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Philosophy of Nursing

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## Abstract

Philosophy of nursing is a subject that has been discussed in depth by many scholars as well as the role it plays in the practice of caregiving. The philosophy does cover not only those practicing but also the patients who are recipients and the main subjects of nursing. The following discussion is aimed at looking at this broad subject with personal attitudes and belief systems in mind to highlight issues including the nursing philosophy itself, values, and cultural backgrounds in relation to ethnocentrism among other topics in this respect. It is also emphasized that the connection between the caregivers is extensive and not essential as may be widely accepted. In the final part of the paper, the nursing philosophy in practice is portrayed through a few examples to show how it can become a reality. The entire discussion is anchored on various nursing theories to address the most pertinent issues.

*Keywords:* nursing philosophy, nursing theory, values, ethnocentrism

## **Philosophy of Nursing**

### **My Philosophy of Nursing**

Philosophy transcends all spheres of human life, and the nursing profession is no exception. It refers to a set of beliefs and guiding principles that dictate how an individual conducts his or her affairs and dealings. Nursing is one of the most fundamental professions in the world seeing that its practitioners take care of the sick, elderly, orphaned and other needy groups by ensuring that their needs are met and are well catered for. The following discussion will be looking into the philosophy of nursing, my value-set, self-concept, ethics and how they are all married into the professional life of a nurse as well as the role they play in the conduct of my duties as a nurse. It will also highlight the impact of some missing links in nursing and their influence on my self-concept and lastly the nursing theory that underpins my values and self-concept.

## **Philosophy of Nursing**

It is mostly accepted that there is no universal definition for the “philosophy of nursing” mainly because nursing largely depends on knowledge and principles from other disciplines that are then applied to individual nurses. The personal nature of nursing practice requires that individuals develop their philosophy which will make them useful. Patients do not entirely depend on medicine for their healing but are also highly reliant on their environment and the feeling and emotions expressed to them during their sicknesses. It is from this understanding that I genuinely believe that care and genuine concern are the two most important tenets to any practicing nurse. By showing (through care and fear) that one is genuinely involved and is in the struggle together with the patient, it helps them realize that they are not alone and somebody

outside cares deeply about their welfare. The two are fundamental since a nurse deals with patients and others who need their services at a more personal level as compared with others in this line of work. It is therefore imperative that they exercise the highest standards of care to convalescents and other victims since this aids in keeping their mental conditions in check thus improving their chances of speedy recovery.

The origins of nursing as a profession could be traced back to Florence Nightingale born in a wealthy family but instead chose a different path. Florence had wealthy suitors and a pervasive education but denied all these luxuries to care for the sick, something that appalled her family (Egenes, 2017). She would set out to care for British soldiers in a war zone in Crimea where she also brought to life the practice of keeping medical evidence. The Nightingale Nursing Hospital was established whose primary focus was to give the nurses proper training as opposed to training them to meet the hospital's needs (Egenes, 2017). From such a foundation, it is clear that nurses are supposed and are therefore expected to put their individual needs on the backseat and care for their patients wholeheartedly and this forms the basis for my nursing philosophy. Charles Dickens, a Victorian-era author in his book *Martin Chuzzlewit*, used characters to depict some of the poor conditions of nursing care. His nurses would come to work drunk, were involved intimately with their patients and even took delight the death of their patients. These two nurses, Sairey Gamp, and Betsey paint an image of what nurses should not engage as they are against everything expected from a nurse (Egenes, 2017). Dickens, an advocate for social change, portrayed a picture of the nursing profession in the 20th century but his description is still live today, and many nurses are still engaged in such inhumane practices that are against the foundational principles as portrayed by Florence Nightingale.

### Self-Concept

Self-concept arises from how people, friends, family and oneself perceive our behaviors, attitudes, and abilities. The Social Identity theory as formulated by Henri Tajfel and John Turner suggests that there are two essential sides to self-concept that is 'personal identity' which includes our traits and characteristics that make us unique and 'social identity' that include the communities and social groups we hail from that shape who we are (Trepte & Loy, 2017). Both of these have been fundamental in why I choose to join this as a career path and what I have since become. One of the most outstanding traits I take pride in is being kind and compassionate. Having been brought up in a community-like environment, I have since become predisposed to being considerate of other people's welfare and affairs. This means that whatever happens in their lives will have a significant impact on what I do and will impact my relationship with them. It has even become difficult to ignore the sufferings of others or entirely pursue goals that are only aimed at furthering a personal agenda or ambition. Such a predisposition fits right into my philosophy as a nurse of being caring and genuinely concerned about the welfare of patients. The idea that anyone may fall into a situation where they need to be catered for or become guests in a nursing home terrifies me and motivates me as I go about my duties in nurturing the next generation of nurses as well as in my practice. Another motivating fear is the fear of incapacitation that may require someone else to take charge of me and help me in doing virtually everything. It is from such worries and being able to communicate freely and offer comfort to others (a strength in my arsenal) that have helped in shaping my concept of self and are very instrumental in my official duties.

The recent drive to move nursing education from hospitals to universities that have been going on for close to three decades has brought to the fore some fundamental gaps in the quality

of nurses being churned from these universities. According to a study conducted to this respect, it is clear from the literature available that there is a humongous disparity between what is being taught in classrooms and what these students are to face when they get to the field (Saifan, AbuRuz & Masa'deh, 2015). Such a disconnect is attributed to an increased emphasis on clinical education at the expense of services. It is such detachment that brought me to this field, in an aim of linking my attributes that is care and concern with what is taught in class to bring up all-rounded nurses.

### **Values**

Values (also morals) refer to what an individual or the society considers as the ultimate measure or right which is mainly grounded on different philosophies, ideas, beliefs, and standards used to differentiate between right and wrong (Kaur, 2015). No one, in particular, teaches morals and values since individuals learn from their environments on how to conduct themselves and how to deal with others to make them complete persons (Chowdhury, 2016). In fact, values end up growing on you which makes shedding them at will very difficult and when you do they catch up with you. This truth follows individuals to their professions, and I am no exception since I can rarely depart from attributes such as integrity and kindness which make me who I am. There are moments that my values and conduct of professional duties conflict making it very difficult for me. For instance, a patient may be under a lot of pain and ask for more pain relievers to help alleviate the pain they are feeling. In line with the provision 3 in the American Nurses Association (ANA) and the first element in the International Council for Nurses (ICN) which is on nurses and people whereby a practitioner is expected to be compassionate towards those in need of nursing care, and as such, I am supposed to put their needs ahead (International Code of Nurses (ICN), 2012). In this case, if I fail to do so, I will be going against provision 4 of

the same code of ethics that obliges me to be responsible, accountable and liable for my professional conduct (ANA, 2015). Such a conflict is not just with my profession but also with my own value set which would require me to come in and help this patient relieve their pain, but it is also against what is expected from me since I have to stick to specific dosages as prescribed.

### **Culture**

Leininger, the theorist behind the theory of 'Culture care diversity and universality,' sees culture as the most extensive and comprehensive tenet of human beings which therefore provides unmatched potential in understanding humanity as well as for understanding caring in nursing. In his theory, he portends that caring for others is what makes us human as well as dignifying us (Leininger, 1988). Ethnocentrism, on the other hand, refers to the tendency where an individual views his or her culture as being superior to those of others. They attribute this view to the belief that culture is mostly ethnocentric hence bringing about strong tendencies of group identity and a sense of belonging. Despite the issue of ethnocentrism arising from both sides, that is, from both the caregiver and the patient, a lot of research has been focused on that emanating from the caregivers ignoring such tendencies from patients who may look down upon caregivers from a particular cultural background. Ethnocentrism, therefore, becomes a challenge especially when patients refuse to trust your prescriptions some even going to the extent of asking for a nurse from their cultural backyard. On the flipside, however, such occurrences challenge one to strive to become a better and grounded nurse, which is a definite challenge.

### **Nursing Theory**

Theories, models, and frameworks play a pivotal role in guiding actual practice in virtually all fields of human relations. In nursing, various methods govern the conduct of this profession including Imonge King's theory of goal attainment, Orem's self-care and Watson's philosophy and science of caring among others all of which are fundamental with Leininger's theory perhaps being the most important of them all (McFarland & Wehbe-Alamah, 2015). In particular, however, Jean Watson's Philosophy and Science of caring has been instrumental in formulating my philosophy especially since it addresses care which is among the fundamentals of nursing (Pajnkihar, Štiglic, & Vrbnjak, 2017). Her theory has four main players including human beings, health, society and nursing all of which fit into my philosophy of care and compassion for all patients. Watson sees a human being as a person that should be valued and respected while health she defines as the overall physical and mental well-being of the individual (Pajnkihar, Štiglic, & Vrbnjak, 2017). On the other hand, she sees nursing as existing to prevent illnesses, providing care for patients and to restore health which encompasses all human transactions be they personal, ethical or scientific. Lastly, she looks at society as the molding factor for nurses in the sense that they have existed in all societies hence the practices and attitudes have been passed from one generation to the other.

Her philosophy of putting people ahead and the need to avail holistic healthcare services is at the center of my entire nursing career since I strive to alleviate pain and suffering and restore their health even when it seems like it is all in vain (Pajnkihar, Štiglic, & Vrbnjak, 2017). Dignity and equality for every human person is also a principle I adhere to by not looking down on anyone irrespective of their condition or background just like her theory where she postulates that every person ought to be understood and assisted.



### **Application into Practice**

In practice, it is essential that caregivers stay as close as possible to the philosophical guidelines and the codes of ethics as provided for by the ANA and the ICN to provide patients with the highest level of service. Personally, my philosophy is not complicated to put into practice since patients already expect me to put their needs first and be as caring as possible which is in line with what I have set out to do. The problem comes in when dealing with patients from extremely diverse cultures who expect what is unethical or against my personal beliefs. Such scenarios may be when patients hope to get medication that they are not prescribed to take or in larger doses than is required since it's their own life they are putting at risk. The only emerging issues that are challenging equity or even the necessary access to health services is the rising cases of self-identity and the biases souring such. Some individuals may want to be treated not as what the society already sees them as but as what they would want to be seen which in turn brings about some hiccups. Overall, however, it is not tricky implementing what I already believe in or adhering to the previously accepted standards of operation.

In conclusion, personal beliefs and philosophy ought to provide caregivers with a path via which they will be as effective as possible and not hinder their practice. Theorists of the old and their postulations also offer lovely insights into the best and most effective manner of doing things and should, therefore, be used as reference points to improve nursing. Lastly, a linkage ought to be established to bridge the gap between learning and practice in a bid to bring about a smooth transition for new nurses whose ripple effect will be improved services.

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