

Synchronicity in Human–Space–Time: A Theory of Nursing Engagement in a Global Community

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Abstract: Synchronicity in the Human–Space–Time Theory of Nursing undergirds the innovative process of nursing engagement expressed as interpersonal relating, technological knowing, rhythmical connecting, and transformational engaging. The philosophical and theoretical perspectives declare the evolutionary design in affirming the meaningful human caring experiences within nursing practice. Moreover, theory-based practice sustains the human science view of wholeness of persons while focusing on the inclusion of the coexistence between technology and caring in nursing. The practice of nursing approaches human caring beyond the customary, fragmented, and routinary healthcare commitment.

Keywords: caring; meaningful connectedness; wholeness; synchronicity; Human–Space–Time; technological competency

With globalization, the impact of complexities in healthcare systems on nursing ontology and epistemology fosters pragmatic encounters. These practical encounters continue to evolve with the burgeoning technological advancements in health care that challenge how we perceive and perform nursing today. A theory of nursing that embraces caring engagement in a neo-modernist perspective asserts that there is interconnected-

ness between human thoughts, synchronistic life events, and meanings of experiences, critical to living the meaningfulness of human health and well-being in a community. The Synchronicity in Human–Space–Time (HST) Theory of Nursing Engagement (SynHSTTNE) is advanced as foundational to nursing praxis as a theoretically based nursing encounter, developing diverse practice-based knowledge and methods focused on the

life principles of emancipation, equitability, interconnectivity, and human transcendence. By harmonizing nursing engagements within the HST consciousness, the application of these four life principles is viewed as expressions of wholeness of persons at the moment (Boykin & Schoenhofer, 2013). Moreover, nursing engagement involves an active relationship in the nursing caring process that fulfills the commitment to the persons within the HST.

The theory introduced is distinguished through a Rogerian (Rogers, 1970) understanding (i.e., the human nature to self-organize and maintain balance within the changing internal and external environments) that persons are integral within their natural world amidst an open system. With the knowledge that persons participate in dynamic transformational processes (Phillips, 2016), the unitary environment within and around persons is appreciated as a mutual process within a pandimensional universe. In this global community, the conceptualization of emancipation, interconnectivity, equitability, and human transcendence can be realized as life principles challenging persons to embrace the coexistence of empiricist, modernist, and holistic approaches or postmodernist approaches in the practice of nursing and human caring. Emancipation, a principle of empowering others to deal with their present problems, have hope for the future, and holistically perceive each other, is an essential response to the extant multirealities of globalization in health care. Equitability, an application of the principle of equity, is regarded as a shared value in the nursing profession and an ethical principle of an equity-oriented healthcare system that indicates justice in human caring (Rooddehghan, Nasrabadi, & Yekta, 2015). Interconnectivity, the hoped-for consequential feature of globalization in healthcare, has catalyzed the development of nursing praxis to further advance the social mandate of equitable caring for humanity.

Human transcendence, the ability to go beyond the limitations of human factors and space-time influences, has propelled globalization in nursing within a universal technological domain (UTD) (Locsin, 2015; Locsin & Purnell, 2017). Globalization has ultimately led to the meaningful connectedness of these life principles and continues to influence access to quality and cost-effective health care of diverse populations. Consequently, global health today is interconnecting nurses across international boundaries, systems, structures, and processes (Jones & Sherwood, 2014) that transform

how countries and their healthcare systems provide human caring. The dynamic nature of human health experiences in crisis, disease, illness, near-death, or poverty challenge persons' holistic self, yet the continuous pattern of chaos-order transcendence, seems unlimited in energizing their lifestyles.

Essentially, synchronicity exists through meaningful connectedness of these human health experiences and the consciousness of human, environment, and time elements. The HST consciousness that honors caring-healing mindfulness and wholeness of persons in health, dying, and death (Rosa, Estes, & Watson, 2017) co-create meanings, design rhythmical patterns, and "co-transcend with possibles" (Parse, 2016, p. 129), encouraging nursing engagements. Interconnectivity among persons and the environment meaningfully corresponds with synchronicities in "real" time. The SynHSTTNE acknowledges how each is being cared for through meaningful connectedness regardless of the external influences or environmental limitations.

The SynHSTTNE illuminates the persistent caring elements of nursing. The caring between in the "dance of caring persons" (Boykin & Schoenhofer, 2013), caring moment (Watson, 2007), responsive sensing (Guino-o, 2014), expression of caring intentions (Smith, 2015), and co-created moment within the UTD (Locsin, 2015, Locsin, 2016) illustrate the nursing situations within the practical application of the theory. The caring between in the dance of caring persons represents the shared lived experiences, giving meaningful connections in human-to-human relationships as they come to know their "selves" as caring persons, expressed through their humanness and commitment of respect for persons within organizational structures and processes (Boykin & Schoenhofer, 2013). Similarly, the caring moment is a focal point in space and time in which human beings interact with their respective life histories, coming together with the creation of shared experience and meaningful connections (Watson, 2007). Caring involves responsive sensing, which occurs when persons respond rationally based on their integrated understanding (Guino-o, 2014) of lived characteristics with other human beings. The expression of caring intentions involves manifesting intentions such as "creating, holding, and expressing thoughts, feelings, images, beliefs, desires, will, purpose, and actions that affirm possibilities for human health and healing" (Smith, 2015, p. 511). The co-created moment within the UTD allows for the transform-

mational encounter between the nurse and nursed in shared engagements through technological competency as caring expressed as technological knowing (TK), mutual designing, and participative engaging (Locsin, 2016). These synchronistic elements altogether illuminate caring perspectives as foundational viewpoints of the praxis and value of the SynHSTTNE theory.

Purposes

The purposes of this theoretical article are to describe SynHSTTNE, emphasizing the process of nursing in guiding disciplinary nursing praxis and to rationalize theory-based nursing as essential to the appreciation of nursing as a discipline of knowledge and a practice profession. By exemplifying nursing as integral to human health and well-being in a global community, an equity-oriented healthcare system is underscored as the nurse and the person being nursed participate in a synchronistic healthcare practice in which SynHSTTNE delineates a practice process of engagement affirming and celebrating human beings as persons.

Rationalizing the HST Synchronicity Nursing Engagement

As a principle of meaningful coincidence, synchronicity was conceptualized by Carl Jung as the simultaneous occurrence of metaphysical state with events that are considered significant but not causal experiences (Davidson, 2016). *Synchronicities* occur as biographical parallels, shared dreams, and images that help constellate experiences for healing and transformation (Klitsner, 2015). These acausal, nonlinear occurrences are considered temporal connectedness between mind and environment (Davidson, 2016) in which “a nonlinear domain unconstrained by space and time provides an explanation of seemingly inexplicable events and processes” (Butcher & Malinski, 2015, p. 241). Some of these include meaningful coincidences, serendipitous events, and psychic phenomena. In the quantum sense, Martha Rogers’ pandimensional realities are perceived boundaries manifesting those transformations of diverse energy field patterns as explained in the Science of Unitary Human Beings (Phillips, 2016). Synchronicities are therefore examples of pandimensional awareness. Klitsner (2015) illustrates that synchronistic events bring with them the potential for transforming experiences indicating the underlying unity of all reality.

Furthermore, Davidson (2016) explained that synchronicity tends to influence situations occurring in transitions, needs, searches, and high emotional tones. Therefore, within SynHSTTNE, meaningful experiences have higher chances of occurring when there are changes in HST as evidenced by social health-seeking occasions, crises, stressful conditions, or situations that challenge human decision making and spirituality. Nurses ought to recognize these human synchronistic events which are shared with the one being nursed (Boykin & Schoenhofer, 2013) through meaningful connectedness, thereby acknowledging that every caring experience is unique in the HST consciousness.

Appreciating diversity in human experiences gives more value than certainty and universality (Burns, 2014; Seo, Kang, Lee, & Chae, 2015) to the neo-modern nurse. In an equity-oriented healthcare system, the neo-modern nurses are not limited in their engagements with existing inequities of health system and health disparities instead; they recognize the intricacies within an institution, health team members, and individuals in providing a meaningful, caring experience. Neo-modern nurses are producers of nursing knowledge who are not afraid to embrace change, learn, and develop from it (Burns, 2014) and champion transformation. The seemingly neo-modernist approach of the SynHSTTNE applies elements from both the modernist and postmodernist perspectives acknowledging the diverse repertoire of human experiences that build the meaningful connectedness in human caring. Synchronicity perspective allows appreciation of diversity by applying the multiple ways of knowing such as personal, empirical, ethical, and aesthetic ways of knowing in nursing (Carper, 1978), the emancipatory knowing as illuminated by Chinn and Kramer (2011) and TK (Locsin, 2015). Integral to the being of the nurse is knowing persons as whole and doing nursing actions with the expression of caring intentions.

Review of Literature

Inspired to develop and produce knowledge through humanistic approaches in their caring praxis, Bajjani-Gebara and Reed (2016) found that self-transcendence harmonize relationships between resilience and the well-being of parental caregivers of children undergoing cancer treatment. They found that positive and negative well-being co-exists in the parents of children;

that resilience predicted positive (general well-being) and negative (depression and anxiety) well-being as human experiences that co-exist, and that self-transcendence mediated the relationship between resilience and well-being. The synchronistic co-existence of positive (general well-being) and negative (depression and anxiety) well-being of persons is best understood through the perspective of the synchronicity in the HST with the belief that the HST consciousness of human beings drives persons to be resilient and transcend beyond one's circumstance. Human transcendence interconnects resilience with well-being. The ability to go beyond the limits of HST boundaries leads to resilience and consequently to general well-being.

Moreover, using a postmodernist ideology, Seo et al. (2015) found that in evaluating the effects of Narrative Therapy with an Emotional Approach (NTEA) on individuals with depression as the basis for intervention synchronicity confirm NTEA as a meaningful response focused on positive experiences. The findings of this study revealed that NTEA is an intervention that can help improve symptoms of depression, increase positive emotions while simultaneously decreasing negative emotions and increasing hope. These research findings as mentioned earlier support the development of the synchronicity in the HST theory of nursing engagement in its belief that humanistic and holistic caring approaches can help the person being nursed reconnect with their positive emotions, separate themselves from their problems, and value the meanings of their individual experiences.

The horizons of theory, research, and practice have expanded to be cognizant of the nurse's social mandate, perceived as meaningful, notwithstanding age, cultural diversities, gender, political views, race, religion, and socioeconomic status. Krstacic and Krstacic (2014) describe transcendence within humanity and the universe occurring in a nonlinear, complex, and unpredictable pattern of paradoxical events of disorganization and order. The SynHSTTNE recognizes the interconnectivity of human, space, and time in the process of nursing care despite the associated intricacies of practice. Hence, in a complex but dynamically changing, nonlinear global healthcare system, nursing praxis transcends from a chaotic to another level of order based on the experienced realities within the HST. Synchronicity in nursing can be exemplified in contemporary and future technological

advancements in nursing informatics, artificial intelligence, and other highly efficient technologies, that is, nursing robotics, which must be advanced as nursing practice is supported within human caring science.

Description of the Synchronicity in HST Theory of Nursing Engagement

The HST theory is a study of caring, HST, and the perspective of synchronicity and nursing engagement. This theory aims to enlighten nurses in their practice through an innovative demonstration of nursing care processes grounded on authentic intentions of caring transcending extant reductionistic approaches. Furthermore, SynHSTTNE is a useful theoretical base for future research that aims to describe the meaningful connectedness in human experiences of transcendence, interconnectivity, emancipation, and equitability with humanistic approaches in the discipline of nursing.

Assumptions of the Theory

The assumptions of the SynHSTTNE and their relationship with the nursing engagement process is illustrated in Figure 1. Synchronicity in the HST consciousness, interconnectivity of persons, and nonlinearity of human caring experiences in nursing are all integrated into an equity-oriented healthcare system. Within this framework, nursing praxis has transcended the traditional medical-oriented view. Furthermore, human beings are viewed as integral to space-time and their experiences.

Nursing theory, research, and practice have been advancing together with the progress demanded from within the HST, in which nursing praxis unfolds in a *unitarily developing* pattern. The *irreducibly evolving* lived experiences and energy fields foster human transcendence between the nurse and the nursed. Moreover, meaningful connectedness within the HST consciousness of radiating energy fields and the development of nursing praxis are *pandimensionally transforming* in an open and nonlinear pattern. Under the lens of unitary-transformative paradigm in nursing, the SynHSTTNE asserts the following assumptions:

1. HST is a metaphysical sphere of caring experiences among persons with patterns of occurrence viewed as meaningful for both the nurse and the nursed. The HST conscious-

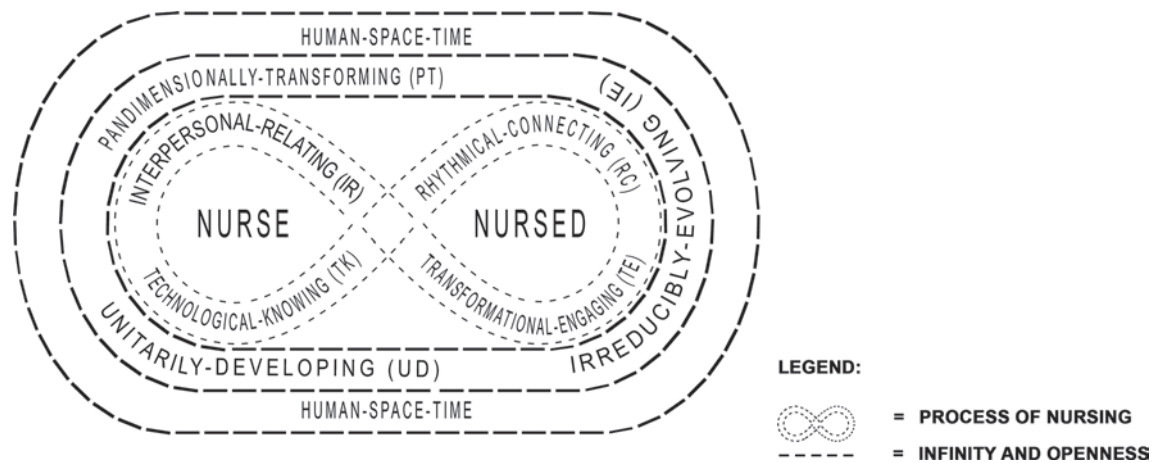


Figure 1. Synchronicity in the Human–Space–Time theory of nursing engagement.

ness of caring experiences is similar to Watson’s caring moment that transcends space and time (Watson, 2007) as well as Parse’s human universe viewpoint that is indivisible, unpredictable, and everchanging in co-creating reality of becoming (Parse, 2013). The theory claims that synchronicity and nursing engagement occurs through the appreciation of the integrality of human–environment and the time being. This is illustrated, for example, as synchronistic nursing engagement in various settings (e.g., emergency department, community setting, hospital ward) perceiving the patient not as a disease or a product of some stereotypical clients, rather as individuals whose internal and external wholeness are connected.

2. Nursing unfolds in a *unitarily* pattern of wholeness integrated within the HST processes. Humans are assimilating their lives with technology, instigating the nursing profession toward transformations. The conceptualization of caring, nursing, and technology by Locsin (2015) elucidates the nursing profession as continually evolving here, now, and beyond. Therefore, in enhancing caring praxis through SynHSTTNE, the humanistic caring patterns are beyond bedside procedures and routines or technological expertise. According to Reed (1997), nursing is developing, fostering, healing, helping, nourishing, progressing, and sustaining the well-being of humans, and to Smith (2015), “nursing is the voice that represents the wholeness of the person; no other discipline does this” (p. 514).
3. The nurse–nursed HST consciousness is irreducibly evolving thus co-creating human transcendence. The individual experiences

and perspectives of the nurse and the one being nursed are not deductively viewed apart from the whole nurse–nursed relationship. This is summarily illustrated, for instance, in the practice of nursing in disaster occasions. Nurses in their practice share the struggle with the people with resilient attitude. In this situation, both the nurse and the people’s experience influence the hoped-for understanding of the nursing engagement. The theoretical assertion is that human transcendence mediates the relationship between resilience and well-being and that the HST consciousness of persons is the driving force that pervades the sense of faith, hope, and love in all processes of nursing engagements. In nursing engagement, the lived experience of self and other is honored, human dignity is sustained, humanity is preserved, and wholeness of persons is held within human caring transcending the limits of space, time, illness, diagnosis (Watson, 2007), sociopolitical conditions, and technological advancements.

4. SynHSTTNE is a pandimensionally transforming process of interconnectedness among humanity and beyond infinity. Based on the tenets of the Rogerian Science of Unitary Human Beings, pandimensionality is viewed as “a nonlinear domain without spatial or temporal attributes” (Watson & Smith, 2002), and transformation is the outcome of the ever-evolving human transcendence. Synchronicity in the HST exists within the dynamic transcendence of human beings, space, time, and the emerging variables around the universe. Within this theory, nurses appreciate the progressions in the healthcare system, including the

individual's participation in human caring within technological advancements (i.e., nursing informatics, telehealth, big data analytics, robotics) thereby espousing that caring praxis in the SynHSTTNE takes full advantage of resources, optimizing the potentials of humanistic nursing care regardless of future social and environmental demands. Under any circumstances, such as nursing shortage, ethical dilemmas, administrative, and political biases, expression of nursing actions and intentions of caring are inseparable, optimizing human health and well-being.

Principles of the Theory

SynHSTTNE is structured around four life principles, namely, *interconnectivity*, the connectedness of beings and systems; *equitability*, the system of fairness and justice within and across healthcare systems; *emancipation*, the liberation from oppressive situations or human health conditions; and *human transcendence*, the ability to go beyond the limits of HST boundaries or the transformation of persons beyond their biologic nature, social norms, and universal perspectives. These principles guide nurses in living caring within the HST, in health and well-being of their patients.

Synchronicity as “meaningful connectedness” strengthens a more human-to-human interaction co-creating patterns, new interpretations or meanings, new understanding, and realities. By ensuring equity, patients receive human care regardless of their background, affiliations, and conditions and without the influence of admin-

istrative prejudices. The stereotype perspectives among nurses and persons nursed metamorphose from being passive players to active leaders in their healthcare situations. Nursing practice and equity-oriented healthcare systems also explore human transcendence within the metaphysical and spiritual realms where nursing engagements are understood as integral to the wholeness of human beings. Nurses are liberated from the task-oriented nursing practice as interconnectivity of persons within the HST bridges the individualism in the system, the structure, and the processes of healthcare delivery system.

Application of the Synchronicity in the HST Theory in Practice

The shift from a fragmented and inequitable health care to a well-integrated global approach ensures the quality of nursing care focused on human caring in nursing engagement. The following processes elucidate caring within the milieu of synchronicity in the HST (Figure 2). Through the processes of Interpersonal Relating (IR), Technological Knowing (TK), Rhythmical Connecting (RC), and Transformational Engaging (TE), the nurse and the nursed are immersed in meaningful connectedness as transcendent persons within the HST.

Interpersonal Relating. IR is the nurturance of a relationship that appreciates the self and others as whole and transcendental beings, connecting to the nursed illuminated in the dance of caring persons (Boykin & Schoenhofer, 2013) in which synchronicity is founded. Synchronicity is enhanced through optimism, perseverance, and keen intuition, while excessive levels of anxiety, depression,

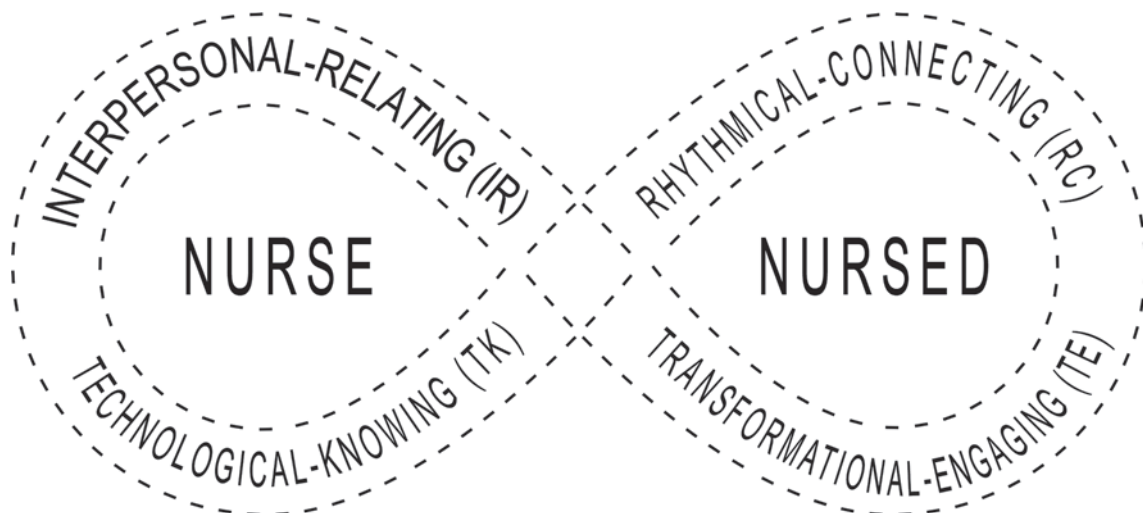


Figure 2. The process of nursing in the Synchronicity in Human-Space-Time theory of nursing engagement.

anger, and resentment preclude it (Davidson, 2016). Acknowledging the self and the other as a caring person is revealing an appreciation of IR. Caring is manifested when the nurse interconnects with the nursed in a metaphysical presence (Shearer, 2015) through therapeutic communication aimed at nurturing the wholeness of the self and the nursed. The nurse establishes trust when recognizing the existence of the nursed while verifying the call for caring beyond what is seen or spoken by the latter within the HST. The application of professional and personal knowledge enables the nurse to realize the process of IR further. An example of IR is manifested through the therapeutic interaction between the nurse and the nursed during the caring moment or meaningful, caring encounter.

Technological Knowing. Adapted from Locsin (2015) Theory of Technological Competency as Caring in Nursing, TK is focused on providing authentic and humane caring. Guided by technology, TK is the process that leads the nurse in sensing relevant data and pattern information about the nursed in interaction as persons and not as objects of care (Locsin & Purnell, 2017). Moreover, the complementarity of caring and technology is emphasized by the nurse's technological competency (Locsin, 2016) to the synchronistic life event shared with the nursed within the HST.

Among many examples, one meaningful, caring experience seen within this process during the nurse–nursed encounter is when there is limited verbal communication due to language differences between the nurse and the nursed. The nurse must bridge the gap of communication using some technological devices facilitating expressions and illuminating thoughts and feelings exhibiting authentic knowing of persons. Several situations with meaningful, caring experiences have involved persons as embodiments within the technological world. High technological environments in which the nurse and the nursed interact or relate with each other provide the meaningful coincidences or synchronicities of caring experiences. Moreover, through TK, the expansion of nurses' scope of practice and extension of their ethical accountability to humanity is realized. As the global healthcare system continues to surpass limits and possibilities, meaningful, caring experiences of persons prevail among the kaleidoscope of advanced technologies.

Rhythmical Connecting. RC means dancing to the cadence of treatments and nursing activities where each meaningful, caring experience is not merely

an encounter, but a fit into a rhythmical pattern through which the interconnectivity of persons within the HST is nurtured. In this process, open communication enables the nurse, and the nursed to interconnect. RC is also the interconnectivity of persons that espouses synchronicity in the HST through the capacity to knowingly participate in change and co-creating lived realities at the moment in furtherance of a therapeutic nurse–nursed relationship. Such partnership enables and empowers them to discover transformation, healing, and wholeness mutually. RC also allows the nurse and the nursed to participate in the planning and implementation of equitable and humanistic care. RC is also illuminated when the nurse extends emphatic care despite limited participation from the nursed, such as the case of a comatose patient, by recognizing the latter's dignity even without overt manifestations of consciousness to the former. Thus, the expression of caring intentions (Smith, 2015) is crucial at this stage.

From the perspective of the Synchronicity in the HST Theory of Nursing, RC is applied using modernistic approaches synchronized with post-modernist approaches of caring. The nursing process is therefore embraced along with metaphysical methodologies of caring in RC in which policies that focus on interconnectivity, emancipation, equitability, and human transcendence allow for meaningful, caring experiences within the global healthcare system.

Transformational Engaging. TE refers to the process of intimately concurring with the recognized improvement of the caring moment and human health experiences, a continuous evaluation and infinite reflection of wholeness by both the nurse and the nursed. In TE, there is a constant process of transformation. Transformational learning in this process is flourished by the engagement of caring attributes, knowledge, and skills. TE must occur during and after the nurse–nursed therapeutic interaction through which transformational learning consequently transpires in the immediate HST consciousness. Caring as an authentic intention in TE is manifested through the driving force of the energies in the caring moment using responsive sensing, expression of caring intentions, and technological competence. Nursing engagement that is integrated into the healthcare system and the transformational processes, transcending the space–time limits and challenges in the practice environment leads to boundless meaningful connectedness of caring, wholeness, and well-being.

Nurses carry out responsive sensing act and perform relevant and significant nursing care in which compassion and critical thinking enhance the authentic intention of caring.

Illustrating the Practice of Nursing Grounded in the SynHSTTNE

Practice Exemplar

Amelia is an intensive care unit (ICU) nurse working in a tertiary hospital. She practices nursing guided by the Nursing Engagement Processes of *Interpersonal Relating, Technological Knowing, Rhythmic Connecting, and Transformational Engaging*. Liam is an 82-year-old post-op re-explore laparotomy patient with removal of liver packs. He was wheeled into the operating room one morning in October and was wheeled back into the ICU in the afternoon. He was conscious and responsive but was restless and had crackles on breath sounds upon chest auscultation.

Before entering Liam's ICU room, Amelia whispered a silent prayer, "Lord, please be with me as I care for my patients today." She did routine hand washing after the endorsement and after she was done reading Liam Lee's patient chart. As she got her stethoscope, she took a deep breath and prepared herself for the dance of caring persons in that particular caring moment. Upon entering Liam's room, she looked straight into his eyes, smiled as she began to introduce herself and asked, "How are you, Mr. Lee?" She noticed him grimace and cough as he responded, "My abdomen hurts." Amelia's facial expression changed into that which showed concern and compassion. She held his hand as she assessed his vital signs, pain, and surgical incision. She kept therapeutically talking to him as she suctioned his oral secretions. Liam's breathing calmed down after suctioning, and his oxygen saturation was back to 100%. Amelia administered an intravenous (IV) medication of Tramadol 50 mg for his pain and informed him that it was for his abdominal pain. She spent a few minutes listening to Liam's wife, Jane, while she assessed further his pain and noticed that the IV site on the right arm (bloodline) was infiltrated. Amelia placed a warm compress on Liam's infiltrated IV site. She let him rest for a few minutes and informed him that she would reinsert an IV on another site for his blood transfusion.

Amelia continued to provide presence at the bedside as she engaged with Liam and Jane by recognizing the patient's preferences and values. She advocated and supported the couple in express-

ing their perceived needs. She also implemented the ICU protocols that helped improve communication among the patient, family, and the health team.

Amelia measured Liam's vital signs using the available technologies and accurately documented them. She referred the abnormal vital signs to the physician, interpreted the assessment data, detected the deteriorating changes such as irregular respiratory rate, tachycardia, hypertension, and restlessness. She also reported his hemoglobin level of 10.9 mg/dL and hematocrit of 32%. Her intuition and critical thinking led her to believe that his physiologic patterns showed clinical deterioration. Through responsive sensing, Amelia immediately performed all needed nursing interventions. Her expression of caring intentions and technological competency were revealed in how she implemented the treatment procedures and nursing care activities such as medication administration, oxygen therapy, elevation of the head of bed, suctioning, continuous monitoring of Liam's cardiac rhythm and vital signs, and most importantly not forgetting to treat him as a person and not as the object of care.

Using all forms of knowing, empirical, aesthetic, ethical, personal, technological, and emancipatory knowing, Amelia expressed her caring intentions meaningfully. She used her empirical knowledge to guide her care of a patient who had critical signs indicating respiratory, cardiovascular, and neurological abnormalities. She used her aesthetic understanding of Liam's needs during the caring moment by communicating therapeutically with him through touch, calm voice, compassionate facial expressions and body language, and sensitive words as she explained what she was doing. Her ethical knowledge guided her to act concerning patient's autonomy and privacy. She was also unprejudiced in her care even if Liam was known to be alcoholic and rude to some of his family members. Her personal knowledge of his preferences and values led her to encourage Jane to hold his hand and pray for him. Amelia placed her hand on Jane's shoulder as she guided her to Liam's bedside.

Amelia's technological knowledge guided her understanding of Liam's deteriorating state and consequently gave her the confidence in monitoring him carefully for the possibility of cardiac arrest. Emancipatory knowing was evident when Amelia listened to him when he complained about his discomfort with the Foley Bag Catheter. She freed him from the distress by

replacing the FBC upon seeing that urine had leaked.

Analysis of the Situation

The four processes of the Nursing Engagement Process (NEP) were evident. IR was manifested through the meaningful connectedness between Amelia, Liam, and Jane. Throughout the 12-hour shift, therapeutic communication was utilized, and the various ways of knowing enhanced the nursing engagement. TK was demonstrated through the competent use of technologies in the ICU, knowing what the data meant, analyzing and interpreting patterns that indicated clinical deterioration, and being cognizant of Liam as a person and not the object of care. RC was evident when Amelia engaged with Liam and Jane through the implementation of nursing activities based on what the patient needed or preferred. Intuition and critical thinking are synchronous in RC. Allowing Liam and Jane the space and time for prayer was also a manifestation of RC. TE was experienced by all persons engaged in the HST consciousness. Somehow, in their reflection throughout the 12-hour shift, part of them had changed, and they had carried that transformation with them. On the part of Amelia, she had reflected on the unpredictable nature of the human health experience, prepared for what could happen at the moment, and embraced the meaningful connectedness of what transpired in that 12-hour shift. Liam had cardiac arrest 2 hours before Amelia's shift ended, but he was revived. Two weeks later, he was transferred out of the ICU. The nursing engagement continued.

The Aesthetic Expression of Nursing Engagement

"To My Nurse"

He is a vegetable! A voice I heard while my body was flat on bed, I asked in silence, "Am I dead?" someone said, "He is physically dead."

In my loneliness I felt my tears were falling, Drowned in fear and anger until I heard a lovely greeting.

"Hello Ricky! How are you today?" "Oh, the voice of an angel, heaven it must be!" You said, "It's me, Cindy, your nurse today. I know you hear me."

I see your face in my own consciousness, Suddenly, light I see amidst my hopelessness.

I feel your presence and imagine your smile, You take care of me despite my vile profile.

Thank you, Nurse Cindy, I feel alive with your empathy.

You may not hear my plea But with your healing presence you have set me free.

To you, I am so grateful, You have uplifted my body and soul.

Conclusion

Synchronicity in the HST Theory of Nursing Engagement is focused on human caring, supports the praxis of Nursing, informs health care policy, and serves as a theoretical base for practice through the processes of IR, TK, RC, and TE. Nurses worldwide are guided by the five elements of caring as authentic intentions grounded in the theory: dance of caring persons, caring moment, expression of caring intentions, responsive sensing, and technological competency. Similarly, the theory can influence nursing research and practice to address diverse human health experiences guided by the four life principles of emancipation, equitability, interconnectivity, and transcendence of persons within the unity of wholeness of persons. The application of the nursing engagement processes is guided by these life principles. Nursing then unfolds in a unitarily developing pattern that upholds the wholeness of persons through nursing engagement processes in the HST consciousness. The nursing engagement process continuously develops into a "theory-guided practice model that creatively unites ideas" (Watson & Smith, 2002, p. 460). The belief that the HST consciousness and human experiences being irreducibly evolving within the HST drives the human beings to have faith, to hope, and to love. These motivate caring persons to interconnect, advocate equitability, emancipate the self and others, and transcend beyond space-time realities. Nursing engagement then honors the self and others, sustains human dignity, preserves humanity, and upholds human caring through the synchronous symphony of the caring elements. As a pan-dimensionally transforming process, the synchronicity in the HST nursing engagement will continue to advance the nursing praxis and pervade the cosmos of meaningful connectedness among humanity and the conundrum of infinity. In this theory, the nursing engagement process illuminates the appreciation and application of

meaningful connectedness within the HST as crucial to the panacea for diverse global health situations.

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