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Concept of person in nursing metaparadigm

The metaparadigma is a set of concepts and suggestions that define the phenomena with which discipline is concerned. Simply put, it's all the features that go into a frame - or everything that goes into being a nurse. The metaparadigm of nursing offers a holistic approach to care. Taking into account the person, their environment, their health and the care practices themselves, the metaparadigm takes into account everything that goes into the care of the patient. This provides a basis for applying the basic skills that nurses should have. This comprehensive look at health and well-being allows registered nurses (RNs) to address not only the patient's physical needs, but also their social and emotional needs. Jacqueline Fawcett has mastered the metaparadigm of the philosophers Margaret Masterman and Thomas Kuhn, repurposing it in the field of nursing. He has done this in order to organize the field through philosophical affirmation, allowing the practice of nursing to be seen as strictly scientific. Although scientists reject his claim, there is something to be said about encouraging holistic care. Aspiring RNs carefully study the metaparadigm of breastfeeding in order to serve patients the best they can. The metaparadigma and theory behind it can be a useful framework for nurses to use to answer joint interview questions or articulate their goals and values in accompanying letters when it comes to employment. PersonA metaparadigma person's component consists of the patient, as well as the patient's family and friends. Reaching beyond the patient's physical needs, the person component also takes into account one's psychological, emotional and social needs. This allows the nurse to imagine the patient with more than one amount of medical history. The ultimate goal here is to empower the patient to manage his own health and well-being, which requires him to take care of one's social health. Nurses can help patients in this, stressing the need to maintain personal relationships. The patient's emotional needs can be met by allowing them to voice what they are going through and how they feel. Patients can only show patients can help nurses find greater satisfaction in their work and avoid burnout. As a result, the component of the metaparadigma person benefits both patients and nurses. Environment The environmental component of the metaparadigma focuses on the patient's environment. This ingredient goes beyond the patient's physical environment to include both the emotional and social environments as well. In other words, the patient's environment can do anything that can affect their health and well-being. Interactions with family, friends, and even the community can be categorized as a part of the environmental component, as can economic conditions or geographic locations. While a bad economy is negatively the patient's stress level, the loved one's may have the opposite effect. Other aspects of the environmental component include culture, social relations and technology. It is important that nurses also recognise their role in the patient's environment. Creating a comfortable environment is one of the many basic nursing tasks that work done in person or telehealth. HealthThe health component correlates with when a person falls into the health disease continuum at the time of encountering a nurse. The health-disease continuum as a whole, however, depicts the changes in health and well-being throughout the patient's life. It's important to understand that every individual's health is always a flux, and that while you may be sick or healthy before that, it can and will continue to change for the rest of your life. Furthermore, it is just as important to understand that each individual's specific health history continues to affect them in a unique way throughout their life; That's why it's called the continuum! All this information determines whether a nurse will go ahead with the best possible treatment plan relative to the patient's health history. This sense of relativity is important; what can be healthy for an 18-year-old boy is unlikely to be healthy for an 80-year-old man. As such, treatment plans are personalized. Like other ingredients, it includes physical, mental, emotional, social, and psychological well-being. Questions to note are chronic diseases, genetic makeup, mental health disorders, and more. NursingThe nursing element of the metaparadigm considers everything you learned in school, in the field, and everywhere in between. From theory and practice to collaboration and communication, the care component is representative of nursing skills and the knowledge needed to perform tasks and tasks related to patient care. Hard skills and knowledge do not necessarily prevail supreme when observing or exercising nursing; the ability to show empathy and compassion is just as much a part of the nursing component as it performs a procedure or reading a diagram. All in all, the nursing component can be seen as a sued side of previous concepts. Everything a nurse does for a patient can go into it. By integrating other components of the metaparadigma, the actual practice of nursing rounds out the four basic concepts of Fawcett's theory. Share this: Facebook Twitter Reddit LinkedIn WhatsApp Caring is an essential component of nursing yet remains elusive to the whole nursing metaparadigma. All nurses, as required by their profession, must take care of it. Because it is caring that nursing comes from its uniqueness and contributes significantly to health care (Thorne, Canam, Dahinten, Hall, Henderson, and Kirkham, 2002). It's not just the patient as an individual, it's the family and the community as well. Furthermore, as the nursing profession continues to the role of doctors, it is important to distinguish the profession from that of doctors. Caring seems an obvious element of nursing not yet typical of nursing metaparadigm for a number of possible reasons. Firstly, there is a possibility that care will testify to care. It is true that there is little understanding and understanding of what the term refers to. Again, the focus on care was perceived to be bounded by the nursing area (Thorne, Canam, Dahinten, Hall, Henderson, and Kirkham, 2002). The variability of care makes scientific investigation almost impossible. Indeed, it is true that treatment alone guarantees recovery. However, it will be tricky for elderly, frail people and people with chronic diseases. These groups of people need care. Research and experience recorded by nurses; if patients are well cared for, this will help increase the chances of recovery. This is because the disease, even if it comes from traditional societies, is perceived to interact with the environment, family, community, spirit and individual individuals. The better an individual feels, the greater the chance of a positive response to treatment. This good feeling can be provided by the nurse, who creates trust, attachment and trust with the patient. Caring is therefore an important concept that should be characteristic of nursing metaparadigma. Without this concept, nurses may not be able to successfully fulfill some of their duties. Concepts and Metaparadigms Concept refer to terms that define phenomena occurring either in thought or nature (McEwen and Willis, 2006). Concepts usually contain some attributes that help distinguish them. Because the wording of concepts uses the use of words, concepts can be widely classified as specific or abstract. The former can be perceived as common sense and includes concepts such as universe, passion, earth, which are symbolic and representative of phenomena. On the other hand, abstract concepts include love, anger, passion, etc. All these terms are for an entity and, for that matter, descriptive. Concepts can be expressed in a single word, two words or phrases (McEwen and Willis, 2006). Examples of single word concepts include death, fear, anxiety, etc. the two-word concepts of mutual understanding, self-realization etc. There are concepts that take the form of a sentence such as user-friendly services, environmentally conscious behavior, poor service provision, etc. There are many concepts in different disciplines that help distinguish one from the other. As a reason for systematic study of nature, it is important to come up with clear concepts (Duncan, Cloutier and Bailey, 2007). It will be a stepping step for researchers and scientists to understand reality. It also makes it easier to study phenomena. Also in order to clearly inform readers scientists need to avoid ambiguity. This means that every time a term is used in a particular context, scientists should strive to determine whether it is properly interpreted. On the other hand metaparadigms define discipline and set boundaries for other disciplines. It gives a discipline of global perspective, which is useful for professionals in discipline to observe phenomena within the parameter (Van Wyk, 2005). In most cases, it contains a number of key notion elements that act as defining elements. These concepts of a metaparadigma involve limitations or limits of discipline. Again, metaparadigm of metaparadigma not only defines discipline, but also outlines its concerns. For example, nursing metaparadigma has four concepts that include the environment, person, nursing and health. These concepts usually help determine nursing metaparadigma, and distinguish it from other disciplines or professions, for that matter. Therefore, there is a clear line between nursing and the doctor's office. This is possible because of different metaparadigms. Evidence to support position Historically there are four concepts of nursing metaparadigma, which are used to describe the context and content of the nursing profession. Like the four concepts; health, environment, person and nursing remain embraced by the nursing fraternity, they've had a number of challenges and suggestions experienced and given alternatives (Schim, Benkert, Bell, Walker and Danford, 2007). However, nursing metaparadigma remains recognized by all professions in the field. In addition to the four components, the concept of care remains a contentious issue. Care was ignored for a long time as it was not possible to undergo scientific examination, measure and determine its impact (Thorne, Canam, Dahinten, Hall, Henderson and Kirkham, 2002). In many cases, the ability to heal using scientific tools alone makes the role of care obsolete. However, this does not apply to those who are weak, elderly and suffer from chronic diseases (Castledine, 2009). These should be taken care of in order to increase their recovery process. Even the many perceptions and definitions seem to be the components of the agreement supply. The main focus of these components is the physical, emotional and psychosocial requirements of patients (Castledine, 2009). The patient should be cared for, and in this case the staff will focus primarily on care and pay little attention to the outcome. Therefore, care needs to be understood in a more sophisticated way than the same traditional view (Van Wyk, 2005). It is important that the gymids receiving care are compassionate to those receiving care. The level of concerns about patient health not only leads nurses to experience whatever the patient is going through, but also gives hope and assurance, or The nurse can also help in areas where patients are unable to perform. There are also special circumstances and situations that require care for nurses. These problems can be social or medical. The most important care is to preserve the dignity of the patient (Castledine, 2009). According to research examining stories shared by nurses, researchers found the views of four students focused on improving trust (Adamski, Parsons and Hooper, 2009). The stories told by the nurses encouraged and made one student confident to have similar experiences. This student in particular went into imitating the behavior of the nurse, such as non-verbal communication so leading to desirable results. In this way, it became apparent that the student was experimenting in some ways with proven and practiced nurses, one that was indeed in contact with patients. There is a lot of excitement, and one is encouraged to go and try it on patients. The prospect of another student prefers to perceive a large percentage of carers stemming from open patients, and at the same time listening carefully to what they are saying (Adamski, Parsons and Hooper, 2009). This student stressed that he should focus on the patient while withholding the verdict. In this way, the listener perceived caring manifested itself in a number of ways, but most importantly was channeled into trust and finding a relationship with the patient (Adamski, Parsons and Hooper, 2009). Similarly, the same student craved a mentor who plays an important role in helping him gain confidence, learn to care and take care of improvements in his nursing practice (Adamski, Parsons and Hooper, 2009). It is true that the care shown to patients feels good. The nurse should therefore strive to develop these skills in order to be successful in the performance of the service. In addition, it is important that nurses show confidence, communicate effectively, respect and are always available to meet the needs of the patient. It's a high order that requires a nurse to be comfortable in a number of situations (Rayman, Ellison, Holmes, 1999). The only way to do this is through experience and exposure to a number of situations. These experiences can be won in many places. Similarly, he also noted the student that caring involves being able to stay in current nursing practices, able to prioritize and doing what is right (Adamski, Parsons and Hooper, 2009). The concept of care contains different characteristics. These attitudes are essential for care as a whole. These include attitude, action, variability, relationship and action (Brirowski and Wendler, 2005). Nursing as a profession pays close attention to the relationship between nurse and patient. This relationship is initiated by the former with the intention of acting. This is a cooperation and respect for both sides. Patients need such a connection to help, since most of them are unable to take care of themselves. In some cases, a relationship can be seen as a form of friendship because of the need for concern and love for each other (Rayman, Ellison and Holmes, 1999). The nurse being the initiator and most active in the relationship with a mate is the client's path towards recovery. For this relationship to be complete, it must be intimacy, trust and responsibility. A nurse has a responsibility to develop a trust relationship that comes with patience, openness, love and honesty. The proximity of the patient is vital and important for the development of intimacy and trust. Since the nurse has a professional relationship with the patient, then all responsibility is directed in this direction. The person receiving care should be ensured well-being through the responsible actions shown by the caregiver. Professional carers should therefore act in the most up-to-the-day and knowledge-based way towards their clients (Khademian and Wetlandhfar, 2008). In this mission are guided by professional codes of ethics. For example, their behaviour should be of a high standard and their decision-making should be guided by the principles of practice. In the conceptual analysis of care, the nurse must take action towards the patient. This not only performs certain activities for the patient, but also ensures the presence of a person. The caregiver sees the need for the individual and over willing to respond to these needs in a professional manner (Khademian and Wetlandhfar, 2008). It is important, for example, that the nurse that cares about the patient as a human being worthy of respect and dignity. She's the one who starts the nurse who takes care of the patient. The most obvious of such care is physical. In this case, some of the measures that make patients feel comfortable about themselves. These measures may include rubbing your back, helping patients in and out of bed, chair, dressing and undressing, etc. In some cases, nurses should help female patients with their hair and even apply makeup (Brirowski and Wendler, 2005). All this ensures that patients have a good time. They feel that their lives are not simply getting lost because of the disease, but someone is more than willing to see them get back on their feet and carry on with their daily lives. The caring nurse must also show a caring touch. As small as the action may seem, its significance is great. It is a form of non-verbal communication important to establish a relationship between the two and changes the perception of the patient towards the nurse. Measures, such as holding hands, gently caressing the hair are some of the measures that cement the relationship between the nurse and the patient. The physical presence of the nurse is as important as the emotional presence. The nurse does not shares time and space with patients, but also actively listens (Brirowski and Wendler, 2005). You need to be a part of your family and share your fears, hopes and aspirations. It is important that at this time the family and the patient should be sure that they are not alone. The nurse can make room for the bed for the patient to tell stories and contribute to what the family has to offer. It's simply the feeling of togetherness and appearing as a family. These two sides have a holistic and genuine commitment that helps build on trust and trust. Caring as a concept varies in different circumstances, between the persons concerned and the environment as a whole (Daniels, 2004). The variability of care is therefore another way of describing the changing nature and fluidity of care. Therefore, the more nursing practice patients are provided, the more experience they have gained. Therefore, the nurse is expected to provide care appropriate to the environment and the patient's nature. It should be understood that patients are different and need a selection of care and attention. Importance of nursing Introducing the concept of nursing metaparadigm helps reduce the emotional work that is always accompanied by providing care among nurses. In the workplace, nurses tend to have emotional control that is likely to lead to emotional exhaustion or burnout (Hoynh, Alderson and Thompson, 2008). In all organisations, and especially in the nursing profession, it is vital that workers are able to feel their emotions and be aware of the personal costs associated with providing services to patients. It is important to remember that emotional exhaustion of nurses can be a result of a number of factors, including the depersonalization of the patient. As a feature of care, variability should be considered in such a way that patients are treated as individuals (Brirowski and Wendler, 2005). This is not readily available if the nurse is not oriented to some of the basic principles of care. His individuality must also be taken into account. Caring gives nursing uniqueness, which is why the reason for the nurses to be directly involved in the care that is. Modern health care, however, has the role of care, which is remotely implemented by the nurse. For example, it is common for support staff to assist with care while under the supervision of a nurse (Clifford, 1995). In this case, the role of the nurse is reduced to the role of supervisor, therefore contact with the patient decreases. All important contacts between the nurse and the patient have been lost. This makes the treatment to be a long and complicated experience for both the nurse and the patient. When defining nursing as a formalized way of giving care, it will be easy for nurses to respond to the needs of patients with compassion. There will be little or no pressure on nurses to meet demands that are forced into nursing. Their activities as carers will be guided by the health care. The resources available will therefore determine the activities of nurses (Clifford, 1995). Through experience in the care of patients, nurses feel strong and are moved in the face of uncertainty. Being able to contact patients makes it easy to respond to their needs (Daniels, 2004). In addition, the satisfaction gained from work increases as a nurse becomes energized and passionate about work. For the same reason, the nurse is able to have a good time with the patient. The nurse is close to the patient and meets all needs, speeding up the progress of recovery. The patient is not ashamed to communicate and share his deep feelings. On the other hand, nurses can experience diseases well, thus increasing their understanding. In this way, it will be easier to engage in similar cases in the future. Care education is also essential for the nursing profession rather than preparing nurses for care in their profession. However different the theory of care is from the life experiences of the area; it is still essential to education. Having students gotten the knowledge at school that helps change their attitude and more importantly gives them a clue as to what to expect from their work. This knowledge is also essential for preparing and laying down a framework for nurses, that they have been aware from the outset of what goes on in their profession (Clifford, 1995). In addition, knowledge is important for the sake of contemporary practices in health care and provides insight into the future of nursing. For a long time nursing as a profession has been misunderstood and portrayed negatively. The inclusion of care in the nurse's metaparadigm is important in developing a good public image of nurses and the profession. Having a good view of the public about a profession helps boost recruitment and changes nurses' attitudes to work (Takase, Maude and Marias, 2006). Nurses will also improve their self-image, which will greatly contribute to the performance of the work. Conclusion There is still a lot of debate about whether the concept of care should be included in the care metaparadigm. In the nursing profession, this concept remains controversial. This is due to the fact that nurses continue to give care despite the concept being ignored. This may simply seem like an overlooked concept, but in reality it was and remains part of the nursing profession. In fact, there are those who equate nursing as a whole caring. In this case caring seems to have had a metaparadigma nursing in addition to health, person, and environment. In modern healthcare, nurses have transferred the role of care to subordinate staff while maintaining the role of supervisors. As much as the nurse controls me, there's no connection to the patient. The nursing public is far from because most people are ill-informed about the profession. The majority tend to think nursing is synonymous with caring. The nurse is considered a subordinate of the doctor, receives instructions from doctors, earns less pay, etc. All these are stereotypes, most of which stem from the nurse's tradition as a caregiver. This carer understands inadvertently little understanding of the profession. This is the same reason why people feel they are very familiar with the role of nurses. In this case, they are prepared to assess the provision of services. It is important that the nurse is respected, regarded as compassionate, anxious and a know-it-all. The importance of care is limited not only to nurses, but also to the family and the patient. Most importantly, however, is the fact that care helps to increase healing and health, thus softening the work of nurses. It is important that all are involved in the whole process of healing, as it reduces anxiety and fear in both the family and patients. In this way it helps to empower the patient to comfort, hope, safety and self-esteem. Finally, the nurses can enjoy their work. This is the result of the patient's perception of the nurse differently, thus increasing morale. Caring therefore needs to be incorporated into the nursing metaparadigma, as it will be a big boost for the profession. Nurses feel comfortable with their profession because they are qualified, gain experience and are able to connect with patients. Share this: Facebook Twitter Reddit LinkedIn WhatsApp

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