

**The Metaparadigm of Nursing and the Professional Nurse**

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“I have neither given nor received, nor will I tolerate others’ use of unauthorized aid.”

### **The Metaparadigm of Nursing and the Professional Nurse**

The field of nursing is a complex and emerging profession that interweaves several disciplines and sciences, and all these areas coalesce to arm nurses with the capability of serving their clients holistically. How nursing theorists utilize each of those domains and mold their concepts into a formal theory can and does vary among theorists, as does it among nurses. Each nurse is unique in their approach to client care and may adopt various concepts from several theories. How these concepts intermingle to shape the nurse's practice is identified as that nurse's nursing philosophy. However, at the heart of all these theories and methods lies a metaparadigm, a term defined by Hood (2022) as "a recognizable pattern or model that provides a foundation for a particular discipline used as an overarching framework to describe key organizing concepts related to the field" (p. 166).

#### **Components of the Metaparadigm**

Based on Hood's definition of a metaparadigm, any field of work that functions with the assistance of theories may have an underlying basis from which all those models form. In the case of nursing, this basis consists of human beings as clients, environmental factors, health processes, and nursing as a whole—specifically focused on the goals, roles, and functions of nursing (Hood, 2022). The idea of a metaparadigm for nursing was introduced in 1978 by Margaret Hardy, who loaned the term from Margaret Masterman's discussion of paradigms as a method of organization. Hardy viewed nursing as a disorganized field with "ill-defined perspectives" and "hap-hazard" development of knowledge (Bender, 2018, p. 1), and the goal of adopting a metaparadigm explicitly tailored for the field of nursing was to eliminate these shortcomings, promoting the unification of ideas and practices throughout the emerging profession (Hood, 2020).

### **What It Means to Be a Professional Nurse**

Although most, if not all, nursing theories stem from the nursing metaparadigm, a nurse does not necessarily have to be consciously aware of this paradigm to build their skill and competency as a professional nurse. The nursing metaparadigm provides a baseline of concepts to follow in any nursing theory; However, for many nurses, these baseline concepts may manifest naturally in their work when the nurse's goals consist of doing right by their clients' health and utilizing methods of care identified as the current best practice.

As members of the healthcare team and the faces of healthcare in general, nurses should feel responsible and be held accountable for every action taken to effect or prevent change in the client's health, which plays into their role as objective professionals in healthcare. Although the nurse's role is to provide care to the client and be considerate of the client's needs, it is equally as crucial that the nurse remain objective while providing care, which may prove difficult in a career that works so intimately with its clients. Clients often share a part (or, in the case of talkative clients, several parts) of their lives with the nurse, and the nurse may feel compelled to share parts of their life with the client, especially when that nurse is the caretaker of a client dealing with a difficult situation. Regardless, nursing is, in fact, a career, and professional nurses remember this when they provide adequate and fulfilling care to the client without personal involvement beyond the scope of meeting the client's needs.

It is appropriate to get to know the client to build rapport, but if the nurse-client relationship does more for the nurse than the client, then that relationship and the nurse are no longer professional. Whether or not the nurse has intentionally encouraged that change in dynamic does not affect that it is unethical and unfair to the client, and the professional nurse should take care to maintain the objective relationship.

### **Values and Beliefs in Nursing Practice: From Student Nurse to Registered Nurse**

As discussed throughout this paper, each nurse—and student nurse—develops a nursing philosophy throughout their education and career. This nursing philosophy may develop from significant experiences the nurse has faced throughout their personal and professional lives, epiphanies reached through intense introspection, and new ideas acquired and understood through peer discussion. As these experiences affect the nurse and their approach to life, so too do they aggregate to form the nurse’s approach to client care and, thus, their nursing philosophy.

Student nurses who have faced adversity or discrimination due to inherent and nonmodifiable factors such as race/ethnicity, nationality, sex, gender expression, sexuality, age, or religion often find themselves constantly forging a “safe space” for their clients and colleagues alike to feel included and cared about. For this kind of nurse, this behavior may have begun as an intentional habit before becoming an unconscious way of thinking, transforming the nurse from someone who thinks about being inclusive into someone who is inclusive by nature – without conscious effort.

Student nurses who have experienced moments in their personal or professional lives when they felt they were not being listened to may make it a goal of their approach to care to ensure the needs of their clients are thoroughly acknowledged and wholly met. This type of nurse may have one pivotal moment or several accumulating moments in which they felt they were not heard and that this caused them emotional or physical harm, motivating this nurse to consistently follow up with their clients and encourage them to share feedback on ways the nurse could be a better listener. This would also allow the nurse to better include the client in decisions regarding the client’s plan of care, which may lead to a more desirable outcome for both the client and the nurse.

### **Personal Reflection: Career in 2030**

As a lifelong casual overachiever, I have always been held to a higher standard than I would prefer and, indeed, a higher standard than I hold myself. Throughout grade school and high school, I was aimless, lacked ambition, and did what was expected of me. I failed to acquire the ability to set goals for myself because those goals were always already set for me. When I finally got to college, I lacked a clear vision for my future and chose the nursing career because it was what I felt drawn to in high school, though I no longer felt drawn to any career once I was in college. As I have nearly finished my first semester of nursing school and come closer to earning my BSN, I now envision myself taking the NCLEX and realize that I still do not know what I want to be when I grow up.

As is evident from my choice of school, I will most likely become an RN and enter nursing, but that does not specify what type of nurse I will be or hope to become. My default answer is that I am currently a tech in the emergency department and that the logical progression seems to involve becoming a nurse in the emergency department. I am comfortable with acuity and can accurately predict client needs/orders, so what stops me is not that I find myself unfit for my specialty. Instead, I face burnout and some semblance of compassion fatigue. I find myself drawn to less emergent fields of nursing to maintain my mental-emotional reserve and, thus, foster my ability to be the best possible nurse for my patients.

At the same time, I worry that I will become bored or anxious in an environment that is not as constantly stimulating, so I find myself torn. Due to this rift in my decision-making, I have decided to focus on less specific goals in my career: education and comfort. I would like to have completed my MSN (focus pending) and settled into my career, whichever specialty that involves. Thus, perhaps my career goal for 2030 is this: Know what I want to be when I grow up.

### References

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