



APPLICATION OF JEAN WATSON'S THEORY OF HUMAN CARING TOWARDS THE INDEPENDENCE OF HIV/AIDS PATIENTS IN HOSPITALS: A SYSTEMATIC REVIEW

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ABSTRACT

HIV/AIDS is a global health problem that remains a major challenge, particularly regarding quality of life, stigma, and patient independence in long-term care. Jean Watson's Human Caring Theory offers a holistic approach that focuses on therapeutic relationships, respect for human dignity, and emotional and social support, potentially increasing the independence of HIV/AIDS patients in the hospital. This study aims to identify, synthesize, and analyze scientific evidence regarding the application of Jean Watson's Theory of Human Caring to increasing the independence of HIV/AIDS patients in hospitals. This study used a Systematic Review method with PRISMA guidelines. Literature sources were searched through Google Scholar, Semantic Scholar, ProQuest, and ScienceDirect for the years 2015–2025. The keywords used were human caring, Jean Watson, independence, PLWHA, HIV/AIDS, hospital. Of the 1,099 articles found, 8 articles met the inclusion criteria for further analysis. The review showed that the implementation of Human Caring improved communication, motivation, social interaction, medication adherence, and quality of life in HIV/AIDS patients. Factors such as family support, employment status, clinical condition, and psychosocial support were shown to influence patients' levels of independence. The caring approach also reduced stigma, strengthened self-confidence, and encouraged active patient involvement in care. Jean Watson's Theory of Human Caring has been shown to contribute significantly to increasing the independence of HIV/AIDS patients in hospitals through a holistic and multidimensional approach. Future research is recommended to develop a caring-based intervention model with more measurable effectiveness tests using experimental or quasi-experimental designs and incorporating independence as the primary indicator.

Keywords: HIV/AIDS; hospital; human caring; jean watson; patient independence

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INTRODUCTION

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a global health problem that continues to pose a serious challenge to the world's healthcare system. Since its first report in the early 1980s, the HIV epidemic has infected more than 78 million people, with approximately 35 million deaths due to AIDS-related complications (Liping et al., 2015). In Indonesia, HIV/AIDS cases are spread across almost all provinces, with prevalence tending to increase in productive age groups (Batubara & Marfitra, 2020; Rahmawati et al., 2020). Although antiretroviral (ARV) therapy has successfully reduced mortality, patients still face significant challenges related to quality of life, independence, and psychosocial burden.

The development of ARV therapy has transformed HIV from a fatal disease into a chronic illness requiring long-term care (Negera & Mega, 2019). However, this change brings new challenges, including patient engagement in self-management, treatment adherence, and psychosocial adaptation. Factors such as family support, employment status, clinical status, CD4 count, and the presence of opportunistic infections have been shown to influence patients' quality of life (Liping et al., 2015; Rahmawati et al., 2020). Patient independence is a crucial component for ensuring

continuity of care, reducing dependence on healthcare professionals, and improving clinical outcomes.

HIV/AIDS patients often face stigma, discrimination, and social isolation, which negatively impact their mental health and ability to interact with others (Eva et al., 2023). Social isolation can decrease motivation, worsen depression, and hinder active participation in self-care. Interventions that build therapeutic relationships, reduce stress, and increase patients' self-confidence are essential for restoring their social roles and independence (Barr & Horton-Deutsch, 2025).

The Human Caring Theory developed by Jean Watson emphasizes the importance of transpersonal relationships, respect for human dignity, and the integration of humanitarian values into nursing practice (Farizal & Nursanti, 2024). This approach views patients holistically—including physical, psychological, social, and spiritual aspects—and encourages active patient participation in the healing process. The application of the principles of carative factors and Caritas Processes has been shown to increase patient satisfaction, sense of security, and engagement in care (Eva et al., 2023).

Various studies have shown that implementing a caring approach can improve quality of life, increase therapy adherence, and strengthen patient-healthcare professional relationships (Tellie et al., 2019; Barr & Horton-Deutsch, 2025). In HIV/AIDS patients, integrating caring theory into clinical practice can reduce psychological stress, strengthen trust in healthcare professionals, and facilitate the transition to independence in managing the disease. However, although there have been numerous studies related to quality of life and adherence in HIV patients, systematic reviews specifically addressing the application of caring theory to improve independence are still limited.

This research gap highlights the need for a systematic review that identifies, synthesizes, and analyzes scientific evidence related to the application of Jean Watson's Theory of Human Caring to the independence of HIV/AIDS patients in hospitals. This review is expected to provide a scientific basis for the development of nursing interventions focused on increasing patient independence, strengthening the role of nurses in holistic care, and contributing to improving the quality of life of HIV/AIDS patients in Indonesia and globally. This study aims to identify, synthesize, and analyze scientific evidence regarding the application of Jean Watson's Theory of Human Caring to increasing the independence of HIV/AIDS patients in hospitals.

METHOD

This research is a systematic review *using* the PRISMA (*Preferred Reporting Items for Systematic Reviews and Meta-analyses*) method. This method was conducted systematically by following the correct research stages or protocols. The *systematic review procedure* consists of several steps, namely: 1) compile background and purpose ; 2) research question: 3) searching for the literature; 4) selection criteria ; 5) practical screen; 6) quality checklists and procedures; 6) data extraction strategy; 7) data synthesis strategy (Ningsih, Adi & Saraswati, 2019).

Literature searches were obtained from *Google Scholar, Semantic Scholar Proquest, and ScienceDirect* . The keywords used were human caring , Jean Watson , independence, PLWHA, HIV/AIDS, hospital . In addition to keywords, the article search was based on articles written between 2015 and 2025, yielding 1,099 journal articles. The final result was that eight articles met the inclusion criteria. analyzed. Journal articles were selected based on several inclusion criteria. The inclusion criteria in this study include the following: 1) Research articles published in 2015-2025; 2) The type of research design is cross sectional, case study, experiment, qualitative and model development; 3) The research study discusses the implementation of Jean Watson's human caring theory for HIV AIDS patients; 4) It was carried out in a hospital.

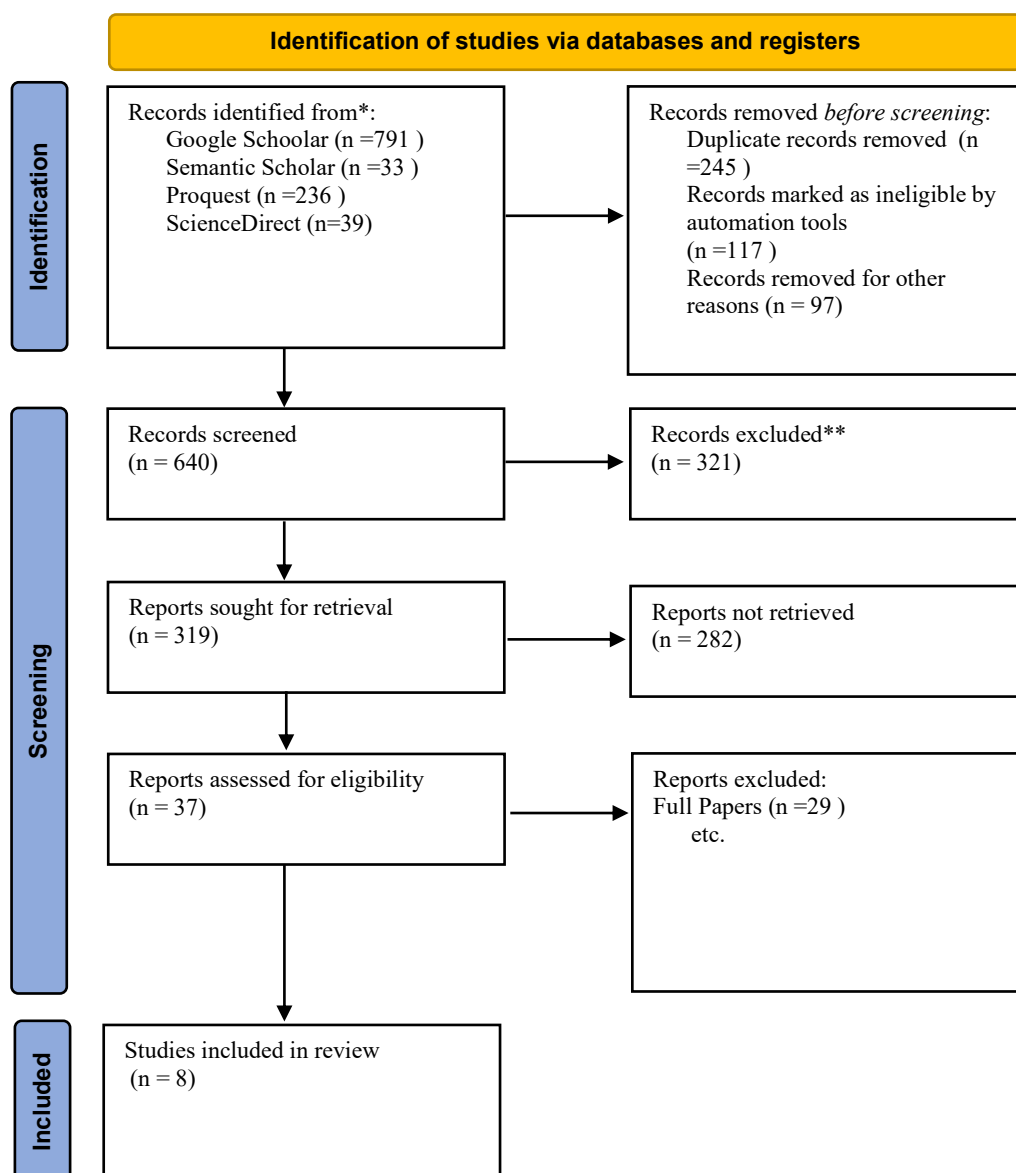


Figure 1. Prisma

RESULT

Results review literature on article with range time rise year 2015-2025, use Language Indonesia And Language English And overall study found 8 Article based on topic systematic discussion review.

Table 1.

Literature Review

No	Author & Year	Country	Research Title	Method	Variables	Research result
1	Eva TY, Rosdiana Y, Trishinta SM. 2023	Indonesia	Nursing Care with a Case Study of Social Isolation using Jean Watson's Caring Theory Approach	Case study on 3 schizophrenia patients with social isolation	Jean Watson's caring theory intervention, social isolation conditions of schizophrenia patients	The application of caring improves the communication, motivation, and social interaction skills of patients who previously tended to isolate themselves.
2	Batubara S, Marfitra A. 2020	Indonesia	Improving the Quality of Life of HIV/AIDS Sufferers Through	Descriptive quantitative research with purposive	ARV adherence, family support, quality of life	ARV adherence and family support are significantly related to improving the quality

			the Use of Antiretrovirals (ARVs) and Family Support	sampling (n=60)		of life of PLWHA at Budi Kemuliaan Hospital, Batam.
3	Caceres C, Gomez EJ, Garcia F, Gatell JM, del Pozo F. 2006	Spanish	An Integral Care Telemedicine System for HIV/AIDS Patients	Development and evaluation of an integrated care-based telemedicine model	Telemedicine- based integrated care model, quality of care, patient costs	Telemedicine (IVHrtual Hospital) improves follow-up care for stable HIV patients, reduces costs, and has the potential to improve the quality of care.
4	Liping M, Peng X, Haijiang L, Lahong J, Fan L. 2015	China	Quality of Life of People Living with HIV/AIDS: A Cross-Sectional Study in Zhejiang Province	Cross-sectional study using WHOQOL- BREF (n=403)	Age, education, CD4, ART adherence, WHO clinical status, WHOQOL-BREF QOL score	Young age, higher education, high CD4, and ART adherence are positively associated with QOL; social and environmental domains require specific interventions.
5	Tellie MJ, Leech R, van Wyk N. 2019	South Africa	Strategies for Nurses in Antiretroviral Clinics to Mitigate Symptoms of Compassion Fatigue	Qualitative single embedded case study with semi-structured interviews	Compassion fatigue mitigation strategies (debriefing, managerial support, self-care, peer support)	Strategies such as peer support, self-care, and debriefing are effective in reducing compassion fatigue symptoms in ARV clinic nurses.
6	Rahmawati D, Fardaersada J, Oktavianir R. 2020	Indonesia	The Relationship between Compliance and Quality of Life of HIV/AIDS Patients in Samarinda City	Prospective observational study, descriptive analysis & Wilcoxon test	ARV adherence, quality of life	No significant relationship was found between ARV adherence and the quality of life of PLWHA at Abdul Wahab Sjahranie Regional Hospital and several community health centers.
7	Feyisa JW, Dufera M, Feyisa BR, Debelo S, Dori J, Shama AT. 2025	Ethiopia	Time to Reoccurrence of Tuberculosis and Its Predictors Among Adult HIV/AIDS Patients	Retrospective cohort study of 442 HIV/AIDS patients	Gender, marital status, employment status, WHO stage, opportunistic infections, TB drug adherence, CD4, viral load	Risk factors for TB recurrence: male, widower/widow, certain employment status, advanced WHO stage, recurrent OI, low adherence, MDR-TB, CD4<200, high viral load.
8	GZ State, Mega TA. 2019	Ethiopia	Health-Related Quality of Life Among Admitted HIV/AIDS Patients in Selected Ethiopian Tertiary Care Settings	Cross-sectional study with WHOQOL- HIV BREF	Employment status, family support, comorbidity, HRQoL	Unemployment, lack of family support, and comorbidities predict low quality of life in hospitalized HIV/AIDS patients.

DISCUSSION

The independence of HIV/AIDS patients in the hospital is a crucial aspect contributing to the successful management of this chronic disease. Independence encompasses the patient's ability to perform self-care, manage their medications, and make decisions about their health. Research shows that factors such as employment status, family support, and physical health play a significant role in shaping patient independence (Negera & Mega, 2019). In the hospital, patients with higher levels of independence tend to be more compliant with treatment and have a better quality of life (Batubara & Marfitra, 2020).

Social support, particularly from family and healthcare professionals, plays a crucial role in enhancing patient independence. This support helps patients overcome stigma, increases motivation, and facilitates adaptation to complex therapeutic regimens (Eva et al., 2023; Barr & Horton-Deutsch, 2025). A study in Ethiopia showed that patients without family support were 3.6 times more likely to experience a poor quality of life, which can impact independence (Negera & Mega, 2019). Therefore, hospital-based interventions should not only focus on medical aspects but also strengthen patients' social support.

The independence of HIV/AIDS patients is also influenced by clinical status, such as CD4 count, disease stage, and the presence of opportunistic infections. Liping et al. (2015) found that patients with better clinical status, higher CD4 counts, and no opportunistic infections had a better quality of life and level of independence. Conversely, comorbidities and complications such as recurrent tuberculosis can reduce a patient's ability to be independent, increasing dependence on healthcare providers and worsening physical conditions (Feyisa et al., 2025).

Jean Watson's Human Caring Theory offers a holistic approach that can help HIV/AIDS patients develop independence during hospitalization. This approach emphasizes a therapeutic relationship, respect for patient dignity, and emotional support, which can strengthen patients' confidence in managing their health (Farizal & Nursanti, 2024). The implementation of Caritas Processes has been shown to increase positive interactions, reduce social isolation, and encourage active patient participation in care (Eva et al., 2023; Tellie et al., 2019).

Findings from various studies indicate that improving the independence of HIV/AIDS patients in hospitals requires a multidimensional approach, involving medical interventions, social support, and a caring approach based on nursing theory. Hospitals need to integrate programs that focus not only on ARV therapy but also on patient education, strengthening family support, and psychosocial support. Thus, this comprehensive intervention is expected to increase patient independence, improve quality of life, and reduce the rate of disease recurrence.

CONCLUSION

A systematic review showed that the application of Jean Watson's Theory of Human Caring significantly increased the independence of HIV/AIDS patients in hospitals. Through a holistic approach that emphasizes therapeutic relationships, respect for human dignity, and emotional and social support, patients are encouraged to be more active in managing their treatment, engaging in self-care, and adapting to their chronic condition. Factors such as family support, employment status, and the patient's clinical condition have been shown to play a significant role in enhancing the quality of life and independence of HIV/AIDS patients.

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