

Philosophy of Nursing

Traci Teagle

Department of Nursing, Old Dominion University

NUR-401

Dr. Holly Tenaglia

March 28th, 2026

Philosophy of Nursing

Nursing is more than a science or intervention based practice. A nurse wears many hats dependent on the unique needs of each patient consistently shifting roles, requiring adaptability. My core principles on nursing philosophy narrows down to “doing right by the patient,” and embracing each role as it comes naturally throughout the progression. This aligns with Jean Watson’s theory of Human caring and emphasizes the importance of presence, compassion, and addressing emotional needs of patients alongside their physical conditions.

The American Nurses Association (ANA) describes nursing through the following, “Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence.” (American Nurses Association, 2021) This aligns with my personal philosophy, particularly in the emphasis on advocacy, patient specific-care, and preserving dignity. Thinking simply, nursing is the act of serving humanity.

Maslow's hierarchy of needs provides a useful framework for understanding the role of a professional nurse. Many first impressions of nursing are focused on meeting physiological needs, food, water, comfort, and medical treatment. The hospital environment, a structured system, meets these basic needs because they are equipped with staff to provide a clean living environment, provide cooked meals, restore mobility, include spirituality, and discharge planning. Resources are a topic of contention, there is room for improvement and adapting as the population needing healthcare continues to rise, but the bare essentials are accessible. The nurse's role goes deeper than that.

Once you compile the list of tasks that are non-negotiable with the critical thinking to orchestrate each activity, the true work is holistic care.

Holistic care requires a higher level of emotional intelligence to sense a need in others, to respond to unspoken needs. I experienced this firsthand, the gist of the details is an over 85 year old that coded twice following a procedure, now completely dependent, on life support, and unaware of their surroundings with no sedation. The patient's larger family including multiple siblings with no medical background, devastated, driven by false hope, truly believes their father can be saved and are in the first stage of loss, denial. For context, we have strict policy on restraints when it applies to ventilator dependent patients because of safety concerns and this family has had some run-ins with ignoring policies. There was a dilemma within myself because I did not think he needed restraints and recently transitioned his bilateral wrist restraints to mittens because I was inclined to idea this was a more compassionate approach. I've recently been working on acting of my own volition in certain circumstances even though I value advice from my very experienced colleagues. What was observed in this moment was a son's grief and when he expressed desire to hold hands with his loved one I gave permission to hold the hand through the top of the mitten. After leaving the room, the mitten was pulled off, they described not really being able to hold the hand with it on. Once again I felt torn inside but responsible for notifying my Charge RN. This exploded in what was a moment of grief acceptance in light of his loved one's demise into a fit of rage for what I believe was a missed psychological need. This sibling was not the sibling that had the history for failing to abide by hospital policies including interrupting a separate code next door. This was a sane and respectful human being.

Security happened to be nearby additionally escalating an experience already impacted by high emotion. The family was instructed that there is no valid reason to remove the mitten. The hospital unit failed in providing patient specific care, spiritually I'm inclined to believe that moment was stolen. Rather than seeing the patient as a collection of isolated symptoms and problems, this theory proposes seeing the patient as a complex and interconnected system. Nurses must, therefore, adopt a holistic approach.”

(Healthcare 2024) Deep down, my experience was telling me the patient wasn't at risk for self extubation and objectively the patient was decorticate posturing with no observed intentional movement. I can't help but to reflect on how we could have made this delicate moment less painful. Policy takes precedence over individualized care and safety hasn't considered human emotion.

Working with intuition is providing these needs with no direction. Meeting needs that are not explicitly stated expectations. My best days and inner feelings of purpose I have experienced while nursing have been as simple as giving one last warm water and soap bath because I smell the stench of death when I enter a room. The daily routine of putting away endless nursing supplies and trash that litters the room. Taking out the trash when a patient is on contact precautions so it's not overflowing. Providing a cup of water when urine is so concentrated and the encouragement to finish it. Adjusting the temperature when necessary. Flushing the toilet if it's soiled. These actions weren't all intrinsic, they are modern healthcare actions that support infection prevention. After identifying the crucial connection between unsanitary conditions and the spread of infectious disease, Nightingale implemented rigorous hygiene practices that drastically improved standards of patient care.” (Cureus, 2024) All these things are contributing to

both the experience and health of an individual. Previous experience in the service industry for so many years, you recognize it doesn't matter if the food is ten out of ten. If the service fails you will remember how you felt, not how great your food tastes. This analogy applies to nursing perfectly because even if a life is saved, perception and environment is everything. Expressing care through actions is exactly what drew me to become a nurse in the first place.

Modern healthcare is evolving beyond basic care and diving into a more patient centered model, tools such as Press Ganey surveys reflect the shift towards evaluating more than patient outcomes but satisfaction and quality of care received. This introduces an overlap between service and healthcare, challenging nurses to a balancing act of prioritizing life with interpersonal skills to match.

Ultimately, nursing isn't just performing tasks, following protocols, and orchestrating care with multiple disciplines. It comes with the weight of questioning are we actually still helping an individual or are we drawing out the inevitable in a lot of cases. To recognize my own bias, I feel a lot of our care is futile. With American culture, there is always a threat of litigation, and this needs more reform. Often I witness providers shy away from brutal honesty in the face of dissatisfaction. These families are riddled with guilt of making a decision that they don't know how to make. We aren't lifting the weight of this guilt from them, we aren't having honest discussions as a team, and we aren't speaking realistically of what it truly means to place a tracheostomy and peg a human being. If you ask an individual, "Do you want us to do everything we can towards saving your loved one?" The answer will almost always be yes. The longevity of caring for an individual who is completely dependent is enormous. Anecdotal, but even

when this route is taken, these patients come back over and over to the hospital system and are often subjected to poor nursing care. To preface, everyone is deserving of care, that is not my intention with this statement, but rather at what point are we still advocating for the dying patient with no voice or just appeasing the living whose voices are now loud. As medicine advances, we are functionally able to keep people alive despite their conditions. Which is a blessing when the outcome is meaningful, but when the outcome is a shell of a person slowly degrading over time, each admission documenting the decline, there are morality alarms ringing not knowing what this person would have wanted. Increased emphasis on advance directives as an early conversation about goals of care ensure the treatment aligns with the patients values and not their family.

A quote by Shaolin Master Shi Heng Yi resonates deeply with my perspective “If your body is healthy, you have a thousand problems. But once it's not—you only have one problem, to regain health.” Highlighting the importance of health and the nursing role involved in restoring it. While the system provides necessary tools to make you a successful nurse it doesn't teach you how to apply these resources with compassion, critical thinking, and ethical judgement. We aren't capable of restoring years of mental health disparity in a singular hospital stay for our patients. While nursing focuses on improved outcomes, it's vital to recognize that many outcomes cannot be changed, but how we focus solely on medical issues rather than the bigger picture. We overcome this using flexibility in our thinking to accommodate diverse populations, treat everyone present in the room, while still prioritizing the needs correctly as they come.

Ultimately this assignment reminded me how connected both the body and the mind are. They are treated as different specialities because a lot of what we know about the brain is still undiscovered, but I see them as one. There is a shift internally where you begin to accept the things that cannot be changed, but value emphasizing the things within your control. Empowering the nurse to foster an environment of healing and find purpose in tasks that may be considered menial to others.

My philosophy is deeply rooted in a strong faith in science and education that reminds me of Florence Nightingale but the insight to build on this framework to make it relevant to everyday nursing. It is a commitment to preserving life but also honoring it at all stages, including the end of life.

References

Turkowski, Y., & Turkowski, V. (2024). Florence Nightingale (1820-1910): The founder of Modern Nursing. *Cureus*. <https://doi.org/10.7759/cureus.66192>

Notarnicola, I., Lommi, M., Ivziku, D., Carrodano, S., Rocco, G., & Stievano, A. (2024). The nursing theory of complex adaptive systems: A new paradigm for Nursing. *Healthcare*, 12(19), 1997. <https://doi.org/10.3390/healthcare12191997>

Nursing: Scope and standards of Practice (4th ed.). (2021). . American Nurses Association.