



## Toward a New Philosophy of Nursing

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Anyone who has ever prepared a college of nursing catalogue has had to engage, if only briefly and superficially, in the development of a philosophy of nursing. I would like to carry that activity a little further here in order to propose and develop a particular philosophy of nursing.<sup>1</sup>

I will describe what could be called the self care philosophy.<sup>2</sup> But an important distinction must be made at the outset. "Self care" usually suggests the lay revolt against professional care; often, self care is billed as an *alternative* to rather than a *philosophy* of professional health care. What then do we mean by self care as a philosophy of nursing? The philosophy is this: that nursing have as its primary ideal active assistance to individuals, families, and communities in the *development* and *exercise* of their autonomy in health matters. The concept of self care, or patient autonomy, involves two dimensions, action and agency, and the nurse provides assistance in both of these. Self care action is the health behavior that is performed. Self care agency is the process of self-determination, the decision making with respect to the choice of behaviors. More fundamentally, agency involves determining what an individual's personal values and concept of health are, so that health care decisions may be based upon them.

Nurses have long been familiar with patients' needs involving self care ac-

tion, for example, in chronic illness and rehabilitation. Needs involving agency are not as familiar since many professionals assume that agency is so impaired in illness that the substitution of professional authority for patient decisions is warranted. Within the self care framework, however, self-determination is central. Coerced, enforced, or directed health behaviors may be conducive to health as professionally defined, but they are not self care actions because they do not originate in the patient's own free decision (i.e., in self care agency).

The philosophy of self care obliges nurses to assist patients with agency as well as action. Therefore while nurses are obligated to act in their patients' best interests, it is the patient not the professional who decides what "best interest" means. This is not only morally entailed by the self care philosophy, it is logically required. "Best interest" — that is, patient self-interest — *cannot* be professionally defined. Definition of a patient's self-interest made by anyone other than that patient is not only unethical in this view, but in fact is impossible.

### The Complicated Self

Exactly what is the difficulty in deciding for a patient the course of action that is in that person's best interest? Is not that determination the essence of health care?

Some of the difficulties in determining "best interest" for patients are by now familiar. The difficulty of defining "health" has been widely discussed. As a result, we acknowledge multiple levels on which to meaningfully define health and illness, from the molecular to the political. But that diversity among concepts of health is only part of

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the difficulty in determining the self-interest of patients. The other difficulty is that the concept of "self" is as elusive as that of "health." To illustrate, there are at least two dimensions that must be examined in determining one's own best interest and thereby subjectively defining the self. These two dimensions are the complexity and the uniqueness of the self.

For what part of the self should one care? The psychological? Intellectual? Physical? Spiritual? Seen from the outside, the self may seem to be a simple unit; in reality, it can be dismayingly complex. Consequently, certain aspects of the self may receive care at the expense of other parts. A decision that seems to ignore health needs may be a reasoned choice to care for the part of the self that the individual values most.

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