

Personal Values and Beliefs

I started nursing when I was only seventeen years old, and it was then an apprenticeship style of training and steeped in discipline and control. I believe that Florence Nightingale pictured nursing as an autonomous profession. However, I always felt subordinated to all other medical professionals within the hospital. The nursing image (starched uniform, white cap, education and performance of duty) was a way of building confidence in the practice of nursing. Still, I realised that I was intimidated by what I didn't know and my lack of clinical confidence. Over the past 45 years, I have developed my professional practice in what I believe Florence Nightingale would have encouraged us to do outside nursing's official domains into an area "Health-Nursing" (Beck, 2010).

Hawks (2004) discusses the importance of the multidimensional nature of health and the public health preoccupation of with physical fitness being wellness. I believe that all the dimensions of physical, emotional, social and spiritual health contribute to holistic health and wellness.

I worked with my Mother (also an RN) as a remedial massage therapist for 30 years and served the community through scouting (17 years), St Johns Brigade and other community services. I realised that the profound values for my work had been a type of horizontal spirituality or altruism, as a state of being and a process towards wholeness of human existence. Family examples involved community service, environmentalism, compassion and a strong sense of ethics or values that are reflected in my workplace and work practice. My family were firm believers of 'seeking to make a difference through their actions' and therefore taught by example. My Mother had a strong service commitment to customers, environmental sensitivity in practice and felt a massive responsibility to local community service. These commitments overflowed into my work commitments and dedication and obligation to clients. I have experienced increased job satisfaction and happiness when I am working.

In the context of complexity theory (Turner & Baker, 2019), I am both practically and philosophically aware that the therapeutic experience is dynamic and that I am an influential contributing factor. As Fulton describes (Fulton, 2015), beneficial contributions include respect for persons, responsible caring, integrity in the relationship and an understanding of

the impact of the image of the therapist. This therapeutic context helps create positive feedback for the client's system and is, therefore, sound therapy.

Clients have told me that they don't just want to receive a therapeutic massage from 'anyone'. They want a person that demonstrates more than just professional skills. They expect to feel they are safe, as well as able to have confidence and trust in my knowledge and ethics.

Professional Identity

My identity is founded on familial, experiential and social conditions. My Mother, Cynthia Davis (RN) has been the most important influence on my professional identity. As a remedial massage therapist, I am pleased to be part of the tradition of nursing massage therapy that is grounded in the nursing theory and implemented within the context of the nursing process of a specialised body of knowledge which represents a distinct speciality in professional practice. Sister Davis began her relationship with Nursing Massage Therapy in the 1940's after training with Sister Kenny during the polio outbreak in Sydney. She established the Association of Remedial Massage therapy and began the development of the organisation as a recognised representative of massage therapists.

It was something of a struggle to discover the relationship between my multiple identities of nursing, massage therapy and lifestyle medicine practitioner. I have developed my professional identity through education, knowledge, and skills inherent to each profession. The regulatory and professional bodies of nursing and remedial massage don't interact, but they don't disregard my qualifications. For example, New South Wales Nurses association in 2018 required that a nurse practising massage should attain and maintain the highest level of skill needed for the controlling body.

Rees and Monroux (2018) describe our identity as different links to ourselves as professionals defined by our attributes, beliefs, values, motives and experiences. My professional identity has been sustainable by becoming a member of all professional associations that collectively represent my scope of practice. That way, I can fulfil and maintain my code of practice and ethics. As a professional, our attributes, motives and experiences should be included in mentoring and education programs to help improve the

success of students and young professionals, support leadership capabilities and help reduce the isolation of individual practice (Kennedy & Munk, 2017). Professional and personal identity, I believe, are not separate and are differentiated elements of the whole system of being.

Another important aspect of my identity is reflected in the framework of Comfort Theory (Kolcaba, 2003). This concept of strengthening patients is vital to the holistic care of clients suffering from chronic conditions, palliative care and post medical interventions. Townsend et al. (2014) have discussed comfort as a mid-range nursing theory that is important in holistic care. I am comfortable being a therapist that engages with my clients to identify their physical, psychospiritual, sociocultural and environmental conditions. Therapy is more than just creating an absence of pain.

Statement of Professional Philosophy

My philosophy is based on the concepts of complexity theory (Turner & Baker, 2019): that the emergent properties we call symptoms are a result of the interaction and integration of all the contributing elements. From that foundation, I have created a practice that utilises the complementary professional practice of Nursing, Remedial massage and Lifestyle medicine. I believe the integration of these fields of practice upholds my responsibility to provide a comprehensive model of caring to the public that is safe, holistic, and patient-centred.

It is my role to establish a good therapeutic relationship with excellent interpersonal and communication skills. Kennedy and Munk (2017) suggest that the therapeutic relationship in massage therapy consists of three essential qualities: an emotional bond of trust, caring, and respect; agreement on the goals of treatment; and collaboration on the "work" or tasks of the treatment. As advocates, we can empower clients by encouraging them to become active partners in their care and engage in mutual goal-setting.

The propositions within comfort theory (Townsend et al., 2014) are consistent with the utilisation of lifestyle management, education and remedial massage to relieve pain and produce comfort. Comfort is individualistic, so each client must be respected as an individual. Assessment and proper interventions are carried out with the outcome of improving client

comfort and enabling beneficial change. Incorporating spiritual, emotional and social protocols is a therapeutic commitment to the principles of holistic practice.

As a health care professional, my mission is to provide nonjudgmental care to those in need regardless of race, spiritual beliefs, lifestyle choices, financial status, or disability.

Professionalism involves establishing ethical boundaries with clients and maintaining patient confidentiality, except when mandated by law.

Maintaining continuing educational standards and professional insurances is more than just compliance with the different professional organisations to maintain membership qualification, it is an ethical responsibility to both yourself and the client. Health is not a product that can be returned, as it is something that affects someone's quality of life.

Adherence to professional, ethical codes of practice is the very least we must expect of ourselves. I believe it is essential to seek learning environments and opportunities wherever and whenever possible, to enhance my practice and mastery of my craft and improve my clinical skills.

A simple guide is that the therapist treats others as they would treat themselves. We must, as professionals, maintain ethical standards, prevent conflict and be self-accountable for our actions. We must also remember that fellow health professionals can be a great resource. They, too, are part of the wider system of therapeutic practice. They deserve respect and recognition for their hard work, reliability, and knowledge. When other healthcare providers are included as an extended arm of your practice, they become positive members of a group environment. In this spirit of togetherness, we can maximise the client's health potential on the illness-wellness continuum. More than that, we can contribute to what Martin Seligman describes as the client's capacity to thrive (2018).

Beck, DM. (2010). Remembering Florence Nightingale's panorama: 21st-century nursing--at a critical crossroads. *J Holist Nurs.* ;28(4):291-301. doi:10.1177/0898010109354919

Fulton, B. (2015). The Placebo Effect in Manual Therapy: Improving Clinical Outcomes in Your Practice. *Handspring Publishing, UK.* p 185-196

Hawks, S. (2004). Spiritual wellness, holistic health, and the practice of health education. *American Journal of Health Education*;35(1):11-17

Kennedy AB, Munk N. (2017). Experienced Practitioners' Beliefs Utilised to Create a Successful Massage Therapist Conceptual Model: a Qualitative Investigation. *Int J Ther Massage Bodywork*. 2017;10(2):9-19. doi:10.3822/ijtmb.v10i2.367

Kolcaba, K. (2003). *Comfort Theory and Practice: A vision for holistic health care and research*. Springer Publishing Company. New York, NY.

Seligman, M. (2018). PERMA and the building blocks of well-being, *The Journal of Positive Psychology*, 13(4): 333-335, doi: 10.1080/17439760.2018.1437466

Rees, C. E., & Monrouxe, L. V. (2018). Who are you and who do you want to be? Key considerations in developing professional identities in medicine. *The Medical Journal of Australia*, 209(5), 202–203.

Townsend, C. S., Bonham, E., Chase, L., Dunscomb, J., & McAlister, S. (2014). A comparison of still point induction to massage therapy in reducing pain and increasing comfort in chronic pain. *Holistic nursing practice*, 28(2), 78–84.
<https://doi.org/10.1097/HNP.0000000000000012>

Turner, J.R. & Baker, R. M. (2019) Complexity theory: An overview with potential applications for the Social Sciences. *Systems.*: 7(1), 4
doi.org/10.3390/systems7010004