Comparing the Concept of Caring in Islamic Perspective with Watson and Parse’s Nursing Theories

Abstract

Background: In the nursing profession, it is apparent that the definition of caring differs between various perspectives. This article compares the difference of caring in Islamic with the Parse and Watson theories. Materials and Methods: In this study, we use concept analyses of Walker–Avants and compare research methods. Results: According to Islamic documents, there are four major types of caring, namely, (1) God taking care of humans, (2) Humans taking care of themselves, (3) Other humans taking care of humans, and (4) The universe taking care of humans and vice versa. God caring for humans affects the three other types of caring. All three definitions of caring have humanistic and holistic view. According to Watson’s and Parse’s definition, the development of the caring theory is based on the person’s experiences that result from human interactions with, and experiences of, their environment. In Islamic definition, although the caring process is affected by environmental experiences and interactions, human not developed only base the effect of environment; rather, it is developed on the basis of human nature and divine commands. God taking care of humans is specific to Islamic perspective and is not found in other definitions. Islamic perspective maintains that God is the creator of humanity and is in charge of guiding humans. A superior form of human can always be discovered. Conclusions: Thus, nursing implementation in Muslims must be done based on Islamic commands, and Islamic commands are superior to human experiences. However, Islamic commands interpreted with human wisdom and thought can be striving toward excellence.

Keywords: Caring, Islamic perspective, nursing, Parse’s theory, Watson’s theory

Introduction

Caring is a basic concept of nursing.[1] As the nursing profession developed, it became apparent that the definition of caring differs between specific communities and cultures as well as between various professions and philosophies.[2,3] These differences have led to the development of various definitions regarding the concept of caring. The range of definitions varies from being a humanistic endeavor to an activity that is completely materialistic.[1] Melse, Jean Watson, and Rosemarie Parse are the prominent nursing theorists who have studied the concept of caring.[1,3] Watson’s important nursing theory includes a spiritual dimension to caring that requires nurses to be spiritually engaged.[4,7] It seems as if Watson has been profoundly influenced by phenomenological anthropology, existentialism, and spiritual awareness in regards to the development of her theory. The central concepts of Watson’s theories comprise a deep respect for the mysteries of life and paying attention to the spiritual aspect of life as well as the interpersonal and transpersonal qualities that are hidden in the process of human caring.[6,7] According to Watson, caring is a nursing concept and indicates the elements employed by nurses to provide patients with healthgenic caring.[4,7] Another theoretician who selected caring as a core concept of nursing is Rosemarie Parse. The philosophical basis of Parse’s theory is based on that of Rogers.[8,9] She has also drawn on existentialistic phenomenological opinions as well as the theories of Heidegger, Sartre, and Ponty.[10] Parse devised her own theory in response to the limitations of medical models and based on her observations of individual’s decision making processes regarding their health. As a result of her experiences, Parse developed a different set of nursing practices.[9] During the initial stages of developing her theory, she mainly concentrated on the individual’s life and health experiences. Parse maintains

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that nursing is extracted from natural sciences, and therefore, it is a human science. She developed her theory based on her nursing experiences and the theoretical principles of human science.[11,12]

In brief, caring theories are the latest theories developed in the field of nursing. Questions that caring theories seek to answer include: What is the role of a nurse? (Care for the patient). How do nurses perform their duties? (How caring for the patient is undertaken).

According to Islam, the purpose of human creation is God’s satisfaction.[13] Whatever action is carried out for a human’s body or soul is done with the aim of bringing the individual closer to God.[14] Hence, there is a substantial philosophical difference between Iranian society, which is based on Islamic philosophy, and non-Islamic societies. This difference must be distinguished. This article compares the concept of caring in Islam with the existing caring theories described in this research area. While casting light on the magnitude of the philosophical difference of the three viewpoints, this research can help nurses fully comprehend the cultural differences concerning the concept of caring which are rooted in the societies’ different philosophical outlooks.

Materials and Methods

This comparative study was conducted following a conceptual study that used Islamic literature to conceptualize care according to Islamic texts, in which applications and uses of care were first extracted from Islamic literature (Quran, Hadith, and interpretations), and then, care was explained according to the results obtained.[15,16] The primary part of this study has been determined through concept analysis with Walker and Avant. Walker and Avant (2005) suggest an 8-stage process for concept analysis in nursing. The steps are as follows: (1) Select a concept: For this step, we considered the care and caring and their related factors and determined the main research question; (2) Determine the aims or purposes of analysis: We answered the following question: Why are we conducting this analysis?; (3) Identify the definition of the related words and terms with care and caring the same as nursing: All uses of the concept can be discovered using dictionaries, texts, and available sources in Arabic and Persian texts; (4) Determine the defining attributes: For this stage, the descriptions were classified based on their application and differences were identified; (5) Identify a model case: Provide an example of the concept application, which reveals all definitive characteristics of the concept the same as story of Mousses prophet; (6) Identify borderline, related, contrary, invented, and illegitimate cases: In this stage, we provided definitions that consisted of border instances the same as nutreare the related cases the same as guard (the cases related to the concept), contradictory cases (which are not comprehensible and clear), unprecedented cases (creative and inexperienced cases), and wrong and unreasonable cases (we have not included in this study); (7) Identify antecedents and consequences: Here, we considered the conditions and events required for the phenomenon to appear. We also studied the consequences and results of the concept; and (8) Define empirical referents: This last stage answers the following question: How can we measure the concept in a real environment? Here, the experimental indices, groups, and classification of the phenomenon and concept ought to be determined; however, this did not happen in this particular study.[17] In second part of the study, concept of care in Islamic documents according to the methodology of comparative studies has been compared with the concept of care in theories by Watson and Parse. A comparative study goes beyond the apparent similarities and differences, and considers the subject with a systematic perspective and in accordance with a framework. A comparative study is based on two fundamental pillars: (1) a multidimensional understanding of a phenomenon or a perspective and (2) understanding and explaining similarities and differences.[15]

The present comparative study consists of 4 stages:
1. Statement of the problem: In this stage, a question is posed: “What differences and similarities exist between Islamic perspective and Watson and Parse care theories?”
2. Identifying the scope of the study: The apparent differences and similarities are found and listed [Table 1]
3. Listing differences and similarities: Here, the differences and similarities in principles, knowledge contexts, historical background, psychological hypotheses, and definitions are listed
4. Transition through apparent differences and similarities and addressing real differences and similarities: At this stage, research responds to the following questions: (A) What was the researcher’s main question about definition of care? (B) What was the knowledge background and context of definition? (C) What were the anthropological and epistemological foundations in different definitions? (D) What were the evidence approaches and methods adopted in definition of care in these three perspectives? (E) What were the effects and outcomes of the present definitions? What are the differences and similarities? (F) What are the paradigms and thought systems of the three perspectives?

At the end of these 4 stages, the concept of care was defined according to these perspectives, and their real and deep differences and similarities were explained. Thus, a comparative study is an in-depth exploration of differences and similarities of proposed perspectives, and not the mere expression of apparent differences and similarities.[15,16]

Ethical considerations

This research did not need any informed consents because we did library research. References and quotation were written based on the journal guideline.
Sadat-Hoseini and Khosropanah: Comparing caring in Islam with nursing theories

According to God's commands, the universe is obligated to serve humans and take care of Him. Thus, the universe is bound to help humans, and the more obedient and connected humans are to God, the more the universe will service humans. Consequently, upon taking care of themselves, humans may benefit from the universe's assistance. Even if humans do not ask for this help, or are unaware of its existence, the universe will still serve them. In this respect, the nurse's duty is to make the universe available to humans as much as possible so that the universe can care for humans.

Another type of caring is humans taking care of each other. This standpoint has two modes: First, is the usual type of caring between humans. The next mode is humans taking specialist care of each other. According to this point of view, every human is tasked with taking care of other humans. Hence, as both sides are affected by this type of caring, they become empowered. With regard to God taking care of humans, God's guidance is a relevant issue. That is, in addition to creating humans, God guides and has power over humans, and is altogether in charge of the affairs of humans. This explains why the approach to caring ought to be in accordance with God's commands. In Islamic perspective, human is an all-round creature with body and soul, and his physical aspects and his aspects of soul should be concurrently considered in nursing. Thus, care should be provided with a comprehensive and holistic approach. As a result, caring in Islam is holistic and based on human becoming. Human becoming is based on...
human nature and the concept of caring is derived from the divine commands and religious duties.\[23,28,38\] The main axis of caring in Islam is based on human nature.\[28,39\] In regards to humans taking care of one another, the nurse is tasked primarily with providing specialist and professional care, however, they may also provide general, nonprofessional care. With regard to specialist care, the nurse is tasked with undertaking philanthropic actions aiming to satisfy specialist caring needs of a person, the society, and the government if such a need arises. During the process of caring, the nurse will also strive for professional excellence.\[13,28,30,40\] Ultimately, Islam considers human as a creature with material and nonmaterial aspects (body and soul), as well as psychological aspects and achieving health of soul are more important than physical health.\[13,41\] Thus, providing care for human should include all existential aspects of human.\[13\] However, because of the physical limitations, human is unable to understand his own dimensions of soul or the care they need.\[3\] Therefore, he needs the care provided by God that is aware of all human aspects and needs. Thus, the meaning of care in Islamic literature is holistic care based on human nature (guided creation), which consists of 4 dimensions: self-care, providing care for others, care provided by the environment, and care provided by God.

Comparing care in Islam with Watson and Parse’s theories

What are the fundamental questions the theories are aiming to address?

In the introduction to her theory, Parse states that nursing needs to be recognized as a human science, and consequently, various theories need to be presented in this field.\[9,12\] She posed questions as “why do people not follow health teachings and for those that do, why do they not get healthy?” In her search for a nurse-specific epistemology, Parse used a combination of nursing theory and philosophical thought to construct her theoretical assumptions.\[42\] Parse states that the man-living-health theory was developed based on her nursing experiences. According to Parse, the current approach to nursing, which includes traditional medical views and curing diseases, is no longer effective; thus, methods for repairing these defects should be sought. Parse believes that traditional nursing theories were based on historical views toward women and the power of medicine. According to her 25 years of nursing experience, she concludes that traditional medical perspectives and the view of nursing as an emerging natural science no longer meet the needs of patients. In response to how the field of nursing can be improved to achieve excellence, Parse believes that nursing should have a human-oriented attitude as it is a human science.\[9\]

In the introduction to her theory, Watson states that she is concerned with a new sense of benevolence and caring for patients, and develops her work on this basis. She was very enthusiastic about introducing a more profound outlook on human needs in the practice of nursing. She expressed her theory in response to the following questions: What is the definition of humanity? What does caring mean? What does healing mean? What are the definitions for the following terms: human, life, cycle of life and death, change, health, relationships, holistic view etc.? Similar to Parse, Watson also felt the limitations of the nursing field’s focus on traditional medical outlooks and curing diseases. In an attempt to solve this problem, Watson has developed a holistic, human-oriented theory of caring.\[2,6,7,43\]

As per their experiences in educational and clinical environment, the researchers observed in this research that owing to the philosophical differences between Islamic and western conventional perspectives of caring, existing theories and definitions of nursing do not adequately adapt to Islamic caring environments, resulting in dissatisfaction in many cases. Existentialism is a human-centered philosophy, in which humanism forms its central thought and function. Concepts find their meaning and application according to human understanding and intelligence. Therefore, according to this thought, spirituality and care are only applicable when human needs them; otherwise, they have no application. However, in Islamic perspective, God is in the center, and everything in the world is created by God, and as well as their creation, God directs and guides them.\[45,46\] Accordingly, human actions are based on God’s consent. In many cases, these are not the same, though, and whatever God commands is based on human’s real needs. However, in some cases, the lack of full dominance of human over all his own needs leads to conflict between human needs and the divine commands. Thus, in Islamic perspective, spirituality is not an accessory to other care issues which a nurse can provide besides other care. All forms of care are provided under supervision of the divine commands with the aim of transcendence of soul.\[13,47\] Therefore, in Islamic perspective, definitions and dimensions of care are designed according to two notions: (A) Acknowledgement and appreciation of human thought and wisdom (given dimensions of human self-care, care for others, and environment’s care of human) and (B) Appreciation of the divine commands; since He is the creator and as such is aware of all human’s physical needs and needs of soul (God providing care for human).\[48\] Thus, in designing care according to Islam, two components of human wisdom and all-round awareness of God should be considered. In this perspective, human’s aspect of soul is more important than his physical aspect, and transcendence of soul is the main goal in creation of human.\[38\] Thus, as the creator of human, God issues all instructions for life (including care), and through his own wisdom and intelligence, humans understand how to follow these instructions. Hence, conventional nursing
concepts also need to be defined within the context of Islamic perspective.

Evidence and approaches

Parse states that the change in outlook from atomism to holism in science along with changes in attitude regarding nursing inspired her idea of directing nursing from atomism (patient-oriented) to holism. Parse’s views have been shaped by her research on Rogers’ theory and her experience working in the field of nursing. Furthermore, Parse put forward her theory at a time when the dominant scientific climate of thinking was existential. This explains why Parse’s theory contains a dominant existential viewpoint.[4,9]

At the time when Watson put forward her theory, there was a commonly held belief in nursing communities that nurses should possess a holistic approach to caring. Rogers, Parse, and others have defined the theoretical viewpoints and basic concepts based on these notions. Watson has taken practical steps toward presenting her prescribed theory; however, her theory, similar to that of Parse’s, is developed with dominant traces of existential philosophy.[6,7]

Humanistic and human-oriented theories in nursing are prevalent in Iran. While the majority of Iranians are Muslims and Islamic definitions of humans are radically different from those with an existential outlook, Islamic thinkers seek to define these concepts in the context of Islamic doctrines.[6,7,9] For this purpose, various theories have been presented on the basis of Islamic texts and principles in different scientific disciplines such as psychology, sociology, management, etc. Accordingly, nursing, like any other discipline, require the development of specific definitions on the basis of Islamic perspective. Therefore, Islam has a holistic approach toward human and employs a philosophical God-oriented approach in dealing with human.[1,5,6,8,35]

Fundamentals

According to Parse and Watson, the theoretical basis of their work was phenomenological.[6,7,9] The epistemological foundations of Islam are based on two important principles, namely rationality and religion.[48] In Islamic perspective, both religion and reason have their own place. This means that human experience and interactions with the environment, the world, and other humans indicate how he provides care for human. Moreover, because of the superiority of soul over body and transcendence of soul over the physical, mankind requires awareness of such matters that are not within the scope of his knowledge, experience, or interactions, which is is awareness of all capabilities of soul and needs.[53] Because of the material nature of the universe, human is unable to understand all his needs and capabilities of soul, and his awareness of this aspect of his existence is limited to his understanding and wisdom. On the other hand, such understanding and wisdom has changing trends and levels and degrees. Therefore, he needs to be guided and oriented by the divine instructions so that he can get through the path quickly and with the least danger. In Islamic perspective, while the formation of wisdom and intelligence is valued through experience and interaction with the world, there is no certainty that experiences and interactions necessarily guide human onto the right path. Thus, a superior wisdom is required, which is that of the creator, to guide wisdom and intelligence found through experiences and interactions and to show the real path of transcendence to human.

In this way of thinking, it is senseless to differentiate between these two concepts. Thus, rational reasons are not separate from religious ones from this standpoint, and both serve to explain the contents of religion.[50,48] In the epistemological fundamentals of this research, religion has no command outside of rationality. Hence, the researcher’s understanding of religious commands is expressed in this research. What is stated is thus the researcher’s perception of Islam, not its revealed facts.[50,48]

Background

In her book, Parse states that the theory most influencing her work is that of Rogers. She has made use of a great deal of Rogers’ conceptual definitions throughout her research without making any changes to the definitions, even expressing the principles of her theory on the basis of Rogers’. Parse comments that Rogers’ work is based on a fusion of Bertalanffy’s General System Theory, works by Chardin, Polanyi, Lewin, and existentialist philosophers such as Husserl, Kierkegaard, and Heidegger. Therefore, she considers her work to be based on the works of these scientists and claims to have introduced Rogers’ perspectives of their theories into her work.[1,5,9]

Watson considers her intellectual basis to be existential-spiritual epistemology. Watson states that her work has been influenced by Hegel, Marcel, Whitehead, and Kierkegaard in relation to existential theory. However, she utilizes Emmanuel Levinas’ opinions to develop a more ethics-oriented theory. Moreover, she uses Sally Gadow’s work to enhance her theory.[1,5,6]

In Islamic perspective, the intellectual basis of Javadi Amoli’s theory relates to the relationship between religion and rationality and a rational interpretation of religion.[48] On the basis of this opinion, the researcher has analyzed Islamic documents and has presented ideas according to Javadi Amoli’s theory of divine human and Jafari’s human grades theory.[48]

Requisites, effects, and results

In light of the dominance of existential thinking in Watson’s and Parse’s ideas, human-orientedness and attention to human excellence within the context of phenomenological thoughts, and on the basis of human-world interactions, prevail.[6,9]
According to Islamic perspective, God-orientedness is dominant. In this way of thinking, humans can excel when they strive to gain God’s satisfaction, consider their whole life to be governed by God, and obey Him. Humans will only excel if they make a connection with God.[3,28,48]

**Paradigm**

Watson’s and Parse’s intellectual paradigm is phenomenology and a reliance on human perception and experience of phenomena.[6,9]

The Islamic intellectual paradigm includes the use of rationality and a reliance on Islamic documents. That is, in addition to placing value on science obtained by humans, science acquired via studying revelations and Islamic philosophy,[48] is also valued. Revelation sciences are preferred in instances of contradictions between the two types of science.

**Discussion**

**Comparison of the three theories**

This research compares the definitions of caring according to Islamic documents with that of Watson and Parse theories. The adaptation range is in two areas: (1) definition of care and (2) dimensions of care. In this stage the similarities and differences of these three theories are expressed.

**Caring definition**

Similarity: All three definitions emphasize the principle that nursing is a branch of human sciences and that it should transform from medical-orientedness to human-orientedness, thus aiding human development. Since Parse takes a holistic view of humanity, it seems that she subscribes to a holistic perspective of caring.[9] Watson also clearly offers a holistic outlook on caring.[6,7] According to Islam, definitions of caring and humanity are stated in a holistic form. All three definitions stress excellence and activation of human potential with respect to caring; further, caring may not be practiced without striving for human excellence and self-development. Therefore, all three definitions underline the fact that caring should be humanistic, holistic, and aimed at human excellence.[6,9,28] Watson considers care an interpersonal function, and Parse makes no comment in this area, however, his opinion about human interactions with life and health suggests that he considers care a kind of interaction.[6] In Islamic definition, care provided for human by the community and others is indicative of interpersonal function of care. Watson considers care in line with improvement of human and health. In this regard, Parse cites nursing principle for promotion of health and human transcendence. According to Islamic definition, in addition to human care provided by God, self-care is also highly important in human transcendence. Yet, all three theories believe that care should be designed toward realization of human potential. But the source of such a realization in Watson and Parse theories is empowerment of human to use experiences and interactions for his transcendence. In Islamic perspective, human essence is important for realization of his potential. As discussed earlier, Islam agrees with the effects of experience and interaction on human success, but considers the ultimate determinant is human nature or the guided creation of human.

Difference: According to the Islam, caring is defined on the basis of divine commands, religious duties, and human nature.[3,11,28,33,36] According to Watson’s and Parse’s definition, the development of the caring theory is based on the person’s experiences that result from human interactions with, and experiences of, their environment.[6,9] In Watson’s theory, ten caring factors “The formation of a humanistic-altruistic system of values, the installation of faith-hope, the cultivation of sensitivity to one’s self and to others, the development of a helping-trust relationship, the promotion and acceptance of the expression of positive and negative feelings, the systematic use of the scientific problem-solving method for decision making, the promotion of interpersonal teaching-learning, the provision for a supportive, protective and/or corrective mental, physical, sociocultural and spiritual environment, assistance with the gratification of human needs, the allowance for existential-phenomenological forces” have caused the definition of caring to lose its abstractness,[6,7] whereas Parse’s and Islamic definitions are abstract and more investigations are required for eliminating this abstractness.

Even though all three definitions highlight the importance for societies to develop caring strategies, Watson’s and Parse’s outlook consider it to be the decisive factor for developing the caring process. That is to say, according to their phenomenological outlook, needs are expressed as per environmental experiences; conversely, according to the Islamic definition, although the caring process is affected by environmental experiences and interactions, it is not developed based on them; rather, it is developed on the basis of human nature and divine commands. Watson considers care based on human needs to be valuable. Parse asserts that nursing function should be performed according to everyone’s unique human experiences. In the Islamic definition, care is based on nature. Although, as discussed above, in many cases human nature and needs overlap, they are not necessarily the same. Watson argues that care should not be designed according to whatever human already is, but according to what he should be. Although this can be very close to nature-based human concept, his (Watson’s) source of the ideal human is the same human experiences and interactions. However, in Islamic perspective, instructions and guidance from God leads to transcendent and ideal human. Watson believes that love and care complement each other, in line with human transcendence. Parse makes no clear comment about this. In
Islam, there is no specific functional expression about this. Although Islamic definition has not reached functionality yet, these concepts become meaningful in a functional model. Watson believes that concept of care and healing is one process. Parse has no definition of care with respect to healing. This concept exists in Islam, but no study has yet associated this concept with care. As stated earlier, these concepts are more applicable in the functional stage.

Dimensions of caring

Similarity: All three definitions approve of humans taking care of themselves and others and the universe taking care of humans, despite the fact that their origin is different from that of Islamic perspective.

Difference: God taking care of humans is specific to Islamic perspective and is not found in other definitions of caring. In the context of Islamic perspective, humans are responsible for taking care of themselves based on a feeling of love for their human nature. Whenever humans become incapable of taking care of themselves, others are obligated to help them. In addition, it is the responsibility of humans to achieve excellence and perfection through taking care of themselves; humans are also expected to utilize other types of caring if necessary. Thus, caring in Islamic perspective is an internal rather than an external process and is the duty of the individual. According to Watson’s definition, caring is an external process, which is responsible for increasing self-caring ability. Hence, there is difference in outlook in this respect; that is, in Islamic perspective, caring is the duty of the individual and takes place on the basis of the person’s insight and self-awareness. The person is tasked with self-awareness in accordance to the reality of their existence, i.e., human nature and taking care of oneself in order to arrive at the pinnacle of humanity.

Conclusion

In view of the above, the definition of caring differs in terms of the philosophical foundations of the three definitions. Even though the three definitions share some similarities, differences exist due to the theoreticians’ intellectual foundations. This is clearly illustrated when discussing the primary questions of the study. Due to the inefficiency of, and change in, philosophical outlooks governing society, Watson and Parse have developed alternative definitions regarding nursing. However, the difference in philosophy and the dissimilarity between existing definitions from Iranian society and those of the Western societies have given rise to the theorization in this research. Watsons and Parse’s intellectual basis is phenomenology and its governing rules, whereas the present study does not consider this viewpoint to be of more value than the divine commands. The commands of God, the Creator of the world, and humanity are superior when there is contradiction with human findings, because according to Islamic perspective, God’s commands represent absolute wisdom, while human findings are relative. This way of thinking is not contradictory to the use of rationality and individual’s free will. That is to say, humans should extract, optimize, and evolve these commands with the aid of rationality and find a way of using them so they may be lead to the path of excellence. Watson and Parse believe in the creation of the world by God and metaphysics;[6,9] however, believing in God’s guidance and the notion that the fate of whole world and human kind are in His hands, is particular to Islamic perspective.[13] According to their standpoint, God exists in order to help humans (spiritual caring). However, according to Islamic perspective, God has the power to guide humans in addition to creating them; that is, God does not rest beside humans, rather He is the ultimate purpose of human life. According to Watson and Parse, human’s experiences and their interactions with the world bring about human becoming, however in Islamic perspective, humans enjoy the potential of divine nature. Incidents, experiences, and interactions generate a prohibitive or stimulating effect on human’s reaching their full potential. However, humans should move toward the path of their divine nature as per human authority. The same rule holds in regards to defining caring. Although every person’s unique experiences cannot be denied according to Islamic perspective, a criterion for correctness and incorrectness are nevertheless necessary. According to Watson and Parse’s theories, this criterion is obtained from experiences. In Islamic thinking, however, this criterion is acquired from the human’s perception of divine commands. Even though Islamic perspective maintains that God is the Creator of humanity and is in charge of guiding humans, this does not mean that there are no errors; rather, as divine commands are perceived and interpreted via human perception, and errors can be occurred.[97] A superior form of self can always be discovered; thus, it is important for humans to perpetually strive toward a path of excellence and self-improvement, and use rationality as a means of interpreting God’s comments and searching for truth.

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Conflicts of interest

There are no conflicts of interest.

References

1. Melise IA. Theoretical Nursing Development and Progress. 5th ed. Washington (U.S.A): Lippincott Williams & Walkins; 2012.
2. Rassool H. The crescent and Islam: Healing, nursing and the spiritual dimension some considerations towards an understanding of the Islamic perspectives on caring. J Adv Nurs 2000;32:1476-84.
3. Sadathoseini AS, Alhani F, Khosropanah AH, Behjatpour AH. A concept Analysis of Nursing Based on Islamic Sources: Seeking Remedy. Int J Nurs Knowl 2013;24:142-9.
4. Basavanthappa BT. Nursing Theories. 1st ed. New Delhi: Jaypee Brothers; 2007.
5. Tomey AN, Alligood MR. Nursing Theorists and Their Work, 4th ed. USA Missouri: Mosby; 2006.
6. Watson J. The Philosophy and Science of Caring. 1st ed. Colorado: University Press of Colorado; 2008.
7. Watson J. Human caring sciences. 1st ed. Colorado: Jones & Bartlett learning; 2012.
8. Delghani Nayeri N, Jalali Nia F. Nazarir-e-pardazi va Nazarir haye Parastari. 1st ed. Tehran: Boshra; 2004.
9. Parse RR. Illumination: The Human Becoming Theory in Practice and Research. 1st ed. Massachusetts: Jones and Bartlett publishers; 1995.
10. Science of Unitary Human Beings [Internet]. USA; 2013. Available from: http://www.nursing-theory.org/theories-and-models/roger-theory-of-unitary-human-beings.php. [Last update 2016 Dec].
11. Science of Unitary Human Beings [Internet]. USA; 2013. Available from: http://currentnursing.com/nursing_theory/unitary_human_beings.html. [Last update 2012].
12. Ibrahim A. Theoretical Nursing Development and Progress. 1st ed. U.S.A.: Lippincott Williams & Walkins; 2007.
13. Javadi Amuli A. Ehsan az Aghaz ta Anjam. Qum: Esra; 2008.
14. Javadi Amuli A. Tafsir Mozooee Quran Karim: Sorat va Syrate Ehsan dar Quran. 12th ed. Qum: Esra; 2009.
15. Garamaleki A. Methodology of religious studies. 5th ed. mashad: University of Islamic sciences; 2009.
16. Sadat Hoseini A, Alhani F, Khosropanah AH, Behjatpour AK. Intellectual Health: The concept of Health in Islamic documents. Feghe Peseshki 2012;4:47-96.
17. Sadat Hoseini AS, Alhani F, Khosro-panah AH. The Concept Analysis of Health Based on Islamic Sources: Intellectual Health. Int J Nurs Knowl 2014;26:113-20.
18. Deilami H. Ershad Al-Gholob. 1st ed. Qum: Nasar; 1997.
19. Makarem Shirazi N. Holy Quran translation. 2nd ed. Qum: Dar-Al Quran Al-Karim; 1994.
20. Makarem Shirazi N. Tafsir Nemoone. 2nd ed. Tehran: Dar Al’Ketabe Islami; 1995.
21. Qaraati M. Tafsir Noor. 11th ed. Tehran: Markaze Farhangi Darshaae Az Quran; 2004.
22. Tabatabae M. Holy Quran translation. Qum: Daftare Entesharat Islami Jamee Modaresin Hozeh Elmiee Qum; 1997.
23. Tabatabae M. Al’mizan Commentary: Computer research center of Islamic sciences; 2009.
24. Shojae M. On spiritual purification theoretical principle. 10th ed. Tehran: sorosh; 2010.
25. Second Conferences. Islamic-Iranian Development (2). Tehran: Nasrhe Olgooye Pishrast; 2012.
26. Javadi Amuli A. Islam and the environment. Qum: Esra; 2009.
27. Motahari M. Jame e va Tarikh, 11th ed. Tehran: Sadra; 1980.
28. Sadathoseini AS, Alhani F, Khosropanah AK, Behjatpour AH. Theoretical perspective to the concept of human in Islamic philosophy. JJTC&T. 2013;17:47-57.
29. Javadi Amuli A. Tafsir Mozooee Quran Karim: Tafsir Ensan be Ensan. 5th ed. Qum: Esra; 2008.
30. Rey Shahri M. Moosooat Al’Ahadith Al’Tebiy. Qum: Dar Al Hadith; 2005.
31. Saajad I. Al-Sahife Al-Sajadie, 1st ed. Qum: AL-Hadi; 1918.
32. Tabatabae M. Al-Mizan Commentaty. 5th ed. Qum: Daftare Entesharat Islami Jamee Modaresin Howzeh Elmiee Qum; 1995.
33. Makarem Shirazi N. Tafsire Nemoone, 1st ed. Tehran: Dar Al-Kotobe Islamic; 1995.
34. Meshbah Yazdi MT. Rohe Ensan. Maarefe Quran. 2000;1-3:71-5.
35. Jafari MT. Ehsan dar Oofq Quran az Nazare Fardi va Ejtemae. 1st ed. Isfehan: Qaem; 1992.
36. Jafari MT. Falsafe va Hadafe Zendeghi. 1st ed. Tehran: Moassesse Tadvin va Nashire Asare Almae Jafari; 2009.
37. Jafari Tabrizi M. Haq Keramah Ensani. Nashrieh Daneshkade Hoqoq va Oloom Siiasi; 1995. p. 77-98.
38. Alimohammadi N, Taleghani F, Mohammadi E, RA. The nursing metaparadigm concept of human being in Islamic thought. Nurse Inquiry 2014;21:121-9.
39. Sadat Hosseini A, Alhani F, Khosropanah A, Behjatpour AK. Explanation of meta paradigm of human in islamic sciences and nursing theories. JGBFNM 2013;9:36-48.
40. Makarem Shirazi N. Tafsire Nemoone, 1st ed. Tehran: Dar Al-Kotobe Islamic; 1995.
41. Jafari. Afarinesh va Ensan. 2nd ed. Qum: Dar Al’Tabliq Isliam; 1965.
42. Institute cn. Human Becoming Theory 2011; Available from: http://currentnursing.com/nursing_theory/Rosemary_Pars_Human_Becoming_Theory.html. [Last update 2011 Jul].
43. Rassool H. Arabic version of Quality of Life Index. JAN 2006;55:604-11.
44. Isfahani M. Aayeen Tandorosti. 1st ed. Tehran: Tandis; 2009.
45. Rahim Pour FS. Rabete Ghoove Aghele va Maghz dar Araye Falsaphy va Tebi Eb Sina. Fashname Andishe Dini Daneshgahie Shiraz. 2000;37:85-102.
46. Rajabi M. Ehsanshenasi. 1st ed. Qum: Entesharat Moassesse Amoqeshi va Pajoheshi Imam Khomeini; 2007.
47. Babae A. Bargozide Tafsire Nemoone. Tehran: Dar-Ol Kotoobe Islami; 2003.
48. Javadi Amuli A. Manzelate Aghl dar Hendese Maarefate Dini. 1st ed. Qum: Esra; 2007.
49. Nori MR. Behdasht dar Quran. 1st ed. Tehran: Wagheea; 2005.

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