear path to relieve the pain. Their hearts broke regularly, and they cannot just magically set down the emotional trauma and live happy daily lives, even outside of work. These experiences become like a cloak they wear all the time; the longer they do this, the heavier it gets. They spoke of having bad dreams, sobbing for no reason, losing the ability to listen to others, inability to self-regulate, and having difficulties being positive. They shared reports of mental and physical exhaustion that translated into panic attacks for some and periods of depression for others. For these nurses, giving compassion to their patients comes at a cost.

***Summary of Essential Truths.*** What emerged from the participants as the essential truths reflects a profession that has enormous responsibilities placed on its shoulders. These truths also speak to the heart and dedication nurses have to be the best possible compassionate caregiver. It matters to them that they go beyond the promise to "do no harm" and carry out their covenant with the world to care for each person they are called to serve. This is illustrated time and time again in the collective truth that compassion is more than caring; nursing is a sacred calling and devoting themselves to compassion at times has had severe and lasting consequences.

### **Essential Truths of Caring Science**

As nurses shared their stories and the universal truths began to emerge, it became apparent that many of the essential truths they experience are reflected in and informed by the essential truths of caring science. For example, the core tenets of caring science live within the relationship between the nurse and the patient. Watson describes the fabric of these caring moments as a vibrational experience felt within each person's soul (Watson, 2008). This is reflected in the stories the participants shared of deep connections and empathy felt by the nurses. This can explain why these nurses tie their self-worth to how their patients feel and vehemently advocate for their patients and families. Other essential truths within caring science can help illuminate the meaning discovered in this study and offer a new way of attending to the needs of these nurses as

they continue to be and become the nurses they are meant to be.

**Sacredness of Nursing.** A core tenet of caring science lies in honoring the sacredness of what nursing offers. As a nurse, Watson understands the uniqueness of what happens in a caring moment when compassion and love are shared between the nurse and the patient. She also honors both the positive and negative aspects of managing illness. She speaks of the complexities of being in a profession that has always promised to see the entire spirit-filled person behind a diagnosis. When the standard of care is held up as a covenant to sustain another human until they can do it for themselves, each act becomes sacred, no matter how small. For instance, Watson (2008) recognizes that nursing is one of the few health-care professions that actually touch patients. A nurse might be the only one who touches that person during their entire stay. Watson recognizes that this is one of nurses' greatest gifts and privileges: to offer a basic need to someone who otherwise would have to go without it. In *Philosophy and Science of Caring* (2008), she stated, "Such personal, intimate connections touch on the Holy" (p. 143). It becomes a sacred act when something as simple as a touch is offered with compassion and love.

Watson (2008) understands that nurses love their patients and advocates that it is a disservice to the profession to say otherwise. Each participant shared how they cared about their patients. They hold them in their hearts, think about them outside of work, and often dream about them. Love explains why Brooke intentionally takes the time to get to know her patients, so she can see their humanity and help illuminate their strengths. Even within their suffering, you can see love. It explains why Zoe was devastated about being the last one to see her favorite patient awake before he died. The love can explain why they suffer alongside their patients, feel saddened by their quality of life, and even feel guilty experiencing a whole life outside the hospital when their patients cannot. These are all expressions of love, and by speaking the truth about how sacred nursing is, Jean Watson honors the complexities of the nursing discipline and its caring professionals.

**Ethics of Caring.** Another layer of caring science is found in Watson's (2008) articulation of the ethics of caring. Watson writes about the perspective of Logstrup (1997), who calls for a practice

to be and become more human and humane with each other as an ethical demand and true pathway to be in service to one another (Maiden & Connelly, 2011). Watson expands these principles to illustrate how a nurse who offers human dignity can help the patient determine their own self-worth, which nurtures them while they heal and, ultimately, informs their attitude toward health and wellness (Watson, 2003, 2005, 2008). Watson (2008) speaks to this ethic when she teaches how we both teach and learn from our patients:

We learn from one another how to be human by identifying ourselves with others and finding their dilemma in ourselves. What we all learn from this is self-knowledge. The self we learn about...is every self. It is the universal human self. We learn to recognize ourselves in others. It keeps alive our common humanity and avoids reducing self or others to the moral status of an object. (p. 81)

Nurses in this study collectively understood these concepts. Art talked about providing dignity to his patients and families as a starting point in the relationship. Others regarded advocating for the quality of life their patients experienced as the most important goal. Caring science offers even more room to expand the ethic of care for the participants by including self within this ethical demand and not reducing self, as Watson describes above, to the moral status of an object.

**Transpersonal Relationships.** A transpersonal caring moment is the cornerstone of caring science as it describes relational care that allows both the nurse and the patient to reach a higher level of consciousness and, therefore, a higher degree of harmony and healing (Falk Rafael, 2000; Norman et al., 2016; Watson, 2005, 2008). Watson believes transpersonal care requires the nurse to understand both compassion and empathy as they read the energy field of another and co-create a healing environment (Caruso et al., 2008; Norman et al., 2016; Watson, 2002b; Watson & Smith, 2002). Watson proposes that transpersonal care techniques allow the nurse to go beyond creating healing environments and essentially become the healing environment for themselves and their patients (Norman et al., 2016; Swanson & Wojnar, 2004; Watson, 2002b, 2008). This practice could help shift many of the draining experiences the nurses in this study shared. For

example, when Zoe thinks back to spending the last moments with her patient, if she shifts her guilt to understand that her presence and love for him may have been the reason he was able to let go and die, then it is no longer a burden; it was meant to be as she was the healing environment he needed.

Transpersonal caring also attends to the times when negative emotions are the predominant response to illness. Overflowing stress is an inherent component of healthcare as patients find themselves within a gap between illness and health and between vulnerability and strength. Working with this image, caring science appreciates that nurses are called to stand in this gap with their patients and families to be fully present and intentional. No small task when the gap is filled with negative energies like anger, fear, and frustration that often attach to the nurse. Caring science attends to both patient and nurse in these moments by understanding the capacity of higher vibrational energies like compassion and love. In a given moment, regardless of the predominant emotion, compassion given equals compassion received. By sustaining compassion for the patient, the nurse is actually sustaining compassion for themselves at the same time. What we give the other, we also gain. Hence, the only logical choice is to expand the amount of higher vibrational energy like compassion, care, or peace at the moment for either self or the patient. In this way, the nurse can be present to the suffering, see how the heart is breaking, and create opportunities for compassion to protect everyone within the space and co-create the healing needed to move forward.

One story from this research illustrates the power that standing in this gap with compassion ensures healing. Maddie described a moment of moral distress as she was asked to hold down a child withdrawing from drugs so she would not injure herself. She had earlier advocated for mediation to ease the withdrawal, but the team refused, leading to even more suffering for this child. Maddie's frustration for the little girl was a reflection of the suffering she shared with that patient. She not only imagined this child being held down in trauma, but she could also sense that the medical team was causing just as much suffering. She put herself in that little girl's consciousness, and the pain was intolerable. This

led her to advocate and fight to bring peace to the child but also to herself. This was a transpersonal moment for Maddie and one that, with knowledge of caring science, could offer an understanding of why she felt that child's pain so profoundly and how, at that moment, she honored both the dignity of the patient and herself by attending to the pain.

### **Compassion as a Consciousness**

Although transpersonal moments of care often happen unconsciously, caring science offers that when they become a conscious practice, every moment with a patient has the potential to be more meaningful, healing, and life-giving for the patient and the nurse. The nurses in this study recognized the ways compassion helped define how they care for their patients. It included empathy and hope but was moved into action through tangible forms of care and compassion. These include supporting the body physically and expertly carrying out the medical care plan. The participants also included education, listening, advocating, and being wholeheartedly present with the patient and family. Caring science offers the next step for evolving compassionate care by seeing compassion as a consciousness. A deeper practice of compassion by being in tune with everything contained within an environment and co-creating a space where the best parts of humanity can find expression. Love, hope, forgiveness, and peace are all basic needs of humans. By cultivating compassion for self and others in a moment, a nurse gives access to these emotions regardless of what is happening. Many of the nurses were already consciously or unconsciously practicing in this way. Nurse Misty talked about taking breaths and centering before entering a room. She paid attention to the environment to see how she was showing up within it and course-corrected when she found herself being cold or disconnected. Esther knew what to say to that mother who was losing her child when she leaned in and reassured her. She allowed herself to be present with her own vulnerability to truly understand what that mother's heart needed to hear. These are beautiful examples of how compassion as consciousness serves the patients and the families but also connects the nurse to whom they want to be.

There is an opportunity to see how this intention can help break the barriers to

compassion satisfaction. Cultivating compassion as consciousness provides knowledge about both self and others in a moment. Everyone has experienced compassion and can most likely draw up the positive feelings associated when being cared for by another. To cultivate it at the bedside, Watson asks the nurse to build an awareness of how compassion feels in their body so they know when it is missing. Watson also reminds nursing of the power of connecting to their own basic needs in a moment so they have enough to co-create a healing environment with the patient or family (Watson, 2005, 2008). She suggests the following: slowing down to breathe, pausing before acting, taking a moment to reconnect to your heart, and reminding yourself how you want this moment to unfold. These are micro-practices that can be done at any moment to reconnect the nurse to compassion.

Many participants recognized the importance of taking a breath before entering any patient room. It meets the need of the physical body by providing oxygen, but it also meets the human need of a nurse who needs a moment to collect themselves before choosing what to do next. One of the nurses in the study, Art, talked about how important that choice point is, and this micro-practice offers the space needed to be conscious of that choice. We would propose that the times that the nurses talked about when they did not think they had enough left to care would be altered if they began a practice of cultivating compassion as a consciousness for themselves. For instance, it might take the sting out of what the self-critic, prevalent in these nurses' narratives, says. Practicing compassion for self as consciousness may help release some of the pressure these nurses feel to be perfect and always make their patients happy or for the times they would tie the patient's emotional state to their own self-worth. Consciously drawing compassion into these thoughts reminds the nurses that they are not meant to hold the whole world's suffering but rather called to be present and hold space for another human. This allows for all emotions their patients may need to feel in a moment. It gives permission for a patient to be sad or angry and honors that this is okay. Compassion as consciousness offers nurses like the one in this study practices to set down their own feelings of inadequacy and offers recognition and praise for being the person who chooses to show up and help another person. This helps by bringing

balance to the gravity and heaviness of nursing. It also increased the likelihood of being connected to their purpose, which the nurses highlighted as an essential nursing need.

**Right Relation.** Caring science does not ask nurses to change the world. It asks that they become who they are meant to be as a nurse and a healer so they are capable of answering their calling when the world needs them. This capacity to offer care, compassion, love, and peace is directly related to how in tune a nurse is with her own essential needs. Art talked about times when he let himself get too drained in his career. He now reminds other nurses that if you don't meet your own basic needs, you will never feel like you have enough to give to others. Watson (2005, 2008) approaches this by teaching nurses how to be in the right relation with self-first. This means building an awareness of what a person uniquely needs to feel whole. It is a connection to values and beliefs about how to interpret the universe and understand your personal worldview. It is an awareness and connection to something greater than self, whether faith in a divine presence or anything that brings meaning to our time on earth. Knowing and having access to a source feed the soul and fill a person's cups with energy, love, and passion to spare. Humans, generally, forget to build a practice of being in the right relation with themselves. Nurses who crave caring for others have even more opportunities to practice paying attention to themselves before they attend to another.

The participants in this study reflected on being in the right relation and demonstrated they need more of it. Brooke stands unflinchingly within her beliefs about the world and her connection to something greater than herself. Her process of being in the right relation could mean a greater understanding of the human part of her experience. For example, the first step is to notice when she is taking something personally and how it wrecks her self-worth and self-confidence. From a stance of right relation, she then begins to see that the other person in the equation is not currently in the right relation with themselves. This leads to awareness that anger and blame are just an expression of being disconnected from their own source. Of course, this does not excuse the behavior, but it gives it space not to carry too much meaning.

Caring science would remind nurses in these moments that being in the right relation allows

you to listen to positive and negative expressions without taking them into your heart. Watson uses the term equanimity to build on this practice. Equanimity is the practice of finding balance in a given moment so as not to get stuck in their negativity or falsely believing everything is good (Watson, 2008). Watson links this practice in her first Caritas process, practicing loving-kindness and equanimity for self and others within the context of caring consciousness (Watson, 2008). She states that equanimity is a "...gentle acceptance of what is, without having to resist or avoid or alter what it is" (Watson, 2008, p. 53). It is like being in a storm but not allowing the storm to be in you. This is not to minimize the moment or to give permission for its occurrence. Instead, it allows the nurse a vast amount of space to hold all of the emotions in a moment. This way, they can stay present, read the environment, quickly decide what they need to hold onto, what is meant for them to own, and begin to let go of what is not serving themselves or others in the space. For example, Brooke may be able to use the practice of equanimity when she feels sad for her patients who cannot do the usual daily activities that she takes for granted. Accepting that her life is different from theirs without guilt does not mean she is not empathetic or uncaring. Instead, it allows her to set down what she cannot control and be open and present with them and accept that each of them is on their own path. Helping others accept their journey puts them in the right relation and opens them up to hope and possibilities. Caring science honors that hope is one of the highest levels of consciousness nurses offer their patients. One of the nurses, Art, does this devotedly with the families in his care as he gently walks them toward their new normal with new expectations and a different kind of joy.

It is notable to mention the idea of discovering your source. The participants shared how central feeding their souls was to their capacity to care. Jean Watson does not shy away from the idea that humans draw on a source of universal love that both connects them to each other and creates a wholeness from within (Watson, 2008). It was inspiring to hear these nurses who used their own language and understand what their source was and what it meant to them. Knowing their source is essential for nurses, but this cannot be a prescriptive process, as illustrated by the diversity of the participant's reflections. It is the internal process and feeling that they

connected to as the participants gazed inward. Caring science would invite all nurses to look for their source: to make their invisible needs visible and to build a practice of knowing their source and having access to it on a regular, if not daily, basis. We argue that connection to source is what makes us whole and being whole means the chances of being depleted of compassion for self and others are significantly minimized. Potentially, caring for others is one of a nurse's sources. The participants shared how during the times they were who they were meant to be and could care intentionally and meaningfully for their patients, they left feeling closer to whole themselves.

## Discussion

Caring science does not have all the answers to fix the complexities of being a nurse magically. It cannot change the patients' acuties or take away the inadequacies of medicine as an imperfect science. It does not attempt to minimize the pain and suffering of the experiences to create a false sense of *just do this*, and it will be easy. Instead, caring science theory begins by honoring all these intricacies and giving voice to the nurses' deep connection to be the best caregiver possible. It unabashedly reminds medical models that nurses offer the expertise that no other part of health-care understands or attempts to provide. Watson (2008) draws on concepts like consciousness, oneness, vulnerability, and dignity that at times seem intangible to modern medicine but are a perfect description of what a nurse does. She then freely imparts her comprehensive understanding of human caring to provide a theoretical foundation that nurses can stand on, as they work through the complexities of their roles.

Most importantly, Watson (2005, 2008) presents a way to build a practice around these concepts so that every nurse has a path toward wholeness. Caring science offers the theoretical foundation of relationship-centered care that nurses must stand on while simultaneously emphasizing the practices they must do to sustain themselves. These include honoring that relational-based care must include love and transpersonal care at the bedside, an ethical foundation that honors dignity and compassion for both nurse and patient and practices that bring forth compassion as a consciousness. Caring science gives a deeper understanding of what it means to be in the right relation with self. It shows how

the practices of equanimity and loving kindness celebrate the sacredness of the compassion nurses offer the world.

The practices guided by caring science are an offering to nurses, an invitation to examine a new way of being and becoming within nursing practice, and a way to build new patterns and possibilities toward flourishing as a nurse. If Watson had interviewed these nurses, she would have bowed to honor everything they do and gently reminded them that they deserve to be whole. She would have reminded each of them to be kinder to themselves and given them permission not to heal the entire world because attempting that would break them. Instead, she would ask them and all nurses to begin to heal themselves, knowing that when nurses are healed, so is the world.

### **Implications for Nurses**

Studies have measured the effect of caring on the patient and examined how the lack of caring creates a toxic environment (Halldorsdottir, 2008, 1991; Swanson & Wojnar, 2004; Swanson, 1993). Countless studies have been performed on compassion fatigue in healthcare professions (Berger et al., 2015; Branch & Klinkenberg, 2015; Brotheridge, 2002; Bush, 2009; Coetzee & Laschinger, 2018; Gentry, 2002; McConnell & Porter, 2017; Sinclair et al., 2017; Shanafelt et al., 2012). Burnout, secondary trauma, and moral distress are now common phenomena studied in health care. Nurses' stress has risen to a crisis similar to those experiencing post-traumatic stress disorder (Davis et al., 2021; Hendrickson et al., 2022; Mealer, 2014). We also know that studies can show that organizations have succeeded with wellness programs focusing on employees' physical and mental health. However, support is still missing for these nurses who are fully human and yet continue to find ways to do extraordinary work. They need help as they experience internal struggles often not talked about or deemed too personal to shed light on. Within these complex but common factors, we believe caring science can bring attention and healing. It starts with the two essential presuppositions. First, we must agree that no nurse should suffer because they choose to care for others. Also, we must agree that no nurse should feel dehumanized because they find themselves unable to care anymore.

What is offered here honors both of those beliefs and offers tangible ways to minimize suffering for the nurse. An essential aspect of caring science practices is how they superimpose the role of the hospital. A nurse can transform the inpatient environment toward compassion despite the bureaucracy outside the room. A nurse does not need permission from her supervisor to radially accept a moment for what it is without bringing in a self-critic or shame. Being in the right relation and connecting to a source are both personal and meaningful practices that can begin without an organization's acquiescence. This is not to say that working in a poorly run organization is not excruciating. However, it does seek to minimize how external factors affect the nurse's relationship with the patient.

### **Implications for Patients**

The consequences of being out of the right relation are apparent in our world today, where anger, fear, separation, and inequality are the predominant headlines in the news. The consequences for nursing affect not only the nurse but also every patient the nurse attempts to care for using an empty cup. The literature shares the risks of this type of nursing practice conveying the dehumanization of patients or the regression of a healing environment to a toxic environment void of healing potential (Halldorsdottir, 2008; Swanson, 1993). Caring science theory offers another path to help each nurse find their own wholeness. Imagine the profound effects that a thriving nursing workforce could provide patients with. Nurses would have more capacity to infuse dignity and love into their care. They will no longer tolerate any procedure that dehumanizes patients. Every healthcare environment will be a healing space filled with compassion. Each nurse will want to see each patient as a spirit-filled human beyond a diagnosis and freely offer personalized transpersonal care. The current medical model relies heavily on algorithms and standardized practices. Although these are crucial to patient care, we must also realize that an algorithm never healed a human spirit. Doing this deeper work takes care, compassion, and being in the right relation. Fortunately, this is where nurses excel.

### **Conclusions**

This research study is a calling card for the discipline of nursing. While modernizing medicine and pushing nurses to be more like other healthcare

disciplines, we have lost some of the beauty and unique purpose of nursing. Ask any nurse about their proudest moment as a care provider; you can be sure it will include some form of compassion. How they acted in a moment of need to hold another human being up until they could do it themselves. The honor and sacredness of being given this opportunity to share in another person's suffering, not as a burden but as a privilege, being able to put their needs aside to offer dignity and respect to another, to stand up for another when those are being threatened by a medical model that is often more concerned with efficiency than actual healing, and to have a tender need to connect with another and make a difference in their life. The courageous nurses in this study were willing to expose their own vulnerabilities and needed to tell their stories, be counted, and help other nurses. We hope these nurses and every nurse can be open to the possibilities outlined by revisiting nursing theory and Watson's (2008) science. This can change our patterns and begin to honor nurses for who they really are and what they really need. It can start to destigmatize the superhero image that perfection is required to create transpersonal caring moments that are life-giving for the patient and the nurse. To honor the nurses' humanity, offer them the compassion they so altruistically and nobly give their patients. Finally, once and for all, to declare the consciousness of love and compassion nurses have been a sacred calling to offer what will heal this earth and all the humans within.

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