



The Application of Jean Watson's Theory of Human Caring on the Independence of HIV/AIDS Patients at Hospital

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KEYWORDS

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ABSTRACT:

Introduction: HIV/AIDS remains a critical public health issue worldwide, particularly in developing countries such as Indonesia. People living with HIV/AIDS (PLHIV) often face challenges in achieving independence due to stigma, lack of psychosocial support, and chronic treatment demands.

Objective: This study aims to analyze the effect of Jean Watson's Theory of Human Caring on the independence of HIV/AIDS patients.

Methods: A quasi-experimental study with a pretest-posttest control group design was conducted at RSUD dr. Loekmono Hadi Kudus, Central Java, Indonesia. Sixty-four PLHIV aged 17–45 years were selected using purposive sampling. The intervention group received nursing care based on Watson's ten carative factors over four weeks, while the control group received conventional nursing care. Independence levels were measured using the HIV Self-Efficacy Questionnaire (HIV-SE), and statistical analysis was conducted using paired and independent t-tests with a significance level of $p < 0.05$.

Results: The intervention group showed a significant increase in independence scores post-intervention (mean = 112.92 ± 11.45) compared to pre-intervention (mean = 70.32 ± 3.54 ; $p < 0.001$). Meanwhile, the control group showed minimal improvement (mean = 73.24 ± 3.49 ; $p < 0.001$). Post-test comparison revealed a statistically significant difference between groups ($p < 0.001$).

Conclusion: The application of Jean Watson's Theory of Human Caring significantly improves patient independence in PLHIV and is recommended as a humanistic approach in nursing care to improve treatment outcomes and quality of life.

1. Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) continue to pose significant public health challenges globally, especially in low- and middle-income countries. According to the World Health Organization (WHO), an estimated 1.3 million people were newly infected with HIV globally in 2023, and over 40.4 million people have died from HIV-related illnesses since the beginning of the epidemic. Southeast Asia accounts for approximately 10% of the global HIV burden. In Indonesia, data from the Ministry of Health in 2023 reported 515,455 people living with

HIV (PLHIV), with Central Java Province recording one of the highest prevalence rates at 1,484 cases [1].

HIV/AIDS is a chronic condition requiring lifelong antiretroviral therapy (ART), which aims to suppress viral replication and improve the quality of life. ART is effective in reducing viral load and increasing CD4 cell counts but cannot cure the disease. Thus, patients must consistently manage their physical and emotional well-being to achieve optimal health outcomes. The Indonesian government has set the 95-95-95 target for 2030, which aims for 95% of PLHIV to know their status,



95% to receive treatment, and 95% of those treated to achieve viral suppression [2].

One of the key elements in ensuring treatment success among PLHIV is their level of self-care and independence. Self-care in this population includes medication adherence, symptom management, healthy lifestyle practices, and active communication with healthcare providers. Studies have shown that effective self-care behaviors contribute significantly to improved clinical outcomes and psychosocial well-being in PLHIV [3, 4]. However, the independence level of PLHIV can be influenced by various internal and external factors, such as age, gender, education, social support, and stigma [5].

Despite medical advances, many PLHIV still struggle with self-care due to stigma, discrimination, and psychological burdens. In Indonesia, these challenges are compounded by limited access to supportive health services and a lack of holistic nursing care models. Research indicates that patient independence levels among PLHIV are often low, especially in outpatient settings, which impacts their overall health status and adherence to treatment [6,7].

To address this gap, nursing interventions based on humanistic and holistic theories are necessary. Jean Watson's Theory of Human Caring emphasizes the importance of transpersonal caring relationships between nurses and patients. The theory integrates caring factors that promote empathy, compassion, and respect, which in turn enhance patient dignity, self-awareness, and autonomy [8]. Previous studies have confirmed that caring behaviors grounded in Watson's framework improve patient satisfaction, emotional well-being, and self-efficacy [9,10].

2. Objectives

Given the need for comprehensive care that supports the physical, emotional, and psychological needs of PLHIV, this study aims to examine the effect of Jean Watson's Theory of Human Caring on the independence of HIV/AIDS patients in hospital. The research was conducted at RSUD dr. Loekmono Hadi Kudus, Central Java, Indonesia, where the integration of human caring practices into routine nursing care is expected to improve patient outcomes and foster long-term self-care behaviors.

3. Methods

This study employed a quasi-experimental design with a pretest-posttest approach and a control group. The research aimed to evaluate the effect of Jean Watson's Theory of Human Caring on the independence of patients living with HIV/AIDS. Participants were divided into two groups: an intervention group that received care based on Watson's human caring theory and a control group that received routine nursing care. The study was conducted at RSUD dr. Loekmono Hadi Kudus, Central Java, during May 2025. This design was chosen because it allows the measurement of outcomes before and after the intervention in both groups, despite the lack of random assignment, which is common in healthcare intervention settings due to ethical and practical constraints [11,12].

A total of 64 participants were selected using purposive sampling based on inclusion criteria: diagnosed with HIV/AIDS, aged between 17–45 years, clinically stable, literate, and willing to provide informed consent. Patients with cognitive impairment or those who refused participation were excluded. The sample size was determined using the finite population correction formula with a 95% confidence interval. The intervention was administered over four weeks by trained nurses and included the application of Watson's 10 caring factors, such as establishing trust, promoting expression of feelings, and providing a supportive environment [8,13]. The caring behaviors were adapted from the *Caring Behaviors Inventory* (CBI-24), a validated instrument for assessing nurse-patient interactions based on caring theory [14].

Data were collected using two validated instruments. The CBI-24 assessed nurses' caring behavior, while the HIV Self-Efficacy Questionnaire (HIV-SE) measured patient independence across six domains: emotion regulation, adherence to treatment, symptom management, communication with healthcare providers, seeking social support, and managing fatigue. Each item was scored on a Likert scale from 1 (not confident) to 4 (very confident), with higher scores indicating greater independence [15]. The data were analyzed using SPSS software. Paired t-tests were used to compare pre- and post-intervention scores within groups, and independent t-tests were used to compare between-group differences. Statistical significance was set at $p < 0.05$. This study has



received ethical review approval from the Health Research Ethics Commission of Dr. Loekmonohadi Hospital with number 13/KEPK/RSLH/II/2025

4. Results

Table 1 Characteristics Respondents based on group

Variables	Category	Intervention (n = 25)	Control (n = 25)
Age (years)	19–39	9 (36.0%)	10 (40.0%)
	40–59	16 (64.0%)	15 (60.0%)
Type Sex	Man	15 (60.0%)	16 (64.0%)
	Woman	10 (40.0%)	9 (36.0%)
Education	Elementary School	7 (28.0%)	9 (36.0%)
	Junior High School	8 (32.0%)	11 (44.0%)
	Senior High School	7 (28.0%)	2 (8.0%)
	Bachelor	3 (12.0%)	3 (12.0%)

Based on table 1 distribution frequency respondents based on age known that part big proportion age Good on group intervention And the control group is on aged 40-59 years . Each group intervention (64%) , whereas control group (60%). whereas part big proportion type sex Good on group intervention And the control group is men . Each group intervention (60%) , whereas control group (64%). Next part big proportion education Good on group intervention And the control group is junior high school graduates . Each group intervention (32%) , whereas control group (44%).

Independence Level Before Intervention:

Table 2 Independence Respondents Before Intervention

Independence Pre-Test	Group Intervention (n = 25)	Group Control (n = 25)
Mean ± SD	70.32 ± 3.54	70.36 ± 3.35
Minimum – Maximum	61 – 75	65 – 75

Table 2 shows that before intervention *Jean Watson's Human Caring Theory* , good group intervention and control own distribution score relative independence balanced with the average value is almost identical , so that base comparison intervention considered valid . The average score independence on group intervention is 70.32 ± 3.54 , whereas on group control is 70.36 ± 3.35 . Second group own distribution similar scores , with range score range between 61 - 75 on group intervention , and 65 - 75 on group control .

Independence Level After Intervention

Table 3 Independence Respondents After Intervention

Independence Post-Test	Group Intervention (n = 25)	Group Control (n = 25)
Mean ± SD	112.92 ± 11.45	73.24 ± 3.49
Minimum – Maximum	90 – 135	66 – 78

Table 3 shows significant improvement on group intervention after given intervention based *Jean Watson's Human Caring Theory* , if compared to with group control that is not experience change means . On group intervention , score independence experience significant improvement , with an average score of reach 112.92 ± 11.45 , far more tall compared to with an



average score initial (70.32 ± 3.54). In contrast , the group control show very minimal increase , with average score only reach 73.24 ± 3.49 , increased A little from score initial (70.36 ± 3.35).

Analysis Independence Before and After Intervention

Table 4 Analysis Independence Before And After Intervention

Group	Time	Mean \pm SD	t	df	p-value
Intervention	Before	70.32 ± 3.54	-19,199	24	0.000*
	After	112.92 ± 11.45			
Control	Before	70.36 ± 3.35	-8,515	24	0.000*
	After	73.24 ± 3.49			

Based on table 4 it is known that that group intervention show improvement score very independence significant after given intervention based *Jean Watson's Human Caring Theory* (average difference ± 42.6 points). Group control also show improvement , but no as big as group intervention (mean difference ± 2.88 points), although in a way statistics still significant .

5. Discussion

Results analysis show that there is significant improvement in level independence HIV/ AIDS patients group intervention after given intervention based *Jean Watson's Human Caring Theory* . Average score independence on group intervention increase from 70.32 ± 3.54 to 112.92 ± 11.45 , with mark *p-value* of 0.000 which shows a huge difference meaningful in a way statistics . On the other hand , the group control experience an increase that is not as big as group intervention , namely from 70.36 ± 3.35 to 73.24 ± 3.49 , however still show significance statistics ($p = 0.000$). A striking difference This indicates that intervention based

caring theory has contribution big in increase independence patient in a way significant .

Improvement independence This can understood through three runway theory Main . First , *Human Caring Theory* from Jean Watson states that caring- based practice Love love And transpersonal relationships can increase welfare And potential humans , including aspect independence [8] . Second , *Roy Adaptation Model* explain that change adaptive on patient as response to stimulus (in matter This caring intervention) will bring up more behavior independent [16] . Third , the theory *Self-Care Deficit* from Orem emphasizes importance role nurse in support client going to independence through intervention customized nursing with need And capacity client [17] . Third theory This each other strengthen that improvement independence patient is results from interaction between support nurse And response adaptive patient .

The results of this study strengthened by studies previously . For example , research by Yuliana and Kurniawati (2020) proves that caring approach improves independence And motivation HIV/AIDS patients in undergo treatment [18] . Besides that , research by Sitorus et al. (2021) shows that application of nursing models caring based giving impact positive to improvement independence patient with disease chronic [19] . Research by Febriyanti And Nursalam (2019) also confirm that caring behavior in practice nursing can increase independence patient until more from 40% compared to with approach conventional . [20] .

The results of this study in line with theories and previous research , so support that intervention nursing based on values humanity and caring giving impact significant to behavior independent patient . Researcher analyze that effect positive the happen Because caring approach capable build trust , growing a sense of trust self , and create connection conducive therapeutic for change behavior . Without approach said , the patient tend behave passive And depends on environment surrounding areas . It should be , intervention like This become part routine in standard operational service nursing , because No only increase results clinical , but Also increase quality life patients . Unfortunately , caring practices are often not become priority in service nursing conventional .



The results of this study prove that approach nursing based *Human Caring* No just complement , but become element essential in practice modern clinical interventions . No only focus on aspect physical , but Also touch dimensions psychological and spiritual patient . This is become proof that Jean Watson's theory is very relevant applied in the current era , especially in handling disease chronic such as HIV/AIDS. By Because that , researcher suggest that the house Sick And institutions education nursing start integrate caring approach systemic in training and practice nursing in the field .

6. Conclusion

The findings of this study demonstrate that the application of Jean Watson's Theory of Human Caring significantly increases the independence of HIV/AIDS patients. Patients who received nursing care based on Watson's ten carative factors showed marked improvement in self-efficacy and autonomy compared to those receiving standard care. The results confirm that caring behaviors such as empathy, presence, and holistic attention are effective in supporting PLHIV to become more independent in managing their condition, especially in clinical settings where psychosocial support is often limited.

Based on these results, it is recommended that hospitals and healthcare providers integrate Watson's human caring model into standard nursing practice for HIV/AIDS patients. Operational strategies may include structured training programs for nurses, implementation of descriptive documentation tools, and reinforcement of therapeutic communication practices. For future research, it is suggested to explore the long-term impact of caring-based interventions across diverse healthcare settings and populations, using mixed-method designs to capture both clinical outcomes and patient narratives.

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