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The practice of nursing evolves dailyfrom theories and philosophies that are proven by researchers, resulting ingrowth of the medical profession and advanced evidence-based knowledge. PhilosophiesAccordingto Alligood (2014b), philosophies are specific theories that focus on one ormore metaparadigm concepts in a wide spectrum philosophical way (p. 43). For aperson to understand philosophies it is required to understand the knowledgetype, metaparadigms. MetaparadigmMetaparadigmis the vast perspective of a discipline and a way to describe a concernspecifically to a profession or department (Alligood, 2014b, p.

42). Nursing MetaparadigmInTable 3-1: A Structure of Nursing Knowledge Types and an Example of each type, Alligood (2014b) explains metaparadigms in nursing knowledge are human beings, environment, health, and nursing (p. 42).  These perceptions are exemplified in eachphilosophy and conceptual model (Alligood, 2014b, p. 42).

Nursing PhilosophyTherefore, a philosophy of nursing would be a broad statement that would generate generalideas about specific values or beliefs. Alligood (2014b) stated, “ Philosophiespresent the general meaning of nursing and nursing phenomena through reasoningand logical presentation of ideas” (p. 42). For example, Notes on Nursing: What It Is and What It Is Not, where Nightingale answers the broad, yetcomplex, question, “ What is nursing?” (Nightingale, 1946). Metaparadigm            Thefour metaparadigms of nursing include human beings or person, environment orsociety, health, and nursing. PersonChinnand Kramer (2015) define the metaparadigm of person aims on the recipient of carein the aspect of wholeness and the holistic view entirely. This includes aperson’s culture, family, career or socioeconomic status, and evenspirituality. Western cultures consider the whole equal to its sum of the partsand stress the interrelationships amongst the parts; compared to the Easternculture who believes healthcare providers must take into consideration allaspects of the patient to properly treat them.

Western cultures believe intreating a specific problem, for example a patient presents to the Emergencyroom with shortness of breath, cough for a week, fatigue, and pain in her chestand sides; the physician treats the patient for a sinus infection anddischarges her home without evaluating the whole body. In the Eastern culture, a physician would evaluate the patient’s entire body, taking into considerationher history of COPD and current smoking status, including but not limited tosocioeconomic background. The benefits of assessing the whole compared to itspart could be the life-threatening diagnoses of Pulmonary Embolism versus anuncomplicated sinus infection.  TheEastern culture philosophies could result in an increase in healthcare costsfor unnecessary lab work, tests, and procedures (Chinn and Kramer, 2015, p.

46-47). EnvironmentAccordingto Chinn and Kramer (2015) the metaparadigm environment or society refers to both dependent and independent factors thatare directly significant to the patient and his or her care (p 47).  For Nightingale environment was essentialwhile conveying her perception of nursing. She believed all people involved inthe care of a patient should maintain a therapeutic setting to heighten thecomfort and healing (Alligood, 2014a, p.

65). On the other hand, Martha Rogers believes that humans andthe environment are one and their manifestations derive from mutualdevelopments. She also believes a person is a consolidated whole and cannot beobserved by looking at its parts.

Lastly, her philosophies are focused on the environmentalfield and human field coinciding (Alligood, 2014a, p. 224).  HealthThemetaparadigm health, as stated by Chinn and Kramer (2015), is distinguished asthe goal of nursing. Health is defined differently among nurse authors varyingfrom the principle of nursing which is to assist ill patients while attainingthe highest possible quality of health, to health being an influential processthat alters with life circumstances and time. In other words, some authors viewthe process of health and environmental circumstances are reciprocals of eachother and others believe the process of health derives from each individual(Chinn and Kramer, 2015, p. 47).

Severalother nurse authors, including Myra Levine, often avoid the term health orillness and tend to refer to these terms as conserving wholism. This idea leadsnurses to direct their attention to the entire patient situation andenvironment instead of the typical factors referred to by healthcare (Chinn andKramer, 2015, p. 48).  NursingChinnand Kramer (2015) describe the metaparadigm nursing as the interactions andhelping process between a patient and the nurse (p.

45). In addition, how thenurse attributes the plan of care and the knowledge he or she presents. From amedical framework, nursing follows the medical aspect like diagnosis, assessment, treatment, and medication administration.

Contrary, the nursing frameworkdescribes interpersonal interaction as the main component and medical tasks aresupportive. While most nurse authors believe interpersonal interaction as thecenter focus of nursing, there are some differences that remain. For example, the patient that comes in contact with the nurse is the main aspect ofdirecting what plan of care will be taken and the goals that are achieved.

Forothers, the nurse’s role in the relationship is predominantly the personleading the plan of care.  Each patientand nurse relationship is unique and determined by many factors like time, culture, experience, psychological development, situation, age, goals, values, and many others (Chinn and Kramer, 2015, p. 46). Although these relationshipsvary, the importance of their similarity is the human interaction fordeveloping health as a whole. It is fundamental for nurses to incorporate thesefour metaparadigms into their nursing practices when caring for patients toaddress them as a whole. Personalthoughts and beliefsThefour concepts of the nursing metaparadigm play a major role in the nursingprocess and is imperative when caring for patients. William Osler was quoted inhis belief that, “ a good physician treats the disease; the great physiciantreats the patient who has the disease.” This quote illuminates my personal philosophy and the foundation of myfuture practice.

Patients are not just anumber or diagnoses; they are each individuals who require and deserve qualitycare.  Quality care is compromised of acomprehensive assessment, which requires evaluating the patient as awhole.  It is important to not only focuson the physiological aspects but the psychological and spiritual as well. NursingIbelieve the metaparadigm nursing ties all of the concepts together. The nursingprofession is more complex than most people understand. Nurses have theresponsibility of someone’s life in their hands while balancing several tasks, passing medications, thinking critically about the next step, communicatingwith many people involved in each patient’s care, and remaining compassionateand empathetic. I strongly agree with the idea that every relationship betweeneach patient and myself is different but the care given remains the same providingas much dedication and love as if they were my own family members. Some patientsand parents are exceptionally involved in their plan of care, while others arejust in the hospital to be treated and proceed home.

The attitude of eachindividual strongly determines the plan of care for that particular patient, which leads into the metaparadigm person. PersonEachpatient is cared for in the same manner by the healthcare team I work withdaily and everyone is treated based on a holistic standard. I believe eachindividual should be assessed, diagnosed, and treated for after reviewing allaspects of a patient’s life. Many new parents come to the hospital terrified toask questions about the actions they are taking at home, but this is the besttime for nurses and medical professional to educate on the benefits and risksof all healthcare aspects. For example, I have cared for several infants thatare diagnosed with failure to thrive. If I were to just simply come to work, treat the patient, give medications, and go home then not only would I despisemy profession but also my patient would not benefit from anything I haveprovided. It is crucial for the healthcare team and myself to consider allfactors related to this patient. My concerns and questions would vary from howlong has he/she not been taking the bottle, what formula is being fed, howoften and how much is in each bottle, has the formula ever been changed, washe/she full term or premature, is the baby well-groomed, are the parentsinvolved in the infant’s care, etc.

There are many factors that could be vitalin treating this patient along with labs and procedures needing to becompleted. In this situation a parent may ponder why the healthcare team isasking all of these questions but the resolution to this failure to thriveinfant could be a simple change in formula with added calories per ounce or aformula without soy. These questions give the healthcare team a better outlookon the person, health, and environment. EnvironmentEnvironmentis a vital aspect in the care of individuals. I have no doubt a person’ssurroundings and care that is received can alter their healing process.

Forinstance, consider how many people go in and out of a patient’s hospital roomwithin a 24-hour period. If every person knocked loudly, flipped the blindinglight on, were rude and inconsiderate of the sick patient, then left byshutting the door too hard, the patient would have no rest or calm environmentfor his or her body to heal, resulting in a longer visit andcomplications.  This is an effortless yetimperative effort to provide optimal care for a patient. The environment shouldbe a place where patient feels safe and the healthcare team should promotecomfort, such as opening a window or using aromatherapy. Equally important, aperson’s home environment could alter their overall health as well. People canperform everyday healthy lifestyle changes to better themselves and othersaround them. For example, taking their medications daily, drinking more water, going for a walk, keeping their house clean of dust, eating more fruits andvegetables, etc. These are all environmental factors that can drasticallychange a person’s health.

HealthThe metaparadigmhealth in my opinion is focusing on preventing and maintaining excellent healthin the hospital and at home. I believe care focused on preventing disease ratherthan treating illnesses, by working, as a team and taking necessary measures topromote healthy behaviors, would result in patients having better healthoutcomes. In addition, early detection is a dynamic aspect of health promotionthat is vital to preventing the chronic disease burden. In the first exampleabove, the education given to a parent about the change in formula or even achange in the bottle’s nipple could have prevented this infant with thediagnoses of failure to thrive and the later complications that could beassociated.

In my opinion, nurses need to focus on educating patients andfamily members more than simply administering a medication or performing aprocedure. In the second example, education about basic everyday lifestylescould change someone’s health and prevent them from being hospitalized in thefuture. Even providing education about health to family members could go bebeneficial and passed on to several people in the community.  Concepts Interrelated             Nursingactions are based on the interrelationships between these four concepts.

Aperson can refer to more than just the patient but also the support system andhealthcare team involved in one’s care. An individual’s health will beinfluenced by his or her environment and everyday lifestyles. Nurses shouldconsider a person’s culture, spirituality, beliefs, and wishes, as well astheir home environment and overall health and possible lifestyle changes whenproviding nursing care. It does not go without difficulty to define onemetaparadigm without correlating with another. In my practice, I believe eachof these metapardigms is essential in caring for patients.