Nursing Philosophy and the Development of Conceptual Framework in Nursing

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The purpose of this paper is to present various definitions of health, person, environment, and nursing, based on the review of nursing and nursing related literature. These definitions are examined and synthesized in such a way that to be consistent with my personal philosophy of nursing. As a result, a research program are developed. Some research studies and research questions are also discussed.

Definitions of Health, Person, Environment and Nursing

Health:

Health is not only the absence of a disease or infirmity. Health is a state of complete physical, mental and social well-being. (The World Health Organization, 1947)

Health is a state or condition which enables individuals to function adequately. Oberteuffer (1960) defined health as the condition of the organism which measures the degree to which its aggregate powers are able to function. Therefore, health is positively related to one's ability to perform and carry out social roles and tasks. According to Hadley (1947), health is a state in which the individual is capable of meeting the minimum physical, physiological and social requirements for appropriate functioning in the sex category and at the given stage of growth and development. Aubrey (1953) said that health reflects the coordinated activity of component parts, each functions within its normal range. The healthy individual should experience adequate performance of the functions.

Health is the state or condition which enables the individual to adapt adequately to his/her environment. A person's health is judged by his/her ability to react, accommodate and adjust to the various internal and external tensions and strains that he/she faces. If the individual is able to adapt, he/she is healthy; if he/she is unable to adapt, he/she is diseased (Dubos, 1965). Health is a state of struggle interaction between self and the environment. The goal of the struggle is homeostatic balance by decreasing the threat of the environment or by raising the capabilities of the person to defend himself (Beeson, 1967). Health is a purposeful, adaptive response. It includes physically, mentally, emotionally, and socially to internal and external stimuli in order to maintain stability and comfort (Murray and
Health is defined by Dunn (1980) as a high level wellness. He defined that high level wellness involves three components: (1) progress in a forward and upward direction toward a higher potential of functioning, (2) as open-ended and ever-expanding challenge to live at a fuller potential, (3) progressive aggregation or maturation of the individual at increasingly higher levels throughout the life cycle. Hoyman (1962) defined health as an optimal personal fitness for a full, fruitful, creative living. Bauer and Schaller (1965) defined health as the condition of the human organism that permits one to live happily and successfully. It helps the person to attain the goals and ambitions in life. This definition stresses the importance of an orientation toward growth, goal directedness, and attainment of goal. Hanchett (1979) implied health is energy, individuality, relationships and continuing progress toward developmental tasks.

Health also has been defined as focusing on both actualization and stability. Oelbauom (1974) identified 26 functions or behaviors of adults in optimum health. The behaviors are categorized into two dimensions: actualization and stabilization. He defined health as a process of growth and development that is futuristic in orientation, while at the same time avoiding major deviations in basic human functions or those functions characteristic of a given culture. Pender (1986) defined health as the actualization of inherent and acquired human potential through satisfying relationships with others, goal directed behaviors and competent personal care, while adjustments are made as needed to maintain stability and structural integrity.

Environment:

The environment is classified as external environment and internal environment. The external environment consists of (1) biologic variables, (2) physical variables, (3) social variables, and (4) cultural variables. Internal environment consists of (1) personal characteristics, (2) physical growth and development, (3) regulatory mechanism such as immune system, neurological system (McClelland, 1985), (4) body repair mechanisms, and (5) human behaviors (Murray and Zentner, 1975).

Aakster (1974) said that social and cultural environments are more important for a person's health than physical and biological environment. Because it will determine the access of individuals to physical resources, and the chance of being exposed to physical harm. The environment has both resources and stressors. A person needs the resources in the environment in order (1) to acquire essential materials for his survival, such as food, air, water, heat etc.; (2) to progress in the direction of culturally legitimated end-states by using socially acceptable and/or prescribed means; (3) to acquire identity, useful information, social skills etc. The stressor in the environment is any environmental force which leads to disequilibrium.
upon one or more of the essential variables in the system of a person. The stressors can be physical, social, psychological, and cultural. It also can exist in either the external or internal environment.

Person:

A person is composed of physical, psychological, social and spiritual aspects. These aspects are interdependent and interrelated. He/she has some similarities and some differences based on the satisfaction of basic needs, and the cognitive and psychological development which results in a person's unique self-care knowledge, self-care resources, and adaptation ability. Each person has his own model of world. In other words, each person differently perceives life, events, people, and situations. Each person also communicates, thinks, feels, acts and reacts differently (Erickson, 1983).

A person's behavior is directed to the attainment of certain goals (Pender, 1986; Aakster, 1974). These may be identified as love, security, esteem, wisdom, acceptance, harmony. They may be different for different cultures. (Aakster, 1974). Pender said that each person has his unique health behaviors. The internal cognitive processes determine what information will be received from the environment and how it will be interpreted and constructed. A person's health behavior is dependent on his perceptions, such as importance of health, perceived control, perceived threat, perceived susceptibility, perceived seriousness, perceived benefits, and perceived value.

Each person has varied degree of adjustive capability. The adjustment can be internal, migratory, or external adjustment (Aakster, 1974). According to Taylor (1983), a person is adaptive, self-protective, and functional. By searching the meaning, gaining sense of mastery and self-enhancing, a person is able to face threatening events. A person has capacity for open exchange of energy with other systems within the environment (Hanchett, 1979).

Nursing:

Nursing is an art and the science. Nursing is the process by which the nurse seeks to understand his/her client's unique model of the world, and try to help a person with their self-care activities in relation to their health. This is an interactive, interpersonal process that facilitates, and nurtures a person's strengths to enable his development, release, channeling and mobilizing of resources for coping with his/her circumstances and environment. The goal is to achieve, maintain or promote a state of perceived optimum health and contentment (Erickson, 1983).

Johnson (1980) said that the purpose of nursing is to facilitate a person's efficient and effective behaviors. These behaviors aim to maintain a person's equilibrium and stability, from his point of view.

According to Orem (1980), the goal of nursing is to assist, guide, teach, support
a person with his self-care. The goal of nursing is to maintain a person’s capacity for self-care.

Roy (1976) advocated that the goal of nursing is to facilitate a person’s adaptation. Consequences of Roy’s adaptation nursing are adapted responses, that is behaviors that preserve a person’s biopsychosocial integrity.

According to Henderson (1966), the goal of nursing is to maintain or restore or increase a person’s independence in the satisfaction of his fundamental needs which expresses the biopsychosocial nature of a person. The nursing interventions focuses on the particular deficit of needs and reinforce, complete and substitute it.

Nursing helps a person to develop illusions and nurture those illusions for the development of cognitive adaptive ability (Taylor, 1983). How to help a person is dependent on the attribution of responsibility of a person for a problem and for a solution (Brickman, 1982).

Nursing functions include the following: (1) establish nurse-client relationships. This relationship is aimed at illness preventions, and health promotion, (2) assess health, such as health history, physical evaluation, life stress review, life style and health-habit, health beliefs, (3) clarify values, such as examining value hierarchies, clarifying personal values, (4) educate a person for self-care, such as assessing self care competence/knowledge, motivation, skill and orientation; determining teaching priorities; identifying objectives, facilitating self-learning; using positive reinforcement; identifying barriers to learning; creating an optimum environment for learning, and evaluating a person’s progress, (5) develop a health protection/promotion plan, such as identifying self-care strengths, health goals and related areas for improvement in self-care; identifying effective reinforcement and rewards, determining barriers to change, (6) take action for prevention and promotion of health, such as modifying a person’s life-style, restructuring cognition, operant conditioning, counterconditioning, controlling stimulus review and enhancing social support systems. (Pender, 1986)

Synthesis and the Development of a Mataparadigm in Nursing

A person is a biopsychosocial being. Each component of a person is interrelated and interdependent. The internal environment of a person is continuously interacting with the external environment. In the external environment, there are many biopsychosocial factors which serve as resources or stressors: A person may perceive a stressor as being uncertain, challenging, or threatened. This perception depends on a person’s interpretation. A person has some similarities. He also has some differences, such as different strength/weakness. These differences are based on the inherent characteristics and psychosocial developmental processes. All of these contribute to a person’s unique cognitive structure. Therefore, each person has

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different self care knowledge, such as perceptions self, values, beliefs, and feelings. As a result, each person has different abilities for using self care resources, such as using both internal and external resources and adapting to the continuously changing external environment. Also, each person has different self care behaviors, such as health prevention and health promotion behaviors. Each behavior is aimed maintaining equilibrium or promoting actualization of a person’s physical, psychological or social functions. In other words, he is continuously trying to maintain health.

Health is a state of psychosocial equilibrium or actualization. The health status can be assessed through the normal functions or performances of each aspect of a person.

Nursing is a science. Through the nurse-client relationship, nursing utilizes scientific knowledge to evaluate person’s health status, assess the contributing factors of the deviation of the health, recognize a person’s strength and weakness, and implement appropriate nursing actions. All of these activities aim to maintain or maximize the physical/psychological/social functions of a person.

The diagram of the metaparadigm in nursing derived from the previous synthesis is shown in Appendix A.

Research Implication (Development of a Conceptual Framework)

A conceptual framework for my research program is derived from the previous metaparadigm in nursing. The diagram of this conceptual framework is shown in Appendix B.

Many research studies can be derived from this conceptual framework. Two research studies and its corresponding research questions are proposed as follows:

   a. What is the relationship between patients’ world and coping patterns for patients with C.H.D.
   b. What is the relationship between coping patterns and health promotion behaviors for patients with C.H.D.?
   c. What is the relationship between health promotion behaviors and health status for patients with C.H.D.?
   d. What percentages of variance in health status can be explained by patients’ world, coping patterns, and health promotion behaviors?

2. The perception of uncertainty, coping patterns and its correlates in patients with C.H.D.
   a. What are sources of uncertainty for patients with C.H.D.?
   b. What is the degree of uncertainty for patients with C.H.D.?
c. What factors contribute to the perception of uncertainty for patients with C.H.D.?
d. What are coping patterns in patients with C.H.D.?
e. Are coping patterns related to the perception of uncertainty?

Many other research studies can be derived from this conceptual framework for my professional career. However, due to the limitation of time and space, only my initial ideas are presented in this paper.

**Appendix A**

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<tr>
<th>self care knowledge</th>
<th>self care resource</th>
<th>health behavior</th>
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<tbody>
<tr>
<td>perception of control</td>
<td>social support</td>
<td>health prevention</td>
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<td>perception of resource</td>
<td>Internal strength</td>
<td>behavior</td>
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**Metaparadigm of Nursing**

- physical status
- organic functions
- environment
- resources
- stressors

- Perception of environment
  - uncertain
  - threatened
  - challenging

- Psychosocial status
  - social role, function
  - anxiety
  - stress
  - quality of life

- demographic status
  - age
  - sex
  - education
  - personality
Life Span Model of Stress, Clients’ World, and Coping Process

Appendix B
Bibliography


World Health Organization (1947): *Chronical of WHO 1:1–2*