

Jean Watson's Nursing Model Theory Concept: Caring Theory in Nursing Care for Patients with Diabetes Mellitus at Jakarta Cempaka Putih Islamic Hospital

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Abstract

Diabetes mellitus (DM) is a chronic metabolic disease characterized by high blood glucose levels (hyperglycemia) due to impaired insulin secretion. From the nursing model, according to Jean Watson, nursing interventions are applied with ten characteristic factors. This article aims to improve the quality of the nurse-client relationship through the process of caring, encouraging holistic healing, both physical and spiritual. The method in the concept of Jean Watson's model theory is the quantitative method. Assess the perception of caring nurses or patients using quasi-experimental surveys. The impact on nurses Jean Watson's nursing intervention findings significantly improved empathy and humanity, nurses' emotional well-being, and improved therapeutic communication skills. Jean Watson's study recommendations in the future include the development of a caring model in the digital era and health technology related to the application of caring in telemedicine and the causative factor applied when interactions are not face-to-face.

Introduction

The "*Theory of Human Caring*" (Watson), emphasizes the relationships and transactions necessary between the provider and the recipient of care to improve and protect the patient as a human being that affects the patient's ability to heal rather than the treatment of the disease. Watson said that caring is at the core of nursing. In this case, caring is the embodiment of all the factors that nurses use in providing health services to clients. Watson also argues that each individual's response to a health problem is unique, meaning that in nursing practice, a nurse must be able to understand each client's different responses to the suffering he or she is experiencing and provide appropriate health care in each different response. In addition, *caring* can only be shown in interpersonal relationships, which are the relationships that occur between nurses and clients, where nurses show caring through attention, interventions to maintain the client's health and positive energy given to clients. (J. Watson, 2008)

The basic assumptions of Jean Watson, namely:

- a. Nursing care can be done and practiced interpersonally
- b. Nursing care is carried out by the existence of carative factors that produce satisfaction in human needs
- c. Effective nursing care can improve the health and development of individuals and families
- d. Nursing care's response now and in the future means not only receiving a person's response as they are now, but also things that may happen in the future.
- e. The nursing care environment is a process that offers the possibility of potential development and gives a person the flexibility to choose the activities that are best for him or her within a predetermined time.
- f. Nursing care is more healthogenic than curing. Nursing practice integrates biophysical knowledge and human behavior to improve health and help sick individuals
- g. The practice of caring is the center of nursing. In Watson's assessment, the disease may be resolved with treatment efforts. However, without treatment, the disease will persist and healthy conditions will not be achieved. Caring can help a person be more controlled, more knowledgeable, and can improve health. (Gunawan & Aungsuroch, 2022)

Jean Watson developed the Theory of Human Caring, which emphasizes that nursing is caring. Science and art are caring. The focus of this theory is to help patients achieve the biological, social, and spiritual aspects of the human being. Harmony between body, soul, and mind, is not just a cure for physical illness. Caring is an introduction or known as the orientation of human science and humanity to the process, phenomenon and experience of caring. Caring Science is a collection of art and humanity where actions are taken to help, guide, assist in achieving goals by supporting other individuals or groups with real or anticipating the need to improve human living conditions (J. Watson, 2007)

Some other main concepts apart from the theory of caring science, nurses have Human caring, namely the relationship between nurses and clients that is transpersonal and respects each other and supports spiritual and emotional growth. The meaning of transpersonal caring is that there is a deep relationship between the nurse and the client that goes beyond the physical aspect to spiritual and emotional understanding. In addition, nurses can take advantage of this concern with an environment that supports the patient for his or her holistic healing. (R. Watson, 2009).

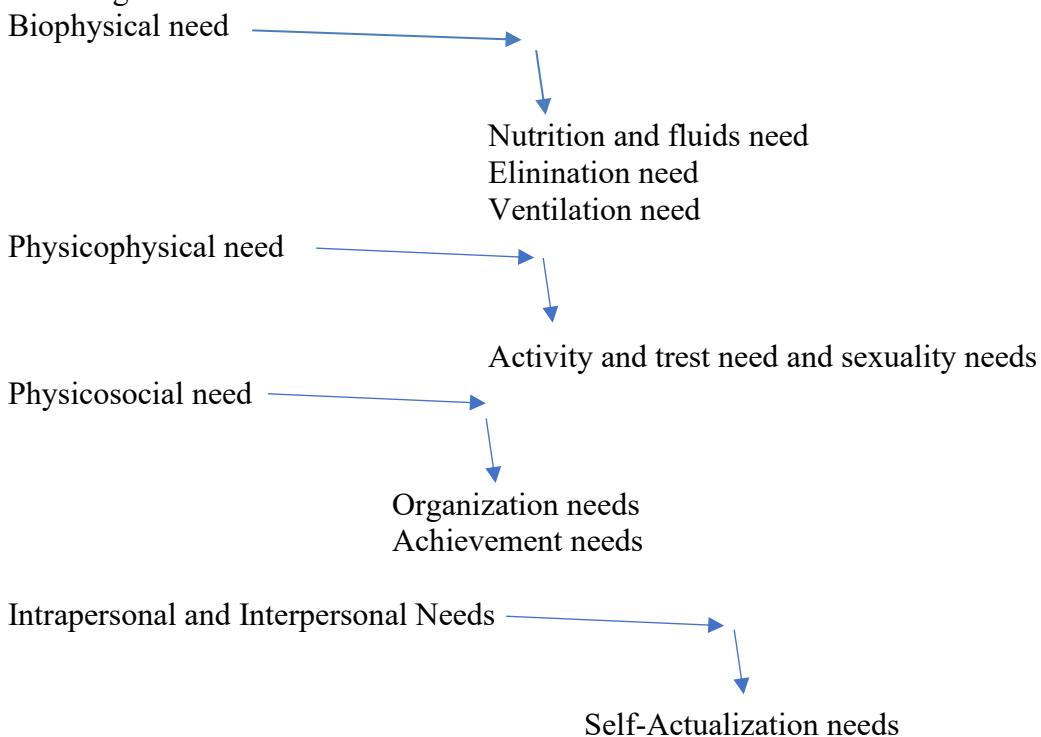
The three main elements of Jean Watson (Caring) are the theory of human care including characteristic factors, caring relationships, and moments of care. The causative factor is the guide to nursing practice (developing towards the clinical caritas process. (I Nursanti, 2024).

There are ten characteristic factors of Jean Watson, namely:

- a. Forming a humanistic-altruistic value system. Humanistic and altruistic values are learned at an early age but can be greatly influenced by nurse educators. This factor can be interpreted as satisfaction obtained by giving and expanding the dimension of self by providing Health Education to clients
- b. Instilling confidence and hope This factor describes the role of nurses in developing effective nurse-patient relationships and improving patient well-being by helping them implement healthy behaviors.
- c. Developing sensitivity for oneself and others This factor leads a nurse to learn to appreciate the sensitivity and good feelings of herself and the client so that the nurse becomes more sincere, sincere and sensitive to others and both nurses and clients can show self-actualization.
- d. Developing a helpful-trust relationship Helpful relationships and trust between nurses and patients are very important to be developed to realize transpersonal caring relationships. Through a trusting relationship, nurses and patients can express their positive and negative feelings. This kind of relationship requires a harmonious empathic attitude, warmth that is not possessive and effective communication. An attitude that is in harmony is an attitude that is honest, sincere, original and does not pretend. Empathy is the ability to feel and understand the point of view and feelings of others, as well as to express those understandings. Non-possessive warmth is shown by a moderate/not too quiet or loud tone of voice, an open body attitude, and appropriate facial expressions. While effective communication has cognitive, affective, and behavioral components.
- e. Improving and accepting the expression of positive and negative feelings: Nurses must be able to accept the feelings of others as well as understand the client's behavior and listen to any client complaints. Nurses must also be prepared for negative feelings, sharing feelings of grief, love, and sadness so that nurses must have an intellectual and emotional understanding of each different situation and condition.
- f. Using systematic problem-solving methods for decision-making Nurses are a person who is involved in the nursing process systematically, solving problems scientifically in nursing and carrying out the nursing process in providing client-focused services.
- g. Improve interpersonal teaching-learning. This factor is an important concept in nursing to distinguish caring and curing, through the process of interpersonal teaching and learning, the nurse can provide information to the client and the nurse also facilitates this process by providing health education so that the client will be able to be responsible for achieving his or her well-being and health.
- h. Providing a psychological, physical, socio-cultural and spiritual environment Nurses should be aware that the internal and external environment has a profound effect on health and disease conditions. Concepts relevant to the internal environment are the mental and spiritual well-being and socio-cultural beliefs of an individual while the external environment is comfort, privacy/security and cleanliness so that the nurse can create comfort, trust and peace in the client.

- i. Helping to meet human needs Nurses are aware of and assist in meeting the basic needs of clients including biophysical, psychophysical, psychosocial and intra-interpersonal needs of clients. Clients must be able to meet basic needs before they can meet higher level needs, so nurses must do so wholeheartedly.
- j. Allowing existential-phenomenological forces. Phenomenology describes a situation that helps people to understand a phenomenon, while existential psychology is a human science that uses phenomenological analysis. This factor provides experiences that can trigger thoughts to understand oneself and others.(Triwijayanti, 2015)

Human needs according to Jean Watson's theory have four interconnected human needs, including:



- a. Basic biophysical needs (need for life) which include food and fluid needs, elimination needs, and oxygenation needs.
- b. Psychophysical needs (functional needs) which include activity needs and sexual needs.
- c. Psychosocial needs (need for integration) which include organizational needs and achievements.
- d. Intra and interpersonal needs (need for development) are the need for self-actualization. (R. Watson, 2009).

Method

This study applied a quantitative approach as the main method. In more detail, the study design applied is descriptive and analytical with an approach *quasi-experimental survey*. Examples of case studies applied in the Jean Watson Nursing model are:

Result and Discussion

Mrs. D is 40 years old, graduated from high school and works in a laundry. Mrs. D came with her husband to the emergency room of the Jakarta Cempaka Putih Islamic Hospital. Mrs. D said, "The big toe felt pain and there was a wet wound that had blackened and there was a bad smell in the right and left big toes." Mrs. D admitted that she had been out of control for a long time and had a history of DM since 2022. Mrs. D has been taking Glimepiride since 2022 but does not regularly take medication. Mrs. D admitted that she often drinks water but today a lot of work feels like she has only drunk half a glass of water. Mrs. D often urinates at night." The results of the assessment obtained by the patient showed that they were grimacing in pain, uncomfortable when walking and their toes were wrapped in a verb. Body weight 90 kg Body height 170 cm Blood pressure 130/85 mmHg Pulse 90 x/min, and Temperature 37.7 C. Lips look dry. The nurse saw no medical records of the client's routine check-up. At first, two weeks ago, Mrs. D went to work wearing new shoes and then the shoes she wore were small. Mrs. D still insisted on wearing the new shoes. When wearing new shoes, Mrs. D walked without seeing any pebbles, then Mrs. D fell. Mrs. D continued to walk to work wearing the new small shoes. Then Mrs. D opened the shoes and held the sore right and left toes. Mrs. D treated the wound on her legs with revanol and wrapped it with verban gauze. A few days later, after the incident of falling, Mrs. D's big toe experienced something like a bluish bruise, Mrs. D treated herself because she considered it an ordinary wound, so Mrs. D cleaned herself and wrapped in gauze when she was going to do activities outside the house. After opening the dressing, Mrs. D smelled an unpleasant smell, and Mrs. D saw that her legs were blackened and there were wet wounds. Mrs. D was worried because her wound was getting blacker and the smell on her feet was strong, making Mrs. D not confident when her wound was not wrapped in verban and did not wear shoes.

Mrs. D said, "so far I have never abstained from food and my appetite is still good." Mrs. D appeared to be lying on the bed. Mrs. D also said that she often traveled with her friend wearing shoes because she was embarrassed if she didn't wear shoes she smelled unpleasant smell, and Mrs. D's big toe was still wrapped in verban cassa. Mrs. D said, As long as she is sick she still meets her sexual needs and the husband accepts with her current condition. Mrs. D said that even though she was sick with DM, her co-workers still cared and still wanted to get along with Mrs. D, even her presence was awaited by her friends because according to her friend Mrs. D is a typical individual who likes to joke, often joke and her friends also often remind Mrs. D to control her food. Mrs. D said that even though there are wounds on her legs, it does not hinder Mrs. D in worship is always helped by her husband. Mrs. D always tries to be optimal in doing her job and Mrs. D has been made the best employee ambassador at her workplace at the Laundry.

The application of the case to Jean Watson's Theory of the Nursing Model is as follows:

The application of Mrs. D's Nursing Care case with Jean Watson's application approach is:

1. Assessment

a. Lower order needs (Biophysical needs)

1) Nutrients

Subjective Data: Mrs. D said "So far, I have never abstained from food and appetite well"

Objective data : good appetite

2) Liquid

Subjective Data: Mrs. D said "Have been consuming Glimepiride since 2022 but do not regularly take medication. Mrs. D admitted that she often drinks water but today a lot of work feels like she just drank half a glass of water."

Objective Data: Mrs. D looks dry lips

3) Eliminasi

Subjective Data: Mrs. D says "often urinate at night"

4) Oxygenation

Mrs. D had no complaints about oxygenation.

b. Lower order needs (Psychophysical Needs)

1) Activity

Subjective data: Mrs. D says, "works in the laundry"

2) Safe

Subjective data: Mrs. D said, "the big toe feels pain and the wound has blackened and there is an unpleasant smell in the right and left big toes. At first, two weeks ago, Mrs. D went to work wearing new shoes and then the shoes she wore were small. Mrs. D still insisted on wearing the new shoes. When wearing new shoes, Mrs. D walked without seeing any pebbles, then Mrs. D fell. Mrs. D continued to walk to work wearing the new small shoes. Then Mrs. D opened the shoes and held the sore right and left toes. Mrs. D treated the wound on her leg with alcohol and wrapped it with verban gauze. A few days later after the incident of falling, Mrs. D's big toe experienced what looked like a bluish bruise."

3) Sexuality

Subjective data: Mrs. D says, "still fulfill sexual needs with her husband"

c. Higher order needs (Psychosocial needs)

Mrs. D said, "She often traveled with her friend wearing shoes because she was embarrassed and worried because her wound was getting blacker and the smell of the stink on her feet made Mrs. D not confident when her wound was not wrapped in verban and did not wear shoes."

Mrs. D said, "Even though she is sick with DM, her co-workers still care and still want to get along with Mrs. D, and even her presence is awaited by her friends at work because according to her friends Mrs. D is a typical individual who likes to joke, often joke and her friends also often remind Mrs. D to control food."

d. Higher order needs (Intrapersonal-interpersonal needs)

Mrs. D said, "Mrs. D always tries to do her job optimally and Mrs. D has been made the best employee ambassador in her workplace".

2. Data Analysis**Table 1**
Data Analysis

No.	Data Analysis	Nursing Diagnosis
1.	Subjective data: Mrs. D said, "the big toe feels pain, there is a wet wound that has blackened and there is a bad smell in the right and left big toes. Mrs. D opened her shoes and held the sore right and left big toes. Objective data: client is seen moaning in pain The wound on the toe is bluish bruise, there is a wet wound. Uncomfortable when walking. Pain scale 7.	Acute pain (D.0077) related pain level (L.08066)
2.	Subjective data: the embarrassment of the wound on the big toe which was getting blacker and the smell of the foot was pungent made Mrs. D not confident when the wound was not wrapped in verban and did not wear shoes. Objective data: Mrs. D looks down	Body Image Disorder (D.0083) is related to altered body functions/structures
3.	Subjective data: Mrs. D said, "So far, I have never abstained from food and consumed Glimepiride since 2022 but do not regularly take medication."	Non-compliance (D.0114) related to compliance level (L.12110)

3. Nursing diagnosis

- Acute pain (D.0077) related pain level (L.08066)
- Body Image Disorder (D.0083) is related to altered body functions/structures
- Non-compliance (D.0114) related to compliance level (L.12110)

4. Nursing Intervention**Table 2**
Nursing Intervention

1. Acute Pain (D. 0077)	Pain level (L.08066)	Pain management
<p>Definition: Sensory or emotional experiences related to actual or functional tissue disorders, with a sudden or slow onset and mild to severe intensity lasting less than 3 months.</p> <p>Symptoms and signs of major Subjective: Complaining of pain Objective: Looks grimacing Be protective (e.g., alert, pain-avoiding position) Difficulty sleeping</p>	<p>Definition: sensory or emotional experiences related to actual or functional tissue damage with sudden or slow onset and mild to severe and constant intensity. After the action is carried out for 3x24 hours, it is hoped that the pain will disappear with the following outcome criteria:</p> <ol style="list-style-type: none"> 1. Reduced pain complaints 2. No Grimace 	<p>Definition: Identify and manage sensory or emotional experiences related to tissue or functional damage with sudden or slow onset and mild to severe intensity and constant observational actions Identify the location Characteristics Duration Quality frequency Intensity of pain. Terapeutik 1. Provide non-pharmacological techniques to reduce pain (e.g. music therapy, massage therapy, aroma therapy, warm/cold compresses, play therapy) Education 1. Describe the causes, periods, and triggers of pain 2. Explain pain relief strategies 3. Teach non-pharmacological techniques to reduce pain</p>

2.	Body image disorders (D.0083)	Body image (L.09067) relates to the changing body function/structure After nursing action for 3x24 hours, the problem of body image disorders can be resolved with the following outcome criteria: Not feeling embarrassed Confident in his appearance	Body Image Promotion (I.09305) Observation Actions Identify body image expectations based on developmental stages Identify cultural, religious, gender, and age-related body image Identify body image changes that result in social isolation Monitor the frequency of self-criticism statements Monitor whether the patient can see the changing parts of the body Terapeutik Discuss the difference in physical appearance to self-esteem Discuss stressful conditions that affect body image (e.g. Wounds, diseases, surgery) Discuss how to develop realistic body image expectations Discuss patient and family perceptions of body image changes
3.	Non-Compliance (D.0114) Definition: The behavior of the individual and/or caregiver does not follow the treatment/treatment plan agreed with the health professional, resulting in ineffective treatment/treatment outcomes. Cause: Side effects of the treatment program Lack of comprehension (secondary to cognitive deficits, anxiety, lack of motivation) Complex and/or long therapy programs Subjective data: Mrs. D said, "So far, I have never abstained from food and consume Glimepiride since 2022 but do not regularly take medication." Objective data : Blackened wounds look wet Officers see medical records that are not regularly controlled	Compliance level (L.12110) related to compliance level (L.12110) After nursing action for 2x24 hours, it is expected that patients comply with routine control regulations and take medication	Treatment Program Compliance Support (I.12361) Definition: Facilitating the accuracy and regularity of undergoing a predetermined treatment program Observation Actions Identification of adherence to the treatment program Terapeutik Make a commitment to undergo a good treatment program Document activities during the treatment process Discuss things that can support or hinder the treatment program Involve families to support treatment programs Education Information on treatment programs to be undergone Inform the benefits that will be obtained if you regularly undergo a treatment program Encourage families to accompany and care for patients during the treatment program

5. Implementation

At the stage of nursing implementation, according to Jean Watson's theory, it is to carry out nursing actions in accordance with the nursing plan that will be carried out by paying attention to 10 characteristic factors. The ten causative factors that are emphasized in this case are as follows.

- a. Forming a humanistic-altruistic value system**
 - 1) Greeting with warmth and affection to clients
 - 2) Listen to all client complaints and value the client's feelings
 - 3) Provide a sense of security and comfort to clients
- b. Instilling confidence and hope**
 - 1) Build a relationship of mutual trust with clients
 - 2) Providing wound care and doing it with compassion
 - 3) Providing encouragement and motivation to the client's big toe wound
 - 4) Involve the family in the client's foot care process with clean principles
- c. Develop sensitivity for yourself and others**
 - 1) Nurses offer to help clients
 - 2) The nurse treated the wound with patience and sincerity
 - 3) Nurses provide relaxation techniques to clients
- d. Develop a trust-loving relationship**
 - 1) The nurse meets the patient starting from the API greeting (giving greetings, smiling, and introducing themselves)
 - 2) The nurse asks the client for the client's date of birth and mother's name. If there is already a good relationship with the client, the nurse opens the topic of discussion related to the patient's complaint
- e. Improve and accept the expression of positive and negative feelings of patients**
 - 1) The nurse asked how she felt after the relaxation technique / non-pharmacological technique was carried out
 - 2) Nurses respond to negative or positive responses to client complaints
- f. Using systematic problem-solving methods for decision-making**
 - 1) Nurses educate the causes, strategies to relieve pain and perform non-pharmacological techniques to relieve pain
 - 2) Nurses educate on medication adherence on a regular basis
- g. Improve Interpersonal teaching**
 - 1) Involve families in understanding comfort, adherence to eating according to diet and taking medication to clients
 - 2) Explain to clients about medication adherence
- h. Provide a psychological, physical, socio-cultural and spiritual environment**
 - 1) There is attention from nurses who support clients to be healthy and feet can be treated
 - 2) Assisting and facilitating the kebuthan of the client in performing prayer services
- i. Improve interpersonal teaching and learning**
 - 1) Continuously review client needs
 - 2) Providing education in medication adherence. the goal is to stabilize blood sugar levels in the blood
- j. Provides existential- phenomological- spiritual power**
 - 1) Providing support to clients to keep a positive mindset

6. Implementation

- a. After nursing actions are carried out for 3 x 24 hours, it is hoped that the nurse can provide caritas factor services to patients with Diabetes Mellitus against the patient's pain discomfort disorder Mrs. D

- b. After nursing actions for 3x 24 hours, it is hoped that Mrs. D can be confident in the physical appearance of Mrs. D
- c. After nursing actions for 2x 24 hours, it is hoped that Mrs. D can understand the compliance of the drugs consumed by Mrs. D.

Conclusion

Nursing care for diabetic patients using the Caring Model focuses on fulfilling the patient's bio-physical, psychological, social, and spiritual needs through a transpersonal caring relationship between the nurse and the patient. In Mrs. D's case, the Caring approach with 10 Caring Factors had a positive impact on the healing process, particularly in terms of pain reduction through non-pharmacological techniques, education, and empathetic wound care; improvement of body image through emotional support, acceptance of feelings, and rebuilding the patient's self-confidence. Increased compliance through routine education, family involvement, therapeutic communication, and effective communication.

Jean Watson's model has been proven to help improve the physical and psychological condition of patients with diabetes mellitus holistically. It increases patient motivation to comply with treatment and fosters hope for recovery. This caring approach also strengthens the relationship between nurses and patients, improves service quality, and creates an environment that supports the healing process.

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