# Components of My Personal Nursing Philosophy

# Jenny Redpath

# Athabasca University

# Abstract

In order to articulate my personal nursing philosophy it is foundational to provide a framework in which to apply my practical experience. It is also necessary to examine my ways of knowing within the nursing profession while using theory to express my experience. Through this process I have identified the importance of positive regard for my clients, the importance of nursing on society and politics as well the foundations of nursing knowledge that build my practice.

*Keywords:* Personal nursing theory, metaparadigm, nursing epistemology, nurse scholar

# Components of My Personal Nursing Philosophy

The nursing profession is a combination of paradigms, theories, and models, as well as shared language, shared ways of knowing, agreed upon ethical and professional standards, and direct practice. These systematic ways of thinking and knowing allow for a distinct way of being and practicing nursing (Thorne, Canam, Dahinten, Hall, Henderson & Kirkham, 1998). Additionally, these components are used in order for a nurse scholar to be accountable for their practice (Bunkers, 2000). In this paper I will discuss how Fawcett’s metaparadigm, with the addition of social justice impact my way of being a nurse (ontology). It will also look at the multiple ways of knowing and the application of nursing knowledge in my practice. Bunkers (2000), indicates the importance of these components to the nursing profession:

This merging of professional science and academic science is brought about in the formation of nursing theory–based education, practice, and regulation models.

This discussion exemplifies the importance of nursing scholars to propel nursing as a profession and will highlight my personal examples of nursing scholarship.

**Application of Metaparadigm**

Fawcett’s (1984) metaparadigm: person, heath, environment and nursing encompass foundational concepts (Thorne, 1998), however, in order to fulfill my personal philosophy of the nursing profession it needs to incorporate social justice, as suggested by Schim, Benkert, Bell, Walker and Danford’s (2006) paper *Social Justice: Added Metaparadigm Concept for Urban Health Nursing.* These concepts supported by professional standards and ethics provide a foundation for my ontology.

My ontology of nursing can be applied through the foundational concepts of Fawcett’s metaparadigm with the inclusion of social justice. Having a framework to apply my practice and execute my personal philosophy is imperative to nursing scholarship. I will discuss the elements of the person: individual focused nursing including informed decision making/autonomy; health as the individual context; nursing as holding an individual in positive regard; environment as surroundings and the nurse as a part of the environment; and social justice as the broader context for nursing influence.

## Person

At the center of nursing care and nursing theory is the person. Many theories define the extension of the person to include family, and community and others go further to define the person as community (Thorne et al., 1998). As a forensic nurse safety is often paramount for my clients and developing an understanding of what the individual needs are for the person is key to addressing their safety and therefore health. For example, determining if it is safe for follow up support to contact the client at home or leave a message on their voice mail can greatly impact the outcomes as determined by nursing assessment. However, Newman (2008) explains a person may not describe the same level of risk to their health that a nurse may identify. This understanding and respect to the individual’s described needs is an example of patient-centered care. The client’s perception and relationship with their health is another defining concept of Fawcett’s (1984) metaparadigm and can be applied to my nursing practice. An example is asking the patient to rate the level of safety of possible follow up. Using a numeric scale the patient is able to communicate the level of risk and determine the priorities to their care. This also provides a way to communicate levels of health.

## Health

Health has been defined in a myriad of expression. The definitions that resonate for me are: health as a process (Bunkers, 2000); health as a way of becoming (Parse, 2012); and health as an experience of wellness. As a forensic nurse I see people who have experienced extreme violence. Their process of healing is often developed through the autonomy to make choices about the care they receive. Providing choice for the individual about what type of examinations, assessments and medical interventions, such as prophylactic sexually transmitted infection antibiotics are opportunities for the person to experience autonomy through Humanbecoming (Parse 2012) and their process of communicating their health. Although heavily influenced by the nurse in terms of recommended treatment or qualifying prophylactic treatment, the autonomy to identify and prioritize heath needs acknowledges the person’s perception of their health.

Thorne et al (1998, p.1263), states that “nursing knowledge can bring inherent advantages to the clinical context” highlighting the importance of nursing knowledge that furthers the concept of nursing presence (Parse, 2012) to include a specialized body of knowledge in assisting a person to a greater state of health. Although honouring a person’s autonomy creates an opportunity for the lived-health experience, a person’s health can also be greatly influenced by providing the client with relevant health information from nursing knowledge. Providing specialized knowledge to victims of violence is essential to outcomes. Following strangulation a person may appear healthy but is actually at risk for secondary medical complications such as internal injuries caused by delayed swelling, hematoma, vocal cord immobility, blood clots and other serious health challenges (endingviolence.org, 2009). Without nursing education the majority of clients are unaware of the possible damage and risk. Health knowledge is essential to the nursing profession as is the presence of the nurse-patient relationship in which that knowledge can be shared.

# *Nursing*

# Peplau (1952) describes the qualities required for healthy therapeutic relationships as including unconditional positive regard, which resonates with my personal philosophy of nursing. Creating opportunities for the client to explore their experience, while being seen as worthy and deserving of care is foundational. Specifically in forensic nursing I often repeat to clients that the experience of violence is not their fault and that no one is deserving of pain and suffering, as per the Criminal Code of Canada (2019). Understanding the nursing impact on health and the nurse’s role as part of the individual’s environment is key to the nursing metaparadigm.

*Environment*

An extrapolation of Fawcett’s nursing metaparadigm by Thorne et al. (1998) suggests that considering the environment as static limits the possibility of change for the individual and requires adaptation to the environment as the only solution. Instead Thorne et al. (1998) infers that the environment can include the perceptions and experiences of the individual, including familial, politically and natural surroundings. Therefore the nurse is part of the environment and has an influence on the client’s experience. The video *If we could see inside other’s hearts,* (Jemyo, 2013), highlights the influencing factors of the potential behaviors of individuals in a hospital setting. Every person is in relationship with their environment and is influenced by the circumstance that brings them to that moment. This phenomenon impacts other humans, as they become part of the person’s environment. Not only is the person influenced by their environment but also by the greater social justice context, although sometimes indirectly.

*Social Justice*

Social justice has been at the forefront of nursing since Florence Nightingale (Bunkers, 2000). In 2000, Bunkers provides examples of nursing work to advocate for people impacted by poverty, inequitable healthcare, and discrimination. These factors are still relevant today and can be applied to forensic nursing through the disproportionate amount of sexual assault victims being female, and indigenous, according to Statistics Canada (2019) 57% of indigenous women report being sexually assaulted in their lifetime. In 2015, Carnago & Mast describes nursing’s role in social justice as occurring when the nurse begins to see past the nurse-patient relationship and to deconstruct the assumptions and situations that have brought the client into their current situation. Through my experience I know that providing care for people who have experienced violence begins with educating the public around the frequency of sexual and domestic assaults on specific genders, minorities and indigenous populations. As a nurse educator I provide sexual health education and information to community populations to bring awareness and identify community obligations to address discrimination.

Social justice is important to my practice because it is my responsibility as a nurse to “assure the health care rights of all people, whether known to us as patients or not” (Schim et al 2007). As nurses we have influence in political and social context through media, our unions and our research.

Through the framework of person, health, nursing, environment and social justice I am able to apply my nursing knowledge including the five dimensions of knowing as defined by Kim (2015). These tools provide guidance and application to my ontology in nursing.

**Epistemology of Nursing**

“What nurses know—our knowledge—defines our profession and underpins our practice” (Carnago et al, 2015, p. 387). As defined by the British Columbia College of Nursing Professional (BCCPN, 2019) it is expected that nurses have a specialized body of knowledge that in part defines nursing as a profession. Kim (2015) uses five cognitive needs to describe five different types of knowledge in nursing: generalized knowledge, situated hermeneutic knowledge, critical hermeneutic knowledge, ethical knowledge and aesthetic knowledge. The standards from BCCPN as well as the Code of Ethics from the Canadian Nursing Association (CNA) provide a foundation for my ways of knowing by creating standards of practice and agreed upon ethics to honour through my practice. In order to better understand my epistemological stance of nursing, I have used Kim’s five domains of nursing knowledge with examples from my practice.

*Generalized Knowledge*

“[G]eneralized knowledge focuses on regularities (patterns) in human conditions, processes, mechanisms, changes, and experiences relevant to nursing and is aimed for general understandings and systematic explanations through objective validation” (Kim, 2015). An example of generalized knowledge is the recognition of the pattern of violence that perpetuates ongoing violence. Empirical knowledge through research suggests that it can take women who have experienced abuse multiple interactions with the medical system before leaving the abusive situation (endingviolence.org, 2019). Recognizing this pattern allows myself as a nurse to provide opportunities for relationship building with the individual and the health care system, so that in future the individual is aware of resources, and processes if/when they are able to leave a recurring cycle of violence. Generalized knowledge can also be applied to technical skills such as the collection of forensic samples that meet legal requirements. Without this skill, the patient’s potential of autonomous decision making in regards to the justice system would be compromised and the trust in the nurse-patient relationship would be squandered.

*Situated Hermeneutic Knowledge*

Situated hermeneutic knowledge refers to the knowledge that is based on appreciating the uniqueness of the individual through the human experience (Kim, 2015). In forensic nursing it is important to recognize patterns, but also to allow the person’s story to guide the type of care provided. When caring for an older woman who has experienced sexual assault it is important to recognize that the event may trigger historical experiences of violence. Although I continue to follow the person to guide the level of care provided, it may be necessary to open up dialogue about previous experiences, or look into referring the individual for outreach mental health services for ongoing support. As Bunkers (2000) quotes “[u]nderstanding the meaning of the lived experience is the essence of coming to know another and valuing the other as a unique human being” (Bunkers, 1998 p.62, as cited in Bunkers, 2000), it is seeking understanding of the patient’s lived experience that frames hermeneutic knowledge.

*Critical Hermeneutic Knowledge*

Critical hermeneutic knowledge “refers to the knowledge of interpretation, critique, and emancipation that is embedded in human living in contexts and with others” (Kim, 2015 p.61). An example that highlights the impact of freedom of choice for the individual, while acknowledging history, and identifying mutually agreed upon goals, is my experience of working with an indigenous woman. As a survivor of residential schools the client had been subjected to systemic violence that left a warranted mistrust of the medical system. As a forensic nurse I saw this patient and acknowledged the resistance to care. It took significant courage on her part to tell me that she did not trust the medical system and together we were able to find resources that honoured her beliefs and way of being, specifically we invited her family members in to perform a smudging ceremony.

*Ethical Knowledge*

In 2015, Kim explains ethical knowledge as the framework for practice that is determined by what is “expected and aspired to” (p.61). The Code of Ethics from the CNA (2017), outline expected ethical responsibilities that I observe as a commitment to the nursing profession. An example of the ethical responsibilities I ascribe to include the ethic of promoting justice by respecting the special history and interest of Indigenous People as articulated in the Truth and Reconciliation Commission (TRC) of Canada’s *Call to Action* (2015). As a forensic nurse I advocate by “recogniz[ing] the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. (TRC, 2015). An example in particular is my commitment to education. I completed Relational Practice for Cultural Safety, as well as Aboriginal Health: For the Next Seven Generations for children, provided by Island Health in 2017. These educational opportunities promote awareness of colonization and the histories of Indigenous People’s of Vancouver Island. This knowledge increases my opportunity in future interactions with all clients as it encourages me to ask about a person’s cultural healing practices and how as a nurse I can assist in making them possible. This also develops the skills defined as the art of nursing in that being sensitive to cultural needs is an aesthetic of nursing knowledge.

*Aesthetic Knowledge*

Aesthetic knowledge is the ontology of “self-presentation and self-expression” (Kim, 2015). Aesthetic ontology is the embodiment of knowing what is factually and ethically correct with the addition of the actions that display the act of caring for the individual. Thorne et al. (1998) indicates that if the person is only cared for with biomedical knowledge the human is “lost beneath the tests, treatments and procedures” (p. 1259), whereas with the execution of aesthetic knowledge the person is seen by the nurse, who uses the elements of “ goodness, harmony and individuation” (Kim, 2015 p. 62). When caring for people who have experienced violence being attentive to comfort measures is key to building a relationship of trust (Peplau, 1952). An example is when seeing a patient who had been sexually assaulted I offer a warm blanket and a cup of tea before beginning the assessment and ask if there were any other immediate needs before asking about her experience of the assault.

The five components of nursing knowledge as described by Kim, frame my way of being with my patients in forensic nursing. Using specialized knowledge such as how to collect forensic samples, or recognize patterns in violence and to share those potential patterns with the person, as well as recognizing the potential triggers from previous experience both contextually and historically give me the ability to provide holistic care and practice as a competent nurse scholar. Accompanying all of these ways of knowledge with an execution of care and self-awareness is developed from my aesthetic knowledge. These ways of knowing, and my way of being are foundational in my experience as a nurse scholar.

**Nurse Scholarship**

Bunkers (2000), determines scholarship in nursing as a work in continual progress, developed from curiosity, a willingness to challenge the current practices and also to exemplify self-reflection.

It was noted by Florence Nightingale’s contemporary that Nightingale expected nurses to be life long learners, looking at not only science but also philosophy, and humanities to provide context and application to nursing knowledge (Bunkers, 2000). This suggests that the foundation of nursing has been in learning an education since inception.

In order to propel nursing, Bunkers (2000) states: “The nurse scholar of the 21st century must be prepared to question everything and use imaging as a means of addressing the known and the unknown, of creating what is yet to be. Daring to be different and inventing new ways of viewing the familiar holds the potential for transforming nursing knowledge.” This statement indicates the importance of the nurse scholar to express curiosity through imagination, courage and allowing for the possible.

As Maya Angelou said “Do the best you can until you know better. Then when you know better, do better”(goodreads.com, 2019). In order to know better, as Angelou indicates, we must first question why we do what we do. As a nursing scholar I focus on creating an environment of openness to new ideas, which allow for opportunities to question the systems that are in place. Bunkers (2000) identify curiosity as foundational to science, as it is self-regulating by constantly proposing new questions to answer through evidence-based research.

Self-reflection and understanding is the core in a profession that is heavily dependent on self-reporting. According to the BCCNP (2019), it is required that nurses self assess their own practice and ensure learning goals based on the nurses self determined curiosity of knowledge.

By combining my continued interest in better understanding my role as a nurse in practice, challenging current systems by looking for opportunities to expand my knowledge through education, solidify current knowledge through professional affiliations and participate in further education through graduate work I fulfill the role of a nurse scholar.

**Conclusion**

Nursing is a unique profession with theories, frameworks, specialized body of knowledge and ethics. The combination of using Fawcett’s metaparadigm, understanding the components of epistemology in nursing and the implementation of continued learning fulfill my goals as a nurse scholar. The metaparadigm highlights the importance of unconditional positive regard I have for clients, as well as the understanding of nursing influence on societal and political healthy influence.

The examples from my practice reflect my understanding of the nurse metaparadigm, including social justice. Through the process of using multiple ways of knowing and by understanding the meaning of nurse scholarship I am able to better understand my own personal nursing philosophy.

References

Bunkers, S. (2000). The nurse scholar of the 21st century. *Nursing Science Quarterly, Vol. 13 No. 2, April 2000, 116-123. Retrieved from* http://0search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=edsbl&AN=RN078492089&site=eds-live.

Canadian Nurses Association. (2017). Code of Ethics. Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf?la=en

Carnago, L., & Mast, M. (2015). Uisng ways of knowing to guide emergency nursing practice. *Journal of emergency nursing.* Sept 2015, Vol 41, Issue 5, p. 387-390. Retrieved from http://0search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=edo&AN=109278505&site=eds-live. Accessed July 24, 2019.

Criminal Code of Canada. (2019). Retrieved from https://laws-lois.justice.gc.ca/eng/Const/page-15.html

Goodreads.com. (2019). Retrieved from https://www.goodreads.com/quotes/7273813-do-the-best-you-can-until-you-know-better-then

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

Jemyo. (2013). If we could see inside other’s hearts. Retrieved from youtube <https://www.youtube.com/watch?v=bPsiLi89PQ4> July 20 2019

Newman, M. A. (2008). *Transforming presence : the difference that nursing makes*. Philadelphia: F.A. Davis. Retrieved from http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&AuthType=url,ip,uid&db=nlebk&AN=214511&site=ehost-live

Kim, H.S. (2015). Nursing knowledge for practice. In J. Morita (Eds.), *The essence of nursing practice: Philosophy and perspective*.NY, NY: Springer.

Parse, R. (2012). Parse’s humanbecoming school of thought. *Pensar Enfermagem.* Vol 16, Issue 1, p 80-94 Retrieved from http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=a9h&AN=86161970&site=eds-live

Peplau, H. (1952). Interpersonal relations in nursing: a conceptual framework of reference for psychodynamic nursing. New York. G.P Putman.

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

Statistics Canada (2019). Sexual Assault Statistics in Canada. Retrieved from https://sexualassault.ca/statistics.htm

Endingviolence.org. (2019). Non-fatal strangulation. *EVA notes.* April 2019. Retrieved from http://endingviolence.org/wp-content/uploads/2019/07/EVA-Notes-Non-Fatal-Strangulation.pdf July 24 2019

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.

Truth and Reconciliation Commission of Canada. (2015). Truth and reconciliation commission of Canada: Calls to action. Winnipeg. Retrieved from http://trc.ca/assets/pdf/Calls\_to\_Action\_English2.pdf