Nursing Philosophy

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Philosophy Definitions

Philosophy is the enjoyment of the thought process, examinations of ideas, and the search for truth and meaning (Butts & Rich, 2011). It is a process of critical inquiry and the method one undertakes during critical thinking. “Philosophy is more than just a belief- it is the application of that belief to situations known and unknown.” (Butts & Rich, 2011, p. 10) Philosophy includes epistemology and ontology. Epistemology is defined as the study of knowing. Ontology is defined as the study of being and of meaning. (Butts & Rich, 2011) “Philosophers question and search for explanations and analyze common reason in an effort to enrich our lives and to increase our understanding about the very existence and experience of human beings” (Butts & Rich, 2011, p. 93).

Importance of Philosophy

Philosophy provides unity, significance and a structure where thinking, knowledge, and doing transpire to the discipline of nursing. “Ideas about truth and reality, as well as beliefs, values, and attitudes are a part of philosophy” (Burns & Grove, 2009, p. 10). Human beings are viewed as being holistic, logical and responsible which is a common position that encompasses nursing philosophy (Burns & Grove, 2009). “Philosophy is concerned with the purpose of human life, the nature of being and reality, and the theory and limits of knowledge” (McEwen & Wills, 2011, p. 4). There are many branches of philosophy (refer to table 1), just as there are many branches of nursing philosophy and theory (Tourville & Ingalls, 2003).

Nursing Philosophies

Philosophy of nursing has also been depicted as “a statement of foundational and universal assumptions, beliefs and principles about the nature of knowledge and thought and about the nature of the entities represented in the meta-paradigm (i.e. nursing practice and human
health processes) “ (McEwen & Wills, 2002, p. 76). Nurses examine theories, concepts, laws, and how these are associated with nursing practice (McEwen & Wills, 2002).

Salsberry (1994) in Edwards (1997) identified three components to nursing philosophy: ontology (what the domain of nursing’s fundamental entities consist of; must include persons or human beings), epistemology (how we know the phenomenon), and ethics (what is valued).

Nursing philosophy should involve: (1) “conceptual clarification and assessment of arguments”, (2) “consideration of traditional philosophical problems which have relevance to nursing theory and practice”, and (3) “concerns of philosophy of nursing would include a focus on the framework propositions which constitute nursing discourse and on the concepts of which those propositions are comprised” (Edwards, 1997, p.1092).

Major nursing theories and philosophies are based on three types of behavioral theories: interactive, systems, and developmental (Tourville & Ingalls, 2003). Florence Nightingale viewed nursing as a "religious calling" (Leininger, et al., p.93). Nightingale was the first nursing theorist and her philosophy forms the “trunk” of the “tree” of nursing philosophy (Tourville & Ingalls, 2003).

As psychiatric nurses, the authors are most familiar with the nursing philosophy and theory of Hildegard Peplau focusing on human interaction (Peplau, 1997). Virginia Henderson, another interactive theorist and “mother of modern nursing,” stressed the importance of each nurse developing her own theory and philosophy of nursing (Tourville & Ingalls, 2003). Systems nursing theorists Betty Neuman, Sister Callista Roy, and Dorothy Johnson focus on client systems, modes of adaptation, and the unique practice model of nursing, which affects client behavioral homeostasis (Tourville & Ingalls, 2003). Developmental nursing theorists Jean Watson, Madeline Leininger, and Martha E. Rogers provide a different nursing philosophy based
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on the assumption that there is a directional process of growth and maturation that has an orderly purpose (Tourville & Ingalls, 2003). Leininger stated that the heart and soul of nursing is what *caring* is to the nursing profession (Tuck, Harris, Renfro, Lexvold, 1998, p. 92). Jean Watson stated that the purpose of her 1979 book *Nursing: the Philosophy and Science of Caring* was to provide meaning to what nurses do and the dignity provided to nursing and patient care (Tomey & Alligood, 2002).

The integration of nursing theorists basic beliefs have proven to be significant and beneficial in identifying the philosophy of nursing. Florence Nightingale’s environmental adaptation theory utilized the meta paradigm of person, health, nurse, and environment and Jean Watson’s science of care theory are paramount to what nursing philosophy encompasses (Alligood & Toomey, 2009).

There are three identified world views of nursing scholars: reaction world view, reciprocal interaction world view, and simultaneous action world view (Butts & Rich, 2011). The authors of this paper identify most with the simultaneous action world view and philosophy, which will be addressed further in our comprehensive nursing philosophy.

**Doctorate of Nursing Practice Philosophies**

Nursing is an art and professional discipline that integrates science and humanities. The Doctorate of Nursing Practice (DNP) concentrates on enhancing critical thinking, inquiry of evidence-based practice, and engagement in research and policy formation to impact the holistic health care of patients, community, and global health (Nursing NKU, n.d.). DNP education promotes a higher education for nurse administrators, educators, and practitioners to advance as experts within the specialty of their practice and in their doctoral role (NKUdeppe, 2011). The conceptual framework: critical thinking, communication, professionalism, role competence,
cultural competence, caring, and research is built upon connecting technology, policy, economics, arts and sciences.

The paradigm of nursing is incorporated into the holistic approach of the Advanced Practice Nurse. **Nurse:** an advanced practice nurse that utilizes communication, critical thinking, professionalism, and research to provide expert care in the practice environment while embarking on continual discovery of knowledge. **Client:** is the person, family, groups, and community that the DNP will engage in promotion and prevention of health-related care. **Health:** the needs and wishes of the patient are viewed to encompass mind, body, and spirit. **Environment:** the surroundings and stimuli that impact the nurse, client, and health in a positive or negative manner.

**Strengths/Weaknesses of Current Nursing and DNP Philosophies**

Nursing and DNP philosophies are consistent in the use of language and concepts listed in the sections above and below. The consistency of concepts such as caring, compassion, health, environment, and person is a strength in nursing theory and philosophy.

However; what do terms like caring, compassion, environment, holistic really mean? Nursing Philosophy is a peer reviewed journal that provides a forum for nurses to explore nursing philosophy and poses the following questions: “What are the ends of nursing? Are they to promote health, prevent disease, promote well-being, enhance autonomy, relieve suffering, or some combination of these? How are these ends to be met? What kind of knowledge is needed in order to nurse? Practical, theoretical, aesthetic, moral, political, 'intuitive' or some other?” (Nursing Philosophy, n.d.).

Other strengths of nursing and DNP philosophies is the quest for further education and knowledge, and the ongoing attempt to formulate more accurate and concise theory leading to
evidence based practice. As we more clearly define our profession and our evidence based practices, the public and other professionals will more clearly understand the enormous scope and importance of nursing. One day we will no longer hear, “why didn’t you just go to medical school?”

Perhaps the biggest weakness in our philosophies is that words cannot adequately describe what nursing is. There are so many concepts involved in the art and science of nursing that it may be too complex for brief definitions. There is also much controversy about whether our profession is diminished because of so many levels of nursing education: licensed practical nurses, registered nurses, hospital school of nursing training, associate degree nurses, bachelor’s degree nurses, master’s degree nurses, nurses with master’s degrees in other disciplines, clinical nurse specialists, nurse practitioners, nurses with the following doctoral degrees: Doctorate of Nursing Practice, Philosophy Doctorate, Educational Doctorate, Doctorate of Nursing Science and dozens of specialty certifications; all with an alphabet soup of mixed credentials.

The debate on unity of practice and degrees may go on for years and nurses must continue to explain their own credentials in terms everyone can understand, (Smolenski, n.d.). Though we struggle to define nursing and explore nursing philosophies and theories, a national survey of the public about nursing demonstrated that the nursing profession is highly respected and that the vast majority of the general public would recommend nursing careers to qualified students (Donelin, Buerhaus, DesRoches, Dittus, & Dutwin, 2008.)

As nurses advance their education, personal philosophies of nursing are developed individually. One author provided her thoughts on what nursing is: “A nurse commits to being the embodiment of altruism, charisma, empathy, and knowledge applied to the enterprise of protection, promotion, and enhancement of the holistic health states of all persons. Nurses also
must sustain an ever increasing knowledge base to allow for changes and improvements to the health care system. Furthermore, nurses are obligated to their fellow professionals, as an integral part of the health care team, to aid and improve the ability of their peers. Finally, a nurse must always remember to whom they are ultimately accountable; their patient” (Meagle, 2010).

Meagle’s philosophy of nursing is concise and accurate, yet perhaps idealistic. One of the weaknesses in nursing philosophy and practice is that many nurses do not feel obligated to aid and improve the ability of peers as demonstrated by the concept of lateral violence in the nursing profession (Stanley, 2010), which will be discussed in the Missing Concepts section of this paper. Perhaps a bigger weakness in nursing philosophy is our actions do not always reflect our values or what is written in our theories and philosophies.

**Universal Concepts**

Universal concepts of nursing are defined by one’s own definition of nursing. There are many words that help us to define what nursing is and describe what we do. Caring has been a common word that is threaded in literature as how nurses are viewed. Through caring, nurses assist people to promote healing, health maintenance, adjust stressful events and experiences, and provision of support during death or death with dignity (Ondrejka & Barnard, 2011). Advocacy is another term that exemplifies nursing existence with patients, families, and communities. Rapport and presence is vital in the establishment of a nurse-patient relationship. Nurses are viewed to be compassionate, empathetic, respectful and accepting of the ones they provide care for. Nurses demonstrate quality in the care they provide and that this is grounded in theory, research, and educational strengths that is in clinical care. Valuing one as a human being and who has a unique knowledge to be active participants in care is another virtue of a nurse (Ondrejka & Barnard, 2011). Collaboration between colleagues, patients, families and other
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health care providers is essential to ensuring that quality care is administered and maintained (Ondrejka & Barnard, 2011). Nurses have a responsibility to being stewards of financial, material and human resources and are able to meet patients’ needs. Finally, the development of mutual respect and trust, as well as open communication is an obligation to nursing practice (Ondrejka & Barnard, 2011).

Virginia Henderson wrote an article in 1978 entitled ‘The Concept of Nursing‘ for the Journal of Advanced Nursing. At the time of this writing, she was asked the question “Is there a universal concept of nursing?” (Henderson, 1978, 2006). Her reply was “I am not trying to answer any of these questions definitely, but rather to identify the common elements, if they exist, in representative ideas about nursing” (Henderson, 1978, p.114). Therefore, universal concepts are determined by individual nurses’ definitions along with underpinnings of common exemplars that all nurses relate to.

Missing Concepts

As mentioned previously in this paper, nursing philosophy must include the concepts of peer support and mentorship. Nurses learn what nursing is through orientation to job duties as well as through behavior displayed by other nurses. When nurses display lateral violence behavior: nonverbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, backstabbing, lack of respect for privacy, broken confidences, and discounting/marginalizing, they are not demonstrating “mutual respect” listed as a nursing philosophy concept (Stanley, 2010).

“Mentoring another nurse is a professional means of passing along knowledge, skills, behaviors and values to a less experienced individual who is often referred to as the mentee” (NLN, 2006). Patricia Benner’s theory of “novice to expert” comes close to including
mentorship as an important concept in nursing, though mentorship is not consistent in nursing theory or practice (Current Nursing, 2011). Andrews and Wallis note that their review of the literature reflects that confusion exists regarding both the concept of mentorship and the role of the mentor (1999). Mentorship is a concept first developed in nursing in the 1970’s that must also be included in nursing philosophy (Tuohig, n.d.)

Another missing concept in Nursing and DNP philosophies is that of “stigma” of illness and how nursing must provide nonjudgmental interventions. Certain illnesses carry a stigma such as mental illness, cancer, HIV/AIDS, and obesity (Sartorius, 2007). Nurses must set an example of helping people with stigmatized illness cope not only with the medical issues, but the psychological impact of the stigma. We must also support health policy and programs that raise awareness and decrease stigma like the focus on preventing and correcting childhood obesity led by Michelle Obama. Health policy, as it relates to nursing practice, is another missing concept in most nursing philosophies though it is included in DNP philosophy and curriculum.

**Group I Comprehensive Philosophy of Nursing**

A comprehensive nursing philosophy begins with a world view. Our current world view is *simultaneous action* as described by concepts within world views, with overlap from other world views that guide our philosophy of nursing. Simultaneous action world view is built from four primary foundations: organismic, simultaneity, change, and unitary transformation. These foundations and our perspectives of them are what form our comprehensive nursing philosophy.

Organismic: We believe that unitary human beings are united by patterns (Fawcett, 2005). In psychiatry, we see patients with very unique individual issues. Despite the uniqueness, there are definite patterns that help us diagnose people with various psychiatric conditions and/or personality traits or disorders. We also believe that human beings are bio-psycho-social-spiritual
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beings (reaction world view) and that human beings are holistic (reciprocal world view), though parts are viewed individually as well as in the context of the whole (Fawcett, 2005).

Simultaneity: The premise that human beings are in mutual rhythmical interchange with their environments best fits our belief that people are constantly changing and there is a flow between a person and their environments, which are also constantly changing (Fawcett, 20005). We relate to the term “rhythmical interchange.” When one’s rhythm is off, there is emotional distress; the aim of our practice is not to change a person’s environment or personality; the aim is to help the person establish a more rhythmical interchange and help them to see what change might be emotionally healthy. Psychotropic medications also help the rhythmical flow of serotonin, epinephrine, dopamine and other neurotransmitters to make therapeutic change possible. This is very similar to simultaneity described in the reciprocal world view.

Change: We all agree that human beings change continuously, unpredictably, and in the direction of more complex self-organization (Fawcett, 2005). People who not change may become stagnant, depressed, angry, frustrated with the changes going on around them if they are unable to cope with the change. Even people who do not adjust well to change must make small changes based on what is happening in their environments-family, work, world, life crises, etc. We also believe in the totality concept of the reaction world view and the concept of change in the reciprocal view: change occurs only for survival as a consequence of predictable and controllable antecedent conditions and reality is multidimensional, content dependent and relative (Fawcett, 2005).

Unitary transformation: The phenomena of interest are personal knowledge and pattern recognition; the basis for growth (Fawcett, 2005). As we expand our knowledge, we can grow in new directions. We can recognize past patterns of coping that were both helpful and harmful.
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This premise fits our work with patients who have addictive or codependent relationships and behaviors. Patients must recognize the negative pattern of these behaviors and build knowledge of new ways to cope if they wish to transform their behaviors and relationships to become more physically and emotionally healthy.

Our nursing philosophy encompasses the above world views and concepts. Our philosophy can further be described in the following: We believe that nurses provide care with compassion, holistic insight, unique and non-judgmental interventions to improve the physical and mental health of patients, family members, ourselves, other nurses and healthcare professionals. It is our duty to support and mentor new nurses who learn through formal study as well as observation of our communication skills and professional knowledge.

Group I DNP Philosophy

The Doctorate of Nursing Practice degree was developed with certain essentials in mind for practice and it is with these essentials in mind that our DNP philosophy is developed. The American Colleges of Nursing developed these essentials in 2006 to direct the education of advanced practice nurses. The American Association of Colleges of Nursing (2006) identified the Essentials of the Doctoral Nursing Practice to include:

1) Scientific underpinnings for Practice.

2) Organizational and Systems Leadership for Quality Improvement and Systems Thinking.

3) Clinical Scholarship and Analytical Methods for Evidence-Based Practice.

4) Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care.

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6) Inter-professional Collaboration for Improving Patient and Population Health Outcomes.

7) Clinical Prevention and Population Health for Improving the Nation’s Health.

8) Advanced Nursing Practice (The American Association of Colleges of Nursing, 2006)

The DNP graduate will have a focus on clinical scholarship and analytical methods for evidence-based practice (The American Association of Colleges of Nursing, 2006). “The amount of scientific knowledge is seemingly growing exponentially and the need for translating this knowledge into clinical practice has never been greater” (Vincent, Johnson, Velansquez, & Rigney, 2012). DNP prepared advanced practice nurses are key practitioners that will help to bridge the gap between research and practice.

As mentioned above, the role of advanced practice nurse is one of the essentials of the DNP (American Association of Colleges of Nursing 2006). As an advanced practice nurses we must utilize communication, critical thinking, professionalism, and research to provide leadership and expert care in the clinical setting.
Table 1: Branches of Philosophy

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<tr>
<th>Branch</th>
<th>Description</th>
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<tbody>
<tr>
<td>Metaphysics</td>
<td>Study of fundamental nature of reality and existence</td>
</tr>
<tr>
<td>Ontology</td>
<td>Study of theory of being (what is or what exists)</td>
</tr>
<tr>
<td>Cosmology</td>
<td>Study of the physical universe</td>
</tr>
<tr>
<td>Epistemology</td>
<td>Study of knowledge (ways of knowing, nature of truth, and relationship between knowledge and belief)</td>
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<tr>
<td>Logic</td>
<td>Study of principles and methods of reasoning (inference and argument)</td>
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<tr>
<td>Ethics (axiology)</td>
<td>Study of nature of values; right and wrong (moral philosophy)</td>
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<tr>
<td>Esthetics</td>
<td>Study of appreciation of the arts or things beautiful.</td>
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<tr>
<td>Philosophy of science</td>
<td>Study of science and scientific practice</td>
</tr>
<tr>
<td>Political philosophy</td>
<td>Study of citizen and state</td>
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