Concepts (Dimensions) and 19 accompanying Key Practice (Concepts) Dimensions.

I. Therapeutic Milieu
   a. Caritas
   b. Contagious Calmness
   c. Nurses' care for selves and one another
   d. Intellectual engagement
   e. Safe and restorative physical environment
   f. Inherent human dignity

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

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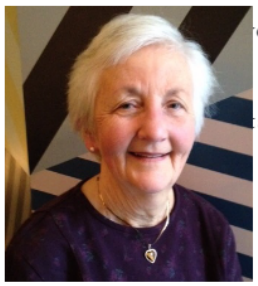
ASK DR. MEEHAN ABOUT THE CAREFUL NURSING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL©:

Creating a Therapeutic Milieu — Caritas



In this issue of *Careful Nursing News* (*CNN*), are moving our focus from the Careful Nursing philosophy to the professional practice model, beginning with therapeutic milieu dimension and its concept of caritas. Then, in the following five issues, we will continue with the therapeutic milieu, and in each issue focus on one of its five remaining concepts.

Creating a Therapeutic Milieu

First, let us consider how the Careful Nursing philosophy underlies the therapeutic milieu and implementation of the therapeutic milieu concepts. In our journey through the therapeutic milieu, the Careful Nursing philosophy will always accompany us.

Philosophy-in-Practice Process

The philosophy will be with us as a set of principles which underlie our practice attitudes and actions. Or, we could say that we will act out the philosophical principles – the nature and inherent dignity of the human person, Inherent Transcendent Reality in life processes, and health as human flourishing – in the process of implementing our practice concepts.

It will be very important for us to keep in mind our philosophical definition of the human person as a *unitary* being who exhibits two distinguishable realities, a bio-physical reality of body and senses (outward life) and a psycho-spiritual reality of mind and spirit (inward life). **We have a tendency to be so focused on the bio-physical reality of ourselves and patients and the 'physical doing' of nursing (physical assessment, monitoring medical**

care, administering medications, dressing wounds, etc.) that we have a tendency to forget the psycho-spiritual reality or inward life of ourselves and patients. How often do we tend to talk and listen mainly to 'the body' that we see and discount the unitary person with a psycho-spiritual reality? If we overlook the psycho-spiritual reality or inward life of ourselves and our patients, we overlook the crucially important 'relational doing' of nursing; the nurturing therapeutic power of the nurse-patient relationship.

Therapeutic Milieu Dimension

The therapeutic milieu dimension is mainly about the 'relational doing' of nursing and *how* we are as nurses. Recall that it is defined as:

> The nursing-created surrounding and atmosphere that provides the context within which clinical practice and management take place. It is more than an environment. It is a culture rich in healing interpersonal relationships, cooperative attentiveness to patients, and physical features which sooth patients and provide for optimum safety. (Meehan, 2012, p.2910)

Its purpose is two-fold: to foster patients' optimal healing by being protective, calming and restful and to provide a practice setting for nurses which is conducive to their health and best possible practice. It also influences and engages everyone who enters a nursing patient care area; patients' family and friends, other health professionals, and assistive personnel. From the perspective of the multi-disciplinary team and collaborative practice it is a nurse-led initiative in support of patient safety and healing.

Therapeutic milieu concepts. The therapeutic milieu dimension is conceptually and operationally defined by its six concepts. These are shown in Figure 1. Most of these concepts are related primarily to the psycho-spiritual reality or inward life. For nurses who do not accept that human beings have a spiritual nature, these concepts can be thought of as professional nursing values. As values the concepts,' conceptual and operational definitions are somewhat different and will be addressed as we review each concept.

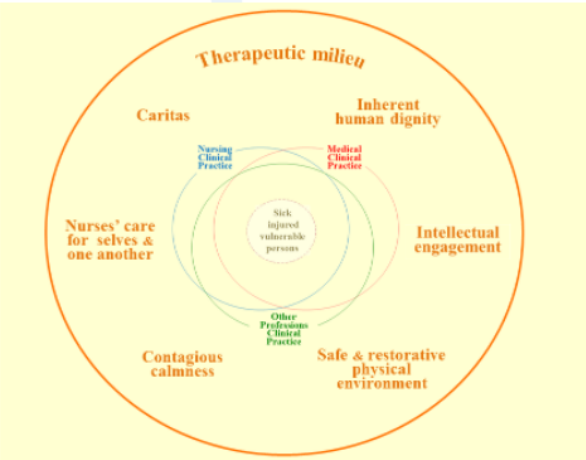


Figure 1. Therapeutic milieu dimension with concepts surrounding clinical patient care

You will observe in the diagram of Careful Nursing in the previous issue of *CNN*, 5/4, page 11, left column, Figure 1, that concepts have both conceptual and operational definitions. Development of these definitions is a challenging work in progress and is only beginning at this point. As yet all the concepts require comprehensive concept analysis. There is much scope here for readers interested in participating in this development, especially those undertaking doctoral study.

Relative importance of concepts. While each of the six concepts is essential, a question is often raised about their order of importance. **From a clinical practice perspective, their relative importance is considered to vary depending on a given patient or practice situation**. Nurses make judgements about their order of importance depending on a patient's circumstance and factors influencing the patient's care (Careful Nursing Philosophy Discussion Group, Dublin, January 2014). For example, in an emergency situation intellectual engagement can be considered most important so that the best treatment decisions are made. Other clinicians suggest that nurses' care for themselves and one another is the most important concept because unless nurses care for themselves, their care for patients is likely to be compromised. Contagious calmness is the most popular concept in clinical settings for obvious reasons.

From a philosophical perspective, caritas in itself is a most fundamental concept and is considered fundamental in human relationships (Aquinas, 1265-1274, II, II, Q 23). Aquinas also argues (III, Q 4, Art 1) that human persons have dignity in their capacity to know and love God (Infinite Transcendent Reality). According to a detailed analysis of human dignity by Lebech (2009), inherent human dignity is the fundamental value of the human being. A number of practicing nurses would concur with these views.

When the clinical practice and philosophical perspectives are merged, it would seem that caritas and inherent human dignity are of fundamental and constant importance. The remaining four concepts can vary according to patient and practice situations.

The inward life and importance of 'quiet time' each day. Implementation of the therapeutic milieu concepts is especially dependent on nurses spending at least five minutes each day in 'quiet time' – this is a 'must do' for every nurse guided by the Careful Nursing philosophy and model and is particularly important for creating a therapeutic milieu. At least five minutes each day is as essential for the development of the inward life and developing the 'relational doing' of nursing as learning how to dress a complex wound is to the outward life and the 'physical doing' of nursing. If you would like to review how to do 'quiet time' check back to *CNN* 4/4 'A suggested approach' p. 6, and to *CNN* 5/1 'Deepening awareness of the inward life' pp. 5-6, and to http://www.carefulnursing.ie/go/overview/philosophy under 'Meaning of philosophy for practice model.

Caritas

Caritas is a Latin word which in English means charity. However, the word charity has lost its original meaning over time. It has become limited

to its element of acting with generosity only in the sense of giving money to people in need. For this reason we use the word caritas to convey its original meaning. Caritas has its origin in the Greek word *agapē* which was an earlier translation of the Hebrew word *ahabà* meaning a mature and loving, self-giving concern for and care for another.

Definition. In both Hebrew and Christian thinking, this loving is linked deeply to God's (Infinite Transcendent Reality's) creative, abundant love for all human persons and their responding attunement to this mysterious presence and love. In discussing this loving relationship, Thomas Aquinas (1265-1274, II, II, Q 23) concludes that it is a special friendship; a friendship which is not exclusive but encompassing. It is contagious and radiates out naturally to envelop others. In engaging in this special friendship nurses necessarily influence those around them and love their patients in a special kind of way.

In essence, caritas is a special kind of love. Benedict XVI (2006) explains that "fundamentally, love is a single reality, but with different dimensions; at different times one or other dimensions may emerge more clearly" (p.27). Caritas is the dimension of love that is central to professional nursing practice, a love that is kindness personified and engaged unreservedly in helping others, especially those who suffer through sickness, injury or vulnerability. This understanding of love in nursing practice is regularly recognized in the nursing literature (Bradshaw 1994, Eriksson 2002, Kangasniemi & Haho 2012). In Careful Nursing it is conceptually defined, drawing on Aquinas (1265-1274, II, II, Qs 27-31), as:

> Nurses' experience and expression of love for patients as the benevolent affection of one human person for another that flows through nurses' inner awareness of their sharing in the infused love of an infinite transcendent reality. It is a love given irrespective of the characteristics of the person who is loved. It is impartial; unbiased by personal interest or desire for advantage. It disposes nurses to attend to patients with kindness, compassion, great tenderness and a joyous spirit, and to experience moments of true empathy with patients. These qualities arise in the inward life and reside in the will, not in transient emotions. (Meehan 2012, p.2910)

It is essential to recognize that in this expression of caritas, nurses cannot continually give this special kind of love without also receiving it. This is a mystery for us, as is the mysterious presence of Infinite Transcendent Reality in our life process. We can only apprehend these mysteries dimly and try to describe them metaphorically. For example, we can think of this special kind of love as a river of living water. We can reflect on the idea that a person (a nurse) can be a wellspring from which rivers of living water flow (to patients). We can then reflect on the idea that in order to become such a wellspring, we must constantly drink anew from the original source from which this living water flows, in Careful Nursing terms from Infinite Transient Reality in our life process.

This is the reason why spending at least five minutes in 'quiet time' each day is a 'must do' to practice Careful Nursing. Whether this 'quiet time' be meditation, silence, contemplation, stillness, mindfulness, prayer or centering, it is a regular time to 'drink anew,' to replenish ourselves as unitary persons. In doing, so we also replenish our capacity to express naturally the special kind of love of caritas in our practice. We become better able to attend to the many needs of patients with kindness, compassion, great tenderness and a joyous spirit. This idea is supported by findings of meta-analyses of research which examined the effects of regular meditation (Sedlmeier, et al., 2012) and mindfulness (Eberth & Sedlmeier 2012) in which practitioners report that both practices significantly increase their feelings of well-being.

Field of meaning. Within the field of meaning of caritas, Aquinas discusses its shades of meaning or connotative elements**; kindness, compassion, joyfulness and peacefulness.** The word empathy, coined only in the early 20th century to describe a process of introspection (Titchener, 1909/2014), has a range of meanings. Chanderbhan (2013) suggests that Aquinas refers to something like empathy in his discussion of friendship as a virtue. Notably, Aquinas equates this virtue with caritas. Great tenderness is also part of the definition above but because it is used in the practice model to specify the transfer of caritas into the practice competence and excellence dimension, it will be discussed there.

Kindness is a generous way of acting toward others without expecting anything in return (Aquinas, 1265-1274, II, II, Q 31). It includes gentleness and patience, especially when persons to whom kindness is expressed can respond only with irritability, anger or abusiveness. We all know that such responses are not uncommon in patients who are fearful and angry in the face of illness, injury and debilitating treatments. At the same time, it is well known that acts of kindness take on a resonance in that persons who receive a kind act are likely to pass on its sense in their acts towards others. The centrality of kindness in the meaning of caritas is reflected in contemporary translations of caritas into English as loving-kindness.

Another shade of meaning is **compassion**. Aquinas's (1265-1274, II, II, Q 30) Latin word for compassion is *misericordia*. In a nursing practice

context this means our heartfelt experience of patients' misery which impels us to relieve and support them by our presence, encouragement and intervention. We have all subjectively experienced patients' misery, for example, when caring for patients who have a difficult post-operative course or who, in their later years, are faced with planning care for themselves alone and with diminished capacity. Because we are relatively healthy (and replenished through our 'quiet time' each day), we are enabled not only to support patients by our presence and encouragement but also to implement more objective nursing interventions.

A third shade of meaning of caritas is **joyfulness**. This is more than pleasure which is mainly about the body and senses and more than happiness which is mainly about the mind and moral goodness. Aquinas (1265-1274, II, II, Q 28) describes joyfulness as the spiritual experience of attunement to the love of God (Infinite Transcendent Reality). It is reflected in how we are in ourselves; in being hopeful, optimistic, engaging, and having a ready smile.

A fourth shade of meaning is **peacefulness,** which is also reflected in how we are in ourselves. Aquinas (1265-1274, II, II, Q 29) describes peace as the experience of tranquility arising from a sense of order. This order concerns the loving relationship between ourself, Infinite Transcendent Reality and other persons, in nursing practice primarily patients. In as much as we experience this peace, we reflect this quality to our surroundings. It can be sensed by patients and contribute to their sense of peacefulness.

A fifth shade of meaning, the experience of **empathy,** is defined in Careful Nursing according to the theory of empathy developed by the German philosopher Edith Stein (1916/1989) whose thinking is consistent with that of Aquinas. Määttä (2006) describes implementation of Stein's theory of empathy in nursing practice and shows how it guides nurses to be genuinely empathetic with patients without being overwhelmed by patients' often agonizing experiences. A close reading of Määttä's article can be considered essential for Careful Nursing practice.

Caritas as a value. Nurses who do not accept that human beings have a spiritual nature or who otherwise find caritas as it is described here unacceptable can substitute for caritas the idea of loving-kindness understood in its contemporary definition of "tender and benevolent affection ("Loving-kindness", 2014). Loving-kindness can be thought of as a nursing value or professional practice expectation. It is also used in the cosmic consciousness nursing framework adopted by Watson (Nelson & Watson 2012). Although these authors lay claim to the word caritas in nursing practice, they dispense with its long-standing Hebrew-Christian origin and meaning and define it somewhat vaguely as nurses' love for humanity.

Other possible nursing value substitutions for caritas include the secular humanist idea of unconditional positive regard and the behaviorist view of positive reinforcement (Stickley & Freshwater, 2002). In practicing the period of 'quiet time' each day, nurses could allow themselves to be aware of silence or stillness.

Meaning in action. In our practice, the field of meaning of a concept is of little use unless its practical application or operational definition is clearly stated and followed. An operational definition of caritas (or its substitution) can be developed only by actually practicing according to the descriptions of the shades of the field of meaning. McCabe (2008) observes that:

> Practicing has a two-fold effect: you acquire a sensitivity and insight into the demands of the situation you are in, and, simultaneously, become more attracted to dealing with it in the best way. As you get better at playing, you become more enthusiastic about the game. This is the combined operation of practical intelligence and will. (p.70)

Developing an operational definition of caritas is a challenge because it is a subjective concept and nurses find it difficult to articulate how they use it in practice. A start has been made by encouraging nurses being educated to implement the practice model to develop action or 'I will' statements. Example they have given include 'care for patients *out of love*, not because we are *in love* with them,' 'give all and don't expect anything,' 'take care of patients with our spiritual consciousness,' 'take care of patients because they are God's creation, not because they are lovable,' 'have a patients first attitude,' 'smile, make eye contact, introduce myself,' and 'address patients by their preferred name in every interaction.'

I encourage you to think about caritas and its shades of meaning. As you practice watch for what your ideas about caritas mean for you. Keep notes on how you experience it and how you find yourself expressing it. How well are you able to implement it in your practice? Are there factors that help you? Are there factors that make it difficult for you? What would help you to better implement caritas in your practice?

Please consider writing a few words about your reflections on caritas 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.

I thank Cathy Greene RGN, MScN, for her helpful comments on an earlier draft of this article.

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DEBBIE'S NURSING NOTES

Survey, survey, survey. I know we have been asking the nurses to complete the Pathway to Excellence Nurse Survey and then the National Database of Nursing Quality Indicators (NDNQI) RN survey. I apologize that the surveys happened so close together. When we scheduled the NDNQI survey more than a year ago, we had no idea the Pathway to Excellence Nurse Survey would be assigned so close to our NDNQI Survey. I want to extend my sincere thanks for participating in both surveys. Both surveys are extremely important and validate the dedication and commitment of our nurses to our patients, family members and the profession of nursing. The designation will be an amazing accomplishment for Saint Clare's. The NDNQI survey provides us with valuable information to improve nursing practice and measure our successes.

But as we anxiously await the decision of the American Nurses Credentialing Center regarding our Pathway to Excellence designation, we can enjoy the crisp feeling in the air, as fall invites us to make a fresh start. We need to make time to relax as we completed all of our surveys and rest before the holiday hustle and bustle begins.

In Dr. Therese Meehan's column, she reminds us how important it is to take care of ourselves and find some time - even just five minutes of "quiet time" each day to replenish and renew ourselves. Please utilize the Serenity Room in Dover, the Serenity Garden in Denville, or any of the chapels as a quiet retreat. Enjoy the beautiful fall foliage by using our walking paths that are part of the "Walk at Work" program. We need to replenish our spirit and care for ourselves so we can enhance our ability to care for others. Let me know how your replenish yourself.

Take care,

Deb Regen, BSN, MS, RN, NEA-BC
Chief Nursing Officer

Professionalism

It's not the job you do. It's how you do the job.

Anonymous