CAREFULNURSINGNEWS

ASK DR. MEEHAN ABOUT THE CAREFUL NURS-ING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL®:

The Careful Nursing Philosophy and Professional Practice Model:

Health as Human Flourishing

Part I

⇒ Learn how the wisdom of Aristotle is relevant Today!



It is widely agreed that the overall aim of nursing practice is to promote health and that health is a key concept in nursing knowledge development. But, what is health? The answer for many people, if not most, is the common dictionary or Wikipedia answer: being free in mind and body from illness and injury. Much of the health sciences literature follows a medical answer: "the

ability to adapt and self manage in the face of social, physical, and emotional challenges." (Godlee, 2011, p. d4817) Answers for nursing models range from adaptation to stressors and behavioral system stability to ability to engage in self-care and expanding consciousness. (Meleis, 2012)

In this issue of Careful Nursing News (CNN), we begin exploring the answer for our nursing model, which is its third philosophical assumption; health is human flourishing. This is consistent with our model's assumptions about the human being as a person (CNN 4/4, pp. 2-7) and the historical and philosophical sources that the model is built upon. Because our model focuses on nurses as well as patients, we are concerned with our health as nurses as well as the health of patients.

Interestingly, the origin of the word flourishing is associated with flowering; with a living organism growing in a luxuriant way toward its highest being ("Flourish" 2014). In this sense, flourishing is synonymous with health. This meaning contrasts with words we often use to describe patients, and at times ourselves; such as weakened, languishing, despondent, or overwhelmed. To flourish, living organisms must have nourishment and nourishing surroundings, especially if they are sick, injured or vulnerable human beings. Significantly, the word nourishing is synonymous with nursing. These associations suggest that nursing has a distinctive concern with health as human flourishing.

The principle of human flourishing has its source in philosophical virtue theories, where it is linked by implication to health. It is used in a limited way in psychology in relation to health, but in nursing it receives limited attention. We will note how it is presented in each area. In this issue of Careful Nursing News, we will review our model's definition of health as human flourishing in light of philosophical virtue theories. In the next issue, we will review how it is used in other areas, its definition

in our model, and note briefly some implications of virtue-based human flourishing for our practice.

Health as human flourishing: philosophy

Aristotle: Human flourishing originated in Greek philosophy, notably in Aristotle's Nicomachean Ethics (350BCE/1998). Aristotle's Greek word for flourishing, eydajmonía, is also translated to English as happiness or well-being. But because the contemporary meaning of these words relates to subjective states, they do not convey the original meaning of eudaimonía.

Human flourishing is central to Aristotle's virtue theory (350BCE/1998). He posits that full flourishing is the highest good that we human beings seek to attain. He views it as our end state, what we might call fulfillment of our purpose in life. He proposes that we flourish through a lifelong process of developing "states of character" (Bk. 2, ch. 5)* which will make us good and "make [us] do [our] own work well" (Bk. 2, ch. 6). This involves choosing to develop the habit of thinking and doing things with excellence. Through long practice these habits become "[our] nature in the end" (Bk. 7, ch. 10). The Greek word for such excellence is aretê, translated in English as virtue. He describes this process as an "activity of the soul" (Bk. 1, ch. 13), that is, of our life-giving essence as human beings which is distinctively associated with reasoning.

Aristotle (350BCE/1998) calls habits of thinking with excellence intellectual virtues. He views them as natural qualities of mind which we choose to develop over time through education. They can be thought of as intelligence, reason, scientific knowledge, prudence and wisdom (Bk. 6, chs. 1-8). He calls habits of doing things with excellence moral virtues, or qualities of character. These are ways that we choose to do things based on reasoned deliberation (reflective thinking) in order to do them with excellence (Bks. 2-5). He identifies our main moral virtues as courage, temperance, generosity, pride, good temper, friendliness, truthfulness, ready wit, and justice.

However, he also proposes that as human beings, we do not naturally do things virtuously nor do we learn virtuous actions only by thinking about them. Rather, he stresses that we mostly learn them through practicing them. For example, we are not born with generosity or truthfulness and it is not enough for us to be taught about being generous and truthful. We become generous and truthful by practicing generosity and truthfulness.

Further, Aristotle (350BCE/1998) observes that learning to do things with virtue is a complex process and is not easy because what we do is often governed by our powerful desires and impulses (Bk.2, ch. 9). To help us work toward being virtuous he developed a structure in which each virtue (excellence) is placed at the middle ground (the golden mean) between two extremes called vices, one of deficit and one of excess. For example, the virtue of friendliness is choosing to be friendly in the

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right way to people we know and to people we don't know. Its deficit is being churlish and argumentative and its excess is being unduly flattering or fawning.

All the virtues are interrelated and complement one another in everything that we do. In particular, prudence or practical wisdom enables us to act "in accordance with the right rule" (Aristotle 350BCE/1998, Bk. 6, ch. 13), that is, we choose to act at the right time, with the right motive, with the right people, in the right way.

Aristotle does not link flourishing directly to health. In fact, he proposes that we first need to have our basic bio-psycho-social health needs met in order to flourish, such as food, shelter, clothing, a sound body and mind, and good domestic and civil circumstances. Nonetheless, his virtue theory implies persuasively that overall health for the human being as a unitary whole is the process of seeking to achieve full flourishing.

Aquinas: Thomas Aquinas (1265-1274/1948) famously adopted Aristotle's virtue theory, including his idea of human flourishing (I, II, Q. 3, Q. 55-64) † as a foundation for developing his own virtue theory. He defines virtues as natural inward capacities for excellence which, through our rational intellect and will, we express in consistently good ways, or habits, of thinking and doing things (DeYoung, McCluskey & Van Dyke, 2009). He adopts the intellectual and moral virtues identified by Aristotle but discusses them in much greater detail. He organizes them under four fundamental virtues: prudence, temperance, fortitude (courage), and justice. He then extends and transforms Aristotle's theory by drawing on the work of other philosophers and grounding his thinking in awareness of a personal, abundantly loving God (Infinite Transcendent Reality) and creator of the universe.

Aquinas (1265-1274/1948) proposes that human beings are created in the image of God and flourish most when their likeness is closest to that of their creator (I, II, Q.3, Art. 8). For Aquinas, full human flourishing includes knowing and loving God who is goodness itself (DeYoung, McCluskey & Van Dyke, 2009). To this end, he includes in his theory a principle called grace and three God-centered virtues; faith, hope and love.

Grace is a special infusion of the love of God (Infinite Transcendent Realty) into the depths of our being such that it is available to support and enhance our ability to think and act with goodness. It is a gift which, whether or not we desire it, nurtures and supports all our capacities for thinking and acting with excellence. In effect, it super-empowers our capacity to lead a flourishing life (Aquinas, 1265-1274/1948, I, II, Q 109, Art.2; Q 110, Art 4).

The added virtues are also infused in us by God (Aquinas, 1265-1274/1948). Faith unites our intellect to God and with the light of grace enables us to "see" in our mind that which we believe even though it is not present to our senses (II, II, Q. 4, Art. 1). Hope is a stretching forth

of our desire for a future good which is difficult to achieve, but made possible with grace. It follows from faith and strengthens our will to choose to think and do things with excellence, and to work with expectation toward achieving full flourishing (II, II, Q 17, Art. 1).

However, in Aquinas's (1265–1274/1948) virtue theory, its pièce de résistance is love. He argues that love is the greatest virtue because it reflects the depth of our personal relationship with our creator (Infinite Transcendent Realty) who is love (DeYoung, McCluskey & Van Dyke, 2009). Put simply, this is a relationship of loving friendship, which we can choose to engage in and respond to. In doing so, loving goodness is created in us, which supports and strengthens us and permeates our relationships with others. We are thereby enabled to express unreserved loving kindness for others through our awareness of the love of God which all human persons share (II, II, Qs 27–31).

Like Aristotle, Aquinas considers all the virtues to be interrelated and to complement one another. He also considers prudence, or practical reason, to have a special role in leading a flourishing life because it enables each of us to be practically wise: "the sort of person we can count on to make good judgement calls, and someone who regularly *judges well*, dispensing insightful advice and making good decisions about how to achieve the human good correctly in the here and now." (DeYoung, McCluskey & Van Dyke, 2009, p. 132, authors' italics). Love in particular permeates and strengthens all the other virtues; love is the overall enabler of human flourishing.

Also like Aristotle, Aquinas does not discuss his virtue theory directly in terms of health as we commonly understand it. However, he everywhere implies a relationship between the virtues, flourishing, and spiritual health and the health of the person as a unitary whole.

Contemporary virtue ethics: The virtue theories of Aristotle and Aquinas have been taken up by contemporary philosophers as theories of virtue ethics, notably by Alasdair MacIntyre (2007). They describe the practice of virtues as ways of functioning well, particularly doing our work well, and flourishing in the contemporary social, political, and economic context. Of particular interest to us is a group of papers on health and human flourishing edited by Taylor and Dell'Oro (2006) in which the definition of human beings as unitary persons is the same as for our model (CNN 4/4, pp. 2-7). The experience of vulnerability in illness and the importance of compassionate caregiver attentiveness is discussed in detail. The virtues of faith, hope and love in the provision of health care are shown to have a central role in fostering human flourishing in both patients and care-givers.

Critics of theories of virtue ethics content that differing theories cause problems with their application, for example, choosing which virtues are important in a given situation. They also contend that character traits do not actually exist and that virtue theory is elitist because moral behavior is

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available only to a few people (Rachels & Rachels, 2006). These contentions are discussed and refuted by Athanassoulis (2000) and Armstrong (2006). Overall, theories of virtue ethics provide a comprehensive foundation for understanding health as human flourishing generally and in our model.

*Sections of Aristotle's *Nicomachean Ethics* are referenced according to Book (Bk. and chapter (ch).

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

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A LETTER FROM THE CNO

Dear Saint Clare's Nurses,

Health is human flourishing: the Careful Nursing Philosophy and Professional Practice Model theme for this issue of the newsletter. This model focuses on nurses as well as patients, and recognizing and taking care of our nurses is foremost on the agenda as we prepare for Nurses Week 2014. Cultural Celebration Days, Blessing of the Hands, Professional Development Day and the Fifth Annual Distinguished Nurse Lectureship, along



with new events such as Nursing Olympics are just some of the events that the Nurses Week Committee has planned for 2014.

Saint Clare's is proud to join all nurses in celebrating National Nurses Week from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. "I want to help others" is the top reason people become a nurse and why they remain in this challenging yet caring and helping career. Now in this 21st century, nurses are not only helping others but also leading the way, as reflected in the American Nurses Association National Nurses Week logo. Every day, nurses step forward embracing new technologies, resolving emerging issues, and accepting everchanging roles in their profession. They lead the way for their patients, colleagues, organizations, and the health care industry as a whole.

Recognizing nurses who are leading the way with Nurse Excellence Awards has been part of Saint Clare's Nurses Week celebration since 2006. This year there is a new category, as suggested by the shift supervisors, to recognize nursing assistants. Also, this year the deadline was extended because so many applications were in progress and would not be completed by the initial due date - including the application that I was submitting. The Nurse Excellence Review Committee, which consists of 11 conscientious and committed nurses closely reviewed and scored the blinded applications. The scores were tallied and the winner with the highest score will receive the Nurse Excellence Award in each respective category. I would also like to thank the 54 individuals who took the time to nominate a nurse, nursing assistant or team for a Nurse Excellence Award. On May 8th, the Nurse Excellence winners for each category will be announced. The following 49 Registered Nurses, Nursing Assistants and Nursing Teams will be honored as Nurse Excellence nominees.

Excellence in Advancing and Leading the Profession

Vivek Agnihotri, DNP, RN, CCRN, APN Elizabeth Wein, BSN, MPS, RN, CNOR, NEA-BC

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