



The ecology of human flourishing embodying the changes we want to see in the world

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The ecology of human flourishing embodying the changes we want to see in the world

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Abstract

Flourishing is the highest good of all persons, but hard to achieve in complex societal systems. This challenge is borne out through the lens of the global nursing shortages with its focus on the supply of nurses to meet health system demands. However, nurses and midwives spend a significant part of their lives at work and so the need to pay attention to the conditions that facilitate flourishing at work is important. Drawing on ancient and contemporary philosophies, as well as critical, creative and embodied ways of knowing, enabling a flourishing practice ecosystem will be explored in this paper.

KEYWORDS

human flourishing, leadership, organisations, workforce, workplace culture

1 | INTRODUCTION

Flourishing is the highest good of all persons, but hard to achieve in complex societal systems. This challenge is borne out through the lens of the global nursing shortages with its focus on the supply of nurses to meet health system demands. However, nurses and midwives spend a significant part of their lives at work and so the need to pay attention to the conditions that facilitate flourishing at work is important. In this paper, I explore current challenges in recruiting and retaining a nursing workforce for the provision of person-centred care and services. I will pay particular attention to the

role of leaders in creating the conditions for nurses to flourish at work and draw on different philosophical perspectives to argue the case for a commitment from organisations to human flourishing for all persons.

2 | The NURSING WORKFORCE DILEMMA

The global shortage of nurses is well-rehearsed and evidenced in the post-Covid nursing discourse. The fact that such a shortage was well on its way before the advent of the Covid pandemic, often is omitted

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from this discourse. Despite the various opportunities that nursing as a profession affords, it remains the case that it is a demanding and challenging profession, with a variety of professional, contextual and interpersonal factors contributing to nurses exiting the profession that they have often fought so hard to be a part of. The extensive evidence about the global nursing workforce (Buchan & Cotton, 2023; Buchan et al., 2022; World Health Organisation, 2020) highlights how much we focus on maintaining the supply of nurses and less on what needs to happen to keep nurses in the profession. For example, research by McKinsay and Company highlighted the top five reasons (70% of respondents or more) why nurses in Australia choose to stay in their current role are associated with issues of 'workplace culture'—having caring and trusting teammates, doing meaningful work, working in a safe environment, being valued by their manager, being valued by the organisation. Only 50% considered 'inadequate compensation' as a reason for leaving <https://www.mckinsey.com/industries/healthcare/our-insights/should-i-stay-or-should-i-go-australias-nurse-retention-dilemma> More recently, a study by Fleming (2024) into employee well-being outcomes in organisations, demonstrated that the introduction of well-being strategies and practices (such as stress management, mindfulness classes, health apps) had no significant impact on employee well-being or job satisfaction. They did not improve employees' sense of belonging at work or help with perceptions of time pressures, nor did they help employees feel supported or improve workplace relationships. Indeed, in some cases, the findings suggest that well-being strategies made matters worse! These findings have been reinforced by a similar US study where no evidence of health and employee benefits was found from the implementation of such interventions or in a follow-up study 3 years later (Song & Baicker, 2021). So, this evidence begs the question:

Do we have a global shortage of nurses, or do we have a global shortage of workplaces where registered nurses want to work and where they can flourish as persons?

The evidence from such studies as those cited suggests the latter, yet we continue to focus on the supply of nurses without addressing the contextual factors that result in them leaving. One of my favourite quotes from the TV series 'Yellowstone' perhaps exposes the problem—'There's sharks and minnows in this world. If you don't know which you are, you ain't a shark'. The nursing profession has its fair share of 'sharks' evidenced by low psychological safety, horizontal violence, professional bullying and poor interpersonal relationships in repeated studies of nursing and healthcare (cf Brown & McCormack, 2016; Lyman et al., 2020; O'Donovan et al., 2021) As the philosopher Knud Ejley Løgstrup (1997; 18) contends, 'By our very attitude to another we help to shape that person's world. By our attitude to the other person we help to determine the scope and hue of his or her world; we make it large or small, bright or drab, rich or dull, threatening or secure'. Drawing on his ideas of 'sovereign expressions of life' (such as trust, compassion, care), Løgstrup made it clear that it is not enough to voice such expressions (as we might

do in values statements) but that these sovereign expressions must be demonstrated in practice. This moral imperative is one that organisations need to take seriously in designing retention strategies for the nursing workforce. Indeed, I would suggest that this moral imperative is made real through the ethical demand of leaders to create the conditions for all persons to flourish and be the best that they can be!

3 | WORKPLACE CULTURE

The need for effective workplace cultures and the associated leadership characteristics have been clearly articulated in the literature, and there exists a substantial evidence-base demonstrating the characteristics of an effective workplace culture and its impacts (cf Eskola et al., 2016; Hahtela et al., 2015; Heyns et al., 2021; Manley et al., 2011). Such characteristics include specific values shared in the workplace, individual and collective responsibility for living out the values and mission, an adaptive, innovative and creative approach to work, appropriate change driven by the needs of patients/communities, an explicit focus on learning and a commitment to continuous evaluation of performance and effectiveness (Manley et al., 2011). Together, these characteristics enable the highly political and often unsettling qualities of healthcare practice settings to be overcome. Typically, effective workplace cultures provide opportunities for creative problem-solving and the determining of practical, context-specific solutions and consequently create sufficient psychological safety as the basis of staff well-being. In a 3-year action research study into the characteristics of workplace cultures that support effective postoperative pain management strategies, Brown and McCormack (2011, 2016) identified three characteristics that resulted in 'psychologically unsafe workplaces' (Figure 1).

Taken together, these characteristics describe the kinds of cultures, behaviours and (leadership) practices that result in poor workplace cultures. Brown and McCormack identified the critical role that leaders and leadership play in addressing these characteristics

Characteristics	Evidenced by ...
Insufficient Support	<ul style="list-style-type: none"> • Sense of threat to working relationships • Lack of value • Lack of respect • Lack of support • Poor communication
Oppressive Behaviours	<ul style="list-style-type: none"> • Behaviours of staff in the unit • Multiple interruptions to work • Feeling vulnerable
Weak Leadership	<ul style="list-style-type: none"> • Power imbalances • Lack of autonomy • Poor leadership abilities • Time constraints • Poor communication

FIGURE 1 Characteristics of a psychologically unsafe workplace (adapted from Brown & McCormack, 2011).

and developing psychologically safe person-centred cultures. This is hardly a new finding, as studies of leadership in nursing have consistently shown the importance of effective (nursing) leadership for patient and staff outcomes (Alsadaan et al., 2023). However, a lot of leadership research focuses on the leader's characteristics without paying sufficient attention to the context in which they operate as leaders. Recent research by Hølge-Hazelton et al. (2021a, 2021b), Hølge-Hazelton, Zacho Borre, et al. (2021), and Hølge-Hazelton, Rosted, et al. (2021) highlights the fragility of person-centred leadership characteristics at times of crisis—in this case the Covid-19 pandemic. The research highlights the importance of embedding leadership characteristics into organisational systems rather than focusing on those who hold positions of power. If we want workplace cultures in healthcare to be places that enable persons to flourish, then positive leadership characteristics need to be enhanced in all healthcare workers, with those in formal leadership positions having the additional responsibility of ensuring they create the conditions for the operationalisation of these characteristics in everyday practice (i.e., creating the conditions for all persons to flourish). Further research by Dickson et al. (2024) reinforces the importance of recognising the 'being' (or essential ontological qualities) of leaders as being significant in the achievement of effective workplace cultures.

4 | The LEADERSHIP DEMAND

In recognising the significant responsibility of leaders in holding the space for others to flourish, I have been influenced by the work of Martin Buber. In his book *I and Thou* (1958), Buber provides us with an intersubjective perspective on relationships as persons. He creates a distinction between two word pairs that reveal two modes of existence: I-Thou and I-It. In an I-Thou relationship the whole person enters the relationship, meeting the other as a whole person also, unique in themselves. The Thou is not a reducible entity according to spatial or temporal characteristics. Instead, we meet the other 'as they are' as a dynamic living entity, and we participate with the other through dialogue. Buber is not asking us to exist as some higher being, free from the fallibilities of humans. But it is through intersubjective dialogue that we come to know each other as unique persons—I come to know me through the knowing of you and I grow as a person through that knowing. In contrast, an I-It relationship is fixed in space and time (i.e., I know who I am, I know what I am about, I don't need to change), is detached and is 'monological' in nature. Buber explains that monologue is not just a turning away from the other but is also a turning back on oneself. The other is open to manipulation through the imposition of one's own spatial and temporal characteristics. In contrast, in an I-Thou relationship it is the space between persons, or what Buber describes as 'polarities of relation' that enables dialogue, shared understanding and meaning as well as growthfulness. Buber suggests that in these relational dialogues, the mutual confirmation that arises is the most important aspect of human growth because it involves real knowledge of another, arising through openness, participation and empathy.

It could be postulated that hierarchical, controlling, directed and transactional models of leadership and leader behaviours are I-It relationships and leaders who emulate a transformational and person-centred relational approach to leadership are committed to I-Thou relationships. A key consideration from this perspective is that of 'distance', which, according to Buber, is the key to being in an I-Thou or an I-It relationship. Buber contends that, as humans, we have a basic need for distance from others as space to create our ontological positioning. It is in this distance where we exercise the choice of being in an I-Thou or an I-It relationship, that is, do I turn to you or turn away from you. When we consider this from a nursing perspective, it sheds light on the evidence for why nurses leave their role or seek a change of role (lack of respect, teamwork etc.)—the distance between them and powerholders in a workplace is characterised by an I-It monologue. Organisations that privilege centralised power, competition, special interest 'in-groups' and only listening to dominant voices create and recreate distance that reinforces the 'It' and relationships that are unsustainable. As approaches to leadership modelled on transformational principles show us, a commitment to a democratic, inclusive, participative and person-centred model of leadership is organised around decentralised relationships, collaboration, shared values and interests, as well as an overarching intention of human flourishing.

5 | HUMAN FLOURISHING

The term human flourishing has existed for thousands of years. Originally coined as Eudaimonia (meaning human flourishing or happiness) by Aristotle, the term has existed as a way of expressing all that we know to be human and to live out our personhood. Eudaimonia is an active term meaning we as human beings actively work in pursuit of happiness. Such happiness includes our subjective experiences in pursuit of ends (outcomes or achievements) that are worthy of choosing for human beings. Eudaimonia is a unifying principle, suggesting that to be happy we must actively pursue virtues of belonging, harmony, social justice, fairness and equality (for example). Being happy in the world (or to flourish) is not about the pursuit of pleasure (hedonia) but is the pursuit of a state of well-being by '*concurrently doing what I want to do while at the same time doing what I ought to do*'. What Aristotle suggests here is a moral perspective on our being as agents in the world and which should resonate with us as healthcare workers—we are effective as a person when the actions we take are the same as those we ought to be taking as a moral agent. So, for example, if we know that the work conditions are not conducive to effective, safe, person-centred care or that the practice context does not facilitate staff to 'be the best that they can be' (flourish), then we have a moral imperative to take action to address it. Perhaps if we reorientate so-called industrial relations issues of minimum-staffing and safe-staffing as moral imperatives for human flourishing, then they may seem less contentious. This needs organisational leaders and decision-makers to understand what is required of us as persons to flourish because if

organisations can create the conditions for nurses to do the right thing, they will want to do the right thing, enjoy doing it and sometimes be uplifted by doing it, thus achieving safe and effective person-centred care.

So, to flourish means living out the virtues. Virtues are a subset of our character as persons. The possession of virtues is a defining characteristic of persons and one that distinguishes us from non-persons, as behaving through the lens of the virtues requires us to have 'reason'. That is, we must reflect on our moral actions and make decisions about our behaviours, practices, actions and if they are morally virtuous or not. Such reflection guides our decisions and, ultimately, our life as moral agents, that is, our flourishing. Aristotle identified four primary moral virtues—prudence, justice, temperance and fortitude, but over many years of critique and ongoing development of virtues as a framework for moral action (see e.g., MacIntyre, 2007), the range of possible virtues to include in a virtues-based moral framework is much more diverse and inclusive.

Shifting from an ego-driven to an ecological commitment in nursing and healthcare needs us to consider the practice drivers that shape everyday decision-making and prioritisation. MacIntyre argues that liberal capitalism lacks any sense of purpose (other than securing wealth) or moral framework and thus lacks community. He contends that true purpose can only be achieved by small communities working together with a shared purpose to acquire the virtues that enable the members of that community to work together to fulfil their purpose. The virtues that shape such a community are numerous and are realised through a 'practice'. We build the virtues over time, and the more we actively work on them, the more attuned to how they work for us we become. So, a practice is not about performing a 'task' efficiently and effectively; it is a sustained commitment to a way of being and doing that develops over time as we become more expert in that practice. The contrary also applies, of course, in that if we don't use the virtues, we lose them and can slide into immoral attitudes and behaviours. In a study of community nurses and their support for older people with mental health challenges and living in their own homes, McCormack and Skatvedt (2016) highlighted one of the consequences of organisational systems not creating the conditions for nurses to engage in virtues-based practice. Drawing on the sociological analysis of Randall Collins (2004), they identified that community nursing work, organised around 'task lists' delivered in strict time-slots, resulted in nurses not being 'emotionally touched' by their everyday care experiences. This resulted in the older persons becoming more passive and disengaged and experiencing what Collins (2004) refers to as 'interaction fatigue', causing withdrawal and loss of hope—reinforcing rather than relieving their mental ill-health.

MacIntyre's perspective is important when we consider the moral demand of nursing and our potential for human flourishing. Whilst we may have a commitment to the ongoing development of virtues through practice (of nursing), living a positive life is not completely dependent on our own ways of being, actions, relationships and behaviours. The context in which we live our life also plays

a key role. So, the success of flourishing is context-dependent. In their paper on engagement in the context of person-centred practice, Dewing and McCormack (2015) argued that for staff to be fully engaged (or to flourish), the conditions necessary for engagement to happen need to be in place. Conditions such as a culture that nurtures positive relationships, consistency between individual goals, desire for achievement and organisational goals, management and leadership styles that invest in people as persons and strategies for learning and development that nurture individual vitality and energy are essential. So, no matter how actively driven we might be towards our own flourishing, the cultures in which we work and live have a significant impact on our ability to do so.

6 | CONDITIONS FOR HUMAN FLOURISHING

In recognition that human flourishing is something experienced by persons in context, McCormack and Titchen (2014) developed a set of suggested conditions for human flourishing. These conditions are based on an evolving understanding of human flourishing over 10 years of transformational critical and creative development, research and enquiry. McCormack and Titchen set out this process of evolution of their understanding of human flourishing as something that is intrinsic to persons but is also facilitated through meaningful creative connections with others. Human flourishing is experienced when people achieve beneficial growth that pushes their boundaries in a range of directions, for example, emotional, social, artistic and metaphysical. It can be experienced in diverse ways, such as, deep fulfilment; radiance, being our real selves and through deep connection with nature, beauty and people. Human flourishing occurs when we move with flow from a point of inner knowing to taking right action effortlessly. People are helped to flourish (i.e., grow, develop, thrive) during experiences of growth and development that have a focus on well-being for all. Flourishing is supported through contemporary strategies for learning and development, connecting with beauty and nature and blending with ancient, indigenous and spiritual traditions. As a result of this evolved creative understanding of human flourishing, Titchen et al. (2020) define human flourishing as:

'Human flourishing occurs when we bound and frame naturally co-existing energies, when we embrace the known and yet to be known, when we embody contrasts and when we achieve stillness and harmony. When we flourish we give and receive loving kindness'.

Loving-kindness lies at the heart of flourishing and comes into being in the self and other-dialogues we have in the contexts and situations we find ourselves in our work. Loving-kindness, also known as *metta*, is derived from Buddhism and refers to a mental state of unselfish and

TABLE 1 The conditions for human flourishing (adapted from McCormack et al., 2021).

Condition and description
<p>Bounding and framing</p> <p>Being strong is a characteristic of our humanness that enables us to meet the challenges and opportunities of each day and draw on our inner strengths to achieve what we want to and need to. However, being strong and having strength also place significant responsibilities on us as persons as we strive to meet what may at times seem like unrealistic or unachievable expectations of ourselves and others. Sometimes, these responsibilities can seem overwhelming, and we need to <i>bound or frame</i> our focus so we can make sense of the whole by concentrating on parts. Understanding the importance of bounding and framing enables an appreciation of wanting to still the mind and zone out the many distractions that get in the way of us flourishing in life and work. Finding moments of stillness and intentionally focusing only on the issues at hand enables growth, movement and a greater potential to flourish.</p>
<p>Coexistence</p> <p>It is indeed the case that in everyday life/practice, the context can appear impenetrable, such as navigating through unnecessary hierarchies, being restrained by nonsensical rules, people being resistant to change and having little space for growth and development. However, these challenges are important for us to connect with. Gaffney (2015) identifies 'connectivity' as one of the four elements of flourishing persons. Connectivity implies being attuned to what is happening inside and outside of us. Being attuned to these connections enables us to recognise when disconnections are happening and for us to be able to rise to the challenges associated with such disconnections.</p>
<p>Embracing the known and yet to be known</p> <p>The philosopher John O'Donohue (1998) argues that for persons to be present in the moment, there is a need for us to be rooted in the here and now. 'Being present' is an important element of authentic and compassionate caring, and the person who is 'present' has the potential to engage with the other in what O'Donohue has called 'Anam Cara' or soul friend to whom intimate connections can be formed. Through the development of connected relationships, the hidden beauty of each person can be revealed and unfolded. When we move around our workplaces with our eyes, ears, sense of smell, touch and taste wide open, 'hidden gems' emerge. As we rush around at work, our senses are often half shut down. If we do not pay attention, we can miss the gems and the beauty around us.</p>
<p>Living with conflicting energies</p> <p>Gaffney (2015) argues that 'challenge' is a key element of flourishing and that without challenge, we would languish in the safety of established habits and norms, or as Buber suggests, we would miss the opportunity for dialogue. Challenges aren't always of our own making but instead can arise from unexpected and unanticipated avenues and directions. Everyday, we have encounters with others that challenge us, and we have a choice in how we react. We may feel irritated and need to work hard to reframe the encounter as an opportunity for loving kindness and connection with the other (dialogue), or we may choose to turn away, not engage and remain fixed- in our stance (monologue). This movement and management of feelings draws on our emotional intelligence. Moreover, it also needs us to dance with our spiritual intelligence so that we can give graceful care and focused attention to the person or situation. Being really present for that particular person, persons or situation can also help us to reframe the experience as an opportunity for holding strong to our values and our response to its challenges as a means of enabling our own and others'</p>

TABLE 1 (Continued)

Condition and description
<p>human flourishing. This is not easy, but it is something we can strive for.</p>
<p>Being still</p> <p>Creating different and complementary spaces for different purposes is an important consideration in enabling human flourishing. Creating spaces for quiet reflection and stillness is a real challenge in busy healthcare environments and there is a need for us to pay more attention to the workings of healthcare environments and how they function. We need to be able to clear our minds of the busyness of practice and focus instead on the meanings of our practice and the way these meanings shape our everyday reality. Creating spaces for quiet reflection, critical engagement and meaningful connection with others are essential elements of an environment that enables all persons to flourish.</p>
<p>Embodying contrasts</p> <p>When we are flourishing, we bring all aspects of ourselves as we develop our potential. Being attuned to all that is good, beautiful and harmonious brings us closer to recognising the sanctity of person-centred human relationships. It helps us to experience our greater selves, the person we are when we are at our best (as opposed to languishing when we are at our worst). Connecting with what we consider to be 'sacred' is important here. The sacred is not the same as having a religious faith or belief or living a life shaped by doctrines. Whilst some of us may have such a faith, what we are concerned with here is more related to a sense of awe and wonderment at goodness, beauty, harmony, compassion and loving kindness—and with honouring them.</p>
<p>Harmony</p> <p>There is no beginning and no end to flourishing. Each element of our life melds and blends with the whole and with each element. Another way of looking at this is to see each element as bounding and framing the whole of human flourishing. This realisation and acknowledgement of a continuous and connected journey of flourishing rather than a prescribed structure resonates with the need to respond to the wisdom of our bodies in decision-making. No matter how much control we may feel over our lives, many internal and external influences shape us and the conditions that enable us to flourish as persons (or not). This is not to suggest a fatalistic perspective of persons but is instead an understanding and position that recognises the interconnectedness of persons, the environment and the universe. Without an appreciation of these deep connections and an understanding of the need to actively shape our being in the world, then our potential for flourishing may not be realised.</p>

unconditional kindness to all beings <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176989/>. Loving-kindness is something that is sensed more than spoken, although it can be heard in the tone of voice, in the softness of the eyes and in compassionate acts. We can become more attuned to loving kindness when we open all our senses as well as our hearts. Paying attention to the context in which we live and work is important to enriching our capacity for flourishing as persons. The elements of human flourishing developed by McCormack and Titchen (2014) have this explicit purpose in mind. Indeed, these elements act as a

'practice' for enlivening the virtues that can sustain us as practitioners in context (Table 1).

7 | CONCLUDING REFLECTION

We would be naïve to believe that nursing recruitment challenges are going to disappear any time soon. Indeed, I would suggest it is the 'new norm', a generational transformation about the meaning of work security and the professions. We know that whilst the focus largely continues to be on ensuring the pipeline of nurses into the profession, we cannot guarantee that interest in nursing as a profession among future populations, especially as we know that application rates in many countries are decreasing significantly. My challenge to all of us in this paper is to consider the 'practice' that we privilege. Outmoded non-virtuous ego-driven practices no longer serve nurses nor do they enable contemporary models of practice to be realised. The challenge is to shift our gaze towards an ecological commitment and consider how we facilitate cultures that enable all persons to flourish. I am drawn to the aspirations of Hanlon et al. (2012, p. 318) and their seven features of new public health:

'We need to develop a practice that is first of all integrative ... It must also be ecological... It should also be ethical... To achieve some of this we will have to be more creative – envisioning a better future and unblocking the forces that impede creativity. To inspire us, the future for which we work should be beautiful – a future that raises our spirits and fires our imagination. We should encourage and support each other to embody the change we want to see in the world and to become more reflexive and more self-aware of our own mindset and practice'.

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CONFLICT OF INTEREST STATEMENT

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no data sets were generated or analysed during the current study.

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REFERENCES

Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., Alruwaili, A. N., Hefnawy, G. R., Alshammari, M. S. S.,

- Alrumayh, A. G. R., Alruwaili, A. O., & Jones, L. K. (2023). Impact of nurse leaders behaviors on nursing staff performance: A systematic review of literature. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 60, 004695802311785. <https://doi.org/10.1177/00469580231178528>
- Brown, D., & McCormack, B. (2016). Exploring psychological safety as a component of facilitation within the Promoting Action Research in Health Services (PARIHS) framework through the lens of pain management practices with older people. *Journal of Advanced Nursing*, 25, 2921–2932. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.13348>
- Brown, D., & McCormack, B. G. (2011). Developing the practice context to enable more effective pain management with older people: An action research approach. *Implementation Science*, 6(9), 9.
- Buchan, J., & Cotton, H. (2023). Recover to rebuild: Investing in the nursing workforce for health system effectiveness. International Council of Nurses.
- Buchan, J., Cotton, H., & Shaffer, F. A. (2022). Sustain and retain in 2022 and beyond: The global nursing workforce and the Covid-19 pandemic. International Council of Nurses.
- Collins, R. (2004). *Interaction ritual chains*. Princeton University Press and Oxford.
- Dewing, J., & McCormack, B. (2015). A critique of the concept of engagement and its application in person-centred practice. *International Practice Development Journal*, 5(suppl), 6. <http://www.fons.org/library/journal/volume5-person-centredness-suppl/article6>
- Dickson, C. A. W., Merrell, J., McIlpatrick, S., Westcott, L., Gleeson, N., & McCormack, B. (2024). Leadership practices that enable healthful cultures in clinical practice: A realist evaluation. *Journal of Clinical Nursing*, 33, 982–997. <https://doi.org/10.1111/jocn.16951>
- Eskola, S., Roos, M., McCormack, B., Slater, P., Hahtela, N., & Suominen, T. (2016). Workplace culture among operating room nurses. *Journal of Nursing Management*, 24(6), 725–734.
- Fleming, W. J. (2024). Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. *Industrial Relations Journal*, 55, 162–182. <https://doi.org/10.1111/irj.12418>
- Gaffney, M. (2015). *Flourishing: How to achieve a deeper sense of well-being and purpose in a crisis*. Penguin Life.
- Hahtela, N., McCormack, B., Paavilainen, E., Slater, P., Helminen, M., & Suominen, T. (2015). The relationship of workplace culture with nursing-sensitive organizational factors. *JONA: The Journal of Nursing Administration*, 45(7–8), 370–376. <https://doi.org/10.1097/NNA.0000000000000217>
- Hanlon, P., Carlisle, S., Hannah, M., Lyon, A., & Reilly, D. (2012). A perspective on the future public health: An integrative and ecological framework. *Perspectives in Public Health*, 132(6), 313–319.
- Heyns, T., McCormack, B., vanEeden, L., Rossouw, S., Filmanter, C., deKock, J., & Coetzee, I. (2021). The reality of workplace culture in critical care units in South Africa. *Gender & Behaviour*, 19(2), 18134–18140. ISSN: 1596-9231
- Hølge-Hazelton, B., Kjerholt, M., Rosted, E., Hansen, S. T., Borre, L. Z., & McCormack, B. (2021a). Health professional frontline leaders' experiences during the COVID-19 pandemic: A cross-sectional study. *Journal of Healthcare Leadership*, 13, 7–18. <https://doi.org/10.2147/JHL.S287243>
- Hølge-Hazelton, B., Kjerholt, M., Rosted, E., Hansen, S. T., Borre, L. Z., & McCormack, B. (2021b). Improving person-centred leadership: A qualitative study of ward managers' experiences during the COVID-19 crisis. *Risk Management and Healthcare Policy*, 14, 1401–1411. https://www.dovepress.com/articles.php?article_id=63682
- Hølge-Hazelton, B., Rosted, R., Zacho Borre, L., McCormack, B., & Kjerholt, M. (2021). Facilitating person-centred leadership support

- during the Covid-19 crisis. *International Practice Development Journal*, 11(Issue 2), Article 9. <https://doi.org/10.19043/ipdj.112.009>
- Hølge-Hazelton, B., Zachø Borre, L., McCormack, B., & Rosted, R. (2021). The differences in experiences among multi-level healthcare leaders, between the first and the second wave of the COVID-19 pandemic: Two cross-sectional studies compared. *Journal of Healthcare Leadership*, 13, 209–219. <https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:b295108a-fcc2-45b5-81d8-d700ca0649db>
- Lyman, B., Gunn, M. M., & Mendon, C. R. (2020). New graduate registered nurses' experiences with psychological safety. *Journal of Nursing Management*, 28, 831–839. <https://doi.org/10.1111/jonm.13006>
- Løgstrup, K. E. (1997). *The ethical demand* (p. 18). Notre Dame University Press.
- MacIntyre, A. (2007). *After virtue: A Study in moral theory* (3rd ed.). University of Notre Dame Press.
- Manley, K., Sanders, K., Cardiff, S., & Webster, J. (2011). Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*, 1(2), 1. https://www.fons.org/Resources/Documents/Journal/Vol1No2/IPDJ_0102_01.pdf
- McCormack, B., McCance, T., Martin, S., McMillan, A., & Bulley, C. (2021). *Fundamentals of person-centred Healthcare Practice* Wiley, Oxford. https://www.perlego.com/book/2068078/fundamentals-of-personcentred-healthcare-practice-pdf?utm_source=google&utm_medium=cpc&gclid=Cj0KCQjwtrSLBhCLARIsACh6Rmj9sarf1IjwEHCseXMsPLGeUTTQJWYL6mfQEQgwO3lnLkUU9Gb0A8aAgT1EALw_wcB
- McCormack, B., & Skatvedt, A. (2016). Older people and their care partners' experiences of living with mental health needs: A focus on collaboration and cooperation. *Journal of Clinical Nursing*, 26(1–2), 103–114. <https://doi.org/10.1111/jocn.13381>
- McCormack, B., & Titchen, A. (2014). No beginning, no end: An ecology of human flourishing. *International Practice Development Journal*, 4, 1–21. <http://www.fons.org/library/journal/volume4-issue2/article2>
- O'Donohue, J. (1998). *Anam Cara: Spiritual wisdom from the Celtic world*. Bantam Press.
- O'Donovan, R., De Brún, A., & McAuliffe, E. (2021). Healthcare professionals experience of psychological safety, voice, and silence. *Frontiers in Psychology*, 12:626689. <https://doi.org/10.3389/fpsyg.2021.626689>
- Song, Z., & Baicker, K. (2021). Health and economic outcomes up to three years after a workplace wellness program: A randomized controlled trial. *Health Affairs*, 40(6), 951–960. <https://doi.org/10.1377/hlthaff.2020.0180>
- Titchen, A., McCormack, B., & Tyagi, V. (2020). Dancing the mandalas of critical creativity in nursing and healthcare, *Centre for person-centred practice research* (p. 31). Queen Margaret University Edinburgh. <https://www.cpcpr.org/critical-creativity>
- World Health Organisation. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. WHO.

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