

# CHAPTER 3

## Philosophy of Nursing

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### Learning Objectives

After completing this chapter, the student should be able to:

1. Identify various philosophical views of truth.
2. Differentiate between values and beliefs.
3. Discuss the process of value clarification.
4. Explain the major components of nursing philosophy.
5. Articulate the purpose for having a personal philosophy of nursing.
6. Begin the development of a personal philosophy of nursing.

What is truth? Where do our ideas about truth originate? Why does truth matter? The four principal domains of nursing—person, environment, health, and nursing—are the building blocks for all philosophies of nursing. As you are learning about these ideas, you are also learning that many nurses develop nursing theories or models. Think about it . . . nurses creating theory! Yet who better to describe our profession than professional nurses? All right, so maybe you are not that excited about this reality. Still, you have to admit that the ability to articulate nursing values and beliefs to guide us in our understanding of professional nursing is impressive. More than impressive, nursing theory is necessary.

In this chapter, we look more closely at nursing philosophy and its significance to professional nursing. We study the difference between beliefs and values and investigate the importance of values clarification. Finally, we examine guidelines for creating a personal philosophy of nursing.

### Key Terms and Concepts

- » Paradigm
- » Realism
- » Idealism
- » Values
- » Values clarification

## Philosophy

Although no single definition of *philosophy* is uncontroversial, philosophy is defined in the following ways by the *American Heritage Dictionary of the English Language* (2000):

- Love and pursuit of wisdom by intellectual means and moral self-discipline
- Investigation of the nature, causes, or principles of reality, knowledge, or values, based on logical reasoning rather than empirical methods
- A system of thought based on or involving such inquiry; for example, the philosophy of Hume
- The critical analysis of fundamental assumptions or beliefs
- The disciplines presented in university curricula of science and the liberal arts, except medicine, law, and theology
- The discipline composed of logic, ethics, aesthetics, metaphysics, and epistemology
- A set of ideas or beliefs relating to a particular field or activity; an underlying theory; for example, an original philosophy of advertising
- A system of values by which one lives; for example, has an unusual philosophy of life

Examples of philosophies can be found in university catalogs, clinical agency manuals, and nursing school handbooks—and they are prolific on the Internet. Needless to say, people have strong values and beliefs about many topics. A written statement of philosophy is a good way to communicate to others what you see as truth.

Some people are anxious to prescribe their own system of values to others by implying what “should be.” However, each person or group of persons is responsible for delineating their particular philosophy. At the same time, how the insider’s philosophy fits with the outsider’s view is also important, particularly in such situations as nursing. Because nursing is inextricably linked to society, those of us within the profession must consider how society defines the values and beliefs within nursing.

How do we please everyone all the time? The answer is simple: We don’t. We do, however, consider our own values and beliefs, which are interdependent of society, as we convey our professional philosophy of nursing. Does the philosophy ever change? Absolutely. As society and individuals change, our philosophy of nursing changes to be congruent with new and renewed understanding. How did we get started on this journey? A brief look at the beginnings of philosophy can help answer that question.

## Early Philosophy

As society and individuals change, our philosophy of nursing changes to be congruent with new and renewed understanding. In the beginning, the Greeks moved from seeking supernatural to natural explanations. One assumption by the early Greek philosophers was that “something” had always existed. They did not question how something could come from nothing. Rather, they wanted to know what the “something” was. The pre-Socratics took the first step toward science in that they abandoned mythological thought and sought reason to answer their questions.

Heraclitus, a pre-Socratic philosopher, is well known for his thesis “everything is in flux.” He moved from simply looking at “being” to “becoming.” A popular analogy he used was that of a river, saying, “You cannot step into the same river twice, for different and again different waters flow.” More emphasis was placed on the senses versus reasoning.

On the other hand, Parmenides, who followed Heraclitus, said these two things: (1) nothing can change, and (2) our sensory perceptions are unreliable. He is called the first metaphysician, a “hard-core philosopher.” Metaphysics is the study of reality as a whole, including beyond the natural senses. What is the nature of reality? The universe? He starts with what it means and then moves to how the world must ultimately be. He does not go with his sense or experience. Parmenides thought that everything in the world had always been and that there was no such thing as change. He did, of course, sense that things changed, but his reason told him otherwise. He believed that our senses give us incorrect information and that we can rely only on our reason for acquiring knowledge about the world. This is called rationalism.

Probably a name more familiar to us is Socrates (469–399 B.C.), famous for philosophy that focused on man, not nature. There is no evidence that Socrates wrote down his ideas; however, his student Plato wrote about the teachings of Socrates, indicating that Socrates believed in the immortal soul and that natural phenomena are merely shadows of eternal forms or ideas. Plato himself was a rationalist, meaning that we know with our reason.

Aristotle (384–322 B.C.) followed Socrates and Plato. His father was a physician, apparently framing Aristotle’s interest in the natural world. He is known for his contribution to logic. Aristotle believed that the highest degree of reality is what we perceive with our senses. Unlike Plato, Aristotle did not believe in forms as separate from the real objects. When an object has both form and matter, it is called a substance. Aristotle said happiness was man’s goal and came through balance of the following: life of pleasure and enjoyment, life as a free and responsible citizen, and life as a thinker and philosopher.

During the Neoplatonism age in the third century, philosophy became known as the soul's vehicle to return to its intelligible roots. There was an extrarational approach to reach union with the One. Thinking was that truth, and certainty was not found in this world. This was a revival of the "other worldliness" thinking of Plato.

The birth of Christianity and Western philosophy came at the death of classicism. Augustine of Hippo (A.D. 354–430) became a Christian and was attracted to Neoplatonism, where existence is divine. In that period, evil was defined as an absence or incompleteness. Saint Thomas Aquinas (A.D. 1225–1274) is credited with bringing theology and philosophy together.

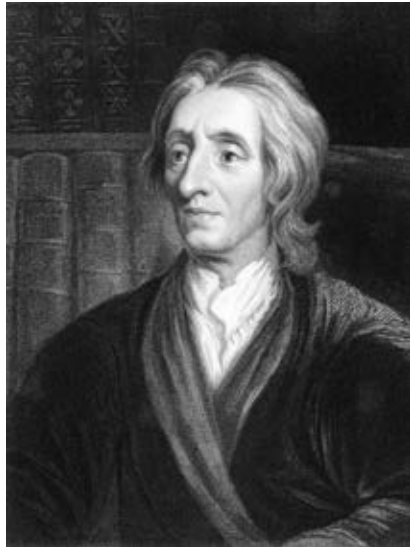
Throughout the centuries, from the Greeks to the present day, people have debated the same questions: What is man [sic]? What is God? How do God and man relate? How does man relate to man? One can become dizzy thinking about the possibilities. Humans have been asking questions for a very long time, and thankfully, that practice is not about to change. People have searched for truth and will continue to do so. Therefore, we should not strive to find absolute answers; rather, we should endeavor to be comfortable with the questioning. **Table 3-1** provides an overview of the perspectives of truth through the ages (see also **Figures 3-1–4**). From

**TABLE 3-1 Overview of the Perspectives of Truth Through the Ages**

School of Thought	Meaning of Truth (Philosophers)
Classical philosophers	Truth corresponds with reality, and reality is achieved through our perceptions of the world in which we live. Truth could be found in the natural world—through our sensory experiences. (Heraclitus, Aristotle) Truth can be found in the natural world—through our rational intellect. (Parmenides, Plato) Truth is found when one knows self. (Socrates) Truth is not of this world. (Plotinus)
Theocratics	Truth comes through an understanding of God. Truth can be found through both the senses and the intellect. (St. Thomas Aquinas)
Empiricists	Truth is based on experience and relating to our experiences. (Bacon, Locke, Hume, Mill)
Rationalists	All things are knowable by deductive reasoning. (Descartes, Spinoza)
Idealists	Truth exists only in the mind. (Berkeley, Hegel, Kant)
Positivists	Truth is science and the facts that science discovers. (Comte, Mill, Spencer)

**TABLE 3-1 Overview of the Perspectives of Truth Through the Ages (continued)**

<b>School of Thought</b>	<b>Meaning of Truth (Philosophers)</b>
Early existentialists	Truth is found through faith in existence as it relates to God. (Kierkegaard)
Pragmatists	Truth is relative and practical—if it works, then it is truth. (James, Peirce, Dewey)
Relativists	Truth is always dependent on the knower and the knower's context. (Kuhn, Laudan)
Phenomenologists	Truth is in human consciousness. (Husserl, Heidegger)
Existentialists	If truth can be found, it can be found only through the search for self. (Sartre, Merleau-Ponty, Gadamer)
Poststructuralists/ Postmodernists	Truth (if there is truth) is not singular and is always historical. Truth can be found in the deconstruction of language. (Derrida) Truth is (evolves from) the outcomes of events. (Foucault) Truth is created through dialogue with a purpose of emancipatory action. (Habermas, Freire) Truth is unique to gender. (Feminists)



**Figure 3-1** A portrait of British 17th-century empiricist philosopher John Locke, who believed that truth is based on experience and relating to our experiences.

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**Figure 3-2** Rene Descartes, a 17th-century French rationalist philosopher, mathematician, and scientist who believed that all things are knowable by deductive reasoning.



**Figure 3-3** Immanuel Kant, an 18th-century Germany idealist philosopher, believed that truth exists only in the mind.



**Figure 3-4** John Stuart Mill was a 19th-century British empiricist and positivist philosopher who believed that truth is based on experience and relating to our experiences and that truth is science and the facts that science discovers.

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the pre-Socratics to the poststructuralists and postmodern thinkers, ways of knowing and finding truth have changed.

Now, back to the real world: What is the purpose for this dialogue in a text on professional nursing? One of the critical theorists, Habermas, would say, “Communication is the way to truth.” We have this discussion because it leads us to truth. In this case, the dialogue leads us to truth about nursing. What we hold as truth does not come through mere reading, studying, or debating. The truth comes through dialogue. Let’s continue.

## Paradigms

How do you see the world? Whether you know it or not, you have an established worldview or **paradigm**. A paradigm is the lens through which you see the world. Paradigms are also philosophical foundations that support our approaches to research (Weaver & Olson, 2006). The continuum of **realism** and **idealism** explains bipolar paradigms (**Box 3-1**). Most people today would agree that “somewhere in the middle” of these dichotomies lies truth.

Our philosophies are established from a lifelong process of learning and show us how we find truth. In other words, a philosophy is our method

**BOX 3-1 THE CONTINUUM OF REALISM AND IDEALISM**

## Realism

- The world is static.
- Seeing is believing.
- The social world is a given.
- Reality is physical and independent.
- Logical thinking is superior.

## Idealism

- The world is evolving.
- There is more than meets the eye.
- The social world is created.
- Reality is a conception perceived in the mind.
- Thinking is dynamic and constructive.

of knowing. The experiences we have with ourselves, others, and the environment provide structure to our thinking. Ultimately, our philosophies are demonstrated in the outcomes of our day-to-day living. Nurses' values and beliefs about the profession come from observation and experience (Buresh & Gordon, 2000).

Your worldview of nursing began long before you enrolled in nursing school. As far as you can remember, think back on your understanding of nursing. What did you think you would do as a nurse? Did you know a nurse? Did you have an experience with a nurse? What images of the nurse did you see on television or in the movies? Since that time, your worldview of nursing has changed. What experiences in school have changed your perspective of nursing? Undoubtedly, how you see nursing now will differ from your worldview in a few years—or even a few months.

**KEY OUTCOME 3-1**

Example of applicable outcomes expected of the graduate from a baccalaureate program

Essential VIII: Professionalism and Professional Values

8.6 Reflect on one's own beliefs and values as they relate to professional practice (p. 28).

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

## Beliefs

A chief goal of this chapter is to provide a starting point for writing a personal philosophy of nursing. To do that, we must have a discussion of beliefs and values. *Beliefs* indicate what we value, and according to Steele (1979), beliefs have a faith component. Rokeach (1973) identifies three categories of beliefs: existential, evaluative, and prescriptive/proscriptive beliefs. Existential beliefs can be shown to be true or false. An example is the belief that the sun will come up each morning. Evaluative beliefs describe beliefs that make a judgment about whether something is good or bad. The belief that social drinking is immoral is an evaluative belief. Prescriptive and proscriptive beliefs refer to what people should (prescriptive) or should not (proscriptive)



do. An example of a prescriptive or desirable belief is that everyone should vote. An example of an undesirable or proscriptive belief is that people should not be dishonest. Beliefs demonstrate a personal confidence in the validity of a person, object, or idea.

Consider the second concept in nursing: *environment*. How do you define the internal (within the person) and external (outside the person) environments? Is it important that nurses look beyond the individual toward the surroundings and structures that influence quality of human life? If yes, then how do you see the relationship between the internal and external environments? Is one dimension more important than the other? How do they interact with each other? Martha Rogers, a grand theorist in nursing, described the environment as continuous with the person, no boundaries, in constant exchange of energy. Would you agree?

*Health* is the third domain of nursing to ponder. Is health the same as the absence of illness? Is health perception? A person who is living and surviving may be described as “healthy.” Would you support that as a comprehensive definition of health? Doheny et al. (1997) referred to health in the following way:

Health is dynamic and ever changing, not a stagnant state. Health can be measured only in relative terms. No one is absolutely healthy or ill. In addition, health applies to the total person, including progression toward the realization and fulfillment of one’s potential as well as maintaining physical, psychosocial health. (p. 19)

Maybe that definition is sufficient, but probably not. All definitions—including yours—have limitations. Definitions merely give us a way to express our beliefs and may, as our beliefs do, evolve over time.

Finally, consider common beliefs about *nursing*. Clarke (2006) posed that question in “So What Exactly Is a Nurse?”—an article addressing the problematic nature of defining nursing. The American Nurses Association (ANA) provided a much-used definition of nursing in 1980: “Nursing is the diagnosis and treatment of human responses to actual and potential health problems” (p. 9). Fifteen years later, the ANA (1995) expanded its basic definition of nursing to acknowledge four fundamental aspects. According to this definition, professional nursing includes attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation, integration of objective data with an understanding of the subjective experience of the patient, application of scientific knowledge to the processes of diagnosis and treatment, and provision of a

#### CRITICAL THINKING QUESTION\*

Where do you see yourself and your understanding of truth on the continuum of realism and idealism?\*

#### CRITICAL THINKING QUESTIONS\*

How would you define *person*? Look at the following attributes given to a person: (1) the ability to think and conceptualize, (2) the capacity to interact with others, (3) the need for boundaries, and (4) the use of language (Doheny, Cook, & Stopper, 1997). Would you agree? What about Maslow’s description of humanness in terms of a hierarchy of needs with self-actualization at the top? Another possibility is that persons are the major focus of nursing. Do you see humans as good or evil?\*

**CRITICAL THINKING QUESTION**★

Where do you see yourself and your understanding of truth on the continuum of realism and idealism?★

**CRITICAL THINKING QUESTION**★

What are your beliefs about the major concepts in nursing—person, environment, health, nursing?★

caring relationship that facilitates health and healing. In 2003, the ANA added two essential features to this list that reflect nursing's commitment to meeting the needs of society amid constant changes in the healthcare environment. These additional features are the advancement of nursing knowledge through scholarly inquiry and the influence on social and public policy for the promotion of social justice.

The definition of nursing has been only slightly modified since the 2003 revision: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering

through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (ANA, 2010, p. 10), with the newest revision (2015) specifically including the concept of facilitation of healing and adding groups to the list of recipients of nursing care. Four essential characteristics of nursing identified from the definition are "human responses or phenomena, theory application, nursing actions or interventions, and outcomes" (ANA, 2010, p. 10).

How would you define nursing? Understanding our beliefs and articulating them in definitions are beginning steps for developing a personal philosophy. Definitions tell us what things are. Our philosophy tells us how things are. One other piece must be addressed before we begin writing our personal philosophy: the topic of values.

## Values

**Values** refer to what the normative standard should be, not necessarily to how things actually are. Values are the principles and ideals that give meaning and direction to our social, personal, and professional lives. Steele (1979) defines *value* as "an affective disposition towards a person, object, or idea" (p. 1). The values of nursing have been articulated by such groups as the ANA in the *Code of Ethics* (2001), the National League for Nursing in the *NLN Education Competencies Model* (2010), and the American Association of Colleges of Nursing's (AACN) (2008) essentials for baccalaureate nursing education. The NLN identifies seven core values as foundational for all nursing practice that include caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness. The AACN essentials document calls for integration of professional nursing values in baccalaureate education; they are altruism, autonomy, human dignity, integrity, and social justice. Ways of teaching these values have been addressed in the literature (Fahrenwald, 2003).

Nursing values have been identified as the fundamentals that guide our standards, influence practice decisions, and provide the framework used for evaluation (Kenny, 2002). Nevertheless, nursing has been criticized as not clearly articulating what our values are (Kenny, 2002). If nursing is to engage in the move to “interprofessional working,” which is beyond uniprofessional and multiprofessional relationships, we have to define our values clearly. Interprofessional working validates what others provide in health care, and the relationships depend on mutual input and collaboration. Values in nursing need to be clearly articulated so that they can be discussed in the context of interprofessional partnership. We can then work together across traditional boundaries for the good of patients. Nursing offers something to health care that no other profession does, but that *something* must first be clear to those of us in nursing. “It is not enough just to argue that caring is never value-free, and that values are a fundamental aspect of nursing. What is required is greater precision and clarity so that values can be identified by those within the profession and articulated beyond it” (Kenny, 2002, p. 66).

Statements such as those by the ANA, the NLN, and the AACN mentioned earlier are a step in the right direction. Others have identified nursing values using different language. Antrobus (1997) sees nursing values as humanistic and include (1) a nurturing response to someone in need, (2) a view of the whole individual, (3) an emphasis on the individual’s perspective, (4) concentration on developing human potential, (5) an aim of well-being, and (6) maintenance of the nurse–patient relationship at the heart of the helping situation. Nursing values have also been listed as caregiving, accountability, integrity, trust, freedom, safety, and knowledge (Weis & Schank, 2000).

Rokeach (1973) makes the following assertions about values:

- Each person has a few.
- All humans possess the same values.
- People organize values into systems.
- Values are developed in response to culture, society, and personality.
- Behaviors are manifestations or consequences of values.

The process of valuing involves three steps: (1) choosing values, (2) prizing values, and (3) acting on values (Chitty, 2001). To choose a value is an intellectual stage in which a person selects a value from identified alternatives. Second, prizing values involves the emotional or affective dimension of valuing. When we “feel” a certain way about our values, it is because we have reached this second step. Finally, we have to act on our intellectual choice and emotion. This third step includes behavior or action that demonstrates our value. Ideally, a genuine value is evidenced by consistent behavior.

Steele (1979) distinguished between intrinsic and extrinsic values. An intrinsic value is required for living (e.g., food and water), whereas an

extrinsic value is not required for living and is originated external to the person. According to Simon and Clark (1975), the following criteria must be met in acquiring values:

- Must be freely chosen
- Must be selected from a list of alternatives
- Must have thoughtful consideration of each of the outcomes of the alternatives
- Must be prized and cherished
- Must involve a willingness to make values known to others
- Must precipitate action
- Must be integrated into lifestyle

*Value acquisition* refers to when a new value is assumed, and *value abandonment* is when a value is relinquished. *Value redistribution* occurs when society changes views about a particular value. Values are more dynamic than attitudes because values include motivation as well as cognitive, affective, and behavioral components. Therefore, people have fewer values than attitudes (feelings or dispositions toward a person, object, or idea). In the end, values determine our choices.

According to Steele (1979), values can compete with one another on our “hierarchy of values.” We typically have values that we hold about education, politics, gender, society, occupations, culture, religion, and so on. The values that are higher in the hierarchy receive more time, energy, resources, and attention. For change to occur there must be conflict among the value system. For example, if a patient values both freedom from pain and long life but is diagnosed with bone cancer, a conflict in values will occur. If professional responsibilities and religious beliefs conflict, the solution is not as simple as “right versus wrong.” Rather, it is the choice between two goods. For example, suppose you have strong religious views about abortion. During your rotation, you are assigned to care for someone who elects to have an abortion. As a nurse, you must balance the value of the patient’s choice with your personal value about elective abortions. These decisions are not easy.

Dowds and Marcel (1998) conducted a study involving 40 female nursing students who were taking a psychology class. The students completed the World Hypothesis Scale, which provided 12 items, each with four possible explanations of an event. Each of the four explanations represented a distinct way of thinking. A list of definitions and descriptions of the different ways of thinking includes the following:

- *Contextualism*: Understanding is embedded in context; meaning is subjective and open to change and dependent on the moment in time and the person’s perspective.

- *Formism*: Understanding events in relationship to their similarity to an ideal or objective standard comes from categorization (e.g., the classification of plants and animals in biology).
- *Mechanism*: Understanding is in terms of cause-and-effect relationships, the common approach used by modern medicine.
- *Organicism*: Understanding comes from patterns and relationships; must understand the whole to understand the parts (e.g., cannot look at a child's language development without looking at his or her overall development history).

The students ranked the explanations in terms of their preferences for understanding the event. Nursing students chose mechanistic thinking significantly more than all other ways of thinking and chose contextualistic thinking significantly less than the other worldviews. No other comparisons were significant among or between the four worldviews. In other words, the nursing students did not choose options that allowed for more than one right answer. They resisted the options that allowed for ambiguity. What this tells us in relationship to values is that we can say that we value human response and the whole individual, but do we really? Human situations are dynamic, fluid, and open to multiple options. Nursing claims to respond to these contextual needs, but do we?

## Values Clarification

Clarifying our values is an eye-opening experience (Figure 3-5). The process of **values clarification** can occur in a group or individually and helps us understand who we are and what is most important to us. The outcome of



**Figure 3-5** Nursing students engaged in a classroom values clarification exercise to help discern both personal and professional values.

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values clarification is positive because the outcome is growth. If the process occurs in a group, there must be trust within the group. No one should be embarrassed or intimidated. Everyone is respected.

Values clarification exercises help people discern their individual values. A simple approach to begin the process is considering your responses to such statements as “Patients have a right to know everything that is in the medical record.” What is your immediate reaction? How do you feel about the options available in this situation? Have you acted on these beliefs in the past? Another statement to consider is this: “Everyone should have equal access to health care—regardless of income.” Ask yourself the same questions. Other exercises involve real or hypothetical clinical situations. For example, a 19-year-old male with human immunodeficiency virus is totally dependent. His parents remain at his bedside but do not say a word. Another example is a single mom who has recently been diagnosed with multiple sclerosis. What about a 70-year-old man who loses his wife of 42 years, only to remarry a woman who is soon diagnosed with dementia? Reflect. What questions do you have? Why are these people in these situations? Does that matter? What in the patient’s life choices conflicts with your choices? Share this with your peers, your friends, and your teachers.

In values clarification, one should consider the steps identified earlier as necessary for value acquisition: (1) choosing freely from among alternatives, (2) experiencing an emotional connection, and (3) demonstrating actions consistent with a stated value. We act on values as the climax of the values clarification process. We are more aware, more empathetic to others, and have greater insight into ourselves and those around us for having gone through this process. Our words and actions are not so different, and we become more content with the individuals we are (i.e., self-actualization). Values clarification also allows us to be more open to accepting others’ choice of values.

We must keep in mind that values vary from person to person. Returning to the concept of health, if we asked several people “What is health?,” we would get different responses because it means different things to different people. Most likely, we would find that others do not place health as high in their hierarchy of values as we do. This helps explain why some people go to the physician for every little ailment, whereas others wait until the situation is critical. Maintaining a nonjudgmental attitude about the values of others is crucial to the nurse–patient relationship.

#### CRITICAL THINKING QUESTIONS\*

Do you believe there is more than one right answer to situations? How do you value the whole individual? What barriers prevent us from responding to the contextual needs of our patients?\*

In health care, we need to clarify values for both the consumer and the provider in society. Referring once again to health, we recognize that although the majority of our society states that health is a right, not a privilege, not everyone has health care. Is health positioned at the top of society’s hierarchy of values? We also have to assess the

individual's values for congruency with the societal values. As research gives us new options to consider, continual reassessment of values is essential. A questioning attitude is healthy and necessary.

As a profession, nursing is responsible for clarifying our values on a regular basis. Just as society places a value on health, society also determines the value of nursing in the provision of health. In addition, nurses need to be involved in all levels where decisions based on values are made, particularly with ethical decisions. The values that nursing supports need to be communicated clearly to those making the policies that affect the health of our society.

Values clarification is done for the purpose of understanding self—to discover what is important and meaningful (Steele, 1979). Throughout life, the process continues as it gives direction to life. As you work through the course of values clarification, keep in mind that personal and professional values are not necessarily the same.

## Developing a Personal Philosophy of Nursing

Before we begin writing our individual nursing philosophies, consider the following comments about philosophy. According to Doheny et al. (1997), philosophy is defined as “beliefs of a person or group of persons” and “reveals underlying values and attitudes regarding an area” (p. 259). In this concise definition, these authors mentioned the building blocks of philosophy that we have discussed thus far: attitudes, beliefs, and values. Another definition that is not as concise reads, “Nursing philosophy 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—nursing practice and human healing processes—represented in the metaparadigm (ontology)” (Reed, 1999, p. 483). Finally, philosophy “looks at the nature of things and aims to provide the meaning of nursing phenomena” (Blais, Hayes, Kozier, & Erb, 2002, p. 90).

In *Nursing's Agenda for the Future*, the ANA (2002) identified the need for nurses to “believe, articulate, and demonstrate the value of nursing” (p. 15). To do that, each professional nurse is responsible for clearly articulating a personal philosophy of nursing. Suggestions for developing personal professional philosophies have been presented in the literature (Brown & Gillis, 1999). The overall purpose of personal philosophy is to define how one finds truth. Because there are different ways of knowing, each person has a unique way of finding truth—in other words, identifying our individual philosophy. Therefore, your philosophy of nursing will be unique.

### KEY OUTCOME 3-2

Example of applicable outcomes expected of the graduate from a baccalaureate program

Essential IX: Baccalaureate Generalist Nursing Practice

9.18 Develop an awareness of patients' as well as health-care professionals' spiritual beliefs and values and how those beliefs and values impact health care (p. 32).

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

**KEY COMPETENCY 3-1**

Examples of applicable *Nurse of the Future: Nursing Core Competencies*

Professionalism:

**Knowledge (K7)** Understands ethical principles, values, concepts, and decision making that apply to nursing and patient care

**Skills (S7c)** Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice

**Attitudes/Behaviors (A7c)** Clarifies personal and professional values and recognizes their impact on decision making and professional behavior

**Attitudes/Behaviors (A7d)** Values acting with honesty and integrity in relationships with patients, families, and other team members across the continuum of care

Reproduced from Massachusetts Department of Higher Education. (2016). *Nurse of the future: Nursing core competencies: Registered nurse*. Retrieved from [http://www.mass.edu/nahi/documents/NOFRNCompetencies\\_updated\\_March2016.pdf](http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf)

How do you start writing? A suggested guide for writing your personal philosophy of nursing is in **Box 3-2**. When defining nursing, you may refer to definitions by professional individuals or groups. You may also choose to write an original definition, which is certainly acceptable. A final challenge would be this: Once you have used words to describe your personal philosophy, try drawing it. This exercise can enlighten you to gaps in your understanding and further clarify the picture for you.

Writing a philosophy does not have to be a difficult exercise. In fact, you have one already—you just need to practice putting it on paper. Keep in mind that your philosophy will change over time. In addition, composing a nursing philosophy will help you see yourself as an active participant in the profession.

Consider the scene if no one in nursing had a philosophy. What would happen? Unfortunately, we would find ourselves doing tasks without considering the rationale and performing routines in the absence of purpose. Most likely, we would find ourselves devalued by our patients and fellow care providers.

**BOX 3-2 GUIDE FOR WRITING A PERSONAL PHILOSOPHY OF NURSING**

1. Introduction
  - a. Who are you?
  - b. Where do you practice nursing?
2. Define nursing.
  - a. What is nursing?
  - b. Why does nursing exist?
  - c. Why do you practice nursing?
3. What are your assumptions or underlying beliefs about:
  - a. Nurses?
  - b. Patients?
  - c. Other healthcare providers?
  - d. Communities?
4. Define the major domains of nursing and provide examples:
  - a. Person
  - b. Health
  - c. Environment
5. Summary
  - a. How are the domains connected?
  - b. What is your vision of nursing for the future?
  - c. What are the challenges that you will face as a nurse?
  - d. What are your goals for professional development?



Although our individual philosophies vary, there are similarities that link us in our universal philosophy as a profession. As a whole, we are kept on track by continually evaluating our attitudes, beliefs, and values. We can evaluate our efforts by reflecting on our philosophies. In the process of personal and professional reflection, we are challenged to reach global relevancy and to begin the development of a global nursing philosophy (Henry, 1998).

## Conclusion

In this chapter, we have discussed one of the most ambiguous concepts in professional disciplines—nursing philosophy. The history of philosophy helps us to see that asking questions about humans, environment, health, and nursing is a continual process that leads to a better understanding of truth in our profession. Our own values and beliefs must be clarified so that we can authentically respond to the healthcare needs of our patients and to society as a whole. All along the way, our philosophies are changing. Therefore, we must constantly question the values of our profession, our society, and ourselves—aiming to better the health of all people worldwide.

Hegel, an early philosopher, said, “History is the spirit seeking freedom.” On this path of searching for truth, we ask the same question but in different contexts and with distinct experiences. The answers for one person do not provide the same satisfaction for another person. Through our individual and collective searching, we become *truth knowers*. Habermas, the supporter of dialogue, would suggest that the journey does not end with communication and questioning alone. When truth is revealed, oppressive forces are acknowledged, and the truth knowers are then responsible to move to action. Through that action comes a change in the social structure and the hope of rightness in the world.

### CRITICAL THINKING QUESTIONS\*

Do I believe in health care for everyone? Does health care for everyone have value to me as a person? Does it have value to me as a nurse? What value does universal health care have to my patients?\*

### CRITICAL THINKING QUESTIONS\*

How does my personal philosophy fit with the context of nursing? Does it fit? What areas, if any, need assessing?\*

### KEY COMPETENCY 3-2

Examples of applicable *Nurse of the Future: Nursing Core Competencies*

Professionalism:

Knowledge (K8a) Understands responsibilities inherent in being a member of the nursing profession

Skills (S8a) Understands the history and philosophy of the nursing profession

Attitudes/Behaviors (A8b) Values and upholds altruistic and humanistic principles

Reproduced from Massachusetts Department of Higher Education. (2016). *Nurse of the future: Nursing core competencies: Registered nurse*. Retrieved from [http://www.mass.edu/nahi/documents/NOFRNCompetencies\\_updated\\_March2016.pdf](http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf)

## Classroom Activity 3-1

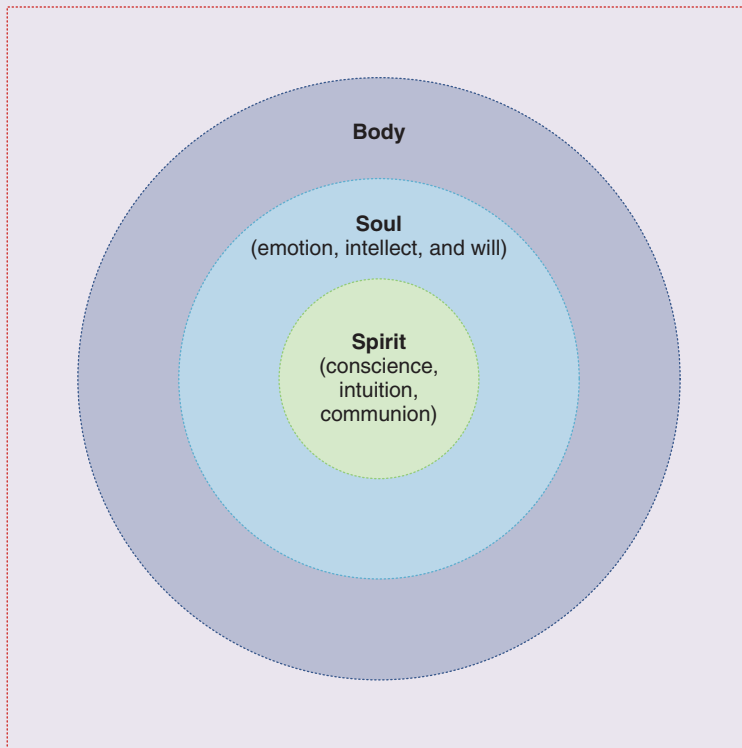
Take about 15 minutes after the discussion related to developing a philosophy of nursing to begin answering the questions in Box 3-2. Jot down answers to the questions in Box 3-2. Ask questions

as necessary while still in the classroom. This simple activity will make it easier when writing a personal philosophy of nursing.

### Classroom Activity 3-2

After thinking about your answers to the questions in Box 3-2 related to the metaparadigm concepts (person, health, environment, and nursing), draw each of these concepts as you define them on a separate piece of paper. Save your

drawings and think about them and refine them as you develop your philosophy of nursing. This activity works best if you use colored pencils, crayons, or markers. An example is presented in Figure 3-6.



**Figure 3-6** Drawing of the concept of person.

Reproduced from Masters, K. (2006). *Drawing of concept of person*. Unpublished classroom exercise, as adapted from Nee, W. (1968). *The spiritual man*. New York, NY: Christian Fellowship Publishers.

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