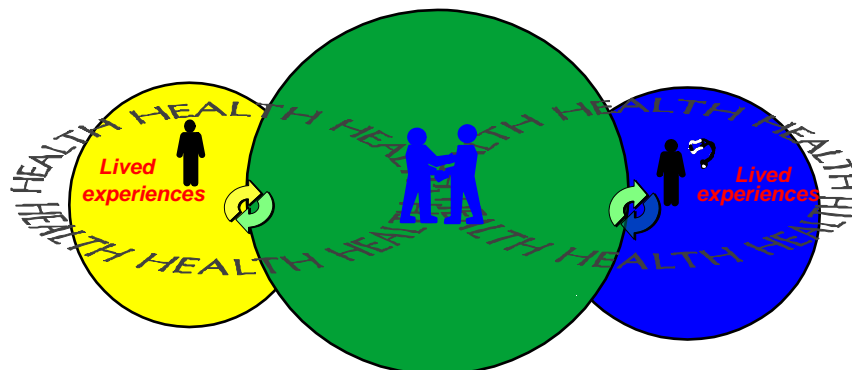

Professional Nursing Practice Model
Philosophy of Care



A theoretical framework is a common vision of human beings, health, and nursing which is congruent with the values and beliefs of nursing. The framework guides nursing practice, documentation of care, streamlines decision making, and facilitates communication. Nursing practice with an understanding or awareness of this theoretical framework conveys more than simple and adequate technical comprehension of bodies and persons. (Kestenbaum 1982 in Benner, 1989, p.7)

In the summer of 1996, nursing leadership and an advanced practice group of nurses (defined as Master's prepared nurses and nurses practicing in advanced practice roles) were given the challenge of defining nursing at Piedmont Medical Center (PMC). Nursing education is grounded in nursing theory, particularly at the graduate level. Thus, exploring nursing theories was important in beginning the definition. The purpose for defining nursing is to strengthen the practice of nursing throughout Piedmont Medical Center. This includes the consistency and constancy of practice in all care settings.

The group identified three different nursing theorists whose work closely reflected the desired practice of nursing at PMC. These theorists were Pat Benner - Primacy of Caring, Rosemarie Parse - The Human Becoming Theory, and Jean Watson - Human Science of Caring.

In order to develop the model, certain terms had to be identified and defined. Nursing theory is based on four major concepts: person, health, environment and nursing. A **theory** can suggest a direction in which to view facts and events. **Concepts** are the elements used to generate theories. This group decided to define the four major concepts of theory by describing **attributes** of each concept.

The mission, vision and values of PMC were reviewed and aspects were identified and incorporated into nursing practice, (i.e. person-centered). Creation of the model included defining such terms as person centeredness, synergy, lived experiences and other terms that cannot be quantified by a few words.

In order to validate the work drafted by the advanced practice nurses and also to generate new ideas, a nursing survey was mailed out to practicing nurses throughout the organization. The survey asked questions about the definition of nursing, feelings about nursing practice, health and quality caring. The practice model was presented to nursing administrators and unit level directors for their input. Based on this feedback, the Professional Nursing Practice Model was revised to reflect *ideal nursing practice* at PMC.



NURSE

Critical Thinking - Reflecting, inquiring and evaluating logical thought processes. Nursing has the education and experience to thoroughly assess and evaluate the care and human response to illness. Nursing assessment is the systematic, dynamic process by which the nurse, through interaction with the person, family/significant other and health care providers, collects and analyzes data about the person. Intuition, an enhancement to critical thinking, evolves as experienced nurses form patterns of recognition (embodied knowledge) in their repertoire of clinical situations which enables them to solve problems despite relatively small amounts of conscious information. (Benner, Tanner & Chesla, 1996) Professional nursing practice encompasses an advanced level of critical thinking demonstrated by creative and inquiry thinking.

Research Based - Nursing practice is grounded in research. This gives scientifically based credibility to the nursing profession. Utilization of validated nursing research to support clinical practice and education is a necessity. Nursing supports development and participation in ongoing clinical research projects.

Outcome Focusing - The Clinical Pathways at PMC are an example of clinical management focused on patient outcomes. Nursing's main focus is to evaluate practice, interventions and their effect on patient outcomes. Along with this attribute comes more responsibility and accountability for the professional nurse.

Wholistic - Spelled with a W, wholistic means to focus on the w-h-o-l-e person. It is the unity of the whole person including but not limited to mind, body and spirit (fears, concerns, hopes & dreams). The wholeness of a person cannot be separated into individual parts as they are harmonious. Holistic spelled with an H often refers to alternative or complimentary medicine.

Nursing Competencies - These are skills that require nursing licensure to perform and/or an advanced level of clinical expertise. Along with this attribute comes the professional nurse's responsibility to identify and delegate those skills which do and do not require licensure and/or an advanced level of clinical expertise.

Collaborating - A synergistic practice with the outcome being different and better than either person could accomplish alone. In order for collaboration to occur there must be a common purpose, coordination and blending of unique and complimentary professional skills and effective communication.

Integrating Care - The professional nurse who demonstrates all of the above attributes is the ideal caregiver to integrate care and to ensure that the highest quality care is being provided.

Nursing practice is centered around being with the person in their lived experience of health whereas a medical model perspective centers on caring for or curing disease or illness.



A PERSON IS NOT ALWAYS A PATIENT, BUT A PATIENT IS ALWAYS A PERSON.

It is very appropriate for some health care professional to refer to the person receiving care as a **Apatient** since patient may be the perspective of that professional (such as a physician). As nursing expands its practice into the community with the promotion of wellness, risk assessment and prevention of disease, such terms as **Apatient** prematurely label the person as being ill.

The person in the practice model can include the person receiving the care, the family or significant others. It is not always the person receiving care (the patient).

Accountability - The person is accountable for their own perception of health and the decisions and choices that they make to alter it.

Self-Interpreting - A person does not come into the world predefined, but becomes defined in the course of living a life. A person also has an effortless and nonreflective understanding of himself/herself in the world. (Heidegger 1962 in Benner & Wrubel, 1989, p.41)

Involved Participant - Persons are able to encounter situations in a non-reflective way. That is, not as

subjects reflecting on objects, but as involved participants. As human beings, things matter to us- we have the capacity to care and our caring cause us to be involved in and defined by our concerns. (Benner & Wrubel, 1989, p. 42)

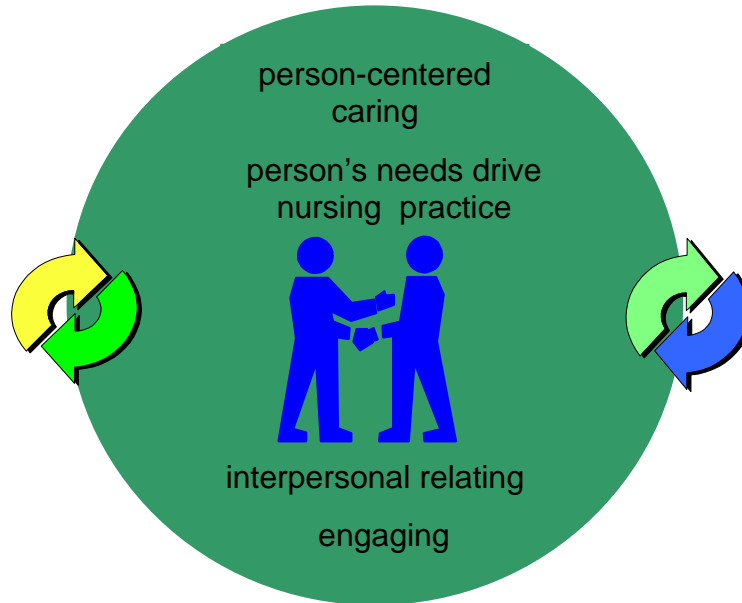


HEALTH

Health is the quality of the emotional, spiritual, and physical life of a person. It is the lived experience perceived by the person. (Parse, 1995, p.141) It is not a linear entity that can be interrupted or qualified by terms such as good, bad, more or less (wellness or illness) therefore, health is conceptualized as an infinity sign.

Nursing practice must make sense in terms of the human experience. The efficacy of the care will be hindered when the nursing care does not match the person's perceived state of health. (Benner & Wrubel, 1989, p.9)

Nursing is focused on the relationship between disease and the lived experience of health. (Benner & Wrubel, 1989, p.8)



PERSON/NURSE RELATIONSHIP

Person-centered - A philosophy of care in which the person giving care approaches the person receiving care with the intent to understand the person=s (patient) perspective. Person-centered is the synergistic force bringing two or more people together for a common purpose.

Person-centered caring - The central attribute of nursing practice is caring. Person centered caring focuses on the relationship between the persons (person giving/person receiving) involved in the interaction of care. Person-centered caring is the synergistic force that organizes and binds together all of the resources and attributes of the nurse and the person in an integrated goal oriented movement toward health.

Engaging - Engaging means to be with someone in a way that acknowledges or participates in the person=s experience. (Benner & Wrubel, 1989, p. 411) This includes the processes of intentional relating, journeying and knowing as it is for that person, and to be open to the emerging truths of the person in the moment. One must recognize the other=s value priorities as paramount. Persons (the person receiving the care) are always situated. That is, engaged meaningfully in the context of where they are.

Interpersonal Relating - Interpersonal relating is an active involvement of both the nurse and the person to recognize the importance and effort of the relationship.

Person=s Needs Drive Nursing Practice -This means anticipating and recognizing the person=s needs. We focus nursing practice to meet the needs of the person, ensuring that the most competent person is taking care of the person.

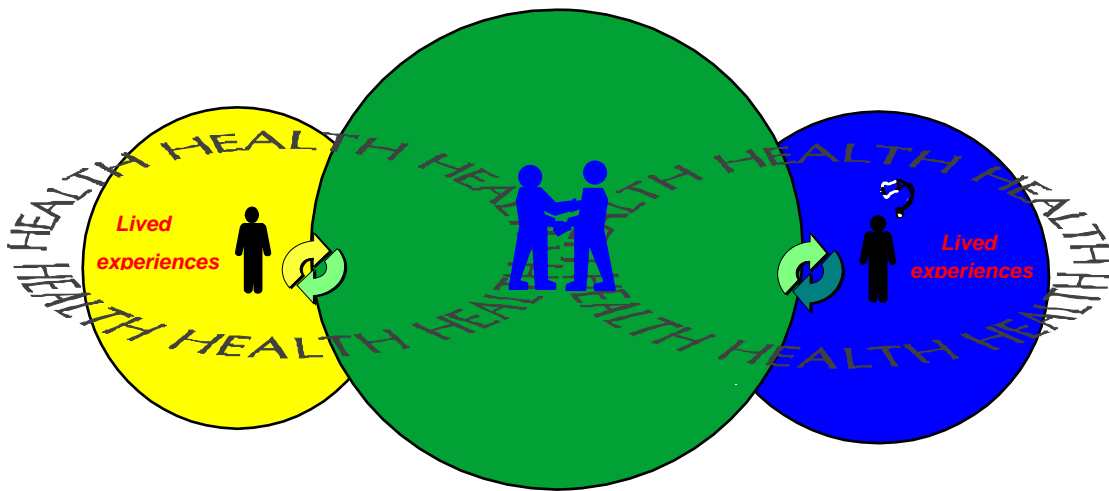
Lived experiences - *The way people encounter situations in terms of their own personal concerns, background*

meanings, temporality, habitual, cultural bodies, emotions and reflective thoughts. (Benner & Wrubel, 1989, p. 410) Unique personal truths that emerge in cocreating life situations. (Parse, 1995)

XBackground meanings: what a culture, subculture, family and personal life experience give a person beginning from birth. It determines what counts as real for the person. It is shared, public understanding of what is. (Benner & Wrubel, 1989, p. 46)

XTemporality: the way the person simultaneously lives in the present, is influenced by the past, and is projected into the future. It does not refer to the linear passage of time, but to the way the person is anchored in a present that is made meaningful by past experience and by the person's anticipated future. (Benner & Wrubel, 1989, p. 412)

XHabitual: this aspect of being (embodiment) includes all culturally and socially learned postures, gestures, and customs, as well as the capacity to acquire and use bodily skills. (Benner & Wrubel, 1989, p. 44 -45)



Synergy - The interaction of two or more agents or forces so that their combined effect is greater than their individual effects. This is reflected by the larger inner circle of the model. The outside colors, blue and yellow, blend into green to reflect the coming together of the two. Arrows on either side of the larger green circle represent each person bringing and taking something from the relationship.

The practice model is created to encompass nursing practice across the continuum - birth to death, preventive, wellness, acute care, home care, long term care, etc.

It is the nurse who practices within a person-centered philosophy and encompasses the attributes identified in the practice model that engages in a synergistic relationship moving towards a goal oriented optimal state of health with the person receiving care.

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