A Personal Nursing Philosophy

Jenny Redpath

Athabasca University

Abstract

As a Registered Nurse in public health I collaborate with an array of colleagues to provide health care to diverse populations. Nursing ethics and professional responsibilities of nursing practice provide a framework for my personal nursing philosophy.  The focus of this paper is how my ontology of nursing is influenced by the metaparadigm of nursing.

*Keywords:*  metaparadigm, ontology

A Personal Nursing Philosophy

The development of a personal nursing philosophy is dependant on nursing ethics and professional responsibilities of nursing practice provide a framework for my personal nursing philosophy.  This paper will look at the Novice Nurse to Proficient Nurse model, as well as the development of nursing theories and the metaparadigm of nursing to better understand my ontology of nursing.

It is easy for me to identify with Benner, Tanner, and Chesla’s (1996) model of Novice Nurse to Proficient Nurse. The model incorporates both years of service and the significance of clinical experience (Liora Kordero, & Popescu, 2014). The importance for the novice nurse to rely on theories to “rule...behaviour” (Benner, et al. 1996), implies that nursing theory is designed to set parameters for ontological conduct. The experienced nurse, however, considers her relationship and empirical nursing beyond the lens of the metaparadigm and begins to rely on innate knowledge to propel decision-making (Benner et al., 1996).

Thorne, Canam, Dahinten, Hall, Henderson, & Reimer Kirkham (1998), believes that along with, language and ethical structure the purpose of paradigms are actually intended for the advanced nurse:

It was believed that conceptual models and theories could create mechanisms by which nurses would be socialized into: a language that communicates their professional convictions; a moral/ ethical structure that guides their caring actions; and, a means of systematic thinking about nursing and its practice. Such conceptual approaches would lead to the development of problem solving skills and clinical reasoning at an expert level.

The idea that nursing needs to be defined by an academic theory and that nursing theory is made of specific components, such as a specialized body of knowledge, a code of ethics and a regulatory body that ensures professional standards are met give credibility to the nursing profession and guides my personal philosophy on nursing. Identifying with the novice to proficient nurse model creates a foundation for my experience and my way of being in nursing.

**Development of Nursing Theories**

The evolution of nursing theory leads Fawcett to create the nursing metaparadigm (Thorne et al., 1998).  Fawcett’s development of the nursing paradigm was an acknowledgement of the need for the nursing profession to work within a scientific model. However, as noted by Bender, the model has room for improvement, as it provides loose context in which the relationship of nurse-client, nurse-environment, and nurse-health overlaps (2018).   A possible alternative is to look at nursing as a relational practice and have the model exist in a relational framework. Schim, Benkert, Bell, Walker, & Danford, (2007), points out that in any profession there is a progression within scientific theories and there is always opportunities to improve.

**Dissecting the nursing paradigm**

The nursing paradigm has been robustly debated and criticized (Thorne et al., 1998).  However, the nursing paradigm continues to be used in academia for experienced nurses, as well as neophyte nurses. Understanding the paradigm is imperative in order to move forward on my own ontology of nursing. It uses client, environment, health, and nurse as the foundation for nursing.

Thorne et al. (1998) dissects the use of the word client, both commenting on the limitations of the word patient and acknowledging the awkwardness of the use of client. As a primarily community based nurse I often describe my community as my client. This allows me to maintain a professional designation amongst my colleagues and indicates that the relationship is therapeutic, although not based on the individual. It also challenges the traditionally held view of wellness and illness. Thorne et al. discusses the idea that nursing practice is not only for unwell individuals but also for the ultimate or total wellness of a group of people (1998). In my practice I look for trends associated with health and wellbeing of the population that I am serving, moving away from illness-focused professional relationships to wellness-focused.

The nursing view of environment encapsulates not only the physical environment, but also the global impact and the social factors that impact choice and decision-making (Thorne, et al. 1998). Therefore the environment can be an individual’s home, workplace, family, or community.

Nursing is considered a myriad of epistemology (Schim et al., 2007). The nurse’s way of being comes from a place of care as well as their proprioception of the impacts on the client’s health.  Nursing is the encompassing of client, environment and social context with the intention to maintain, improve or work within an individuals perception of health.

**Personal Philosophy**

           As a Registered Nurse, I am required to meet specific professional standards (British Colombia College of Nursing Professionals, BCCNP, 2019) and ethics (Canadian Nursing Association, CNA, 2015). Working with individuals, families, and communities require a perspective that honours the unique energy that embraces both individuals and populations of people. My philosophy of nursing is to work within the professional expectations, while holding clients, through relationship, in positive regard and to provide care under the assumption that the care is done with the greatest amount of partnership, with respect to capacity, environment and social justice.

Conclusion

Nursing theories have been inducted and reduced to fit various academic requirements. Although paradigms are useful for nurses and for theory deconstruction, ultimately the nurse’s ontology is determined by a combination of learned theory and clinical experience. Without the application of experiential knowledge, nursing theories cannot fulfil the breadth of nursing impact alone.

My ontology of nursing exists due to the positive regard I hold for my clients, my attempt to understand the individual’s environmental context, and to understand the biopsychosocial situation of the client, all held in the pursuit of further health knowledge to offer informed decision making to the client.

References

Bender, M. (2018). Re-conceptualizing the nursing metaparadigm: Articulating the philosophical ontology of the nursing discipline that orients inquiry and practice. *Nursing Inquiry,* 25(3), 1-9.

Benner, P., Tanner, C., & Chesla, C. (1996). *Expertise in nursing practice: Caring, clinical judgment and ethics.* New York: Springer

British Columbia College of Nursing Professionals. (2019). *Nursing Standards.* Retrieved from https://www.bccnp.ca/Standards/RN\_NP/Pages/Default.aspxhttps://www.bccnp.ca/Standards/RN\_NP/Pages/Default.aspx

Canadian Nursing Association, Framework for the Practice of Registered Nurses in Canada. (2015*). Report of the CNA Framework for the Practice of Registered Nurses in Canada*. Retrieved from https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada.pdf

Fawcett, J. (1984). The metaparadigm of nursing: present status and future refinements. *Journal of Nursing Scholarship.*  Jun1984, Vol. 16 Issue 3, p77-87, 11p

Liora Kordero, J., & Popescu, L. (2014*).* From Novice to Expert: Excellence and Power in Both Social Work and Nursing Practice. Revista de Asistenţ\ Social\, anul XIII, nr. 1/2014, pp. 91‐99

Kim, H.S. (2015). *The essence of nursing practice: Philosophy and perspective.* (pp. 55-66).NY, NY: Springer.

Schim, S. Benkert, R., Bell, S., Walker D., & Danforz, C. (2007). Social justice: Added metaparadigm concept for urban health nursing. *Public Health Nursing*, 24(1), 73-80

Thorne, S. Canam, C., Dahinten, S., Hall, W., Henderson, A., & Reimer Kirkham, S. (1998). Nursing’s metaparadigm concepts: Disimpacting the debates. *Journal of Advanced Nursing,* 27 (6), 1257-1268.