# Personal Nursing Philosophy of Theory-Based Care

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As a professional discipline, nursing is defined by a unique set of philosophies, theories, and knowledge (Donaldson & Krowley, 1978). Rather than simply perform "tasks", nurses should practice based on personal and professional philosophical and theoretical underpinnings. Like many things in my life, my personal nursing philosophy is based on both empiricism and pragmatism. I agree with William James that "truth is verifiable to the extent that thoughts and statements correspond with actual things, as well as the extent to which they cohere . . . these are in turn verified by the observed results of the application of an idea to actual practice" (James, 1907, p. 83). As such, my personal philosophy of nursing is less abstract and more action/results oriented because that aligns to my own personal style and beliefs. I define nursing as "the study and implementation of measures to help people achieve their optimum state of wellness through a holistic lifestyle approach to preventing and managing health issues". To further explain my philosophy, I'll review (1) the major concepts and assumptions in my philosophy, (2) the model of care derived from the philosophy, (3) the implementation plan to support my philosophy, and (4) the evaluation plan to measure model adherence and success.

## Philosophy

As noted, my personal orientation toward goal directed behavior helps define my nursing philosophy as more of a mission statement than a theoretical concept. By including "implementation" in my definition, I developed a philosophy I can personally better utilize in practice, versus a more abstract description that might be a better fit for other nurses. However, I do believe there is value in ensuring my philosophy is based on certain nursing concepts and assumptions, including a linkage to the nursing meta-paradigm as well as existing nursing theories. This alignment assures I am driven by the unique aspects of the nursing profession.

At the highest level of abstraction, my philosophy would fall under Fawcett's reciprocal interaction paradigm (Butts, 2013). As described in this paradigm, I believe that human beings must be viewed holistically and that humans and the environment interact on each other. Change is probabilistic, but I also believe such change can be directed to a degree. With that underpinning at the paradigm level, I include the key concepts of "wellness", "holistic lifestyle approach", and "prevention and management". Wellness is the process of achieving full health and overall potential, based on whatever that potential is or means for each person. Although I support the World Health Organization's (2006) definition of health as "a complete state of physical, mental, and social well-being, and not merely the absence of disease or infirmity", my definition of wellness expands that concept to also include the achievement of overall potential. Complementing my definition of wellness, a holistic lifestyle approach embraces a focus on not just a person's physical health but also their social, intellectual, spiritual, emotional, and occupational needs. It includes understanding a person's definition of their desired potential. Finally, the prevention and management concept of my philosophy entails all the efforts and activities to both prevent health problems as well as effectively manage acute and chronic issues.

In terms of Fawcett's (1984) nursing meta-paradigm of human beings, environment, health, and nursing, I define health through my expanded definition of wellness. The environment is the combined set of social, cultural, vocational, and physical influences that affect human beings and their wellness. I align to Pender, Murdaugh, and Parson's (2011) view of human beings as biopsychosocial organisms who have a reciprocal relationship with the environment as they try to create an environment for maximizing potential but also react to, and are shaped by, environmental changes. Nursing is the action of working with individuals, families, and communities to help achieve optimal wellness, per my definition of wellness.

At a summary level, the basic assumption of my philosophy is that people desire to attain their individual optimum level of potential, and nurses can help achieve this through supporting holistic prevention and management of health. I draw on self-actualization concepts from Maslow and believe that people, after meeting more basic needs, strive for personal growth and the desire to fulfill their individual potential (Maslow, 1954). However, I believe the definition of potential is different for everyone and changes at different times in people's lives. As such, it is important for nurses to understand both where a person may currently be on the Maslow's hierarchy of needs and what each person's definition of full potential entails. This information is critical in helping patients in a holistic manner.

As noted, I also pull ideas from Pender's middle-range Health Promotion Model (HPM), and some of her thoughts on what motivates health related actions as well as the importance of understanding a patient holistically (Pender et al., 2011). Pender believes people are aware consciously, or subconsciously, of their own competencies. She also postulates that people value growth in directions they perceive as positive. They attempt actions to accomplish this growth, based on the perceived value of an action, their perceived ability to make the change, and the perceived negative results of not making the change. I agree with these assumptions, along with her beliefs concerning the effect that holistic factors have on the set of patient perceptions.

Finally, my assumptions concerning prevention include ideas from Neuman's System Model (NSM), specifically her thoughts on the levels of prevention (Neuman, 2005). In the NSM model, primary prevention helps reduce wellness stressors and strengthen a patient's "flexible lines of defense" or their ability to minimize the impact of these stressors. Secondary prevention involves finding and treating issues earlier to help stabilize the patient's "normal lines of defense" or normal level of wellness. Tertiary prevention helps the process of re-adaptation or

reconstitution using “lines of resistance” to return the patient to their normal or new optimal level of wellness. While I agree with these concepts, my personal philosophy highlights the tertiary aspect since it includes the management of chronic issues. This type of tertiary prevention is often the focus in my geriatric, long term care (LTC) population (Hunt, 2009).

## Model of Care

With my assumptions and concepts as a baseline, I define a model of care for my philosophy. This is depicted in appendix A using the Smith and Liehr (2014) ladder of abstraction tool. As noted, my philosophy aligns to the reciprocal interactive paradigm at the most abstract level and its assumptions concerning a holistic view of humans, reciprocal interaction, and change. At a theoretical level, I focus more on middle range theories, given my orientation toward a more pragmatic, practice oriented approach. Through a combination of my own theoretical concepts and additional ideas from Pender, Maslow, and Neuman, I include concepts of wellness, a holistic lifestyle approach, prevention, self-awareness, and self-actualization. Supporting these views, the practice tools at my empirical level include patient communication and documentation aides, holistic evaluation methods, education about prevention as well as diseases trajectories, and health promotion tracking and monitoring. Research is critical and includes scales for overall well-being, self-efficacy, and health promoting behaviors, as well as investigations of population specific (geriatric in my case) treatment guidelines and results. The geriatric focused versions of these scales and research, for my current population, are critical since many treatment approaches are different for older patients. In practice, the communication tools and scales are utilized to develop a comprehensive understanding of patients, which feeds the creation of holistic wellness plans based on applicable guidelines and patient specific factors. Education tools help ensure patients understand their

plans and health status/trajectory, while health promotion monitoring accesses results and provides input for adjustments as necessary.

## Implementation Plan

I have already been employing some ideas from my model, but I want to ensure more consistent use in practice. Fortunately, my current position providing comprehensive care to LTC patients allows more time with patients than some other Nurse Practitioner (NP) roles, and I believe I will have the time needed to implement my model. However, I need to make a few changes and additions to my typical approach. First, I will verify I have a thorough understanding of each patient's health and overall goals, including what achieving their "optimal potential" will look like. I will also ensure I understand any patient limitations - financial, family, social, etc. I will add these two steps into all initial patient meetings. Next, I will do a better job discussing and educating patients about their current health status, including disease trajectories for chronic issues. My company, Optum, has helpful tools and handouts for this, but I have not utilized them well in the past. I will also review each patient's status and progress in terms of health promotion. This health promotion takes many forms, including (1) primary prevention tools such as immunizations, diet, and exercise, (2) secondary prevention measures including applicable screening tests, and (3) tertiary actions for the best management of whatever chronic conditions the patient may have. Finally, I will review the results of these steps to ensure all important aspects are included and I am helping the patient holistically. It is important to note I have not specifically mentioned any additional steps/actions related to management of acute patient health issues. While very important, I think I already spend enough time and focus on acute management, and I believe it is honestly less important in the long run than holistic

prevention efforts. Additionally, the information gathered from the discussed implementation actions will also benefit management of acute issues.

The implementation of these steps will help me provide better overall care for my patients. Specifically, my actions to ensure a more comprehensive understanding of my patients' unique goals and comprehensive wellness status will support more tailored and effective plans of care. These plans will be aligned to the desired potential of each patient. Additionally, through detailed discussions and plans for preventative care, at all levels, I will help my patients better avoid or manage chronic conditions. The additional interaction and education with patients will also promote increased patient involvement and motivation. Finally, after trying these ideas, I will share thoughts with other providers to develop potential new processes and practices across our team. I'm also the "super-user/IT interface" for our team and will use that role to request EHR enhancements to support these plans.

## Evaluation Plan

To help monitor model success and make adjustments as needed, I will use several evaluation methods. These methods will include measurement of both the extent to which the model is implemented as well as the results. For measurement of the use of the model, I will utilize some existing and new documentation tools. Specifically, for ensuring a better understanding of the patient overall, I will use the social history, advanced care planning, and emotional/mental portions of my current EHR. To verify health status discussions, I will document patient education and questions as well as review and use specific Optum disease trajectory tools. There is an area in the EHR for this but it is not required, and I rarely currently use it. For health promotion, there are sections in the current EHR to document immunizations and screenings, so I am going to use the free text portion of that area to also define a summarized

overall health promotion plan. I will perform periodic self-audits for documentation compliance of these areas.

My company already provides a robust set of measurements to help access patient results. Those measures include many of the items I need to evaluate the results of my plan. There are metrics to verify required immunizations / screening tests as well as track key patient prevention and management issues such as HgA1c, Blood Pressure, Body Mass Index (BMI), Lipids and use/nonuse of certain medications. The trending for hospital admissions, falls, and changes in health status are also reported. In addition to these, I will add the Health and Wellness Assessment (HAWA) which was developed specifically to access the holistic wellness of LTC residents across physical, emotional, social, intellectual, spiritual and vocational dimensions (Engel & Kieffer, 2008). With this combination of objective metrics, I will measure the success and trends of my model of care over time.

## Summary

Nursing is a professional discipline and as such, nurses should practice based on a combination of personal and nursing specific philosophies and theories. My personal nursing philosophy focuses on a holistic approach to prevention and management of health issues so that people can achieve their own unique level of optimum wellness. This philosophy and the model of care derived from it include my own beliefs as well as concepts from Pender's HPM, Neuman's HSM, and Maslow's hierarchy of needs. Implementation of this model involves comprehensive and active communication with patients and ongoing preventative efforts at all levels. Existing and new tools will support these efforts, and objective measures will monitor both the use and success of the model of care. Through this approach, I will provide better, more tailored, and more comprehensive care for my patients.

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Appendix A
Ladder of Abstraction: Horne Model of Care