

# CAREFUL NURSING NEWS

## CAREFUL NURSING PROFESSIONAL PRACTICE MODEL THEME FOR NOVEMBER/DECEMBER 2015 ISSUE — ‘PERFECT’ SKILL FOSTERING SAFETY AND COMFORT

Saint Clare’s Health System Nursing has adopted Careful Nursing as the Professional Practice Model for nursing practice. Careful Nursing has three philosophical assumptions and four concepts: therapeutic milieu, practice competence and excellence, nursing management and influence in health systems, and professional authority. This issue of the *Careful Nursing News* will focus on **‘PERFECT’ SKILL FOSTERING SAFETY AND COMFORT** which is one of the eight dimensions of the Practice Competence and Excellence Concept. Meehan (2012) explains this theme of the newsletter as, “Nurses’ meticulous attention to detail in all aspects of patient care, ranging from the most elementary personal care to the most complex clinical interactions and techniques. It also includes precision in intellectual skills, such as theorising about processes of care, clinical decision-making and nursing diagnostic accuracy. The quotation marks around ‘perfect’ emphasise that although faultless detail can be essential, for example, in medication administration, perfection is also an ideal to be worked towards..” (p. 2911).

The Careful Nursing professional practice model has FOUR Nursing Concepts (Dimensions) and 19 accompanying Key Practice (Concepts) Dimensions.

- I. Therapeutic Milieu
  - a. Caritas
  - b. Inherent human dignity
  - c. Nurses’ care for selves and one another
  - d. Intellectual engagement
  - e. Contagious Calmness
  - f. Safe and restorative physical environment
- II. Practice Competence and Excellence
  - a. Great tenderness in all things
  - b. ‘Perfect’ skill fostering safety and comfort**
  - c. Watching and assessment
  - d. Clinical reasoning and decision-making
  - e. Patient engagement in self-care
  - f. Diagnoses, outcomes, interventions
  - g. Family, friends, community supportive participation in care
  - h. Health education
- III. Management of Practice and Influence in Health System
  - a. Support of nursing practice

- b. Trustworthy collaboration
  - c. Participative-authoritative management
- IV. Professional Authority
    - a. Professional self-confidence
    - b. Professional Visibility

Meehan, T. (2012). The Careful Nursing philosophy and professional practice model.

*Journal of Clinical Nursing*, 21, 2905–2916, doi: 10.1111/j.1365-2702.2012.04214.x

## METICULOUS NURSING REPORT

Meticulous attention to detail is part of this month’s focus in “Careful Nursing”. One of the best example of this is the painstaking details we pass to each other in “report” -- the literal changing of the guard on our nursing units.

Different nurses have different methods and most of us are a work in progress. There is, overall consistency, in how nurses approach the report process that is with report sheets in hand despite of the advent and emphasis on computerized “paper-free” charting.

As I observed change of shift one day, every nurse, young and less young, had report sheets in hand. Some had the yellow ones, which have specific areas for vitals and ongoing assessment. Others used a white form with pre-set categories labeled on it with blockier layout. Some used the long white sheets, and I used blank paper (I was out of the white blocky form).

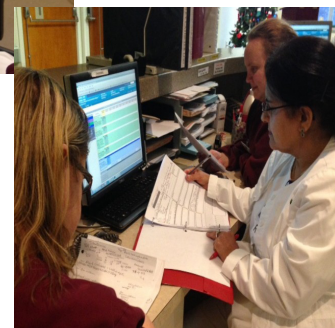
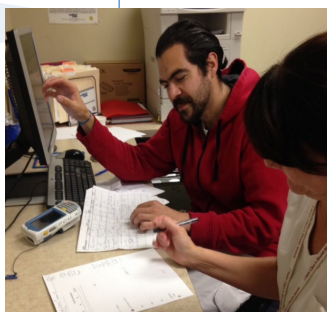
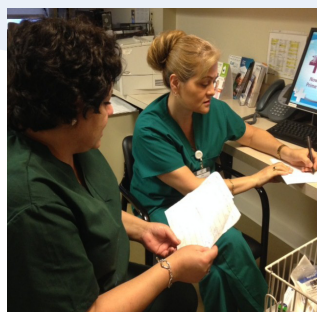
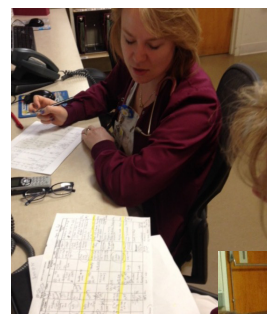
Speaking to my colleagues and adding my own observations, this is why . . .

- 1) “It helps reinforce the information when I write it down myself”
- 2) “It is my guide . . . I couldn’t function without it”
- 3) “It helps me organize the story of the patient into “blocks” which help me give report better to the next shift”
- 4) “I can update it as the day goes on”

As for myself . . . it is all of the above. One nurse when asked said the only way she would give up her report sheet is if she was given a computerized tablet instead to carry with her during her shift. The option of using the computer to take report without writing down information was unthinkable to each nurse I spoke to one weekend when I was working. Two nurses said that they could give report without referring to the sheets but all said they needed to have the sheets and write report at the start of their shift. If you want to be entered to win the book *When Chicken Soup Isn’t Enough* send an email to Sue Weaver, [sueweaver@primehealthcare.com](mailto:suweaver@primehealthcare.com)



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Report is one of the most important elements of our job -- we pass on the most important aspects of the patient's story and emphasize issues the oncoming nurse must address. It is vitally important not just to the nurses, but to ancillary professionals, whom we may need to reach out to, and the doctors who rely on our observations. Meticulous, detailed report is important for excellent care of our patients throughout the shift. Report sheets are one visual example of meticulous attention to detail which no one is willing to part with and the following is an example of Danielle Zimmerman's custom report sheet:

DATE ROOM	NAME	AGE	MD	DATE OF ADMIT
DX		ALLERGIES	LEVEL	ISOLATION
PMH		GI/GU		DIET
				ACTIVITY
NEURO		SKIN/MUSC		IV
RESP	O2			MEDS
CARDIAC		SCHEDULED PROCEDURES		CONSULTS
SCDs				
MONITOR	EDEMA	LABS	CHEMS	
DC PLANS		MAG PHOS	MRSA	WEIGHT

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Staff nurse, IMCU/Telemetry

## CAREFUL NURSING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL®: PRACTICE COMPETENCE AND EXCELLENCE: 'PERFECT' SKILL FOSTERING SAFETY AND COMFORT

Like the concept of great tenderness in all things, discussed in the last issue of *Careful Nursing News (CNN)*, 'perfect' skill in fostering safety and comfort is a concept which is deeply interrelated with all the other practice competence and excellence concepts. In effect, the two concepts together act as principles underlying the practice competence and excellence dimension. In this article we will consider 'perfect' skill in fostering safety and comfort, what this means for our practice and how it relates to the art of nursing.

### Definition

The concept of 'perfect' skill in fostering safety and comfort is defined as:

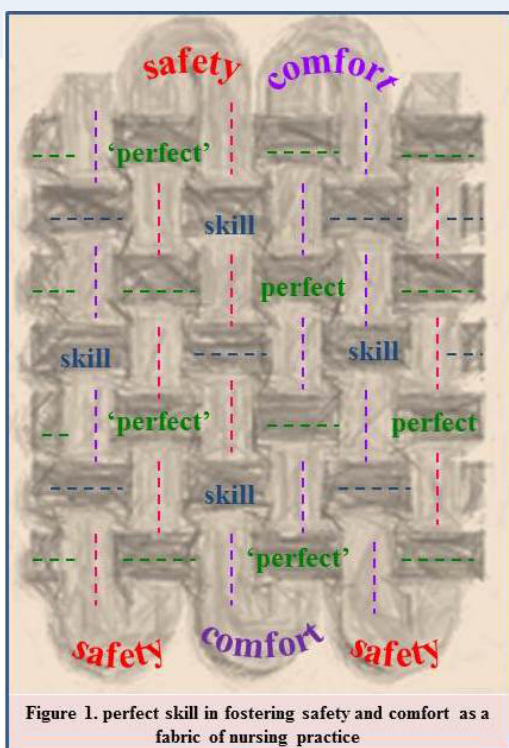
our meticulous attention to all details of patient care, from the most elementary personal care to the most complex interactions and techniques. This includes our precision in intellectual skills, such as theorizing about processes of care, diagnostic accuracy in selecting correct nursing diagnoses and achievable outcomes, and administering appropriate nursing interventions. The quotation marks around 'perfect' emphasize that although faultless detail can be essential, for example, in medication administration, perfection is also an ideal to be worked towards. (Meehan, 2012, p. 2911).

This concept can be thought of as a fabric of nursing practice be-



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cause it emerged from the historical data as a consistent weaving together of two sets of threads; a two-colored weft of skill and the ideal of 'perfectness' and a two-colored warp of safety and comfort, as illustrated in Figure 1. The idea of skill and the ideal of 'perfectness' inspired the 19<sup>th</sup>-century nurses to strive in the mental and physical acts of their practice to be everything they were capable of being in fostering safety and comfort, for example, in estimating a best course of action in a given situation, ensuring life-saving fluid intake, or providing every possible consolation.



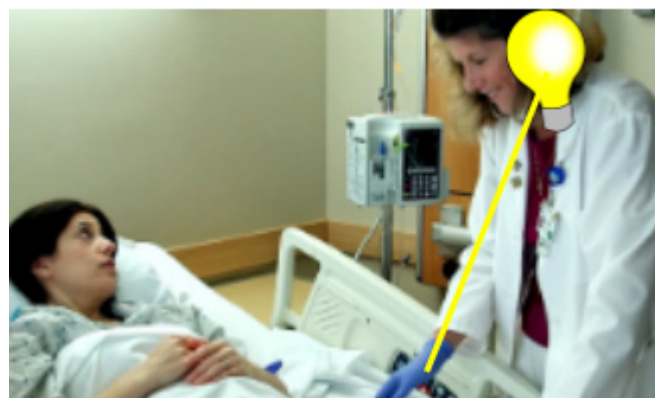
At first glance the words 'perfect' and skill may seem to be somewhat similar in meaning. But they can be thought of as different levels of the same idea. Let us consider a skill in itself.

## Skill

The common definition of skill is the ability to do something with expertise or the ability to do something that comes from training, experience, or practice. In nursing we often associate the idea of a skill with clinical skills in relation to the ability to perform physical skills and procedures with expertise. We also sometimes associate skill with the word task. But it seems best to avoid the word task in relation to nursing practice because of its common connotation of being a chore or burdensome activity, sometimes done unwillingly.

Perhaps the most comprehensive definition of skill comes from a quite old dictionary: "the familiar knowledge of any art or science, united with readiness and dexterity in execution and performance, or in the appli-

cation of the art or science to practical purposes" (Webster's, 1891, p. 1349). The important point in this definition is that it emphasizes skill as a thinking process drawing on knowledge, which in turn guides the doing of the activity at hand, as illustrated in Figure 2. This is consistent with the Careful Nursing definition above where intellectual skill is considered as important as physical skill because it provides the foundation for practical performance. But we can take a skill to a higher level by aiming for the ideal of 'perfection'.



**Figure 2. Nurse's skill primary skill is thinking which guides skill of doing**

## 'Perfect' skill

The word perfect is used to emphasize that something, in this case a skill, can have the attribute of perfection. That is, that a skill can be completely free from faults or defects; or that it can be as good as it can possibly be. However, we all know, as did the 19<sup>th</sup> century nurses, that for human persons attainment of 'perfection' is essentially an ideal. Thus, in Careful Nursing 'perfect' skill in any aspect of practice is considered an ideal to be worked toward. As in the definition above, this is signified by placing perfect in single quotes, indicating that we aim for 'perfect' skill in our practice.

The 19<sup>th</sup>-century nurses were happy to aim for the ideal of perfection. At the same time, they understood perfection to be an attribute of Infinite Transcendent Reality and as such beyond finite human attainment. They accepted that they themselves were surely not perfect but they desired to aim for this ideal attribute in their practice in the hope that they could move toward it to the extent of their human capability. For them it was like reaching toward a certain beauty and wonder in their practice, to knowing and loving their experience of Infinite Transcendent Reality by, in the words of DeYoung *et al.*, (2009, p.7), putting their "distinctively human capacities to their best possible use."

For example, in the Crimean war hospital wards they would meticulously watch, tend, and console many critically injured, seemingly dying, soldiers through the night. Not infrequently they would find that as morn-

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ing dawned, and to the amazement of the doctors, some of the soldiers would appear to be recovering. It is likely that their 'perfect' skill in attending to the continuous administration of small amounts of fluid by mouth made all the difference in such cases (safe administration of IV fluids being still a good way off).

**Different understandings of perfect.** But can we really take a skill to a higher level by aiming for perfection? The answer to this question is hotly contested and depends on whether perfection is understood as a human capability or an ideal to be worked toward. The concept of perfection and whether human beings can attain perfection is widely discussed in philosophy, literary works, theology and bioethics.

**For perfection/aiming for perfection.** Aristotle argued that the ideal of human perfection was attainable by seeking to live a virtuous life; in developing the habit of thinking and doing things with excellence. Aquinas argued that while human persons could seek excellence as an ideal in this life and hope for perfection, perfection was actually possible only in supernatural union with God (recall our discussions of the virtue theories of Aristotle and Aquinas, for example, *CNN*, 2014, 5(2), pp. 6-8).

Some contemporary ethical theories propose that striving for perfection in attitudes and activities, for example; intelligence, self-discipline, patience, empathy, a sunny temperament, honesty and fairness; has an important role in fostering human enhancement (Roduit *et al.*, 2015). Aquinas might argue that despite our recognition of our limited capabilities as human persons, such striving for perfection would bring us joy in our work and foster our human flourishing.

**Against perfection/aiming for perfection.** In contemporary society the idea of aiming for perfection in the hope of moving toward it to the extent of one's human capability is widely rejected. It is commonly argued that if we cannot attain perfection, it is unrealistic and self-defeating to aim for it because it can only lead to feelings of dissatisfaction, failure, unworthiness and fear of disapproval. It appears that when our reality is grounded only in the finite world of our human nature, aiming for perfection and not achieving it threatens our self-esteem and self-worth.

Morgan and Georges (2015) argue resolutely against aiming for perfection ('perfect' skill) in nursing. They claim that the idea of perfection is a socially-constructed phenomenon that distorts nurses' perceptions of nursing practice and of themselves, and has the potential to oppress nurses in their practice. They frame their argument using the concept of the nursing lens. Simply put, a nursing lens is a visual metaphor for how we see and understand our practice. As we gaze through our lens it structures our viewpoint and brings it into focus, thus providing the perspective for how we see and understand ourselves and our practice. For example, Figure 3 illustrates a nursing lens shaped by Careful Nursing philosophy and Figure 4 illustrates the Morgan and Georges lens shaped by critical social theory.

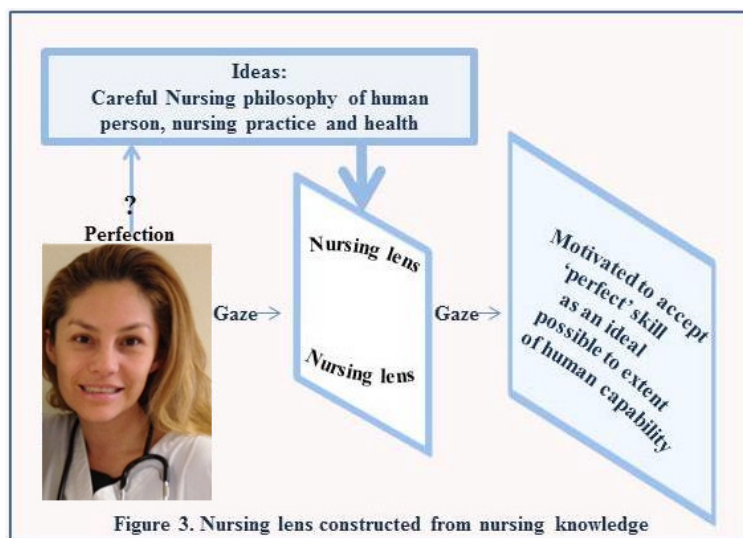


Figure 3. Nursing lens constructed from nursing knowledge

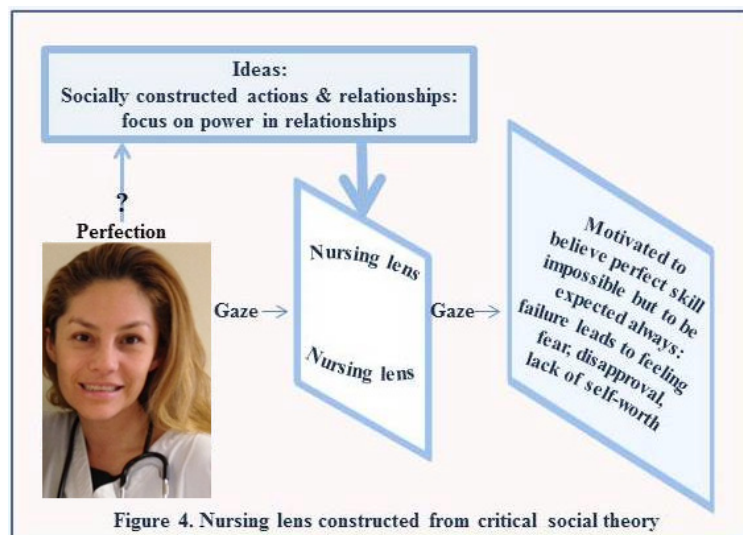


Figure 4. Nursing lens constructed from critical social theory

**Nurses' nemesis: the medication error.** The example given by Morgan and Georges (2015) is every nurse's worst nightmare – making a medication error. Because this problem is not uncommon and can be potentially life-threatening for patients it is one of our most vivid challenges when aiming to practice with 'perfect' skill. Their example stems from some nurses' erroneous assumption that medication errors are always avoidable; that 'perfect' skill is not only possible but expected. From their critical social theory perspective they observe correctly that this is an unreasonable assumption both philosophically and in every-day practice. If you want to be entered to win the book *When Chicken Soup Isn't Enough* send an email to Sue Weaver, [sueweaver@primehealthcare.com](mailto:sueweaver@primehealthcare.com)

At the same time, it can be assumed that responsible nurses aim for perfection in their practice to the extent that they are capable, especially when administering medications. In a comprehensive review of medication er-



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rors Parry *et al.* (2015) found that there is little consensus about how errors occur and a notable lack of information about how nurses actually behave when making an error. It would be interesting to know if making the intention to aim for perfection influenced error rates.

The medication error example given by Morgan and Georges (2015) suggests that the student nurse who made the error was actually aiming for 'perfect' skill in administering the medication. The fact that she was severely criticized for her failure by some nurses is no reason to reject the ideal of aiming for 'perfect' skill. As for any nurse, this error took place within a certain set of circumstances. The example suggests further that the student aimed for 'perfect' skill with initiative and courage in acting to reverse any resulting harm to the patient. Morgan and Georges are interested in power relationships and imply that power is not possible in relation to aiming for perfection. But the overall 'perfect' skill with which the student acted in their example suggests that the opposite could be true.

**'Perfect' skill versus excellence.** In contemporary popular literature it is believed that aiming for perfection and aiming for excellence are poles apart in meaning. But this may be due largely to how we have come to think about them. Aiming for excellence is commonly viewed as a process of becoming the best one can possibly be and is considered not to lead to failure and loss of self-worth. Aiming for perfection is commonly viewed only in terms of an outcome which will lead to failure and loss of self-worth. However, perfection (2015) can be defined as the highest degree of excellence. We know from our discussion of excellence in the last issue of *CNN* that excellence is central to nursing practice and central to human flourishing. On balance it would seem wise for each one of us to choose the term, either 'perfect' skill or excellence, that would help us best to flourish in our practice.

## Safety and comfort

Little needs to be said here about safety and comfort because these are the overall aims of the Careful Nursing professional practice model. The therapeutic milieu dimension emphasizes comfort but also includes safety. The practice competence and excellence dimension emphasizes safety-safety-safety but also includes the comforting influence of great tenderness in all things. Safety in particular is the main aim reflected in the management of practice and influence in health systems dimension. The professional authority dimension concerns nurses taking responsibility for ensuring the safety and comfort of patients and assuming the confidence, visibility and authority to make this happen.

## The art of nursing

Reflecting on 'perfect' skill in fostering safety and comfort, along with reflecting in the last issue of *CNN* on great tenderness in all things, brings to mind the idea of the art of nursing. If the two concepts together act as principles underlying the practice competence and excellence dimension, then they can be considered as two principles underlying the art of nursing.

Broadly, the art of nursing concerns *how* nurses are in themselves as they engage in practice. In a 1994 study which is often referred to, Johnson (2013) found that the art of nursing included engaging in meaningful relationships with patients, understanding the meaning of individual relationships, performing nursing activities morally and with skill, and in rationally determining appropriate courses of action for patients. Myrick *et al.* (2011) propose that the art of nursing is shaped through nurses' use of practical wisdom, similarly to our discussions about our use of virtues in patient care and in our relationships with one another (see *CNN* 2014, 5(2), pp. 6-8 and *CNN* 2015, 6(1) pp. 9-16). Timmons (2011) reminds us of the long-standing and central role of spirituality in the art of nursing. In many ways Careful Nursing embodies the art of nursing.

## Hints on 'perfect' skill and art from a master of both

'Perfect' skill in fostering safety and comfort contributes especially to the idea of nursing as an art. Let us consider this claim in light of comments attributed to Michelangelo Buonarroti (Goodreads, 2015).

"Trifles make perfection, but perfection is no trifle." Here he seems to mean that small, seemingly unimportant, things contribute to perfection. For example in nursing, small acts of kindness such as patiently giving sips of fluid, a passing smile, or noticing the need for the gentle repositioning of a stiff limb. Indeed, these are not trifles to vulnerable patients.

"Lord, grant that I may always desire more than I accomplish." Here he seems to mean that to desire more will help us accomplish more. He seems to suggest that there is something about reaching for greater skill; that somehow reaching higher will bring us to a plane of greater capability.

**"The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark." Here he seems to mean that there could be danger in complacency, suggesting that it is better to fail to achieve an aim than to not aim high enough, any feelings lowered self-esteem or self-worth notwithstanding.**

"A man paints with his brains and not with his hands." Here he highlights the nub of 'perfect' skill and art in action; that thinking gives rise to and guides what we do. See again Figure 2 above.

"The true work of art is but a shadow of the divine perfection." Here he seems to mean what the 19<sup>th</sup> century nurses had in mind, and it could be argued what Florence Nightingale had in mind, as they aimed for 'perfect' skill in their practice. He reminds us that art, our art, has a spiritual dimension.

## Summary

There is much to be thought about in reflecting on 'perfect' skill in fostering safety and comfort, especially if we reflect as we engage in our practice. We can notice how complex a skill really is and that it has thinking as its



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foundation. There is much scope for us to consider the idea of perfection, and 'perfect' skill as aiming for perfection. We can consider whether we wish to aim for 'perfect' skill in our practice, what this will mean for us if we do and what it will mean if we do not, and what our decision will mean for patients' safety and comfort. Overall, we can reflect on the role of 'perfect' skill in the art and at the heart of our practice.

Do let us know what you think? How about dashing off a letter or email to the editor of *Careful Nursing News*, Sue Weaver [suweaver@prime-healthcare.com](mailto:suweaver@prime-healthcare.com)? Or, how about sending some comments to the Careful Nursing webpage: [http://www.carefulnursing.ie/go/about/contact\\_us](http://www.carefulnursing.ie/go/about/contact_us) For those who are interested in debating, the arguments for and against aiming for 'perfect' skill would make for a lively exchange of ideas.

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## ALPHABET SOUP AND NURSING CREDENTIALS

As you attain advanced degrees and certifications, have you ever wondered in what order to place them after your name? The American Nurses Association (ANA) recognizes that listing the credentials of nurses helps to identify the nurse as knowledgeable and credible to the consumers of nursing care. The ANA has published a position statement on this alphabet soup nursing credentials issue entitled, "Credentials for the professional nurse: Determining a standard order of credentials for the professional nurse".

In this position statement, the ANA recommends the following order of credentials to ensure consistency and professionalism across nursing settings:

1. Highest earned degree, Education with highest attained degree first such as BSN, MSN, PhD.
2. Licensure, RN.
3. State designations or requirements, Credentials that designate authority and recognition to practice at an advanced level such as APN.
4. National certifications awarded by a nationally recognized accredited certifying body such as CCRN, CRNI, CEN, NEA-BC. For multiple certifications, the most recently earned certification is placed last.
5. Awards and honors are recognition of outstanding service or accomplishments such as FAAN.

Thus consider Irene Noodleman as an example, she has a BSN, was certified as a med/surg nurse and now has a new critical care nursing certification, Irene Noodleman, BSN, RN-BC, CCRN.

Best wishes in your pursuit of lifelong learning and the addition of alphabet soup letters after your name.

Reference:

<http://www.nursingworld.org/DocumentVault/Position-Statements/Practice/Credentials-for-the-Professional-Nurse-.pdf>

Editor

