Nursing Philosophy Paper

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As I near the end of my journey with Old Dominion University’s (ODU) BSN program, I have grown and developed the skill set necessary to become a registered nurse. I look forward to a future where I grow stronger as a nurse and eventually achieve my goal of becoming a Nurse Anesthetist. Throughout this program, I have had time to reflect on what nursing means to me, or what my personal philosophy of nursing is. At the beginning of my journey my personal philosophy of nursing was that it is a holistic practice; and requires caring and keeping the patient’s energies in balance/harmonized, doing what keeps the patient happy and healthy. This philosophy emphasized that a nurse should understand that a patient can be a person, community, or even a family. Also, the environment should include the patient’s culture, to allow for cultural competency and provide responsible nursing care. Since then my personal philosophy has evolved, due to newly acquired knowledge and personal experiences from direct patient care. This paper reflects on that change and allows me to rediscover my personal philosophy now that I am nearing the end of my program.

**Definition**

Nursing is the backbone of healthcare. Nurses ensure that every patient receives the best possible care regardless of who they are or where they come from. The American Nurses Association (ANA) defines nursing as a highly specialized profession, constantly evolving to address the needs of society, from providing accurate diagnoses to providing ongoing education about critical health issues; nurses safeguard public health, and wherever there is someone in need of care, nurses work to identify and protect the needs of their patients (American Nurses Association, 2018). I felt that the ANA’s definition of nursing best aligns with mines. I agree that nursing is more than diagnosing and passing medications. It is also educating and acknowledging the needs of patients and responding to them. Alongside that definition, I believe it is also the moral responsibilities of a nurse are to advocate, promote health, and to educate. In this profession, it is just as easy to do harm as it is to do good. To prevent this, nurses should first and foremost have the patient’s best interest in mind, regardless of external or internal forces, such as the influence of family members or personal bias. Nurses should also promote health to protect the individual and the public and educate their patients so that they can be proactive in their health. Also, that incorporated in the care that nurses provide, there should be critical thinking, nursing practice, communication, teaching, research, leadership, professionalism, and cultural competency.

**Purpose**

I believe I was put on this earth to help people. There is something precious about knowing that I made a difference in someone’s life; whether it is by saving their life or just making a small task easier. Throughout my life, I have placed myself in positions of service, where I interact with others and try to help them any way I can. It was no wonder that I would be drawn to nursing. I chose to be a nurse that cares and helps in any way I can because I believe that is what the purpose of nursing is. This can be achieved by teaching, passing medications, or just sitting with a disgruntled patient and letting them air their grievances. I understand that the world of healthcare can be scary and overwhelming, and so I do want to do whatever it takes to make the experience easier for my patients.

My influences on what it means to be a nurse come from my faith and my past experiences. I am a Jehovah’s Witness, and two of our core beliefs are to help those in need as outlined in James 2:14-17, and to show unselfish love in all our actions, which is stated in John 13:34,35 (New World Translation). Those two beliefs stand out to me and motivate me to be the best person I can be. My parents have raised me under those ideals and it is something I keep with me. Alongside my faith, another influence in my life has been immigrating from Haiti to America. I remember how long and stressful the process of moving to another country was. Luckily, we had family friends who helped make the process easier. The relief those individuals provided my family, whether it was offering a place for us to stay while we were apartment searching, babysitting my sister and I while my parents went to job interviews, or just giving us a homecooked meal, the help they provided was immeasurable. It is something my parents still talk about to this day. Witnessing the impact of helping and caring for others has sculpted how I chose to go through life, and in turn how I act as a nurse.

**Assumptions**

A nurse has many different relationships in the field. When exploring the relationships a nurse has with a client in a culturally diverse setting, the community, or with other healthcare professionals, the beliefs and values should be outlined to determine what the basis of those relationships should consist of. Doing so allows them to grow and develop in a professional manner.

**The Nurse & Client in a Culturally Diverse Setting**

When the nurse is dealing with a culturally diverse client, the values and beliefs of the client should be the priority. This can be done by making sure there is respect and clear communication between the nurse and the client. The nurse must shed their personal bias that would interfere with providing culturally competent care. This will allow a patient to be comfortable sharing what they expect from the nurse and what kind of care they would like to receive. The nurse should also recognize that their beliefs and values are not universal, that the beliefs and values of others are not inferior to theirs, and that they should respect them. Culture does have a place in healthcare and can determine the outcome of a patient’s care. Without having the cultural competency to acknowledge these beliefs, mistakes could be made, which could offend or even harm the patient. A nursing theory that bests outlines this is Leininger’s Culture Care and Diversity and Universality Theory. This theory’s law is that cultural values and beliefs influence health behavior, and its assumptions are that “the central purpose of nursing is to serve human beings worldwide”, and that “beneficial healthy and satisfying culturally based nursing care contributes to the well-being of individuals, families, groups, and communities within their environmental impact” (Johnson & Webber, 2015, p. 172). When culture is recognized in the healthcare setting and is respected, positive outcomes are to be expected.

**The Nurse in the Community**

Every now and then a healthcare professional can be heard saying “you know your body better than me” to a patient. Usually, it is a response to a patient, recognizing that something is wrong, but there is no objective data to support. The importance of this phrase is that it recognizes that others cannot experience our realities, whether it is pain, past experiences, or current situations. The same belief should apply when caring for communities. To prevent harm from occurring to communities, it is necessary to shed the ideas that one is the “savior” to a community or that they know more than its inhabitants. This behavior belittles the community and makes them reliant on others for help. The nurse is there to help and support the community in a way that they can be sustainable on their own. The idea is to empower a community so that they can pass on their knowledge to the others. A theory that demonstrates this is the Modeling and Role-Modeling Theory by Erickson, Tomlin, and Swain. In this theory, the “nurse seeks to know and understand the patient's world and learns to appreciate its value and significance” (Petiprin, 2016, para. 10). This theory recognizes that each patient has a unique perspective of their world that cannot be replicated by outsiders, they [patients] are the experts. There can only be an understanding. When applying this theory to a community setting, the purpose of the nurse is not to take over but is to facilitate and nurture the individuals in attaining, maintaining, and promoting health (Petiprin, 2016).

**The Nurse with Other Health Care Professionals**

The relationship between the nurse and other health care professionals should be based on teamwork, respect, and communication. All parties should recognize that they all have the same goal in mind, to help the client. King’s Goal Attainment theory’s principle is that “Human beings can work together to achieve health-related goals” (Johnson & Webber, 2015, p. 152). The nurse and other health care professionals need to recognize that they are all essential pieces in a machine, and without one of them, it is easy to fail. Each role is important, one is not better than the other. There should be mutual respect between colleagues to ensure that progress is made towards their goals. What also needs to occur is that there should be communication, the goal attainment theory acknowledges that “adequate knowledge about the relationship and effective communication are among the absolute requirements of nursing practice” (Adib-Hajbaghery & Tahmouresi, 2018, para. 18). Messages and intentions can be easily misinterpreted, and like stated previously mistakes can have dire consequences. The risk of confusion is minimized when effective communication is used in a team.

**Principles**

From my assumptions come principles that guide my professional practice. One of those principles is veracity- “being completely truthful with patients; nurses must not withhold the whole truth from clients even when it may lead to patient distress” (Burke, Lee & Spano, 2016, para. 11). An example of when I demonstrated veracity is when I was at a Rehabilitation center. I had a patient who had confided in me that he had fallen and hurt his hip. The patient had gotten up without assistance and had fallen in the bathroom. He was in the middle of his recovery and did not want to tell anyone for fear that he would have to stay at the center longer. Knowing that it was the center’s policy to report and document all falls, I explained to him that I could not keep this information confidential and that it was my responsibility to report it to his nurse. Initially, he was upset that his fall would be reported, but I allowed him the choice to decide if he would tell his nurse or if he wanted me to tell her. He appreciated having some say in the matter and chose to tell his nurse himself.

Another example is when I spent time conducting health promotion and teaching in a community. My “patient” was a community of at-risk adolescents tackling socioeconomic and health obstacles in their everyday lives. I had spent multiple months with the adolescents and I had grown close to a couple of them. They wanted to interact with me outside of my set clinical hours and began to see me as a permanent fixture in their community. I had to be honest with this group and let them know that my time with them would have an end. I explained that I did enjoy spending time with them, but I was not in a position where I could stay in their lives in the long term. I explained this knowing that it would cause some emotional distress, but it was the truth. It was better that I explained it, rather than continue to allow that idea to grow and to have them be more upset when I left.

My other principle is to treat patients with care and dignity. During my junior year, I had an older patient who was having trouble with her hair, she kept of running her hands through it and would complain about it constantly. She would refuse to participate in her occupational therapy because she did not want others to see her like that. She did not like the way she looked. Understanding her plight, I took the time to comb and braid her hair. It was a small act, and seemingly insignificant, but she was extremely grateful. My patient even was excited to participate in her therapy the following day.

My last example is during the beginning of my senior year. I had a patient who was labeled as “non-compliant”. The nurses on the floor would avoid checking in on him unless necessary. When passing medications to this patient his nurse even stated to me “not to bother” giving him teaching on his medications because he did not care about it anyways. She did not even acknowledge the patient when she stated this. He had been labeled as troublesome and his basic rights as a patient were being ignored as a result. Once I finished passing medications, I returned to speak to this patient and I found that he was feeling powerless. He was in pain and did not understand why. Because of this, he lashed out at the nurses and in turn, they retaliated. Seeing this, I chose to sit with him and listen to his complaints. He confessed to me that he did care about his medications, it was just that he did not understand the language the nurses and doctors were using, but he did not want to say anything to appear stupid. This patient even allowed me to complete his medication teaching in words he could understand, which he was grateful for. Additionally, I even discovered that he was blind in one eye, which was missed because no nurse had asked or assessed him properly before me. Due to his behavior the nurses completely disregarded treating him with care and dignity, they no longer saw him as a person who needed help. This mentality could have caused real damage to him. Therefore, I feel that treating patients with care and dignity is an important principle to have.

**Conclusion**

At my core, I am the same person that I was when I began ODU’s BSN program. I am still hungry to learn new things and am doing my best to help others in any way I can. What has changed, or rather, evolved since then is what nursing means to me. I felt that nursing was about caring, but I focused more on balancing a patient’s “energies”, by keeping them healthy and happy. I now understand that nursing is more and yet also simpler than that. Core nursing principles are putting your patients first, treating them with care and dignity, and being honest. But more importantly, the purpose of nursing is caring and selflessly helping your patients. I hope to carry this philosophy with me and integrate it in all the care I provide. I believe that it will develop my skills as a nurse and allow me to continue into advanced practice nursing as a Nurse Anesthetist. My nursing philosophy motivates me to make a difference in the world, no matter how big or small, and I have my personal experiences and faith to thank for that.

References

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**Philosophy of Nursing**

**NURS 300- Introduction to Theories and Concepts I**

**NURS 431- Transition to Professional Nursing Practice**

**Purpose of Assignment**

The purpose of this assignment is to enable the student to rediscover his or her personal philosophy of nursing as it exists upon the completion of the baccalaureate nursing program.

**Student Approach to Assignment**

This philosophy assignment focuses on my interpretation of what the definition of nursing is, relationships in nursing, and its purpose and principles. Through this assignment, I can see a direct timeline of my growth in the clinical setting and my personal growth as well. It allows abstract concepts to be transformed into more concrete ideas that I can represent. By comparing my personal nursing philosophy from the beginning of the nursing program to the end, I understand what is important to me and how to use my nursing philosophy to advance as a nurse.

**Reason for Inclusion of this Assignment in the Portfolio**

This philosophy assignment allows others to follow along with my journey to discovering what my nursing philosophy is. It is a representation of how I plan to carry myself in the field, and my understanding of the nursing practice within the professional principles of practice and my personal principles. The following program competencies are demonstrated:

* Critical Thinking
  + *Uses nursing and other appropriate theories and models to guide professional practice.*
    - Example: In the revised paper, I explored my assumptions in relation to the relationship between the nurse and the client, the nurse and the community, and the nurse and other healthcare professionals. My beliefs were supported by using Leininger's Culture Care and Diversity and Universality Theory, Modeling and Role-Modeling Theory by Erickson, Tomlin, and Swain, and King’s Goal Attainment Theory respectfully.
* Leadership
  + *Articulates the values of the profession and the role of the nurse as a member of the interdisciplinary health care team.*
    - Example: In the revised paper, I utilized the ANA description of nursing, stating that the values of the profession are safeguarding public health and protecting the needs of patients. As for the role of a nurse, it is to advocate, promote health, and to educate. Additionally, I outlined that the role of a nurse in an interdisciplinary health care team is to contribute to teamwork through communication and respect, which is supported by King’s Goal Attainment Theory.
* Professionalism
  + *Applies an ethical decision-making framework and legal guidelines to clinical situations that incorporate moral concepts, professional ethics, and advocacy for patient well-being and preferences.*
    - Example: In the revised paper, I described the two major principles that guide my nursing practice; the ethical principle of veracity and the moral concept of treating patients with care and dignity. These principles are incorporated in the ANA Code of Ethics where one of its provisions is that the nurse practices compassion and respect for the inherent dignity, worth, and personal attributed of every person, and the other is that nurses must promote open and honest communication.
* Culture
  + *Integrates knowledge of cultural diversity in performing nursing interventions.*
    - Example: In the revised paper, I discussed my assumption about the nurse-client relationship in a culturally diverse setting and pointed out the importance of respect and clear communication when planning interventions. Clear communication to allow the client a platform to share their beliefs, and respect by recognizing that a client’s cultures and beliefs are important and equal to one’s self. Also, that the nurse should recognize that culture does have a place in healthcare and that they should be readily expecting to tailor their care to the needs of the client to avoid harm. I applied Leininger’s Culture Care Diversity and Universality Theory, supporting that the cultural beliefs and values of a patient can influence health behavior and in turn influence the outcome of their care.

Nursing Honor Code

"I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: \_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_

Date: 1.30.19