



## KUDOS

Congratulations to **Vivek Agnihotri, DNP, RN, CCRN, APN**, staff nurse, CCU, who was selected as a 2015 NY/NJ Nurse.com nursing excellence GEM Award regional FINALIST in the Clinical Care, Inpatient category. As a regional FINALIST, Vivek will be honored at the Nurse.com nursing excellence GEM Awards on Wednesday, May 20, 2015.

Congratulations to **Darlene Borromeo, BSN, RN, BC**, Operations Manager, PICU, who has been appointed to the New Jersey Department of Human Services, Division of Mental Health and Addictions Services Multicultural Services Group.

Congratulations to **Beth Meehan, RN, and Shirley Mones, RN**, CCU, staff nurses who were nominated by the DAISY Foundation for the new National Patient Safety Foundation's DAISY Award for Extraordinary Nurses.

Congratulations to **Grace Carcich, MSN, RN**, Director of Education Services and CPR Training Center, who was selected as a 2015 NY/NJ Nurse.com nursing excellence GEM Award regional FINALIST in the Education and Mentorship category. As a regional FINALIST, Grace will be honored at the Nurse.com nursing excellence GEM Awards on Wednesday, May 20, 2015.

Congratulations to **Amanda Critchlaw, BSN, RN, PCCN**, Staff Nurse, IMCU/Telemetry, who passed the Progressive Care Certification exam.

Congratulations to **Sue Weaver, MSN, RN, CRNI, NEA-BC**, Education Specialist, who received a small grant from the American Organization of Nurse Executives (AONE) to support her dissertation: "Exploring the administrative supervisor role and its perceived impact on nurse and patient safety."

## CAREFUL NURSING PROFESSIONAL PRACTICE MODEL THEME FOR MARCH/APRIL 2015 ISSUE – INTELLECTUAL ENGAGEMENT

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 INTELLECTUAL ENGAGEMENT, which is one of the six dimensions of the therapeutic milieu concept. Meehan (2012) explains this theme of the newsletter as, "nurses ability to conceptualize, think creatively and critically, and theorize about nursing practice using nursing and other related knowledge and to do this in relation to knowledge of the social, political and economic context of their practice" (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
  - h. Health education

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## 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](http://www.carefulnursing.ie)

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

#### Careful Nursing Philosophy and Professional Practice Model®: Creating a Therapeutic Milieu – Intellectual Engagement

**Much may be said about the heart and hands of nursing, but surely it is in the mind of nursing that our greatest treasure is to be found.** Through our mind, we are intimately linked to the first principle of our being. We can also say that our mind, our thinking, our intellectual engagement, is the first principle of our practice as professional nurses.

In our day-to-day practice with its many pressures that demand our *doing* as much as possible, we may not always fully appreciate that it is our intellectual engagement that enables us to be who we are and do what we do. We might tend to slide a bit from keeping up with the latest nursing literature related to our practice. As we practice, we might tend to overlook

how nimbly our mind choreographs our myriad of sense impressions, streaming them to our imagination, memory, and reasoning power to provide the rich ground for our insight, understanding, knowledge, judgments, and actions.

Sometimes we might even think we are not intellectual, associating thinking with struggles with term papers and examinations. But, intellectual engagement is not only an ability, it is a property which we all have, potentially and actually and in abundance. There is nothing which is beyond the reach of our mind (Aquinas 1265-1274/1948, I, Q.75, Art.6)\*.

Let us review the Careful Nursing definition of intellectual engagement and consider it in terms of the philosophy of Aquinas. Then, let us consider some ways our intellectual engagement guides our practice and how we can enhance it to further improve the quality of our patient care and our own continuing professional development.

#### Defining intellectual engagement

The Careful Nursing definition of intellectual engagement is:

Nurses' ability to conceptualize, think creatively and critically, and theorize about nursing practice using nursing and other related knowledge and to do this in relation to knowledge of the social, political and economic context of their practice. Because the life of the mind is linked partly to the creative influence of an infinite transcendent reality, it includes using contemplation and empathy as well as natural reason, logical analysis and scientific research to guide, implement and evaluate nursing practice and health care. (Meehan, 2012a, p. 2910)

This definition is formulated from the content analysis of the historical documents on which Careful Nursing is based and is mainly operational (what nurses do) rather than conceptual. Its underlying conceptual definition could be drawn from Aquinas' (1265-1274/1948) philosophy on how our mind works (I, Q. 75-89), and





particularly on the functioning of our intellect (I, Q. 79 and Q. 85).

### Why Aquinas?

You might be wondering, why we are considering the 13th century philosophical thinking of Aquinas to discuss our 21st century concern with intellectual engagement. Why not cognitive psychology and the latest brain research? One reason is that Aquinas provides the philosophical foundation for Careful Nursing because his philosophy best fits the data from which Careful Nursing is derived. Another reason is that we are concerned with the human being as a unitary (holistic), spiritual being and most contemporary philosophy and research does not support this approach.

For example, most contemporary thinking about the mind and intellect is informed by post-Enlightenment humanism and the dualistic philosophy of Descartes. While such scientific research is vital to understanding bio-physiological mechanisms and psycho-social reactions under controlled conditions, it does not address the nature and experience of unitary human persons. It can also become quickly outdated, which is why we need to keep checking for the most recent research findings to ensure we are using the best evidence.

On the other hand, great philosophical works, which address the nature of human beings, meaning, ethics, and the nature of knowledge, do not become outdated. The philosophical writings of Aquinas have remained of interest and are currently discussed in a range of disciplines, including those concerned with psychology and mind (Gracia-Valdecasas, 2005), intellectual cognition (Baltuta, 2010) and cognitive psychology (Butera, 2010).

### Complexity of definition

As noted above, a conceptual definition of intellectual engagement could be drawn from Aquinas's philosophical writing about the mind and intellect but it would be a lengthy and complex definition. His

discussions address many levels of mind and intellect in great detail and are not easily summarized. Also, the meaning (in English translation) of some ordinary words that he uses had a different meaning in the 13th century compared with today and would require explanation. In this article we will simply skim the surface of his theory of *intellection*, or in contemporary terms of cognition or intellectual engagement.

As always, Aquinas's assumes a unitary (holistic) human being comprised of a bio-physical, sensory body and an inner psycho-spiritual reality, as we discussed in *Careful Nursing News* 2013, 4 (4) pp. 2-7. This inner non-material reality is our life-giving spirit or soul and is intimately linked to our intellect. Our intellectual engagement is understood to be intertwined deeply with our inner spiritual center where it is sensitive to our potential and/or actual subtle, indirect communication with Infinite Transcendent Reality.

One reason why Aquinas's philosophy places great emphasis on the body and senses is that they are fundamental to how we know. Our outer senses; sight, hearing, smell, taste, and touch; provide all the information essential for intellectual engagement. They continuously stream patterns of information to our inner psycho-spiritual life where the information is received and imprinted in our four inner, non-material senses. These inner senses per se are not part of contemporary thinking, but in analyzing their overall operation, Kemp and Fletcher (1993) have found them to be consistent in several ways with modern cognitive theories.

According to Aquinas, the *common* sense is a collective sorting center which receives information from all the outer senses, comparing, contrasting and merging their different qualities. It also allows us to perceive ourselves perceiving. The *imagination* sense creates and re-creates sense impressions and images which we see in our mind's eye and uses them to form language, conceptualize, and to enable us to experience things that are currently absent to our outer senses. The cogitative

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sense concerns apprehension, reasoning and judgment and involves conceptualizing, understanding and further developing abstract ideas and principles. The *memory* sense encompasses our vast stockroom of ideas, past experience, conceptual knowledge and beliefs which the cogitative sense selectively brings to awareness when needed. Butera (2010, 352-354) describes these inner senses in greater detail.

From a nursing perspective, it is interesting to note that Aquinas proposes that non-human animals (he gives sheep and birds as illustrative examples) have an estimative sense concerned with instinct, rather than a cogitative sense concerned with reasoning. But he allows that in humans, some estimative sense or instinct persists. We can speculate that this could be linked to the not uncommon experience among expert nurses caring for a deteriorating patient of having an instinct-like hunch that “something is not right” with the patient before any changes in vital signs are evident (Brier *et al.*, 2014, p. 833).

The outer and inner senses, which intercommunicate instantaneously and in interaction with other complex levels of our mind, particularly free will, give rise to our sense of self, and to our attitudes, activities and expressions of thought. They orchestrate everything we do and are vital to creative and critical thinking.

Aquinas’ thinking about our intellect can be explored further, most easily in *Aquinas on Mind* (Kenny, 2002) or in more accurate detail in “Philosophy of Mind and Human Nature” (Pasnau, 2012). Aquinas himself is the most illuminating and inspiring source. He wrote in a straightforward style for ordinary people. However, beginning contemporary readers usually need guidance in understanding his metaphysical terms and in becoming accustomed to his writing structure.

## Implications for practice and professional development

### Critical thinking

It goes without saying that intellectual engagement is essential for critical thinking and that critical thinking is essential for skilled practice. And, we have all learned much about how to think critically. Nonetheless, Aquinas can offer us some additional pointers. In fact, his writing structure is a perfect model of critical thinking.

At the universities during Aquinas’s time, the standard method of knowledge development was disputation. This is a method of debating that requires opponents in a debate to present not only their arguments in support of their point of view, but also arguments which opposed their point of view. In addition, they must accept or refute the opposing arguments point by point and everything must be supported by references from the literature. This method was also used in written presentations. In effect, the writer takes the side of both opponents in a debate-style discussion. If you read Aquinas’ *Summa Theologica* (1265-1274/1948), you will notice right away that it is written mostly as a disputation.

The great advantage of disputation is that it builds on previous literature and is designed to control for personal bias or thinking only what we want to think. It can be adapted easily to writing a literature review or term paper or to structuring a seminar presentation. The format and an example of a disputation, using a Careful Nursing assumption as the topic, are shown in Table 1.







Table 1. Format and Example of a Disputation

Format	Disputation
Formulate a reasoned assumption	The philosophy of Aquinas is an appropriate philosophical foundation for Careful Nursing.
State the assumption as a question	Is the philosophy of Aquinas an appropriate philosophical foundation for Careful Nursing?
Propose a negative response to the question	It seems that the philosophy of Aquinas is not an appropriate philosophical foundation for Careful Nursing.
State 3–5 objections in support of the negative response to the question	<p>Objection 1: Aquinas was a Christian theologian as well as a philosopher and almost everything he wrote was shaped by his theology (Floyd, 2010). Aquinas' religious views compromised his ability to truly engage in philosophical debate and his philosophy amounts to little more than special pleading for his own personal point of view (Russell (1945/1972). Therefore, the philosophy of Aquinas is not an appropriate philosophical foundation for Careful Nursing.</p> <p>Objection 2: Scholarship based on the philosophy of 13th century thinkers is unreliable because only a small number of their texts have been catalogued and few have been translated from Latin into modern languages. Specialized knowledge of the historical period is necessary for their valid interpretation for contemporary application (MacDonald &amp; Kretzmann, 1998). Therefore, the philosophy of Aquinas is not an appropriate philosophical foundation for Careful Nursing.</p> <p>Objection 3: Contemporary nursing knowledge development is a scientific endeavor and models and theories of nursing are founded on advanced, post-Enlightenment thinking (Fawcett &amp; DeSanto-Madeya, 2012). A comprehensive presentation of philosophies relevant to nursing knowledge development (Rogers 2005) includes ancient philosophers up to Aristotle and then continues directly to Descartes, indicating that philosophers of the 1,700-year intervening period are not relevant to nursing. Therefore, the philosophy of Aquinas is not an appropriate philosophical foundation for Careful Nursing.</p> <p>Objection 4: "Real nurses nursing real patients are busy and tired, and therefore unable to engage in elaborate conceptual exercises throughout their working day" (Newton, 1991, p. 193). Thus, there is no point in encouraging nurses in practice to think philosophically about the nature of their patients, themselves, and their practice. Textbooks on nursing models and theories address philosophy of science but pay minimal attention to philosophy of nursing per se (McKenna et al, 2014). Therefore, no philosophy, including that of Aquinas, is an appropriate philosophical foundation for Careful Nursing.</p>

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Format	Disputation
Make a statement contrary to the objections (a positive response to the question)	On the contrary: Philosophy from the 13th century period offers rich resources for the development of contemporary philosophy (Koterski, 2009). A widely recognized present-day philosopher Alasdair MacIntyre (2007, 2009) reasons that the ideas and arguments developed by Aquinas are of vital importance in understanding the nature of human beings and the ethics of the social, political and economic activities which they create; all of which are of central importance to nursing's concern with human health and flourishing.
State your own reasoned response to the question as a concise discussion	<p>I respond that: According to the etymological origin of the term nurse (Connell, 1983) and the documented public service provided by nurses since the 1st century C.E. (Meehan, 2012b), the purpose of nursing is the nurturance and protection of sick, injured and vulnerable human beings and fostering of their health. The profession's claim to view the human being as a unitary (holistic), spiritual being is well established in contemporary professional literature (Alligood &amp; Marriner-Tomey, 2010). But, comprehensive philosophical foundations that support these claims is generally absent (Sarter, 1988), or limited to so-called world views constructed from concepts of contemporary science and philosophies of science (Fawcett &amp; DeSanto-Madeya, 2012).</p> <p>This situation exists because universities tend to be dominated by Cartesian, scientific thinking to the detriment of human sciences and exploration of pre-Enlightenment philosophical thought (Scruton 2004). Universities also generally avoid exploration of the spiritual dimension of human life from any particular Western philosophical perspective (MacIntyre, 2009; Scruton, 2015).</p> <p>Thus, contemporary nurses have tended to be cut adrift intellectually from philosophies deeply consistent with descriptions and explanations of nursing. Likewise, they have tended to lose their professional historical consciousness and until recently their spiritual consciousness. The philosophy of Aquinas addresses ideas of great importance to nursing in depth and detail, providing an abundant source of propositions and theories for the nursing profession to draw on.</p>







Format	Disputation
Reply to each of the objections explaining why it is incorrect or inadequate.	<p>Reply to objection 1: Although Aquinas was a Christian theologian, his thinking and conclusions were developed strictly according to objective, reasoned argument. Much of his writing is based on the work of Aristotle and regarded as philosophical. Formerly, theology and philosophy were so interrelated that even some of Aristotle's philosophical writing is regarded as theological (McInerny &amp; O'Callaghan, 2015). Aquinas was meticulous in distinguishing between his thinking as a theologian and his thinking as a philosopher (Kenny, 2002).</p> <p>Reply to objection 2: Scholarship from the 13th century is voluminous because universities were just beginning to develop at that time. While much of this scholarship is available only to specialists, the writings of Aquinas are an exception. Almost all his extensive writings have been translated from Latin into modern languages by different translators. His writings and the translations are widely verified, commented on and discussed in relation to his historical period (Thomas Instituut te Utrecht, 2002).</p> <p>Reply to objection 3: Despite bias in the nursing profession for scientific approaches to knowledge development by theorists (Fawcett &amp; DeSanto-Madeya, 2012) and philosophers (Rogers, 2005), nurses in practice seek humane approaches to understanding the unitary, spiritual nature of patients (McGee, 2000). Watson's caring science (Sitzman &amp; Watson, 2014) responds to this need but explains the spiritual and holism in nursing by drawing on popular Eastern philosophies such as Buddhism and by using Western pre-Enlightenment terms lifted out of their original context and redefined, for example caritas.</p> <p>Reply to objection 4: A hallmark of professional practice is to be intellectually engaged. Any claim by nurses that they are too busy and too tired to think about what they are doing is incompatible with professional responsibility. Nurse philosophers are becoming more concerned with development of philosophical approaches to practice as they think they will contribute to understanding practice beyond concerns with technical expertise and measurable outcomes (Holt, 2013).</p>



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With the completion of a disputation, the writer or presenter aims to have rejected convincingly all possible arguments against the truth of the original assumption so that it can be accepted with some confidence. Notice that this approach, developed over 800 years ago, is not too different from our contemporary quantitative approach to knowledge development. That is, we have an idea that we address as a research problem and develop into a research question. Then, we state the research hypothesis but we test the null hypothesis. Only when we can reject the null hypothesis can we accept the research hypothesis.

## Evidence-based practice and nurse-patient relationships

Clearly, intellectual engagement as critical thinking is central to evidence-based practice. Because we are so familiar with evidence-based practice, we will not address it here. Instead, let us touch on our experience of intellectual engagement in nurse-patient relationships, that is, on our lived experience of intellectual engagement at the heart of our practice. We can think of this as phenomenological intellectual engagement in which, in our mind, we are both the questioner and respondent.

Although we mostly attend to a patient for a particular reason, usually procedural, we can have a background question in our mind such as: what is my lived experience of this patient in this relationship? Answers will occur to us in our mind. It is possible for us to see or to have a sudden insight into what a patient is experiencing and thus have greater knowledge of a patient's experience and needs. We can verify this with the patient as this is appropriate. It is always a good idea to carry a pen and notebook in our pocket so that when we have a chance we can make a note of insights and ideas when they come to us and before they disappear, as they tend to do in the face of other pressures.

Let us take a moment to reflect on a beautiful example of this approach recorded in an article by Lucy Galland (2008); "A little tenderness goes a long way" (control/

click on web link <http://www.nursingcenter.com/lnc/pdfjournal?AID=811341&an=00152193-200809000-00039&JournalID=54016&IssueID=811281>).

This nurse possibly did not initially think of this experience as phenomenological intellectual engagement, but in the end it was anyway. Her experience also shows that this type of intellectual engagement may not happen in a planned way. It may simply be an experience waiting to happen that we recognize only later, on reflection.

Galland introduces her experience by observing that "all nurses have stories about interesting patient encounters. Some are funny, some are sad, but all are learning experiences. You can gain valuable insight from these encounters . . .". I will leave you to read and reflect on her story and you will see what I mean.

## Intellectual engagement as personal transformation

As you read Galland's (2008) account of her learning experience in the nurse-patient relationship that she describes, you can see that it is for her a story of personal transformation. If we take intellectual engagement to be education in its meaning of enlightening experience, then we can follow the idea that intellectual engagement leads to personal transformation. The idea of education as personal transformation was elaborated in the 1920s by the German phenomenological philosopher Edith Stein. Stein was closely associated with Edmund Husserl in the development of phenomenology, first as his student and then as his assistant. She spent time as a Red Cross nurse during World War I, but later became a teacher. Her deep interest in the lived experience of the sensing, thinking, feeling, willing individual human person, led her to develop a phenomenological theory of education (Stein, 1931/1996). Stein's work is relevant to Careful Nursing for a range of practical reasons (her phenomenological theory of empathy and her value theory) and also because her understanding of







the human person is consistent with the philosophy of Aquinas.

For Stein, self-knowledge and spiritual experience have a central role in intellectual engagement as a process of personal transformation. It can be thought of as a lived experience of self-discovery, of personal identity, of who one really is as an individual human person. This process often involves an experienced response to an external symbol. For example, in Galland's (2008) story, there is the external symbol of her mother feeding the milk-soaked bread to injured birds.

According to Stein, the core of who each one of us really is as a unique individual lies deeply within our inner self. We might think of this as an inner intimation of our true identity or purpose in life. Development of our understanding of this inner self can be prompted by an experienced response to an external symbol which represents this inner self. For example, a young girl or boy may experience as an external symbol a nurse or nurse-like person attending to and protecting a sick or vulnerable person and be drawn by this experience to following her or his own inner desire and journey through nursing education to practice as a nurse.

Astell (2013) gives another example of the power of an external symbol in the process of education as personal transformation, as suggested by Stein herself. Stein valued literature greatly because she thought that it trained emotional experience to unite with intellect and will in human development (1959/1996). Astell writes about Stein's use of the main character in Hans Christian Anderson's tale, "The Ugly Duckling" (1843/2013) (control/click on web link in references) to help a student understand that even in the face of many difficulties and setbacks, an individual can eventually come to know and rejoice in who they truly are in themselves. This is an experience that is very possible for each one of us as nurses.

## Conclusion

There are many ways in which intellectual engagement

is integral to our nursing practice. While we often think of it as objective, critical thinking associated with evidence-based practice it can also be the subjective experience of insight and meaning associated with the heart and hands of our practice. All types of intellectual engagement are vital to our skilled practice and professional development as nurses.

And, all intellectual engagement is energizing and fascinatingly interesting. Why not try out your favorite research idea using Aquinas's method of disputation? Think about Lucy Galland's observation that we all have stories about interesting patient encounters and all are learning experiences. Why not write about one of your interesting patient encounters and send it in to Sue Weaver at *Careful Nursing News*? And, do take some quiet time to reflect on the stressed and tormented earlier life of the ugly duckling and experience with him his joy in finding himself to truly be a beautiful swan.

\* The standard method of referencing sections of Aquinas's *Summa Theologica* is according to Parts (I, I-II, II-II, III), Questions (Q), and Articles (Art).

## References

- Alligood, M.R. & Tomey, A.M. (2010). *Nursing Theorists and Their Work* (7th ed.). St. Louis: Mosby-Elsevier.
- Anderson, H. C. (1843/2013). *The Ugly Duckling*. The Hans Christian Andersen Center, University of Southern Denmark. Retrieved from [http://www.andersen.sdu.dk/vaerk/hersholt/TheUglyDuckling\\_e.html](http://www.andersen.sdu.dk/vaerk/hersholt/TheUglyDuckling_e.html)
- Aquinas, T. (1265-1274/1948). *Summa Theologica* (Fathers of the English Dominican Province trans.). New York: Benziger Brothers. <http://dhspriory.org/thomas/summa/> (click on Treatise on Man for Questions 75-89).
- Astell, A.W. (2013). From ugly duckling to swan: education as spiritual transformation in the thought of Edith Stein. *Spiritus: A Journal of Christian Spirituality*,

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13, 1-16.

Baltuta, G. (2010). Second harvest: further reflections on the promise of the Thomistic Psychology. *Philosophy, Psychiatry, & Psychology*, 17, 377-383.

Brier, J., Moalem, C., Haverly, M., Januario, M.E., Padula, C., Tal, A. & Triosh, H. (2014). Knowing 'something is not right' is beyond intuition: development of a clinical algorithm to enhance surveillance and assist nurses to organise and communicate clinical findings. *Journal of Clinical Nursing*, 24, 832-843.

Butera, G. (2010). Thomas Aquinas and cognitive therapy: an exploration of the promise of the Thomistic psychology. *Philosophy, Psychiatry, & Psychology*, 17, 347-366.

Connell, M.T. (1983). Feminine consciousness and the nature of nursing practice: a historical perspective. *Topics in Clinical Nursing*, 5(3), 1-10.

Fawcett, J. & DeSanto-Madeya, S. (2012). *Contemporary Nursing Knowledge* (3rd ed.). Philadelphia: F.A. Davis Company.

Floyd, S. (2010). Aquinas: Philosophical Theology. *Internet Encyclopedia of Philosophy*. In J. Fieser & B. Dowden (Eds). Retrieved from <http://www.iep.utm.edu/aq-ph-th/>

Galland, L. (2008). A little tenderness goes a long way. *Nursing* 2008, 38(9), 56. [http://www.nursingcenter.com/lnc/pdfjournal?AID=811341&an=00152193-200809000-00039&Journal\\_ID=54016&Issue\\_ID=811281](http://www.nursingcenter.com/lnc/pdfjournal?AID=811341&an=00152193-200809000-00039&Journal_ID=54016&Issue_ID=811281)

Garcia-Valdecasas, M. (2005). Psychology and mind in Aquinas. *History of Psychiatry*, 16, 291-310.

Holt, J. (2013). Nursing in the 21st century: is there a place for nursing philosophy? *Nursing Philosophy*, 15, 1-3.

Kemp, S. & Fletcher, G. J. (1993). The medieval theory of the inner senses. *The American Journal of Psychology*,

106, 559-576.

Kenny, A. (2002). *Aquinas on Mind*. New York: Routledge.

Koterski, J. W. (2009). *An Introduction to Medieval Philosophy*. Hoboken, NJ, USA: Wiley-Blackwell.

MacDonald, S. & Kretzmann, N. (1998). Medieval philosophy. In E. Craig (Ed.), *Routledge Encyclopedia of Philosophy*. Retrieved from <http://www.rep.routledge.com/article/B078>

MacIntyre, A. (2009). *God, Philosophy, Universities*. Plymouth, UK: Rowman & Littlefield Publishers.

MacIntyre, A. (2007). *After Virtue* (3rd ed.). London: Bloomsbury Publishing.

McGee, E.M. (2000). Alcoholics Anonymous and nursing: lessons in holism and spiritual care. *Journal of Holistic Nursing*, 18, 11-26.

McInerney, R. & O'Callaghan, J. (2015). Saint Thomas Aquinas. *The Stanford Encyclopedia of Philosophy*, E. N. Zalta (ed.) Retrieved from <http://plato.stanford.edu/archives/spr2015/entries/aquinas/>

McKenna, H., Pajnikihar, M. & Murphy, F (2014). *Fundamentals of Nursing Models, Theories and Practice*. Hoboken, NJ, USA: Wiley Blackwell.

Newton, C. (1991) *The Roper-Logan-Tierney Model in Action*. London: Macmillan Press.

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.

Pasnau, R. (2012) Philosophy of mind and human nature. In B. Davies & E. Stump (Eds.), *The Oxford Handbook of Aquinas* (348-370). Oxford: Oxford University Press.





Rogers, B.L. (2005) *Developing Nursing Knowledge: Philosophical Traditions and Influences*. Philadelphia: Lippincott Williams & Wilkins.

Russell, B. (1945/1972). *The History of Western Philosophy*. New York: Simon & Schuster.

Sarter, B. (1988). Metaphysical analysis. In B. Sarter (Ed.), *Paths to Knowledge: Innovative Research Methods for Nursing* (183-191). New York: National League for Nursing.

Scruton, R. (2015). The end of the university. *First Things*, 252, 25-30

Scruton, R. (2004). *Modern Philosophy: An Introduction and Survey*. London: Pimlico Publishers.

Sitzman, K. & Watson, J. (2014). *Caring Science, Mindful Practice: Implementing Watson's Human Caring Theory*. New York; Springer Publishing Company.

Stein, E. (1931/1996). Fundamental principles of women's education. In L. Gelber & R. Leuven (Eds.), *Essays on Woman* (2nd ed.), (F.M. Oben trans.) Washington, DC: ICS Publications, 129–145.

Stein, E. (1959/1996). Spirituality of the Christian woman. In L. Gelber & R. Leuven (Eds.), *Essays on Woman* (2nd ed.), trans. F.M. Oben, Washington, DC: ICS Publications, 87–128.

Thomas Instituut te Utrecht (2002). Works of Aquinas. Thomas Instituut te Utrecht. Retrieved from <http://www.thomasinstituut.org/thomasinstituut/scripts/index.htm>

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## DAISY NURSE



Congratulations to Michele Pope, RN, CCU Staff Nurse, who was presented with a DAISY award at the February 18 Nurse Executive Council Meeting. The following are excerpts from a letter received by the sister of the patient, who also happens to be a Saint Clare's employee:

*Michele was my brother's admitting nurse when he was in CCU. She would spend time in his room as if she didn't have another patient. She took the time to explain things until I fully understood the extent of his diagnoses. Michele basically told it "like it is" and it's what I needed to make confident, competent decisions about his care. Not only is she a caring health care provider, she is a superb educator. I had a million and one questions and she professionally answered all of them! I never felt like a bother to Michele and she made time for me and was committed to not only his care, but my well-being. I admire and respect her, not only as a professional nurse, but a compassionate, caring person.*

*My brother had multiple diagnoses and she was confident in the management and care of each and every malfunction. When he had to have emergency surgery on Christmas Eve, she was reassuring, compassionate, empathetic, and even sat with my father in the waiting room for a bit to comfort him. When she had to gently push my brother to his full capacity, she had him sitting up and dangling his feet! She is our hero in literally nursing my brother back to health!*