

CAREFUL NURSING NEWS

an organization whose strength comes from all team members' participation. This summer, we will be looking forward to hearing your interpretation of what it means to be a Pathway to Excellence hospital. (Yes, we'll bring food again.)

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CAREFUL NURSING – HEALTH AS HUMAN FLOURISHING

Saint Clare's Health System Nursing has adopted Careful Nursing as the Professional Practice Model for nursing practice. Careful Nursing has three philosophical assumptions: human person, infinite transcendent reality, and health.

Health is defined by Meehan (2012) as, "Human flourishing; the person's unitary experience of personal dignity, harmony, relative autonomy, contentedness and sense of purpose in life" (p. 2908).

Meehan (2012) further explains, "Is ideally associated with the relative absence of disease but can still be fully experienced in states of disability or chronic illness," (p. 2908).

There is now a website with great information about Careful Nursing. www.carefulnursing.ie

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

Ask Dr. Meehan about The Careful Nursing Philosophy and Professional Practice Model©:

The Careful Nursing Philosophy and Professional Practice Model:

Health as Human Flourishing

Part II

In this issue of *Careful Nursing News* (CNN), we will continue our review of health as it is defined in the Careful Nursing philosophy: health is human flourishing. You will recall from Part I, (CNN 5/2 pp. 6-8), that from a philosophical perspective, health as human flourishing includes our common understanding of health as freedom in mind and body from illness and injury and having our basic social needs met. But, it also reaches much further to include how we live our lives as unitary human persons and seek to fulfill our purpose in life. In Part I, we reviewed our topic in the light of philosophical virtue theories. In this issue, we will review how it is defined in psychology, how it is defined in Careful Nursing, and note briefly some overall implications of virtue-based human flourishing for our practice.

Health as human flourishing: psychology

Since the early 1980s, proponents of positive psychology have explored and developed the idea of psychological health as human flourishing (Waterman, 2008), originally and briefly citing Aristotle's *Nicomachean Ethics* as the source of their ideas. Flourishing is used as a descriptive psychological term (Fredrickson & Losada, 2005; Gaffney 2011) and researchers measure subjective feelings of happiness in terms of emotional and physical well-being. This work draws on the interpretation of *eudaimonía* as happiness or well-being in their contemporary subjective meaning. As noted in Part I, Aristotle refers to a primarily objective state of goodness developed through moral virtues and not a subjective state of feeling good. In their interpretation of human



flourishing, positive psychologists have significantly diminished its original philosophical meaning (Gomez-Lobo, 2008).

Positive psychology mostly omits inclusion of the spiritual dimension of human life, precluding understanding of the human person as a unitary being. However, recently Niemiec (2014) introduced the practice of mindfulness meditation in combination with development of character strengths, such as honesty, fairness, perseverance and self-control, as an approach to leading a flourishing life. While his approach remains primarily subjective, inclusion of character strengths brings it closer to the philosophical principle of human flourishing. But overall, health as human flourishing as it is viewed in positive psychology is not consistent with the principles of our model.

Health as human flourishing: nursing

For the most part, only passing reference to the idea of human flourishing appears in nursing literature, for example, as a nursing goal for patients from an Aristotelian perspective (Fanning, 2001), as a practice outcome related to a unitary nursing model (Cowling & Swartout, 2011), in association with healing and health in vulnerable patients (Sellman, 2005), and as a broad vision for nursing practice (MacCulloch, 2011).

However, one impressive exception is a professional practice model recently proposed by Barbara Jacobs (2013), developed from Carper's patterns of knowing in nursing and Aristotelian intellectual virtues as well as moral virtues. In this model, nurses' promotion of patients' flourishing as the ultimate good, in its Aristotelian meaning, is argued to be intrinsic in the essential nature of nursing practice. Nurses as virtue-guided moral agents pursue excellence in the clinical details of their practice. In their relationships with patients, they enhance patients' flourishing as well as their own flourishing. Thus, human flourishing becomes the philosophical end of professional nursing

for both patients and nurses. Jacobs describes this practice model as holistic, although it does not appear to account for human beings as unitary persons and no mention is made of the spiritual dimension of human life. However, this practice model is consistent with our model from the perspective of virtue theory and human flourishing.

Health as human flourishing: Careful Nursing

The definition of health as human flourishing proposed for our model was derived from content analysis of the historical data from which the model was constructed (Meehan, 2012a). The data which gave rise to the concept were judged to represent what nurses aimed for in helping patients to achieve overall health, and what patients' ultimately desired. The definition states that health is:

the person's unitary experience of personal dignity, harmony, relative autonomy, contentedness and sense of purpose in life includes the ability, or potential, to experience a personal relationship with an infinite transcendent reality through inner reflection, contemplation, meditation or prayer; and to express this experience in loving relationships with others and in seeking to fulfill a perceived purpose in life the ability to accept with equanimity influences and circumstances which are seemingly unjust but may be very difficult to alter (p.2908).

This overall view of health was judged to be best represented by the term human flourishing in its dictionary meaning, noted in Part I. Of course, the historical data are replete with descriptions of physical and mental illness and injury and approaches and interventions designed to heal these. Nurses' clinical practice focused intensely on promoting patients' physical and mental healing. But habits of excellence

CAREFUL NURSING NEWS

were central to how nurses did this and to how patients' fully achieved health. Ultimately, both nurses and patients recognized the need for, and sought, more than physical and mental healing. They sought wholeness; the ever-unfolding quality and beauty of life that was most possible, even in the face of the conflict, poverty, and social injustice that often surrounded them. Despite the many exigencies of their lives, they ultimately sought health as human flourishing.

The historical data also gave rise to the inclusion of Infinite Transcendent Reality as a philosophical assumption and this is consistent with Aquinas's virtue theory and understanding of human flourishing. It is also consistent with Aristotle's virtue theory to the extent that he describes the process of seeking to act with virtue as an activity of the soul, and even though his God is distant and only self-contemplating (CNN 5/1, p.4).

The historical data show that nurses' approach to their practice was inseparable from their own process of seeking to flourish. This is evident in the data underlying the model dimension of nurses' care for themselves and one another. But it is also evident in nurses' implementation of the practice model concepts and their dimensions, shown in the practice model diagram (Meehan, 2012a, p.2909). Several of the dimensions can be considered virtues.

Based on this review of health as human flourishing, it is likely that the definition of human flourishing for our model should be adjusted to include the view that health as human flourishing is the life-long process of endeavoring, through the exercise of reason and will, to choose to think and act with excellence; in other words to act with virtue. Much more could be said about this subject but here we have space for only a few practice examples.

Virtue and human flourishing: implications for practice

If we consider the main virtues discussed by both Aristotle and Aquinas; intelligence, reason, scientific knowledge, prudence, wisdom, courage, temperance, generosity, pride, good temper, friendliness, truthfulness, ready wit, and justice (CNN 5/2 pp.5-6); we can easily think of ways they relate to our practice. Think of the immense importance of our intelligent, reasoned creation and use of scientific knowledge; of critical thinking; and the creative interventions we develop to protect and comfort patients and foster their health.

Think of how often we have the opportunity to choose to act with courage. For example, during multidisciplinary patient rounds we might sometimes find that it takes courage to choose to emphasize the importance of nursing diagnoses and how they are being addressed, rather than choosing (perhaps in face of a fast-moving surgical team) to be timid and not mention them or choosing to brashly select and address them without collaboration and discussion. Practicing with a team of colleagues and assistants offers us many opportunities to choose to be good tempered and not respond to seemingly thoughtless interruptions with either apathetic indifference or bullying hostility.

Think about how we are responsible on a daily basis to choose to act with prudence; to be practically wise; to make good judgment calls; to dispense insightful advice. It could be said that hospitals and health systems largely owe their mission effectiveness to nurses' excellence in their practice of this virtue. Think also about how we can use Aristotle's right rule. For example, a good tempered nurse guided by reason and prudence would also be one who became angry on the right occasion (perhaps a staff meeting), with the right motive (better staffing), with the right people (those responsible for adequate staffing), at the right time (topic on the agenda), and in the right way (with calmness and if possible a witty remark).



In seeking to flourish ourselves, we naturally foster flourishing in our patients whose sickness, injury or vulnerability can make it particularly challenging for them to choose to think and act in excellent ways. We support them in this constantly, although we probably don't usually think about it in relation to virtues.

Consider how often we support patients in choosing to act with courage; patients newly diagnosed with Type I diabetes facing many new self-care challenges, patients facing frightening high-technology examinations; patients facing an arduous course of treatment such as chemotherapy. In discussing virtue from a patient's perspective, Campbell and Swift (2002) suggest that helping patients to act with courage when discussing their condition and treatment with a physician or surgeon can be particularly important.

We often play a major role in helping patients to be good tempered and have patience both with themselves and others, rather than sinking into dejection on the one hand or striking out with irritability on the other. Think also of how often our health teaching involves helping patients to choose to act with temperance, such as guiding chronically obese patients to choose ways not to overindulge in the pleasure of rich food. There are many virtues, or qualities of character that chronically ill or disabled patients need our assistance to develop so they can make realistic adjustments under challenging circumstances and still lead a flourishing life.

In as much as there is a range of approaches by which the profession understands the spiritual dimension of life, we are likely to consider the additional virtues discussed by Aquinas; faith, hope, and love; in differing ways. Depending on whether a theist (CNN 5/1, pp.4-6) or atheist (CCN 4/5, pp. 5-8) approach is taken, they can be understood as virtues or values. For our model of nursing, the love (caritas) dimension of the therapeutic milieu concept is essential for practice. In fact, unreserved loving kindness and its associated virtues, or values, of compassion, graciousness, joy, peacefulness, respect for inherent dignity, gentleness, calmness, and tenderness (Meehan, 2012b) are increasingly being

emphasized generally as essential in nursing. We will discuss each in detail in future issues of CNN.

Let me leave you with a practice exercise. In Part I (CNN 5/2, pp.6-7) in the section under Aristotle, I mention his structure for helping us work toward being virtuous where he places the virtue in "the middle ground" on a continuum between a deficit of the virtue and an excess of it. This works for most of the virtues. Above, I have given examples for friendliness, courage and good temper. Take each virtue and work out its deficit and excess and see where you are with it in terms of your relationships with patients and colleagues. To get you started here is one more example. For loving kindness, its deficit could be meanness or harshness and its excess could be sentimentality or sopiness. Many of us may not always find ourselves in the middle ground of a virtue but somewhere on the continuum with its deficit or excess. But, we are all working nonetheless toward the middle ground. We are all committed to the process of achieving excellence in the thinking, relational, and clinical activities of our practice.

Let me also leave you with a reading suggestion. It is a short chapter called "The Virtues" in a book titled *Aquinas's Ethics* by DeYoung et al. (2009), pages 129-151. You could find it a very insightful and worthwhile read.

Hopefully, you have found good food for thought about you practice in both the previous Part I and this Part II about our topic. Philosophical virtue theories contain many ideas that can be taken up for discussion and as topics for term papers and dissertations. And, when you think about it, you are likely to find that you have many of your own practice examples which illustrate virtues and human flourishing. Do please consider writing a short piece about them for *Careful Nursing News*.

CAREFUL NURSING NEWS

References

- Campbell, A.V., & Swift, T. (2002). What does it mean to be a virtuous patient? Virtue from the patient's perspective. *Scottish Journal of Health Care Chaplaincy*, 5, 29-35.
- Cowling, W.R., & Swartout, K.M. (2011). Wholeness and life patterning: Unitary foundations for a healing praxis. *Advances in Nursing Science*, 34, 51-66.
- DeYoung, R.K., McCluskey, C., & Van Dyke, C. (2009). *Aquinas's Ethics*. Notre Dame, IN: University of Notre Dame Press.
- Flaming, D. (2001). Using phronesis instead of 'research-based practice' as the guiding light for nursing practice. *Nursing Philosophy*, 2, 251-258.
- Fredrickson, B.L., & Losada, M.F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist*, 7, 678-686.
- Gaffney, M. (2011). *Flourishing*. Dublin, Ireland: Penguin Ireland.
- Gomez-Lobo, A. (2008). Happiness and "Human Flourishing" [Letter to the Editor] *Health Affairs*, 27, 1, 895.
- Jacobs, B.B. (2013). An innovative professional practice model: Adaptation of Carper's patterns of knowing, patterns of research, and Aristotle's intellectual virtues. *Advances in Nursing Science*, 36, 271-288.
- MacCulloch, T. (2011). Flourishing: A vision for everybody. *Issues in Mental Health Nursing*, 32, 335.
- Meehan, T. C. (2012a). The Careful Nursing philosophy and professional practice model. *Journal of Clinical Nursing*, 21, 2905-2916.
- Meehan, T.C. (2012b). Spirituality and spiritual care from a Careful Nursing perspective. *Journal of Nursing Management*, 20, 990-1001.
- Niemiec, R.M. (2014). *Mindfulness and Character Strengths: A Practical Guide to Flourishing*. Gottingen, Germany: Hogrefe Publishing.
- Sellman, D. (2005). Towards an understanding of nursing as a response to human vulnerability. *Nursing Philosophy*, 6, 2-10.
- Waterman, A.S. (2008). Reconsidering happiness: A eudaemonist's perspective. *The Journal of Positive Psychology*, 3, 234-252.

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