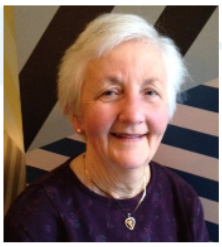
ASK DR. MEEHAN ABOUT THE CAREFUL NURSING PHILOSOPHY AND PROFESSIONAL PRACTICE MODEL©:

The Careful Nursing Philosophy and Professional Practice Model:

Overview and Revisions



Proof that the Careful Nursing Philosophy and Professional Practice Model is a living entity is to be had in this issue of *Careful Nursing News* (CNN). Careful Nursing sometimes seems to have a life of its own. As a colleague once remarked, "it has legs." As we use it and discuss it, it suggests to us how it is faring and any revisions that are needed. As you read this, you will be having ideas and insights about it from your practice. It would be great if you would send them to CNN or write a note about them in the 'Contact Us' section of the new Careful Nursing website http://www.carefulnursing.ie

An especially helpful opportunity for review and revision took place at a half-day Careful Nursing meeting held at University College Dublin, Ireland, earlier this year. The meeting was chaired by a Careful Nursing philosophy advisor, Dr. Matte Leech, of the Department of Philosophy, National University of Ireland, Maynooth. Revisions were suggested and discussed and those that have been adopted are outlined in this article.

Dr. Lebech began by observing that Careful Nursing has a particular strength in that it is grounded solidly in the history of nursing experience. The 19th century nurses understood what society needed from them and they knew their job. Whatever the odds, they built hospitals and systems of health care and developed their ability to provide nursing as a skilled public service. They were inspiring people.

Philosophy

Dr. Lebech reflected on the idea that for a practice profession its philosophy is about the wisdom in its practice. This wisdom is bought out, clarified and developed in its philosophy so that, in turn, its practice is further informed. People from a range of backgrounds choose to be professional nurses, and for a range of reasons. A philosophy unifies them by clarifying what they have in common. This helps the profession to be knowledgeable and secure in its bearings; the distinctive service it offers. A philosophy inspires and strengthens it to tackle the challenges it faces. You will notice some changes in how the philosophy is presented.

Philosophical principles: What were called philosophical assumptions are now called philosophical principles. These are principles of nursing practice. The term 'philosophical' refers to a system of principles, not to philosophy as a discipline.

The nature and inherent dignity of the human person: This full term is now used to refer to the human person because it indicates clearly what is meant. Inclusion of the person's nature is important. Because human persons have a nature; a body and senses; they sometimes need nursing. For example, they can become sick or injured or their nature can make them vulnerable and not able to care for themselves. Also, human persons are substances defined by a property pertaining to dignity. Persons by definition have inherent dignity. When this dignity becomes threatened during times of illness, injury or vulnerability, nurses have a central role in helping them to maintain their dignity. Human nature together with inherent human dignity is a 'why' of nursing.

Infinite Transcendent Reality in life processes: Rather than using Infinite Transcendent Reality alone, this should always be stated to include 'in life processes.' This is because life is a process in which persons search for meaning and they do so in relation to Infinite Transcendent Reality or their own understanding of spirituality. Each person engages in their own process of coming to understand the spiritual aspect of their life and whatever this process is, it must always be respected. Again, this is a 'why' of nursing; to help patients be capable of being who they are. Who patients are is already in them, or as Mette put it, "patients are pregnant with themselves." This is something that nurses are attentive to in their relationships with patients; there is meaning and beauty in the nurse-patient relationship.

Professional practice model

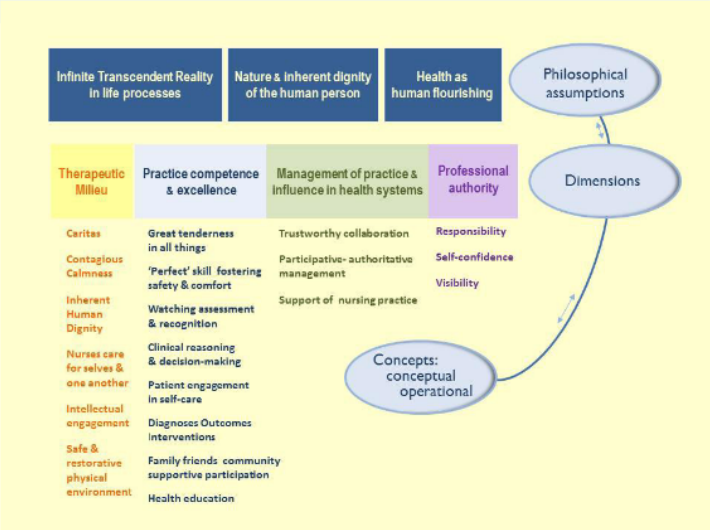
Dimensions and concepts: During the time the professional practice model was being developed, the therapeutic milieu, practice competence and excellence, management of practice and influence in health systems, and professional authority categories, derived through content analysis from the historical documents, were termed dimensions of practice because they appeared to constitute nursing practice. Their subcategories appeared to be nursing practice operations and were termed concepts. However manuscript reviewers, influenced by prevailing views of conceptual model development in nursing, insisted that these categories and subcategories be termed the other way around. They disregarded the philosophy and viewed the four categories as the main Careful Nursing concepts. Thus, the practice model was published this way in 2012, as referenced in previous CNN articles.

But Dr. Lebech suggested that the therapeutic milieu, practice competence and excellence, management of practice and influence in health systems, and professional authority are, in fact, dimensions rather than concepts because they are elements of what nursing is; they constitute nursing. This suggestion is consistent with the common definition of a dimension as a measure that encompasses something, in this case what nursing practice is.

In keeping with this change, the subcategories will revert to being termed concepts. This is logical because the subcategories relate to specific instances of practice and the common definition of a concept is an

idea derived from a specific instance. An important advantage of having concepts at this level is that a concept has a conceptual definition, to indicate its precise meaning, and an operational definition to indicate its observable operations; here its practice actions and attitudes; that can be watched and measured.

The revised structure and levels of the philosophy and professional practice model are shown in Figure 1.



Concept revisions

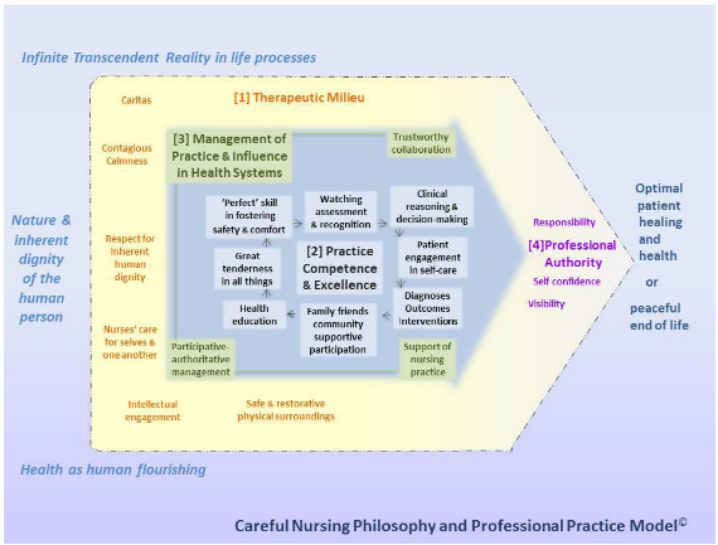
Watching, assessment and recognition: This concept of the practice competence and excellence dimension originally included only watching and assessment. A doctoral student visiting Dublin from the School of Nursing at Seton Hall University, New Jersey, first made the suggestion that recognition be added to this concept. She reasoned that watching and assessment only go so far and that recognition of what is actually happening, based on knowledge and previous experience, is essential for selecting effective interventions and maintaining patient safety. There is wide-spread agreement with this suggestion.

Professional responsibility: This concept was added to the professional authority dimension because discussions about implementing the practice model highlighted the importance of nurses taking responsibility – being accountable – for their practice. Review of the historical documents showed that this concept was abundantly evident in the 19th century nurses' practice. It was so seamlessly part of every aspect of their practice that it was not identified specifically. It is defined as: Nurses' accountability - our being answerable - to individuals, families and communities in relation to the profession's social mandate by which we are obligated to provide a skilled nursing service.

Relative importance of concepts: A question has been raised about the relative importance of the concepts of a dimension or among the dimensions. Beginning discussion about this suggests that their relative importance would vary depending on a given patient situation. Nurses would make judgments about the relative importance of concepts for each patient. It is possible this could be linked to a patient's nursing diagnoses and collaborative problems. But more exploration and discussion related to this question is needed. Your ideas and suggestions would be very welcome.

Summary

A revised summary of the philosophy and professional practice model is shown here in Figure 2.



You are invited to think over these revisions and let us know what you think. Send your response to CNN or send a message in the 'Contact Us' section of the new website, as mentioned above. This overview of Careful Nursing is timely because in the next issue of CNN, we will begin discussing the professional practice model.

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