The 3H of Caring in Nursing

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Introduction

Nursing remains practical and hands-on. However, it is also strengthened by conceptual and theoretical knowledge applied artfully and scientifically. Theory may be identified as the conceptual knowledge that is the foundation to guide and influence practice. Theory also maximizes skill.

Caring is an essential aspect of human existence. When people are sick, anxious, or sensitive, they tend to express a strong requirement for care. “Caring” is used often in nursing and has become a value central to nurses. Nurses have always valued the idea of caring for patients; this idea attracts nurses to this profession. Caring implies that patients, (the subjects of nursing) are not treated impersonally or as objects, but always in a manner that considers the essence of patients.

Nursing theories often have a focus on caring. One in particular is known for its focus on caring, Watson’s theory on caring. Watson (1979) defined nursing “as the science of caring, in which caring is described as transpersonal attempts to protect, enhance, and preserve life by helping find meaning in illness and suffering, and subsequently gaining control, self-knowledge, and healing” (Scotto, 2003, p. 289). Furthermore, caring is characterized by effective and skillful nursing, compassion, and understanding (Finfgeld-Connett, 2008).

Caring is offering of self. This means “offering the intellectual, psychological, spiritual, and physical aspects one possesses as a human being to attain a goal. In nursing, this goal is to facilitate and enhance patients’ ability to do and decide for themselves (i.e., to promote their self-agency)” (Scotto, 2003, p. 290). According to Scotto, “Nurses must prepare themselves in each of the four aspects to be competent to care” (2003, p. 290). The following describes the four aspects identified by Scotto (pp. 290–291). 1. The intellectual aspect of nurses consists of an acquired, specialized body of knowledge, analytical thought, and clinical judgment, which are used to meet human health needs. 2. The psychological aspect of nurses includes the feelings, emotions, and memories that are part of the human experience. 3. The spiritual aspect of nurses, as for all human beings, seeks to answer the questions, “Why? What is the meaning of this?” 4. The physical aspect of nurses is the most obvious. Nurses go to the patients’ homes, the bedside, and a variety of clinical settings where they offer strength, abilities, and skills to attain a goal. For this task, nurses first must care for themselves, and then they must be accomplished and skillful in nursing interventions.

Boykin and Schoenhofer's (2001) nursing model for transforming practice entitled “Nursing as Caring” speaks more directly to nursing behaviors. They define caring as being honest, connecting with patients, entering into their worlds, and being “in the moment.” If we add these behaviors to technical competence we begin to gain an understanding of what constitutes a caring nurse. It is a “whole package” competence along with demonstrated interest, acknowledging vulnerability, and reaching out to comfort.

There is no universally accepted definition for caring in nursing, but it can be described from four perspectives (Mustard, 2002). The first is the sense of caring, which is probably the most common perspective for students to appreciate. This perspective emphasizes compassion, or being concerned about another person. This type of caring may or may not require knowledge and expertise, but in nursing, effective caring requires knowledge and expertise. The second perspective is doing for other people what they cannot do for themselves. Nurses do this all the time, and it requires knowledge and expertise to be effective. The third perspective is to care for the medical problem, and this, too, requires knowledge of the problem, interventions, and so on, as well as expertise to provide the care. Providing wound care or administering medications is an example of this type of caring. The last
perspective is “competence in carrying out all the required procedures, personal and technical, with true concern for providing the proper care at the proper time in the proper way” (Mustard, 2002, p. 37). Not all four types of caring must be used at one time to be described as caring. Caring practices have been identified by the American Association of Critical-Care Nurses in the organization’s synergy model for patient care (2011) as “nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering.”

The challenge therefore is posed on nurses as to how they are going to address the needs of their patients as caring is the core of nursing. One uncertainty that may hinder the application of caring in nursing into practice is that nurses may find trouble comprehending what caring in nursing is. There needs to be a clear meaning on what caring is and a clearer picture on how caring in nursing may be provided to those who are in need.

Purpose
The theory 3H of Caring in Nursing is formulated to provide illumination on value of caring of nurses towards the improvement of their nursing practice.

Assumptions
1. A caring nurse is able to deliver quality care regardless of patient’s age, gender, race, color, socioeconomic status, health status or condition and setting, be it in the hospital or community.
2. Caring in nursing helps nurses attain professional and personal growth and development.
3. Caring in nursing promotes patient and nurse satisfaction.
4. Caring is the core of nursing.

Key Concepts
The 3H of Caring in Nursing is composed of key concepts and is hereby operationally defined:

- **Caring** means rendering quality nursing care using the 3H: head, hands and heart.
- **Head** is the “thinking aspect” of caring which compromises the scientific and methodological process of understanding health care.
- **Heart** is the “feeling aspect” of caring and has to do with the concern and devotion of the nurses to help patients.
- **Hands** refer to the “doing” aspect of caring and this are the sequential activities like for example the different nursing skills and procedures performed by the nurse both in the hospital and community setting.

Nursing’s Metaparadigms
1. **Person** refers to the individual patient that the nurse is providing care for. It is the person and their physical, emotional, and psychological needs that are the basic focus of nursing’s attention (Thorne, 1998). The person in this theory would be any individual or group sick or well who is in need of the assistance and care of the nurse.

2. **Health** as defined by Fawcett (1985) “refers to the wellness-illness states” (p. 226) an individual experiences. The experience of health, or lack thereof, is considered a reflection of the whole person (Thorne, 1998), which connects the metaparadigm concept of health strongly with the metaparadigm concept of person. Health in this theory refers to physical, psychological, emotional, spiritual and social condition/state of the patient.

3. **Environment** which encompasses “those surroundings and significant others that may facilitate or impede” (Fawcett, 1985, p. 226) the person’s ability to obtain a state of health. This metaparadigm concept places “the individual within the context of their surrounding environment rather than considering them in isolation” (Fawcett 1984, p. 85). In this theory, the setting can either be the hospital or the community.
4. **Nursing** is the study of human health and illness processes. Nursing practice is facilitating, supporting and assisting individuals, families, communities and/or societies to enhance, maintain and recover health, and to reduce and ameliorate the effects of illness. (Thorne 1998, p. 1265). Nursing in this theory occurs and improves when the nurse is able to care for the patient by utilizing the 3H: the head, the heart, and the hands.

**Explanation of the Theory**

The 3H in Caring in Nursing is a middle range theory. Theories of this level address more concrete and more narrowly defined phenomena. Descriptions, explanations, and predictions put forth in a middle-range theory are intended to answer questions about nursing phenomena, yet they do not cover the full range of phenomena of concern to the discipline. A middle-range theory provides a perspective from which to view complex situations and a direction for interventions (Fawcett, 2005).

![Figure 1. The 3H of Caring in Nursing](image)

The conceptual model formulated explains how the 3H is applied in rendering care in nursing. The triangle represents caring as the core of nursing. Furthermore, the three circles around the triangle represent the defining attributes of caring: the head, the heart, and the hands and they are all equally important in order for caring in nursing to occur. The 3H of Caring in Nursing are also present even before the nurse renders actual care to his/her patients. And the arrow on the left and right side shows the consequences of applying the 3H of Caring in Nursing to the patient and as well on the part of the nurse.

**References**


