



Finally, **Danielle Zimmermann** recognizes now the importance of GETTING INVOLVED. “I remember in college, our professors would always tell us “get involved with professional organizations” and “take advantage of nursing conferences.” We’d nod our heads, never really taking their advice seriously or understanding why they were so emphatic about professional development outside the clinical realm. I’ll admit that even though I consider myself to be very engaged in committees and other work “away from the patient bedside,” I never gave much thought to attending a professional conference. The Pathway to Excellence conference changed all of this for me. The conference was a rollercoaster of emotions; from listening to one nurse’s story of personal tragedy, which she in turn used to affect major, positive legislative change, to learning the upbeat principles of “Delivering Happiness” to bring back to our workplaces. It was three days of being surrounded by like-minded nursing professionals, from bedside staff nurses to nursing administrators, and every single one of them excited and engaged in discussions about our profession and our common interest in improving our practice, our organizations and ourselves. I have never been so inspired, so engaged and so emotionally and professionally recharged in my relatively short nursing career! I returned from Kentucky with a clearer picture of how lucky I am to work in this profession, and how blessed Saint Clare’s nurses are to work in an organization that encourages us to be involved in something bigger and better than ourselves. If you are like I was, sitting on the fence wondering what the big deal is about these professional conferences, GET INVOLVED!”

Now Saint Clare’s Pathway to Excellence Team will be meeting to work on the redesignation application. If you would like to join this team, contact any of the Saint Clare’s Pathway Conference attendees or email suweaver@saintclares.org

Editor

CAREFUL NURSING PROFESSIONAL PRACTICE MODEL THEME FOR MAY/JUNE 2015 ISSUE –

Contagious Calmness

Saint Clare’s Health System 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 CONTAGIOUS CALMNESS, which is one of the six dimensions of the therapeutic milieu concept. Meehan (2012) explains this theme of the newsletter as, “Nurses’ ability to preserve and project an inner sense of calm even under the most adverse circumstances...It sets the emotional tone of the practice setting and counters anxiety that can arise in response to stressful situations. It engenders in nurses an attitude of composed self-confidence and alertness to the ever-changing needs of patients and practice situations” (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

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- 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

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

Creating a Therapeutic Milieu – Contagious Calmness

It is telling that, generally, contagious calmness is nurses' most immediately favorite Careful Nursing concept. Some say that even to think the words "contagious calmness" helps them feel calm, especially in stressful or very challenging situations. These experiences tell us that there is something here that as nurses we really need. They also imply that often enough we do not have it or have enough of it.

What is this favorite, desired phenomenon? Or, we might ask, what is this vital but subtle quality? Is it something we can simply select and have delivered to us to implement? Or is it a fundamental nursing practice principle that we develop in ourselves over time?

In this issue of *Careful Nursing News* (CNN), we will explore the concept of contagious calmness,

its dependence on the practice of stillness, our predisposition to experience it, how we can further develop it, and its role and influence in nursing practice.

Contagious calmness

Background

History: The documents from which Careful Nursing is derived include a number of descriptions of the early to mid-19th century Irish and Irish-led nurses' capacity for calmness, and its influence on the people and situations with which they were involved. For example, Mary Clare Moore, who worked closely with Florence Nightingale (Meehan, 2005), was much appreciated for her calmness. Nightingale herself reflected, perhaps somewhat pensively, "I am not like my dear Revd. Mother who is never ruffled" (Nightingale, 1865).

Sarah Anne Terrot (1898), an English nurse who daily observed Moore managing the hectic diet kitchen at the Scutari Barrack Hospital, described her as being "ever patient, calm and attentive to every request" (p.42.). Terrot, likewise, described with admiration the ability of Moore's fellow-nurse, Gonzaga Barrie, to be ever calm even in the most difficult and frightening situations. Another English nurse, Frances Taylor (1857), observed that Elizabeth Butler, one of Mary Francis Bridgemans's group, had a "holy calm about her, which impressed everyone who drew near her" (p. 330).

Etymology: Interestingly, our English word calm originates from the ancient Greek *καλμα* and comes to us through the Latin *cauma*, words used to describe the stillness required to cope with the heat of the Mediterranean midday sun (Partridge, 1958). Note the underlying idea here; when the heat is on us we need to resort to a type of stillness to cope with it. The "heat" is often on us in the many different stresses of our practice and we need the inner sense of stillness underlying contagious calmness to help us cope with it. We will come back to this idea.



Conceptual definition

The Careful Nursing definition of contagious calmness (Meehan, 2012) comes directly from the historical documents and encompasses both conceptual and operational aspects. Its conceptual definition can be considered as: nurses' experience of inner calmness which they are able to preserve, in the sense of maintaining it, and which they communicate naturally to others, even under the most adverse circumstances. It sets the emotional tone of the practice setting and counters anxiety that can arise in response to stressful situations. It is linked closely with the experience and expression of *caritas*.

Synonyms for calmness include equanimity and composure. Equanimity includes in calmness a quality especially relevant to our practice because it highlights its meaning as "evenness of mind under stress" and ability to dispel "emotional or mental agitation by an effort of will or as a matter of habit," even in the most hostile circumstances ("Equanimity", 2013). We can also think of this as an inner steadiness under strain. In our practice, it brings us professional self-composure, which serves as a foundation for professional self-confidence.

Contagious quality: This seems mainly a function of calmness as composure, an inner calmness expressed outwardly in manner and appearance. The specific meaning of contagious is communicable from one person to another by touch or "capable of being easily spread to others: causing other people to feel or act a similar way" ("Contagious", 2015). Originally, this meant physical touch. But it is widely accepted that we are continuously, cumulatively "touched" through all our five senses by everyone around us, a touching that is impressed in our four inner senses and experienced in our hearts and minds. (See *CNN* 7(2) 2015, pp.10-19 for a discussion of outer and inner senses).

Relationship to *caritas*: The close relationship between contagious calmness and *caritas* reflects the spiritual quality of calmness. It is clear that calmness is an

inner quality. In Careful Nursing terms, it is a quality originating in the distinguishable psycho-spiritual reality of our lives as unitary persons, that is, in our inward life of mind, spirit and communion with Infinite Transcendent Reality. As unitary persons, this quality is also expressed naturally in our distinguishable bio-physical reality, that is, in our outward life of body and senses through which we express our attitudes and engage in activities.

Further, together with *caritas*, contagious calmness is deeply embedded in the philosophical principles underlying Careful Nursing practice; in their spiritual quality; their illumination of the beauty, inherent dignity, and potential of every human person; and in their recognition of health as human flourishing. Contagious calmness emerges as an inner state of mind that allows for the appreciation of these qualities in ourselves, one another, our patients and others with whom we work.

An encompassing practice principle: Contagious calmness further emerges as a fundamental practice principle. Perhaps it can be thought of as an umbrella (maybe a sun shade) nursing principle, which allows for and fosters the expression of important practice qualities such as kindness, patience, tenderness and intellectual engagement/critical thinking.

This is supported by turning again to the historical documents. In the "Confidential Report on the Nursing System Since its Introduction to the Crimea on the 23rd January 1855," a review of the Nightingale and Irish nursing systems commissioned by the British War Office, purveyor David Fitzgerald (1955) commented on the Irish nurses' "calm soothing" influence and remarked in summary that "a calm . . . contentedness sits the features of all," referring to both nurses and patients. He observed that in the Irish nurses ordered, harmonious system of practice, "one mind appears to move all:—and their intelligence, delicacy, and conscientiousness invest them with a halo of confidence extreme; the Medical Officer can safely consign his most critical cases to their hands."

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Operational definition

In the practice model, contagious calmness emerges as a concept in the therapeutic milieu dimension because the historical documents indicated that this is where it is most influentially operationalized. Its operational definition (Meehan, 2012) includes “a gentle manner, soothing voice and impression of quiet dependability . . . composed self-confidence and alertness to the ever-changing needs of patients and practice situations” (p.2910).

Again, the historical documents can be drawn on to indicate how contagious calmness was operationalized, keeping in mind that the nurses were often practicing under very stressful, challenging circumstances. Their English nurse colleagues (Hutton, 1855; Taylor, 1857; Terrot, 1898) attest to their calmness. They described them as “ladies or refinement and intellect,” practicing with “a quiet dignity,” in a “quiet and efficient manner,” with an “interior spirit” and “exquisite tact,” being “never surprised or put out,” and “meeting all difficulties with a cheerful spirit,” with “goodness and kindness,” “patience” and “tenderness,” and with “harmony, unanimity” and trustworthiness among themselves.

Contagious calmness and the practice of stillness

A key proposition related to contagious calmness is that it is an outcome or effect of spending some time each day in a spiritual or meditative practice, which enhances awareness of the inward life of mind, spirit and communion with Infinite Transcendent Reality. For the purposes of Careful Nursing, any such practice is called stillness. This term is used because it is common to different spiritual systems of thought and meditative practices and can also be thought of as a neutral term acceptable to nurses who do not recognize the existence of a spiritual life.

It is widely evident that there is a range of terms used to describe spiritual, meditative practices, for example, mindfulness, inner reflection, contemplation, meditation, silence, prayer, centering or stillness. There is also a range of ways we as nurses experience and think

about our spiritual life. Some of us who are atheist or humanist may not recognize the existence of a spiritual life per se, although may embrace the idea of spirituality as caring (Costello, 2009). It is important that we all allow for and respect our different experiences and understandings of our individual unitary wholeness and the inner beauty of our being. It is the aim of Careful Nursing to be all-encompassing; to allow for all things spiritual for all nurses. The common denominator is our inward life, however each one of us understands it.

In a recent review of meditative practices, Ricard *et al.* (2014) note that they reach back thousands of years and can be found in nearly every major religion. They define meditation as “the cultivation of basic human qualities, such as a more stable and clear mind, emotional balance, a sense of caring mindfulness, even love and compassion -- qualities that remain latent as long as one does not make an effort to develop them. It is also a process of familiarization with a more serene and flexible way of being” (p.39). They review studies, which suggest that the regular practice of meditation affects brain structure and function and enhances meditators capacity to be vigilant.

The early- to mid-19th century Irish nurses spent about an hour each day in prayer. Proudfoot (1983), who coined the term contagious calmness, proposes that calmness is developed through the regular practice of an integrated relaxation-meditation technique designed to develop an “inner stillness” (p.21). She recommends the practice of any one of a range of techniques for a period of 5-15 minute each day. She observes that making a commitment and taking the time to engage in practicing the chosen technique is important. She also notes that development of inner calmness usually occurs slowly.

Practicing stillness to develop contagious calmness

Proudfoot (1983) observes that “a sense of internal calmness is thought to be present in all people” (p.20). At the same time, this quality seems to occur in some people more than others. Although some of us seem



to be more predisposed to contagious calmness than others, we can all develop it slowly over time by practicing stillness. Proudfoot offers a wide range of very useful suggestions and observations on the process of practicing stillness, especially for beginners. She also cautions, as do Ricard et al. (2014), that in learning to practice meditation (or stillness), the mind will wander and tend to engage in “internal talk” of thoughts and memories. A kind of “soup” of experiences and memories just below the surface of consciousness can emerge and may bring with it feelings such as worry or sadness, which can be disconcerting. If this occurs it is recommended that such experiences be recognized and allowed to emerge and, as they pass, to re-focus the mind on an inner sense of stillness.

Stillness can be developed from either Western or Eastern spiritual perspectives and from perspectives that draw from both West and East. For example, *Silence and Stillness in Every Season*, an edited book of readings about Christian meditation by John Main (Harris, 2006), offers clear, easy-to-follow guidance on meditation for 20 to 30 minutes each day. In his book *Stillness Speaks*, Eckhart Tolle (2003) draws on Christian, Buddhist, and Hindu perspectives to foster the development of inner stillness. In *A Heart of Stillness*, David Cooper (1999) offers a guide to learning the art of meditation from a combined perspective of Judaism and Buddhism.

In Careful Nursing, it is proposed that stillness be practiced for at least five minutes each day. Ideally, it would be practiced for at least 15 minutes. Having said this, each of us can only start from where we are at the moment. Sometimes nurses say that even five minutes is too long, in which case they would be asked to try just one minute and work up gradually to five minutes.

Sometimes nurses dismiss entirely the idea of practicing stillness usually because they feel overwhelmed by work-load pressures or because their “heads are wrecked” by managerialism-informed time-cost initiatives. They feel they simply have no mental

ability left to cope with a new idea. **They become very focused on their outward life and intent on procedures and tasks to be completed.** “No time, too busy” is their desperate catchphrase. They can perhaps only hold in the back of their mind the ideas of stillness and calmness until they receive a cue from within to give stillness a go.

A simple stillness exercise. Many guidelines for practicing stillness are given in the references above. One simple approach could be as follows (At each asterisk * pause for 15 seconds). Begin by sitting comfortably in a chair with your back straight, your hands resting loosely in your lap, and both feet flat 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, 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 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 center of yourself.*

As you breathe in and out, be aware of the inner center of stillness and calmness in yourself.* Allow yourself to be fully aware of your own inner sense of calmness.* Experience this sense of calmness flowing from the very center of your inward self; your spiritual self.* Allow yourself to quietly remain with this experience of calm for five minutes.* Know that this place of calm is always within you; that you carry it with you, and that it is there for you to recall and focus on at any time.

Role and influence of contagious calmness in practice
Overall, this exploration of contagious calmness indicates that it is an effect or an outcome of our daily engagement with the spiritual, meditative practice of

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Figure 1. Stillness, contagious calmness and their influence on practice

stillness. Contagious calmness is most influentially operationalized in the therapeutic milieu dimension of Careful Nursing. At the same time, it is a practice principle that influences all the dimensions and concepts of Careful Nursing practice. It serves to protect nurses from the stress, pressures, and tensions; the “heat” of many practice settings, which can lead to burnout. It also deepens nurses’ capacity to engage in healing nurse-patient relationships and to relate in sensitive and harmonious ways with one another. An illustration of the influence of contagious calmness in practice is suggested in Figure 1.

Pause for calmness: One way of embedding a sense of calmness in our practice is to pause now and then for a few seconds to check on and, if need be, reconnect with the experience of calmness. Fifteen seconds is enough

time to pause, take a few slow, deep breaths and recall an inner sense of calmness. We can develop the habit of pausing to reconnect with our inner calmness at particular times before entering a nursing unit or other practice area, while cleansing our hands, as we approach a patient, before beginning a procedure, or any time we find ourselves getting nervous, anxious, or tense.

Calmness as a nursing value: We can also think of contagious calmness as a nursing value. As a value, it is something which motivates us; “This feeling of value is the source of all cognitive striving and ‘what is at the bottom’ of all cognitive willing” (Stein, 1917/1989, p.108). Valuing calmness can, if we choose, motivate us to practice stillness daily to develop inner calmness. It can also directly predispose us to choose to practice all the dimensions and concepts of the professional practice

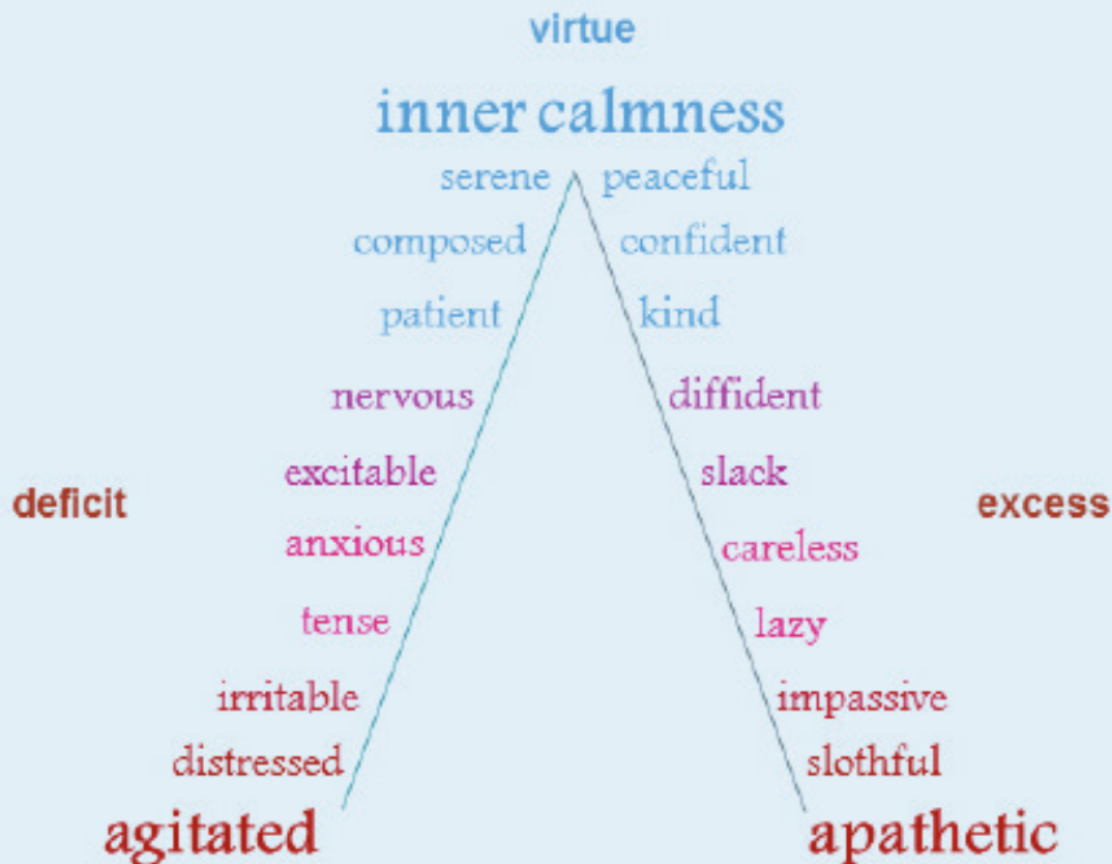


Figure 2. Calmness as a mean between agitated and apathetic

Recall also that Aristotle left us a structure for thinking about and developing some virtues, where the virtue is placed as the mean, or the middle ground, between two extremes, one of deficit and the other of excess. We can take the experience of inner calmness as a mean between an extreme deficit, the experience of being agitated, and an extreme excess, the experience of being apathetic, as shown in Figure 2. If we consider the mean, its extreme deficit, extreme excess, and gradations in between, we can more easily identify which behaviors are not calmness and be aware of them while working towards developing calmness.

Conclusion

Our exploration of the concept of contagious calmness indicates that indeed it is a fundamental nursing practice principle. But, it is not simply something we can select and implement in an objective way. Rather, it is the lived experience of a fundamental nursing practice principle that we can develop in ourselves over time – by practicing stillness each day for at least five minutes; 15 minutes if possible. The practice of stillness each day: can we do it? Therein lies the rub.

What do you think? Perhaps you will provide some feedback on this exploration of contagious calmness

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to the editor of *Careful Nursing News* sueweaver@saintclares.org or send a message in the 'Contact' section of the Careful Nursing website: <http://www.carefulnursing.ie> We look forward to hearing from you.

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