

# Caring: theoretical perspectives of relevance to nursing

Tanya V. McCance MSc BSc(Hons) RGN  
Research Officer, Centre for Nursing Research, University of Ulster

Hugh P. McKenna DPhil BSc(Hons) DipN(London) RMN RGN ADV DipEd RNT  
Director, Centre for Nursing Research, University of Ulster

and Jennifer R.P. Boore OBE PhD BSc(Hons) RGN RM RNT FRCN  
Co-Ordinator of Academic Affairs in Nursing, University of Ulster,  
Newtownabbey, Co. Antrim, Northern Ireland

Accepted for publication 24 February 1999

McCANCE T.V., MCKENNA H.P. & BOORE J.R.P. (1999) *Journal of Advanced Nursing* 30(6), 1388–1395

## Caring: theoretical perspectives of relevance to nursing

Caring as a central concept within nursing has led to the development of several caring theories, the most well known being Madeleine Leininger's Theory of Culture Care and Jean Watson's Theory of Human Caring, both of which were formulated in the 1970s. This paper explores a total of four caring theories: the two established theories presented by Leininger and Watson, Simone Roach's theory developed in the 1980s, and a recent caring theory developed by Boykin & Schoenhofer. A comparison of these theories is presented drawing on a number of criteria, namely: origin of theory, scope of theory, definition of caring, description of nursing, key concepts of the theory, and goal/outcome. Additionally, simplicity as a central component of internal structure is examined in relation to each. Based on this analysis, similarities and differences are highlighted, concluding with a discussion of the utility of the caring theories within nursing practice.

*Keywords:* nursing, caring, theory

## INTRODUCTION

In recent years several issues pertinent to the development of nursing knowledge have been addressed. These include uncovering phenomena considered central to nursing and the nursing theories and models that have emanated from them (Meleis 1997, Fawcett 1993, 1995, Chinn & Kramer 1995). Caring as an important concept within nursing is gaining increasing attention in the literature (Kyle 1995,

Lea & Watson 1996, McCance *et al.* 1997). Furthermore, a range of theories have been presented in the literature which have caring as a central concept and are based on a human science perspective. These include Leininger's (1991) Theory of Culture Care, Watson's (1985) Theory of Human Caring, Boykin & Schoenhofer's (1993) Theory of Nursing as Caring and Roach's (1984) theory on caring. Analysis of some of these theories are presented within the meta-theory literature (Fawcett 1993, George 1995, Fitzpatrick & Whall 1996). Comparisons of the better known and established theories are also evident (Cohen 1991). However, it is the intention within this paper to draw comparisons across four caring theories shown in Table 1, with the aim of analysing them in terms of their

Correspondence: Tanya V. McCance, Research Officer,  
Centre for Nursing Research, University of Ulster, Newtownabbey,  
Co. Antrim, Northern Ireland BT37 0QB.  
E-mail: tv.mccance@ulst.ac.uk

similarities and differences and to consider their utility in nursing practice.

## THEORIES ON CARING

The conceptual perspectives on caring have been described in the literature both as models and as theories. McKenna (1997) highlights the confusion between these terms and identifies two schools of thought in relation to the way they are defined. Position A advocated by Fawcett (1995), supports a hierarchy of theoretical development with a model considered more abstract than a theory. Alternatively, position B advocated by theorists such as Meleis (1997) and Stevens-Barnum (1994), supports the notion that all conceptualizations are theories, but at different stages of development. For the purpose of this paper position B will be adopted where the term theory will be used to describe four specific conceptualizations on caring (Table 1).

### Leininger's Theory of Culture Care

Madeleine Leininger's interest in cultural dimensions of human care and caring led to the development of her theory of culture care (Leininger 1985, 1988, 1991, 1995). She subscribed to the central tenet that 'care is the essence of nursing and the central, dominant, and unifying focus of nursing' (Leininger 1991 p. 35). The unique focus of Leininger's theory is care which she believes to be inextricably linked with culture. She defines culture as 'the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways' (Leininger 1991 p. 47). The purpose of the culture care theory is presented as follows:

...to discover human care diversities and universalities in relation to worldview, social structure and other dimensions cited, and then to discover ways to provide culturally congruent care to people of different or similar cultures in order to maintain or regain their well-being, health or face death in a culturally appropriate way. (Leininger 1991 p. 39).

The goal of Leininger's theory, as presented in Table 1, is to provide care which is acceptable culturally and is beneficial and useful to the client, family or culture group's health beliefs. Leininger (1991) refers to cultural care universality as 'the common, similar, or dominant uniform care meanings, patterns, values, lifeways or symbols', whereas cultural care diversity refers to 'the variables and/or differences in meanings, patterns, values, lifeways or symbols of care' (Leininger 1991 p. 47). She presents several orientational definitions; however, caring and nursing are central concepts in the theory.

Barry & Kronk (1993) provide an example of the practical application of Leininger's theory. Their work

focuses on a group of Guatemalan refugees who fled to a city in south-eastern United States of America (USA) to seek refuge from political unrest, persecution and extreme poverty. Providing culturally congruent nursing care to this group of people proved difficult with language being a major barrier. This led to the lifeways of this group remaining unknown. The purpose of the study was to gain knowledge of the Guatemalan culture, including health care beliefs, concept of health, caring behaviours, and their barriers to health care. Methods for data collection included observation, interview, life history, photography and participation with people in their own environment. The findings from the study focused on many factors such as kinship/social factors, economic factors, educational factors, political factors, religious factors, cultural values and belief factors, folk/traditional health care factors, and professional health care factors. The findings provided a basis on which a number of recommendations were made, aimed at providing culturally sensitive nursing care.

### Watson's Theory of Human Care

Jean Watson's theory on caring was first published in 1979 in a text entitled *Nursing: The Philosophy and Science of Caring*. This book represented early stages in the development of her theory which was to be expanded 6 years later in *Nursing: Human Science and Human Care* (Watson 1985). Watson describes nursing as a human science, with the major focus being the process of human care for individuals, families and groups. Her theory is based on a form of humanism and has its origins in metaphysics (philosophy of being and knowing).

The goal of nursing within Watson's (1985) theory, as presented in Table 1, centres around helping people to gain a higher degree of harmony within the mind, body and soul. She maintains that this goal is achieved through caring transactions. Watson's 10 carative factors, referred to as the interventions of the theory, are presented in Table 2. She also refers to transpersonal caring which is described as 'an ideal of intersubjectivity in which both persons [nurse and patient] are involved' (Watson 1985 p. 60). Transpersonal caring is demonstrated in an event or actual caring occasion.

Neil & Schroeder (1992) and Schroeder (1993), who describe the Denver Nursing Project in Human Caring, provide an example of the practical application of Watson's theory on human caring. The project focuses on an outpatient centre for persons living with HIV and AIDS which uses Watson's work as the basis for education, clinical practice and research. The mission statement for the Centre reflects Watson's ideology, expressing 'respect for the uniqueness and individuality of each person and belief that health and well-being are multidimensional' (Neil & Schroeder 1992 p. 105).

**Table 1** Comparison of caring theories

	Leininger	Watson	Roach	Boykin & Schoenhofer
Origin of theory	Anthropology	Human science and metaphysics	Philosophy and theology	Philosophy and human science
Description of caring	Caring refers to actions and activities directed towards assisting, supporting, or enabling another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway, or to face death (1991 p. 46)	A value and an attitude that has to become a will, an intention, or a commitment, that manifests itself in concrete acts (1985 p. 32)	Caring is the human mode of being (1984 p. 2)	Caring is the intentional and authentic presence of the nurse with another who is recognized as a person living caring and growing in caring (1993 p. 25)
Description of nursing	Nursing refers to a learned humanistic and scientific profession and discipline which is focused on human care phenomena and activities (1991 p. 47)	A human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, aesthetic, and ethical human care transactions (1985 p. 32)	Nursing is the professionalization of human caring, through the affirmation that caring is the human mode of being and through development of capacity to care through acquisition of skills — cognitive, affective, technical, administrative (1984 p. 2)	Nursing as caring involves the nurturing of persons living caring and growing in caring (1993 p. 21)
Key concepts	Caring; culture; culture care diversity and universality	Transpersonal caring and the 10 carative factors	The five Cs of caring	Personhood and the nursing situation
Goal/outcome	To improve and provide care which is culturally acceptable and is beneficial and useful to the client and family	To protect, enhance and preserve humanity by helping a person find meaning in illness, suffering, pain and existence	Roach does not clearly state a goal or outcome	Enhancement of personhood
Scope of theory	Grand theory (Fawcett 1995). Middle range theory (Marriner-Tomey 1994)	Middle range descriptive theory (Fawcett 1995) A philosophy (Marriner-Tomey 1994)	Grand theory	Grand theory

The idea that individual healing processes can be strengthened through authentic caring relationships is also pivotal to the work carried out in the Centre. The impact of the project both in terms of cost and in quality of life for persons living with HIV/AIDS has been evaluated using both qualitative and quantitative methods. The results indicated that the potential cost savings of the Centre are significant due to, for example, decreased length of hospital stay and nurses' ability to prevent hospital admission. Findings from the evaluation projects highlight, more importantly, the reduced level of human suffering resulting from a caring relationship.

### Roach's Conceptualization of Caring

Simone Roach presented her original monograph on human caring in nursing in 1984. This was extended in

a further publication in 1987. Her work has not been described formerly as a theory, but it has been quoted frequently in writings relating to conceptualizations of caring in nursing. It is included here because it articulates a particular set of values and beliefs about caring in nursing which, according to Meleis (1991) and Stevens-Barnum (1994), merits the designation of a grand theory.

Caring as the human mode of being is the main premise in Roach's writings. Her work is based in a philosophical-theological context and refers frequently to existential philosophers such as Martin Heidegger. Subsequently, her definition of nursing and caring reflects this influence (see Table 1). Roach (1984) also discusses the uniqueness of caring, arguing that caring is not unique *to* nursing but is unique *in* nursing. Furthermore, she presents the idea that this one concept includes the 'essential characteristics of nursing as a helping discipline' (Roach 1984 p. 12). The

**Table 2** Watson's 10 Carative Factors (Watson 1985, p. 75)

---

1 Humanistic-altruistic system of values
2 Faith–hope
3 Sensitivity to self and others
4 Helping–trusting, human care relationship
5 Expressing positive and negative feelings
6 Creative problem-solving caring process
7 Transpersonal teaching–learning
8 Supportive, protective, and/or corrective mental, physical, societal and spiritual environment
9 Human needs assistance
10 Existential-phenomenological-spiritual forces

---

main concepts of this theory are the attributes of caring, or the five Cs, which are presented in Table 3. Roach (1987) perceived the five Cs as 'a broad framework suggesting categories of human behaviour within which professional caring may be expressed' (Roach 1987 p. 69).

The authors of this paper were unable to uncover any practical examples of the application of Roach's work. This could be due to the fact that it is not formerly considered a theory for nursing, twinned with the abstract nature of the concepts evident in theories at an early stage of development.

### Boykin & Schoenhofer's Theory of Nursing as Caring

This theory emanates from the work of Anne Boykin and Savina Schoenhofer in their attempt to establish nursing as an academic discipline and to create a nursing curriculum grounded in caring at Florida Atlantic University. The unique focus of nursing presented by Boykin & Schoenhofer (1993 p. 21) is posited as 'nurturing persons living caring and growing in caring'. The philosophical origins within this model are based in part on the work of

Mayeroff (1971) and Roach (1984, 1987), reflecting the view that caring is a human mode of being.

The idea of caring as an essential feature and expression of being human is central to this theory and is illustrated by the basic premise that 'all persons are caring' (Boykin & Schoenhofer 1993 p. 3). Boykin & Schoenhofer believe that the idea of persons as caring involves a commitment to know self and other as caring. Furthermore, the notion of person as whole or complete is considered an important value which denotes 'respect for the total person — all that is in the moment — is communicated' (Boykin & Schoenhofer 1993 p. 9). Consequently, to perceive persons as less than whole is not to encounter what is considered person.

Table 1 presents Boykin & Schoenhofer's (1993) definition of nursing and caring. They view nursing as the response to a unique human need to be recognized as a caring person and to be supported in caring. Boykin & Schoenhofer, take a similar stance to Roach (1984), believing that while caring is not unique to nursing, it is uniquely expressed in nursing. They define caring in nursing as follows:

Caring is the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring. Here, the nurse endeavours to come to know the other as caring person and seeks to understand how that person might be supported, sustained, and strengthened in their unique process of living caring and growing in caring. (Boykin & Schoenhofer 1993 p. 25)

A key concept in the theory of Nursing as Caring is the *nursing situation*, defined as 'a shared lived experience in which the caring between nurse and nursed enhances personhood' (Boykin & Schoenhofer 1993 p. 24). The nursing situation is considered the locus of all that is known and done in nursing. According to Boykin & Schoenhofer the nursing situation develops when both

**Table 3** Roach's five Cs (Roach, 1984 p. 19–25)

---

Compassion	A way of living born out of an awareness of one's relationship to all living creatures; engendering a response of participation in the experience of another; a sensitivity to the pain and brokenness of the other; a quality of presence which allows one to share with and make room for the other
Competence	The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibility
Confidence	The quality which fosters trusting relationships
Conscience	A state of moral awareness; a compass directing one's behaviour according to the moral fitness of things
Commitment	A complex affective response characterized by a convergence between one's desires and one's obligations, and by a deliberative choice to act in accordance with them

---

persons present themselves as wanting to offer and receive professional nursing service.

Kearney & Yeager (1993) provide an example of the application of Boykin & Schoenhofer's theory to practical clinical situations. Using two stories as a basis, they identify four themes from the theory which guided their practice. Firstly, they saw the other person as caring, which involves knowing the person as they really are; secondly, how they entered their world with the intention of knowing the other; thirdly, how they were able to hear special calls for caring nurturance in the nursing situation; and finally how they identified the unique forms of caring nurturance that enhanced personhood.

## COMPARISON OF THEORIES

In order to compare and contrast theories Stevens-Barnum (1994) discussed the use of 'commonplaces', a term which points to a broad arena without specifying its content. When the elements of several theories are sorted into commonplaces, then it is possible to compare and contrast them. Furthermore, she states that while theory analysts create their own sets of commonplaces there is no one right set. The veracity of this can be noted if one examines the work of nurse meta-theorists (Meleis 1997, Fawcett 1993, 1995, Steven-Barnum 1994, Marriner-Tomey 1994).

In relation to the theories on caring, Leininger and Watson's theories have been analysed by Fitzpatrick & Whall (1996), Marriner-Tomey (1994), Fawcett (1993) and George (1995). Boykin & Schoenhofer's work, which is considered a relatively new caring theory, has only been analysed in a recent text by George (1995). However, Roach's work has not been discussed in the meta-theory literature to date. This paper proposes to compare and contrast the 'caring' theories in relation to those commonplaces that the authors consider pertinent. Table 1 presents the commonplaces used for comparison purposes, including: origin of theory; scope of theory; definition of caring; description of nursing; key concepts of the theory; and goal/outcome. Additionally, simplicity is also considered and discussed in relation to each theory. There is no attempt to discuss how Fawcett's metaparadigm concepts are reflected in each theory, as this has been the focus for a further paper.

### Scope

Scope, according to McKenna (1997), relates to how the theory can be applied and its degree of abstractedness. On examination of the four caring theories, Watson's and Leininger's theories are more advanced in their development than those of Roach and Boykin and Schoenhofer. This is evident not only from the scope of the theories, but also from a comparison of other criteria. For example, Table 1 illustrates that caring is defined rather abstractly

by Roach and Boykin and Schoenhofer compared to those definitions provided by Leininger and Watson. Nonetheless, it should be noted that there is disagreement between meta-theorists as to the scope of Leininger and Watson's theories. Fawcett (1993) classifies Leininger's theory as a grand theory and Watson's as a middle range descriptive theory. Alternatively, Marriner-Tomey (1994) views Leininger's theory as a middle range theory and Watson's as a philosophy. While perceptions vary from philosophies to grand theories to middle range theories it would be true to say that Watson's and Leininger's works present caring in a less abstract fashion.

### Description of caring and nursing

The descriptions of caring presented in Table 1, and consequently the definitions of nursing, reflect the humanistic nature of nursing. Nursing is also defined in terms of caring activities that incorporate a range of skills. For example, Watson (1985) highlights professional, personal, scientific, aesthetic and ethical human care transactions, while Roach (1984) highlights cognitive, effective, technical and administrative skills. Moreover, on examination of definitions of caring and nursing one can identify a dual component to caring in nursing — attitudes and values on one hand and activities on the other.

### Key concepts

On review of the key concepts within Roach and Watson's theories, the dual component becomes apparent. For example, Roach's five Cs of caring incorporate conscience and competence, highlighting attitude and knowledge. Similarly, Watson's carative factors include values important in the helping relationship, together with the skills required in nursing such as problem solving and the provision of physical care. A final point to be emphasized is the importance and value placed on the nurse-patient relationship within the four theories on caring. This highlights the crucial human element within nursing and, as stated previously, the humanistic focus of these theories.

### Origin

While the origins of the caring theories differ slightly, they all derive from human science disciplines such as anthropology. It is also apparent that each has been based upon the premise that nursing is a human science. Watson (1985 p. 16) outlines a number of principles on which a human science context is founded:

- a philosophy of human freedom, choice, responsibility;
- a biology and psychology of holism (non-reducible persons interconnected with others and nature);

- an epistemology that allows not only for empirics, but for advancement of aesthetics, ethical values, intuition, and process discovery;
- an ontology of time and space;
- a context of inter-human events, processes, and relationships;
- a scientific world view that is open.

Watson (1985) clearly states that the value system relating to her theory is based on the values underlying human care and human science in nursing. Similarly, Boykin and Schoenhofer (1993 p. 15) assert that their theory views nursing as a form of human science which 'focuses on the knowledge needed to understand the fullness of what it means to be human and on the methods to verify this knowledge'. Leininger (1991) and Roach (1984), while not explicitly stating the view that nursing is a human science, demonstrate ideas consistent with this notion. Roach argues that caring is the human mode of being, with nursing as the professionalization of human caring. Leininger also views caring as a 'humanistic mode of being' and bases her work on holism and the notion that caring can only be discovered from an emic or people-based perspective. The humanistic nature of the Leininger and Watson theories is also the basis of a comparison carried out by Cohen (1991).

The origins from which the four theories are derived and the subsequent way in which caring in nursing is defined has implications for the study of caring. It may be helpful to view this from the perspective of Parse's (1987) totality and simultaneity paradigms. The totality paradigm focuses on the natural science perspective and differs from the simultaneity paradigm in three significant ways — in the assumptions about the person and health, in relation to the goal of nursing, and in the implications for research and practice. The simultaneity paradigm views the person as more than and different from the sum of the parts, as an open being free to choose, who gives meaning to situations. Health is considered within the simultaneity paradigm as a process of becoming and as a set of value priorities and the goal of nursing focuses on the quality of life from the person's perspective. Therefore, viewing nursing from a philosophical or human science perspective is consistent with the simultaneity paradigm. The goal/outcome in three of the four theories (Roach does not clearly state an outcome) places emphasis on improving and enhancing care from the perspective of the patient. This has implications for the study of caring which, to be true to the simultaneity paradigm, would favour qualitative approaches.

### Simplicity

Internal structure, according to McKenna (1997), includes issues relating to clarity and simplicity. It is proposed to

examine how each of the four theories reflect simplicity. This was chosen because, as McKenna (1997 p. 227) states, 'if we want theory, practice and research to link appropriately, theory should be easily understood if it is to gain the attention and commitment of hard pressed clinicians'.

The complexity of Leininger's theory is evident when reviewing the numerous concepts considered central to her work. Alexander *et al.* (1993) commented that the theory is not simple and requires knowledge and appreciation of transcultural and anthropological insights. George (1995) also maintained that it is neither simple nor easily understood, especially upon first reading. However, she stresses that once the interrelationships between concepts are grasped, simplicity is more apparent. Supporting this, Leininger herself points out that once her undergraduate and postgraduate nursing students have conceptualised the theory, they find it 'highly practical, relevant, and more simple than complex' (Alexander *et al.* 1989 p. 436). Later, Leininger supported this statement in her 1995 text where she comments that 'nurses are seeing many benefits of using the theory to develop and provide culture-specific care and care that is meaningful to clients who are culturally different' (Leininger 1995 p. 110).

In that it draws on a number of other disciplines, Watson's theory is similar to that of Leininger's. Because of this, Barnhart *et al.* (1994) argue that the reader must have an understanding of a variety of subject matters in order to understand the theory. In contrast, Talento (1995) considers Watson's theory to be simple because it uses theories from other disciplines, which she feels are familiar to nurses. Nonetheless, nurses' familiarity with all the concepts within Watson's theory, especially the existential-phenomenological element, would be open to question. This point is highlighted by both Barnhart *et al.* (1994) and Talento (1995) who agree that nurses may not have the liberal arts background to provide the foundation for understanding some of Watson's principles. Furthermore, Sourial (1996) in her analysis of Watson's theory highlights criticisms directed at the language Watson uses in her theorising.

Boykin and Schoenhofer's theory is a relatively recent addition to the caring literature. George (1995) views this theory as relatively simple for those individuals who are comfortable with a more cognitive, less measurable and more personal approach. However, she accedes that this would not be the case for individuals who prefer to view the world in more concrete terms. The authors would argue that the terminology used in this theory is very philosophical and may not be easily translated into the practice of everyday nursing.

Finally, Roach's work has not been included in any of the reference sources that focus on the analysis of theories. As suggested above, this could be due to the fact that it is

not recognized by many as a formal theory. Also, if one used Fawcett's hierarchy of nursing knowledge, Roach's conceptualization could be described as a grand theory, which is at a level of abstraction not easily translated into practice. Notwithstanding this, a review of Roach's monograph indicates that it is relatively simple with the five Cs on caring made explicit. However, it could also be argued, as is the case with Watson's theory, that the philosophical context on which the theory is based may lead to difficulties in understanding for individuals who have no background knowledge in this area.

### Utility for nursing practice

Comparison of the four theories highlights some key points relevant to their utility in nursing practice. It has been highlighted above that Leininger's and Watson's theories are less abstract than the others. This suggests that they may have greater potential for use in practice. Furthermore, Leininger (1991) has attempted to facilitate use and understanding of her work by depicting her theoretical concepts in the 'Sunrise Model'. This goes some way towards enabling the use of her conceptualizations in practice. However, an important question to pose is whether busy practitioners can confidently and competently use a theory in practice if they have limited understanding of the philosophies that underpin the theory. For the uninitiated, the philosophical building blocks of these theories are difficult to comprehend and do not form part of mainstream nursing curricula. For example, the existential-phenomenological-spiritual forces as used by Watson (1985) may be meaningless to many nurses working in clinical practice. This raises the issue of education and the teaching required to make nursing theories relevant and useful to practice. However, the practical examples alluded to above provide evidence that at least three out of the four caring theories can be and are used in clinical situations.

### CONCLUSION

The development of specific theories focusing on caring in nursing is indicative of the increasing recognition being given to caring as a central concept within the discipline. The review of four caring theories within this paper highlights a number of similarities and differences. An examination of the origin of these theories demonstrates that they are grounded in humanism and the notion that caring in nursing is based on a human science perspective. Furthermore, the descriptions of nursing and caring within the theories reflect a dual component to nursing — attitudes/values and activities.

The humanistic nature of nursing as reflected within these theories has an influence on the methods used to explore their significance to nursing, favouring mainly

qualitative approaches. Moreover, their perceived simplicity and use in nursing would appear to depend on nurses having or obtaining knowledge in other disciplines such as anthropology and philosophy. Therefore, the teaching of the basic concepts within these theories is important if they are to be used in practice. One can conclude that the understanding of the ideas presented in these theories and their successful application in practice is important if caring is considered an integral part of the nurse's role.

### References

- Alexander J.E., Beagle C.J., Butler P. *et al.* (1994) Madeleine Leininger: Cultural Care Theory. In *Nursing Theorists and Their Work* 3rd edn (Marriner-Tomey A. ed.), Mosby, St Louis, pp. 423–444.
- Barnhart D.A., Bennet P.M., Porter B.D. & Sloan R.S. (1994) Jean Watson: Philosophy and Science of Caring. In *Nursing Theorists and Their Work* 3rd edn (Marriner-Tomey A. ed.), Mosby, St Louis, pp. 148–162.
- Barry C. & Kronk P. (1993) Nursing Guatemalan families using Leininger's Culture Care Theory. In *Patterns of Nursing Theories in Practice* (Parker M.E. ed.), National League for Nursing Press, New York, pp. 142–156.
- Boykin A. & Schoenhofer S. (1993) *Nursing as Caring: A Model for Transforming Practice*. National League for Nursing Press, New York.
- Chinn P.L. & Kramer M.K. (1995) *Theory and Nursing: A Systematic Approach* 4th edn. Mosby Year Book, St Louis.
- Cohen J.A. (1991) Two portraits of caring: a comparison of the artists, Leininger and Watson. *Journal of Advanced Nursing* **16**, 899–909.
- Fawcett J. (1993) *Analysis and Evaluation of Nursing Theories*. F.A. Davis, Philadelphia.
- Fawcett J. (1995) *Analysis and Evaluation of Conceptual Models of Nursing* 3rd edn. F.A. Davis, Philadelphia.
- Fitzpatrick J.J. & Whall A.L. (1996) *Conceptual Models of Nursing: Analysis and Application* 3rd edn. Appleton & Lange, Stamford.
- George J.B. (1995) *Nursing Theories: The Base for Professional Nursing Practice* 4th edn. Prentice-Hall International, London.
- Kearney C. & Yeagar V. (1993) Practical applications of nursing as caring theory. In Parker, M.E. *Patterns of Nursing Theories in Practice* (Parker M.E. ed.), National League for Nursing Press, New York, pp. 93–102.
- Kyle T.V. (1995) The concept of caring: a review of the literature. *Journal of Advanced Nursing* **21**, 506–514.
- Lea A. & Watson R. (1996) Caring research and concepts: a selected review of the literature. *Journal of Clinical Nursing* **5**, 71–77.
- Leininger M.M. (1985) Transcultural care diversity and universality: a theory of nursing. *Nursing & Health Care* **6**, 209–212.
- Leininger M.M. (1988) Leininger's Theory of Nursing: cultural care diversity and universality. *Nursing Science Quarterly* **1**, 152–160.
- Leininger M.M. (1991) *Culture Care Diversity and Universality: A Theory of Nursing*. National League of Nursing Press, New York.
- Leininger M. (1995) *Transcultural Nursing: Concepts, Theories Research & Practice* 2nd edn. McGraw-Hill, New York.

- Marriner-Tomey A. (1994) *Nursing Theorists and Their Work* 3rd edn. Mosby, St Louis.
- Mayeroff M. (1971) *On Caring*. Harper Row, London.
- Meleis A.I. (1997) *Theoretical Nursing: Development and Progress* 4th edn. J.B. Lippincott, London.
- McCance T.V., McKenna H.P. & Boore J.R.P. (1997) Caring: dealing with a difficult concept. *International Journal of Nursing Studies* **34**, 241–248.
- McKenna H.P. (1997) *Nursing Theories and Models*. Routledge, London.
- Neil R.M. & Schroeder C.A. (1992) Evaluation research within the human caring framework. In *The Presence of Caring in Nursing* (Gaut D.A. ed.), National League for Nursing, New York, pp. 103–111.
- Parse R.R. (1987) *Nursing Science: Major Paradigms, Theories and Critiques*. W.B. Saunders, London.
- Roach S. (1984) *Caring: The Human Mode of Being*. University of Toronto, Toronto.
- Roach S. (1987) *The Human Act of Caring*. Canadian Hospital Association, Ottawa.
- Schroeder C. (1993) Cost effectiveness of a theory-based nurse-managed centre for persons living with HIV/AIDS. In *Patterns of Nursing Theories in Practice* (Parker M.E. ed.), National League for Nursing Press, New York, pp. 159–179.
- Sourial S. (1996) An analysis and evaluation of Watson's theory of human care. *Journal of Advanced Nursing* **24**, 400–404.
- Stevens-Barnum B.J.S. (1994) *Nursing Theory: Analysis, Application, Evaluation* 4th edn. J.B. Lippincott, Philadelphia.
- Talento B. (1995) Jean Watson. In *Nursing Theories: The Base for Professional Nursing Practice* 4th edn. (George J.B. ed.), Prentice-Hall, London, pp. 317–334.
- Watson J. (1979) *Nursing: The Philosophy and Science of Caring*. Little Brown, Boston.
- Watson J. (1985) *Nursing: Human Science and Human Care — A Theory of Nursing*. National League of Nursing Press, New York.