



A personal nursing philosophy in practice



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Abstract The use of a nursing philosophy as the basis for nursing practice promotes the proper application of nursing knowledge as well as the development of further nursing theory and knowledge. My personal philosophy of nursing seeks to encompass the art of conveying nursing science holistically with compassion and dignity. To illustrate this nursing philosophy, the four nursing metaparadigm concepts are described in relation to nursing as both a science and an art. Nursing science and art are also discussed in relation to nursing as a profession. The concepts of family-centered care and developmental care highlight the practice of nursing as an art. The use of nursing knowledge in practice is discussed through the use of nursing's five ways of knowing, nursing theories, borrowed theories, and nursing's paradigms. The concept of the nurse scholar and the further development of nursing knowledge is identified as a priority. Supportive examples from my nursing experience working in a Neonatal Intensive Care Unit (NICU) are utilized to highlight the importance of nursing knowledge development and the provision of optimal patient care.

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A personal philosophy of nursing in practice

Nursing philosophy, as described by Reed (2012), is a "statement of foundational and universal

assumptions, beliefs, and principles about the nature of knowledge and truth (epistemology) and about the nature of the entities represented in the metaparadigm" (p. 41). My personal philosophy of nursing, which describes precisely what nursing means to me, is based on the nursing metaparadigm concepts of patient, nurse, health, and environment (Kenney, 2013). My philosophy of nursing incorporates both nursing science and art

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and addresses the impact these two streams of knowledge have on nursing's designation as a practice profession. The concepts of family-centered care and developmental care are used to highlight nursing as an art. The development of nursing knowledge through the use of nursing's ways of knowing, theories, and nursing's paradigms is also discussed with supportive examples from my personal nursing practice in a Neonatal Intensive Care Unit (NICU). Finally, I will identify means through which I, as a nurse scholar, can contribute to the development of nursing knowledge.

Personal philosophy: what nursing means to me

Many nursing philosophies and theories stress the importance of providing patient care as a means of achieving an improvement in health status (Green, 2009). Working in a NICU, I am cognizant of the fact that the best outcome may not be an improvement in health status, but rather, a dignified death. My nursing philosophy incorporates this position and encompasses the art of conveying nursing science holistically with compassion and dignity. Nursing's four metaparadigm concepts provide the base upon which my view of nursing and my personal philosophy are derived.

Nursing metaparadigms and the science and art of nursing

Nursing philosophy and knowledge development are based on the foundation of nursing's metaparadigm concepts (Fawcett, 1984). These "central concepts of the discipline" (Fawcett, p. 84) interact and interrelate with one another and must be considered in tandem. The metaparadigm of nursing is identified as encompassing "the major concepts of person, health, environment, and nursing" (Kenney, 2013, p. 337). The metaparadigm concepts of nursing are integral to the further development of nursing knowledge, which "refers to knowledge warranted as useful and significant to nurses and patients in understanding and facilitating human health processes" (Reed and Lawrence, 2008, p. 432). The identification and use of nursing science and art within nursing's metaparadigm is also an important component of what nursing means to me.

Nursing's first metaparadigm concept refers to person, or the individual patient that the nurse is providing care for. It is the person and their physical, emotional, and psychological needs that

are "the basic focus of nursing's attention" (Thorne et al., 1998, p. 1259). Nursing science "involves aspects such as autonomy, physiology and scientifically proven or measured theories and results" (Pearson, 2013, p. 214). Such knowledge assists the nurse in understanding the patient, and thus aids in the provision of individualized care. The art of nursing in reference to person seeks to recognize and act on what cannot be articulated by science and refers to "qualities of intuition, caring, embodied skill, and the evaluative idea of something well done" (LeVasseur, 1999).

Working in the NICU, I am conscious of the individual patient and family and work hard to provide care that is appropriate and sensitive to their specific needs. In doing so, I utilize the concepts of family-centered care and developmental care. Family-centered care involves providing nursing care to the family as a unit while also incorporating the family in the provision of care (Kuo et al., 2012). Developmental care asks the nurse to provide care that is unique, individualized, and responsive to the neonate's cues while supporting the important connection between parent and child (Turnage-Carrier, 2010). Applying the two concepts of family-centered care and developmental care ensures that I work with the family as a unique unit, providing care that is specific to their needs and incorporates the family into care practices.

Nursing science helps me to identify the need for appropriate nursing interventions, such as starting an intravenous (IV). Nursing art enables me to tailor my nursing care to meet the unique needs of the family and neonate. In the example of starting an IV, nursing art uses family-centered, developmentally sensitive care to be mindful of the baby's behavioral cues and respond accordingly through the provision of comfort measures for the infant. Comfort measures can include decreasing noise and other noxious stimuli, bundling, providing a soother, giving the neonate a small amount of sucrose on the soother for the procedure, clustering interventions with appropriate time to recover, and encouraging parents to stay to soothe the baby (Walden and Jorgenson, 2010). This example shows how the person impacts the direction and delivery of care.

My philosophy of nursing recognizes the important role of the nurse in the delivery of care. It is the therapeutic relationship between nurse and patient that is "the foundation of nursing practice" (Dowling, 2006, p. 48). Nurses must "understand how they affect patients" (LeVasseur, 1999, p. 58) because every interaction a nurse has with a patient has an impact. Nursing science provides

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