

NURSING PHILOSOPHY AND ITS HUMAN RESOURCE MANAGEMENT CHALLENGES

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Abstract

Cost effective care in nursing implies the need for effective resource management. Injurious workload requires management intervention for sustainable productivity and job satisfaction. Thus the traditional philosophy of nursing and its meta paradigms can longer be divorced from best human resource management (HRM) practices for optimum output and actualization of set goals. On this premise, this article reviews the core concepts, which are common contemporary nursing theories.

Keywords: *Nursing concepts. HRM. Change and professional development*

Introduction

Nursing and allied health professionals have jobs that contain numerous opportunities for personal growth and enrichment. Increasing workload as a method of achieving more cost-effective care has the potential to do just the opposite. The core concept in nursing and how they are managed is developed by theorist who has a passion for nursing and is also committed to improve patient's health condition. This paper reviews the core

concepts, which are common contemporary nursing theories by comparing and contrasting the models. In addition, included in this paper will be concept statement, metaparadigms, philosophies, and conceptual model.

Nursing management and philosophy consist of four main metaparadigms, namely, person and client, environment, health and nursing.

Person and Client

To enable nurses systematically organise huge amount of information so as to make sense to a particular client, the concept of person was defined by most of the early models. A person was understood by the theorists as human needs competing system, a system of interrelated parts, or an entity possessing not only social, psychological, and biological aspects, but also spiritual dimensions (Fawcett, 1996). Every framework drew the nurses' attention to specific multiple human experience aspects to enable the nurses to understand every instance of illness as well as wellness in relation to the person's body, situations, and feelings. Every model portrayed a concept about the whole individual with the aim of assisting nurses in understanding about how the implications of some actions or interventions may systematically be individualized for the purpose of benefitting the aspects of the concerned individual.

Environment

Every conceptual structure was aimed at reflecting an understanding that the concerned person is not only a part of the environmental system but also interacts with it. The person's social and family ties, the health care

system, the community, and the geopolitical issues that adversely affect health can be considered a part of this environment. The nurses' increasing appreciation of working in a larger context of all experiences of illness and wellness was shaped by the early conceptual structures or frameworks. These frameworks provided a future in which nurses could spearhead advances in the health and social care policy, community development, and health promotion (Fullbrook, 2007).

Health

Nursing practice is socially bound to improving the health of individuals as well as society, the articulation of proper nursing goal was a huge struggle for early theorists. The early theorist defined health as far more than the absence of injuries or diseases, rather, the state of total well-being toward which individuals may strive. Defining health in this manner reflects a proper vision of nursing care, which applies to individuals as well as the society, including all sick or well clients. Apart from that, it recognized that people suffering from chronic diseases may be disregarded and compromised by spiritual or psychological challenges among the physically well persons. Even though optimal health is not considered to be achievable, the concept provided guidance to nurses in helping the clients to reach productive and satisfying outcomes (Draper, 1995).

Nursing

Every early conceptual structure or framework comprised of a unique definition of nursing, which links the client's view with the understanding of the person's environment, health goals, and life. Although each conceptual framework was aimed at different terms and different alignment of ideas, it is built on a discrete subset of knowledge presenting a complete and coherent system of belief about nursing practice. Because most nursing scholars of the time had the assumptions that a model will soon become dominant, strict competition occurred among the frameworks. Over the passage of time, framework application in practice turned out to be more codified and rigid. The prime focus, which originally was on guiding the nurses to think systematically, shifted to the use of language in specific ways, thus, filling assessments in a correct manner.

CONCEPTS

Trans-cultural Nursing

The United States has become racially and ethnically diverse in the last decades. The Mexican American population is growing rapidly labeling them as the largest ethnic minority group in the United States. Mexican Americans are a diverse cultural group that shares a number of different health practices and beliefs. It is important that health care professionals understand their beliefs, cultural practices, and incorporate those beliefs into the care they receive. Family is the main focus in relation to socialization. They often have extended family and other relatives living in the same house together (Doiron, 2006). This sometimes goes beyond the initial family to include grandparents, aunts, uncles, and cousins. The

entire family contributes to the financial responsibilities, and the children are also taught to help at a very young age. The father is usually the head of the household and goes out to work, while the mother usually takes care of the home (Cutter, 2008).

Hispanics are known to embrace one another. They are often seen holding hands or hugging. It is not uncommon to see Hispanics of the same gender holding hands in public places. They are known to greet with a firm handshake, hugs and may be even kisses on the cheek. Communication can be complicated as most Hispanics only speak Spanish. If English is spoken, it is normally used in the workplace or at school, yet preserving the Spanish language for family is common practice for them. Religion plays a significant role in the daily activities for Hispanics. More than 90 percent of Hispanics are Roman Catholic. Their faith has a large influence over family life and community affairs. There are several traditional beliefs and cultural practices that relate to pregnancy and childbirth in Hispanic culture, which includes avoiding strong emotions such as anger and fear, avoid cool air because it is dangerous, bathe often and stay active to prevent having a large baby, and get massages to help place the baby in the right position for birth. In addition, Mexican American also believes in not raising arms above head or sit with crossed legs, chamomile tea relieves nausea and vomiting, treat heartburn with baking soda, and use laxatives to clean the intestinal tract (Cutter, 2008).

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The Hispanic culture does not believe in using birth control unless it is prescribed by a physician to regulate the menstrual cycle. Hispanic population value motherhood and they are encouraged to prepare for becoming mothers at a very young age. Hispanics believe it occurs when a possessed person injures a child by looking or admiring but there is no touch involved. They believe the spell is broken when the possessed person touches the child. They also have a belief in hot and cold imbalance (Coombs, 2004). This occurs when there is a long exposure to either hot or cold. To cure this illness the opposite of the causative agent is applied to assimilate one or the other.

Role Theory

The exploration of roles has been a continuing preoccupation of sociological theory and human resource management discus. Many theories developed toward an understanding of roles in contemporary societies explore social roles at both the collective and the individual levels. Versions of role theory that emphasize the collective level have a more social structural orientation, while those that focus on the individual level are oriented toward the situational processes of social interaction. At the macro-level structural role theory has been developed by functional theories of social structure, building primarily on the works of American sociologists Talcott Parsons and Robert Merton. In these theories the social world is conceptualized as a series of vast networks of interrelated statuses and roles. These networks form the essential basis of social structure and provide the scaffolding on which both formal organizations and social systems are constructed. At the micro-level, on the other hand,

structural role theory has been advanced by the dramaturgical theories of Erving Goffman. While role theory emphasizes the structure within which roles are embedded and enacted, an interactionist version of role theory is more actors-oriented. It attempts to answer the criticisms levied against the more structural versions of role theory. These criticisms challenge structural role theory on the grounds that it tends to conceptualize actors as the overly conformist dupes of social structure. Whereas the focus of structural role theory is on the conformity of actors to imposed and structured expectations, interactional role theory emphasizes the dynamic process of social interaction in the creation and manipulation of roles. The most recognized proponent of interactional role theory is American sociologist Ralph Turner; whose role theory emphasizing process is based upon the premise that individuals do not merely conform to predetermined social roles, but instead they creatively enact them and often use him or her as a resources in social interaction.

Change Model

The literature on managing change in organizations refers to strategies and theories, which are generally not context specific, nor linked to any particular historical time and are applied indiscriminately to health care organizations. Another classic model of change is Lewin's model of force field analysis that was devised in 1951 in the United States following research on housewives. This model was cited extensively in the literature as relating to the management of change in nursing and health care. This

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strategy identifies a series of approaches to managing change and gives an indication regarding when they are applicable. A large proportion of the literature on managing innovations in professional practice focuses on the challenges of implementing evidence-based practice care. The most effective strategies for promoting behavioral change are: The use of educational outreach visits to reinforce the use of evidence; Manual or computerized reminders; Multiple interventions, such as audit and feedback in conjunction with local consensus agreement; Educational meetings that involve discussion and practice. The systematic review found that passive interventions had little or no effect, and these included distribution of educational materials, such as clinical practice guidelines, audio-visual aids and electronic publications. Likewise, the use of educational meetings, such as lectures, which do not involve participants, was seen as ineffective.

Power-coercive

This is known as a top-down approach, where people in authority exercise political, economic, and sometimes moral power to instruct individuals to change. It is dependent on people who are basically compliant, and who will do generally as instructed. Many national changes are implemented by adopting this strategy, for example, closing hospitals, and changing service delivery as management directives.

Rational-empirical

This is also a top-down strategy based on the assumption that people are rational and will be guided by reason. There is also the assumption that

rational decisions will be made on a sound knowledge base. Changing professional practice following the results of audit, as evidence, is an example of when this strategy will be employed.

Normative-re-educative

This strategy is a bottom-up approach and is based on the belief that people are social beings, and need to be involved in all aspects of the changes to be made. Furthermore, it is expected that individuals prefer to adhere to their cultural norms and values. Therefore, change is based on trying to redefine and reinterpret existing norms and values, thus, developing commitments to new ones.

Conclusion

According to the in-depth analysis of the data accumulated through different sources, it can be concluded that the knowledge acquired through the academic career of nursing profession can be effectively applied into practice through different tactics and approaches. During my career, I acquired several techniques and knowledge that assisted me while providing evidence-based care to the patients. Nonetheless, I believe that it is crucial for a nurse to take his or her responsibility seriously as the scope of nursing profession, and patients' satisfaction depends purely upon the healthcare services provided by the nurse. Despite the sweeping changes in the health care system in the 1990s, it is still possible to maintain a reasonably satisfied workforce and reduce turnover and burnout. Health

professionals enter his or her profession with a sense of mission, a desire to help others, and contribute to the society. Increasing workload by staff reductions, and increases in productivity expectations results in a situation that can prevent individuals from attaining this sense of worthwhile accomplishment and achievement.

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