

ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES

UNDERSTANDING THE CORE OF ADVANCED PRACTICE NURSING: EXPLORING PRACTICE PHILOSOPHIES

ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES FORM THE BEDROCK UPON WHICH THE MULTIFACETED ROLES OF ADVANCED PRACTICE REGISTERED NURSES (APRNs) ARE BUILT, GUIDING THEIR CLINICAL DECISION-MAKING, PATIENT INTERACTIONS, AND PROFESSIONAL DEVELOPMENT. THESE UNDERLYING BELIEFS AND VALUES SHAPE HOW APRNs APPROACH HEALTHCARE, INFLUENCING THEIR COMMITMENT TO PATIENT-CENTERED CARE, EVIDENCE-BASED PRACTICE, AND HOLISTIC WELL-BEING. THIS COMPREHENSIVE EXPLORATION DELVES INTO THE ESSENTIAL ELEMENTS THAT DEFINE ADVANCED PRACTICE NURSING PHILOSOPHIES, EXAMINING THE FOUNDATIONAL PRINCIPLES, THE IMPACT OF DIFFERENT THEORETICAL FRAMEWORKS, AND HOW THESE PHILOSOPHIES TRANSLATE INTO TANGIBLE PATIENT OUTCOMES. WE WILL NAVIGATE THROUGH THE EVOLVING LANDSCAPE OF APRN ROLES, HIGHLIGHTING THE CRITICAL IMPORTANCE OF A WELL-DEFINED PERSONAL PRACTICE PHILOSOPHY FOR EFFECTIVE AND ETHICAL HEALTHCARE DELIVERY.

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WHAT CONSTITUTES ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES?

ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES ARE DEEPLY INGRAINED SETS OF BELIEFS, VALUES, AND ASSUMPTIONS THAT GUIDE THE ACTIONS, DECISIONS, AND INTERACTIONS OF ADVANCED PRACTICE REGISTERED NURSES (APRNs). THESE PHILOSOPHIES ARE NOT STATIC BUT EVOLVE OVER TIME, SHAPED BY INDIVIDUAL EXPERIENCES, EDUCATION, PROFESSIONAL MENTORSHIP, AND EXPOSURE TO DIVERSE PATIENT POPULATIONS AND HEALTHCARE SYSTEMS. THEY REPRESENT AN APRN'S FUNDAMENTAL UNDERSTANDING OF THE PURPOSE OF NURSING, THE NATURE OF HEALTH AND ILLNESS, THE ROLE OF THE PATIENT, AND THE RESPONSIBILITIES OF THE NURSE.

AT THEIR CORE, THESE PHILOSOPHIES ARTICULATE AN APRN'S WORLDVIEW REGARDING THEIR PROFESSION. THEY INFORM HOW AN APRN PERCEIVES THEIR SCOPE OF PRACTICE, THEIR ETHICAL OBLIGATIONS, AND THEIR CONTRIBUTION TO THE BROADER HEALTHCARE TEAM. UNDERSTANDING THESE PHILOSOPHIES IS CRUCIAL FOR RECOGNIZING THE DISTINCT CONTRIBUTIONS APRNs MAKE, MOVING BEYOND TASK-ORIENTED CARE TO A MORE COMPREHENSIVE AND NUANCED APPROACH TO HEALTH AND HEALING. THESE PRINCIPLES ARE ESSENTIAL FOR MAINTAINING PROFESSIONAL IDENTITY AND ENSURING CONSISTENT, HIGH-QUALITY CARE.

CORE TENETS OF ADVANCED PRACTICE NURSING PHILOSOPHIES

SEVERAL CORE TENETS CONSISTENTLY EMERGE WITHIN THE PRACTICE PHILOSOPHIES OF ADVANCED PRACTICE NURSES. THESE FUNDAMENTAL BELIEFS UNDERSCORE THE DISTINCT NATURE OF APRN ROLES AND THEIR COMMITMENT TO OPTIMAL PATIENT CARE. THEY PROVIDE A GUIDING FRAMEWORK FOR NAVIGATING COMPLEX CLINICAL SCENARIOS AND ADVOCATING FOR PATIENT NEEDS.

THE PRIMACY OF PATIENT WELL-BEING

A CORNERSTONE OF VIRTUALLY ALL ADVANCED PRACTICE NURSING PHILOSOPHIES IS AN UNWAVERING COMMITMENT TO PATIENT WELL-BEING. THIS GOES BEYOND SIMPLY TREATING ILLNESS; IT ENCOMPASSES PROMOTING HEALTH, PREVENTING DISEASE, AND FOSTERING A SENSE OF WELLNESS. APRNs STRIVE TO EMPOWER PATIENTS WITH KNOWLEDGE AND RESOURCES TO ACTIVELY PARTICIPATE IN THEIR OWN CARE, RECOGNIZING THAT TRUE WELL-BEING IS A MULTIDIMENSIONAL STATE.

PROFESSIONAL AUTONOMY AND ACCOUNTABILITY

ADVANCED PRACTICE NURSING PHILOSOPHIES EMBRACE THE CONCEPT OF PROFESSIONAL AUTONOMY, ACKNOWLEDGING THE EXPANDED SCOPE OF PRACTICE AND INDEPENDENT DECISION-MAKING AUTHORITY GRANTED TO APRNs. THIS AUTONOMY, HOWEVER, IS INEXTRICABLY LINKED WITH A PROFOUND SENSE OF ACCOUNTABILITY. APRNs ARE RESPONSIBLE FOR THEIR ACTIONS, CLINICAL JUDGMENTS, AND THE OUTCOMES OF THEIR CARE, ADHERING TO ETHICAL STANDARDS AND LEGAL REGULATIONS.

HOLISTIC PERSONHOOD

A HOLISTIC PERSPECTIVE IS CENTRAL TO ADVANCED PRACTICE NURSING. THIS MEANS VIEWING THE PATIENT NOT JUST AS A COLLECTION OF SYMPTOMS OR A DISEASE PROCESS, BUT AS A WHOLE PERSON WITH INTERCONNECTED PHYSICAL, EMOTIONAL, SOCIAL, SPIRITUAL, AND ENVIRONMENTAL DIMENSIONS. AN APRN'S PHILOSOPHY WILL LIKELY EMPHASIZE UNDERSTANDING AND ADDRESSING THE INTRICATE INTERPLAY OF THESE FACTORS IN HEALTH AND ILLNESS.

THE IMPORTANCE OF THERAPEUTIC RELATIONSHIPS

BUILDING STRONG, TRUSTING THERAPEUTIC RELATIONSHIPS WITH PATIENTS IS ANOTHER VITAL TENET. THIS INVOLVES ACTIVE LISTENING, EMPATHY, OPEN COMMUNICATION, AND MUTUAL RESPECT. THESE RELATIONSHIPS ARE NOT MERELY FUNCTIONAL; THEY ARE THERAPEUTIC IN THEMSELVES, FOSTERING HEALING AND PROMOTING PATIENT ENGAGEMENT IN THEIR CARE JOURNEY. A WELL-DEVELOPED PHILOSOPHY WILL HIGHLIGHT THE SIGNIFICANCE OF GENUINE HUMAN CONNECTION.

ADVOCACY FOR PATIENTS AND THE PROFESSION

ADVANCED PRACTICE NURSING PHILOSOPHIES OFTEN INCLUDE A STRONG COMMITMENT TO PATIENT ADVOCACY. THIS INVOLVES SPEAKING UP FOR PATIENTS' RIGHTS, ENSURING ACCESS TO NECESSARY CARE, AND HELPING THEM NAVIGATE THE COMPLEXITIES OF THE HEALTHCARE SYSTEM. FURTHERMORE, MANY APRNs FEEL A RESPONSIBILITY TO ADVOCATE FOR THE ADVANCEMENT OF THEIR PROFESSION, PROMOTING ITS VALUE AND EXPANDING ITS REACH.

INFLUENTIAL THEORETICAL FRAMEWORKS IN ADVANCED PRACTICE NURSING

WHILE PERSONAL PHILOSOPHIES ARE UNIQUE, THEY ARE OFTEN INFORMED AND ENRICHED BY ESTABLISHED THEORETICAL FRAMEWORKS WITHIN NURSING AND HEALTHCARE. THESE MODELS PROVIDE STRUCTURED WAYS OF UNDERSTANDING HUMAN HEALTH, ILLNESS, AND THE NURSING PROCESS, OFFERING A LENS THROUGH WHICH APRNs CAN OPERATIONALIZE THEIR BELIEFS.

NIGHTINGALE'S ENVIRONMENTAL THEORY

FLORENCE NIGHTINGALE'S PIONEERING WORK, EMPHASIZING THE IMPORTANCE OF THE ENVIRONMENT IN HEALTH AND HEALING, CONTINUES TO RESONATE. ADVANCED PRACTICE NURSING PHILOSOPHIES INFLUENCED BY THIS THEORY FOCUS ON OPTIMIZING PATIENT SURROUNDINGS, INCLUDING FACTORS LIKE SANITATION, NUTRITION, AND COMFORT, TO PROMOTE RECOVERY AND PREVENT COMPLICATIONS.

ROY'S ADAPTATION MODEL

SISTER CALLISTA ROY'S ADAPTATION MODEL POSITS THAT INDIVIDUALS RESPOND TO ENVIRONMENTAL STIMULI BY ADAPTING. APRNs DRAWING FROM THIS MODEL VIEW PATIENTS AS ADAPTIVE SYSTEMS STRIVING FOR BALANCE. THEIR PHILOSOPHY WOULD EMPHASIZE ASSESSING A PATIENT'S COPING MECHANISMS AND SUPPORTING THEIR ABILITY TO ADAPT TO ILLNESS OR CHANGES IN THEIR HEALTH STATUS.

OREM'S SELF-CARE DEFICIT THEORY

DOROTHEA OREM'S THEORY HIGHLIGHTS INDIVIDUALS' ABILITY TO PERFORM SELF-CARE. AN APRN WITH A PHILOSOPHY ALIGNED WITH OREM'S WOULD FOCUS ON IDENTIFYING SELF-CARE DEFICITS AND EMPOWERING PATIENTS TO REGAIN OR DEVELOP SELF-CARE CAPABILITIES, THEREBY PROMOTING INDEPENDENCE AND IMPROVING HEALTH OUTCOMES. THIS OFTEN INVOLVES PATIENT EDUCATION AND SKILL DEVELOPMENT.

NEUMAN'S SYSTEMS MODEL

BETTY NEUMAN'S SYSTEMS MODEL VIEWS THE PATIENT AS A WHOLE SYSTEM INTERACTING WITH STRESSORS. APRNs UTILIZING THIS FRAMEWORK WOULD ASSESS HOW VARIOUS STRESSORS AFFECT A PATIENT'S "LINES OF DEFENSE" AND "RESISTANCE." THEIR PHILOSOPHY WOULD CENTER ON HELPING PATIENTS STRENGTHEN THEIR DEFENSES AND DEVELOP COPING STRATEGIES TO MAINTAIN EQUILIBRIUM.

PEPLAU'S THEORY OF INTERPERSONAL RELATIONS

HILDEGARD PEPLAU'S INFLUENTIAL THEORY EMPHASIZES THE INTERPERSONAL PROCESSES BETWEEN NURSES AND PATIENTS. PHILOSOPHIES ROOTED IN PEPLAU'S WORK WOULD PRIORITIZE THE DEVELOPMENT OF A THERAPEUTIC NURSE-CLIENT RELATIONSHIP, FOCUSING ON COMMUNICATION, TRUST, AND COLLABORATION AS ESSENTIAL COMPONENTS OF EFFECTIVE CARE. THIS IS PARTICULARLY RELEVANT IN MENTAL HEALTH AND CHRONIC DISEASE MANAGEMENT.

THE ROLE OF EVIDENCE-BASED PRACTICE IN APRN PHILOSOPHIES

A COMMITMENT TO EVIDENCE-BASED PRACTICE (EBP) IS NO LONGER AN OPTION BUT A FUNDAMENTAL EXPECTATION FOR ALL HEALTHCARE PROFESSIONALS, INCLUDING APRNs. THEIR PHILOSOPHIES MUST INTEGRATE THE JUDICIOUS USE OF THE BEST AVAILABLE RESEARCH EVIDENCE, COMBINED WITH CLINICAL EXPERTISE AND PATIENT VALUES, TO MAKE INFORMED DECISIONS ABOUT PATIENT CARE.

APRNs WHOSE PHILOSOPHIES STRONGLY EMBRACE EBP ACTIVELY SEEK OUT, CRITICALLY APPRAISE, AND SYNTHESIZE RESEARCH FINDINGS TO GUIDE THEIR CLINICAL PRACTICE. THEY UNDERSTAND THAT STAYING CURRENT WITH THE LATEST SCIENTIFIC KNOWLEDGE IS CRUCIAL FOR PROVIDING SAFE, EFFECTIVE, AND HIGH-QUALITY CARE. THIS INVOLVES A CONTINUOUS LEARNING PROCESS AND A WILLINGNESS TO ADAPT PROTOCOLS AND INTERVENTIONS BASED ON EMERGING EVIDENCE. THE INTEGRATION OF EBP ENSURES THAT PATIENT CARE IS NOT BASED ON TRADITION OR ANECDOTAL EXPERIENCE ALONE, BUT ON A FOUNDATION OF SCIENTIFIC RIGOR.

PATIENT-CENTERED CARE AS A PHILOSOPHICAL IMPERATIVE

PATIENT-CENTERED CARE (PCC) IS A PHILOSOPHICAL APPROACH THAT PLACES THE PATIENT AT THE HEART OF ALL HEALTHCARE DECISIONS AND INTERACTIONS. FOR APRNs, EMBODYING PCC IN THEIR PHILOSOPHY MEANS RECOGNIZING AND RESPECTING EACH PATIENT'S UNIQUE VALUES, PREFERENCES, AND NEEDS, AND ENSURING THAT THESE ARE CENTRAL TO THE CARE PLAN.

THIS PHILOSOPHY REQUIRES APRNs TO ACTIVELY INVOLVE PATIENTS IN SHARED DECISION-MAKING PROCESSES. IT INVOLVES UNDERSTANDING THEIR CONCERNS, THEIR CULTURAL BACKGROUNDS, THEIR PERSONAL GOALS, AND THEIR UNDERSTANDING OF THEIR HEALTH STATUS. BY FOSTERING OPEN COMMUNICATION AND EMPOWERING PATIENTS TO VOICE THEIR PERSPECTIVES, APRNs CAN DEVELOP CARE PLANS THAT ARE NOT ONLY CLINICALLY SOUND BUT ALSO PERSONALLY MEANINGFUL AND ACHIEVABLE FOR THE INDIVIDUAL.

HOLISTIC APPROACHES TO HEALTH AND WELLNESS

ADVANCED PRACTICE NURSING PHILOSOPHIES THAT EMBRACE HOLISTIC APPROACHES VIEW HEALTH AND ILLNESS AS COMPLEX PHENOMENA INFLUENCED BY A MULTITUDE OF INTERCONNECTED FACTORS. THIS PERSPECTIVE MOVES BEYOND A PURELY BIOMEDICAL MODEL TO ENCOMPASS THE PATIENT'S PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL, AND ENVIRONMENTAL WELL-BEING.

AN APRN WITH A HOLISTIC PHILOSOPHY WILL STRIVE TO UNDERSTAND THE PATIENT'S LIVED EXPERIENCE OF ILLNESS, ACKNOWLEDGING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, CULTURAL BELIEFS, AND PERSONAL STRESSORS. INTERVENTIONS WILL BE TAILORED NOT JUST TO TREAT DISEASE BUT ALSO TO PROMOTE OVERALL WELLNESS, RESILIENCE, AND QUALITY OF LIFE. THIS MIGHT INVOLVE ADDRESSING NUTRITION, STRESS MANAGEMENT, SOCIAL SUPPORT, AND SPIRITUAL NEEDS AS INTEGRAL COMPONENTS OF THE CARE PLAN, RATHER THAN AS ANCILLARY CONSIDERATIONS.

ETHICAL CONSIDERATIONS IN ADVANCED PRACTICE NURSING PHILOSOPHIES

ETHICAL PRINCIPLES FORM AN INDISPENSABLE PART OF ANY ADVANCED PRACTICE NURSING PHILOSOPHY. THE CORE ETHICAL TENETS OF BENEFICENCE, NON-MALEFICENCE, AUTONOMY, AND JUSTICE SERVE AS GUIDING LIGHTS FOR DECISION-MAKING, PARTICULARLY IN COMPLEX OR MORALLY CHALLENGING SITUATIONS. APRNs MUST INTEGRATE THESE PRINCIPLES INTO THEIR DAILY PRACTICE, ENSURING THAT THEIR ACTIONS ARE BOTH CLINICALLY SOUND AND MORALLY JUSTIFIABLE.

PHILOSOPHIES THAT PRIORITIZE ETHICAL PRACTICE WILL EMPHASIZE THE IMPORTANCE OF INFORMED CONSENT, PATIENT CONFIDENTIALITY, AND CULTURAL HUMILITY. APRNs ARE EXPECTED TO ACT WITH INTEGRITY, HONESTY, AND COMPASSION, ALWAYS ADVOCATING FOR THE BEST INTERESTS OF THEIR PATIENTS, EVEN WHEN FACED WITH CONFLICTING PRESSURES OR LIMITED RESOURCES. THE ABILITY TO NAVIGATE ETHICAL DILEMMAS WITH THOUGHTFULNESS AND A STRONG MORAL COMPASS IS A HALLMARK OF ADVANCED PRACTICE.

CULTIVATING A PERSONAL PRACTICE PHILOSOPHY FOR APRNs

DEVELOPING A PERSONAL PRACTICE PHILOSOPHY IS A DYNAMIC AND ONGOING PROCESS FOR ADVANCED PRACTICE REGISTERED NURSES. IT REQUIRES INTROSPECTION, CRITICAL SELF-REFLECTION, AND A COMMITMENT TO LIFELONG LEARNING. THIS PHILOSOPHY SERVES AS AN INTERNAL COMPASS, GUIDING PROFESSIONAL CONDUCT AND DECISION-MAKING.

THE CULTIVATION OF A PERSONAL PHILOSOPHY OFTEN BEGINS DURING FORMAL EDUCATION, WHERE STUDENTS ARE EXPOSED TO VARIOUS NURSING THEORIES AND ETHICAL FRAMEWORKS. HOWEVER, IT CONTINUES TO EVOLVE THROUGHOUT THEIR CAREERS THROUGH CLINICAL EXPERIENCES, MENTORSHIP, AND PROFESSIONAL ENGAGEMENT. APRNs ARE ENCOURAGED TO ARTICULATE THEIR CORE BELIEFS ABOUT NURSING, THEIR ROLE, AND THEIR APPROACH TO PATIENT CARE. THIS ARTICULATION CAN BE FORMAL, AS IN A WRITTEN PHILOSOPHY STATEMENT, OR INFORMAL, AS IN THE CONSISTENT APPLICATION OF THEIR GUIDING PRINCIPLES IN PRACTICE.

- REGULARLY REFLECT ON CLINICAL EXPERIENCES AND THEIR IMPACT.
- ENGAGE WITH PROFESSIONAL LITERATURE AND RESEARCH.

- SEEK MENTORSHIP FROM EXPERIENCED APRNs.
- PARTICIPATE IN CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT.
- DISCUSS ETHICAL DILEMMAS AND THEIR RESOLUTION WITH COLLEAGUES.
- CONSIDER THE CORE VALUES THAT DRIVE YOUR COMMITMENT TO NURSING.

ADVANCED PRACTICE NURSING PHILOSOPHIES AND PATIENT OUTCOMES

THE PHILOSOPHIES THAT GUIDE ADVANCED PRACTICE NURSING HAVE A DIRECT AND PROFOUND IMPACT ON PATIENT OUTCOMES. WHEN APRNs OPERATE FROM A WELL-DEFINED, PATIENT-CENTERED, AND EVIDENCE-BASED PHILOSOPHICAL FRAMEWORK, THE QUALITY AND EFFECTIVENESS OF CARE ARE ENHANCED.

A PHILOSOPHY THAT PRIORITIZES HOLISTIC CARE AND PATIENT EMPOWERMENT CAN LEAD TO IMPROVED ADHERENCE TO TREATMENT PLANS, BETTER SELF-MANAGEMENT OF CHRONIC CONDITIONS, AND INCREASED PATIENT SATISFACTION. FURTHERMORE, PHILOSOPHIES EMPHASIZING STRONG THERAPEUTIC RELATIONSHIPS AND OPEN COMMUNICATION CAN FOSTER GREATER TRUST, REDUCE PATIENT ANXIETY, AND IMPROVE THE OVERALL PATIENT EXPERIENCE. ULTIMATELY, THE INTEGRATION OF ROBUST PRACTICE PHILOSOPHIES BY APRNs CONTRIBUTES TO SAFER, MORE EQUITABLE, AND MORE EFFECTIVE HEALTHCARE DELIVERY, LEADING TO DEMONSTRABLY BETTER HEALTH OUTCOMES FOR INDIVIDUALS AND COMMUNITIES.

Q: HOW DO ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES DIFFER FROM BASIC REGISTERED NURSE PHILOSOPHIES?

A: ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES TYPICALLY ENCOMPASS A BROADER SCOPE OF RESPONSIBILITY, EMPHASIZING AUTONOMOUS DECISION-MAKING, ADVANCED CLINICAL ASSESSMENT AND DIAGNOSTIC SKILLS, AND OFTEN A FOCUS ON SPECIFIC PATIENT POPULATIONS OR SPECIALTIES. WHILE CORE NURSING VALUES REMAIN, APRN PHILOSOPHIES INTEGRATE LEADERSHIP, COLLABORATION, AND THE APPLICATION OF COMPLEX EVIDENCE-BASED INTERVENTIONS.

Q: CAN AN APRN HAVE MORE THAN ONE PRACTICE PHILOSOPHY?

A: WHILE APRNs ARE ENCOURAGED TO DEVELOP A COHESIVE, OVERARCHING PERSONAL PHILOSOPHY, THEIR APPROACH TO PATIENT CARE MAY BE INFLUENCED BY VARIOUS THEORETICAL FRAMEWORKS OR CONTEXTUAL FACTORS. HOWEVER, THESE INFLUENCES SHOULD IDEALLY BE INTEGRATED INTO A UNIFIED PHILOSOPHICAL STANCE RATHER THAN BEING CONTRADICTORY.

Q: WHAT IS THE IMPORTANCE OF A WRITTEN PRACTICE PHILOSOPHY STATEMENT FOR AN APRN?

A: A WRITTEN PRACTICE PHILOSOPHY STATEMENT SERVES AS A FORMAL ARTICULATION OF AN APRN'S CORE BELIEFS AND VALUES. IT AIDS IN SELF-REFLECTION, GUIDES DECISION-MAKING, COMMUNICATES THEIR PROFESSIONAL IDENTITY TO OTHERS, AND CAN BE A VALUABLE TOOL FOR JOB APPLICATIONS AND PROFESSIONAL GROWTH.

Q: HOW DOES CULTURAL COMPETENCE INTEGRATE INTO ADVANCED PRACTICE NURSING PRACTICE PHILOSOPHIES?

A: CULTURAL COMPETENCE IS A CRITICAL COMPONENT OF ADVANCED PRACTICE NURSING PHILOSOPHIES. IT INVOLVES ACKNOWLEDGING AND RESPECTING THE DIVERSE CULTURAL BELIEFS, VALUES, AND PRACTICES OF PATIENTS AND INTEGRATING THIS UNDERSTANDING INTO ASSESSMENT, DIAGNOSIS, TREATMENT PLANNING, AND COMMUNICATION TO ENSURE CULTURALLY SENSITIVE AND EFFECTIVE CARE.

Q: WHAT ARE THE KEY DIFFERENCES BETWEEN A PRESCRIPTIVE AND A DESCRIPTIVE ADVANCED PRACTICE NURSING PHILOSOPHY?

A: A DESCRIPTIVE PHILOSOPHY DESCRIBES HOW NURSING IS OR SHOULD BE PRACTICED, OFTEN FOCUSING ON OBSERVABLE PHENOMENA AND EXISTING THEORIES. A PRESCRIPTIVE PHILOSOPHY, ON THE OTHER HAND, OUTLINES WHAT NURSES SHOULD DO, ADVOCATING FOR SPECIFIC ACTIONS AND APPROACHES TO ACHIEVE DESIRED OUTCOMES, OFTEN ROOTED IN ETHICAL OR VALUE-BASED COMMITMENTS.

Q: HOW DO PRACTICE PHILOSOPHIES INFLUENCE AN APRN'S APPROACH TO INTERPROFESSIONAL COLLABORATION?

A: APRNs WHOSE PHILOSOPHIES EMPHASIZE TEAMWORK, SHARED DECISION-MAKING, AND PATIENT ADVOCACY ARE MORE LIKELY TO ENGAGE IN STRONG INTERPROFESSIONAL COLLABORATION. THEY VIEW COLLEAGUES FROM OTHER DISCIPLINES AS ESSENTIAL PARTNERS IN ACHIEVING OPTIMAL PATIENT OUTCOMES AND ARE COMMITTED TO OPEN COMMUNICATION AND MUTUAL RESPECT.

Q: WHAT ROLE DO PERSONAL VALUES PLAY IN SHAPING AN APRN'S PRACTICE PHILOSOPHY?

A: PERSONAL VALUES, SUCH AS COMPASSION, INTEGRITY, JUSTICE, AND A COMMITMENT TO LIFELONG LEARNING, ARE FUNDAMENTAL BUILDING BLOCKS OF AN APRN'S PRACTICE PHILOSOPHY. THESE VALUES INFORM THEIR ETHICAL STANCE, THEIR DEDICATION TO PATIENT WELL-BEING, AND THEIR OVERALL APPROACH TO PROFESSIONAL PRACTICE.

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