

# CAREFUL NURSING NEWS

## RESULTS IN FOR NDNQI ANNUAL RN SURVEY

For the past seven years, Saint Clare's nurses have participated in the annual National Database of Nursing Quality Indicators (NDNQI) RN survey. The Practice Environment Scale (PES) was the survey instrument used again this year and the results indicate that Saint Clare's nurses have a favorable nursing practice environment. The PES is a psychometrically sound measure of the nature of the hospital practice environment with the following five subscales:

- I. Nurse Participation in Hospital Affairs
- II. Nursing Foundations for Quality of Care
- III. Nurse Manager Ability, Leadership, and Support of Nurses
- IV. Staffing and Resource Adequacy
- V. Collegial Nurse-Physician Relations

Researchers have identified that values above 2.5 are considered favorable or that the nurses agreed that the item was present in their current job environment, and furthermore that hospital nursing practice environments are considered favorable when four or five subscales are rated favorably (Lake & Friese, 2006). In Saint Clare's 2013 and 2014 RN survey, the values in ALL five subscales of nursing participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource adequacy, and collegial nurse-physician relations were greater than 2.50. Saint Clare's is proud that the nursing practice environment is rated favorably by RNs.

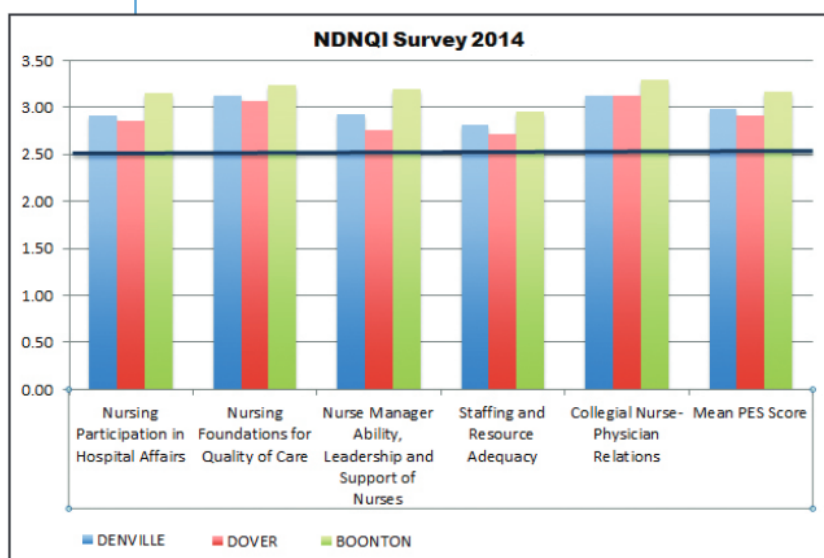
For more information about the NDNQI survey, please contact your Nurse Practice Council representative, your shift supervisor or the RN survey site coordinators: Denville – Sue Weaver, RN, 973-537-3811 [sueweaver@saintclares.org](mailto:sueweaver@saintclares.org); Dover - Marianne DeAlessi, RN, 973-989-3540 [MarianneLDeAlessi@](mailto:MarianneLDeAlessi@)

[saintclares.org](http://saintclares.org), or Boonton - Pat Giaquinto [PatGiaquinto@saintclares.org](mailto:PatGiaquinto@saintclares.org), RN, 973-316-1824.

### Reference:

Lake, R., & Friese, C. (2006). Variation in nursing practice environments: relation to staffing and hospital characteristics. *Nursing Research*, 55(1), 1-9.

### Editor



## CAREFUL NURSING PROFESSIONAL PRACTICE MODEL THEME FOR JANUARY/FEBRUARY 2015 ISSUE

### Nurses' care for selves and one another

Saint Clare's 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 NURSES' CARE FOR SELVES AND ONE ANOTHER, which is one of the six dimensions of the therapeutic milieu concept. Meehan (2012) explains this theme of the newsletter as, "Nurses' attentiveness to their own health and the health of one another..."



It includes them nourishing their inward lives through the creative use of their minds and spending at least a short time each day in inner reflection, contemplation, meditation or prayer. It also includes them nourishing their outward lives in relation to aspects such as nutrition, rest, relaxation and exercise, enjoyment of social activities and having a sense of humor” (p. 2910).

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

#### CHECK IT OUT

There is now a website with great information about Careful Nursing [www.carefulnursing.ie](http://www.carefulnursing.ie)

#### ASK DR. MEEHAN ABOUT THE CAREFUL NURSING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL®:

##### CAREFUL NURSING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL®:

##### Creating a Therapeutic Milieu – Nurses’ Care for Themselves and One Another

Our Careful Nursing topic for this issue is close to home – ourselves. Well done to Lisa Grath for her excellent article in the previous issue of *Careful Nursing News (CNN)*, “Nurse Care for Thyself” (pp. 2-4). She writes vividly about the negative effects of our not caring for ourselves: not managing excessive stress, failing to eat and exercise wisely, and not getting enough sleep or taking time to relax and enjoy the company of friends. She suggests a range of self-care activities and, importantly, notes that our self-care provides us with “the sustenance needed to continue to care for others and to cope more effectively.”

Well done also to all Saint Clare’s nurses for their great achievement of winning designation of their hospital as a Pathway to Excellence by the American Nurses Credentialing Center. This is a wonderful example of nurses not only caring for themselves but also caring for one another at all practice and organizational levels. As this award recognizes work environments where nurses can flourish, it is truly a tribute to health as human flourishing at Saint Clare’s.

There is much information in the literature about the need for nurses to care for themselves physically, emotionally, and spiritually, and excellent suggestions for how to do so. Nurses’ care for one another is a more complex issue. The literature indicates that nurses generally tend not to care for one another, a problem

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commonly referred to as lateral violence, horizontal hostility, bullying, or incivility. However, the term used by Moore *et al.*, (2013) “disruptive relational behaviors” (p. 172) seems more descriptively accurate. Research suggests that internationally from 30% to almost 90% of nurses surveyed have experienced or observed varying levels of this kind of behavior (Stanley *et al.*, 2007; Vessey *et al.*, 2011). A range of strategies to address this problem is suggested including ‘no tolerance’ policies, and screening, education, and behavior monitoring programs.

Moore *et al.* (2013) emphasize the importance of fostering supportive relational behavior among nurses. One way we can do this is by observing ourselves and reflecting on our own behavior. The philosophy that underlies Careful Nursing supports this approach by elaborating for us who we are as human persons and guiding us to act with kindness, calmness and respect for inherent human dignity. It also draws on the virtue theories of Aristotle and Aquinas which offer insight into behaviors that can help us to flourish individually and in relationships with one another. In this article, we will begin by reflecting on why caring for ourselves and one another can be an issue for us. Then we will think through the idea of friendship as a virtue and how we could use it to enhance our ability to engage in supportive relational behaviors and better care for ourselves and one another.

## Our human nature

As human persons we have a human nature. It is well known that it can be the source of much goodness and also much badness. These characteristics are illustrated in mythic images and symbols present in all cultures. Some theorists view these as symbolic images of attitudes and actions which we all have the potential to express, whether or not the images themselves are portrayed as male or female (Neumann, 1963). For example, in Greek mythology the goddess Hygieia (350-340 BCE), shown in **Figure 1**, is identified as a goddess of nursing; a symbolic image which personifies nursing attitudes and actions as nourishing, gentle and healing.

In contrast, the gorgon of Greek mythology (540–530 BCE), shown in **Figure 2**, surely personifies disruptive relational behavior. Gorgons sometimes have the form of snakes that are venomous. They have a powerful gaze that can turn their victims to stone. They have a big mouth and many teeth because they eat and devour their victims. Although they represent an extreme, this energy can color any degree of disruptive relational behavior. When we look at these images, can we see aspects of ourselves? In our commitment to nursing values we would all see Hygieia. And because we have a human nature we could also see intimations of the gorgon that any of us have the potential to let loose in our relationships with colleagues.

Generally, as human beings, we constantly struggle against aggressive tendencies to bring peace and kindness into our lives and to those around us. It is probably safe to say that a good number of us have at times been disrespectful, abrupt or subtly hostile to colleagues. How many of us can say that we have never been dismissive, resentful, patronizing, or impatient with a colleague? That we have never gossiped, or ignored or made fun of a colleague? How many of us can say that we have never had times when we have felt discouraged and irritable and not taken it out on colleagues to some extent?

Also, when we act in such ways, we are not respecting, and thus harming ourselves; being hard and impatient with ourselves; neglecting and abusing our capacity to be kind and gentle with ourselves; to live a good life generally and in relation to our nursing practice.

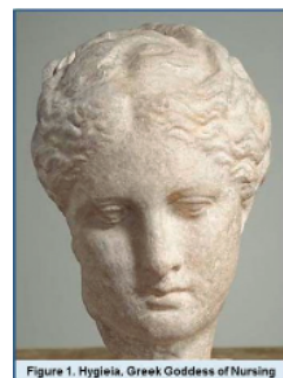


Figure 1. Hygieia, Greek Goddess of Nursing

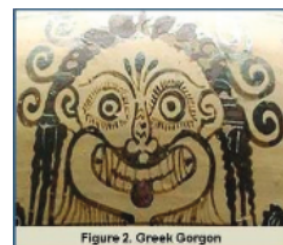


Figure 2. Greek Gorgon



### Friendship

Ordinarily, we think of friendship as a subjective, private relationship with a relatively small number of people who know one another over a length of time and share affection, sympathy, interests, trust and companionship. MacIntyre (2007) observes that this ordinary friendship is “for the most part, a type of emotional state” (p.156). In any given nursing practice setting, we would know many nurses but there would likely be only a few with whom we would share interests, affection and trust; who we would call friends. We all have friends. But, not everyone is a friend.

### Friendship as a virtue

The idea of friendship as a virtue is somewhat different. Recall that in our articles about health as human flourishing (*CNN* 5(2), 2014, pp. 6-8) and (*CNN* 5(3), 2014, pp.5-9) we discussed the virtue theories of Aristotle and Aquinas and mentioned the virtue of friendliness as choosing to be friendly in the right way to people we know and people we don't know. Here we will consider friendliness or friendship as a virtue in greater depth.

Friendship as a virtue includes the ordinary idea of friendship but transforms it. It is primarily a disposition or attitude; a state of character or quality of mind. It is an acquired habit of freely choosing and intending to act for the objective good of oneself and others. It is a way of being that can be developed with practice over time. It includes emotions but it has a deeper quality that originates in the spiritual dimension of the person and encompasses the mind and intellect (Aristotle, 350BCE/1998).

### Aristotle

Recall that Aristotle's *Nicomachean Ethics* (350BCE/1998) is a series of discussions about how human beings can live a good life. He devotes almost one fifth of this work to friendship as a virtue because he thinks it is basic to our getting along well together and flourishing. He begins by discussing our ordinary idea of friendship as the ideal social bond that includes

“every feeling of affection or attachment for others.” “Without friends,” he says, “no one would choose to live . . .” (Book 8, ch.1)\*

**Types of friendship.** Aristotle then delves into friendship in more depth (Book 8, chs. 3-8) and concludes that it is a type of love, or special type of liking. He works out that there are three types of friendship, which depend on what causes people to love or like one another. One is **friendship of utility**, which develops from mutual recognition of some useful thing which people think they can get from one another. Second is **friendship of pleasure**, which develops from mutual recognition of some pleasure which people think they can get from one another. At first in his discussion, he reasons that these two types of friendship are actually incidental because it is not actually the person who is liked or loved, but the usefulness or pleasure that the person provides. He sees them as being mostly self-seeking and easily ended if one person is no longer useful or pleasing.

Aristotle's third type of **friendship arises from mutual recognition of moral goodness**, where friends are alike in virtue. He explains that the virtuous human being personally works out what is good for the sake of his or her intellectual element or soul. Virtuous human beings recognise this process in one another and develop the capacity to appreciate and love both the self and the other at a deeply human level. They relate to one another as to themselves and for each, the other becomes another self. This virtue type of friendship “lets the other be what he [or she] is, appreciates the other for all he [or she] is, and wishes the other good for his [or her] own sake, just as one wishes good to oneself” (Book 9, ch.4). This type of friendship is un-self-interested, trusting and enduring, and he thinks it to be the most perfect form of friendship. Overall, Aristotle concludes that friendships of utility and pleasure can be important in the give and take of everyday life and that friendship as a virtue is actually a complex and subtle mixture of the three types. Most of us will be able to recognize this in our own relationships.

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A central idea in Aristotle's discussion of friendship as a virtue is that it is based on an individual's inner love of self, what he calls "true self-love" (Book 9, ch.8). For each individual, he or she is their own best friend. And, only in as much as an individual loves him or herself, can he or she truly love another as a friend. He quotes from the Book of Proverbs, "Charity begins at home" to support this idea (Book 9, ch.8). He stresses how important it is for each of us to care for and be a true friend to our self; to be our own best friend; so that we are able to offer friendship to others and care for one another.

Finally, Aristotle is concerned with the virtue of friendship as a socially responsible way of living in a community, including groups of people working together. He observes that it binds people together so that they can achieve their distinctive goals for the good of the wider community. In conducting themselves toward one another in the spirit of friendship, they "expel faction as their worst enemy" and foster concord (Book 9, chs.5-6). The virtue of friendship is expressed in relation to all the other virtues, but especially in relation to justice. He reasons that "when [people] are friends, they have no need of justice; for 'the truest form of justice is thought to be a friendly quality'" (Book 8, ch.1).

Nonetheless, from a practical point of view, Aristotle is mindful of our human nature and the obstacles and constraints it can impose on how we live our lives. He observes that in seeking to attain goodness in our attitudes and actions, it is easy for us to miss the mark; that is, we can fail to be good or, as he says more bluntly, we can be bad in many ways (Book 2, ch.6). His virtue theory provides us with a way of working toward resolving this problem.

**Practicing friendship as a virtue.** Recall again from our discussion about health as human flourishing (CNN 5(2), 2014, p. 6) that Aristotle left us a structure for thinking about some of the virtues, including friendship, in which the virtue is placed as the mean or

the middle ground between two extremes, one of deficit and the other of excess. Friendship as a virtue, choosing to be friendly in the right way to people who we know and people we don't know, is the mean between two extremes which are bad ways of being or vices. The extreme deficit of friendship is being cantankerous or quarrelsome and the extreme excess is being obsequious or unduly flattering.

These extremes help us to see clearly what behaviors *are not* friendship so that we can be aware of them while we work toward practicing friendship. In our relationships with people who we know and people we don't know, we practice aiming for the mean and choosing not to fall into the extremes. We need to practice to develop the habit of achieving the mean; friendship as a virtue. Once we have developed the habit of practicing friendship as a virtue we are less likely to fall into the extremes when we are under pressure or having a bad day.

**Figure 3** illustrates a speculative suggestion of a range of levels of disruptive relational behaviors we might have to be aware of in developing the practice of friendship as a virtue. This makes it possible for us to reflect on the virtue and levels of deficit and excess. When we can see and reflect on different possibilities it can help us to be aware of any 'slippage' we might have in this area and to

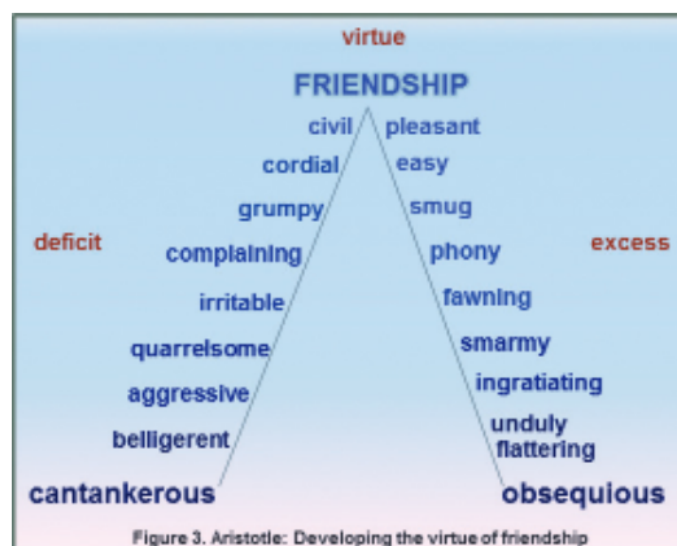


Figure 3. Aristotle: Developing the virtue of friendship

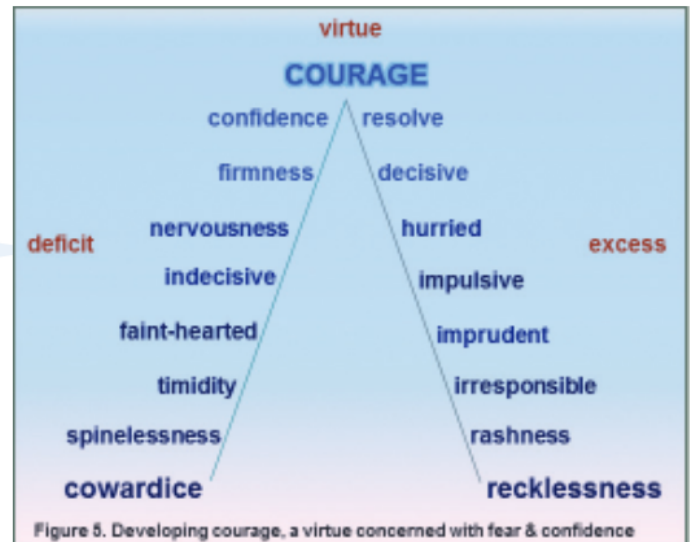
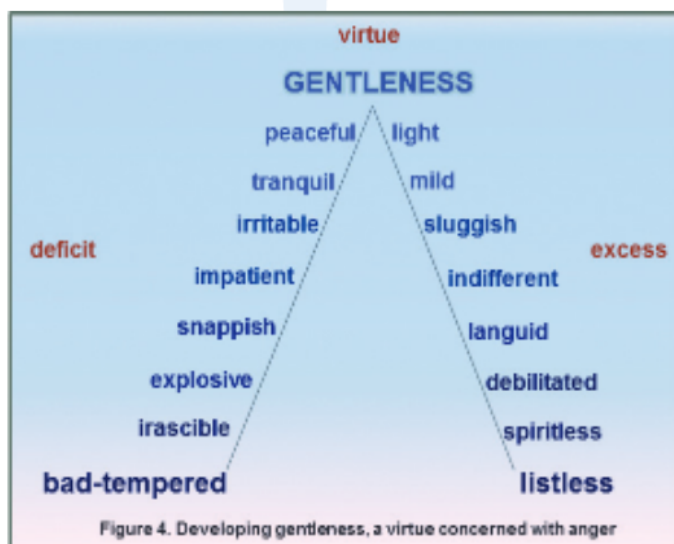


work back toward the mean, thereby better caring for ourselves and one another.

Aristotle thinks three other virtues are particularly inter-related with the virtue of friendship: gentleness, courage and wittiness. Gentleness as a virtue is concerned with anger and the mean between being bad-tempered and being listless, as shown in **Figure 4**. Courage as a virtue is concerned with fear and confidence and is the mean between being cowardly and being reckless, as shown in **Figure 5**. Wittiness as a virtue is concerned with amusing conversation and the mean between being a boor and engaging in tasteless conversation, as shown in **Figure 6**. Reflecting on these virtues also and suggested levels of their deficit and excess can help us to be aware any 'slippage' we might have in them as well and further support our intention to work toward friendship as a virtue and caring better for ourselves and one another. The virtue of wittiness is a reminder of how important cheerfulness is, and the difference a smile can make to the person who smiles as well as those who receive the smile.



While we can find Aristotle's ideas very useful, we can also be grateful that we are not living during his time. As a man of his time, he thought friendship as a virtue possible only between certain people of similar



dignity and social status. He also thought it possible only between people who mutually recognized it and returned it. Thomas Aquinas, while he had immense respect for Aristotle, changed all that.

### Aquinas

Aquinas (1265-1274/1948) draws extensively on Aristotle's virtue theory, elaborates it drawing on Judeo-Christian thinking, and transforms it. He extends friendship as a virtue to all persons equally and discusses it in terms of human desire. He argues that



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friendships of utility and pleasure can become a means by which friendship as a virtue is cultivated, sustained and developed (I, II, Q26)<sup>†</sup>. He thinks also that other virtues are particularly interrelated with friendship; gentleness, courage, temperateness, and the spiritual virtues of faith and hope infused in us by Infinite Transcendent Reality. He recognizes that disagreements are likely to occur among friends but emphasizes that they will be disagreements of opinion and not of will. Aquinas underscores also the fundamental role of communication in friendship; of being with others and sharing a common life, echoing Aristotle's emphasis on friendship as the quintessential social bond.

**Friendship and the spiritual life.** Aquinas (1265-1274/1948) then discusses friendship in relation to Infinite Transcendent Reality and human persons' spiritual experience. He asks: is the unconditional love of caritas a friendship? (II, II, Q23). He observes that despite outward physical appearances, a spiritual love imbues all human persons, infused by Infinite Transcendent Reality and experienced through the inward life. He proposes that friendship can encompass both natural and supernatural love and well-wishing between friends and members of a group. This enables us to share in spiritual fellowship which gives rise to our mutual sharing of loving kindness. He concludes that the unconditional love of caritas is friendship as a virtue. In *Careful Nursing*, we have a head start from our previous discussions in understanding the role of Infinite Transcendent Reality (*CNN* 4(5) 2013, pp. 5-8) *CNN* 5(1) 2014, pp. 4-6) and of caritas *CNN* 5(5) 2014, pp. 4-7) in friendship as a virtue.

### **Practicing friendship as a virtue and hostility.**

Aquinas takes friendship as a virtue further. According to Aristotle friendship as a virtue depends on friendship being returned. Thus, friendship with a foe or someone who is hostile would seem impossible. But Aquinas (1265-1274/1948) argues that the love of friendship can be extended to foes or those hostile to us because even though they do not naturally return our friendly feeling, Infinite Transcendent Reality as part of the life process

of all persons makes it possible for our friendly feeling to be returned from them supernaturally (II, II, Q 23). He does not propose that we love them precisely as foes or hostile people but that we love them generally with an act of mind. In reaching out in friendship as a virtue, we can be ready to love them as individuals and come to their practical aid in case of need. He recommends that we also try by kindness to induce them to personally return the love of friendship.

Broadly, Aquinas follows the virtues as they are proposed by Aristotle but adds a spiritual component which gives his definitions of the virtues and their deficits and excesses a different slant. He is nonetheless aware of the obstacles and constraints that our human nature can impose on how we live our lives and that it is easy for us to miss the mark in aiming to practice the virtues. He places friendship as a virtue, defined as caritas, at the mean or middle ground between two extremes that are somewhat different from Aristotle's extremes. His extreme deficit of friendship is sloth defined as a sluggishness of mind which neglects spiritual good and his extreme excess is envy defined as grieving for another's good when it is perceived to diminish one's own reputation (DeYoung, *et al.*, 2009).

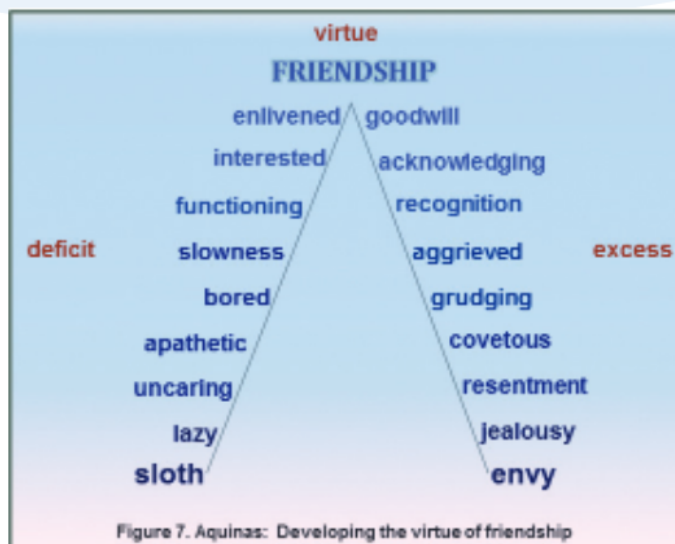
**Figure 7** illustrates a speculative suggestion of a range of levels of disruptive relational behaviors we might have to be aware of in developing the practice of friendship as a virtue from Aquinas's perspective. It provides us an opportunity to see and reflect on a different set of possibilities and be aware of some different sorts of 'slippage' we might have in relation to developing the habit of friendship as a virtue and other areas where we might need to work back toward the mean, thereby better caring for ourselves and one another.

### **Conclusion**

A human paradox seems to lie at the heart of nursing. Despite the widespread affirmation of nursing as an especially caring profession, nurses are no less than others subject to the negative propensities of their human nature. These circumstances highlight the



importance for nurses of choosing to be guided by a philosophy and professional practice model that can offer them insight into who they are as human persons and suggest additional approaches they can take to enhancing their care for themselves and one another and minimizing their potential to engage in disruptive relational behaviors.



It is hoped that this discussion of friendship as a virtue and suggestion for how it could be used to reflect on our individual behaviors and relationships with colleagues will be useful in enhancing care for ourselves and one another. Do try it out and see what you think. Feel free to modify the speculative suggestions of behaviors suggested in the figures. Suggesting this approach seems a bit like going out on a limb, but as the saying goes that is where we might find some fruit. Perhaps you will provide some feedback for the next issue of *Careful Nursing News* or send a message in the 'Contact' section of the Careful Nursing website: <http://www.carefulnursing.ie> We look forward to hearing from you.

\*Aristotle's *Nicomachean Ethics* is referenced according to Book (Bk) and chapter (ch).

† Aquinas's *Summa Theologica* is referenced according to Parts (I, II-II,) and Questions (Q).

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