Personal Nursing Philosophy

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**Introduction:**

**Nursing Autobiography**

My reason for wanting to become a nurse began at a young age. Being from Cuba, the health care system back then experienced limited resources and the melodramatic impact caused by the economic sanctions imposed by the United States, which made it extremely difficult for Cubans to receive the proper health care. However, over the years, Cuba has figured out how to ensure access to tend to all sections of the populace and get results like those of the most developed countries.

Currently, my nursing experience is rather limited. I have one year of hospital nursing experience in telemetry as well as on the med surge floor, caring for post op orthopedic patients. In addition to the nursing experience in a hospital, I have also gained some experience working in home health care for a few months, which was exciting but I knew that I needed something much more challenging.

In August of 2014, I sat and passed my nursing board exam. At this early part of my nursing career, I know now that becoming a Family Nurse Practitioner will allow for me to strive to take the experience and knowledge that I have gained throughout my nursing education and hospital experience and hopefully, one day be able to go back to Cuba and practice nursing there. I believe that I can make a dynamic contribution to helping Cubans receive the proper health care services that all humans are entitled to.

**The Four Metaparadigms**

A metaparadigm is an arrangement of hypotheses or thoughts that give structure to how a discipline ought to work. For a nursing discipline, these speculations comprise of four fundamental ideas that address the patient in general, the patient's health and prosperity, the patient's surroundings and the nursing obligations. While there are a few distinctive nursing hypotheses, these four essential nursing metaparadigms point to a comprehensive perspective of care where an individual's prosperity and therapeutic wellbeing is associated with four intuitive segments.

From the perceptive of the individual component of the metaparadigm concentrates on the collector of care. Be that as it may, the individual association additionally incorporates relatives and different groups critical to the patient. The care structure considers the individual's otherworldly and social needs and additionally medicinal service’s needs. The subsequent wellbeing result is credited to how the individual collaborates with these physical and social associations. The reason is that the individual is enabled to deal with his wellbeing and prosperity with pride and self-preservation with constructive individual connections.

From the environmental aspect of the nursing metaparadigms, which concentrates on the surroundings that influence the patient. Nature comprises of inner and outer impacts, and fights that how a man ceaselessly collaborates with her surroundings has a bearing on wellness and health. Interactions with family, companions and other individuals are a piece of nature, as are physical and social elements (Bender & Feldman, 2015), for example, monetary conditions, geographic areas, society, social connections and innovation. This metaparadigm segment theorizes that an individual can change their natural elements to enhance their wellbeing status.

The health component of the four metaparadigms alludes to the degree of wellness and health care access that a patient has. This health segment is portrayed as one with numerous measurements in a consistent condition of movement (Lee & Fawcett, 2012). Health and wellbeing covers an individual’s lifespan and hereditary cosmetic make up, and how the physical, enthusiastic, scholarly, social and profound prosperity is coordinated in human services for most extreme medical advantages. The hypothesis is that these variables impact the patient's condition of prosperity.

The nursing segment of the metaparadigm includes the conveyance of ideal wellbeing results for the patient through a common relationship in a sheltered and minding environment. The nursing part applies standards of information, abilities, innovation, coordinated efforts, proficient judgment and correspondence to complete duties and obligations regarding accomplishing the most ideal situation in patient wellbeing outcome (Lee & Fawcett, 2012). This nursing segment values a high level of service, and incorporates with other metaparadigm parts for patient well-being.

**Two-Concept Practice**

Transcultural nursing model proposed by Madeleine Leininger is that route in the nurses comprehend the idea of culture. It’s based on nursing hypothesis and practice. It is claim to fame of subjective nursing that depends on worldwide societies and correlations in the middle of social minding, wellbeing and nursing everywhere. It helps in concentrating on the nursing care according to the learning of societies. The medical caretaker needs to take proper consideration while taking choice identified with protection of society, convenience of society and rebuilding of society. The medical caretaker needs to decide the way of life of patient, figure out whether any of his social convictions are identified with his sickness, and gather data about any home cures given for treatment. The medical caretaker needs to self-assess to give appropriate treatment to patients of various foundations. In this manner, medical caretaker needs to delicate towards the social needs of the customer.

I am sharp supporter of this model. In my everyday practice I witness part of patients from different social foundations. Some are Africans while some are Americans. Being a Cuban by nature, sympathy, consideration, delicacy, care, compassion, altruism and humankind is established in my way of life. I was raised on these qualities. I can't see individuals in agony. So as a nurse I attempt to finish objectives of my employment by attempting to comprehend the necessities and society of my patients. When I comprehend their necessities and their social practices, I attempt to help them in that way as it were. Like as of late I saw a patient who was harmed gravely in a mischance. He needed to experience a brain surgery. His guardians were extremely stressed. So I simply held their hands and took them to their child. I advised his mom to continue adoring and favoring hands on his child's head before after he returned from surgery. By doing this, she felt free and was certain now that her child will be cured. I attempt to end up part of the family.

Role model hypothesis was created by Helen C. Erickson, Evelyn M. Tomlin, and Mary Ann P. Swain. It empowers nurses to look after and support every patient with an attention to and regard for the individual's uniqueness which embodies hypothesis construct clinical practice that centers in light of the patient’s needs. Role modeling is the procedure through which the nurse can encourage and support the person in accomplishing, keeping up and advancing his wellbeing. The model endorses the acknowledgment of customer unequivocally and it permits the arrangement of select interruption. The model additionally expresses that customer is a specialist in his own particular care and comprehends what is best for him and acknowledges the reality how he ought to be made a difference.

Change model developed by Kurt Lewin says that “one’s behavior is related both to one’s personal characteristics and to the social situation in which one finds oneself.” (Berman & Kozier, 2009). The nurse needs to see that main thrusts (those strengths that push for change) and controlling powers (that counter main impetuses) are appropriately examined before executing any change.

In my nursing hone, I have learnt every one of the hypotheses till now. Each of the hypothesis is special and has helped me to improve as a medical caretaker. The paper demonstrates my own nursing reasoning that I plan to pass on in my nursing calling. I completely trust that the calling of medical attendant is that of a man who confers herself to open administration and obvious goal to help other people. Nursing is centered on guaranteeing subjective patient consideration as well as meeting the individual needs of every patient. My own theory is to join the information of drug with sympathy and nurture treating patients. I trust in administering to patients holistically and regarding the estimations of patients.

**List of Propositions:**

 A numbered list of at least five propositions or assumption statements that clearly connect the concepts described.

**Conclusion**

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