**What Do I Think I Know Now? My New Personal Philosophy of Nursing**

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NURS 608: Philosophical and Critical Foundations in Nursing

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 April 12, 2022

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 According to Reed (1999), nursing philosophy is a “statement of foundational and universal assumptions, beliefs, and principles about the nature of knowledge and truth (epistemology),” as well as a nurse’s motivation for being part of the profession (p. 41). My personal philosophy of nursing, which describes what nursing means to me, has evolved since the beginning of this course, Philosophical and Critical Foundations in Nursing. My philosophy of nursing incorporates nursing science and art, and how both are required to provide holistic, patient-centered care (Vega & Hayes, 2019). Different types of nursing knowledge and Jean Watson’s theory of Human Caring is discussed to highlight nursing as an art and science. Nursing theories and philosophies of nursing exist in a synergistic relationship. One’s philosophy of nursing determines the theories they use that shape their everyday choices, and in turn, nursing theories enable nurses to explain what they do for their patients and the reasons for their actions (Smith, 2020). It is imperative for nurses to reflect on and clarify their values and create a philosophy of nursing that prioritizes these values (Denehy, 2001). The purpose of this paper is to discuss my nursing values, my personal nursing philosophy, and the principles that guide my nursing practice. I will also examine how I utilize nursing knowledge in my practice in the clinical setting of a medicine behavior unit in an acute care hospital, and how I can contribute to the development of nursing knowledge as a nurse scholar. Through this discussion, congruency will be seen between my personal philosophy of life and nursing.

**My Nursing Values and Beliefs**

To understand my personal philosophy of nursing, it is imperative to know my nursing values and beliefs because this will be evident throughout my philosophy. Nursing values determine the beliefs and actions of a nurse, and as a result, they guide both nursing practices and behaviors (Kosmidis et al., 2021). Some of my nursing values consist of dignity, integrity, respect, caring, advocacy, knowledge, and a willingness to learn. Integrity is honesty and having strong moral principles; it is considered a core virtue in nursing (Kosmidis et al., 2021). For example, a nurse shows integrity when they disclose a medication error to the patient and their family. Integrity is essential to building a trusting relationship with patients (Kosmidis et al., 2021). Respect is being with and doing actions for patients with a feeling of high regard for them; this results in patients feeling valued and promotes autonomy (Koskenniemi et al., 2018). For instance, respect is displayed when a nurse supports and accepts a patient’s decision to undergo medical assistance in dying (MAID), even though it may conflict with the nurse’s beliefs. Caring focuses on emotional needs and is a humanistic way of interacting with patients that demonstrates sincere concern for them simply because they’re human beings. Lastly, advocacy consists of standing up for patients, ensuring that patients have adequate information to make informed healthcare decisions, and supporting these decisions. Nursing advocacy elevates patient care as it gives a voice to patients and reduces the chances of errors (Huber, 2015). These values shape me as a nurse and aid me in providing safe, holistic, patient-centered care.

**Definition of Nursing**

Nursing is an “art and a science; a heart and a mind” (American Nurses’ Association (ANA), n.d., para. 3). At the heart or art of nursing, lies a “fundamental respect for human dignity” and the recognition of patients needs (ANA, n.d., para 3). This is supported by the science or mind of nursing, which consists of a nurse’s knowledge, skills, strengths, and expertise (ANA, n.d.). This means that nurses must practice both the art and science of nursing to provide holistic, patient-centered care. This definition of nursing strongly aligns with what nursing means to me. Personal nursing values and the principles of nursing are key to how effectively we practice the art of nursing. Nurses must be ethical, respect patients, and see each patient as a unique, human being. For example, I demonstrate the art of nursing when I cover parts of the patient’s body that are not necessary for examination, treatment, or patient care. Patients feel ashamed, disrespected, and stripped of their independence when unnecessary parts of their body are left exposed by their nurse (Valizadeh & Ghasemi, 2020).

The science or mind of nursing requires nurses to have a sound body of knowledge and skills necessary for the profession of a nurse (Idczak, 2007). Nurses must be able to critically think and have an adequate amount of knowledge regarding nursing subjects such as human pathophysiology and anatomy, to provide safe, competent patient care. For instance, a nurse is expected to recognize and understand the signs and symptoms of a patient becoming septic, to respond quickly and appropriately. Other types of knowledge also needed for nursing include generalized or empirical knowledge, situated hermeneutic knowledge, and ethical knowledge (Kim, 2015). Nurses are expected to care for patients when they are in a vulnerable state both physically and mentally. Therefore, through both the science and art of nursing, nurses need to aid in healing patients back to their highest level of physical, social, and mental functioning.

**My Personal Philosophy of Nursing: What Nursing Means to Me**

My personal philosophy of nursing is that nurses have a responsibility to the public to provide safe, holistic, patient-centered care through the art and science of nursing. I strive to do this every day in my nursing practice, and I remind myself that each patient is more than just their illness, they are human beings who require individualized attention and care. Personally, I work with patients who are diagnosed with one or multiple cognitive disorders, and many times, a medical condition as well, such as anemia. Each patient has their own unique life story and desire nursing care in a way that fits their personal needs. Their mental health condition further emphasizes the importance and necessity of holistic, patient-centered care. Patient-centered care is not a one size fits all approach. It does not mean all patients are treated the same. Instead, it means listening to the patient, carefully considering their individual needs, and responding to these needs to improve their health (Rossiter et al., 2020). For example, majority of the patients I care for are labelled as a falls risk, and as a result, patient-centred fall prevention strategies need to be put in place. First, I figure out the reason for the patients fall. For some patients, the bedside table is in the way and causes them to trip and fall. Therefore, decluttering the surrounding area is an appropriate intervention. Whereas for other patients, the bedside table is not close enough, and they fall getting out of bed to retrieve an item. For these patients, keeping items within an arm’s reach is suitable. Rossiter et al. (2020) systematic review found that patient-centred care initiatives resulted in reduced falls among patients in an acute care hospital and residential facility. On my unit, I have witnessed that patient-centered care interventions have contributed to less patient falls.

 Holistic care is another important aspect of nursing, as this allows us to see a patient as a whole individual, not merely their illness or disease. Holistic care means caring for the whole individual – their physical, social, mental, and spiritual needs (Smith, 2020). It is grounded in the understanding that all these needs affect an individual’s overall health, and if one need is not met, it could negatively affect other needs (Smith, 2020). Providing holistic care is essential to being a nurse, as this promotes the overall health and well-being of the patient. I know when I am caring for a patient’s mental well-being, such as reducing their anxiety, that I am inadvertently improving their physical well-being as well. I care for many patients with anxiety, so I know there are many physical symptoms of anxiety such as increased heartrate, rapid breathing, stomach pain, nausea, and a headache. By treating anxiety through nonpharmacological or pharmacological interventions, a patient’s heartrate will slow down, their breathing will become regular, and gastrointestinal symptoms will subside. Furthermore, holistic health is a significant component of providing high quality patient-centered care (Mills, 2017). Thus, when nurses incorporate holistic care into their everyday nursing practice, they can deliver a higher quality of patient-centred care.

**Principles of Nursing Practice**

Through my nursing values and philosophy of nursing, the principles that guide my daily nursing practice can be extrapolated. Principles are fundamental truths that serve as the foundation for an individual’s beliefs, behaviors, and reasoning (Smith, 2020). The first principle that guides my nursing practice is “[d]ignity, humanity and equality” (Watterson et al., 2012, p. 389). This means that nurses treat all their patients with dignity and compassion and understand that each patient has unique needs that requires care in a respectful manner (Watterson et al., 2012). I demonstrate this continuously throughout my role as a Registered Nurse (RN). An example of nursing care that I provide that demonstrates dignity and humanity to patients and their families is end-of-life care. End of life care is very common on my unit because many patients deteriorate quickly, and majority of the client population is older adults. During end-of-life care, I respect and encourage the patient and their family to express their wishes, and to the best of my abilities, I try to make these wishes possible. For instance, many patients and their family members prefer to sit together, read a holy scripture, and pray. Therefore, I ensure they have privacy and are free of interruptions during such an important time.

 The second principle that guides my nursing practice are three ethical principles of nursing: nonmaleficence, beneficence, and accountability. The principle of nonmaleficence is the obligation of the healthcare provider (HCP) to do no harm to the patient (Nishimura & Yamada, 2022). Beneficence is the obligation of the HCP to do good, which means that the HCP acts for the benefit of the patient and demonstrates kindness (Nishimura & Yamada, 2022). Accountability is to be answerable to oneself and others for their nursing actions. I abide by these ethical principles in my everyday nursing practice. It is a nurse’s duty to care for their patients and aid in the treatment of ailments. This means they should avoid actions that cause harm to their patients, and instead, perform nursing actions that benefit their patients. An example of when I demonstrated all three of these principles was during a medication error. During a shift last year, I administered the wrong medications to the wrong patient. The medications consisted of an antihypertensive and an antipsychotic. Once I realized I had committed this error, I took full accountability for my mistake by informing the patient care coordinator, physician, patient, and the patient’s family. I monitored the patient’s blood pressure, level of consciousness, and behavior to ensure that no harm came to the patient from receiving the wrong medications.

**Nursing Knowledge in Practice**

“What nurses know—our knowledge—defines our profession and underpins our practice” (Carnago & Mast, 2015, p. 387). The use of different types of nursing knowledge in practice is essential for patient-centered care, as a patient cannot be understood from a singular perspective. I utilize four types of knowledge in my nursing practice identified as generalized, situated hermeneutic, ethical, and aesthetic (Kim, 2015). According to Kim (2015), generalized knowledge focuses on patterns in human conditions and changes, which is understood and explained through objective validation. It is analogous to scientific knowledge and is foundational for evidence-based practice. In contrast, the focus of situated hermeneutic knowledge is subjective rather than objective, as it refers to knowledge acquired by understanding and appreciating the unique, lived experiences of individuals (Kim, 2015). This level of understanding allows nurses to provide patient-centered care. Another type of knowledge that Kim (2015) discusses is ethical knowledge, which determines what is “expected and aspired to” in nursing practice (p. 61). It consists of the standards of nursing practice and the values embedded within the profession. I adhere to the standards of practice set by the British Columbia College of Nurses and Midwives, as well as the Code of Ethics for RNs from the Canadian Nurses’ Association, which outline the ethical responsibilities of RNs (2017). Lastly, the final type of knowledge that Kim (2015) explains is aesthetic knowledge, which grounds nursing practice in the values of “goodness, harmony, and individuation” (p. 62). This is analogous to the art of nursing.

 I utilize Kim’s (2015) four types of knowledge as it combines the art and science of nursing and allows me to provide care that is truly holistic, and patient centered. When I am working with a patient who has a cognitive disorder, generalized knowledge helps me understand that the delirium preprinted order (PPO) is derived from the general signs and symptoms of people in a delirious state. Therefore, from this PPO, I can determine how to respond appropriately. Situated hermeneutic knowledge ensures that I consider the unique, lived experiences of each patient, and adjust my nursing care accordingly. For example, when I cared for an Indigenous patient, I recognized that he did not trust the healthcare system due to past traumas. Therefore, I spent extra time building rapport and trust with him. I utilize ethical knowledge to determine whether to act or not act, with the patient’s best interests in mind and at heart. Lastly, aesthetic knowledge allows me to take each type of knowledge and my nursing practice and ground it in the vales of “goodness…and individuation” (Kim, 2015, p. 62). This ensures that I respond to the individual needs of my patients and their families, while preserving dignity and demonstrating compassion. For example, I demonstrate this when I am attentive to my patients’ emotional needs and see them as a whole individual. Kim’s (2015) four types of knowledge and my nursing philosophy aid me in providing holistic, patient-centered care, while the utilization of nursing theories, such as the Jean Watson’s Caring theory, further improves my ability to provide such care.

**Nursing Theory in Practice**

 Jean Watson’s Theory of Human Caring is one nursing theory that I use in my practice that supports my personal philosophy of nursing and the provision of holistic, patient-centered care. This theory recognizes that nursing involves health promotion, disease treatment, and the concept of caring (Watson, 2011, as cited in Alligood, 2017). According to Watson (2011, as cited in Wadsworth, 2012), caring is seen as central to nursing practice and promoting better health than medical treatment alone. I demonstrate this theory in my everyday nursing practice. For example, during one shift set, I had a patient who was a high fall risk and continued to wander towards the back of the unit in his wheelchair. I will refer to this patient as Mr. X. My colleagues told me to keep him in front of the nursing station due to his fall risk status. Whenever I wheeled Mr. X back to the nursing station, he would become agitated and tell me to stop. I redirected him twice, and then the third time, I asked him why he wants to go to the back of the unit. Mr. X said that he saw a piano there one day, and that he loves to play the piano. This whole time, he just desired to play the piano. I setup a chair alarm on Mr. X’s wheelchair and placed him in front of the piano. He played beautifully, and his demeanour was so calm. By bringing Mr. X to the piano, I showed kindness, and as a result, the quality of patient care improved because he became less agitated and required less as needed medications. At the end of the day, I think that caring for our patients is what they will really remember.

**Development of Nursing Knowledge as a Nurse Scholar**

There are several ways for me to contribute to the development of nursing knowledge, as a nurse scholar. A nurse scholar is a professional, educated nurse who is curious, exemplifies self-reflection, and has a willingness to challenge current nursing practices (Bunker, 2000). It is the responsibility of every nurse to be a nurse scholar and aid in further developing nursing knowledge. As a practicing RN, I can act as a nurse scholar by assessing my work environment and asking why questions. Why do we perform a particular nursing procedure a certain way? Is there a better, safer, and more efficient way of performing this procedure? For example, on my unit, my colleagues and I were noticing that we were having clostridium difficile (C. diff) outbreaks often. I am a member of a group in my unit called Releasing Time to Care, which identifies, assesses, and addresses nursing practice issues. During a group meeting, we asked, why is the rate of C. diff so high on the unit? Through assessment, research, and graphing, we concluded that there should be a designated C. diff nurse, as it appeared as if cross-contamination was occurring from nurse to patients. After implanting this change, the number of C. diff outbreaks decreased drastically.

A nurse scholar is also a life-long learner (Bunker, 2000). I believe that we always have something to learn, and if we are no longer learning, then we have stopped growing. Education makes an individual better equipped to discuss and target practice concerns and have a strong role in leadership (Bunker, 2000). Therefore, it is important for nurses to participate in ongoing education. This can be achieved in multiple ways. Nurses could pursue further studies, such as their bachelors or master’s degree, or complete credentials that add to their existing nursing skills, like a certificate for vacuum-assisted closure dressings. Also, reading credible, peer-reviewed research articles about current best practices allows nurses to stay up to date and informed. Personally, by pursuing my Master of Science in Nursing, I will contribute to the development of nursing knowledge as I will be able to share my advanced nursing knowledge with colleagues, and eventually, teach nursing students.

**My Personal Philosophy of Life**

As this paper comes to an end, I desire to share my personal philosophy of life, which is based on some values and beliefs that influence my professional life as a nurse. My philosophy of life is as follows. We were not given this life by mistake or by chance, so cherish it and live it to the fullest. Make a difference in the lives of others. Help others where help is needed and bring joy to those who are experiencing sadness. People might forget what you have said or done, but they will always remember how you made them feel. So, leave a little bit of goodness wherever you go—work, school, a holy place, and the community—and whoever you are with, family, friends, and coworkers. Amid this all, remember to take care of yourself as well, spiritually, mentally, physically, and socially. You can only take care of others if you take care of yourself. Do activities that will allow you to flourish in each of these aspects of health. Cherish and nurture this balance of holistic health not only in yourself, but others too. Always seek balance, harmony, and happiness wherever you go.

**Conclusion**

 In conclusion, we all have our own personal philosophy of nursing and life. It is what makes us unique and different. My philosophy of nursing emphasizes the provision of safe, holistic, patient-centered care through the art and science of nursing. To better understand my nursing philosophy, I discussed my nursing values, such as integrity and knowledge, and some principles that guide my nursing practice. A nurse needs to have an adequate knowledge base because a patient is a complex, human being, who cannot be understood through a singular lens. I use four types of knowledge in my nursing role as an RN in a medicine behavior unit, identified as generalized, situated hermeneutic, ethical, and aesthetic. I also utilize the nursing theory, Jean Watson’s Caring theory, to provide holistic, patient-centered care. Nursing knowledge is pivotal to nursing practice, and thus, the development of nursing knowledge as a nurse scholar is essential. As a nurse scholar, I will contribute to the development of nursing by being curious, engaging in self-reflection, and continuing to be a life-long learner.

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