

CAREFUL NURSING NEWS

GETTING TO KNOW DR. MEEHAN

Saint Clare's Health System Nursing has adopted Careful Nursing as the Professional Practice Model for nursing practice. This model, which is based on the work of Catherine McAuley, Mary Aikenhead, and their companions and followers, encompasses the philosophy and practice of nursing at Saint Clare's. Recently, I had the pleasure of meeting Dr. Therese Meehan to discuss her life work with Careful Nursing and making it relevant to practicing nurses today. Dr. Meehan began her nursing education in New Zealand, where she was born and raised, and received her Diploma in Nursing from the Auckland Hospital Board School of Nursing. She then came to the United States and attended the University of Pennsylvania, where she received her BSN. Dr. Meehan went to graduate school at New York University for her master and doctoral degrees. At NYU, she was mentored by Martha Rogers and Dolores Krieger and completed her doctoral dissertation on therapeutic touch. It was a few years later that she first learned about the practice of Irish nurses, who were Sisters of Mercy, at the Crimean War, when she attended a conference where a Boston College professor, Mary Ellen Doona, presented about the Sisters of Mercy. The following quote was presented at the conference and had an impact on Dr. Meehan:



*Sue Weaver meets
Dr. Therese Meehan*

"... Attendance on the sick is, as you are aware, part of our Institute; and sad experience amongst the poor has convinced us that, even with the advantage of medical aid, many valuable lives are lost for want of careful nursing..." (From a letter of Mary Vincent Whitty, Baggot Street, Dublin, via William Yore, to British Crimean War Office, October 18, 1854).

Soon afterwards, Dr. Meehan and her husband moved to Ireland and she used this opportunity to begin her historical research. She spent many hours and days in a range of archives reading letters and personal journals about nursing in Ireland during the 19th century, particularly the work of Catherine McAuley, and nursing during the Crimean War. Dr. Meehan also discovered that nurses in Ireland generally knew very little about this period in their history. After completing some research, Dr. Meehan introduced Catherine McAuley and Careful Nursing at an American Association for the History of Nursing conference presentation. She then received two fellowships for historical research: the Lillian Shultis Brunner Fellowship for 2003 from the Center for the Study of the History of Nursing, University of Pennsylvania, and the Barbara Brodie Fellowship for 2004-2006 from the Center for Nursing Historical Inquiry, University of Virginia. Her historical research led her to a deep appreciation of the knowledge and practice of 19th century Irish nurses and their largely unrecognized contribution to the early develop-

ment of modern nursing. This appreciation, together with education in nursing theory development received at New York University, led her to the development of the Careful Nursing philosophy and professional practice model.

Presently, Dr. Meehan is an Adjunct Senior Lecturer in Nursing at University College Dublin and continues to devote her time to the further development of the Careful Nursing Philosophy and Professional Practice model and making it relevant to professional nurses. It was truly a pleasure to meet Dr. Meehan, whose enthusiasm and passion for Careful Nursing is contagious.

Editor

ASK DR. MEEHAN ABOUT CAREFUL NURSING

The Careful Nursing Philosophy and Professional Practice Model[®]:

Infinite Transcendent Reality

Part I

The meaning of Infinite Transcendent Reality and a historical perspective on how it relates to professional nursing.

Generally, as nurses we do and we don't take much time to wonder. We do, of course, wonder in its meaning to have a question in the mind that has an element of doubt to it. For example, "I wonder if this nursing intervention is truly suitable for this particular patient?" Or, "I wonder what questions will come up on the exam?" But we probably don't take much time to wonder in its primary meaning of "rapt attention or astonishment at something awesomely mysterious or new to one's experience" ("Wonder" 2013). Probably, we often feel too busy and pressured to pause and wonder in this way. But, it's this sort of wonder that this article is about. As we continue our review of the philosophy underlying the professional practice model, we will consider a long-recognized source of such wonder, the experience of ITR in our lives.



As a philosophical principle of a nursing practice model, the idea of ITR is likely to raise many questions. What does this term actually mean? Is it some kind of contradiction? How can something be infinite and transcendent and yet be a reality for us finite, worldly beings?

What's more, this term refers to what many people call God and hence is concerned with spirituality and religion. So, what is it doing in a philosophy of professional nursing? If it does have a role, what does this mean for nurses who hold a nontheist (don't believe in God) view of spirituality or dismiss altogether the existence spirituality? What implications do these questions have for Careful Nursing practice? Also,

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for some of us, this topic may prompt feelings of uncertainty and discomfort at the possibility of being asked to talk among colleagues about something that is not usually discussed openly.

In Part I of this article, we will reflect on these questions and concerns, and develop a basis for thinking and talking about Infinite Transcendent Reality (ITR), or spirituality, and what this means for our practice. We will consider different viewpoints on spirituality. In Part II, we will use the thinking of Thomas Aquinas to describe ITR and consider implications for our practice. Keep in mind that this discussion relates closely to our discussion of the human person in the September/October, Volume 4, Number 4, issue of *Careful Nursing News* (CNN4/4). Be sure your notebook is at hand to jot down ideas, questions, answers, and your reasoning underlying them.

The meaning of Infinite Transcendent Reality

ITR encompasses what can be broadly considered as the spiritual in nursing from a Careful Nursing viewpoint. Just as the word spiritual has a wide range of meanings, ITR is also conceptualized in a range of ways. While it has a specific meaning in Careful Nursing, other ways in which nurses may conceptualize it are related to its Careful Nursing meaning.

Let us begin by considering the words that make up the name, ITR. *Infinite* means something we perceive as limitless, beyond our ordinary, measureable experience. *Transcendent* means something timeless and divine. Both words refer to something outside our objective, finite world. *Reality*, in seeming contrast, is commonly understood as something that exists in our objective, finite world. But, it actually means “that which is there” and includes our experience (“Reality” 2013). Thus, although the combination of these words could seem contradictory, for most of us they are likely to be consistent.

The idea of ITR encompasses our sense of wonder because, although we are finite beings, we can have intimations of something infinite and transcendent. For example, when enraptured by the sounds of a musical symphony, enfolded in the stillness of meditative prayer, or amazed by the beauty of a flower illuminated in the sunshine. Great poetry can also be an expression of this human propensity to wonder, as in William Wordsworth’s *Ode: Intimations to Immortality* (2004) or Emily Dickinson’s *The Infinite a sudden Guest* (1997).

Wonder at something infinite and transcendent can also occur in unexpected ways. A. J. Ayer, the famous logical positivist philosopher and noted secular humanist, is reported to have amended his understanding of himself and the world around him following an intimation of the transcendent during a near-death experience (Cash 2008). But more commonly, such wonder is sought, often longingly and sometimes aching, in the human desire to find meaning in life.

Other names for Infinite Transcendent Reality

Other names for ITR come easily to mind, for example, God, Divine Being, Yahweh, Allah, or Higher Power. The meaning of such terms has been central to religious systems of belief and observance across the ages and valued profoundly. It has held cultural communities together by bridging human experience of the empirical world and humanity’s longing to realize its sense of transcendence (Scruton 2005). At the same time, owing to the human propensity for enmity and conflict, there has been a tendency for the meaning of these names to become disparaged.

In our contemporary, largely secular, science-oriented world these names and their associated religious systems of thought have generally been moved beyond the acceptable vocabulary of most professional disciplines. In their place a range of spiritual ideas has emerged, most disconnected from any religious system they were previously part of. Taken these features of contemporary life and the widely acknowledged importance of spirituality in fostering healing and health, the name Infinite Transcendent Realty was chosen as an encompassing name that could be commonly acceptable to nurses and others in exploring their individual understandings of spirituality.

Infinite Transcendent Reality and professional nursing

For many years, up until the 1980s, spirituality was barely mentioned in nursing literature. Nonetheless, nursing history texts show, in symbols and votive images, that nursing has been inherently associated with religious beliefs and spirituality since ancient times. Perhaps one of the earliest examples of an actual nurse in the Western world was the 1st century Phoebe of Cenchrea, a coworker and trusted friend of Paul of Tarsus. Early nurse historians speculated that she “succoured many”, including Paul himself, and “organized on a wide scale the nursing of the sick poor” (Dock & Stewart 1920, p. 44.).

Without doubt, Christian spirituality, drawing deeply on knowledge of ITR, fuelled the expansion and value of nursing across Europe and beyond for hundreds of years until the Enlightenment in the 17th century. It was no accident that the Reformation and dissolution of monasteries, which had provided nursing services, ushered in a “dark period in nursing” in Britain and Ireland (Dock & Stewart, 1920, p. 87-116), which lasted almost 300 years.

In their reformulation of nursing as a public service in Ireland in the early 19th century, forebears of Careful Nursing; Catherine McAuley, Mary Aikenhead and their companions and followers; drew on the knowledge and practices of earlier European nurses, both female and male. Similarly, it was to the Sisters of Charity in Paris and Alexandria that Florence Nightingale first turned to learn about nursing and hospitals (Sattin 1987; Vicinus & Nergard 1989). It is well known that Nightingale was deeply influenced by her wonder of God whom, she recorded, “spoke to me and called me to His Service” (private note quoted in Baly

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1997, p. 16). However, intense religious conflict during the 19th century, which permeated nursing at the Crimean War hospitals, led Nightingale to conclude that nursing should be developed as a secular service.

As nursing developed as a professional discipline, its spiritual inspiration and values were eclipsed (Henry 1995), although its underlying spiritual impulse was quietly preserved in faith-based hospitals and health systems, such as Saint Clare's. It seems to have been only a matter of time before spirituality re-emerged in the nursing literature as a significant aspect of nursing, now as a heterogeneous concept associated with holism and caring (Pesut, 2010).

Spiritual is currently defined in international standardized nursing language as "ability to experience and integrate meaning and purpose in life through connections with self, others, art, music, literature, nature, and/or a power greater than oneself" (NANDA International 2012, p. 410). Interestingly, a recent group of scholarly papers published as *Religion, Religious Ethics and Nursing* (Fowler *et al.* 2012) argue that religion and religious ethics are integral to nursing knowledge development and the quality and effectiveness of nursing practice, suggesting that the story of ITR and spirituality in nursing is coming full circle.

Generally, two approaches to the implementation of spiritual care in nursing practice are described. The most common is assessment of patients* spiritual state (Draper 2012). But, nurses themselves favor a broad integration of spirituality into how they practice, although they are unclear about how to achieve this (McSherry & Jamison, 2013). It is this latter approach that is the primary concern in Careful Nursing.

Nontheist conceptions of the spiritual in nursing

Let us now consider how spirituality in nursing is understood from a range of nontheist worldviews so that in considering ITR in Careful Nursing we can seek out convergences of understandings of the spiritual in nursing. We can keep in mind that all nurses, notwithstanding their worldview of spirituality, share professional nursing values. These encompass spiritual-related values which in Careful Nursing are the model dimensions of respect for inherent human dignity; protection of patients from harm; nurses' care for themselves and one another; intellectual engagement; and loving-kindness, calmness, compassion, tenderness, gentleness, and patience.

For example, despite major differences between Christianity and the mostly nontheist religions of Buddhism (Gross 2002) and Hinduism (Srivastava *et al.* 2012), all share a concern for developing and supporting spiritual-related professional values. Particularly, all share the idea that prayer and meditation have an important role in fostering depth of spiritual experience. All can contribute to understanding the importance of the daily five-minute period of *quiet time* so important in the practice of Careful Nursing, as noted below and in CNN 4/4, page 6.

A number of nurses follow entirely nontheist worldviews, rejecting ITR and any religious system of thought. These include nurses who are agnostic, skeptical about the existence of God; atheist, deny the existence of God or gods; secular humanist, reject religion in favor of the belief that the human being is capable of self-realization through reason alone; naturalist, reject religion in favor of the belief that everything has its origin in the natural world; or who follow any combination of these. But they still share with all nurses a professional commitment to uphold nursing's spiritual-related values.

Many of these nurses still maintain that they are spiritual beings and that their spirituality is an important part of their lives (Burnard, 1988; Costello, 2009). In effect, they define spirituality solely as a psychosocial attribute. Burnard equates spiritual experience with a self-focused search for meaning in life, mainly within the context of humanistic psychology. Costello views spirituality as moral well-being, having empathy for patients, and truly caring for patients and families on a personal level. He shares an important perspective with Careful Nursing, that is, that the spiritual in nursing is expressed primarily in the disposition, attitudes and actions of nurses toward patients and families, rather than concern with spiritual assessment of patients. Both authors are also committed to upholding nursing's spiritual-related values.

Other nontheist nurses reject the idea of spirituality completely, arguing that there is no scientific evidence that it exists. They consider such ideas to be illusions which are thought to be real because of existential human need (Paley, 2008). But, they recognize that there is scientific evidence that such "illusions" have healing or other beneficial effects and so categorize religious and spiritual experiences as "*positive illusions*" (Paley, p.450, italics added), a term borrowed from social psychology. Their viewpoint and reasoning notwithstanding, they share with Careful Nursing the understanding that spirituality, or "positive illusions," are related to healing and health. The few nurses who reject the idea of nursing values can think of these as professional practice expectations.

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

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KUDOS

Congratulations to **Margaret Berenbak, RN, CD**, Shift Supervisor, ACDU (Adult Chemical Dependency Unit), who has been awarded a special Lifetime Membership Recognition, for her many years of support for the National Consortium of Chemical Dependency Nurses, which is now known as the Consortium of Behavioral Health Nurses and Associates. From the Consortium, Peggy also received a special Lifetime Certification in the Specialty of Chemical Dependency Nursing and will no longer be required to apply for renewal of her certification in Chemical Dependency Nursing.

Congratulations to **Kathy McCabe, LPN, ICCE**, Childbirth Educator, who passed the childbirth education certification exam and is an ICCE, an International Certified Childbirth Educator.

Congratulations to **Carol DelGuercio, BSN, RN**, Shift Administrator, who received her BSN from Felician College.

Congratulations to **Diane Hassa, MSN,**

RN, Education Specialist, who was honored by the New Jersey League for Nursing Nurse and received the Excellence in Education Award. Diane received this award because she demonstrates a commitment to the nursing profession through excellence in nursing education and patient care. A transformational nurse educator, Diane has dedicated her career to advancing the nursing profession and promoting patient-driven excellence. With more than 30 years of progressive nursing experience as a staff nurse, nurse educator, manager and supervisor, Diane has provided nursing care across the healthcare continuum.

