Young's Philosophy of Compassionate and Equitable Care: A Pediatric Theory-Guided Model

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Nursing is both an art and a science, blending evidence-based practice with compassionate care. In pediatrics, this balance is critical to ensure clinical excellence while honoring dignity, culture, and equity. Our profession becomes more intentional and grounded when nurses take time to articulate the philosophy that connects theory to practice. This paper presents my personal philosophy for pediatric nursing, guided by the theories of Jean Watson, Madeleine Leininger, and Pamela Reed. *Young's Philosophy of Compassionate and Equitable Care* integrates caring, cultural understanding, and justice into a cohesive model for guiding practice, outcomes, and professional growth.

Background

My philosophy grows from my own experience with loss, love, and responsibility. At seventeen, my mother was killed in a car accident, and I became the caretaker for my younger brother and father. That loss taught me that healing involves connection and meaning as much as physical recovery. Years later, when my second child was born with a severe congenital heart defect, I watched nurses turn fear into hope through simple acts of presence and compassion. They showed me that nursing is not only what you do, but who you choose to be when you show up for others. These trauma-based experiences also revealed the inequities that young, financially unstable, and medically fragile families face. I saw how access, equity, and advocacy influence whether a family feels supported or overwhelmed. These moments strengthened my belief that nursing is an act of compassion and courage, and that nurses must speak for those whose voices are quieted by social barriers or the weight of their vulnerabilities.

Personal Philosophy

My personal nursing philosophy is rooted in the belief that healthcare is a basic human right. Every person, no matter their race, gender identity, background, or circumstance, deserves care that is equitable, compassionate, and dignified. True equity means recognizing that chronic conditions are both physical and mental, and that all health experiences are shaped by the social determinants of health. I

understand people as whole individuals whose well-being emerges from the interaction of body, mind, family, and environment. To me, nursing is a science and an art blended as one, bringing together evidence-based care with the art of supporting children and their families through every step of their health journey. Nursing is where advocacy, education, and empathy come together to create comfort, understanding, and justice for those who are most vulnerable.

Theoretical Foundations

Three nursing theories shape my philosophy. Watson's Theory of Human Caring emphasizes that caring is the essence of nursing, where authentic presence and the caritas processes foster healing through human connection as much as clinical intervention (Delgado-Galeano et al., 2023). Leininger's Theory of Culture Care Diversity and Universality highlight the central role of culture in health, guiding me to approach families with humility and to create care plans that honor cultural beliefs and meaning (Lima et al., 2023). Reed's Self-Transcendence Theory explains how people grow and find meaning through vulnerability and transition, mirroring what I see in medically complex children and in the emotional weight caregivers often carry (Sheikhnejad & Yazdi, 2025). Together, these theories form the foundation of Young's Philosophy of Compassionate and Equitable Care. Watson provides the ethical grounding of compassion, Leininger ensures cultural responsiveness, and Reed highlights resilience and adaptation. These perspectives guide my communication, assessment, and partnership with families, anchoring care in dignity, empowerment, and well-being.

Ladder of Abstraction

The ladder of abstraction links broad theory to practical nursing actions. Smith and Liehr (2024) describe it as a way to move from philosophical assumptions to measurable behaviors. The top rung reflects a theory's core assumptions, the middle outlines major concepts, and the bottom shows how those ideas appear in practice. This structure helps me translate nursing theory into meaningful care for medically complex children and their families.

Watson's Theory of Human Caring views people and their environment as interconnected and emphasizes caring as a way of being that honors dignity and wholeness. Her focus on transpersonal relationships and the caritas processes demonstrates how presence supports healing (Delgado-Galeano et al., 2023), which becomes visible when I slow down, listen, and respond to a family's emotional needs. Leininger's Theory of Culture Care Diversity and Universality highlights that health cannot be separated from culture. Her concepts of cultural preservation, accommodation, and restructuring (Lima et al., 2023) guide me to adapt teaching and communication in ways that build trust and reduce fear. Reed's Self-Transcendence Theory explains how people grow and find meaning through vulnerability and transition. Her concepts mirror the experiences of medically complex children and caregivers, whose resilience often emerges during uncertainty (Sheikhnejad & Yazdi, 2025).

My comparative Ladder of Abstraction (Figure 1) shows how these philosophical and practical elements come together. Watson centers compassion and presence, Leininger grounds care in cultural humility, and Reed highlights growth and meaning within chronic illness. Together, these theories guide my communication, teaching, advocacy, and emotional support, turning abstract ideas into everyday actions that help families feel safe, understood, and capable.

Model Propositions

My model stems from an interactive and integrative view of health. I see children and families as whole beings shaped by development, relationships, culture, and environment. Health arises from connection, stability, and support, and people grow through their experiences. For medically complex children and their caregivers, well-being is built through daily interactions that foster balance and meaning.

My assumptions draw from Watson, Leininger, and Reed. Watson's work supports the belief that caring is healing and that presence and compassion affect how families experience illness. Research applying her theory shows that intentional caring behaviors improve trust, calmness, and engagement

(Hoseini et al., 2025). From Leininger, I hold that culture shapes every health experience and that care must honor a family's beliefs and traditions. Culturally responsive communication strengthens trust and understanding, especially for families facing cultural or language barriers (Theodosopoulos et al., 2024). Reed's work reinforces the idea that vulnerability creates opportunities for growth, and that meaning making contributes to resilience and well-being (Sheikhnejad & Yazdi, 2025).

These assumptions form the core concepts of Young's Philosophy of Compassionate and Equitable Care: relational compassion, cultural humility, family empowerment, resilience and meaning making, and justice-centered advocacy. These concepts guide my everyday practice. They appear when I help a child feel safe, adapt teaching to a family's language or traditions, support caregivers in learning complex skills, or advocate for services and accommodations. Across home health and primary care, these concepts help families experience stability and well-being within the challenges of chronic illness.

Model Evaluation

Evaluating my model involves looking at measurable outcomes and the lived experiences of the families I support. The Pediatric Quality of Life Inventory (PedsQL) tracks changes in a child's physical, emotional, social, and school functioning and captures meaningful differences in well-being for medically complex children (Doshi et al., 2024). To understand caregiver confidence, I use the Family Empowerment Scale, which measures how families gain influence and knowledge (Guerrero et al., 2024), and the Caregiver Self-Efficacy Scale, which links confidence with lower stress and stronger coping (Ritter et al., 2022). These tools help me determine whether my model builds trust, supports confidence, and reduces fear, especially for families facing cultural or language barriers (Theodosopoulos et al., 2024; Lima et al., 2023).

Qualitative evaluation adds insight into how families make sense of their experiences. Through reflective documentation, I track stress, coping, meaning making, and resilience, which aligns with Reed's view that connection supports emotional well-being (Sheikhnejad & Yazdi, 2025). I also reflect on

my communication, presence, and consistency. Studies applying Watson's work show that intentional caring behaviors strengthen trust and engagement (Hoseini et al., 2025; Delgado-Galeano et al., 2023). Reflection helps me stay accountable to the compassion and equity that guide my practice. Together, these methods show how well my model supports clinical outcomes and the emotional needs of medically complex families while guiding my continued growth as an advanced practice provider.

Conclusion

My philosophy grows from the belief that nursing is both a science and an art, and that its heart is found in the relationships we build with children and their families. Young's Philosophy of Compassionate and Equitable Care intertwine the grounding of Watson, the cultural guidance of Leininger, and the resilience-focused perspective of Reed. These theories help me see families as whole beings whose strengths, fears, and hopes, do influence every part of their health journey. Evaluating my model with the PedsQL, the Family Empowerment Scale, and the Caregiver Self-Efficacy Scale shows whether these ideas make a difference in practice (Doshi et al., 2024; Guerrero et al., 2024; Ritter et al., 2022). These measures help me understand both clinical progress and the emotional and relational changes that matter to families, and they keep me accountable to the communication and presence that guide my practice.

This philosophy cannot come from a single theory because families are shaped by many influences. My approach blends caring, cultural understanding, and meaning making to support families across their journey. Articulating this model strengthens my professional identity and supports a vision of nursing that values both evidence and humanity. As I move between public health nursing to advanced practice within primary care, my goal is to offer consistent, rights-based care that honors diversity, supports growth, and helps families feel capable and understood. This is the kind of nursing I believe in and hope to inspire in the nurses and students who come after me, so it becomes part of a wider culture of compassionate and equitable care.

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Appendix

Combined Ladder of Abstraction Integrating Watson, Leininger, Reed, and My Emerging Nursing Philosophy

LEVEL	Watson's Theory of Human Caring	Leininger's Theory of Culture Care Diversity and Universality	Reed's Self-Transcendence Theory	Young's Philosophy of Compassionate and Equitable Care

Philosophical (Paradigm)	**Unitary transformative paradigm**
	• Human and environment on one in same (unified consciousness)
	• Always evolving
		Integrative-interactive paradigm
		• People are a whole
		• Constantly interacting with the environment
		• Influences that shape health
		  • Spiritual
		  • Social
		  • Cultural
			Unitary transformative paradigm
			• Humans are ever-changing beings
			• Interconnected to their environment
			• Awareness that reaches beyond physical and temporal limits
				Integrative-interactive paradigm
				• Children are whole beings
				• Shaped by their developmental stage, family system, culture, and environment
				• Healing occurs through supportive relationships built on trust, safety, and dignity for both the child and their caregivers

Theoretical (Concepts)	**10 Caritas Processes** • Caring relationship then caring moment • Unitary caring consciousness	**Core** • Culture, care, culture care diversity and universality, worldview, social structure factors, generic (emic), professional (etic) care **Culturally congruent care** • Preservation or maintenance • Accommodation or negotiation, • Repatterning or restructuring	**Vulnerability, self-transcendence, and well-being** • Contextual and personal perceptions influence how self-transcendence and vulnerability influence well-being	**Unbiased family-centered support that is developmentally appropriate** • Collaborative partnership with all care team members especially caregivers • Honoring and supporting the child's voice, even when it is difficult decisions • Tailor interventions to the child
Theoretical (Assumptions)	**People are interconnected within their environment** • To achieve healing caring is essential • Moral and transformative process • Maintains human dignity	**Care is essence of nursing** • Necessary for growth, health and survival • Spiritual, social, and cultural values influence how humans perceive health and illness	**Vulnerability experiences influence peoples capacity for self-transcendence** • Faced with adverse health, expansion of personal boundaries help with growth, meaning and well-being	**Children experience health similar to caregivers perceptions** • Unbiased care promotes safety and trust leading to emotional well-being • Families beliefs and fears shape their response to illness and care outcomes
Empirical (Practice)	**Guided by the Caritas Processes** • Presence, kindness, honoring the person/ respecting their wishes, supporting basic human needs	**3 models of culturally congruent care** • Learn patients values and cultural beliefs • Integrate their beliefs and scientific knowledge • Partner with the patient, family and they community	**Fostering self-transcendence** • Supporting self-transcendence by nurturing internally, spiritual care, and activities to expand boundaries	**Creating a safe and comforting environment** • Partner with families • Developmentally and culturally appropriate education • Advocate for patients needs and caregivers stress • Coordinate interdisciplinary care for holistic well-being
Empirical (Measurement)	**Watson Caritas Measures**	**Sunrise Enabler** and **Ethnonursing research method**	**Self-Transcendence Scale**	**Nurse observations of family stress, Pediatric Quality of Life Inventory (PedsQL),** and **Reflective narration of shift and the families cultural need**