

Nursing Philosophy

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Introduction of the nursing metaparadigm

“Nursing” is unlike any other word in the dictionary, there is no universal definition that is applicable in any situation. Nursing looks different, feels different, progresses differently, and each nursing experience is unique to the nurse and patient. Nursing may not be easily defined; however, the nursing metaparadigm emphasizes four components of nursing that are universal and promote the best quality of patient care. The nursing metaparadigm is composed of person, health, environment, and nursing. These components can be similar to rules that ensure “the wellness and functioning of humans during times of health and illness; the models of interaction between human beings and the environment in times of calm and crisis; the implementation of positive nursing interventions that impact a person’s health status; and attention to the complex entirety of human health, with the understanding that people are in constant interaction with the environment,” (VD, 2002, p. 3). Nurses must see a patient for their needs and who they are, rather than seeing them as an illness they treat.

Four components of nursing metaparadigm

Person, health, environment, and nursing, what exactly do these words mean and how are they applicable in nursing care? The person not only applies to the patient, but the patient’s family, relationships, jobs, and other aspects that make them who they are. Nurses are placed in stressful situations in their day-to-day lives which may make them judgmental of their patients before they even get to meet them (X, 2008). A patient is not who they are on their chart, they are someone who deserves the highest quality of care. A patient may not care about nursing interventions if they feel healthy. Health is generally associated with a feeling of well-being. Even if someone is diagnosed with a disease, does that make them unhealthy? Health goes beyond lab values and diagnoses, it involves finance, spirituality, occupation, relationships, and

emotions. A holistic approach is necessary when caring for patients. Nurses are told to provide their patients with a “comfortable environment” and to adjust where it is needed. The lights can be dim or bright, the room warm or cool, the TV loud or off, aesthetically pleasing décor or none at all. These types of environments would make no difference to a person who has a depressed headspace. Environment is not only where the person is physically, but where they go psychologically as well (Deliktas, 2019). An ER nurse is never used to seeing the same patient day to day, besides the frequent flyers perhaps. A long-term care nurse may have been caring for the same clients for years. Time is not a component when it comes to nursing, whether it is two hours or two years, a nurse is to heal and to impact their patients for the better.

Personal beliefs: what it means to be a nurse

Several metaphors can be used when describing nurse qualities. A student compared a nurse to a nurse, who consistently gives more than what they receive (Deliktas, 2019). We are taught to make sure we care for ourselves before we can care for others. Despite the emphasis on self-care, it is in our nature to make sure our patient’s needs are met well before ours, not expecting anything in return. I think to be a nurse, you cannot settle until you know your patients have been well cared for, that is just instinct. I do think self-care is important, eventually, nurses run out of energy to give if they just keep going. I hear stories about the kinds of nurses my friends or family members had when they required care. They described how kind they were and how they made their stay the best they could. As a nurse, it does not matter if this is the twelfth patient you have seen today, this is the first time they have seen you. I have noticed during my time working in a hospital how many healthcare workers visit patients. There are the techs, providers, dietary, respiratory, physical therapy, and so on. A patient’s nurse should be their rock

and comfort through the passing of faces. We should be the ones who stick out to them the most, so they feel like a person and not just a chart.

Personal beliefs: my nursing practice

When I think of nursing, I think of my mother. She went through nursing school when my siblings and I were just babies and has continued her practice since. She has been a critical care nurse, an emergency nurse, a long-term care nurse, and a nurse for those with intellectual disabilities. I had the pleasure of working with her and when I watched her in action, I knew that she was the kind of healthcare worker I wanted to be. Coworkers and patients admired her, as did I. My mom made her patients feel like humans, she provided the best care no matter the circumstance. Not only did she provide the best care because it was her job, but because she truly had a passion for making their lives better. My motto is that not everything has to be so serious. Often, we see nurses stepping into their patients' rooms, passing medications or whatever it may be, then quickly moving on to their next patients. These nurses are focused, they have tons of work to get done and they see their patients as boxes they check off. I understand not all patients will like sarcasm or jokes, but most of them enjoy smiles and thoughtful questions. I think it is important to focus on their care and wellness, but it is also important I listen to their stories, I make sure they have ice cream for dinner because that is the only thing they want, and I will fetch as many heated blankets as they desire. As humans we have our ways of communication, I think the same goes for nursing. When I become a nurse, I will keep my mother in mind and strive to be the nurse I would want when I need it.

Where do I want my career to be in the year 2030?

In the year 2030, I will have had my RN for five years. My plan is to work in critical care for a year and return to midwifery school. By the year 2030, I hope to be a practicing midwife in

a clinic. Some people are drawn to surgery, geriatrics, or pediatrics, but I have always admired pregnancy and birth. I have watched many women in my life struggle with fertility and miscarriages and when I finally understood those struggles, I knew I wanted to be someone's light during those times. My experience as a critical care nurse will give me the strength to become comfortable in high-stress situations, such as birth. I aspire to be the midwife other women tell their pregnant friends about, "Go to Julia, she's the best!" I know it will take years to build up clientele and form bonds with them. In the year 2030, I will start as a midwife and remember those clients forever, just like I hope they remember me too.

References

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