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# 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 meta-paradigm 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

direction for nursing interventions (Philips, 2013) while the art of nursing assigns meaning that is individual to a particular patient and situation (Johnson, 2013).

My nursing philosophy supports the role of the nurse in the provision of care. In the IV initiation example, nursing science provides me with the technical skills and process for such a procedure. In terms of nursing art, the way I, as the nurse, approach and interact with the family and patient prior to and during the IV start will significantly impact the success of the intervention as well as the level of stress associated with it by the patient and family. By focusing on family-centered care I am able to develop a relationship with the family that not only incorporates them into the care process, but also supports their needs. It is clear that the metaparadigm concepts of person and nursing are strongly linked. The third metaparadigm concept, health, further exemplifies the interrelatedness of these concepts.

Health, as defined by Fawcett (1985), "refers to the wellness—illness states" (p. 226) an individual experiences. The experience of health, or lack thereof, is considered "a reflection of the whole person" (Thorne et al., 1998, p. 1261), which connects the metaparadigm concept of health strongly with the metaparadigm concept of person. The nurse has the potential to play a significant role in addressing the health-related and personal issues of the patient and their family as "nurses endeavor to nurse patients through an illness to a satisfactory outcome, whether this is regaining health and function or coping with disability or the ultimate transition of a peaceful death" (LeVasseur, 1999, p. 61).

Health is further understood through the aid of nursing science, which provides knowledge about health and illness processes. The art of nursing supports the use of "intimacy that results in supportive relationships" (Dowling, 2006, p. 49). The development of a therapeutic relationship ensures a clearer understanding of health and illness states as perceived by the patient. In the NICU, nursing science helps me determine appropriate nursing interventions while the art of nursing helps me understand the perspective of the family and support their needs and perception of health.

The final nursing metaparadigm concept refers to environment, which encompasses "those surroundings and significant others that may facilitate or impede" (Fawcett, 1985, p. 226) the person's ability to obtain a state of health. This metaparadigm concept places "the individual within the context of their surrounding environment rather than considering them in isolation" (Fawcett,

1984, p. 85). As such, environment is interrelated to the metapardigm concepts of person, nurse, and health.

In the IV insertion example, nursing science provides me with knowledge pertaining to how an infant interacts with their environment and how to best provide environmental support. Before starting the IV, I would consider developmental care and ensure that the room is warm, bringing in a heat lamp if necessary to prevent complications such as hypothermia (Halimaa, 2003). The art of nursing helps me to assess the neonate's family and address any concerns they have. If a neonate's parents are very nervous and stressed about a procedure, I will strive to talk with them and understand their perspective. By maintaining a focus on the family, and even incorporating them into care delivery, I can assuage their fears, which will improve their ability to care for their infant and themselves (Boykova and Kenner, 2010). Within family-centered, developmentally sensitive care, it is important to work in partnership or collaboration with the family (Boykova and Kenner, 2010). As a nurse, I work hard to promote a positive environment, which will certainly impact the neonate and their family.

When providing nursing care, Litchfield and Jonsdottir (2013) state that it is necessary to consider "the nurse-person-environment-health inter-relationship as fundamental" (p. 55). Through the use of nursing's metaparadigm in my personal philosophy of nursing, I am better able to conceptualize the priorities of my nursing practice. The integration of nursing science and art in the delivery of care works to ensure that the nursing care I provide is holistic, family-centered, developmentally sensitive, and truly meets the needs of the patient in question and their family. The utilization of nursing science and art promotes nursing knowledge development while also helping to define nursing as a practical profession.

## Furthering the nursing profession through nursing science and art

My personal philosophy of nursing ascribes to the idea that nursing knowledge development has resulted in nursing reaching the status of profession. To be considered a profession, a discipline must possess a body of knowledge that is independent and unique (Rutty, 1998). Nursing science meets this requirement by "providing a unique body of knowledge which is inherent to professional status" (Jennings, 1986, p.509). The art of nursing is "an essential activity grounded by practice and manifest in helping patients create coherence and

meaning in lives threatened by transitions of many kinds" (LeVasseur, 1999, p.62) and should be incorporated into nursing practice alongside nursing science. While nursing science works to assign the discipline of nursing professional status, the combination of nursing art and science ensures the delivery of quality nursing care.

Rose and Parker (1994) posit that "if artistry is neglected in professional practice the risk is that practitioners will focus so much on rules that their actions may become ritualistic and their clients dehumanized cases" (p. 1008). The integration of nursing science and art can be used as "a guide to practice" (Newman, 2002, p. 1). As the development of nursing knowledge progresses, the profession of nursing will continue to expand its' knowledge base, while never forgetting the individual patient and their family. Nursing as a profession uses both nursing science and art to develop knowledge and improve patient care.

## Nursing knowledge in practice

### Use of nursing's five ways of knowing

The use of nursing knowledge in practice is essential for the delivery of appropriate patient-centered nursing care. Nursing utilizes five ways of knowing identified as empirical, esthetic, personal, ethical, and sociopolitical (Carper, 2012; White, 2012) that aid in the application and development of nursing knowledge. Empirical knowing "encompasses publicly verifiable, factual description, explanations, and predictions based on subjective or objective group data" (Fawcett et al., 2012, p. 23) and provides the concrete, factual basis necessary for nursing interventions. Esthetic knowing is also considered the art of nursing and is viewed as a "holistic capacity" (Johnson, 2013, p.175). Esthetic knowing recognizes that "the nurse's perceptual ability allows him or her to immediately grasp the meaning of a situation, instead of piecing together an understanding of what is happening" (Johnson, p. 175–176). Ethical knowing pertains to the nurse's ability to assess the moral and ethical requirements of a nursing-related situation or interaction (Mantzorou and Mastrogiannis, 2011). Personal knowing highlights the importance of self-awareness, the impact one's interactions have on another individual, and the value of a therapeutic nurse–patient relationship (Jenks, 1993). Finally, sociopolitical knowing provides the context in which to provide nursing care (White, 2012).

My philosophy of nursing incorporates the five ways of knowing as a means of providing care that is truly holistic. The application of nursing's ways of knowing is what makes nursing an art based on science whereby "the design of the art-act combines all patterns of knowing in its esthetic form — it is all of and more than the other patterns" (White, 2012, p. 212). When I am working with a neonate who is palliative, empirical knowing helps me to assess and monitor vital signs and determine how to respond appropriately. Ethical knowing is used whenever I assess the need to act or not act in order to provide the best care for the patient and their family and work to facilitate a dignified death. I utilize personal knowing in my interactions with the family to facilitate a working therapeutic relationship, which helps me to respond appropriately to patient and family needs and be aware of my own emotions and feelings surrounding the experience. Sociopolitical knowing helps me understand the context in which I am interacting with a neonate and their family and aids in the provision of culturally competent (McFarland and Eipperle, 2008) nursing care.

Finally, esthetic knowing provides me with the ability to put all of the knowledge and information I have gathered together in a manner that improves my ability to respond to the needs of the patient and their family while preserving dignity and providing empathy and compassion. Nursing is "characterized by knowing the patient, living-with in the life of the patient, seeing the patients, and sensing patients" (Lykkeslet and Gjengedal, 2006, p. 88). My personal nursing philosophy and the five ways of knowing aid me in the provision of quality, holistic patient care while the application of nursing theories further improves the care I am able to provide.

### Theories in practice

The use of theories in nursing practice is an essential component of care delivery. Unique nursing theories use "concepts and their relationships to organize and critique existing knowledge and guide new discoveries to advance practice" (Higgins and Moore, 2012, p. 282), while also promoting nursing as a profession (Celik et al., 2011). In accordance with my personal philosophy of nursing, I utilize nursing theories, which are theories "specific to the discipline of nursing, explicitly rooted in a philosophy of nursing, and intended solely to guide nursing practice and research" (Cody, 2013, p. 50) to guide my practice.

One nursing theory of note I use in my practice and that supports the concepts and values of my personal philosophy of nursing is Kolcaba's comfort theory. Comfort theory posits that individuals naturally seek comfort in times of illness and distress and "directly guides nursing care that is inclusive of physical, psychospiritual, social, and environmental interventions" (Kolcaba, 1993, p. 1183). Comfort theory also utilizes nursing's ways of knowing because, "in order to provide comfort, then, the nurse must first understand what the need is" (Kolcaba and Kolcaba, 1991, p. 1305). When working with neonates and their families in the NICU, comfort theory provides a coherent framework that can be utilized to aid in the provision of holistic nursing care. In addition to nursing theories, many non-nursing theories, or borrowed theories, can be useful in the provision of care.

In order to be effective, borrowed theories must be able to demonstrate a strong connection with nursing practice. Fawcett (1985) posits that "any theory borrowed from another discipline should be placed in a nursing context by linking it with a logically congruent conceptual mode of nursing" (p. 228). Synactive theory is "derived from various fields" (Ballweg and Nepstad, 2010, p.113) and is the foundation for the conceptual model of developmental care. As discussed previously, developmental care considers "the developmental process to be based on subsystem interaction between a neonate's internal functioning, the environment, and caregivers" (Milford and Zapalo, 2012, p. 250). Synactive theory and developmental care are very important to nursing care in the NICU.

A poignant example of the use of knowledge from nursing theory and borrowed theory involved the death of a neonate several hours after birth. This infant was born with multiple anomalies, and the parents, who were very religious, did not want to move to palliative care until their child had been baptized. Because it was four in the morning and the neonate was not going to survive long enough to call in a priest, I performed the baptismal rite. In an emergency, a non-clergy person is permitted to perform such rites. This act provided the parents with the comfort and closure they needed to discontinue care on their terms. For the neonate in question, every effort was made to provide comfort within a caring environment that was developmentally appropriate. This example also highlights the importance of family-centered care in terms of the inclusion of the parents as part of the unit of care while respecting their wishes.

## Use of nursing's paradigms

Nursing's paradigms provide me with a means for interpreting knowledge as well as a guide for further knowledge development. My personal nursing philosophy incorporates nursing's three major paradigms known as the empirical, interpretive, and critical paradigms. As described by Monti and Tingen (1999), "the empiricist paradigm is necessary if nursing science is to substantiate claims regarding nursing care and the response of persons in health and illness situations, provide explanatory models and test and generate theory" (p. 69). The interpretive paradigm looks at subjective, qualitative data and "human values are seen as real and as important as empirical aspects of reality" (Wolfer, 1993, p. 144). Finally, the critical paradigm seeks to "expose social inequities that prohibit people from reaching their full potential" (Butterfield, 2013, p. 144).

The use of all three paradigms ensures a well-rounded, holistic practice and supports the development of nursing knowledge that is comprehensive and multi-faceted. A pragmatic approach, which supports the use of multiple paradigms, involves a willingness to "use any existing theory or knowledge relevant to the situation" (Warms and Schroeder, 2012, p. 149). In practice, the empirical paradigm provides me with knowledge pertaining to the physical tasks of nursing and their quantitative impact on patient outcomes, such as how to maintain aseptic technique when changing infusion lines on a central venous catheter (Alberta Health Services, 2013). The interpretive paradigm provides me with information pertaining to the signs and symptoms of neonatal withdrawal, which occur following delivery if a mother has used a number of prescription or street drugs during the pregnancy (Ordean and Chisamore, 2014). Finally, the critical paradigm assists me in identifying disparities in access to services and care as it pertains to certain groups of individuals with the intention of addressing such concerns (Weaver and Olson, 2006). An example of using the critical paradigm involves working with refugees new to Canada to improve their access to health care and other necessities.

My personal philosophy of nursing is supported by the use of multiple paradigms in practice and promotes the concept of acting knowledge, which "is the outcome of the integration of multiple perceptions, thoughts, and critical analysis in any given experience" (Whittemore, 1999, p. 365). By utilizing knowledge gained from each paradigm and incorporating it into a cohesive whole, I am better able to apply the idea of acting knowledge

and deliver the best possible nursing care. A pragmatic approach to nursing's paradigms also supports further nursing knowledge development.

## Development of nursing knowledge

The development of knowledge "from a unique nursing perspective defines the boundaries of nursing and delineates the nature and application of nursing knowledge that explicates the nurses' unique contribution to the health care team" (Arslanian-Engore et al., 2013, p. 363). A nurse scholar is a professional, educated nurse who must properly comprehend and utilize nursing theories "in guiding practice, research, education, and regulation" (Bunkers, 2013, p. 370). It is the responsibility of every practicing nurse to work as a nurse scholar and endeavor to increase nursing knowledge. My personal nursing philosophy provides me, as a nurse scholar, with a foundation and a particular perspective on nursing care that can aid in the development of nursing knowledge.

It cannot be understated how important "the integral role practice experiences play in the ongoing development of theory" (Doane and Varcoe, 2012, p. 48). As such, it is the nurse actively providing patient care who will expand nursing's knowledge base. Practice-based, situation-specific theories "focus on specific nursing phenomena, that reflect clinical practice, and that are limited to specific populations or to particular fields of practice" (Im, 2012, p. 289). The creation of such theories "assumes philosophical, theoretical, and methodological plurality" (Im, p. 293), which is in keeping with the use of all three nursing paradigms and the incorporation of nursing's ways of knowing.

As a practicing nurse, I possess the ability to act as a nurse scholar and further nursing's knowledge base. Fawcett (2013) states that "clinical scholarship takes many forms, including the development and testing of assessment formats and intervention protocols and the application of clinical nursing research findings in daily clinical practice" (p. 37). I have been trained, along with several other nurses from my unit, to develop, execute, and assess simulations. We intend on using simulations to test and evaluate situation-specific nursing protocols, interventions, and assessments. The knowledge developed and refined in simulations can then be applied to nursing practice. For example, the decision to move to palliative care in the neonatal population can be extremely difficult for both the family and the nurse involved. The development, through simulations, of situation-specific nursing theories and practices pertaining to neonatal palliative care would be highly beneficial. Such theories and knowledge could work to address the issue of neonatal palliative care in a manner that promotes kindness, empathy, and caring for the neonate while supporting the family through this challenging time.

Ellis (2012) believes that "the professional practitioner must become not simply a user of a given theory, but a developer, tester, and expander of theory" (p. 58). Because "knowledge is not static but open-ended" (Reeder, 2013, p. 354), nurse scholars must always be mindful of changing perceptions and practice methods in order to stay current and provide the best nursing care possible. The application of my personal nursing philosophy will help me understand, formulate, and apply new nursing knowledge and theories to my practice. The use of nursing's various ways of knowing and paradigms allows for a holistic viewpoint of the patient and family.

## Conclusions

My personal nursing philosophy highlights the art of conveying nursing science holistically with compassion and dignity to patients and their families in times of health, illness, and death. This philosophy is based on nursing's metaparadigm concepts and highlights the importance of providing holistic nursing care to patients and their families. This paper described the application of my personal philosophy of nursing utilizing nursing's ways of knowing, nursing theories, and borrowed theories. A pragmatic approach to nursing's paradigms is encouraged with an emphasis on both the application of knowledge and knowledge development. The role of the nurse scholar in nursing knowledge development was also illustrated.

This paper sought to recognize "the integral relationship between philosophy and practice" (Doane, 2003, p. 25). Ascribing to a particular nursing philosophy provides the nurse with a direction for his or her nursing practice, as it is from a working nursing philosophy that nursing theory and knowledge are developed and integrated into practice. Nurses provide care, comfort, and compassion to individuals and their families in times of joy and heartbreak. This is a great privilege and one that must be held in the highest

esteem. As such, nursing philosophies, theories, and practice must endeavor to meet the needs of those we care for.

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