

ANALYSIS OF THE PERSON CONCEPT IN NURSING THEORIES

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Abstract

The notion of the human as a person influences immediate action, which is especially evident in care during illness and suffering. Although medicine is as old as humanity, in the last two centuries it has developed within a bio–medical paradigm marked by positivism.

Since Florence Nightingale, nursing has been trying to develop within its own paradigm characterized by four concepts of which the *person* is central. It is only in the past half century that unique nursing theories have been developed in which the features of personalism can be discerned. The attempts by some theorists to define the concept of *person* have brought it closer to the classical definition of a *person* as found in philosophical anthropology.

The fact that there are theoretical models that direct practice from bio–medical to holistic and personalistic view speaks in favor of the maturing idea about the importance of observing man as a person with all the immediate positive effects of such a view.

KEYWORDS: anthropology, care, human, nursing theories, person

Introduction

The essence of what is most human in us is most reflected in caring for each other in a state of pain, suffering, dying, or trying to regain health. “The right or wrong image of a person leaves immediate effects in concrete life situations, first of all in interpersonal relationships, starting with the family, then on the street and at the workplace, in public and state institutions, hospitals,

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nursing homes, and schools.” (Šestak 2018, 41)¹ The view in which a human being is seen as a person — the personalistic approach — is not traditionally related to health care, since the biomedical reductionist view dominates in modern medicine.

Medicine is as old as mankind. In the scientific sense, we trace it back to Hippocrates (460–370 BC), and the progress that took place between the 17th and 19th century continues unabated even today. The biomedical model is the fundamental paradigm of medicine, and the mechanistic interpretation of the human being is the dominant view. From the 1950s, unique nursing theories (theories of care) began to develop as a reaction to the positivist-oriented, reductionist approach to medicine, with the aspiration to define the activities of nurses. In the 1980s, it was determined that the central paradigm of nursing care would be characterized by a combination of four concepts, one of which is the concept of a person. (McKenna et. al. 2020, 95)

The aim of this paper is to compare the concept of a person in the most important nursing theories with philosophical and anthropological considerations. Several theoreticians who explicitly develop the concept of a person were singled out and their understanding of a person was compared according to classical anthropological settings. It is the author’s opinion that theorists described the concept of a person in a way that emphasizes its uniqueness, inimitability, and autonomy, just as it is described in philosophical anthropology.

1. *Normative consequences of anthropological interpretation*

Decisions and actions towards man depend on the anthropological interpretation, given that ethical thinking and action derive from the anthropological foundation. If we view human beings mechanistically, and all interventions we carry out as technical procedures, then from a moral perspective everything is permitted. If, on the other hand, we look at the human being as a person in the fullness of what personalism requires, the view towards the individual changes completely, as well as the responsibility in providing care.

In order to determine more clearly what the personalist approach means as a normative criterion of action, it is worth pointing out that “personalism is defined differently, but (...) it is that direction within the philosophy of the 20th century that places the person at the center of interest and assigns it a dual role: a) the person is the absolute center and standard for society and all its institutions; b) the person is the basis for proclaiming absolute universality and solidarity among all people.” (Čulo, Šestak 2018, 182) Per-

1 The translation of the quotations from Croatian to English is the work of the authors of this paper.

sonalism as a philosophical direction is not just speculative in philosophy, but it is also the foundation of every normative approach to the human being and humanity and has direct effects on the life of the individual and the community. “An aggravating circumstance for the personalistic approach to the patient and the suppression of depersonalization and discrimination is bureaucratization, which requires a time effort that is inversely proportional to the time devoted to the patient.” (Domitrović 2022, 57)

For the last fifty years, attempts have been made to establish the authentic identity of nursing. This is also considered a philosophical question about the nature of nursing, but more in the sense of a philosophy for nursing (*Weltanschauung*), rather than a clear definition of the meaning of nursing in the modern age (Matulić 2007, 733). The theoretician Peplau, as well as many others, developed ideas about a health profession that is not strictly biomedically based but considers both materialistic and non-materialistic phenomena, given that the area between the empirical and the non-empirical is important for nursing (Krajnović et. al 2008, 17). The fact that theorists began to problematize the concept of a person, and thus the personalistic approach, indicates that it is recognized as something that requires a deeper reflection. This peculiar metaphysical–anthropological shift arose as a reaction to the scientific–technical interpretation of the world and man with all the ethical consequences of such a technocratic mentality (Matulić 2007, 738).

2. *Anthropology and personalism*

Anthropology is a scientific discipline in which man is the material object. “The human being is the object of research in many experimental and humanistic sciences (...) When we ask the question of what a human being is, it is quite clear that we are not addressing any single known human science.” (Šestak 2003, 283) Various divisions of anthropology are possible, but the basic division generally includes biological, cultural, and philosophical anthropology. Philosophical anthropology views the human being holistically and offers insight into the “deep knowledge” that man has about himself (Haeffner 2003, 42). The development of philosophical anthropology is linked to the development of phenomenology at the beginning of the 20th century, although the question of the human being has been present since the earliest philosophical reflections in ancient Greece.

Philosophical anthropology searches for the essence of man and concludes that it is beyond everything material. The essence of the human being lies in an inner principle that is not accessible, and which is manifested through phenomena that can be summed up as consciousness, spiritual acts (cognition and free will) and wholeness. Determining what is special about man, Józef Maria Bocheński concludes that he is free from the biological laws that apply in the animal world, and possesses five characteristics: (1)

technique, (2) tradition, (3) progress, (4) the capability for abstract thinking, and (5) reflection (Bocheński 1997, 79–89).

Personalism can be considered as a philosophical direction that places the human being as a person at the center of reflection. Although it could also be determined as a consequence of theological influences on philosophical argumentation, when social, political, and ethical implications are taken into account, personalism offers a philosophical approach that has an immediate impact on human life. It arose as a reaction to the materialist theories and reductionist scientific paradigm that dominated in the 19th century. The idea is not only to perceive the human person as the highest value but also as an absolute reality. The personalist appeal is clearer today than ever, and it cannot be considered a finished project. Moreover, personalism is a system of arguments and thinking that still needs to be more clearly developed and researched and based on which immediate decisions and solutions should be made.

3. *Human as a person*

Although the terms man/human being and person are often equated in everyday speech, a clear distinction should be made. Ancient cultures, including ancient Greece, did not have a term for the concept of person. In ancient Greece, man is not necessarily autonomous in his freedom but he is dependent on higher forces (natural forces and fate) that he cannot avoid. Socrates offered a moral analysis that directed the discussion not only towards the mind but also towards the freedom of the human will and conscience as what makes up the essence of man. Plato introduced complete dualism in his view of the human being, claiming that man resides on earth only temporarily and is in constant pursuit of the transcendent, which is the true reality. Aristotle presented the idea of hylemorphism: “Body and soul are two incomplete principles that are connected in man into a substantial unity.” (Šestak 2003, 289) The Hellenistic period did not have the same impact on the understanding of man as the Greek anthropological period.

In the Jewish tradition, man stands out as the *Imago Dei*, but the concept of a person is not clearly defined. We find it (as *prosopon*, *persona*) only in early Christian theology, which reflected on the issue of the divine Trinity (Mišić, Čadek 2019, 22, 23). The term *persona* was first used by Tertullian, but it was elaborated and analyzed thoroughly by Augustine, who searched for a term that could be applied to the Father, the Son, and the Holy Spirit at the same time. “Augustine shows a special interest in man, whom he mainly identifies with the human soul, which became one of the main themes of his philosophy.” (Mišić, Čadek 2019, 24) After Augustine’s identification of man as a person, the discussion moved from the theological domain to the philosophical. “The first philosophical definition of a person was brought to us by Severinus Boethius. According to his definition, a person is an ‘indi-

vidual substance of a rational nature’.” (Dadić 2017, 258) Thomas Aquinas concluded that the person is the noblest thing that exists in nature, and with him hylemorphic teaching returns (Mišić, Čadek 2019, 28–29).

Humanism developed the idea of human in accordance with the ideals of Greek and Latin culture. Renaissance thought emphasizes the autonomy of human and his self-realization (Barišić 2019, 296).

Rationalists gave priority to reason in cognition with an emphasis on innate ideas, while empiricists advocated experience and an inductive approach to reasoning. Descartes reintroduced radical dualism. Spinoza emphasized the reality of only one substance in his interpretation, while Leibniz's monad theory interpreted the whole world pluralistically. Unlike the rationalists, the empiricists interpreted the limits of human knowledge using the possibilities of experience. Their themes were dominantly epistemological and political, and along with skepticism, empiricism opened the way for a materialistic interpretation of man. The concept of a person was not interpreted metaphysically among empiricists, but rather legally (as with Locke) or psychologically (as with Hume, who defined the self as a set of impressions) (Božičević 1995, 153–155).

In his criticism, Immanuel Kant fails to interpret the man, but he concludes that the central philosophical question is — What is a human being? (Barišić 2019, 296). Wilhelm Friedrich Hegel sees the unity of man in love, and this becomes the starting point of his thinking. “Looking for a unified philosophy, he tried to unite different views, especially the opposites of human individuality and finitude on the one hand, and absoluteness and infinity on the other” (Čulo, Šestak 2018, 185).

Kirkegaard based his anthropology on the following concepts: the individual, existence, freedom, suffering and faith. Feurbach introduced the sensualistic materialism of the sentient man who is alienated by religion. Marx interpreted man materialistically, atheistically, and collectivistically, as a member of society to which the individual is secondary. Nietzsche focused on the concrete man who must transcend himself and evolve into the *übermensch*.

The philosophy of the 20th century was characterized by existentialism, structuralism, and postmodernism, which, along with historical socio-political events, tried to determine what is essential in man in their own unique ways. At the same time, the tragic events of the two world wars evoked the somewhat forgotten idea about the human being as a person. This stimulated the development of philosophical anthropology and highlighted the necessity of a personalistic view of man. “According to the founder of personalism (...) Emmanuel Mounier, the person is the invisible center of the spiritual presence that does not exist without love. Max Scheler places the person at the center of his ethics, and love is the environment of his existence.” (Mišić, Čadek 2019, 27)

However, throughout the 20th century (and this continues in the 21st century), the issue of man as a person is highlighted on the one hand, and on the other, it seems that it is not highlighted enough. Disregarding man as a person, using man to achieve political or corporate goals, utilitarian view of morality, and pragmatism in decision-making lead to feeling of self-loss, meaninglessness, listlessness, and to the loss of man in today's world.

4. *Nursing theories — theories of care*

Health care is based on a biomedical paradigm that is scientific-positivist and mostly materialistic. Since the establishment of nursing as a profession, there has been a tendency to move away from the biomedical paradigm and consider the care of a sick person as a separate autonomous field. This encouraged many authors to develop autonomous theories. “The first theory of nursing care was developed by Florence Nightingale, and it was described in her book *Notes on Nursing* from 1859 (...) Hildegard Peplau published her theory on interpersonal relations in 1952. This marked the beginning of thirty years of development of about twenty theories — mostly in the USA.” (McKenna et. al. 2020, 19) “Martha Rogers, the author of a grand theory about the uniqueness of human beings, is a representative of those who hold that a special nursing theory is the prerequisite of nursing as an academic discipline and profession. The opposite side believes that nursing is not a pure or unique science, but an applied science, and that it shares its focus on nurturing and helping with other professions.” (Krajnović et. al. 2008, 16) In the mid-1980s, it was established that the metaparadigm that unified them all included four basic concepts: person, health, nursing, and environment (Krajnović et. al. 2008, 17, 21). These were the first theories within the health sciences that included the concept of a person in their metaparadigm.

J. Watson (1999) states that modern man expects different health care from the one provided by the system and warns that, if the transition to the person-oriented approach predicted by the mentioned theories does not occur, a new group of professionals will have to appear to take care of patients (Watson 1999, 233). What is seen as a problem is that, although autonomous theories predict this transition, modern education does not prepare future nurses for such a way of thinking and acting. Nurses themselves believe that they should be educated as technicians who must be proficient in skills, and they generally evaluate their work based on this.

5. *The concept of person in nursing theories*

Although it is not possible to show how the concept of a person is defined in each nursing theory, those that are considered to be the most academically relevant have been analyzed in this paper.

The analysis shows that the concept of a person appears in the following three approaches. First, it occurs within the classic biomedical approach, that is, the established process of providing care to meet the needs of a sick person. The second approach entails a holistic understanding of care, which emphasizes the necessity of understanding all levels of an individual's needs and trying to include them in the care plan. Finally, there are theories that elaborate the concept of a person, adopting a strong personalistic approach. Theorists such as Ernestine Wiedenbach, Lydia Hall, Jean Watson, Rosmari Rizzo Parse, and some others stand out here.

Florence Nihgingale (1820 — 1910) sees the person as a holistic being with multiple needs. In her theoretical model, the central concept is not the person, but the environment. For her, it was very important to know the factors that affect health (for example, water, food, noise, light, and other factors) and to ensure their favorable influence on a healthy or a sick person (Fučkar 1995, 13–16; Alligood 2013, 60–78).

Ernestine Wiedenbach (1900 — 1998) concludes that a person is an individual gifted with a unique potential for developing self-sustaining resources. Self-awareness and self-acceptance are determinants of wholeness and self-worth. Anything a person does at any given moment represents the best judgment they could have made. Every person strives for independence and fulfillment of responsibility (Tomey, Alligood 2002, 84–95).

Virginia Henderson (1897 — 1996) views the individual as a person with unique characteristics and needs, who should be approached in such a way. A person is defined by their basic needs and by the amount of care needed to improve health, achieve independence, or ensure a peaceful death. The human mind and body are inextricably linked; therefore, one's biological, psychological, sociological, and spiritual needs must be considered (Futton 1987: 1–9; Henderson 1964, 62–68).

Faye Glenn Abdellah (1919 — 2017) affirms people are inseparable from their physical, emotional, and sociological needs. The person is the only justification and purpose of nursing care as such, and its goal is to preserve or achieve health. People are individual recipients of care who inevitably bring their loved ones along with them (Tomey, Alligood 2002, 112–117; Kalauz 2012, 44).

Lydia Hall (1906 — 1966) in her theoretical model “Core, care, cure”, defines the person as the core. Hall uses the term individual, who is seen as a partner with whom a goal is reached through a good interpersonal relationship. The goal is to achieve recovery and satisfaction by building a sense of

trust. A person is a unique individual who is capable of growth, development, and learning (Alligood 2013, 79–93).

Jean Watson (b. 1940) found motivation for the science of caring in the ethics of Emmanuel Levinas (Abou Aldan 2021, 158). The human being is a valuable person that needs to be cared for, respected, nurtured, understood, and helped. It is a generally philosophical view of a person as a fully functional integrated self. A person is seen as greater and different than the sum of his or her parts (Alligood 2014, 85). It is a unity of mind, body, spirit and nature. Her theory is often cited as a professional nursing philosophy (Krajnović et. al. 2008, 15–22).

Madeleine Leininger (1925 — 2012) develops a transcultural theory in which the influence of the linguistic, philosophical, political, ethno–historical and religious context of a culture on the human being must not be ignored. The use of cultural knowledge in care enables having an open mind even about those procedures that are considered non–traditional (Tomey, Alligood, 2002, 510— 512).

Rosemarie Rizzo Parse (b. 1938) uses the concept of transcendence in her theory, which is also one of its central themes. According to her, transcendence refers to human existence, moving the boundaries that a person sets and constantly transforming the individual. Human reality is given meaning through lived experiences (Cody, Mitchell 1994, 52–65; Parse 2001, 181).

Dorothea E. Orem (1914 — 2007) defines the person as an individual who can understand and perform actions on their own. When providing care, it is necessary to pay attention to the needs and personal circumstances of each person, to respect their views, religion, and degree of independence, with maximum preservation of physical and psychological function, as well as include the family in the care process (Kalauz 2012, 40).

Myra Estrin Levine (1920 — 1996) recognizes the person as a holistic being who has a sense of identity, self–worth, and self–confidence. A person is seen not only in the physical aspect, but also in the psychosocial, cultural, and spiritual. To fully understand a human being, one must consider the whole person, including their circumstances, such as where they live, what stage of life they are in, as well as the events that affect them. The integrity of a person implies that a person has freedom of choice and movement and experiences life as a change, while adapting with the aim of conservation (Tomey, Alligood 2002, 212–217). According to Levine, a person is an individual who has their own thoughts and feelings and is oriented towards the past, present and especially the future. Levine sees each person as an individual who is unique in integrity, feelings, beliefs and thinking. She described the person as a “system of systems”. (Alligood 2014, 204–214; Marukić, Župan 2014, 49–56)

Martha E. Rogers (1914 — 1994) considered the person as a unique human being that cannot be divided into parts but must be viewed as a whole. Man cannot separate himself from his environment when dealing with health and treatment. The environment and man coexist — the energy field of the environment is an integral part of the life process (Rogers 1992, 27–34; Wright 2007, 64–67).

Dorothy E. Johnson (1919 — 1999) viewed the person as a “behavioral system” with caused, repetitive and purposeful ways of behavior that connect the person with the environment. This view leans toward etiological theories that hold that innate, biological factors influence the modeling and motivation of behavior (Tomey, Alligood 2002, 250–254).

Callista Roy (b. 1939) places the person in the center of her theory. According to Roy, man is an individual and adaptable being, who therefore requires a holistic approach (Jennings 2017, 370–373).

Anne Boykin (b. 1944) & **Savina Schoenhofer** (b. 1940) claim that people are caring persons. To be human is to be called to care for others because it is the core of what makes a person human. To be human is to be caring. By knowing oneself as a caring person, everyone can be unique to themselves and others. Caring is responsibility towards yourself and others. Caring shapes relationships. Seeing a person as a whole prevents the “dismemberment” of the person into parts such as mind, body and spirit (Boykin, Schoenhofer, 2019).

6. *Biomedical, holistic and personalistic conception of human*

The analysis of the concept of a human being in the health system should be started from the most dominant model. “The biomedical model is composed of concepts such as assessment, diagnosis, prescription, and treatment. It is the theoretical framework used by most doctors in their daily practice (...) Florence Nightingale in 1859 believed that the roles in the field of medicine and nursing should be clearly differentiated from each other (...) Most physicians base their treatment philosophy on the fundamental principle of reductionism.” (McKenna et al. 2020, 98) If mechanistic determinism is taken as the starting point of reality, the human being is interpreted as a biological machine, and every act becomes ethically justified. To some extent, this explains the pervasive utilitarianism within health care that equates the concept of good with the concept of benefit.

Unlike the biomedical approach, the holistic approach requires a different understanding of the human being. Here, complete observation of man with all his biological, psychological, social, cultural, and other needs is taken as the anthropological basis. Modern medicine strives to define itself as holistic. But subspecialization, a bureaucratic system of health care man-

agement, and a focus on skills present obstacles to true holism. Nevertheless, it is holism that is proposed by Florence Nightingale as the basis of an autonomous health profession distinct from that of a physician.

Finally, the question arises as to whether a personalistic approach is possible in the health care system. As it has been pointed out, the first group of theories that developed the concept of the person as a central concept are those whose authors are nurses. The fact that these theories have only been developing since the second half of the 20th century indicates that an adequate environment has yet to be created in which they could begin to be implemented in practice. There is no doubt that such a concept of care also requires significant changes in the system of health professions education.

We can reflect on the following question: In what way did the authors of nursing theories describe the concept of a person and to what extent is it consistent with the philosophical concept? Based on the analysis, we can deduce that nursing theories develop a concept of a person that is certainly different from the one traditionally present in the medical paradigm. Moreover, it is a dominant concept that defines the person as a whole. Some of the authors clearly emphasize the unity of body and mind/spirit and the desire for transcendence, also referred to as self-transcendence. Therefore, it can be concluded that the authors of the described theories were guided by a personalistic approach when they thought about an autonomous health profession that would be fundamentally different from that of a physician. However, this has not been significantly reflected in practice yet, for the reasons already mentioned — the dominance of the biomedical model and the focus on technical performance, as well as an inadequate education system that does not fully develop a personalistic approach.

Although nursing has become recognized as a health profession as it requires the mastery of techniques and skills, it is necessary for nurses to realize that they are not just technicians who fix people, but that their profession is morally based, and this foundation must come from an adequate anthropological perspective. In the daily care of the weak, sick, and dying, more and more doubts arise due to the development of medicine as a science that offers new solutions for health problems. Bioethical debates are becoming increasingly frequent, especially relating to the direct provision of health care, and a multidisciplinary approach that would combine scientific and non-scientific perspectives has only recently been introduced. Personalism is proposed as a starting point from which it is worth considering moral decisions and actions, relying on a unique metaphysical and anthropological basis. Conscience, responsibility, and moral reflection can thus be identified as the foundation on which modern health care is built, and which at the same time needs to use scientific medical knowledge and achievements in the treatment process. It should be emphasized that personalism is a solu-

tion for moral reflection and action. While, on the one hand, nursing theorists have recognized the need to think about the person as the center of care, on the other hand, the dominance of the biomedical model prevents this from being realized at the desired speed and intensity: "...Watson is a critic of the dominance of the biomedical model in modern health care, stating that it only diminishes the exceptional therapeutic and healing power of interpersonal relationships. Reductionism has reduced a human to a set of constituent parts, and human, lowered to the level of a machine, is brought into the moral status of an object (...). Instead of looking at a person as a bio-psychological and social being, preference should be given to the person's experience. It then reveals what it means to be a human being, existing through physical, emotional, relational and spiritual experiences." (Abou Aldan 2021, 161) Watson also emphasized in her work that personalistic care is an alternative solution to the mechanistic biomedical model.

Conclusion

The anthropological understanding of man has an immediate effect on action. To understand the human being as a person, as a unique individual characterized by a rational nature and free will, means to accept the individual in his full dignity. The concept of a person moved from the subject of philosophical discussion to a theological question and remained as such for almost 2,000 years. Personalism has developed into a philosophical direction, although it can also be understood as an attitude that is not necessarily philosophical. The fact is that it flourished the most within philosophical anthropology and influenced the thought of the 20th century, especially in the field of human rights.

Based on the ideas of positivist science, medicine has evolved into a discipline whose biomedical paradigm is characterized by reductionism and mechanism. In this context, the anthropological understanding is dominantly materialistic. As the nursing profession developed, and especially in the second half of the 20th century, certain theorists tried to establish a unique paradigmatic framework that would clearly distinguish this profession from medicine. The concept of a person became so dominant that for the first time in a health profession the focus was on the human being as a person. Theorists mainly described it holistically and integrally, while some included the ideas of transcendence, interpersonal connection, and unquestionable value of the human person. Considering the determinants that theorists assigned to the concept of a person, it can be concluded that the description is very similar to the conceptual characteristics of a person as determined by philosophical anthropology. Its significance stems from the fact that the anthropological definition of the human being implemented in health care

is directly related to action and entails immediate consequences. However, while personalism is present in theory, it has not taken root in practice yet, which can be explained by the fact that the presented theories were developed only in the last few decades and it is very difficult for them to make their way into the health care systems that are predominantly under the responsibility of physicians. Finally, it is up to the educational system to make the necessary changes and incorporate humanistic content into the nursing education program.

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*Sažetak***ANALIZA KONCEPTA OSOBE U TEORIJAMA
ZDRAVSTVENE NJEJE**

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Poimanje čovjeka kao osobe utječe na neposredno djelovanje, što osobito dolazi do izražaja u skrbi tijekom bolesti i patnje. Iako je medicina stara koliko i čovječanstvo, tijekom posljednja dva stoljeća kao znanost razvija se unutar biomedicinske paradigme koja je obilježena pozitivizmom.

Od vremena Florence Nightingale profesija medicinskih sestara pokušava se razviti unutar vlastite paradigme koju obilježavaju četiri koncepta od kojih je *osoba* središnji koncept. Tek se proteklih pola stoljeća razvijaju jedinstvene zdravstvene njege u kojima se naziru obilježja personalizma. Pokušaji pojedinih teoretičarki da definiraju pojam *osobe* približili su ga klasičnoj definiciji *osobe* kakva se nalazi u filozofskoj antropologiji.

Činjenica da postoje teorijski modeli koji usmjeravaju praksu od biomedicinskoga preko holističkoga prema personalističkome nazoru govori u prilog da sazrijeva misao o važnosti promatranja čovjeka kao osobe sa svim neposrednim pozitivnim učincima takvoga pogleda.

KLJUČNE RIJEČI: antropologija, skrb, čovjek, teorije znanstvene njege, osoba

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