

Philosophy of Nursing

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Nursing 481: Role Transition

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As a veteran, a mother, and a soon-to-be graduating nurse, I am passionate about helping people in need and living for a greater purpose. I have been on my own from a very young age and found that early independence bred a foundation of empathy that I can bring to my work, my parenting, and my relationships with others in a profound way. I think it's imperative to see people for their whole selves and understand all the pieces of them that make them an individual and what makes them special. In nursing I believe that compassion and desire to see people beyond their diagnoses will have a significant patient impact. At the end of the day that's all I want, to help people in a way that lasts with them, because so many nurses have made a lasting impression on me in that manner. My initial philosophy of nursing was based on the nursing theory proposed by Hildegard Peplau: the interpersonal theory of nursing. I created a piece highlighting the connections between nurses and patients and emphasized that nursing should be a place where we come together to see ourselves in our patients, and how they're reflected in us as well. Using that common ground to fuel our patient care and see them as people first and patients second so we can provide holistic care and growth for both the patient and ourselves as nurses (Vogelsang, 2022). This paper will explore my definition of nursing as it has transitioned throughout the rest of my time in school, and what assumptions and beliefs will guide my professional practice as I enter the field.

My personal definition of nursing is that it is compassionate science. Though this is my own original definition I think it encompasses a lot of the theories and personal narratives our instructors have explained. Nursing at its core is evidence-based practice, it's rooted in the science we have studied, observed, and participated in. However, what makes a great nurse, and

what has a significant impact on patient outcomes, is our ability to care for people in every realm of their life. Nursing is so much more than skills and critical thinking, it's also developing interpersonal relationships that foster patient trust, which leads to true healing.

The purpose of nursing is to protect the health of our community, whether that's treating illness or preventing it from occurring in the first place, the overarching goal of nursing is to maintain the wellness of our community. Understanding that to be our purpose is why there's such a vast variety of nurses. We need nurses in every area of our community, from working in the hospitals to advocating for policy changes in our government, because people can't heal if their circumstances don't allow them to attain health on every level. Our purpose goes far beyond just healing wounds, we're also here to ensure that people are able to take care of themselves when they leave our care. For me what influences my nursing practice is truly my desire to have an impact on the world in this life. I want to contribute in a meaningful way to a society I feel needs a lot of reform, and being a nurse gives us a position of power and influence to genuinely change the outcome of people's lives with our ability to advocate and care for them as nurses.

It's shown that through culturally competent care we as nurses can have a greater impact on patient outcomes, making it an underlying assumption that nursing needs to involve culturally competent care. Being able to understand that some patients want more family centered care, some patients require more holistic care with respect to natural remedies, and some may feel more comfortable with being seen by providers of the same gender (Nashwan, 2023); all of these accommodations lead to better patient outcomes. I also believe one of the underlying assumptions about nursing is that it's our responsibility to advocate for our patients when working with other healthcare providers, whether that's their primary care physician or the social

workers on their case. It's the nurse's responsibility to push for the patient's needs and not just advocate for them to be treated safely and fairly, but to make sure we're improving their overall quality of life beyond their acute care needs. In a study of nurses advocacy behaviors during end of life care, author Karen Thacker found that nurses, especially experienced nurses, had a deeper understanding of patient advocacy, especially in end-of-life care, than the physicians did (Thacker, 2008). This further emphasizes not only the need for education for all healthcare team members in this area, but the unique understanding nurses have as patient advocates because of our perspective and why it's assumed we'll be their advocates.

The two ethical principles that guide my professional practice most are beneficence and veracity, I feel I have an obligation to act in an honorable manner and take positive action to help patients and provide comfort for them, and I feel it's the least I can do to be honest and truthful with my patients. In the clinical setting I have demonstrated beneficence by being a strong patient advocate, even in my first clinical where I had no experiences to draw from. We were assigned a nurse who was uninterested in our learning and thought it would be humorous to have us clean up a patient who'd had a loose bowel movement and not give us any direction or even tell us where to get supplies to clean them with. This resulted in us having to improvise and stop and go get more supplies several times, which in my opinion greatly impacted the patients' dignity as he waited to get cleaned up and it was his first day in the facility. We worked hard to not only preserve his dignity and make the situation as kind and comfortable as we could, but we also elevated the situation to our clinical instructor and nursing manager of the unit because we felt that type of hazing was unfair to the patient and reflected poorly on the delegation ability of that nurse. He didn't deserve to be embarrassed on his first day when he needed care, and we didn't deserve to be put in a situation where we couldn't provide the best care possible.

I've also felt that as a student veracity is at the core of our learning experience, because we have to be truthful with patients about our learning journey and tell them that we're a novice in the field, so they get to make the informed decision on whether or not they want to participate in our skills practice. For instance I was going to place an IV on a patient for the first time, and she informed me that she was very anxious and wanted to know if I was skilled at placing them and in that moment I chose to be completely transparent and let her know it would be my very first time and gave her the opportunity to reject me doing it and let the nurse do it. I also think that veracity is going to be important in guiding me in the area of nursing I'm interested in; I want to go into oncology and that's going to involve a lot of hard truthful conversations about patient outcomes and treatment side effects.

As my journey in nursing school comes to a close, I believe I've expanded my personal philosophy from identifying with and connecting with patients, to being their advocate and ally regardless of their background. I want to be the type of nurse that patients remember for the rest of their life because I provided a level of care that encompassed connection, compassion, and excellent evidence-based practice. I want my patients to never doubt whether or not I had their best interest at heart and know that I will always speak up for them. My personal philosophy of compassion backed by science is going to be the cornerstone of my nursing career, as after graduation I have accepted a position to work on an oncology unit. I think that my guiding principles being honesty, advocacy, and care that is based in connecting with my patients will make me a great oncology and hospice nurse. I also think that this field of nursing will provide me with ample opportunity to make a difference in our community, and advocate for a vulnerable population.

References:

- Nashwan A. J. (2023). Culturally competent care across borders: Implementing culturally responsive teaching for nurses in diverse workforces. *International journal of nursing sciences*, 11(1), 155–157. <https://doi.org/10.1016/j.ijnss.2023.09.001>
- Thacker K. S. (2008). Nurses' advocacy behaviors in end-of-life nursing care. *Nursing ethics*, 15(2), 174–185. <https://doi.org/10.1177/0969733007086015>
- Vogelsang, Laura (2022). “Peplau’s Theory of Interpersonal Relations: Application to Asynchronous Nursing Education.” *Canadian Journal of Nursing Informatics*, <https://cjni.net/journal/?p=10464>