

My philosophy of nursing

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A normally healthy person seldom requires nursing. It is only the sick or elderly people that need nursing care, at a time when they start depending upon someone else instead of themselves, for regaining a healthy state. It is this dependence that brings in the essential human touch to the relation between the patient and the nurse. Even as a nurse discharges professional duties, he or she is not immune to the physical and mental condition of the patient, his craving for the care/regaining normal health/fears about death/worldly concerns, etc., or personal issues that concern the nurse himself/herself. Therefore, the nursing profession is impacted by customer conditions and subjectivity.

Philosophically speaking, a phenomenological approach of Husserl helps us to come to correct view on any given situation by identifying the surrounding facts and avoiding predetermined notions, in other words, objectivity as opposed to subjectivity (caring-matters, 2009). A caregiver has to provide service objectively eliminating subjective issues and keeping at arm's length any issue that may give rise to moral or ethical conflicts.

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According to Crigger, “ The discovery of conflict of interest relationships also negatively impact patient and public trust. Many disciplines are addressing this professional issue, but little work has been done towards understanding and applying this moral category within a nursing context” (Crigger, 2009).

Conflict of interest arises when the caregiver is in a position of willfully causing harm to a patient’s life, either due to the force of circumstances and/or for personal gain.

To conclude, ethical and moral considerations of the nursing profession

demand that a nurse does nothing that would even remotely attach a stigma of negligence or of personal gain in the process of caring for a patient.