**Philosophy of Nursing**

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NURS 492: Introduction to Professional development for Baccalaureate Nursing

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**Philosophy of Nursing Revision**

This assignment allows the students to explore and discover their philosophical beliefs of nursing. Based on experience, a person's philosophy might change over time as the individual progresses from a student nurse to practicing as a professional career nurse. The International Council of Nurses (ICN) definition of nursing states, "Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of the physically ill, mentally ill, and disabled people of all ages, in all health care and community settings" (ICN, para. 2). This definition of nursing resonates with me because it means that the role of a nurse does not end in helping the sick within the healthcare settings. A nurse can be a community health care advocate or an educator who provides health promotion information to create awareness.

On the other hand, nursing, which encompasses health promotion and healing, is a nurse's duty that provide comfort for a peaceful death of a client. A nurse's essential role is to provide comfort for the sick and the dying. The role of a palliative care nurse, hospice nurse, or comfort care nurse is paramount to a terminally ill client. Palliative, hospice, or comfort care requires a client-centered approach, as the services provided support the client's specific needs. Virginia Henderson's definition of nursing supports these parts of nursing care:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible (Henderson, 1964, p. 63, as cited in Alligood, 2022, p. 14).

**My Perspective on Nursing**

**Client-centered Approach and Humanization**

The purpose of nursing is to provide care to clients who need nursing care. To provide emotional, psychological, physiological, spiritual, and other needed support to clients and their families, by considering their strengths and weaknesses and spiritual and religious beliefs. Nursing care is client-centered and emphasizes actions that humanize a client rather than measures driven by the disease. The clients must be involved in the process of their care plan, and clients are seen as a separate entity from their illness. This approach promotes positive objectives and a good relationship between the client and the nurse. I further discuss why I do what I do as a nurse or believe in client-centered care that emphasizes identifying clients and their diseases as separate entities.

**Why and Influences**

Firstly, I believe in creating a distinction between my clients and their diseases because I would wish to be treated the same way. I always imagine myself in a client's position and ask myself what I want and how I would like to be treated. For example, I provided care for a client who had just been diagnosed with terminal cancer for the first time and was given less than a week to live. I remember the fact that this client has no medical history and has never been sick type. Though I have read this client's charts and all about the diagnosis, I divide my roles into two: First is to carry out the ordered intervention, and the second is to find out how I may be of help to the client rather than treating the client as a dying person.

I am not going in there to talk about cancer or death. My approach is to show the client some care, love, and respect as a person. I would instead not mention cancer unless my client does. In general, if I must provide teaching to my client, my approach is to ask; do you know why you are here? Do you want to talk about it? What are some or two things about your diagnosis? This approach makes it easy to talk about a client's problem naturally without tension. The things that influence my beliefs are discussed next.

In a non-professional way, I have been influenced by my culture and religion. Growing up as a child, caring for sick or aging relatives was very common. I was mainly raised in a large clan where many families lived in a large, gated compound. My great-grandfather wanted all his descendants to live together. Living together means caring for each other, both sick, weak, and old. As a Christian, the bible teaching was very instrumental to my upbringing. Not to go too much into my religious belief, but it shaped the person I am today and my perspectives in life. I am a firm believer in the ethics of reciprocity. Professionally, my most significant influence is my conscience. My principle is to treat my clients as I would want to be treated. I may not be perfect, but each time I approach a client, my thoughts, actions, and words are organized to recognize my client as a human being and not as their diagnosis.

**Nursing Relationships with Other Groups**

**Nurses and the Client in a Culturally Diverse Setting**

           The nurse-client relationship develops through trust, respect, and understanding of everyone's role in the continuum of care of a client. The relationship can develop over time or at the first encounter between the client and the nurse. Regardless of how the relationship started, gaining the patient's trust is vital in the client and nurse relationship process. To have a meaningful nurse and client relationship in a culturally diverse setting, the nurse must be culturally competent and culturally aware of the clients' cultures. It may only be possible to know some cultures, but being aware of the culturally diverse community changes the way a nurse approaches each client. Culture care, diversity, and universality theory (the transcultural nursing theory) is a nursing theory by Madeleine M. Leininger. Also known as Leininger's theory of culture care diversity and universality or cultural diversity and cultural universality.

 Leininger's theory has its roots in Anthropology, which studies humans, social relations, and development over time. A good nurse–client relationship forms when the nurse understands and focuses on different aspects of a client's cultural beliefs concerning caring values, expressions, health-illness beliefs, and behavior patterns. One of the tenets of Leininger's theory is that knowing the cultural and the social structure factors was necessary to provide meaningful and satisfying care to people and predicted that they would be powerful influencers on culturally based care (Alligood, 2022, p. 342). Considering the increase in global migration, it is paramount for a nurse to be culturally competent and aware of other people's cultural beliefs to prevent inappropriate treatment and interventions due to cultural misunderstanding. Understanding the patient's cultural, spiritual, and social status, and more, allows the nurse to provide culturally congruent nursing care, improves client-nurse relations, and increases client satisfaction.

**Nurses-Community Relationship and Other Health care professionals**

 The nurse's role in the nurse-community relationship is essential because the nurse can lead health promotion, be a role model, a resource person, an advocate, and a coordinator of service between the client, community, and other health care professionals. The **nursing metaparadigm** is 4 concepts that are common to nursing theories. It includes nursing, person, health, and environment. The concept of person refers to the recipient of nursing, including individuals, families, communities, and other groups, regardless of their physical, mental, and spiritual condition (Fawcett, 2000, as cited in Wu, 2008). While the environment is a place or situation seen as the internal or external surroundings that affect the client.

The environment includes families, friends, and other settings where clients receive health care, which also includes other healthcare professionals. The metaparadigm concepts, from nursing through environment supports the role nurses between clients, communities, and other healthcare professionals. The nurse must have a good working rapport with the physician, respiratory therapists, occupational therapists, radiologists, surgical teams, Nursing assistants, Clergies, and more to achieve holistic nursing care goals.

**Two Moral or Ethical Principles or Rules**

 The two ethical principles that guide my professional practice are accountability and fidelity. As a nurse, I hold myself accountable for everything I do for my clients. American Institute of Alternative Medicine (AIAM), Ultimately, the accountability ethic promotes trust and confidence in the nursing profession, fostering a culture of excellence and professionalism (March 2, 2023). By implication, I abide by the ethical code of practice that is evidence-based and within my scope of practice—for example, given bolus tube feed or medication by gravity. In one of the places where I worked as a nurse, the protocol is to administer all medication that goes through the g-tube or peg-tube by gravity. Sometimes, some of my clients, who are alert and oriented, will ask me why I must hold that piston and stand there for so long that I can push it. My reply is that I am giving it the right way. Then the client would say, but the other nurse does not provide my medicine the same way. To be accountable means to do what one ought to do.

        While fidelity, on the other hand, means that I must keep my word to my client. One of the things that clients frown most at is the promise that you will be back in a few minutes but show up only a few hours. I have learned to use my words wisely with my clients. When I leave my client's presence, what I say is, call me if you need anything (expressing that I care and will be available if they need me), and the next thing I say is, I will come and see you when I finish taking care of other clients. Being honest with the client helps the nurse gain the client's trust and achieve professional goals and commitments.

**Conclusion**

My personal philosophy of nursing has changed somewhat over the years, but still within my perspective of what nursing care should be all about. As many definitions of nursing may imply, nurses take care of the sick, weak, the dying, and those who need help completing some personal tasks. The goal is to help clients and the family who will benefit from the services of the nurse. The services the nurse provides must be client-centered and tailored to fit the needs expressed by the client. Providing client-centered nursing care means focusing on each client's problems without placing them all in the same category. But to give the client an identity separates a person from the diagnosis, disease, or concerns and involves the client in the care plan. This will improve improves client’s health and increase client satisfaction.

         In this culturally diverse society, providing culturally sufficient, safe, and congruent care to people of diverse cultural values is the goal of transcultural nursing. Understanding the patient's cultural, spiritual, and social status, and more, allows the nurse to provide culturally congruent nursing care, improves client-nurse relations, and increases client satisfaction. To offer such holistic nursing care, nurses must work in harmony with other healthcare professionals in coordination with the client's care. The nurse must show accountability and fidelity when providing care to clients as they are an important ethical principle of nursing.

**Reflection**

Completing the paper has been a journey of experience and learning. I also value the fact that I was given a second chance to explore and gain more understanding of this subject matter. Do all that I have discussed in this piece resonate with my nursing philosophy, reading through nursing metaparadigm gave me a wholistic knowledge of nursing. In my perception or views, the 4 concepts of nursing metaparadigm represent the link between all nursing theory. I intend to revisit the nursing paradigms to understand it in depth.

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