Philosophy of Nursing

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The saying “treat others the way you would like to be treated” rings true for nursing. I often imagine myself to be in place of my patients and it helps me see things their way. I ask myself “if it was me in that bed what would I want or how would I want things to be”. I believe that caring is one of the most important aspects of nursing. There is no nursing without caring which is why I identify the most with Watson’s human caring theory. Leininger’s culture care diversity and universality theory is another theory I find essential for nursing since I work in New York City where I take care of people coming from all different cultures. Dealing with people, especially sick people is never easy. Coming to turns with one’s believes and expectations of nursing are therefore very important if one strives to be a “good” nurse.

The Individual

As nurses we take care of our patients, their nuclear and extended families and often their friends as well. According to Watson , a view of the human as a valued person in and of him- or herself to be cared for, respected, nurtured, understood and assisted; in general a philosophical view of a person as a fully functional integrated self. The human is viewed as greater than, and different from, the sum of his or her parts. (1988, p. 14) When we are taking care of a patient we have to consider every part of a human being and here I do not mean physical parts but instead his or her body, mind and spirit as well as his or her cultural and socioeconomic background if we want to provide competent care. According to Kozier at al. (2000)“each individual is a unique being who is different from every other human being, with different genetic makeup, life experiences, and environmental interaction.” Therefore, when we take care of our patients we have take into consideration their uniqueness and the only way to accomplish this is by getting to know them and build rapport with them.

Families and friends are an integral part of most patients’ lives therefore they are an essential part of healing. As nurses we have to make every effort to make the family and friends part of the healing process which means keeping them informed, making them part of teachings, encourage and support them. I work in a MSICU and often the patients’ families require a lot of attention, caring and emotional support because they are scarred, they are concerned about their loved one and often feel helpless. The family’s involvement also differs by culture, therefore nurses have to make sure to incorporate that aspect when caring for the patient and his family. Take for example and orthodox Jewish patient. The family is always deeply involved in the patient’s care. At least one member of the family is always with the patient, they want to know everything about the patient’s care. They are not afraid to ask questions and the members of the family are very supportive of each other. In comparison an Asian family is more withdrawn and might be afraid to ask questions. In this situation it is the nurse’s responsibility to keep the family updated about the patient’s progress. It is our responsibility as nurses to make sure that the families are cared for and remain strong so they can in turn help the patient recover.

Health and Illness

 People have a highly individual perception of health and illness. Someone can be free of symptoms yet not feel healthy, while another can have a chronic illness yet feel completely healthy. In Watson’s theory health is defined as a “high level of overall physical, mental and social functioning. It is a subjective state, one which each person defines.” (Kozier 2000, p.39) Leininger adds that health defined differently by the different cultures. Nurses have to be aware of their own perceptions of health and illness and be mindful of the fact that every individual have their own perception of these two concepts. In my opinion health is just the absence of disease as it has been traditionally defined, however I differentiate between health and well being. I believe that well being is a state where one feels “good”, meaning have no pain, discomfort or emotional distress and is able to do things for him- or her. One can have a sense of well-being even if one is battling a chronic illness. Recently I took care of a patient who has ALS. This case really showed me that a sense of well-being is attainable even in the presence of a diagnosis such as this. The patient was intubated but was able to communicate very well and a discussion with the patient’s family revealed that the patient have not felt or looked this good in the past two years, even as they were discussing end of life decisions. If nurses are able to understand the patient’s perception of health, illness and well-being they can better assist the patient regain or attain an optimal level of health.

Nursing

 Nursing is a very complex profession. It has a scientific base and a humanitarian, caring component which has often been referred to as the art and science of nursing. Nursing has been defined in many different ways by many nursing theorists over the course of the history of nursing, however Virginia Henderson and Jean Watson’s definitions which emphasize providing for basic human needs in a caring way is what nursing means to me. Henderson defined nursing as stated by Kozier at al. (2000) that “the unique function of the nurse is to assist clients, sick or well in performing these activities [14 fundamental needs] contributing to health, its recovery or peaceful death – activities the client would perform unaided if they had the necessary strength, will or knowledge.” Watson definition of nursing differs from Henderson’s by emphasizing the caring aspect of nursing as stated by Kozier at al. (2000) “nursing is concerned with promoting and restoring health, preventing illness, and caring for the sick. The nurse uses a caring process to help the individual achieve an optimal degree of inner harmony to promote self-knowledge, self-healing, and insight into the meaning of life.”

As I mentioned before, I work in an MSICU where we take care of critically ill patients. Most of the time when I first meet the patients they are intubated and sedated and cannot do anything for themselves. They rely on me as the nurse for all their fundamental needs as defined by Henderson. However behind all the science of assessing and monitoring the patient and all the technical aspects of nursing we have to realize that there is a human being in that bed who has feelings and emotions and who is scarred and feels vulnerable, helpless and often hopeless. It is our duty as nurses to help the patient through this difficult time by being attentive and caring to alleviate all the negative feelings as much as possible and usher them towards healing. We are there to provide comfort, alleviate pain to be their companion through therapeutic communication and to advocate for them when they cannot speak for themselves.

Health Care Environment

 Florence Nightingale was very much ahead of her time when she developed her environmental theory in the mid-1800’s and her theory still to this day is very relevant and current when we talk about the health care environment and its effect on healing. Nightingale advocated cleanliness, good air, comfortable temperature and sunshine among other things because she believed that all these things contributed to patients regaining their health or if that was not achievable helped them die in comfort. Today we still want the same basic things for our patients. Extensive research on the subject has shown a clear correlation between preserving or regaining health and the environment. There are several ways a nurse can influence the environment in the hospital setting. We all know about the many drug resistant bacteria that are found in hospitals. We also know that the only way to prevent spreading them is cleanliness and frequent hand washing. Nurses have to make sure they follow correct aseptic techniques and encourage and teach others to do the same to prevent the spread of infections. Patients in the ICU often complain that they are unable to rest because all the different alarms going off constantly. We are aware that all the noise and the bright lights cause the patient to develop sensory overload neither of which is conducive to healing. Therefore nurses have to turn off bright lights when they are not necessary and make sure to reduce the noise level as much as possible without compromising patent safety. We also have to maintain a safe environment by reducing clutter in the hospital rooms so in an emergency we can get to the patient more easily and by providing a clear path to the bathroom for example to prevent falls. If we are dealing with a confused patient who is pulling on his lines (IV access, Foley catheter, endotracheal tube etc.) we can try to minimize the need for restraints by putting something into the patents hand - like a stress ball - that will occupy him and keep him from causing harm to himself.

 There are external environmental factors like air and water pollution, smoking, drug use, led and asbestos contamination, and poor eating habits which nurses deal with on a daily bases in the community. Nurses can influence these environmental issues by teaching and health promotion inside and outside of the hospital at every possible opportunity. We also can and should be part of different nursing organizations through which we can have a united voice and facilitate the change and creation of laws which will ultimately lead to a healthier America.

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