Theory-Based Philosophy of Nursing

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Part 1: Overview of Theory-Based Personal Nursing Philosophy

Before participating in this nursing theory class, I needed to gain more knowledge of the purpose and premise of nursing theory. During the last several weeks, I have spent significant time reflecting on all I have learned and how to incorporate that knowledge into my practice as a nurse working for the Veteran's Administration (VA) and as a future advanced practice nurse. I work with the veteran and military population in a VA/DoD Joint Venture hospital on an Air Force base in Northern California alongside active-duty Air Force and civilian nurses. Although my background is in critical care nursing, where we often go to extreme measures to save lives, my true passion is in the opportunities I have had to support a dignified and peaceful death for those whose lives we could not save despite our best efforts.

According to the American Nurses Association Code of Ethics (2015), provision 1.3 The Nature of Health, nurses should respect the dignity and rights of all human beings regardless of factors that contribute to health status, including their proximity to death. In addition, this provision addresses the need for supportive care at the end of life to alleviate symptoms and suffering associated with dying, including extending support to the family and others to meet the comprehensive needs across the continuum of care (ANA, 2015).

Special consideration and supportive care are needed to best meet the needs of veterans, military members, and their loved ones during this difficult and vulnerable time at the end of life. For example, a military cultural norm is the promotion of stoicism and the association of fear as a sign of weakness because it may compromise the mission's success. Veterans and military members may have difficulty processing their fears and emotions when faced with a terminal illness or end-of-life due to being conditioned to suppress these emotions. Veterans and military members may experience guilt about their actions related to their service. They may have

suffered moral injury or have PTSD causing recurrent flashbacks, nightmares, or other symptoms that present for the first time or exacerbate at the end of life. A veteran who has had service-connected exposure to toxic chemicals or material may suffer a terminal illness related to that exposure and may even have frustration regarding the way the VA handled their claim, causing anger and resentment.

As a VA nurse, I am honored and privileged to care for veterans and military members who have sacrificed their lives for our country and freedom. I have sat at the bedside of many dying veterans and have wrapped my arms around their spouses for comfort after their loved one has passed. In addition, I have organized many "Last Honor" ceremonies to honor the deceased veteran as we take them out of the ICU in a gurney draped with the American flag in our last attempt to provide honor for the veteran's service and sacrifice and closure for the family. During the Last Honor ceremony, our staff members line the halls respectfully to honor the veteran as we play Taps, a bugle call traditionally played at military memorial ceremonies and at the end of the day on military bases to signal lights out.

The emotions and energy during this ceremony can be felt around the room as we hear the cries from the families because of sadness from their loss and feel the overwhelming pride in their loved one's service to our country and appreciation of the ceremony to provide a final salute to the veteran whose life we could not save but still made sure to honor nonetheless. The presence of the deceased veteran remains in the energy field surrounding the flag-draped gurney that can also be felt by the chills that go down my face and arms as the gurney rolls slowly through the halls. The theorists I have leaned on as I developed my nursing philosophy explain the overwhelming, undeniable energy I have experienced in these situations after the veteran or military member has passed.

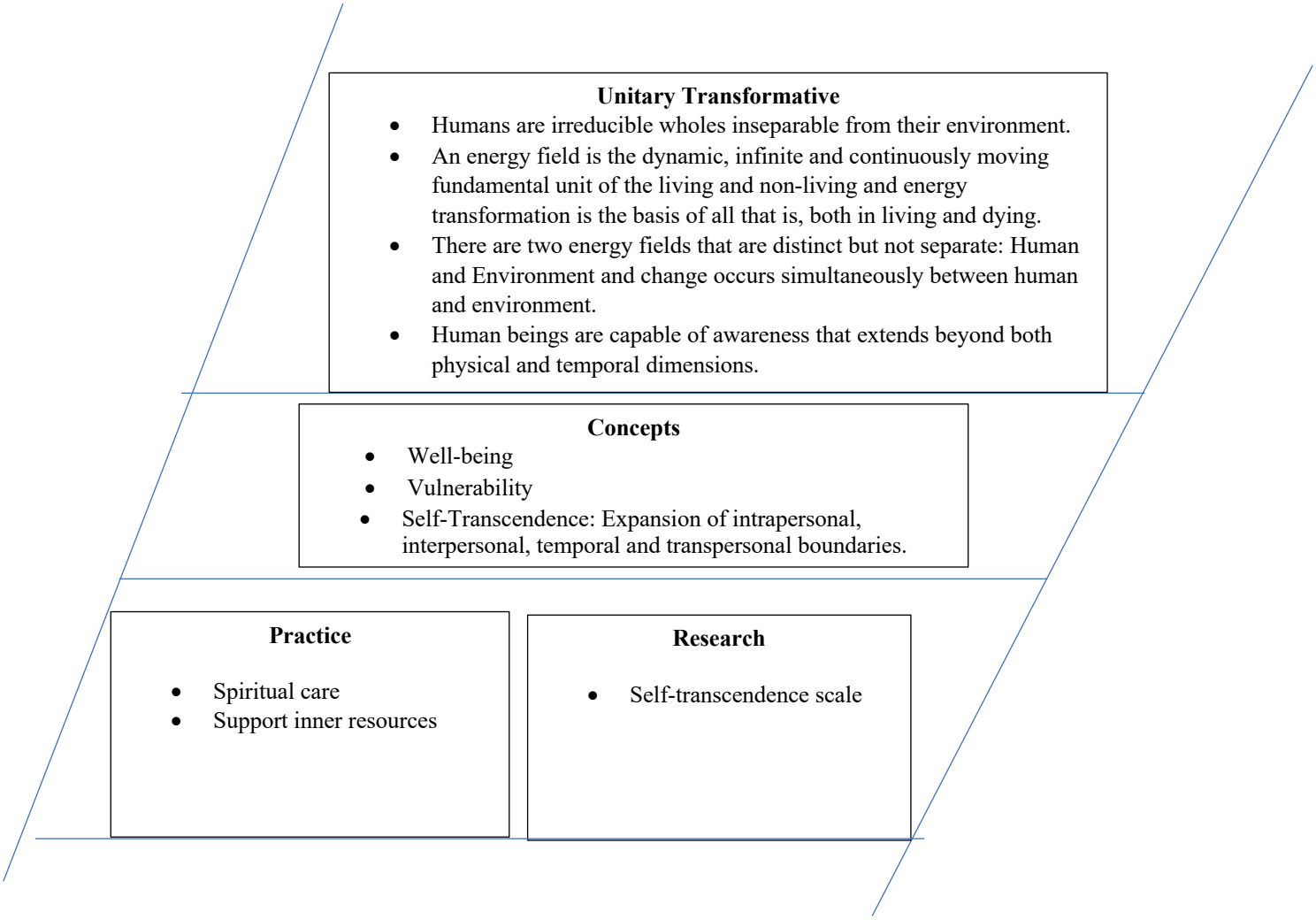
As a result of my experiences working with the veteran and military population and properly honoring their service and sacrifice while they are in my care and at the end of life, I realize the importance of viewing the veteran as a whole and not just as their terminal condition or severe illness. I take the time to understand the unique considerations of this population. I will provide and educate others on the importance of creating a safe space to care for the veteran in this vulnerable situation during difficult health situations and terminal illness, as well as at the end of life. I will consider the veteran's diseases, service-connected exposures, service-connected medical conditions, and service-related experiences and how these may impact the care they need. I will provide compassionate, humanistic, and individualized holistic care to improve the well-being of veterans experiencing vulnerability in health-related situations. I will enhance environmental awareness and broaden perspectives about life to facilitate personal boundary expansion and self-transcendence in the veteran and military population.

Ladder of Abstraction

Pamela Reed and Martha Rogers developed theories that I have leaned on and applied to my nursing philosophy. I have constructed a Ladder of Abstraction (LOA) displayed in Table 1 to map the connection between philosophical, theoretical, and empirical levels of discourse. Each rung of the ladder of abstraction represents different ways of describing ideas. The LOA includes concepts and assumptions of the unitary-transformative paradigm included in Martha Rogers' grand theory of the Science of Unitary Human Beings and Pamela Reed's middle-range theory of Self Transcendence. Both Rogers and Reed have provided the foundation for my nursing philosophy for holistic and compassionate care of veterans experiencing vulnerability during difficult health-related and end-of-life situations.

Table 1

Ladder of Abstraction



The top rung of the ladder represents the philosophical level, the highest level of abstraction, and includes beliefs and assumptions accepted as true. For example, my nursing philosophy is described best by the unitary-transformative paradigm developed by Newman, Sime, and Corcoran-Perry (1991) when they identified caring as the focus of the nursing discipline in the human health experience. (Smith & Liehr, 2018, Chapter 2, p. 15). In the

unitary-transformative paradigm, humans are viewed as an irreducible whole and inseparable from their environment. According to Martha Rogers, the human-environmental mutual process is the main focus of nursing rather than health and illness, and this focus is the art of nursing (Smith, 2020). Furthermore, Martha Rogers believed the mutual patterning process of human and environmental fields function as guides to the practice and research in the science of nursing (Smith, 2020). Rogers' worldview in nursing opens the nurse to new ways of knowing with the four fundamental postulates: energy fields, openness, pattern, and pan dimensionality (Smith, 2020).

Nursing care for the veteran and military population requires focusing on the patient and the environment as an energy field rather than the veteran or military patient being in an energy field. Veterans and military members have special training and unique experiences that are carried with them regardless of their environment. Understanding the veteran and their environment as an irreducible whole, inseparable from their environment, allows the nurse to understand all that encompasses the veteran in the past and present on a spiritual and meaningful level. With this in mind, the nurse understands that the veteran and military population are always whole, regardless of the health conditions they are experiencing at that moment. Nurses can also promote well-being by asking this population questions about their concerns, fears, and goals to understand their expressions and to build trust in a population that may have difficulty trusting others.

The assumptions on the LOA are consistent with the postulates of Rogerian science and can be applied to better serve the veteran and military population. Rogers' worldview creates a meaningful connection through a mutual process shared by the nurse and client to facilitate knowing participation in change, create harmony within the person-environment, and promote

healing, lifestyle changes, and well-becoming (Smith, 2020). Rogers' worldview for the terminally ill veteran and military population can be applied to the Smith (2020) discussion of the unitary rhythm of dying-grieving, which describes it as a shared process where the one grieving is also dying as the one dying is also simultaneously grieving.

On the second rung of the LOA, the concepts of well-being, vulnerability, and self-transcendence are from Pamela Reed's theory of Self-Transcendence and are closely related to one another. These concepts directly apply to my nursing philosophy because self-transcendence refers to expanded awareness to transform life experiences into healing and growth. The veteran and military population may have experienced traumatic events or moral injury. Many of us cannot even imagine ever having to endure these experiences once, let alone recurrently through nightmares and flashbacks and continued feelings of guilt and pain. The perseverance it would take to muster the ability to turn something unimaginable into an experience to learn and grow from is pivotal in the well-being of this population.

Well-being refers to feeling healthy and whole in a way the individual defines (Smith & Leihr, 2018, Chapter 7, p. 123). Well-being differs from person to person, but in the veteran and military population, it could refer to the ability to find happiness when sad memories arise or hopefulness when life feels hopeless. Because well-being is so important to this population, the VA has developed a Whole Health program dedicated to the well-being of veterans in a way that makes them feel whole and aligns with their own goals, values, and needs (U.S. Department of Veterans Affairs, 2023).

Vulnerability in veterans and the military is essential to address because this is problematic for this population due to their training and experiences. Vulnerability is a crucial concept to support my philosophy because of the relationship between vulnerability and well-

being. Vulnerability means being aware of personal mortality risk, which could feel like giving up or giving in to a veteran or military member (Smith & Leihr, 2018, Chapter 7, p. 123). The perception of defeat goes against this population's years of training and experience. Vulnerability forces veterans or military members to confront some of the most challenging aspects of their life. In vulnerability, there is well-being; in well-being, there is vulnerability. Both vulnerability and well-being share a bidirectional relationship with self-transcendence.

Self-transcendence describes the connections with self, others, and the environment through expanding personal boundaries intrapersonally, interpersonally, temporally, and transpersonally to facilitate well-being (Smith & Leihr, 2018, Chapter 7, p. 121). Expanding boundaries intrapersonally is to become more aware of one's personal philosophy, values, and dreams, and interpersonal expansion improves relations with others and one's environment (Smith & Leihr, 2018, Chapter 7, p. 121). Temporal expansion integrates the past and future to provide meaning for the present, and transpersonal expansion describes the connection between one and the typically observable world (Smith & Leihr, 2018, Chapter 7, p. 121). Integrating the past into the future may be extremely difficult for veterans or military members. Often, this population has had to make difficult decisions to support the military mission. Therefore, many veterans and military members work hard to keep the past in the past because what is necessary during a mission is not socially acceptable for civilians; therefore, it may be poorly understood or may even have harsh political criticism. However, despite the difficulties, one may find a positive connection between the past and present through temporal expansion. According to Reed's theory, nurses can play a role in boundary expansion in each way, representing enhanced environmental awareness and broadened life perspectives integral to well-being. (Smith & Leihr, 2018, Chapter 7, p. 121).

On the lower rung of the LOA is the empirical level of discourse which includes practice and research. For example, boundary expansion may require spiritual support or guidance in mindfulness, which can be facilitated by nursing practice. Research possibilities may include how self-transcendence affects the mental health of veterans facing a terminal illness or end-of-life.

Part 2: Commitment to Change

Implementation of Practice Model

End-of-life is a challenging experience, but it is a particularly vulnerable experience for the veteran or military population. Veterans who have never experienced mental health issues may develop symptoms for the first time as they near the end of life. Reflecting upon the life journey is a normal part of the dying process. However, for veterans who may have experienced trauma or moral injury, this could cause significant symptoms and requires special care and treatment. For example, a veteran who has just received a terminal cancer diagnosis may begin to reflect upon their life, including memories they may have suppressed for quite some time. As a result, that veteran may begin experiencing nightmares related to combat trauma they experienced or flashbacks of killing a small child holding a weapon intending to kill US forces. Both of these experiences are significant and treatable if recognized. However, for a veteran or a family member to recognize something, they must first be educated about the possibility that this may occur at the end of life.

Evaluation of Practice Model

Fawcett's Evaluation of the Theory framework could be applied to either of the theories I leaned on for my nursing philosophy. However, I would not directly use this framework in my philosophy and assume it would be an accurate evaluation. Although Fawcett's framework

analyzes and evaluates nursing theories and has been revised twice, she does not include feedback or comments on personal nursing philosophies. The criteria Fawcett considers significant in evaluating either middle-range or grand theories are internal consistency, parsimony, testability, empirical adequacy, and pragmatic adequacy.

In Fawcett's framework, significance evaluates the importance of the theory to the nursing discipline. Internal consistency considers the congruency of the context and content of the theory. Parsimony evaluates the concise and clear presentation of the theory. Additionally, testability requires considering the ability to evaluate the research qualitatively and inductively. Lastly, Fawcett's framework evaluates the theory's empirical and pragmatic adequacy to ensure the theories align with practice (Fawcett, 2005). Although I could not evaluate my philosophy with Fawcett's framework, I will be better prepared to develop and evaluate nursing theories using Fawcett's criteria.

Conclusions

Even though I have been a nurse for ten years, with most of it in critical care, this class and this assignment have been surprisingly challenging and thought-provoking. My nursing philosophy builds upon my experiences, thoughts, and ideas. This philosophy has the potential for improvement and expansion as my knowledge of nursing theory increases.

Nursing Theory class has proven that critical thinking, clinical knowledge, passion, curiosity, and leadership skills are only a portion of nursing. This course has taught me the importance of taking a broader perspective and using my knowledge to create long-lasting impacts.

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