

Case Report

Application of Jean Watson Theory on Patient with Polytrauma

Shama Nazmeen*, Tayyba Iqbal, Jamila Fatima, Bushra Sultan

Shifa College of Nursing, Shifa Tameer-e-Millat University (STMU), Islamabad, Pakistan.

Abstract: Nursing is emerging as a distinct health profession that has its own unique values, knowledge, and practice. Application of nursing theories into practice help the nurses to understand their unique contribution to health care settings. Watson's theory is an example of theory based nursing practice that can enhance human health and healing in stressful life events, such as the moment when patient in this case realized his inability to mobilize. The purpose of this case study was to assess the application of Watson's theory during the implementation of nursing care in patients with polytrauma. This case study presents the application of Watson's Theory on patient with polytrauma. Watson's theoretical concepts i.e. caring process and clinical caritas contributed effectively in providing care to the patients in stressful life situations.

Keywords: Caring science as scared science, Theory of caring, Polytrauma, Healing, Care, Injuries.

INTRODUCTION

Polytrauma is when a patient has sustained multiple injuries, some of which may cause significant disability and may be life-threatening [1]. Common cause of polytrauma is road traffic accidents. Other causes include suicide and homicide attempts and ballistic injuries etc. [2]. Pakistan Bureau of Statistics shows that road traffic accidents during 2008-2018 led to an average of 4907-5948 deaths and 11,037-14,489 injuries annually [3].

Nurses are the first line healthcare providers who use a combination of theories to guide their care and ensure that patients receive comprehensive and patient centered treatment [4]. Nursing care involves the physical, emotional, and spiritual aspects which could be best achieved by utilizing the Jean Watson theory. Jean Watson's theory foster the healing environment by addressing all these aspects. By utilizing this nurses can provide more compassionate and patient centered care. Watson's work makes connections between human caring and healing with nurses as caritas pacemakers when they are practicing human caring for self and others [5].

LITERATURE REVIEW

Caring is central to nursing, a person can be cured but cannot be fully healed without proper care [6]. According to Watson's theory, nursing care goes beyond human interaction and concentrates on patient's spirit. When a nurse cares for a patient, the nurse enters the patient's living space and discerns the patient's spiritual status [5]. According to Watson, illness would persist even if the disease were to be treated because health cannot be achieved without caring [7]. The core of nursing is caring, which denotes responsiveness between the nurse and patient [5].

Caring science as sacred science is the ethical demand as it states that we hold the life of person in our hands with the expressions of trust, love, caring and honesty [8]. Transpersonal relationship theory explain a special kind of human relationship that involve the nurses moral commitment to preserve, enhance and honor the human dignity, and spirit [9]. Three elements of theory are Carative factors, transpersonal caring relationships, Caring occasion/moment. The word caritas is derived from the Latin word which means to "Cherish" and Watson defines caritas as "giving special attention"[10]. Carative factors of Watson theory mainly focus on helping the patient in their humanistic values, expression of feeling, creating supportive environment, assisting in gratification of need and hope, and fulfillment of spiritual need. These caritas stimulate nurses thinking that patient needs are extended beyond the physical care. Inclusion of psychological, spiritual aspect have a fruitful and positive impact on patient care. Transpersonal theory consider the person as a living being that is composed of body, soul and spirit and nurse is working as a co-participants in the transpersonal relationship. One is caring and other is cared-for, both connect in the working for the meaning, wholeness and spiritual transcendence [9]. Environment is the internal and external reality of the person. Transpersonal caring relationship means to transcend one's own ego and establish a closer spiritual bond with patient. The transpersonal relationship depends on nurse's understanding of power to heal. Caring is created when nurse and patient come together to create a moment, that known as caring moment. Nurse and patient must be aware of caring moment in order to make appropriate choices and actions [11]. Lack of caring is major threat to healthcare quality and it results in dissatisfaction. Nurses should practice caring behavior as it can contribute patient satisfaction and well-being [12].

*Address correspondence to this author at the Shifa College of Nursing, Shifa Tameer-e-Millat University (STMU), Islamabad, Pakistan.
Email: shamanazmeen284@gmail.com

DISCUSSION: CASE SCENARIO

Mr. XYZ a 55 years old male patient presented with polytrauma underwent the surgical procedure of Intramedullary nailing (surgery to repair a broken bone and keep it stable). After surgery patient was shifted to surgical high dependency unit. Patient had hypertension in past medical history. He was Muslim by religion and introduced himself a faithful person to his religion and beliefs. It was his 3rd post-operative day and he was feeling distressed and wanted to go home as soon as possible. Patient had chief complain of pain and irritability.

RESULT

Assessment

Patient stated that, "I want to be well soon and perform my Activities of Daily Living (ADLS) by myself. I want to go home because I am missing my family. I have pain at surgical site". Patient had complained that relatives are allowed to visit for very short period of time. Patient was hopeless and irritable.

Planning

Patient will get psychosocial and spiritual care according to ten clinical carative process (CCP) of Jean Watson's theory. Patient's pain will be reduced on pain scale from 5/10 to 1/10.

Implementation

Interventions which are implemented while considering the patient need and are aligned with clinical process are as follows:

1. Create supportive and healing environment at all levels. (i.e. Patient was feeling warmth and perspiration, so, a fan was provided to him). CCP#8.
2. Help patient to develop trusted and caring relationship. CCP#4&1.
3. Encourage the patient to share his emotion and worries regarding his health in order to alleviate any negative emotion and facilitate progress toward recovery. CCP#3,5&10.
4. Teach the patient to practice mind diversional therapy when experiencing pain and distress. CCP#6,7.
5. Ensure the patient for being available for the patient. CCP#2.
6. Encourage patient to express his faith and give him hope in order to cope with hopelessness regarding recovery. CCP#2,5&9.
7. Provide basic needs to the patient. CCP#9.

Evaluation

- Patient was able to express his positive and negative feelings and concerns regarding his health. Patient's statement was that, "I hope that I will get well soon but I feel that I may not be able to stand on my feet again".
- Patient's pain was reassessed and it was reduced from 5/10 to 1/10 which is evident by his facial express and he was relax and comfortable.
- Patient was less irritable after expression of feelings and building of caring and trusting relationship.
- Patient's psychosocial and basic needs were fulfilled to some extent.
- Patient was now hopeful regarding his recovery.
- Patient expressed his feelings for not being able to ambulate.
- Patient expressed his faith in the existence of supreme God and hoped that his faith would be source of strength to him.

CONCLUSION

The carative process provide guidelines for nurse-patient interactions and building of caring, trusting and therapeutic relationship in most complex health issues. Caring of patient with polytrauma is a challenging, because main focus in such cases is on medical and physical care with less focus on psychosocial and spiritual issues. Watson's theoretical concepts such as caring and clinical caritas process helps the nurses to deliver the care in most therapeutic and spiritual sense of human being in the most complex situations.

CONFLICT OF INTEREST

Declared none.

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