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to Rei that they not only thanked him profusely, and celebrated the safe turnover of their patient, but also gave him a free round-trip ticket to the Philippines for another trip!

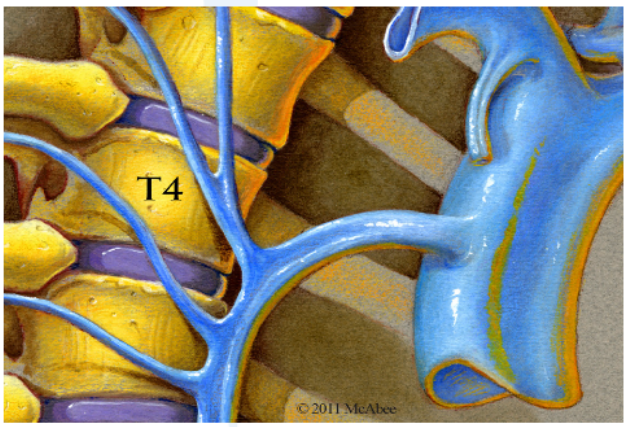
See if you can guess to what nursing specialty Nurse Connect attributes the following: " _____ nurse must depend upon their intuitive judgment and diagnostic skills, coupled with fast and decisive stabilizing actions, to help save their patients lives.. Ironically, this description is for: "Flight & Transport" Nursing! I guess perhaps there is also something to be said for this ACLS-certified RN being in the "right place" at the "right time" for the "right patient." We are the sum of what we learn, what we practice, and what we care most about, which is always being there to care for the PATIENT!! Thank you Rei for an excellent job!

Susanne J. Graham, MA, RN-BC

Administrative Director, Behavioral Health

WHAT IS THE AZYGOS VEIN?

The Azygos vein is a unilateral vein running up the right side of the thoracic vertebral column. It carries deoxygenated blood from the posterior walls of the chest and abdomen into the heart via the superior vena cava. Unlike most veins and arteries, it does not have a corresponding vein on the left side of the body, thus explaining its name, which means "unpaired" in Greek. The Greek root zyg refers to a pair and the prefix a- means not; hence, azygos means unpaired. Therefore, the azygos vein is the only one in the body on the right side.



^(AZYGOS VEIN) ^Superior Vena Cava

The IV team nurses are quite familiar with the azygos vein.

When inserting a PICC or central venous catheter, the optimal placement for the catheter tip is in the lower 1/3 of the superior vena cava (SVC) or the cavo-atrial junction. As the diagram reveals there is a possibility the central line catheter will enter the azygos vein because this vein flows into the superior vena cava from the right side. It is more likely to happen when the catheter is inserted using the left-sided approach.

It is not often that the catheter finds its way into the Azygos vein, but after viewing the x-ray the radiologist may report that the "tip of catheter is in the Azygos vein." It will appear that the catheter is in the SVC then it turns laterally into the Azygos vein rather than approaching the heart distally.

This has occurred once during my practice of inserting PICC lines. After inserting a PICC line using the left-sided basilic approach, the catheter followed its normal course and turned distally towards the SVC. However, the catheter found the little vein named Azygos and entered it. The catheter flushed easily and had a blood return but nevertheless it is malpositioned and needed to be repositioned or replaced. Seems like a difficult thing to do; insert a catheter into the Azygos vein but I inadvertently did it! (Of course, I had to discontinue the PICC line and send the patient to radiology to reposition the line to achieve proper placement.)

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Karen Costello, BSN, RN, OCN, CRNI

IV Team

CAREFUL NURSING—HUMAN PERSON

Saint Clare's Health System Nursing has adopted Careful Nursing as the Professional Practice Model for nursing practice. Careful Nursing has three philosophical assumptions: **human person,** infinite transcendent reality, and health. The focus of this issue is the human person.

ASK DR. MEEHAN ABOUT CAREFUL NURSING

Careful Nursing philosophy: The human person

In good times and in challenging times, what we think is true about nursing is what brings most of us to our practice each day. It is the philosophy underlying our practice that brings to life our desire to be nurses. In this issue of *Careful Nursing News* we begin a more in-depth review of the Careful Nursing philosophy by considering how we understand the human person. Philosophy is important because it is "a natural extension of our interest in truth" (Scruton, 2005, p. 9), for us the truth about nursing. It helps clarify for us what we are doing and why we are doing it.

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The philosophy that guides Careful Nursing practice derives from what 19th century Irish nurses thought was true about nursing. Through development of nursing practice and emigration, they carried these assumptions and values forward internationally into the new and contemporary world. As a philosophy it is subject to debate and critical analysis. Its purpose is to help us practice wisely and well.

Of crucial importance in any approach to nursing is what we think is true about the human being because nursing is a deeply human practice. In its most fundamental sense nursing is a nourishing practice; one human being, a nurse, nourishing another, a human being who is sick, injured or vulnerable; hence the name nurse (Partridge, 1958, pp. 440-441). In this article, we will focus on defining the human being as a human person, what this tells us about who we are as nurses, who our patients* are, and the nurse-patient relationship. We will examine the human person on two inter-related levels; firstly, the metaphysical level and secondly, the clinical level of our daily practice.

Who are nurses and patients as human persons?

Although *human being* and *human person* are often used interchangeably, human person is used in Careful Nursing because the meaning of *person* encompasses more fully the nature of human life. Use of the word person evolved over several centuries in the ancient Greek and Roman worlds, gradually becoming associated with the spiritual dimension of human life. By the 4th century CE the term person was used to denote the deeply relational aspect of human life and human persons were understood as "distinct possessors of intellectual and loving being" (Clark 1992, p. 12). Clark also notes that Augustine of Hippo emphasized the person's unitary nature and important characteristics including "interiority, memory as self-presence, and openness to transcendence" (p. 13).

In the 6th century, the Roman statesman and philosopher Boethius (circa 519/1918), in developing the ideas of Plato and Aristotle, formulated the most widely used definition of a person as "The individual substance of a rational nature" (p. 85). In the 13th century, Thomas Aquinas (1265-1274/1948) transformed Aristotle's understanding of the human being and adopted Boethius' definition of a person (Pt. I, Q. 29, Art. 1) and it is this definition that is used in Careful Nursing. It is a metaphysical definition and at first glance it may seem odd to us today. But it has a rich and distinctive meaning which links closely to principles inherent in nursing. Before going on, let us briefly consider metaphysics.

Metaphysics

Metaphysics is a term which is not familiar to most of us. It is often dismissed as being unscientific. Indeed, empiricist philosophers and scientists deny the existence of metaphysical knowledge because it is not objective. Nonetheless, it is knowledge acquired through the intellect rather than through subjective experience. It is a branch of philosophy that focuses on the fundamental nature of reality; "the common aspects of being without which a thing could not be" (Kerr, 2011, p. 3). It does not assume the existence of a divine being and may or may not lead to such a claim.

Metaphysics can involve the examination of ideas alone or, as would be the case for nursing, it can involve the examination and application of ideas for practical purposes, the approach favored by Aquinas. Metaphysical concepts are abstract and mainly non-material and at first they may seem difficult to understand. Nonetheless, for Careful Nursing we will stay with metaphysics because the deeply human nature of our practice and our 24/7 watching and attentiveness to sick, injured or vulnerable persons brings us to engage closely and often deeply with the mysterious reality of human life in our patients and in ourselves. Our practice demands that we know *the being* of ourselves and our patients as well as possible.

Some years ago Barbara Sarter (1988) observed that different nursing theories are underpinned by different metaphysical assumptions; although most nurse theorists do not identify their assumptions as such. She noted that the theorists' have conflicting metaphysical positions which have implications for how we understand our practice and need to be addressed. She emphasized the importance of metaphysical analysis as an innovative research method for nursing, particularly with regard to examining the nature of human life and personhood and the use of holism in nursing.

The historical sources of Careful Nursing give rise to its metaphysical assumptions However, it is important to recognize that there is a considerable need for metaphysical research related to Careful Nursing.

Metaphysical understanding of human person

Now, let us return to the human person defined as an individual substance of a rational nature. There are four important points here. First, as **persons** we are, in our deepest reality, spiritually oriented and related to all other persons. Second, as **substances** we are unitary persons. Third, **as individuals** we are all distinct and separate from one another. Fourth, our **rational nature** highlights our highly developed potential to think and reason.

Persons: As mentioned above, the word person evolved through metaphysical reflection to denote the profoundly relational aspect of human life. This links to the most obvious defining characteristic of nursing practice, that it takes place within the context of person to person nurse-patient relationships. It is widely recognized that the quality of these relationships can have a significant influence on the effectiveness of nursing practice. The word person also encompasses the spiritual dimension of human life, a dimension which is researched extensively in nursing (Cockell & McSherry, 2012).

These understandings of person are at the heart of nursing practice. It is possible that contemporary nurses' use of *openheartedness* to convey

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the sincerity of their therapeutic attentiveness toward patients (Galvin & Todres, 2009) is an echo of the ancient Hebrews' use of heart as a spiritual metaphor for person and to describe human relationships (Clark, 1992). Likewise, compassion, a person's heartfelt response to another's misery, is an essential component of nursing practice. Through their attentive relationships with patients as persons, nurses have the opportunity to *touch* them at the inmost level of their lives and to be similarly *touched* in return.

Most importantly, the word person addresses the inherent dignity and worth of human life. Aquinas proposed that human persons were infused in their inner being with great beauty; as being "more perfect than the whole of nature" (Clark, 1992, p. 21) and as being inherently oriented to truth, goodness and loving relationship with one another through their metaphysical likeness to the spiritual source of their being. At the same time human persons have the freedom to choose whether or not to understand and develop these qualities. When they fail to do so and fail intentionally to act to promote what is true, good and loving in themselves and others they can become inconsiderate or malevolent toward other persons, and are responsible for such behavior.

Substances: Substance means that in essence we are unitary beings. We commonly take *substance* to mean something composed of physical matter. But the philosophical meaning of substance is "a separate or distinct thing: that which underlies phenomena" ("Substance," 1971). It is permanent and undivided in itself. In this meaning it is non-material and we cannot know it through our senses but only through our intellect (Kerr, 2011). Nonetheless, this non-material substance is fundamental and permeates our entire being, including our physical body. It is the defining principle and center of every human person. It is basic, it cannot be broken down, it has no parts. In other words, at this fundamental level we are unitary beings, what we commonly refer to as holistic.

We talk every day about holistic care and holism but do we really know what this means? The word *holism* was coined in the 1920s by the South African statesman and military leader Jan Smuts (1927) who, in the wake of the destruction wrought by World War I, sought to develop a doctrine of the unity of life that would lead to a more harmonious and spiritually-oriented world. He proposed that evolution took place through natural creations of ever-greater wholes wherein the unity of parts was so close and intense that wholes became more than the sum of their parts. It was only in retrospect that Smuts came to know that his ideas had "strikingly similarity" (p. 106) to the thinking of Aquinas and that the unitary nature of human persons had been widely examined and discussed by philosophers for centuries.

The term holistic as it is used in nursing literature usually means or loosely implies the addition of parts of a person or approaches to care (Stiles, 2011). This leads to confusion in understanding the human person and how we practice nursing. Thus, in Careful Nursing the term unitary is used rather than holistic.

As substances we are a fusion of form and matter (Kerr, 2011). Form reflects the source of our life principle and defines our essence, that is, that we are humans (and not, for example, horses, fish or trees: each species is a substance too but has a different essence that defines its species). In our essence we are immutable; we do not change. Form is also the source of our inner beauty, spirituality and goodness and is intimately related to our intellect. At the same time our intellect is mainly dependent on our bodily sense perceptions for generating knowledge.

Form permeates and organizes both the non-material matter of our substance and the physical matter of our body and sense perceptions. It structures our distinctive, dynamic individuality, which is continually changing and becoming (Kerr, 2011). Thus, our substance is fully present in our physical body which, through our senses we tend to perceive as parts; parts which are continuously changing and becoming; for example, flesh, bones, organs, and so on; and in the innumerable attitudes, actions, sense experiences, expressions, relationships and insights of our daily life. In metaphysical terms, these continuous changes are called 'accidents,' meaning things that happen and keep happening. Here we can see that the parts of the person, that are so evident to us in our daily practice, are integral in and are structured by our unitary substance.

Our substance is the center of our being. Through our intellect, supported by our sense perceptions, "each of us has privileged access to an inward life in possession of a unique self expressed by the unique 'I'" (Clark, 1992, p. 27). The spiritual nature of this center opens our awareness to the inner beauty, goodness, loving-kindness and compassion at the heart of our being. In knowing this center of one's self, through self-awareness and self-perception, we can through our intellect also have an understanding of the inward life of others. To the extent that we know ourselves, so can we know one another.

We will follow up on this description of substance below in the section on our clinical practice understanding of the human person. The point here is that our substance is the all-embracing center of our unitary being which is, in turn, reflected in every dimension of the bio-physical and psycho-spiritual realities of our lives.

Individuals: It follows that our individuality is an attribute of our substance because by definition, substance is distinct in and of itself. Further, it gives rise to the many, continuously changing characteristics which identify each of us as an individual, unique and distinct from every other individual. We are aware of this in ourselves, our patients and our colleagues, recognizing and respecting the unitary being of each person as well as their individual characteristics.

Rational nature: Our rationality concerns our highly developed potential and ability to think and reason out solutions to problems, a capacity which distinguishes us humans from other animals. In human persons this is always present, even if only potentially. While some other animals may appear to solve problems by thinking them through, any such ability is very limited.

Reason here is not understood in the objectively constricted scientific sense. Rather it is all encompassing: "the capacity to be aware of or to know whatever there is to be aware of or to be known, and to order actions, traits of character, emotions accordingly" (Simpson, 1988, p. 215). It includes the intellectual enjoyment of beauty, goodness, insights and ideas. We know it when we have an *ah ha!,* or when we have an insight into a patient's experience, or when we manage to write a term paper that is creative and really analyses and synthesizes ideas.

Summary: In Careful Nursing, we talk about the unitary human person experiencing life as two-fold, an inward life and an outward life (Meehan, 2012). Mainly, we have been considering our inward life. Perhaps it is best summarized by reflecting for a moment on our inner knowledge of ourselves. From within we know the unity of our being, the depth of our capacity for relatedness to other persons, our distinctiveness and individuality, our spirituality, and our intelligence. It is these qualities that we are responsible to bring to our practice and that we expect to encounter in our patients.

Clinical practice understanding of human person

In our clinical practice Careful Nursing guides us to know ourselves and relate to patients and co-workers as unitary human persons who encompass bio-physical and psycho-spiritual realities. But, what does this actually mean for us in practice? How do our inward and outward lives relate to our practice? Most of us would probably answer that we are aware of who we are in ourselves, are very knowledgeable and highly skilled with regard to patient care, take a holistic approach to our practice, and care for the whole person.

It is surely true that we have highly developed knowledge and skills related to the bio-physical reality and sensory experience of the outward life of patients, especially as these relate to disease processes and watching for and recognizing threats to physiological and psychological stability. Clearly, this aspect of our practice and intervention based on scientific evidence is crucial in patient care. In addition, Aquinas repeatedly emphasized the importance of the physical body and sensory experience.

But also, because nursing practice takes place within the context of nurse-patient relationships, it is equally important for us to know about and attend to our inward life and psycho-spiritual reality. To the extent that we attend to these in ourselves, we have the ability to discern the inward life and psycho-spiritual reality of our patients. While we know and use theories from psychology, for Careful Nursing a metaphysical understanding of the person is also considered essential.

The humanizing substance or center of our inward lives which is the source of our attentiveness, loving kindness, compassion and calmness for both ourselves and in our relationship with patients, is all too easily overlooked in our object-focused, stress-inducing world of cost containment and management targets. This appears sadly evident in recent reports of inhuman personal care of hospitalized patients (Abraham, 2011; *Report of Mid Staffordshire NHS,* 2013). Or, consider the following patient experience.

A young woman attended a hospital outpatient clinic to begin a series of IV chemotherapy treatments for breast cancer. The woman appeared capable and well-groomed and was well-informed about her treatment. Nonetheless, she was still shocked by her medical diagnosis and feeling miserable and very vulnerable. The nurse who came to insert the IV and administer the chemotherapy introduced herself cheerfully, and was polite, proficient, and knowledgeable about the treatment process. However, she appeared concerned only with the outward life and bio-physical reality of herself and the woman's chemotherapy. She appeared unaware of her inward life and failed to relate as a human person to the woman as a human person. In the woman's words, "the nurse was not really there." In her vulnerable state the woman felt disregarded and was distressed by the experience, and the distress gnawed in her memory over the weeks that followed. This was not a matter of the nurse's busy schedule; it was a matter of her relationship with the patient.

Compare this with a contrasting nursing practice experience. One evening a woman took her frail, elderly grandfather to the emergency department (ER) of an acute hospital because he was having mild difficulty breathing. The ER was extremely busy and had no free beds. Her grandfather had to be cared for on a stretcher and neither an ER or hospital unit bed was likely to be free for some time. The grandfather was assigned to the care of an ER staff nurse who introduced herself politely, made him as physically comfortable as possible, and was proficient and knowledgeable about his medical and nursing treatment. The woman also noticed that this nurse "had a lovely way with my grandfather." The grandfather was noticeably calmed and assured by the presence of the staff nurse.

The staff nurse was very busy providing physical care, and watching and monitoring the grandfather as well as several other patients. But at the same time she was quietly attentive to each of her patients and conveyed a sense of calm and confidence in her professional awareness and knowledge of her patients. She had developed a habit of relating inwardly with her patients. In her mind's eye she could discern their inner beauty and goodness. Her patients were aware inwardly of her recognition and attentiveness to them at an inward level and responded with assurance and restfulness. The woman had planned to stay the night with her grandfather because the ER was so busy. But she decided to leave because "it didn't matter that he was on a stretcher," she was confident that he was safe and well cared for.

It is not unlikely that these contrasting examples of nursing practice could describe the practice provided by any one of us. The contrasting point in these examples concerns the nurses' understanding of themselves and their patients as human persons and the influence of the inward life in the nurse-patient relationship. One reason that it is easy for us to overlook our inward life is that it is not material or physical but

metaphysical. We cannot know it through our senses but only through our intellect or mind.

The ER staff nurse in the second example had developed the habit of knowing her inward life; the center of her being. To the extent that she knew her inward life, she could know the inward life of her patients and this knowledge expressed itself in her nurse-patient relationships. This was not something she had to think about during her practice: her mind was taken up completely by her physical activities and monitoring patients' physical status. It was a habit of being for her; her usual manner of relating to patients. Many of us have this habit; we can all develop it.

Making time to know ourselves fully as human persons

We know a great deal about our outward lives. We can know ourselves fully as human persons by also taking time each day to develop knowledge of our inward lives; the substance or center of our being. We can do this by making time each day, at least five minutes, to be still and quiet and *listen* to our inner self. In fact, for Careful Nursing it can be said that the buck stops here. This is where the philosophy of Careful Nursing related to the human person and nursing practice meet. If five minutes of the twenty-four hours available to you each day seems like too much time, start by taking one minute and work your way up to at least five minutes.

Broadly speaking, the aim of practices such as meditation, centering, contemplation, mindfulness and prayer is to become aware of the inward self. These are spiritual practices because it is widely acknowledged that the inward life has a spiritual center. It is true that not all nurses would agree with this view. But, nurses who are agnostics could consider this as a possibility. Nurses who are naturalists or atheists and could be expected to reject the spiritual aspect of human life (although not all do) could think of the inward, spiritual self as "a positive illusion" as is suggested by Paley (2008, p. 449). Each individual can start from where she or he is with whichever understanding is most useful to them.

A suggested approach

If you do not already do so, make the decision to take five minutes *quiet time* each day. This might be called a centering exercise. You could conceptualize it as meditation, contemplation, stillness, mindfulness, silence or prayer. Choose a time that fits in with your usual activities and a place that is quiet. Sit comfortably with your back straight, your hands resting loosely in your lap, both feet on the floor. Loosen any tight clothing. Close your eyes and take some slow, deep breaths. Imagine that as you breathe in your breath flows all the way into your lower abdomen and the inward center of yourself, before flowing out again.

Check for any tightness or tension in your body: feet, legs, buttocks, back, abdomen, chest, shoulders, arms, hands, neck, head and face. Imagine that as you breathe in, your breath flows into any tension or tightness which then flows out with the flow of your breath. Notice any worries or concerns that you have in your mind and just let them go. Continue to breathe slowly and deeply and to focus your awareness on the flow of your breath in and out of the inward centre of yourself.

Be as fully aware as possible of the inward center of quiet and stillness within yourself and remain with it for a few minutes. Or, you could bring to mind an image, sound or place you know that resonates with the inward center of quiet and stillness within yourself. Allow yourself to fully experience that inward center again. After a few minutes focus again on the flow of your breath and when you are ready open your eyes and continue with your daily activities.

At first you might find it difficult to engage each day in a period of quiet time. Probably, every excuse not to do so will present itself to you. But if you do it you will find that it will gradually open your awareness to your inward life. You will find that your insight into yourself and others as human persons will deepen and enrich your nursing practice.

You might keep a notebook in your pocket and record your impressions of the centering experience and how it relates to your awareness of yourself as a human person. You could also record how this relates to your clinical practice in terms of your relationships with patients and colleagues. You might have questions, which you can submit to *Careful Nursing News.* Best of all, you might write a little article for *Careful Nursing News* about your understanding of yourself as a human person and its influence in your practice.

* The term patient is used for convenience to denote any person who is recei ving professional nursing care.

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"One's feelings
waste themselves in words;
they ought all to be distilled
into actions which bring results."

Florence Nightingale

DEBBIE'S NURSING NOTES:

After a long spring and summer of preparation for the Joint Commission, I am happy to report that we had "three" – yes – "three" successful Joint Commission Surveys! We started with our 2nd successful Joint Commission Disease Specific Knee & Hip Replacement Survey on September 11, 2013. The four-day Joint Commission triennial survey, the week of September 23rd resulted in full accreditation. On October 10th and October 11th, we had a triumphant 4th Joint Commission Advanced Disease Stroke survey!

This recognition speaks to Saint Clare's continued commitment to achieving excellence in the level of care provided to our patients. I am extremely proud of the dedication and hard work of our physicians, nurses, rehabilitation staff, case managers, social workers, dietitians, regulatory, quality and infection control department and everyone involved in helping to achieve these outstanding accomplishments. It is truly a tribute to your ongoing collaborative efforts to assure that our patients are afforded the highest quality of compassionate care that is provided in a safe and effective manner.

Each of the surveyors commented on the professionalism and clinical competency of the staff and how the patient was at the center of all that we do at Saint Clare's. They commented on how comfortable the staff was in speaking with them and how knowledgeable they were of their patients.

While we worked tirelessly to prepare for The Joint Commission, we need to remind ourselves that the National Patient Safety Goals & Joint Commission standards provide guidance to healthcare providers to ensure the delivery of safe, high-quality care. We don't do things because The Joint Commission says so – we follow these standards because it is the right thing to do for our patients.

While we can take time to catch our breath from the countless audits, environmental and patient tracers, we must remain focused on the continued work to strive for excellence along the journey to become a high-reliability organization with zero errors.

Thank you for your commitment and dedication, as well as your tireless efforts on behalf of our patients and Saint Clare's!

Sincerely,

Debbie