

Viewing persons solely as the summation of organ systems confines nursing practice

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Introduction

The formalized traditional nursing process allows nursing to expand to a prescriptive and predictive process (Locsin, 2016). This practice process assesses human beings as composite parts and practicing nursing as fixing or making persons whole again. Since the 1960s, the empiricist mechanistic view of persons has reinforced the biomedical nursing process. In 1958, Ida Jean Orlando first described the nursing process as assessment, planning, intervention, and evaluation, which has become the professional nursing practice standard (Marriner-Tomey & Alligood, 2006). In the *Nursing Process*, human beings are known as organ systems, an expectation based on the prescriptive and cause-and-effect processes. This illustrates nursing as focused on outcomes based on nursing interventions. For example, in relieving pain or discomfort, a guide or plan called the nursing care plan is designed and prepared with prescriptive nursing actions. However, today, concern over a prescriptive process designed solely from a nurse's understanding of human beings as a summation of organ systems delimits nursing practice. Nursing acts such as temperature-taking, determining accurate cardiac rates and rhythms, and respiratory rates and sounds are nurses' actions, which are often reflective and subscribed to as solely what nursing practice is all about. Nevertheless, this kind of practice is easily performed by non-nurses and unlicensed persons such as nurse's aides, who are often known, viewed, and appreciated as reflexive of professional nursing practice.

The perspective that a human being is comprised of a system of organs was popularized in the 1960s. It was the time when the *Atlas of Human Anatomy* went out for publication in the 1960s (Schwartz, 2008). While the idea of human beings as a system has some utility in discussing "what it means to be human?" A broader understanding of human beings as "more than and different from the sum of human parts" remains more relevant and timely, thereby revisiting the focus of nursing as a personal service of professional caring practice. Philosophical, theoretical, and praxis perspectives provide contexts and substantive content emphasizing interpretations of human completeness and human wholeness in designing and developing nursing practice processes (Chen & Locsin, 2022).

While persons remain dynamic beings who are constantly changing unpredictably from moment to moment, a prescriptive and predictive nursing practice process may not be efficient and practical and may not reflect well what contemporary and future professional nursing practice ought to be, especially in highly technological environments (Locsin, 2017). Today, as a practice profession and a discipline of knowledge, the challenge for nursing is to establish and maintain theory-based practices framed in the knowledge unique to nursing and within a healthcare environment now dominated by healthcare technologies. The purpose of this editorial is to explore viewing persons not solely as the summation of organ systems, as it seemingly delimits current and future nursing practice, especially in a world dense with technologies. Exploring this interpretation of perspectives derived from philosophical and theoretical framings informs nursing practice, ensuring that nursing will remain relevant now and in the future.

Discussion

Literature searches regarding persons in nursing from electronic databases and printed literature revealed informative articles, including those that emphasized arguments and discursive publications. The key points are discussed in the following sections.

How "Person" is viewed in nursing

The word "person," etymologically, comes from the word *persona*, a Latin word that refers to the mask or characters of an artist. It is known to have been used for the first time in the 13th century (Merriam-Webster Dictionary, 2023). One of the early definitions of a person in literature was proposed by Locke (1689) in Gordon-Roth (2019) in his work "An Essay Concerning Human Understanding," where he proposed that persons are thinking intelligent beings, possessing reason and reflection, having the competency to reflect themselves as the same thinking things in different places and times, and can be held accountable for their actions.

In nursing, a person is described by nursing theorists and scholars with various definitions. Some scholars explicitly used the word 'person' to describe its relation to nursing, while others used the word 'human,' but all refer to the same key

point: the one receiving care. Even though there are variations of “labels” to address the one receiving care in nursing, for example, as client or patient, [Betriana and Locsin \(2022\)](#) argued that using the word “person” is considered to increase the value of human beings who are able to participate in their care actively.

The mother of modern nursing, Florence Nightingale, viewed a person in a holistic way who possessed psychological, intellectual, and spiritual components ([Dunphy, 2015](#)). Later on, [Fawcett \(1984\)](#) formalized four domains in the nursing metaparadigm, one of which is the person, described as the one receiving care - a unique individual with beliefs and values. [Rogers \(1994\)](#) identified human beings as the unique focus of nursing, together with their environment. Humans are seen as irreducible, as they are part of the energy field ([Rogers, 1994](#)). Meanwhile, [Parse \(2015\)](#), in her Human Becoming Paradigm, looked for the ontology and epistemology of humans beyond the totality and simultaneity paradigms common in nursing. Human, namely, as “humanuniverse,” is described as “an indivisible, unpredictable everchanging cocreation, and living quality is the becoming visible-invisible becoming of the emerging now” ([Parse, 2015, p. 265](#)). By this definition, Parse highlighted that humans cannot be predicted as they are always changing.

Later, [Watson \(n.d.\)](#) supports the whole person as the unity of mind, body, and spirit. With this definition, a person needs to be cared for not only by the body but also by involving the mind and spirit. [Boykin and Schoenhofer \(2001\)](#), in their “Nursing as Caring” theory, highlighted that “persons are caring by virtue of their humanness” as well as being complete or whole at the moment. Being a person means being able to express caring and celebrate human wholeness ([Boykin & Schoenhofer, 2001](#)). Grounding on Nursing as Caring theory ([Boykin & Schoenhofer, 2001](#)), [Locsin and Purnell \(2015\)](#) further elaborated that persons are appreciated in their care as participants and not as objects of care. Through this elaboration, persons actively participate in making decisions about their care.

Contemporary nursing demands and responding to nursing challenges

Regardless of how the one receiving care is addressed, contemporary nursing continues to demand practices that engender nursing processes appropriately, responding to the evolving and influencing views of persons grounded in humanist philosophies, theories, and practice perspectives. Duquesne University’s statement on professional nursing asserts that a shift in the paradigm of nursing that influences education and research has promoted problem-solving skills and critical thinking activities, supporting the increasing use of technologies in healthcare and thus changing nurses’ practice ([Duquesne University, 2020](#)). In knowing persons, as comprised of organ systems, e.g., the cardiovascular system, the inference in nursing practice is simply that the “knowing” of human parts is to know human forms and functions, and nurses’ expectation is towards designing and devising predictive and prescriptive acts or ‘interventions’ of care.

When the view of nursing is to “fix” and make persons “wholes” again, or when it is assuaging their inefficiencies and completing their deficiencies, nursing is assumed to reflect a practice that signifies the cause and effect relationship,

linearity, with predictive and prescriptive processes towards attaining, maintaining, and sustaining human health and well-being. However, as human beings are free to be and become and cannot be known simply through their parts, tolerating nursing as a practice guided by the process of nursing, which are assessment, planning, intervention, and evaluation, only perpetuates understanding human beings ([Chen & Locsin, 2022](#)) as the summation of parts. In this situation, knowing human beings as comprised of anatomical and physiological parts limits the view of nursing as a practice profession and a discipline of knowledge.

The Theory of Technological Competency as Caring in Nursing

One theory of nursing that heightens nursing’s relevance in future healthcare in a highly technological world is the Technological Competency as Caring in Nursing (TCCN) theory ([Locsin, 2005](#)). Founded on a humanist philosophical viewpoint, pertinent assumptions supporting the critical pillars of the theory include:

- Human beings remain whole and complete regardless of missing parts,
- Human beings are caring persons by virtue of their humanness,
- Nursing is a discipline and a professional practice, and
- Technologies are used to know persons more fully as caring persons.

Foundational to the practice of nursing is the process of “knowing persons as caring,” grounded in the theory of TCCN. The Universal Technological Domain (UTD) ([Locsin & Purnell, 2015](#)) affirms the process of knowing persons as nursing, upholding and emphasizing the coexistence of technology, caring, and nursing. While it is obvious that the parts or aspects of a person can be temporarily abstracted for consideration, it behooves nurses to realize that persons are always construed as wholes. Two questions often raised in the context of wholeness when comprehending an “other” from the viewpoint of knowing persons as human beings are: 1) When persons have missing legs, arms, or other human organ systems as parts, do they remain human beings and persons? 2) Similarly, when these human parts are replaced by or enhanced by technologies such as those electronic and mechanical parts that make them whole and complete again, do these accouterments make them human beings again?

A critique of the positivist-empiricist view of the wholeness and completeness of persons ([Chen & Locsin, 2022](#)) illuminated the authenticity of human beings even when they have replacement parts: organic, electronic, or mechanical. How can nursing practice effectively utilize the knowledge of persons as wholes from a theory-based practice perspective? In responding to this question, theory-based nursing practice is advanced and explained.

Select theories of Nursing grounding practice

Theories of Nursing with a human science viewpoint ground practice processes founded on persons who are always whole and complete regardless of missing parts. In nursing, which is grounded in humanist viewpoints, rather than prescribing ways to assuage the cause and predict the effect as a process of

nursing, we advance a nursing process grounded in historicist-human science perspectives. Providing processes of nursing that explain and describe integral relationships between the nurse and nursed without minimalizing the value of knowing persons through their organ systems, construed as complete, processes of nursing informed within the human science viewpoint supports nurses' practice as knowing persons as always wholes and complete in the moment (Boykin & Schoenhofer, 2001). Highlighted in this practice of Nursing is the affirmation, support, and celebration of living life meaningfully as expressions of personhood, that is, living grounded in caring (Boykin & Schoenhofer, 2001).

Theories of nursing, such as Parse's human becoming theory, explain processes of knowing persons, such as illuminating meaning, synchronizing rhythm, and mobilizing transcendence (Parse, 1992). In the theory of Nursing As Caring, Boykin and Schoenhofer (2001) affirm nursing practice as entering the world of the other (the nursed), hearing calls for nursing, with the nurse responding to these calls in shared and meaningful relationships, expressing and celebrating their personhood. Locsin's theory of Technological Competency as Caring in Nursing grounds the process of nursing as "knowing persons as caring," which is illustrated as dimensions of technological knowing, mutual designing, and participative engagement between the nurse and the person being nursed occurring within the nursing encounter and transpiring in the UTD (Locsin & Purnell, 2015).

What can we propose regarding this issue?

From the earliest proposed definition of a person, a person is viewed as an intelligent being possessing reason and reflection. In nursing, despite its various definitions, a person is regarded as the focus of nursing; having psychological, intellectual, and spiritual components; is always changing; and cannot be predicted (Dunphy, 2015; Parse, 2015; Rogers, 1994). When it is obvious that nursing scholars did not view persons as composites of organ systems that cannot be predicted, nursing is still practiced in a predictive way today. We learn to assess patients mostly by organ systems. When some problems are detected in certain organ systems, we look for what nursing diagnoses are appropriate for the problem, select what interventions might fit with the patients, and decide to predict the outcomes we will achieve after the list of interventions is given. Then, we think the problem is solved! However, is the person's problem solved?

So, what can we suggest about this phenomenon then?

While the existing standard of nursing practice helps guide nurses to care for patients, at the same time, it is also important to realize that the one receiving care is a whole person with their own unique attributes, not just a composite of organ systems, is always changing, cannot be predicted, and possesses reason and intellectual capacity to contribute in their care. Expressly, the quality of timely nursing care responds to a person's hopes, dreams, and aspirations, to which an appropriate response to caring can be made. Nursing theorists have developed many nursing theories that allow nurses to practice nursing and value persons as they should be; now is the time to apply those nursing theories in actual nursing practice. For example, in nursing situations where technologies are highly used for patients, such as in the ICU,

technologies should be utilized to understand persons as caring, complete, and whole in the moment (Locsin, 2016). Guided by Technological Competency as Caring in Nursing (Locsin & Purnell, 2015), nurses can add additional practice to their standard nursing practice by *knowing* the person being cared for, *designing* the care together with the person, and *participative engaging* where the nurse enters the world of others.

Conclusion

Viewing persons as a composite of organ systems poses challenges to "knowing persons as caring" (Locsin, 2017), delimiting surveying persons as the focus of nursing in contemporary and future practices in a highly technological world. With this perspective, it is evident that nursing practice is a professional practice, a discipline of knowledge, and essential to human health and well-being. A realization such as this can be implemented by utilizing technologies in nursing as knowing persons as caring. It is necessary to bring together and implement nursing theories towards beholding nursing practice as not only focusing on the biomedical process of assessment, planning, intervention, and evaluation but also bringing together the essence of theoretically-based assessment that appreciates persons as a whole in the practice of nursing. Nurses are encouraged to realize that persons are always whole, regardless of missing organ systems. Realizations of persons as remaining wholes and completely deterring viewing them as objects of care, enhancing and expressing their humanness, encouraging mutual respect for persons, and elevating the informed nurse and nursed relationship as the epitome of nursing practice.

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Data Availability

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

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Not applicable.

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References

- Betriana, F., & Locsin, R. C. (2022). Variations on a theme: Labeling patients as persons, the nursed, or client in nursing. *Belitung Nursing Journal*, 8(6), 466-469. <https://doi.org/10.33546/bnj.2427>
- Boykin, A., & Schoenhofer, S. O. (2001). *Nursing as caring: A model for transforming practice*. London: Jones & Bartlett Learning.
- Chen, S., & Locsin, R. C. (2022). The realities of being: A commentary on human wholeness in nursing. *Nursing Inquiry*, 29(2), e12488. <https://doi.org/10.1111/nin.12488>
- Dunphy, L. M. H. (2015). Florence Nightingale's legacy of caring and its applications. In M. C. Smith & M. E. Parker (Eds.), *Nursing theories and nursing practice* (4th ed.). F. A. Davis Company.
- Duquesne University. (2020). *Contemporary nursing and healthcare issues*. <https://onlinenursing.duq.edu/blog/contemporary-nursing-and-healthcare-issues/>
- Fawcett, J. (1984). The metaparadigm of nursing: Present status and future refinements. *Image: The Journal of Nursing Scholarship*, 16(3), 84-87. <https://doi.org/10.1111/j.1547-5069.1984.tb01393.x>
- Gordon-Roth, J. (2019). *Locke on personal identity*. Stanford Encyclopedia of Philosophy. <https://plato.stanford.edu/entries/locke-personal-identity/>
- Locsin, R. (2016). *Technological Competency as Caring in Nursing: A model for practice* (Rev. ed.). Kindle Direct Publishing.
- Locsin, R. C. (2005). *Technological competency as caring in nursing: A model for practice*. Indianapolis, IN: Sigma Theta Tau International.
- Locsin, R. C. (2017). The co-existence of technology and caring in the theory of technological competency as caring in nursing. *The Journal of Medical Investigation*, 64(1.2), 160-164. <https://doi.org/10.2152/jmi.64.160>
- Locsin, R. C., & Purnell, M. (2015). Advancing the theory of technological competency as caring in nursing: The universal technological domain. *International Journal of Human Caring*, 19(2), 50-54. <https://doi.org/10.20467/1091-5710-19.2.50>
- Marriner-Tomey, A., & Alligood, M. R. (2006). *Nursing theorists and their work* (6th ed.). Mosby/Elsevier.
- Merriam-Webster Dictionary. (2023). Person. In <https://www.merriam-webster.com/dictionary/person>
- Parse, R. R. (1992). Human Becoming: Parse's Theory of Nursing. *Nursing Science Quarterly*, 5(1), 35-42. <https://doi.org/10.1177/089431849200500109>
- Parse, R. R. (2015). Rosemarie Rizzo Parse's humanbecoming paradigm. In M. C. Smith & M. E. Parker (Eds.), *Nursing theories and nursing practice* (4th ed., pp. 263-277). F.A Davis.
- Rogers, M. E. (1994). The science of unitary human beings: Current perspectives. *Nursing Science Quarterly*, 7(1), 33-35. <https://doi.org/10.1177/089431849400700111>
- Schwartz, J. (2008). *The body in depth*. <https://www.nytimes.com/2008/04/22/science/22bass.html>
- Watson, J. (n.d.). *Watson's Caring Science and Human Caring Theory*. Watson Caring Science Institute. <https://www.watsoncaringscience.org/jean-bio/caring-science-theory/>

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