Self-reflection is a component often (and detrimentally) absent from the many competencies and care plans requisite of entry-level nursing preparation. Technically-focused teaching and the absence of skillful introspection render nurses unprepared to healthily process the spiritual, emotional and energetic effects of their jobs—the more subtle realms of the human experience.

Where, when, and how do nurses learn to ineffably make peace with those feelings of grief, pacify questions of their own mortality, and diffuse traumatic memories that keep them up at night? How do they rationalize a persistent preoccupation with the well-being of their patients while in the company of their loved ones at home? Most importantly, at what point does the interpersonally demanding engagement within the nurse-patient relationship take a tangible toll on the nurse’s health, and secondarily diminish job-related performance capacity?

The Role of Caring in Compassion Fatigue
The unchecked, unexplored accumulation of the nurse’s daily emotional investments, as both witness and participant in the moment-to-moment care of their patients, is called Compassion Fatigue (CF) (Lombardo & Eyre, 2011). CF is the self-destructible culmination of frustrations and unprocessed moral obstacles when “energy expenditure outstrips restorative process” (Coetzee & Klopper, 2010, p. 240). Nurses in virtually every arena of clinical practice, who consistently play the role of “first responder,” are susceptible to this physical-metaphysical epidemic. Trauma, emergency, critical care, oncology, hospice, nephrology, and cardiac and vascular nurses are all vulnerable to such phenomenological pressures (Potter et al., 2010; Abendroth & Flannery, 2006; Young, Derr, Cicchillo, & Bressler, 2011; Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010).

CF is not merely a fad syndrome, but rather an immanent concern endangering the very structural integrity of who we are in the world. The mental, emotional, spiritual and physical “muscles” that allow us to be the humanizing representatives of caring-healing-loving are overworked, overburdened, and in need of restoration. A common misnomer is that CF symptoms are caused by caring too much—a pattern characterized by repeated overinvestment and unbridled emotional reactivity to the roller coaster of humanity
Jean Watson’s 10 Caritas Processes™ (Watson Caring Science Institute, 2013) are paired with questions for personalized self-reflection. The Reflective Caritas Inventory, developed by William Rosa, can be used to examine individual processes of self-healing.

## Global Translations-10 Caritas Processes™

<table>
<thead>
<tr>
<th>No.</th>
<th>Process Description</th>
<th>Reflective Caritas Inventory for the Individual Processes of Self-Healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Embrace altruistic values and Practice loving kindness with self and others.</td>
<td>Have I set an intention of self-caring and self-kindness today? Have I centered myself with an act of self-love so that I might be restored?</td>
</tr>
<tr>
<td>2</td>
<td>Instill faith and hope and honor others.</td>
<td>Am I clear about what I have faith in? Have I reminded myself of the people, places and spaces that give me hope?</td>
</tr>
<tr>
<td>3</td>
<td>Be sensitive to self and others by nurturing individual beliefs and practices.</td>
<td>Have I responded to my thoughts and feelings today with gentleness, knowing that my experience is unique and sacred?</td>
</tr>
<tr>
<td>4</td>
<td>Develop helping-trusting-caring relationships.</td>
<td>Have I empowered myself to release toxic relationships and embrace supportive connections in my life with truth and vulnerability? Just for today, can I trust myself to be there for me?</td>
</tr>
<tr>
<td>5</td>
<td>Promote and accept positive and negative feelings as you authentically listen to another’s story.</td>
<td>Have I authentically accepted my own story? Have I celebrated my “me-ness” in how I approach, interact with, and inspire this world around me?</td>
</tr>
<tr>
<td>6</td>
<td>Use creative scientific problem-solving methods for caring decision making.</td>
<td>Do I recognize how creative I am? Do I fully embrace all aspects of who I am; the positive and the negative, the light and the dark?</td>
</tr>
</tbody>
</table>
| 7   | Share teaching and learning that addresses the individual needs and comprehension styles. | Am I forthcoming about my needs at work and at home? Do I remain flexible and energized or easily tire with my old patterns of rigidity?
| 8   | Create a healing environment for the physical and spiritual self which respects human dignity. | Have I physically or energetically touched my heart today? Have I connected with my own heartbeat; the same heartbeat shared by all of humanity? Have I admitted to myself that my healing starts within? |
| 9   | Assist with basic physical, emotional, and spiritual human needs.                     | Have I paused to attend to my own hunger? My anxiety? My worries? My frustrations? Do I recognize my individual needs as valid? |
| 10  | Open to mystery and Allow miracles to enter.                                          | Can I release the need to be certain, to explain, defend, protect and define? Can I surrender to the moment and allow life to unfold as it will? |

### Reflective Caritas Inventory

Inherent in the disciplinary theories outlining our professional practice is a unitary-transformative paradigm regarding caring science as a sacred, unique and constantly emerging science (Watson, 2005). Table 1 lists Jean Watson’s (2013) Caritas Processes™, each accompanied by a newly developed Reflective Caritas Inventory for examining the individual processes of self-healing. Through a journey of reflection and inquisitiveness, nurses may translate this theoretical, nursing-specific framework for caring-healing-loving into a personalized, practice-oriented interior survey. By acknowledging personal self-care deficits and identifying their underlying sources (or reasons for not caring enough for self), nurses may awaken increased awareness to their mental, emotional, and spiritual lives.

Those who view nursing as a sacred calling understand the challenge of disentangling the personal from the professional; who we are in life is who we are at the bedside. By exploring this dynamic, we come to understand that “Ongoing personal-professional development and spiritual growth and personal spiritual practice assist the nurse in entering into this deeper level of professional healing…” (Watson & Woodward, 2010, p. 357). The act of self-reflection and moving through contemplative inventories allows us to recognize the need for universal healing and evolve toward a global, more transpersonal view of the patient-nurse relationship. Even in the overly demanding, increasingly complex, and multidimensional environments of clinical practice, we may embrace the fragile processes and principles of human caring with the softness of the human heart, the clarity of intentionality, and a willingness to co-identify with the vulnerability of our patients.

The nursing community must assume empathic, collegial accountability for educating one another about the indisputable need for self-care, self-awareness and self-reflection. If the moral/ethical foundation of our nursing community is human caring science, then we find our unitary purpose, shared mutuality and transpersonal intentionality within the caring moments of postmodern being, knowing, and doing (Watson, 2012). The fatigued nurse belongs to
the collective of nursing; we are all responsible for creating a community of compassionate, moral empathy that lifts the veil of silence and promotes healthy, respectful, clear and truthful articulation of our inner lives. In this way, we realize that the care we do (or do not) extend ourselves invariably shows up in our communities, systems, and our ability to be present with our patients. Nurses do not practice in silos. We all attend to the needs of humanity, and we all deserve to process this intimate, multi-faceted gift in an environment of support, understanding, and caring-healing-loving.

References
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