Final Perspectives Essay

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Abstract
Exploring the question of what guides my own personal views of nursing reveals a reflective look of my practice as a nurse. Carper's four patterns of knowing allow for a deeper look into the definition of nursing as a profession. Through this definition a uniqueness of the nursing profession is explored in contrast to other medical professions, with a specific emphasis on nursing's goal of caring for the person as a whole. Nursing specific knowledge, provided by nursing theories, sets the framework for knowledge within the profession of nursing. This framework then leads to research that gives empirical knowledge and standards to our practice. The future of nursing as a profession will be dependent on the continued investigation of nursing research and theory generation.
Final Perspectives Essay

Nursing is a complex, diverse, and dynamic discipline of knowledge. The purpose of this paper is to explore the nursing knowledge that guides my personal nursing practice. I will examine nursing knowledge and theory that has had provided foundation to the way in which I engage in the profession of nursing. I will also seek to establish nursing as a recognized practice of discipline with a unique theoretical framework.

Patient Value

As a nurse, I work closely with my patients and spend a great deal of time ensuring that their needs are met during our brief time together. Because of this relationship, I believe the patient ultimately is what guides my nursing practice. Cody (2013) states care is consumer driven as only the consumer has the right to accept or decline offered care. As such, my personal nursing practice may need to be altered to accommodate the needs of my immediate patient. Each patient comes to the encounter with their own personal values that will inspire their choices (Cody, 2013). Often in my nursing practice the challenge has been to recognize when my personal values differ from the value set of my patient, yet empower them to make choices about their illness or health promotion. Through examining standards, codes, and values, nursing is able to understand the complexities of moral choices and gain responsibility in the choices made by patients (Cody, 2013).

Evidenced Based Research

In order to provide safe nursing practices, I must also consider nursing research and evidence based sciences to ensure my actions are effectively supported. Practice specific nursing research provides nurses with a framework for how to positively care for our patients. I can also feel confident in my explanations, plans, and techniques when research has proven positive
outcomes. Nursing research allows for practicing cohesive care across institutions as it establishes a standard level of care for all nurses.

**Spiritual Care**

Spiritual care is another aspect of care that guides me in my nursing practice. Research indicates that nursing initially established itself in the form of the deaconess who acted as an extension of the church to visit and provide care to the sick (Egenes, 2009). I believe addressing the patient’s spiritual needs is still a vital aspect of nursing today and reflect this belief in my personal practice. Cody (2013) states “values are by definition the cherished beliefs that prompt and inspire choices and actions over time.” (p. 11). To many patients these cherished beliefs are established by their faith and can only be examined thoroughly by providing spiritual care.

**Nursing Theory in Professional Practice**

Fawcett defines nursing’s social mission as “to appraise and assist human beings in their quest to optimize their health status, health assets, and health potential.” (Cody, 2013, p. 17) This mission statement along with our continuous knowledge advancement through nursing research allows for nursing to obtain the status of ‘profession’ (Cody, 2013). The unique knowledge of the nursing profession is developed and shaped initially through our foundational nursing theories. Nursing theories provide a framework for professional practice as well as an avenue to develop research that is nursing specific. This framework then leads to research that gives empirical knowledge and standards to our practice. Nursing knowledge can be identified in the recognition of factors influencing health such as health status, health assets, and health potential of a person (Cody, 2013).
Patterns of Knowing

Carper seeks to clearly define nursing knowledge through the four patterns of knowing she identifies in nursing; empirics, esthetics, personal knowledge, and ethics (Cody, 2013). Knowledge of each pattern is necessary to nursing as a profession but independent understanding of one would not be adequate (Cody, 2013.) According to Carper, care of a patient requires the achievements of nursing science through the patterns of knowing (Cody, 2013). These patterns of knowing in nursing have been guides to my personal nursing practice; making my nursing care holistic and grounded in specific nursing knowledge. It is through the identification of patterns of knowing that nursing science finds a foundation that allows it to stand alone as a unique practice separate from that of other sciences (Cody, 2013).

Carper defines empirics as the “science of knowing”; emphasizing the need for organized knowledge developed into laws and theories for nursing (Cody, 2013, p. 23). Empirics help us define the dynamic state of health along with providing theoretical analysis of observed and classified empirical facts (Cody, 2013). This factual knowledge allows for me to inform my patients on health illness or promotion topics guided in evidence. Similarly, nursing science helps lead us to creating new nursing theories. Carper defines esthetics as the “art of nursing” which explains nursing use of a creative process of discovery along with a nurse’s ability to empathize with their patients (Cody, 2013, p.25). Nursing needs to meet a patients perceived needs in that moment and often have to adapt nursing techniques to have this accomplished. The component of personal knowledge refers to the nurse and patient relationship (Cody, 2013). I consider this relationship to be integral to my nursing practice. The way the patient perceives our encounter will ultimately impact how they act on my advice: Thus, I strive to create authentic relationships with my patients. Ethics refers to the pattern of knowledge related to
situations that raise questions about morally right and wrong actions related to our care of the patient (Cody, 2013). Identifying and quelling ethical issues that arise is important to both my current clinical practice as well as my future role as an educator. “We have to help students learn that being a student with integrity is a critical part of their socialization into the role of professional health care provider with responsibility for life and death decisions” (McCabe, 2009, p.621). By recognizing Carpers patterns of knowing into nursing practice we create a unique environment in which we care for a person as a whole, remaining competent in nursing theory and evidence-based care.

Nursing as Art

Early in my nursing career I focused on the technical aspects of nursing, such as being ‘good’ at starting IV’s or learning breath sounds. As I gained competence and confidence in my basic nursing tasks, I began to realize how much more there was to nursing. Nursing is complex and each patient brings a unique experience and perspective to the encounter. During the course readings, I identified with Johnson’s concept of Nursing as Art; “the meanings that the artful nurse grasps are concrete and individual, pertaining to a particular patient situation” (Cody, 2013, p. 175). The art of nursing is holistic and identifies with how nurses express care in their actions and behaviors (Cody, 2013). The way I care for my patients is unique to each patient; learning to master the use of humor when appreciated or engaging a family member to help a patient feel more comfortable within the hospital setting. As a future nurse educator, my practice goal is to engage students in the art of nursing, as well as the scientific foundation of nursing. Many nurses, like me, had to enter the workforce before grasping the artistic value of nursing, as the classroom typically only covers techniques and sciences of nursing (Cody, 2013).
Technology Competency as Caring

The National League for Nursing defines the role of the academic nurse educator as being engaged in “the process of facilitating learning through curriculum design, teaching, evaluation, advisement, and other activities undertaken by faculty in schools of nursing” (NLN, 2007, p. 2). This role is diverse in its demands as understanding of clinical nursing is imperative, while also having knowledge on best teaching practices and shaping the minds of future nurses, a daunting task for anyone.

Through engaging in discussion on nursing theory and reading scholarly theory interpretation throughout this course I have gained new understanding that I hope to reinforce in my future students as a nurse educator as well as application in my current clinical nursing practice. It has become clear to me that far too often nurses only engage in conversation regarding the medical or scientific aspect of our profession, while neglecting the art and theory side. I found Locsin’s theory on technology in nursing very intriguing as it is one way to marry science with the art of nursing. Technology competence was defined by Locsin as “proficiency in devices such as machines, instruments, and tools, and a manifestation of being caring in nursing” (2001, p. 89). Thus nursing’s utilization of these technologies has an ultimate purpose of aiding the nurse in recognition of knowing a person in their wholeness (Locsin, 2001). Technological competency therefore enhances the nurse’s ability to fully know the person: However, the reverse also occurs, the technology can increase the gap between the nurse/patient relationship when the nurse does not consciously regard the patient as a whole person consequently causing alienation (Locsin, 2001). Technological competency as caring conveyed as “nursing is expressed as the simultaneous, momentary interconnectedness between nurse and the nursed” (Locsin & Purnell 2007, p.41). Further, Locsin states that technological competence
as an expression of caring is only fulfilled with an expertise in the technologies of nursing (2007).

Technology competency as caring theory displays a great example of the nursing profession. Nurses must learn to use the scientific and medical advances to enhance the theories established in nursing, such as caring for the person as a whole in this instance. In clinical practice we need to have knowledge of technologies, medical science, or pharmacology; this information then allows us to better understand and better care for our patients in the holistic manner upheld by the nursing profession. As an educator in nursing, my practice will reflect the principles of nursing theory to my students. In my current nursing practice, this theory creates a framework of how to care for my patients in wholeness while competently utilizing available technologies as an assisting tool to knowing the patient.

**Conclusion**

Nursing has shown to be a unique profession with its own set of knowledge that provides direction to specific theory generation and to the practice of nursing. For my personal practice, I most value theories driven by care and the recognition of valuing a patient as an individual and whole. Nursing theories have provided a base for developing nursing research; in combination these guide our practice as a unique profession. My personal practice is likely to continue to develop and change as I further study and engage in discussion of nursing theory, also in respect to future theory generation.
References


