My View of the Ontological Dimension of Nursing

Assignment #1

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For

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Abstract

Understanding one’s own philosophy of nursing and what it means to be a nurse is fundamental and required in the profession of nursing. Being a nurse can mean so many things to different people. Experiences and reflection will also influence and change one’s perspectives over time. We, as a profession, must continue to push the boundaries, challenge the status quo, and come to a common understanding of what nursing is and how it is informed by the metaparadigms of nursing, person, health and environment.
The notion of ontology dates back to the days of early Greek philosophers. Aristotle, in book IV of Metaphysics, referred to it as the “first philosophy” – the study of being (Simons, 2015). Philosophy allows us to investigate the facts and principles of reality and to gain an understanding of ourselves. It allows us to establish a set of beliefs and principles about the world and a mode of inquiry to answer questions. Understanding one’s own philosophy of nursing and what is means to be a nurse is fundamental and required: “Philosophy helps nurses to think more critically and reflect on how their own values influence their practice and way of being” (Bruce et al., 2014, p. 65). As individual nurses, we utilize philosophy to inform our decisions, think critically, and debate clinical situations. At a higher level, being able to think philosophically “can enable nurses to influence discourse related to health care budgetary decisions, ethical care of patients, and organizational policies and procedures” (Bruce et al., 2014, p. 65).

On being a nurse

Being a nurse can mean so many things to different people. My perception of nursing as a discipline, as a profession and my understanding of what is means to be a nurse has certainly changed over the last seventeen years since I entered the profession. Many of the experiences I have honed over the years have influenced and shaped my understanding of what it means to be a nurse. I have come to describe being a nurse as a privilege. It enables us to experience unique powerful moments that are so morally intimate and powerful. Being a nurse allows us to accept gifts of wisdom from our patients. It gives us the insight to see differently, from different perspectives, different lenses, enabling multidimensional insight. Establishing therapeutic relationships with our patients and their families enables strong, deep connections to individuals,
families, communities and populations. Being a nurse makes me tender and deliberate, in my words and actions. Being a nurse allows me to experience to humility and uncertainty simultaneously. Having the privilege of witnessing someone dying in their in home as the family looks to me for hope in their time of ultimate loss and grief. That is being a nurse. Watching a 32-year-old mother of two walk out of the hospital after having suffered a severe stroke and knowing that I shared in her story. That is being a nurse.

Being a nurse enables me to utilize my knowledge, whether generalized, situated hermeneutic, critical hermeneutic, ethical or aesthetic as identified by Kim (2015) at the point of care. Being a nurse allows me to share my knowledge and influence the model of care delivery. It allows me to be a knowledge broker for patients, families, communities and peers by facilitating the connection and understanding between research producers and those that need evidence for decision-making and support capacity development for evidence-informed decision-making (Catallo, 2015).

With privilege also comes responsibility. Being a nurse requires me to have insight into my own practice, and the limits of my practice. It requires me to continually analyze data and challenge the status quo. Being a nurse requires me to be familiar with best practices, and remain competent in the skills and knowledge required for the work I do. Being a nurse requires reflection and having knowledge of, and being able to articulate the standards that guide my practice. Being a nurse requires the ability to help support an employee that has just made a medication error that may have contributed to negative outcomes for the patient and helping her realize that this is part of the journey – the learning, the becoming stronger from the experience. Being a nurse requires taking responsibility and accountability.
For me, being a nurse also requires deeper thinking, analysis and contribution to nursing knowledge. I have, over the years, contributed to knowledge as evidenced by being actively involved in research and presenting at a variety of conferences. As Yoder (2017) highlights, being a nurse requires high levels of professionalism, as individuals and as a profession. She identifies key aspects of nursing professionalism including high levels of competence and knowledge (Yoder, 2017). Although Yoder limits her discussion to certification and professional memberships in her article, she does elude to the importance of a collective, professional voice. Bender (2018) supports that “Further inquiry into the onto-epistemology of nursing will produce a more robust understanding of nursing practice, science, and philosophy, and clarify its unique contribution to health and healthcare” (p.1).

**On metaparadigm of nursing**

Schim et al. (2007) propose an interesting conceptual model with social justice as the centre of the four metaparadigms of nursing for urban community and public health nursing. They suggest that developing new approaches to nursing education, practice and research that include social justice to an expanded nursing metaparadigm will “enhance our effectiveness in addressing pressing urban health issues and add significantly to acquisition of disciplinary knowledge” (Schim et al, 2007, p.78). Interestingly, they offer a challenge in their conclusion that nurses and nursing should focus on assuring the rights of all people (Schim et al., 2007), which seems ironic given their focus on urban communities and is limited in its application across populations. Having worked at SE Health, a home community nursing agency, I can speak to the disparities that I witnessed and that exist for rural communities. I worked in Central Simcoe and Georgina and can confirm that these rural areas would not be considered a “healthy
community” as identified by Schim et al. These rural areas do not have accessible transportation, making it very difficult to impossible for its residents to get to where they need to go. Accessible health care is certainly a challenge with most clients we served without a family physician, relying on walk in clinics, Emergency Departments and the community nurses to care for them holistically. The other consideration of this model is its roots in American philosophy, definitions and politics. Local, provincial and national health care programs function differently in varying countries, again, limiting its broad application.

As it relates to the four metaparadigms of nursing, I do believe Schim et al. provide broader, more inclusive definitions then some of the other theorists. The concept of person can depend on the context of the situation. In clinical practice for example, the conceptualization of person would include the patient and could be expanded to include the family. In the development of a Medical Directive in a hospital, for instance on the management of hypoglycemia in the adult patient, the context is different and persons would include a set specific, defined patients. At a provincial level, looking at the recent cuts in public health funding, person then becomes communities and populations. Similarly, the concept of environment would be defined differently given the context of the situation.

On critiques

Published critiques, such as Thorne et al. (1998) and Bender (2018) have identified some very important factors that we, as profession, must consider. One in particular that aligns with my thoughts are around the caring debates. Thorne et al. (1998) do a brilliant job in describing why it is important for us as a profession not to be defined as “caring” but rather care a common ideal of the profession. My bank prides itself on the care they provide, Because We Care is also
a Mastectomy Fitting Service, Because We Care is also a foundation. It is also interesting that Fawcett’s metaparadigms of nursing remains in most nursing textbooks and part of the nursing curriculum, in an uncritical manner, and still remains the agreed upon metaparadigm of nursing (Bender, 2018). It has been criticized, challenged and critiqued for its gaps and flaws in logical structure and function as a philosophy of nursing and has created more divisiveness within theoretical nursing (Thorne et al., 1998).

As I was completing this assignment, I came across a paper I wrote in November 2001 – semester V of diploma nursing program - entitled My philosophy of Nursing. It is a regurgitation of theories by Fawcett, Parse and Orem. The paper, although quite well written, is very narrow and shallow in thinking and thought process – it actually made me laugh. It is amazing how this stance has changed over the years with the different influences that have affected my perspectives. We, as a profession, must continue to push the boundaries, challenge the status quo, and come to a common understanding of what nursing is: “whether we nurse patients or populations, neonates or the ageing, sick or well, directly or indirectly, we can all draw upon a collective notion of what distinguishes nursing from other disciplines and professions” (Thorne et al., 1998, p1265).
References


