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A narrative exploration of the relationship between reading literature and poetry and ethical practice: narratives of student nurses and nurse educators

Andrew McKie

A thesis submitted in partial fulfilment of requirements of The Robert Gordon University for the degree of Doctor of Philosophy

School of Nursing and Midwifery
Robert Gordon University
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January 2011
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January 2011
ABSTRACT

Andrew McKie

Degree: PhD

Thesis Title: A narrative exploration of the relationship between reading literature and poetry and ethical practice: narratives of student nurses and nurse educators

The emerging dialogue between the arts and humanities and professional health care education is explored by considering ethical practice in nursing via several narratives of student nurses and nurse educators in one Scottish university. Adopting a narrative methodology based upon the literary hermeneutic of Paul Ricoeur, this thesis is presented as a ‘narrative research text’ in which my own role as a narrative researcher is critically developed. Utilising two different narrative frameworks, narratives are ‘constructed’ from data drawn from the research methods of focus groups, one-to-one interviews, reflective practice journals and documentary sources.

Contemporary approaches in professional health care ethics education tend to share features of deduction, universality and generalisability. Their merits notwithstanding, perspectives drawn from the arts and humanities can offer valid critiques and alternative perspectives. Reading literature and poetry is offered as an engaged and interpretive contribution to a teleological ethic characterised by attention to ends (e.g. human flourishing), cultivation of virtue, telling of narrative, recognising relatoriness and in acknowledging the significance of contextual factors. These perspectives can all contribute to an ‘eclectic’ approach to ethics education in nursing.

These narratives of student nurses support the careful inclusion of the arts and humanities within nurse education curricula for their potential to encourage self-awareness, critical thinking and concern for others. Narratives of nurse educators support these insights in addition to
demonstrating ways in which the arts and humanities themselves can offer critical perspectives on current curriculum philosophies. These narratives suggest that the reading of literature and poetry can contribute to an eclectic approach to ‘ethical competency’ in nurse education. This is a broad-based educational approach which draws upon shared interpretive dimensions of the arts and humanities via engagement, action and response. This thesis contributes to current literature in the field of professional health care education by demonstrating the significance of findings derived from inclusion of a teleological ethic within ethics education.

Key Words:

arts humanities ethics action reading literature poetry response human flourishing practice
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NOTE

Unless indicated otherwise in a quotation, the term ‘patient’ rather than ‘client’ is used throughout this thesis.
CHAPTER ONE

INTRODUCTION
It’s Hebrew tradition that forefathers are referred to as “we”, not “they”. “When we were delivered from Egypt ....” This encourages empathy and responsibility to the past, but, more important, it collapses time. The Jew is forever leaving Egypt. A good way to teach ethics.

Anne Michaels (1997) *Fugitive Pieces* London: Bloomsbury
1.1 *Introduction*

The purpose of this chapter is to set out the key sources, scope and framework of this thesis. This is carried out by way of identifying central aspects of the research question and by mapping out the ways in which these areas will be addressed throughout the thesis. The research question itself is set within a research context of the professional education of student nurses in one Scottish university. In particular, this focuses upon a narrative exploration of the impact of students reading literature and poetry on their own ethical practice. The title of the study, objectives, research question and key assumptions/terms are indicated in Table 1 (page 4).
The ways and means by which nurses reflect ethically and professionally upon their practice are varied and complex. Understood generically as covering ‘several different ways of examining and understanding the moral life’ (Beauchamp and Childress 2009 p. 1), the topic of ethics in nursing practice is of major importance where the aim of helping vulnerable and dependent people is the primary concern of professional nurses. Beyond consideration of the influence of theories of ethics upon human behaviour in general, and professional practice in particular, the tendency in recent practice has been to consider ethics in terms either of ‘problems’ requiring a solution or as ‘dilemmas’ where no immediate answer might be considered possible. A non-exhaustive list of such ‘problems’ and ‘dilemmas’ might include end-of-life issues, consent to treatment factors, the impact upon practice of new technologies, research on human subjects and wider, interrelated, aspects concerning health care policy, allocation of resources and social justice.
Where nurses, along with other professional health carers, may have understood ethics to be concerned with the afore-mentioned topics alongside everyday issues of practice, albeit demanding and challenging (Barker 2011), they have often derived valuable assistance from approaches under a general heading of ‘normative ethics’ in which elements of justification, deliberation and action in addressing specific issues have been sought. In terms of such normative ethics, the influence of a broad area known as principlism upon the consideration of ethics in both nursing practice and education has been considerable (Edwards 2006; Beauchamp and Childress 2009). This approach of principlism outlines the place of ethical principles as part of a ‘common morality’ shared by all persons (Beauchamp and Childress 2009 p. 3). These principles, often summarised in terms of a core four – autonomy, beneficence, non-maleficence and justice – are viewed in applicatory terms as general, universal and objective.

Notwithstanding the influence of normative ethical approaches in professional health care discourse in recent decades, alternative means of approaching ethics can also be identified. One particular approach centres upon descriptive ethics (or on what actually happens) and is considerably broader in scope than its normative counterpart. Part of the potential of considering other approaches often lies in an observation that ethical discourse (reflection and practice) may be larger and wider than the framework and terms used by principlism with its central focus on ‘dilemmas’ or ‘problems’ (Hedgecoe 2004).

This thesis considers the place of a teleological ethic in professional health care practice and education. Such an ethic centres upon the interpretation of higher purposes, or ends (telos), of human action. This ethic is future-orientated and therefore takes into account unpredictable, uncertain and contingent aspects of the pursuit of such purposes (MacIntyre 1984). In the articulation of such purposes, important attention is given to the means employed in achieving, or seeking to meet, these purposes.
One potential framework for addressing such an ethic within professional healthcare educational settings lies within consideration of the arts and humanities. Part of a developing dialogue between the arts and humanities and the provision of health care across a variety of contexts (Coats 2004; Staricoff 2004), this addresses, but is not limited by, consideration of the multifarious dimensions of the patient experience along the lines of Bellow’s (1971 p. 80) engaging comment that:

Oh, it’s miserable to be human. You get such queer diseases. Just because you’re human and for no other reason.

Engagement with various art forms can be understood in terms of their ‘participat(ion) in our lives’ (Berry 1990 p. 64). In inter-related ways, perspectives gained from exploration of academic disciplines within the humanities such as history, literature and philosophy around a broad set of issues concerning ‘what it is to be human’ (Edgar and Pattison 2006 p.93) and ‘action - embodied thought’ (Berry 1990 p. 85) can also provide healthcare professionals with opportunities to examine their own practice in different ways. In particular, this engagement with subjects drawn from the arts and humanities can provide professional health care students with opportunities to consider the impact upon their practice of wider, and deeper, perspectives around conceptions of human life, value and action itself (Macnaughton 2000; McAteer and Murray 2003; Hegge 2008).

Within this framework of the arts and humanities, the textual forms of literature and poetry have the capacity to explore cognitive and sensory human experience in ways which might be beneficial to students of professional health care. In cognitive terms, reading literature and poetry can foster different ways of understanding whilst sensory dimensions of seeing and hearing can be promoted via use of the imagination (Ward 2006). Literature, in its employment of diverse means (e.g. narrative, plot, coherence, imagination and metaphor) is often considered to be the most popular of humanities genres amongst health care professionals for its ability to explore human experience in ways strikingly similar to features of the patient experience and of aspects of the therapeutic relationship itself (Freemans and Bays 2007).
In similar ways, the intricacies of language employed in poetry can provide innovative means for exploring the depth and diversity of the human condition as it is experienced through experiences of, for example, illness, suffering, loss, recovery and adaptation. Although the genres of literature and poetry are often conflated under the single term ‘literature’, valid distinctions can be made between them. McEwan (2005 p. 129) offers a helpful distinction between the two genres: novels (and movies), being restlessly modern, propel you forwards or backwards through time ... but to do its noticing and judging, poetry balances itself on the pinprick of the moment.

Although time is not the sole differentiating feature between literature and poetry, consideration of it is important by way of highlighting the different perspectives on exploring human experience that language, via these particular genres, can offer. It is a narrowed, and impoverished, perspective that would limit potential insights to be derived from reading literature and poetry to solely ‘appreciation’ terms. Reading can be considered as an act of interpretation that involves significant aspects of challenging assumptions alongside careful consideration of consequences. To paraphrase Michaels’ (1997 p.109) phrase in terms of ‘interpreter’ rather than ‘translator’:

the poet moves from life to language, the interpreter moves from language to life; both, like the immigrant, try to identify the invisible, what’s between the lines, the mysterious implications.

What emerges from this consideration is an understanding that the activity of reading literature and poetry eschews any notion of simplicity. Instead, a more comprehensive view of reading texts is offered encompassing consideration of significant stages of reader engagement, appropriation and application. These issues are explored more fully in Chapters Three and Four.

These participative, sensual (via the arts) and critical, interdisciplinary dialogues (via the humanities) may allow ethics in professional health care practice to be approached in different ways. In contrast to dominant approaches (e.g. principlism) characterised broadly in deductive, rationalist and cognitivist terms employed to find solutions for specific
ethical ‘problems’ or ‘dilemmas’, engagement with the arts and humanities may permit a different type of ethics discourse to be articulated which allows issues of purposes (or ends), participative dimensions of personhood (agency), human life itself (value) and particularities (the influence of context) all to be taken into account. Additional features of this ethic may include recognising the place of narrative, in its telling and re-telling of life events, as a means of exploring and interpreting purposes or ends. This teleological ethic also acknowledges relational dimensions of human life and recognises the place of the virtues, or dispositions, in influencing the ethical conduct of persons.

In this thesis, this teleological approach to ethics is explored in terms of reading literature and poetry for its potential to consider ethics in ‘how-to-live’ terms. This ethic, a variant drawn in part from classical Greek (Socrates’ ‘it is nothing less than how a man should live’ Plato 1971 p. 106) and Renaissance Enlightenment periods, is explored more fully in section 4.2 and demonstrated using a framework of personal, interpersonal and societal dimensions (Ricoeur 1992 p. 172) in section 4.4. This term can be considered as a broad summarising phrase for approaches to ethics via engagement with one area of the arts and humanities, namely reading literature and poetry for their potential to help readers explore ways of ‘how to live and what to believe about how to live’ (Booth 1998 p. 3).

Although this ‘how-to-live’ ethic offers a critique of dominant ethical approaches in professional care, it is an aim of this thesis to show that this approach can develop and expand dimensions of ethical discourse that these other approaches (e.g. principlism) may underestimate or ignore. This includes, but does not exhaust, dimensions of human value, action, the nature of personhood, and the recognition of contextual factors. Instead, recognition is sought for a comprehensive understanding of this ‘how-to-live’ ethic that can complement insights gained from cognitivist and rationalist approaches alongside those derived from narrative, virtue and context. This may be amplified further by considering the use of this ‘how-to-live’ ethic in professional health care education in similar terms to an eclectic model of ‘ethical competency’ outlined by
Gallagher (2006). In this model, dimensions of ‘knowing’, ‘seeing’, ‘reflecting’, ‘being’ and ‘doing’ are presented as part of a comprehensive framework towards ‘ethical competency’. These issues are explored further in Chapter Four.

This research thesis owes its origins to two main sources:

- consideration of the present state of research and evaluation studies concerning the place of the arts and humanities in professional health care education
- the contribution of key personal and professional dimensions of my own research narrative to this study

1.2 The arts and humanities in professional health care education: the state of research

The place of the arts and humanities in professional health care education requires to be seen within wider frameworks locating the arts and humanities within health care settings in general. This includes recognition of the role that the arts and humanities can play in fostering environments of care and creative learning within health care organisational cultures often characterised by concerns for efficiency, adherence to procedures and environments of care and work often perceived as impersonal, dull and unstimulating. Firstly, the arts and humanities can contribute to a broad education of professional health carers. According to Coats (2004 p.3), exploring the relationship between the arts and humanities and health care centres upon:

the further development and promotion of the use of the creative arts and humanities in health and healthcare practice, practice development, education and research, in order to improve the health and well-being of patients and staff, particularly nursing and allied health professions
Secondly, Staricoff (2004 p. 8), in a similarly commissioned report, comments upon the positive role that engagement with the visual arts and the reading of literature and poetry, in particular, can play in promoting the therapeutic dimensions of professional health care practice:

the introduction of the arts and humanities into nursing and medical education led to an increased capacity in students for critical analysis and understanding of illness and suffering. This prompted health practitioners to respond in a more humane and thoughtful manner to medical, ethical and social needs

Thirdly, perspectives from the arts and humanities can offer ethical critiques of positivist biomedical health care in terms, for example, of its over-reliance on practice based upon evidence of particular types only (e.g. randomised controlled trials) (Pattison 2003). It is in terms of the first area that this thesis is mainly concerned, although aspects of these educational and therapeutic areas are not ignored.

Nevertheless, it is important to proceed cautiously in areas of educational curriculum design where claims of potential transformation in students’ learning and inter alia practice might be (too) easily advanced. Firstly, Pettifor, Estay and Paquet (2002) highlight the dearth of evaluation studies into the teaching of professional ethics in health care education. Instead, reliance on ‘good-hearted assumptions that current ethics courses have been appropriately designed’ (Pettifor et al 2002 p. 260) may be all too apparent to the exclusion of critical perspectives on curriculum design being considered.

Questioning the good-willed assumptions of curriculum design (Pettifor et al 2002) can also be applied to the place of the arts and humanities in health care education curriculum programmes. It may be relatively straightforward to assume that exposing professional health care students to a variety of engaging sources derived from the arts and humanities might result in practice characterised by enlightened thinking, enhanced self-awareness and increased sensitivity towards the needs of others. Why would it not? This may be particularly the case given the modest, but growing interest, in the arts and humanities within professional health care education programmes and associated levels of research and scholarly activity (Pattison 2003).
Gallagher (2007 p. 425) gives voice to a sceptical tone by acknowledging progress alongside a call for some rigorous thinking:

arguments to justify the incorporation of the humanities, particularly literature, into medical and nurse education programmes are persuasive. However, it remains unproven whether those who undertake literature courses are necessarily more perceptive or more generally ethically competent than those who do not take such courses and whether literature courses are necessarily the best or only way to promote ethical practice.

This study, therefore, is a contribution to Gallagher’s (2007) call for further empirical studies to be carried out in this important area of ethics education.

1.3 Key personal and professional contributions to this study

The second source for this research thesis lies within features of my own personal and professional development as a practising nurse and nurse teacher. Following completion of an arts degree (Politics and Modern History) in Edinburgh in 1979, I undertook general and mental health nurse training programmes over a four-year period in Aberdeen before commencing a career in acute (hospital) mental health settings. During these student years, my interest in ethics developed and for one year I undertook office-bearer responsibilities in the Aberdeen Medical Group, a professional health care student group set up to arrange meetings addressing topical issues in health care ethics.

Throughout a clinical nursing career spanning almost eighteen years, I continued to develop my associated interests in ethics along with those of theology, politics, literature and poetry. My move into full-time nurse education in 1998 as lecturer at the School of Nursing and Midwifery at Robert Gordon University, Aberdeen, saw me undertake extensive undergraduate teaching responsibilities in the areas of mental health nursing and professional ethics. As part-contribution to an in-house tertiary-level teaching qualification, I introduced, and attempted to evaluate the effects of, a modest innovation to the final unit of learning in a third year mental health nursing students’ programme. This involved
students reading in advance, and discussing in class, a select range of contemporary novels devoted to exploring themes of relevance to mental health nursing. Included amongst these titles were Ken Kesey’s *One Flew Over The Cuckoo’s Nest* (1963), Sylvia Plath’s *The Bell Jar* (1963) and Paul Sayer’s *The Comforts of Madness* (1990). A subsequently published paper set this evaluation within wider contexts of the place of the arts and humanities within mental health nursing (McKie and Gass 2001).

This modest programme was followed in 2001 by my leadership of an arts and humanities module as part of the third year of a new Diploma/Bachelor of Nursing programme. Extensive teaching and leadership responsibilities in this new module entitled ‘The Expressive Arts in the Caring Context’ were undertaken by me from its inception in 2002 until 2009. The educational context for this module is discussed in further detail in Chapter Five. Alongside the development of ethics as one of this module’s ‘foundation themes’, I continued to be engaged in scholarly activity around the relationship between the arts and humanities and associated issues of ethical and professional practice in health care (McKie 2004a; McKie 2004b; see also Appendices 19 and 20).

This ‘unofficial’ narrative may provide significant pointers for my own interests in researching this area. Along with my choice of narrative methodology (outlined in section 1.4), it may supply important insights into certain directions which this particular research study has taken.

### 1.4 Methodology choice

The choice of methodology adopted to investigate the research question is appropriately derived from the humanities themselves. Narrative methodology, in its exploratory and inquiring dimensions, is also justified for use in a research project in a relatively new and uncharted area. This is done by employing the narrative form to understand past human experience in terms of particular, contingent and actual events. In the construction of a narrative via the establishment of a plot, the dimensions of value, meaning and identity can be shown. As a result, key epistemological (knowledge) and ontological (being) claims can be made
for the use of narrative as a methodology. These are explored further in foundational terms in Chapter Two.

Three particular uses of narrative can be identified in this research thesis. Firstly, narrative can be used as a specific way of addressing a ‘how-to-live’ ethic via the reading of literature and poetry. Often described in terms of ‘narrative ethics’ itself, this approach addresses a teleological, or intentional, ethic characterised by exploration of issues via the cognitive, sensory, experiential and value-based dimensions of literature and poetry. These are further discussed in Chapter Four.

Secondly, narrative is used as a distinct research tool to interpret textual data collected from specific research methods within the overall research design. This is achieved by developing the theoretical basis of narrative as it is used in research itself. Such influences draw from literary sources of narrative, but also develop the interpretive dimensions of using narrative as one possible way of understanding human experience. These features are discussed in Chapter Two and act as important foundational elements towards understanding the narratives of student nurses and nurse teachers presented in Chapters Six, Seven and Eight.

Thirdly, a narrative methodology can be utilised to locate and explore the approach of the Principal Investigator towards a particular research project. Narrative, in its relating of events in a coherent and meaning-creating way, positions a narrator inside a narrative, rather than being external to it. This internal dimension of narrative has the capacity to reveal the identity of a narrator in ways which can potentially enhance the credibility of that narrative itself. This research thesis can be considered as an ‘ontological narrative’ whereby dimensions of ‘being’ can be understood in terms of the expression, and exploration, of a self. In this way, it may be possible to demonstrate the impact of certain values and assumptions pertinent to myself upon the direction of this thesis in addition to the significance of possible meanings and interpretations derived from it. Presenting this thesis in terms of my own ‘research narrative text’ can be seen as part of an overall ‘ethical research methodology’ in which the entire research project becomes impacted by a teleological ethic, rather than only parts of it conventionally thought to be
considered formally ‘ethical’ (e.g. sample recruitment procedures). This can be seen throughout the thesis in the use of the first person (‘I’), judicious use of entries of ‘transitional writing’ (Creme 2008 p. 49) from my own research journal, my application of two distinct narrative frameworks in Chapters Six, Seven and Eight to analyse interview data and the discussion on evaluative dimensions of narrative presented in Chapter Nine.

Narrative, in its promotion of cognitive and sensory dimensions, can be considered as a distinct way of ‘aesthetic knowing’. By emphasising its relational dimensions, narrative can be employed not only as a means of understanding the past, but also as a way of addressing present and future issues. Although it may be possible to view narrative as a specific perspective which considers why certain, and not other, events are selected by a narrator for inclusion and given meaning, viewing narratives as inter-related with others may permit them to be viewed with a coherence and unity which can significantly enhance their potential to explore human experience. To return to Michaels’ (1997) in this chapter’s preface, thinking of narratives in relational (‘we’) terms may relativise time (‘collapse time’) by moving beyond consideration of events in the past tense to permit present, and future, concerns to be addressed. This, then, may permit narrative to be used to explore a distinctly teleological ethic.

The educational context for the exploration of these issues is my own higher education setting in Aberdeen, Scotland. Although the research question seeks to explore the relationship between reading literature and poetry and ethical practice in terms of student nurses, exploration of this relationship requires to be set within wider contexts of pre-registration nurse education in higher education and clinical nursing practice. As such, the ethics education of pre-registration student nurses is discussed within a wider educational framework locating the arts and humanities within nurse education and clinical practice settings. Given the exploratory dimension of the research question, narratives of student nurses alongside those of nurse educators are presented in Chapters Six, Seven and Eight. Details of the empirical study itself are presented in Chapter Five.
1.5 *Summary*

This chapter has sought to present the key sources, origins, scope and framework of this thesis. This has centred upon the place of ethics in professional health care practice and the potential ways in which engagement with the arts and humanities can provide alternative perspectives. In establishing narrative as a key feature of the arts and humanities, I now seek to address some foundational issues concerning the use of narrative as methodology in Chapter Two.
CHAPTER TWO

USING NARRATIVE: METHODOLOGICAL CONSIDERATIONS
'No story is ever told just once.' ‘Whether a memory or funny hideous scandal, we will return to it an hour later and re-tell the story with additions and this time a few fragments thrown in. In this way history is organized’.

2.1 Introduction

In this chapter, I seek to explore the place of narrative as a distinct type of research methodology and to justify its use in this research study. Acknowledging that its use as a research methodology is of recent origin (Frid et al 2000), I endeavour in section 2.2 to locate narrative within a framework for research which incorporates epistemology, methodology and methods. In addition, it is important to consider the philosophical roots of a methodology itself (Koch 1996). In section 2.2, these issues are further explored by drawing upon narrative theory and by discussing key aspects of the literary hermeneutic of Paul Ricoeur (Ricoeur 1984). The ways in which aspects of narrative are used in different areas of research (e.g. health care, nursing, education) are then explored in section 2.3 (Holloway and Freshwater 2007). Finally, in section 2.4 I present a rationale for the use of narrative methodology in this particular study by outlining two different narrative frameworks, namely that of Labov and Waletzky’s (1967) socio-linguistic approach and Clandinin and Connelly’s (2000) three-dimensional space narrative structure.

2.2 Framework for research

It is important to locate any research project within an overall research framework which will be able to demonstrate clearly the tangible links which exist between a theory of knowledge (epistemology), philosophical (or theoretical) perspectives, overall research design (methodology), methods (research action), data findings and analysis. Crotty’s (2003 p.4) four-stage outline of these elements, in indicating the foundations of epistemology followed by considerations of theory, methodology and methods, is shown in Table 2 (page 19).
Epistemology | A theory of knowledge inherent within the philosophical perspective: ‘how we know what we know’
---|---
Theoretical Perspective | A philosophical stance impacting upon methodology and providing a context for the research process
Methodology | A strategy/overall framework/rationale for use of research methods
Methods | Procedures or actions used to gather and analyse data (e.g. focus groups, interviews, reflective practice journals, surveys, questionnaires)

Table 2: Research framework (Crotty 2003)

Foundational perspectives are far from universally considered by researchers in research project design (Carter and Lyttle 2007). Attention given to methods (research actions) is often to the detriment of critical thinking on the prior positions of epistemology, theoretical perspectives and methodology. In addition, a key factor to consider in any research project is the theoretical perspective of ontology. Variously defined in terms of the ‘study of being’ (Hurlock 2002 p.3) or as the ‘science of being’ (Dodds 2008 p.8), addressing issues of ontology has potentially profound implications for the quest ‘to know’ in any research project. Crotty (2003) is reluctant to accord it full status as a category, but he does acknowledge its importance.

Ontology is often addressed in contrasting different types of knowledge derived from various research paradigms. Cutcliffe and McKenna (2002) explore this in relation to quantitative and qualitative research paradigms. In the former, subject (researcher) and object (field of study) are seen to be separate in a quest for knowledge that is characterised by features of neutrality, objectivity, mastery, control, theory and hypothesis generation, testing and generalisability of findings. By way of contrast, qualitative research paradigms, majoring on the study of the complexities of human behaviour and subjectivities within specific and recognised contexts, proffer a different conception of ‘reality’ which typically sees the researcher, in producing textual data, entering this field in participative,
engaged and reflexive ways (Boyd 2001a). Such dichotomous contrasts between quantitative and qualitative research paradigms can be found in other areas of nursing scholarship, education and practice, most notably in contrasts between a ‘science of nursing’ (quantitative) and an ‘art of nursing’ (qualitative) (Boyd 2001b).

The ‘ontological’ perspective can navigate a way out of the sterility of the ‘quantitative (science)/qualitative (art)’ dichotomy. Sandelowski’s (1994a) ‘methodological scepticism’ argues for recognition of the respective merits of both art and science. If both approaches are searching for ‘kinds of truth’ and ‘ways of representing reality’ rather than a single concept of truth, it may be possible to consider all forms of knowing as engaged, participative and interpretive (Sandelowski 1994a p.52).

Enhanced recognition of the ‘ontological’ position may suggest other implications. Firstly, it gives potential recognition to multiple ways of perceiving and representing reality. If a ‘scientific approach’, emphasising measurement and experiment in the pursuit of data collection, can be viewed as legitimate, then other approaches adopting different assumptions and philosophical foundations may also stake worthy claims. This ‘profound methodological scepticism’ (Dillard 1982 p.132), however, should not be taken to mean an abandonment of a pursuit of truth nor the adoption of debilitating forms of relativism.

Secondly, if the pursuit of knowledge can be viewed from several different angles, then interpretive perspectives may potentially be able to re-unite epistemological and ontological dimensions often severed in quantitative (objective) research paradigms. Hurlock (2002) notes the ways in which ontology, as part of a ‘reconceived epistemology’, can place the knower within the knowing enterprise and not outside of it. Such a perspective may then be able to derive knowledge from a position of ‘methodological flexibility’ which includes such ‘skills’ as conversation, dialogue, question-and-answer, interpretive thinking, reading/writing and understanding (Miller and Fredericks 2000; Hurlock 2002).
Recognition of the processes supporting the process of understanding may also promote a researcher’s self-understanding (reflexivity). Furthermore, learning from experience, viewed in terms of the self interacting with an environment, may then be able to influence these processes of understanding and enable both to work in parallel terms with epistemology and ontology respectively. Simultaneously, the responsibilities of designing, managing, maintaining and completing a research project will demand that this reflexivity involves a researcher themselves in ways which concurrently promote engagement as well as detachment, presence (voice) as well as absence, and closeness alongside distance (Sandelowski 1994b).

Thirdly, recognition of the ontological position in the research enterprise gives central place to evaluation, or ranking, in knowing. If interpretation, selection and perspective are all significant features of research design, then consideration of values and ethics may assume importance: ‘we are led from this consideration to ask about an inquiry, not ‘Is it qualitative or quantitative?’ but ‘Is it moral?’ (Clough 2002 p. 92). The researcher may then be compelled to consider every aspect of a research project in terms of an ongoing construction of ethics (Holloway and Freshwater 2007 p. 59), rather than limiting this to specific stages e.g. participant recruitment and consent. This perspective is suggestive of the need for an overall ‘ethical research methodology’ (Carson and Fairbairn 2002) and will be discussed in greater depth in Chapter 5.

Considerations of epistemology and ontology are important as ways of locating narrative as a distinct way of knowing in research and in practice (Boykin and Schoenhofer 1991; Holloway and Freshwater, 2007). Knowledge derived from narrative – form, dialogue, voice, context, discussion, metaphor, analytical methods and writing – is important. However, this knowledge is predicated upon an understanding of epistemology and ontology in the ways outlined above. It involves an appreciation of the engaged and participative stances of the narrative researcher within the research enterprise itself and may potentially enhance the scope of narrative.
Such a task can be clarified further by locating the position of narrative within wider epistemological and theoretical perspectives. Clandinin and Rosiek (2007 p. 44) delineate the ‘border conditions’ for narrative as an inquiry in research by linking it to, but differentiating it from, the perspectives of post-positivism (recognising knowledge acquisition within human experience), critical theory (in its critique and potential transformation of social conditions) and post-structuralism (opening texts up to wider frames of interpretation).

2.3 Narrative Theory

Narrative can be considered as an extended discourse of either written or oral types. Moreover, the claims of a particular narrative, in its exploration of a problem or set of events, may root it in a ‘good way to live or practice’ (Carson 2009 p. 5). In terms of reading or listening to stories which seek to illuminate life itself, we may be less aware, however, of the structural aspects of narrative which can potentially enhance our understanding and appreciation of another person’s experience.

The use of narrative as a research methodology acknowledges its interdisciplinary origins in the humanities and, in particular, in history, literature and semantics (Creswell 2007). Kreisworth (1992), in linking narrative to the universality of language, highlights a distinct ‘narrative turn’ in the early 1970s for its ability to understand human experience. Given this, it is possible to highlight and explore several distinctive features of narrative itself. Amongst these, central place must be given to the inter-related issues of event and time. The act of narration is the telling of a ‘time-thing’ (an event) which can be considered as ‘something that happens’ (Latin: *venio, vent*: to come) (Scholes 1981 p. 205). In etymological terms, the composition of the term ‘narrative’ comprises ‘*gna*’ (‘know’) and ‘*narro*’ (‘telling’) (Porter Abbott 2002 p. 7).

Narrative, in the form of a telling (and re-telling) of events, can provide shape and structure to human beings’ understanding of time. The concept of ‘narrative time’ relates events from internal, rather than from external, perspectives (Porter Abbott 2002 p. 12) and is suggestive of narrative
being seen in ‘constructivist’, or ‘world-making’, terms (Bruner 2004) in which certain events are selected and prioritised for inclusion within a person’s narrative.

These perspectives on events and time can be given further focus in consideration of the notion of plot. According to Aristotle (1996 p. 11), the primacy of the plot within a narrative can be viewed as an imitation (or copy) of action itself and can be defined as the ‘organisation of events’. This linkage of events by means of a plot can be characterised by such features as completeness, magnitude, unity, determinate structure and universality (Aristotle 1996 pp. 13-17).

In the use of narrative in literature and history, the integrative function of the plot or ‘masterplot’ (e.g. revenge, death) can be understood more fully by considering narrative as ‘the principle way in which our species organises its understanding of time’ (Porter Abbott 2002 p.3). One feature of narrative is its consideration of events that have occurred in the past in compared to future-centred discourses such as prediction, prophecy and science fiction (Scholes 1981). In performative terms, narrative relates events that have occurred in the past. Narrative’s overall ‘meaning-making’ does not ignore present-and-future significance, but its focus remains firmly on events that have already occurred, even in such genres as literary fiction where ‘events’ may be considered in different ways compared to ‘real’ events of history (Ricoeur 1988).

White illustrates this performative dimension of narrative in relating past events. Three distinct approaches towards the study and writing of historical research are considered. In a first approach, the annal simply lists events chronologically as they occur, as cited from an excerpt from the Annals of Saint Gall (White 1981):
The annal, in simply listing events by year, possesses several characteristics: randomness of the type of events recorded (e.g. weather, harvests, war, death and a significant absence of events in five specific years), its arbitrary termination and the absence of a conclusion to set the recording of these events within a wider framework of meaning and purpose.

A literary example of the annal can be seen in the work of the nineteenth century Scottish writer, John Galt. In the *Annals of the Parish* (Galt 1895), the fifty-year long parish ministry of the Rev. Micah Balwhidder is briefly outlined in chapters devoted to recording the events occurring each year between 1760 and 1810 (e.g. Chapter III ‘Year 1762’). Events of each year are summarised at the beginning of each chapter (e.g. Year 1768: ‘Lord Eaglesham uses his interest in favour of Charles Malcolm’, ‘The finding of a new schoolmistress’). These events are recorded but, as Crockett’s (1895 p. xviii) introduction observes: ‘Galt’s best books do not contain even the rudiments of a plot … there is no adventure. Things happen, indeed, but no blood is spilt to speak of’.

A second type of recording of events is the chronicle (White 1981). This approach follows the annal in listing events in temporal order, but with significantly more detail. A central theme, topic or person (e.g. reigns of monarchs, genealogies, war or a nation’s history) often characterises the chronicle. However, like the annal,chronicles are often incomplete and typically end within the chronicler’s own present time.
The narrative, as a third type, goes beyond a mere sequencing of events (as in the annals) to focus upon a theme (as in the chronicle), but is characterised by a process of selection and ranking of events (White 1981). In giving centrality to the plot, the narrative attempts, via such ‘reconstructive’ devices as coherence, structure and unity, to give meaning and value to the events as presented. In addition, in contrast to both annal and chronicle, the narrative approach bestows upon those telling the narrative (‘the narrator’) a distinct sense of identity and authority.

It is not always possible to make absolute distinctions between chronicle and narrative. Eco (2004) has his narrator, Adso, comment upon the fine distinctions between these two forms in the act of narrating:

and I can do so with the fidelity of a chronicler, for if I close my eyes I can repeat not only everything I did but also what I thought in those moments, as if I were copying a parchment written at the time


The distinctive features of annal, chronicle and narrative are summarised in Table 3 (page 26).
Historical Type | Features
---|---
Annal | List of events by year
random selection of events
lack of conclusion
no identity of annalist

Chronicle | List of events by year
framed via theme or person
no closure of events
some identity of chronicler shown

Narrative | Selection of events
ranking/prioritising of events
coherent meaning of events intended
identity of narrator revealed

Table 3: Types of historical representation (White 1981)

Several other features in narrative’s approach to the past can be noted. If plot can be considered as the ‘crossing point’ between time and narrative (Ricoeur 1981a), then it is possible to see ways in which narrative, although rooted in chronological time, can use plot in innovative and creative ways to link and re-present events within its framework (‘narrative time’). Narrative, considered as re-telling, can present time backwards and invoke the use of memory to link events (Ricoeur 1981a p. 176). As Sandelowski (1999 p. 80) puts it, ‘if the traditional scientific enterprise mechanizes time, the narrative enterprise humanizes it’. In this way, narrative’s focus on the past can be given present and future dimensions.

These uses of narrative structure are frequently employed in literary fiction in harnessing the use of the imagination. In The Memory Man, Appignanesi (2004) narrates the return of Bruno as an older man to his native Poland during the 1990s as a quest (plot) for personal meaning and identity by alternating chapters between the present and the past in distinct sections (e.g. ‘Past Present’ and ‘Past Historic’). In this way, the narrative views the events of war, genocide and family loss during a specific time-period (the 1940s) as distinct ‘time-things’ (Scholes 1981), but eschews a strict chronological sequencing of events in favour of a larger framework which allows meaning and coherence to become prominent features of the narrative itself.
In Solzhenitsyn’s first novel *One Day in the Life of Ivan Denisovich* (Solzhenitsyn 1963), chronological (or ‘clock’) time centres upon one day (reveille to dusk) in a prisoner’s life in one of Stalin’s labour camps in the Soviet Union during the early 1950s. However, its plot, in making ‘events into a story’ (Ricoeur 1984 p. 167) – rest, eating, work, guard inspections, roll calls, illness, relationships and conversation – goes beyond a mere sequencing of events by embedding them into a narrative imbued with richness of meaning, value and purpose. In addition, the ‘end’ of narratives can be considered in terms of new beginnings via re-reading (Kreisworth 1992).

It is important to note several possible limitations to the ‘constructivist’ nature of narrative itself. Acknowledging the influence of such factors as time and memory, it is important to recognise the provisional nature of narrative itself. This can be illustrated in several ways. Events can evoke several different narratives. MacIntyre (1984 pp. 192-194) considers the event of a man engaged in the activity of gardening as potentially evoking alternative narratives in terms of ‘preparing for winter’, ‘taking exercise’ and ‘pleasing his wife’. In addition, competing narratives were derived from the brief meeting between rival philosophers Ludwig Wittgenstein and Karl Popper in Cambridge in October 1946 (Edmonds and Eidinow 2001). It is also important to recognise that ‘narrative cannot say it all ....’ (Carson 2009 p.1). Furthermore, narrative can be a useful way of ‘representing’ (literally ‘re-presenting’) reality itself, that is events that have taken place in the past. By seeing narrative as one way of creating meaning out of past events, it can also have implications for a narrator’s sense of the present and of the future.

Narrative is used in genres closely related to literature including those of autobiography, life history and personal narratives (Bruner 1991, 2004; Gaydos 2004). Bruner (2004 p. 694) reverses the notion of ‘narrative imitating life’ by suggesting that significant cultural and linguistic processes influence narrative telling itself to such an extent that ‘life imitates narrative’:

in the end, we become the autobiographical narratives we “tell about” our lives and ... we also become variants of the culture’s canonical forms (original emphasis)
This position rests upon an assumption that roots all narratives in human beings’ conceiving of them as a selection of events, intelligible and purposeful. The literary concept of the ‘omniscient narrator’ (Porter Abbott 2002 p. 20) suggests that the concept of truth is a crucial issue in narrative and that, as a result of the inter-related aspect of narratives, narrators may be called to account for narratives which they tell (MacIntyre 1984 p. 203). Nevertheless, when we consider that narratives may be founded upon consciousness of the agent as well as upon action, such accountability may be significantly qualified or even lead to the disappearance of the ‘omniscient narrator’ altogether (Bruner 2004). A further variant of this can be illustrated in the phenomenon of the ‘unreliable narrator’ whose perceptions differ from those of the ‘implied narrator’ gradually constructed by readers to infer certain interpretations from a text. A noted literary example of this is the character of John Dowell in Ford’s novel *The Good Soldier* (1915/2002).

The ‘constructivist’ dimension of narrative may also present an ‘image of continuity’ (White 1981 p. 11) and thus limit any straightforward acceptance of the ‘narrative unity’ of a life (MacIntyre 1984). This appearance of ‘narrative unity’ may, of course, be difficult to sustain in a post-modern society increasingly characterised by human experiences of fragmentation and segregation e.g. childhood and old age, work and leisure and public and private life (MacIntyre 1984 p. 202). In addition, for other reasons it may be simply impossible to gather up all the events of one person’s life into one coherent and meaningful whole. The function of memory, for example, upon narrative may act as a ‘filtering mechanism’ to conveniently allow the ‘forgetting’ of some events whilst prioritising others (Volf 2006 p.188).

Any simple acceptance of the notion that ‘life imitates narrative’ may overlook the observation that one person’s life may often be embedded within the narratives of others and may also often, on account of life experience itself (e.g. trauma), be very difficult to narrate (Hyvarinen et al 2010). As MacIntyre (1984 p. 99) indicates:

we are never more (and sometimes less) than the co-authors of our own narratives
Narrative is often viewed synonymously with another genre of present popular use, namely that of story (Coles 1989). This concept has found frequent usage in contemporary health and social care practice in the shape, for example, of patients and relatives telling their personal stories of care experiences (Banks-Wallace 1999) and as a means of providing educational opportunities for professional carers (Hunter and Hunter 2006). It is, however, important to make important distinctions between story and narrative. Whilst story is frequently understood in terms of personal accounts of experience, it is the exploration of the structures and formal aspects of such stories (plot, time, coherence and meaning) that gives to narrative and its terms (analysis and enquiry) a distinctive place as one way of understanding human experience (East et al 2010).

2.3.1 The literary hermeneutic of Paul Ricoeur

In considering the relationship between ontology, narrative theory and narrative methodology more fully, I now turn to consider the literary hermeneutical approach of Paul Ricoeur (1913-2005). Prominent amongst a group of mid-to-late 20th Century philosophers concerned with developing a science of hermeneutics, or interpretation (Heidegger 1926; Gadamer 1997; Derrida 1998), Ricoeur’s wide-ranging corpus of work addresses issues of text, narrative, time, metaphor, imagination and ethics. By outlining a hermeneutic which is specifically literary and historical in scope and shape, Ricoeur provides a framework for understanding the particular experience of reading texts of both literary and research types (Ricoeur 1984).

For Ricoeur (1992 p. 140ff), ontology and narrative are closely linked around the issue of identity. The primacy of ontology, considered in ‘being’ terms of self-identity or self-esteem, is articulated through the actions of the self with others and is revealed in secondary terms via that of narrative construction. This dynamic involves an understanding of selfhood which considers the ‘interconnection of events’ in all their diversity via narrative (Ricoeur 1992 p. 140) as precipitating a dialectic between selfhood understood as sameness of character (idem-id) and
selfhood considered as self-constancy in its openness to the influence of events themselves (*ipse-id*) (Ricoeur 1992 p.148; Bowen 2008 p. 10).

Ricoeur’s philosophical exploration of ontology in terms of self-identity incorporates significant explorations of practice via an understanding of action. Practices, whether professions, arts or games, take into account the actions of others:

cooperative activities whose constitutive rules are established socially; the standards of excellence that correspond to them on the level of this or that practice originate much further back than the solitary practitioner

(Ricoeur 1992 p. 177)

These practice issues, linked to explorations of ethics, self-identity and self-esteem can be applied to considerations of nursing practice (Fredriksson and Eriksson 2003; Flaming 2005). Ricoeur’s ontology of self-identity expressed as self-esteem can be linked to the practice of nursing. For one participant, their view of nursing involved no real distinction between personal and professional dimensions: “It’s just who I am” (Flaming 2005 p. 96). For Callister et al (2009), ethical reasoning in nursing students is linked to a ‘process of becoming’ by addressing such issues as professional practice, lack of confidence in taking ethical stances, being just, caring and practising with integrity. For the purposes of this discussion, however, Ricoeur’s ontological perspective reveals important insights for understanding narrative as an interpretive approach in research. It is to these issues that attention is now given.
2.3.2 *What is a text?*

Commencing with considerations of language, discourse can be defined as language specifically addressed to someone (speech or text). Whereas speech can be viewed flexibly as the verbal discourse which occurs between (at least) two people, text can be defined in more substantial terms as ‘any discourse fixed by writing’ (Ricoeur 1981b p. 198). This ‘spirituality of writing’ has temporal dimensions in its exclusion of the act of reading from the origin and development of a text. Writing is also able to transcend time and the possible limitations and potential misinterpretations inherent within face-to-face dialogue (speech). In addition, through a process of ‘distanciation’, author and text become separated with the former no longer remaining responsible for text’s exegesis. These texts enter a ‘quasi-world of texts, or literature’ in the process of being read, reviewed, discussed, critiqued and gathered up into ‘archives’ (Ricoeur 1981b p. 147).

In approaching texts, Ricoeur considers the act of interpretation via two inter-related ways of reading: explanation and understanding. In the explanatory stage, the text is read in horizontal, closed and internal terms with analysis taking place along structural lines of units of language (e.g. clause, sentence, syntax), thematic coherence, semantic meaning, character communication, progression and ordering (‘what the text says’). By arguing that the ‘text no longer has an outside, it has only an inside’, Ricoeur (1981b p. 206) accords the text an essential degree of autonomy and independence but rejects any structuralist notion of the ‘ideology of the absolute text’ which would separate it from wider frames of reference (Ricoeur 1981b p. 207).

In the understanding stage, the attention given to a text shifts towards more holistic perspectives in terms of a hermeneutic circle of ‘world-text-world’. Interpretation of a text can also ‘work’ by taking a text’s ‘referential’ framework into account. Determining what a text is ‘about’, rather than merely following intricately what it ‘says’, points a text away from *itself* towards connecting ‘referents’ (e.g. a building or person), or ‘its Other’ (Ricoeur 1984 p. 218). The referential function of a text, viewed analogically in terms of ‘man and the world’ (Ricoeur 1991a p. 432), has
significance in three ways: reflecting a ‘world’, projecting a ‘new universe’ (Ricoeur 1991a p. 432) and, via the acts of reading and interpretation, the ‘conjoining of a new discourse’ either in speech (e.g. discussion) or textually via the writing of a report (‘appropriation’) (Ricoeur 1981b).

The recognition of both processes of explanation and understanding is essential in approaching texts. ‘Horizontal’ perspectives, in terms of internal order, coherence and meaning, are necessary to derive a text’s ‘sense’. Simultaneously, however, a ‘vertical’ perspective locates a text as discourse within wider frameworks which indicate what is being addressed (its referents) and which can show the openness of language to various interpretations.

This referential dimension of texts can be developed by linking it to a theory of action. Ricoeur draws upon the Aristotelian understanding of *mimesis* or likeness. One particular form of narrative, the genre of tragedy, is a mimetic form not primarily of persons (agents), but of the structure of events (action):

tragedy is not an imitation of persons, but of action and of life. Well-being and ill-being reside in action, and the goal of life is an activity, not a quality

(Aristotle 1996 p. 10)

Ricoeur develops this notion of mimesis beyond a mere imitation of a given reality. By seeing texts in enhanced terms of re-presenting events (a plot), an actional dimension permits the reader, as a purposeful agent, to see reading as an action itself and therefore the reading of a text as an entry into life itself (Ricoeur 1991b p. 432).
2.3.3 From text to narrative

The action component of texts can be developed by further considering the place of narrative. Narrative is a means by which texts can take account of time and the particular significance of events (Ricoeur 1984). These ontological guidelines can be applied to the particular activity of interpreting texts via a threefold mimesis. This approach to interpretation can be applied to discourse in terms of speech, writing, experience and reality itself (Flaming 2005), but it is the form of text that is primarily addressed here. This threefold mimesis, as part of a ‘circle of narrative and temporality’, is outlined in Table 4.

<table>
<thead>
<tr>
<th>Mimesis 1</th>
<th>Pre-understanding issues of human action</th>
</tr>
</thead>
<tbody>
<tr>
<td>reader asks of text: who agents are, symbolism, time, signs, rules, norms</td>
<td></td>
</tr>
<tr>
<td>reader approaches text with their assumptions</td>
<td></td>
</tr>
<tr>
<td>prefiguration</td>
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<table>
<thead>
<tr>
<th>Mimesis 2</th>
<th>‘Literary universe’ of text itself</th>
</tr>
</thead>
<tbody>
<tr>
<td>the ‘as if’ of text via emplotment</td>
<td></td>
</tr>
<tr>
<td>transformation of events into a story</td>
<td></td>
</tr>
<tr>
<td>configuration</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mimesis 3</th>
<th>Coming together of world of text and world of reader</th>
</tr>
</thead>
<tbody>
<tr>
<td>making/remaking of a world of action</td>
<td></td>
</tr>
<tr>
<td>application</td>
<td></td>
</tr>
<tr>
<td>refiguration</td>
<td></td>
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</table>

Table 4: Ricoeur’s (1984) Threefold model of mimesis

Understanding narrative can be followed by considering the twin dimensions of reading (interpretation) and action. The mimetic model illustrates how the ‘circle of narrative and temporality’, comprising of prefiguration, configuration and refiguration stages, operates. In mimesis 1, the reader approaches the text with their own assumptions and self-identity, but also armed with questions addressed to the text itself e.g. ‘who’, ‘whom’ and ‘how’ questions about the agents (characters) in the text itself. This perspective reflects the actional dimension of all texts in terms of interaction between agents, the place of symbols and rules influencing meaning and the place of values:
in the final analysis, narratives have acting and suffering as their theme
(Ricoeur 1984 p.56)

In mimesis 2, the consideration that texts imitate action itself permits reading of the text itself to be seen as living within the ‘as if’ world of the text itself. This mediatory stage recognises the ways in which emplotment draws events into a coherent whole, how a narrative’s re-telling reads time backwards and the ways in which creativity within a text will always be based upon ‘structure’ inherent within narrative itself.

The stage of mimesis 3 brings mimesis 1 and mimesis 2 stages together to create, or recreate, a new world of understanding and of action. In this reader-text interaction, language’s referential dimension is noted: language is for itself the order of the Same. The world is its Other

(Ricoeur 1984 p.78)

In summarising the threefold mimesis model, the way in which these three stages form a continuous ‘circle’ of interpretation is acknowledged (Ricoeur 1984 p. 72). Criticism that this ‘circle of mimesis’ is ‘vicious’ and ‘redundant of interpretation’ is addressed by noting the complexity of narrative construction itself:

empplotment is never the simple triumph of “order”

(Ricoeur 1984 p. 73)

By utilising this model of interpretation, Ricoeur is able to provide a linkage between considerations of ontology (self-identity) and the interpretation of texts (methodology). Texts can be approached (mimesis 1) in engaged and enquiring ways and the results of such interaction (mimesis 2), in terms of the way in which meaning inheres within the text via emplotment, are often new ways of understanding and new types of action itself (mimesis 3). By positing a ‘reading texts-reading lives’ axis (Ricoeur 1991b), important issues of self/interpreter identity and the ways in which these may influence the reading of a text itself are raised.
Reflexivity, in the shape of ‘reading oneself’ may result from a reader’s ‘appropriation’ of the text:

by ‘understanding oneself in front of the text and to receive from it the conditions for a self other than that which first undertakes the reading’

(Ricoeur 1991b p. 17)

2.3.4 The place of Ricoeur’s hermeneutic in nursing research

Ricoeur’s narrative hermeneutic has been used in nursing research. Geanellos (2000) considers its place as a methodology in exploring the knowledge basis of practice in residential adolescent mental health settings. The act of analysing research texts involves appreciating the complex processes involved in obtaining data from face-to-face interviews, transcription of speech into texts and analysis of, and results deriving from, such data. Amongst these, a dialectic can be identified between ‘distanciation’, involving understanding the multiple processes which take place when an interview’s spoken words are transcribed into written text format and ‘appropriation’ with its focus upon the interpreter’s derivation of meaning and an understanding of themselves (self-identity).

Geanellos (2000) explores a second dialectic in the shape of ‘explanation’ and ‘understanding’. Whereas ‘explanation’ centres upon a text’s details (Ricoeur’s ‘horizontal’ perspective), ‘understanding’ draws out possible meanings from the text via the act of interpretation. This latter process can be divided into aspects of ‘naive’ and ‘depth’ interpretation and understanding (Table 5; page 36).
Types of interpretation/understanding | Feature
---|---
naive | initial superficial grasp of meaning confined to text only
depth | focus on what unexpressed interpreter’s own ‘pre-understanding’ acknowledgement of interpretation occurring within a tradition multiple means of a text

Table 5: Types of interpretation (Geaneallos 2000)

Geanellos’ (2000) paper highlights the importance of the researcher being aware of the multiplicity of different processes occurring within the interpretation of research field texts. If considered as a ‘dialogue’ between the researcher and the world (field text) (Freeman 2007), then appreciation of Ricoeur’s twofold dialectics of ‘distanciation-appropriation’ and ‘explanation-understanding’ may permit the location of narrative within research itself. These may include:

- acknowledging multiple, but not necessarily limitless, interpretations of a text
- considering ways in which ‘pre-understanding’ (mimesis 1) and context may impact upon an interpreter’s approach to a text
- considering the different ways in which a text may ‘read’ the interpreter him/herself (reflexivity).

Frid et al (2000) summarise several aspects of Ricoeur’s literary hermeneutic related to the research enterprise (Table 6).

<table>
<thead>
<tr>
<th>language - interpretation - temporality - action – ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 6: Ricoeur’s dimensions of interpretation (Frid et al 2000)</td>
</tr>
</tbody>
</table>
Observing that all narratives, in being created for listeners and readers, necessitate a response (or interpretation), Frid et al. (2000 p. 700) acknowledge the impact of such factors as language, time, action and values on narrative’s amplification of the interpersonal dimension of a face-to-face interview involving researcher and participant as ‘caring persons’. Whilst this dynamic may not be free of certain risks for the narrator themselves (Cyrulnik 2009 p. 178), by contextualising it within a wider framework narrative has the potential to incorporate a ‘life-world’ approach involving conversation, caring and ‘potential healing’ (Frid et al. 2000 p. 700).

In summary, engaging with key aspects of the literary hermeneutic of Paul Ricoeur can be helpful in considering how narrative might be used within research. In particular, the consideration of issues of time and ontology highlight the complexities of interpreting research texts viewed in narrative terms.

2.4 The use of narrative in research

It is not easy to locate narrative within an overview of research. Its separate category status in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) only dates from 1997 (Frid et al. 2000). Munhall’s (2001) list of qualitative research approaches fails to locate it within a group incorporating ethnography, grounded theory, phenomenology, case study and historical research. Slaughter et al.’s (2007) discussion of interpretations derived from a single text using six different research traditions accords it only the briefest of space. Significantly, Sandelowski (1994 b p. 53) locates narrative beyond common understandings of the quantitative and qualitative paradigms in the value-laden use of language.

However, it is important to note the increasing use of narrative in consideration of many areas of professional health care practice. These include health professional-client relationships (Nelson 1997; Brody 2003; Sakalys 2003), as an alternative perspective to ethics (Begley 2003; Hurwitz, Greenhaugh and Skultans 2004), as a way of developing
typologies of patients’ illness experiences (Frank 1997) and to certain areas of practice itself (e.g. mental health ‘recovery’ approaches) (Scottish Recovery Network 2006).

Creswell (2007 p. 54) considers narrative to be a specific form of design within the broad range of qualitative research inquiry. Holloway and Freshwater’s (2007) view that narrative can be closely allied to, but still differentiated from, qualitative research is also noteworthy. This view lies in recognising that narrative may derive from more diffuse interpretive philosophical frameworks and assumptions. However, this may stand in contrast to understanding narrative as ‘tradition’ where influential sources may be less well acknowledged (Koch 1996). Creswell’s (1997) outline of five qualitative research inquiry traditions (biography, phenomenology, grounded theory, ethnography and case study) can be contrasted to his later, otherwise identical, description of five qualitative research inquiry approaches with the exception of the substitution of ‘narrative research’ for ‘biography’ (Creswell 2007).

The distinctive features of narrative inquiry can be contrasted with another tradition or approach within the qualitative paradigm, namely that of phenomenology. The phenomenological approach centres the knowledge enterprise upon the lived experience of the human person in contrast to the objective, aetiological and predictive features of the scientific method (Green and Holloway 1997). A phenomenological approach to human experience centres upon a descriptive and interpretive process of the lived experience of several individuals in respect of a particular phenomenon (e.g. life events such as loss, anger or childbirth). Although sharing much in common with phenomenology, narrative as a distinctive approach can be differentiated by its emphasis on individuals telling their stories of their own experiences. Table 7 (page 39) delineates the distinctive features of both the narrative and phenomenological approaches.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Narrative research</th>
<th>Phenomenology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Exploring life of an individual</td>
<td>Understanding essence of the experience</td>
</tr>
<tr>
<td>Type of problem</td>
<td>Need to tell stories of individual experiences</td>
<td>Need to describe essence of lived phenomenon</td>
</tr>
<tr>
<td>Discipline background</td>
<td>Humanities including anthropology, literature, history, psychology</td>
<td>Drawing from philosophy, psychology, education</td>
</tr>
<tr>
<td>Unit of analysis</td>
<td>One or more individuals</td>
<td>Study of several individuals sharing the experience</td>
</tr>
<tr>
<td>Data collection forms</td>
<td>Primarily interviews, documents</td>
<td>Primarily interviews with individuals, but some documents, observations</td>
</tr>
<tr>
<td>Data analysis strategies</td>
<td>Stories, ‘re-storying’, use of themes, developing chronology</td>
<td>Significant statements, meaning units, description of essence</td>
</tr>
<tr>
<td>Written report</td>
<td>Developing a narrative about the stories of an individual’s life</td>
<td>Describing essence of experience</td>
</tr>
</tbody>
</table>

Table 7: Contrasting features of narrative and phenomenology (extract from Creswell 2007)

By contrasting certain characteristic features of narrative and phenomenological approaches (Table 7), it is possible to focus upon several distinctive features of the narrative approach itself. Lindsay’s (2006) exploration of the experience of nurse education offers a contrast between narrative inquiry and interpretive phenomenology. By focussing on the area of experience (‘how shall I live?’), narrative’s reconstruction of experience in past terms (e.g. ‘What are the stories of the healthcare landscape?’) can be compared to phenomenology’s more reflective approach in terms of its ‘essence’ and stance towards present and future tenses. By using the metaphor of ‘seeing’, particular dimensions of these two approaches can be highlighted (Lindsay 2006). (Table 8; page 40).
<table>
<thead>
<tr>
<th>Type of inquiry</th>
<th>Experience</th>
<th>Seeing</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>narrative</td>
<td>reconstruction of</td>
<td>in time</td>
<td>historical</td>
</tr>
<tr>
<td>phenomenology</td>
<td>reflection on</td>
<td>becoming</td>
<td>present</td>
</tr>
</tbody>
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Table 8: Experiencing nurse education research (Lindsay 2006)

The distinctive feature of the narrative inquiry approach lies in its reconstruction of the experiences of individuals. Drawing upon diverse disciplines in the humanities (e.g. history and literature), narrative can be a useful methodology to adopt in nurse education research. Narrative shares much in common with qualitative research in terms of attention to particulars, the active participation of the researcher and the production of written texts. However, in its emphases upon meaning-making, knowledge construction, attention to time and narrator reflexivity in reconstructing experience, the distinctive features of narrative as a non-reductionist methodology may be seen. In addition, narrative can be seen as a means of inquiry by which a topic can be explored in provisional, relational and tentative ways and modest epistemological claims offered about its findings.

2.4.1 Using narrative as analysis in research

The use of narrative as a means of promoting the ‘textual construction of reality’ (Taylor 2003 p. 244) draws upon the main principles of narrative outlined in section 2.3. Manning and Cullum-Swan (1994) note the diversity of approaches used within narrative analysis itself. Nevertheless, it is possible to identify key principles amongst such diversity. If the central thrust of narrative centres upon the reconstruction of individuals’ experiences, then this activity requires the researcher to engage in particular actions with their data. Narrative construction requires engagement in a process of data reduction involving stages of description, analysis and interpretation (Sandelowski 1999) and requires to take account of time (‘before, ‘during’, ‘after’) and theme as primary and secondary guiding principles respectively (Sandelowski 1999).
Polkinghorne (1995 p. 15) differentiates between analysis of narratives and narrative analysis by noting the former’s identification of paradigmatic examples from research texts and the latter’s synthesis of data into ‘emplotted narratives’. By viewing the text (e.g. derived from interviews) as extended extracts of material where an ‘interviewee is telling a story’ (Lucas 1997 p.116), or is relating personal experiences (Riessman 1993 p.3), analysis of such materials can be carried out in terms of the features of narrative itself. Riessman’s (1993 p.3) suggestion that this analysis considers data as ‘talk organised around consequential events’ (beginning-middle-end) may indicate the significance of the temporal dimension of narrative.

Other narrative approaches are, of course, possible. Smith (2009) utilises narrative to extract short sections of text in order to undertake a specifically content analysis. Jakobsen and Sorlie (2010) adapt Ricoeur’s naïve and depth understandings of a text to provide a structural analysis involving identification of themes and sub-themes. It is, however, in the terms outlined by Lucas (1997) and Reissman (1993) above that I employ narrative as a tool of analysis in this research thesis. Both the narrative frameworks of Labov and Waletzky (1967) and Clandinin and Connelly (2000) permit narratives to be presented as extended and holistic discourses. These issues are discussed more fully in sections 2.5.3 and 2.5.4.

Time, however, is not the sole consideration in approaches to narrative analysis. Mishler (1995) outlines a typology of issues that require to be addressed when using narrative analysis with texts (Table 9; page 42).
**Reference and temporal order**
Mode – selection, evaluation, transferring of sections of texts into restructured narrative

**Textual coherence and structure**
Meaning themes episodes
Mode – textual poetics discourse linguistics stanzas

**Narrative functions – contexts and consequences**
Use of narrative in therapeutic situations – interactional and institutional contexts
Mode – role of story (e.g. clinical narratives)

Table 9: Narrative analysis: a typology (Mishler 1995)

Narrative analysis of textual data may employ all three dimensions: temporal ordering of events, textual coherence in terms of themes and meaning via stanza construction (cf. Ricoeur’s ‘explanatory’ view) and context in terms of interviewer-interviewee dynamics and social setting (cf. Ricoeur’s ‘understanding’). Notwithstanding the lack of set operational definitions for using narrative in textual analysis (Atkinson 1997), certain criteria are identifiable to guide the researcher. Denzin’s (1989) criteria parallel many of the themes inherent within narrative theory itself (section 2.2) (Table 10).

Table 10: Features of narrative for analysis (Denzin 1989)
Several critiques of the use of narrative as a research methodology must be noted. The first notes the ‘loose’ way in which narrative is often used to understand individuals’ experiences as necessarily expressing more ‘natural’ accounts than other structured approaches (Paley and Eva 2005). The second broad critique asserts that underestimation of power differentials in research (e.g. interviewer-interviewee dynamics) may mean that the performative aspect of conducting interviews will elicit certain kinds of narratives only (Nelson and McGillion 2004 p. 632). Both critiques deserve to be treated seriously. The argument, however, of the previous section is that narrative employs language in highly structured, selective and value-laden ways. Accordingly, a participant’s narrative will always be reflective of their choice of, and meaning derived from, events being recalled (Riessman 1993 p. 3). In addition, such a perspective acknowledges that other narratives are always possible (Carson 2009).

Secondly, it is important to recognise the ‘constructivist’ dimension of narrative in social terms. Although the charge of ‘confessional’ narratives deserves to be noted (Nelson and McGillion 2004 p. 633), it is arguable that all narratives are ultimately derivative from wider social and cultural narratives. The main issue is to recognise these features in the use of narrative in research and to incorporate these into evaluative discussion on its use. These issues are further addressed in Chapter Nine.
2.5 Rationale for the use of narrative in this study

The choice of narrative as a methodology for this particular study is grounded in several different factors. To explicate these, it is necessary to consider the title, objectives, research question and key assumptions of this study (Table 11).

<table>
<thead>
<tr>
<th>Title of Study</th>
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<tbody>
<tr>
<td>A narrative exploration of the relationship between reading literature and poetry and ethical practice: narratives of student nurses and nurse educators</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>1. To critically analyse the role and importance of the arts and humanities in professional health care education</td>
</tr>
<tr>
<td>2. To critically analyse the role and importance of the arts and humanities in nurse education</td>
</tr>
<tr>
<td>3. To critique current nursing curriculum philosophies from the perspective of the arts and humanities</td>
</tr>
<tr>
<td>4. To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Assumptions/Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>ethics action reading life human flourishing person practice</td>
</tr>
</tbody>
</table>

The form of ethical practice being explored in this study is a teleological, or intentional, ethic based on the ‘aim of an accomplished life’ (Ricoeur 1992 p. 170). In terms of the potential contribution which reading literature and poetry can give to such an ethic, this ethic can be characterised as exploratory and interrogatory in terms of a ‘how-to-live’ framework (Frank 2004). This ethic seeks to address and explore the promotion of life itself in terms of human flourishing. Such an ethic does not reject rationalist and cognitive approaches outlined in section 1.1., but seeks to incorporate a wider view of personhood as ‘whole people worthy of respect’ (Carson and Fairbairn 2002 p. 17).
Exploring this elevated view of the person (whether patient or nurse) may be enhanced by the use of narrative. Its distinct features (plot, time, action, coherence, meaning and text) can be seen primarily in recognising that narratives are experiences told (and re-told) by individual persons. Adopting a narrative methodology, with its skills of listening, dialogue, discussion, learning and interpretation used towards attaining an understanding of texts, can be a helpful way of exploring this concept of ethics in terms of the practice of nursing underlying the specific research question (Carson and Fairbairn 2002 p. 15).

In considering the place of narrative in the writing of this thesis (a ‘narrative research text’), my own role as researcher can be amplified in particular ways. Viewing the text as narrative ascribes to the researcher an ontological position of narrator with attendant responsibilities of selection of events, perspective, interpretation, meaning, addressing issues of time, presentation structure, innovation and working with, and through, issues of ambiguity and uncertainty. Writing itself may become a distinct ‘way of knowing’ (Richardson 1994), but adoption of the role of narrator by the researcher may heighten the need to make these responsibilities more transparent. These tasks may include making the values underlying the choice of research methodology and methods, inherently ethical in themselves, more explicit (Smythe and Murray 2001).

2.5.1 The contribution of Ricoeur’s hermeneutic to this study

The rationale for including Ricoeur’s hermeneutical circle may be found in its contribution to an overall understanding of narrative methodology. The science of interpretation centres upon what takes place in the ‘space’ between speaker and listener or text and reader (Freeman 2007). Using this spatial metaphor suggests the potential for ‘dialogue’, or conversation, taking place between text and researcher aiming at understanding. Ricoeur’s threefold mimetic circle may help to indicate the multiplicity of factors which may be located within, and potentially emerge from, this engagement ‘space’. Several different dialogues may be seen to be taking place with reference to this study:
• the dialogue (primary) occurring between research participants (student nurses) and their reading of particular literary texts within their module learning experience, during focus group sessions and in other contexts. Framing such engagement with literary texts along the lines of Ricoeur’s mimesis 1-3 may help to indicate some of the particular challenges and opportunities that reading such texts can present

• the dialogue occurring between research participants (student nurses and nurse teachers) and their contexts of practice (clinical nursing and university teaching respectively)

• the dialogue taking place between myself as researcher and research participants via the research methods used (focus groups, one-to-one interviews, reflective practice journals, documentary source review)

• the dialogue occurring between myself as researcher and the research texts. The ‘space’ for such dialogue is complex when impinging factors and different levels of interpretive activity are considered. However, by making the interpretive process open (e.g. stages of narrative ‘naming’, ‘labelling’ and ‘restorying’), it may be possible to see why certain interpretations (readings) have been made and what others may yet be undertaken

• the dialogue taking place between research narratives and participants in the evaluation of this research (outlined in section 9)

• the dialogue that may take place between readers (e.g. supervisory team and external examiners) and this ‘narrative research text’. Based upon the premise that narrative research texts require to be read (Richardson 1994), responsibility rests upon the researcher to present the text in engaging and interesting ways

It is possible to develop elements of the interpretive process by considering in more detail what may take place within the interpretive ‘space’ between researcher and text. Lieblich, Tuval-Mashiach and Zilber (1998) consider this by way of ‘dialogical listening’ and suggest the presence of three distinct ‘voices’ (Table 12; page 47).
This multiform dimension of ‘dialogical listening’ within narrative methodology demonstrates that interpretation, via listening, can proceed through the stages of pre-understanding (mimesis 1) to action (mimesis 3). The possibility exists that student nurses’ practice may be changed as a result of their engagement with literary texts. In a similar way, my own perspective as researcher may undergo change and development as a result of my own interpretive ‘listening’ to texts via my use of identified analytical frameworks.

2.5.2 Using types of narrative analysis

One particular feature of narrative in research is its use in telling the stories of individual experiences (Table 7; page 39). Defining narrative as ‘an oral, written or filmed account of events told to others or to oneself (monologue)’ (Smith 2000 p. 328), it is possible to consider the movement of narrative beyond description or exposition of events. By acknowledging the impact of perspective and context, narrative’s ‘interpretive thrust’ (Riessman 1993 p. 5) involves seeing its use in terms of a construction and imposition of a structure upon the text itself. Although narrative is primarily used to interpret individual experiences, recognising the use of language as a ‘shared symbolic form’ (Smith 2000 p. 328) may place ‘local’ narratives within wider social, political and cultural ‘meta-narratives’ of nursing itself (Lyotard 1984). This may be seen in such ‘meta-narratives’ of nursing as domestic worker, autonomous professional, ministering angel, subordinate professional and doctor’s handmaiden (Chiarella 2002).
Several distinctive features of narrative analysis itself can be noted (Riessman 1993). The first notes that narrative analysis centres upon an individual’s story itself by way of examining how it is constructed and the ways in which it is told (and re-told). The second recognises that the interpretive process of narrative analysis (listening, transcribing, analysing and reading) is partial and incomplete. Although no canonical principles or approaches apply to interpretive work (Riessman 1993 p. 69), issues of trustworthiness and coherence become criteria in assessing the value of using narrative as an approach in analysis of data.

The plethora of possible frameworks used in narrative analysis indicates a lack of consensus within the field (Atkinson 1997; McCance, McKenna and Boore 2001). Included within such a wide field of narrative methodologies are approaches centring on psychological (Lieblich et al 1998), sociological (Cortazzi 1993), organisational (Czarniawska 2004) and life history (Bruner 2004) features. The adoption of two particular narrative frameworks in this study reflects something of this diversity and gives to this research the opportunity of using the insights and perspectives, as well as highlighting the limitations, of two different recognised frameworks in narrative analysis.

2.5.3 The structural analysis of Labov and Waletzky (1967)

The contribution of Labov and Waletzky (1967; 1997) to narrative analysis studies is pioneering. By demonstrating that fundamental features of narrative may be found in oral versions of personal experience (Gee 1985), Labov and Waletzky’s (1967) sociolinguistic approach has been extensively applied to the use of narrative as a way of analysing interviews (Riessman 1990; 1993). Texts, considered in terms of ‘narrative units’ which ‘recapitulate experience in the same order as the original events’ (Labov and Waletzky 1967 p. 21), are examined functionally in terms of their referentiality and evaluation. Identification of a narrative clause containing at least one ‘temporal juncture’ (often denoted by ‘and’) is part of a wider ‘structure’ of the narrative itself (Table 13; page 49).
<table>
<thead>
<tr>
<th>Abstract</th>
<th>summary of substance of narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>time, place, situation, person</td>
</tr>
<tr>
<td>Complicating Action</td>
<td>sequence of events</td>
</tr>
<tr>
<td>Evaluation</td>
<td>significance/meaning of action, element of mystery, attitude of narrator</td>
</tr>
<tr>
<td>Resolution</td>
<td>what finally happened</td>
</tr>
<tr>
<td>Coda</td>
<td>returns verbal perspective to narrator</td>
</tr>
</tbody>
</table>

Table 13: Sociolinguistic structure of narratives (Labov and Waletzky 1967)

For the purposes of narrative analysis, texts are parsed into stanzas using all, or most, of the sections outlined in Table 13 (use of Abstract and Coda sections are optional). A further level of interpretive analysis takes place when the researcher names stanzas placed within each identified section. Although this structure reflects referential and temporal order dimensions of Mishler’s (1995) typology (see Table 9; page 42), the key feature of this structure centres upon its ‘evaluation’ section. This part of the narrative reveals its ‘point’ and demonstrates the narrator’s attitude to the complexity of events being narrated under the ‘Complicating Action’ section. This ‘high points analysis’ (Smith 2000 p. 328) appropriately identifies this approach as an ‘evaluation model’.

2.5.4 *The narrative inquiry approach of Clandinin and Connelly (2000)*

The contribution of Clandinin and Connelly (1994; 2000) to narrative research methodology displays a number of distinctive features. Derived from educational research in Canada, the use of narrative is located by researchers as a means by which to ‘tell or represent the story of the research project’ (Clandinin and Connelly 1994 p. 418). A more flexible understanding of the past in terms of experience is presented (Clandinin and Connelly 2000). As a result, no definition of narrative is offered and narrative *analysis* is discarded in favour of a broader narrative *inquiry* (Clandinin and Connelly 2000).
This approach acknowledges intellectual origins in the educational philosophy of American educationalist and ethicist John Dewey (1859-1952). Dewey’s distinctive contribution to the philosophy of education lies in the recognition that learning via ‘traditional’ routes (e.g. texts and pedagogies) requires to be supplemented by ‘progressive’ approaches permitting the student to draw upon their own personal participation in, and reflection upon, learning activities (Dewey 1997). By rejecting transcendent perspectives in favour of temporal and experiential perspectives (Loomis and Rodriguez 2005), Dewey firmly locates learning within social and naturalistic contexts.

Although not all experience is necessarily educational, Dewey delineates clear criteria for experience. These include a recognition that experience is comprised of a dynamic between personal (internal) and social/environmental (objective/external) elements within the context of time (‘experiential continuum’) (Dewey 1997). These are illustrated in Figure 1.

![Diagram of Dewey's criteria of experience](image)

Figure 1: Dewey’s criteria of experience
The world of education is explored via the conduit of Dewey’s theory of experience (Clandinin and Connelly 2000). Narrative represents a means of studying personal experience in structured ways (Clandinin and Connelly 1994 p. 418). By posing the question ‘why narrative?’ the answer provided is: ‘because experience’ (Clandinin and Connelly 2000 p. 50). By building upon Dewey’s (1997) theory of experience, Clandinin and Connelly (2000) develop a three-dimensional space narrative structure by expanding an understanding of narrative to include an interaction (personal and social), continuity (time in experiential dimensions of past, present and future) and the recognition of context (or place) (Figure 2).

![Diagram of the three-dimensional space narrative structure](image)

If considered as a form of narrative inquiry, this approach avoids strict definition of narrative in favour of seeing both participant and researcher as engaged in ‘a form of living, a way of life’ and as ‘walking into the midst of stories’ (Clandinin and Connelly 2000 p. 78). Acknowledging the potential for ambiguity in the use of this type of research, the researcher’s reflexive approach towards the research itself is assumed. With no ‘kind of perfect, idealized, inquiring, moralising self’ (Clandinin and Connelly 2000 p. 62), the researcher joins participants in ‘living our stories’ by themselves within ‘responsive communities’ that will question and critique narratives.

Ollerenshaw and Creswell (2002) outline one way in which this three-dimensional space narrative approach may be utilised (Table 14; page 52).
Table 14: The three-dimensional space narrative approach

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>look inward to internal conditions</td>
<td>look outward to existential conditions in environment with other people’s intentions</td>
</tr>
<tr>
<td>Feelings</td>
<td>Purposes</td>
</tr>
<tr>
<td>Hopes</td>
<td>Assumptions</td>
</tr>
<tr>
<td></td>
<td>moral dispositions</td>
</tr>
</tbody>
</table>

Three distinctive features of this three-dimensional space narrative approach are highlighted. Firstly, by contrasting it with a narrative approach emphasising the solving of problems, experience is presented in potentially broader and more holistic dimensions. By placing emphasis on personal and contextual dimensions, less attention is given to using narrative as a way of resolving issues of conflict or to addressing problems (cf. the ‘Complicating Action’ section of Labov and Waletzky’s (1967) framework). Secondly, the researcher extends the analytic process through an active engagement of interpretation called ‘restorying’. The researcher’s rewriting of the original story (‘field text’) shapes a ‘chronological sequence’ and provides ‘rich detail about the setting or context of the participant’s experiences’ (Ollerenshaw and Creswell 2002 p. 332). Thirdly, by collaborating with the participant via the process of ‘restorying’, deep understanding of the researcher themselves may be gained and included within the ‘new story’.

By outlining and discussing the dimensions and features of these two frameworks (Labov and Waletzky 1967; Clandinin and Connelly 2000) something of the width of the field within narrative methodology may be indicated. In utilising these frameworks within this study, use is made of Labov and Waletzky’s (1967) sociolinguistic approach to construct narratives derived from field texts addressing Objectives 1 to 3 (see Table 11; page 44).

These field texts are largely derived from focus group interviews and one-to-one interviews with student nurse and nurse teacher participants and link with the emphasis on ‘oral versions of personal experience’ found in Labov and Waletzky (1967). Centring upon ‘referential’ and ‘evaluative’ dimensions of narrative, the use of this particular approach has particular focus on the understanding (‘evaluation’) which participants develop of the place of the arts and humanities within their curriculum and their own learning and teaching experience.

The nursing practice dimension of Objective 4, centring upon the impact of reading literature and poetry on student nurses’ ethical practice, draws upon the experiential, interactional and contextual dimensions of Clandinin and Connelly’s (2000) three-dimensional space narrative structure.
Addressing this objective also draws upon textual sources in the form of reflective practice journals and documentary sources. Approaches for analysing data from these latter sources are more eclectic in the use of Fish et al (1991) along with Clandinin and Connelly (2000). Although the demarcatory use of these two approaches might be considered to have some limitations, their use to address these particular objectives draws upon major features of each approach (Table 15).

<table>
<thead>
<tr>
<th>Objective</th>
<th>Narrative approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To critically analyse the role and importance of the arts and humanities in professional health care education</td>
<td>Labov and Waletzky (1967)</td>
</tr>
<tr>
<td>2. To critically analyse the role and importance of the arts and humanities in nurse education</td>
<td>Labov and Waletzky (1967)</td>
</tr>
<tr>
<td>3. To critique current nursing curriculum philosophies from the perspective of the arts and humanities</td>
<td>Labov and Waletzky (1967)</td>
</tr>
<tr>
<td>4. To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students</td>
<td>Clandinin and Connelly (2000)</td>
</tr>
</tbody>
</table>

Table 15: Narrative methodology approaches

2.6 Summary

In this chapter I have sought to justify the use of a narrative methodology in this particular research study. By rooting this discussion in the epistemological and theoretical perspectives of any research framework, the use of narrative as a means of textual analysis is demonstrated. This is achieved by drawing upon the use of narrative within literary and historical studies and by indicating how narrative, via an application of Ricoeur’s (1984) threefold mimesis model, might be used interpretively in approaching texts at a number of different levels. By presenting two narrative frameworks in the shape of a socio-linguistic approach (Labov and Waletzky 1967) and a three-dimensional space narrative approach (Clandinin and Connelly 2000), I have tried to show how narrative might be used in different ways as a distinct methodology in research. This
outline sets the scene for the narrative analysis of interviews, reflective practice journals and documents used as methods of data collection in this study. These are discussed more fully in Chapter Five.

As the quotation from Ondaatje (1994) in the preface to this chapter indicates, narratives can be presented in many different forms. In this chapter, I have sought to demonstrate the use of narrative as one way which individuals might seek to understand the past. However, the narratives of student nurses (Ruth, Mary, Linda, Jane, Michelle and Sarah) and nurse teachers (Rhona, Morag, Wendy and Sam) presented in subsequent chapters of this thesis (Six, Seven and Eight) also possess present and future tense implications. Although participants were not directly requested to supply future ('hypothetical') narratives (Olsen and Terry 2006), this dimension may be considered as a significant part of a teleological ethic placing as it does the future at its centre.
CHAPTER THREE

LOCATING THE ARTS AND HUMANITIES WITHIN PROFESSIONAL HEALTH CARE EDUCATION
‘Art’ is the easy strategy, life and history are too hard. Even the reputation of art can be an easy way out’

3.1 Introduction

In this chapter I seek to locate the reading of literature and poetry within wider defining contexts of the arts and humanities in general and professional health care education settings in particular. In doing so, the central philosophical notions of action, narrative, relationality and human flourishing are demonstrated as possible ways of understanding the arts and humanities and their relevance for inclusion in professional health care education curricula. These are important foundations for understanding the ways in which the reading of literature and poetry might contribute towards promoting an ethic framed in ‘how-to-live’ terms within nursing practice outlined in Chapter Four. In section 3.2, I seek to define and discuss the scope of the arts and humanities. In section 3.3, theoretical aspects of understanding literature and poetry are addressed. Finally, in section 3.4, the place of the arts and humanities within professional health care education and within nurse education in particular, is discussed.

The secondary literature discussed in this chapter is drawn, in part, from regular searches within the Arts and Humanities Citation Index, the Cumulated Index of Nursing and Allied Health Library (CINAHL), ASSIANet (Health and Social Sciences) and from regular Zetoc literature ‘alerts’ in the humanities under such headings as ‘literature and ethics’, ‘humanities’ and ‘ethics education’.

3.2 Defining the scope of the arts and humanities

The arts and humanities are closely linked and are, indeed, often discussed together. However, it is vital that important distinctions between them are recognised and explored. ‘The arts’ are a significant cultural phenomenon and include such activities as literature (including poetry), painting, music, sculpture, architecture, theatre and dance. In posing the question ‘what is it that we expect to get from art?’, Graham (1997 p. 4) suggests that the origins of much art can be located in the expression of emotions, but that people’s response to art more often lies
in cultivating the imagination rather than in the expression of emotions as such.

It is important to consider the aesthetic dimension of the arts in terms of exploring, and giving expression to, different areas of human experience. Seerveld’s (2000 p. 10) definition of art as a:

sensuous metaphor, a human act – with or without words- harnessed to tell a story in sight-or-sound image that asks to be understood in kind, as a sensuous metaphor

may be helpful in highlighting the way in which art seeks to engage with the senses. Other perspectives can be added to Seerveld’s (2000 p. 10) conception of ‘narrative art’. According to Baumann (1999 p. 107):

art is about seeing and thinking in new ways about things that are not as clear as they could be. Art has the unique potential to uncover that which is hard to express verbally

This understanding of art may go beyond purely visual forms (e.g. paintings) to include a ‘learned way of attending to sensory phenomena’ (Feldman 1996 p. 70).

In recognising how this sensual engagement and interaction with the arts might work (e.g. listening to music or perceiving in art), appreciation of the arts has the potential to promote meaningful understanding of human experience. Although such engagement with art is often considered in aesthetic terms (e.g. beauty or play), this may not always be so. Not all art is pleasurable. Engagement with art forms depicting pain or suffering (e.g. art derived from human experiences such as illness, war or famine) may not be at all pleasurable. Several examples may be cited where art concerns itself more with truth than beauty. Firstly, this may be seen in the poetry of Paul Celan (1920-1970) who, along with his family, was caught up in the Nazi German invasion of Romania in 1941 and deported to a concentration camp along with other fellow Jews. In his poem ‘Psalm’, Celan (1988) seeks to describe the truth of the suffering experienced by his people in the starkest of terms in the first three stanzas:
Psalm

No one moulds us again out of earth and clay,  
No one conjures our dust.  
No one.  
Praised be your name, no one.  
For your sake  
we shall flower.  
Towards  
you.  
A nothing  
we were, are, shall  
remain, flowering:  
the nothing -, the  
no one’s rose.

Secondly, the ‘synoptic and artificial view’ provided by literature can provide deep insights into the human experience of suffering under modern methods of warfare (Sebald 2003 p. 26). Thirdly, consideration of a work of art such as *The Wounded Deer* (1946: Zamora 1990) by the Mexican painter Frida Kahlo depicting as it does an animal body, a human head and impaled arrows, can provide deep insight into the constant physical pain that this artist suffered through lengthy periods of her life.

By bringing art to the world rather than evaluating works of art in terms of standards purportedly belonging to the ‘real’ world (Graham 1997 p. 57), it is possible to consider art being able to offer a different understanding (‘aesthetic cognitivism’) of the world by linking images to people’s own experience via the use of imagination. Engagement with the arts, then, may be able to move beyond traditional notions of contemplation and distance (Le Vasseur 1999).

It may not be the case, however, that the arts will always offer engagement with, and understanding of, the world. Underlying the idea of art as a way of understanding human experience, Carey (2005 p. 109) views art’s contribution to ‘human development’ with deep scepticism: literature and the arts ought to make us better, but seem not to in practice.
Furthermore, Carey’s (2005) questioning of the arts’ contribution to understanding human experience at all is supported by him finding wanting the claims of the Irish poet Seamus Heaney that ‘deep acoustic memories’ might be legitimate sources for the writing of poetry itself (Carey 2005 p. 114). This criticism of some artistic claims about human experience should not be interpreted as a wholesale dismissal of all art’s claims to understanding human life. It is possible to accept certain features of art (e.g. particularity, rhythm, harmony and interiority) as valid, albeit diverse and varied, ways for human beings to understand themselves and the world in which they live. As Murdoch (1970 p. 31) states it:

where virtue is concerned we often apprehend more than we clearly understand and grow by looking

Nevertheless, Carey’s critique ought not to go unheeded. By drawing attention to certain dubious aspects of how the arts operate in the world (e.g. ‘religion of art’ veneration and its place within social and economic systems), Carey (2005 pp. 167-168) deserves credit for moving discussion of art away from the analysis of the minutiae of artworks and texts towards art’s more central locations within people’s lives:

arts research needs to change direction, to look outwards, and investigate the audience not the texts. It needs to link up with sociology and psychology and public health, and create a body of knowledge about what the arts actually do to people. Until that happens, we cannot even pretend that we are taking the arts seriously

In contrast to an ‘autonomy of art’ perspective, this embedding of art within social and cultural contexts can be considered not only in terms of the origins of art (e.g. expressivism), but also through an exploration of how people respond in different ways to engaging with art. This can be illustrated in student nurse Michelle’s narrative (‘An Open Approach’) in section 6.3. If it is not possible to consider the origins of art in value-free, neutral or objective terms, neither can people’s responses to art be so viewed. Wolterstorff (1997 pp. 4-5) outlines these two perspectives in terms of action (original emphases):
works of art are instruments by which we perform such diverse actions as praising our great men and expressing our grief, evoking emotion and communicating knowledge and

works of art equip us for action. And the range of actions for which they equip us is very nearly as broad as the range of human action itself. Art – so often thought of as a way of getting out of the world – is man’s way of acting in the world. Artistically man acts

This appreciation of the place of action within art is further amplified by Arendt (1958 p. 179). Action is a free, creative and speech-and-deed dimension of the human condition that can be contrasted to the determinism of labour and the productive aspects of work. By viewing art as action, some links can be made to critical theory in its critique of modernism’s rational and objectivist tendencies (Dryzek 2006 p. 192). Moreover, identity (‘who are you?’) is highlighted in the centrality given to speech within action itself (Arendt 1958 p. 176).

These perspectives on human action may help to explain the breadth of activities which might find inclusion under an umbrella of the ‘arts’. For Ziff (1997 p.23), artistic appreciation incorporates ‘anything that can be viewed’. Linking art to action may help to account for the diversity of human responses to art itself. In terms of health care, a recent example of this may be found within the emerging dialogue between health care provision and the arts. Staricoff (2004 p. 4) observes that:

although the therapeutic effects of the arts have been recognised for many centuries, it is only in recent years that there have been systematic and controlled studies of these effects. There are still many areas to explore, such as the relationship between the introduction of the arts and humanities into the health care environment and the recruitment and retention of staff

In considering the humanities, it is important to note that these are academic disciplines that adopt a critical and analytical approach to the study of human experience. The humanities take their origins from what Grayling (2004) outlines as three distinct historical periods of human intellectual and paradigm-changing activity known as Enlightenment (literally meaning ‘the light’). The First Enlightenment, rooted in the classical Greek concept of the good life, has Aristotle as a representative
figure in his consideration of values and dispositions (virtues) as cardinal features of being human (Aristotle 1983). The place of the virtues within a ‘how-to-live’ ethic are discussed more fully in section 4.2.1. In a Second Enlightenment during the Renaissance period (1400-1650), the humanities (studia humanatis) seek to explore the diversity of human life within wide educational contexts. Finally, in a Third Enlightenment derived from the 18th Century, the humanities are located within an age of science emphasising the exercise of autonomy and the power of reason.

Edgar and Pattison (2006) identify a core group of disciplines around the theory of literature, history, theology and philosophy. Uniting these disciplines is a diverse set of issues and questions arising from consideration of a philosophical anthropology: ‘What is it to be human?’ (Edgar and Pattison 2006 p. 93) Although a distinction can be made between the aim of the humanities for investigating the ‘inhabited meaning world’ (Edgar and Pattison 2006 p. 93) of human self-understanding and the ‘objective’ realities of the natural sciences, this distinction should not be held up as absolute. Instead, the ‘grounding contention’ of the humanities centres upon the assumption that:

- the products of human existence, be they artworks, belief systems, political structures, or even sciences and technologies, are shaped by and expressive of some deeper beliefs about what humans are, and also what humans ought to be. We study these products of human existence to discover what the producers thought (or took for granted) about the human condition (emphases added)

Furthermore, it is important to note the interdisciplinary scope of the humanities. By encouraging dialogue between and across different disciplines, the humanities may promote plural narratives, positions of criticality and multiple truth claims within a spirit of openness and provisionality that eschews predictable outcomes. According to Parker (2008 p. 92):

- the sheer plurality and complexity of types of humanities texts demands that the reader model what it is to live and act in a complex world
The changing ways in which the humanities might articulate significant
dimensions of human nature and human purpose can be illustrated by
considering two cultural examples. The first is rooted in nineteenth
century European ideas of ‘human progress’. Matthew Arnold (1869), in
his capacity as Her Majesty’s Inspector of Schools in England, as part of
his warning call against deleterious social and spiritual effects of
advancing industrialisation, vested the humanities with a distinctive ‘high’
role in cultural transformation. In this task of the ‘study of perfection’
aiming at ‘developing all sides of our humanity’, Arnold (1970 p. 467)
gave prominence to the place of literature in addressing the spiritual
malaise of an increasingly materialistic culture.

The second example illustrates a more critical perspective. This derives
from a cultural debate which took place in Britain some fourteen years
following the end of the Second World War. In 1959, C.P. Snow, a
scientist, civil servant and novelist, delivered the Rede Lecture entitled
‘The Two Cultures and the Scientific Revolution’ (Snow 1998 ed; 1959
orig).

In identifying two distinct cultures within the West, Snow highlighted a
scientific culture, characterised as positive, progressive and practical,
eexisting alongside a literary culture featuring anti-scientific views, reaction
and indifference to progress by being ‘natural Luddites’ (Snow 1998/1959
p. 22):

literary intellectuals at one pole – at the other scientists, and as the
most representative, the physical scientists. Between the two a gulf of
mutual incomprehension – sometimes (particularly among the young)
hostility and dislike, but most of all lack of understanding. They have
a curious distorted image of each other
(Snow 1998/1959 p.4)

Snow later acknowledged a more flexible relationship between these two
cultures by identifying a ‘third culture’ dedicated to eradicating social and
economic injustice (Snow 1963). The ensuing debate around Snow’s
thesis did, however, uncover significant issues for understanding the
scope of the humanities. F.R. Leavis, Snow’s main respondent, argued
that language, purpose and intentionality were foundational to all human
endeavours. In one culture, not two, science and ‘creative intelligence’
were but ‘means to an end’ (Leavis 1972 p. 90). In more recent times, the seminal contribution of the humanities, alongside those of science, technology, engineering and mathematics (the so-called STEM subjects), to British educational and economic life has been acknowledged (British Academy 2010).

These two cultural examples may serve to show the ways in which different Western contexts have come to influence the scope and function of the humanities themselves. As such, they can provide helpful background to consideration of contemporary examples of the use of the humanities. Edgar and Pattison’s (2006 p. 93) contention that the humanities are concerned about features and purposes of being human are comprehensively addressed by Gregory (2002). Challenging the postmodernist view that ‘difference’ denotes the primary feature of human life, Gregory (2002 p. 129) argues for a ‘common human nature’ across all cultures in its contribution to a ‘neglected centre of discourse’ for the humanities. Three distinctive features are outlined (Gregory 2002). A first is ‘how to live an examined life’ with its emphasis on value, reflection and the seeking out of ways to improve life itself (Gregory 2002 p. 126).

The second area sketches out a ‘principled affiliation’ in order to highlight the inter-relatedness of human beings with associated features:

...the abilities we share in common as human beings across cultures and times: the ability to reason; the ability to use language; the ability to imagine; the ability to understand and apply ethical standards; the ability to tell stories; the ability to appreciate beauty and to create works of art

(Gregory 2002 p. 141)

This relationality recognises a particular feature of being human in the experience of pain and loss. The humanities can contribute practically by encouraging men and women to help one another in the face of life’s inevitable accidents, tragedies, pain, suffering, loss and, ultimately, death:

a theory of human nature and a theory of knowledge that makes it possible for me (and all of us) to face the inevitability of loss and suffering with hope, with determination, with effectiveness, and with generosity

(Gregory 2002 p. 130)
Thirdly, being human involves recognising the twin influences of essentialism (e.g. our biological and physical givenness) and constructedness (e.g. the impact of social and environmental factors on human development). The humanities, then, are based on language and communication and can contribute to an ongoing debate about all that is worth considering in being human, ‘not a contest with winners or losers’ (Gregory 2002 pp. 142-143).

Along with critiques on the ability of art to reflect and influence human experience, it is essential to address several critiques of the role of the humanities in consistently being able to encourage dimensions of human worth and welfare within a ‘how-to-live’ ethic. In considering the impact of rapidly changing developments in technology (e.g. bioengineering, nanotechnology, robotics, laser and virtual technologies), advocates of ‘post-humanism’ suggest that previously accepted notions of ‘essentialist’ conceptions of ‘human nature’ require to be radically revised and re-worked (Konsa 2008). In particular, consideration of such ‘constructivist’ aspects of human nature may seriously question the ability of the humanities (and inter alia a ‘how-to-live’ ethic) to provide a critical and interrogative perspective on how human beings live and act in the contemporary world.

Steiner (2008), citing examples from twentieth century European social and political history, probes the record of the humanities in respect to action. Their potential, as academic disciplines, to absorb and consume students by their images, concepts and theories may mean that students might ‘blot out the world’. The influence of this ‘Cordelia paradox’ may lead to a questioning of men and women’s ‘answerability to immediate human need, suffering and injustice’ (Steiner 2008 p.141).

The humanities may even turn out to be detrimental to human welfare itself. For Steiner (1971), the origins of the Holocaust of European Jewry (and other people groups) between 1940 and 1945 within Europe’s most literate and cultured nation, Germany, seriously challenged Arnold’s earlier notion of an elevated role for the humanities in cultural transformation. In this context, the observation that ‘obvious qualities of literate response, of aesthetic feeling, can coexist with barbaric, politically
sadistic behaviour in the same individual’ (Steiner 1971 p.63) with respect to individual behaviour of officer, guard and medical staff in the concentration camps of Auschwitz-Birkenau only serves to reinforce doubts that exposure to the humanities will always promote notions of a ‘unitary self’ (Waller 1996). In similar terms, Bauman (1991) linked modernity’s preoccupation with rationality and order, deriving from the Third Enlightenment, with the horrors of the Holocaust. Both Bauman (1991) and Steiner (1971; 2008) support Adorno’s (1949) earlier observation that ‘to write poetry after Auschwitz is barbaric’.

This ability of the humanities to consistently promote self-sufficient, reflective and other-centred human beings is challenged by Stock (2005). In a historical survey of reading, the assumption that the severance of the relationship between ethics and humanities is only of recent origin is explored. In particular, the linking of (communal) reading to grammar and rhetoric in the Greek world led ‘invariably to the production of forms of thought rather than forms of behaviour’ (Stock 2005 p. 6). This bifurcation between thought and action may support Steiner’s (1971; 2008) more recent observations. Stock’s (2005) survey illustrates the complexities of any engagement with the humanities. By positing the intricacies of the relationship between reading processes and the ‘post-reading experience’, potential new areas for exploring the impact of the humanities on human action may be offered for consideration (Stock 2005). These issues are explored in part in student nurse Michelle’s narrative ‘You Cannot Become Complacent’ in section 7.2.

Finally, it is necessary to consider critiques from the perspective of postmodernism, in its sceptical stance towards privileged ‘grand narratives’ (Lyotard 1984). These may ‘resist’ previously accepted ‘narratives’ of the humanities in their virtuous, educational and rationalist forms (Rolfe 2000). Consideration of Fahy’s (2000) contrast between postmodernism as either another stage of the (Third) Enlightenment or as a rupture suggests the need for a cautious assessment of what the study of the humanities may achieve in respect of promoting human well-being.
It may be helpful now to consider the relationship between the arts and the humanities. The arts focus on activities depicting a wide range of human experience via interaction with the senses. The humanities, by way of contrast, are academic disciplines that can foster in practitioners modes of learning characterised by criticality, practical reasoning and analysis (Walker 2009). As an example of ‘second order analytic activity’ (Edgar and Pattison 2006 p. 96), the humanities can act in supportive, but critical, roles for the arts. In this section, I have sought to explore the broad scope and understanding of both the arts and the humanities. In doing so, I wish to demonstrate that it is by virtue of their use, and appreciation of their context, that the arts and humanities are best evaluated.

3.3 *Understanding literature and poetry*

It is essential at this stage to explore theoretical aspects of literature and poetry. Although discussion of these dimensions often link literature and poetry together, both are sufficiently distinct to be considered separately. In etymological terms, literature has Latin origins (*littera* meaning *letter*) and has meaning in the area of “acquaintance with letters”. In considering types of written forms for inclusion within the scope of literature, a broad scope might include novels (fiction), plays, short stories, professional texts (e.g. history books), biographies, autobiographies and diverse reports. A narrower definition, however, may denote novels, plays, essays and short stories. Although the boundaries of literature (the so-called ‘canon’) are much debated, the recognition that literature can illuminate non-objective understandings of human experience may serve to support a broad understanding of the scope of literature itself (Eagleton 1983 p. 9).

The potential of literature lies in its ability to explore sensory human experience in particular ways. The nature of a literary text centres upon ‘a familiar world reproduced in an unfamiliar form’ (Iser 1989 p. 7). Although literature may be able to explore the diversity of human life itself (e.g. love, death, health, relationships, war, politics, adventure), this ‘indistinctness’ (Carey 2005 p. 213) means that particular attention requires to be given to the devices that literature employs (e.g. plot,
characters, beginnings, endings, chapters, metaphors and similes). All these attest to the non-objective and value-based dimension of literature itself. Moreover, the existence of a text of literature may add something new to the world of human experience by way of its choice of events: they are all constructions: things made out of the stuff of real life; additions to life rather than comments on it (Lewis 1961 p.81)

Furthermore, Peterson (2006 p. 85) observes that human engagement with literary texts is primarily an auditory engagement with words. In the form of language, words are not heard and understood as isolated units. Rather, they are complex sound utterances located within clauses, sentences, paragraphs and narratives: As Bowering (2007 p. 60) remarks: words, on their own don’t matter: it is the shape they make as they wind their way through the story that counts. Timing within the cause and effect is everything!

If this is accepted, engagement with literature via the activity of reading may be more complex than the silent ‘eye’ work of following words on a page, from left to right, top-to-bottom, from one page to the next and on to the text’s conclusion. Reading itself is a complex activity involving ‘sound and sense’ dimensions of conception, imagination and feeling (Lewis 1961 p. 32).

Recognition of the relationship between literature and human experience, via reading, is complex (Rosenblatt 1978; Gibson 2007). Nevertheless, the place of literature in opening up human experience may be recognised by framing that dynamic not in word (literature)-world (human experience) terms, but rather in terms of two worlds engaging with each other (Gibson 2007 p. 65). As Gibson (2007 p. 67) states it: ‘language is not merely a grammatical system, but an expression of “our worldly”’. This openness of language potentially places text and reader within the realms of human experience itself. Acknowledging this may recognise the twin significance of both text and reader so that, in the act of engagement with literature, a dialogical understanding might be achieved between text and reader without either assuming predominance. Texts may run the risk
of being ‘used’, but a proper ‘receiving’ of words in all their sensory dimensions via reading (e.g. colour and texture) may mean that literature is able to open up and illuminate human experience itself (Lewis 1961 p.88). This can be illustrated in Michelle’s narrative ‘In a Different Light’ (section 7.2) in which she considers the importance of interpretation within the act of reading itself.

It is possible to recognise dual dimensions of literature as a means (Logos) of understanding the world and as an end in itself (Poiema). Regarding the former, reading literature can be considered as a means (logos – or ordered way) of understanding the world or reality via considering what the text is ‘about’, rather than narrowly focussing only on what it might ‘say’ (Ricoeur 1984 p. 218). Considering a text in this way moves us beyond merely viewing it as a text (Poiema) to be taken down from a library shelf and placed in a reader’s hand. Reading, then, can be considered as a sensory act of ‘reading’ the words on a page (Poiema), but also as a way of engaging with the meaning of the text itself (Logos). This latter dimension of reading may be illustrated by considering the use of metaphorical terms:

literature as Logos is a series of windows, even of doors. One of the things we feel after reading a great work is ‘I have got out’. Or from another point of view, ‘I have got in’

(Lewis 1961 p. 138)

Moreover, it is important to recognise that the derivation of meaning from reading a text is a wide and variable activity and that many interpretations may be possible.

To illustrate the role of these interpretive metaphors, several examples can be considered. Metaphor is a figurative device frequently employed in literature and poetry. By ‘combining the familiar with the unfamiliar’ (Hawkes 1972 p. 9), the use of metaphor may be able to draw the reader more fully into the reality of human experience itself. Used frequently in everyday conversation (e.g. the orientational metaphor of ‘John is very high-minded’: Lakoff and Johnson 1980), use of metaphor in more tensioned ways may enable the reader to engage with a particular human
experience in deeper ways. Consider this example from Rush (2006 p. 17) on a person’s hospital waiting experience:

Your hair is grey ebb-tide, your teeth a lead-mine, your belly a sack of sand – not much left in the hour-glass either.

Firstly, Lewis’ (1961) metaphor of literature as ‘window’ might be taken in terms of his stated interpretation of ‘I have got out’ denoting ‘passage’ or, conceivably, ‘escape’. But it might also be considered in visual terms of ‘looking through’. Both suggest a viewing which is not ‘objective’ and distant, but engaged and participative. The following passage from Ondaatje’s novel *Anil’s Ghost* (2000 pp. 119-120) describes how Gamini, a medical doctor, seeks temporary comfort away from the demands of health care in war torn Sri Lanka:

ten beds skirted the edge of the room, and in the centre was a nurse’s desk. Gamini loved the order of these closed wards. If he had a few free hours he avoided the doctors’ dormitory and came here to lie on one of the empty beds, so that even if he could not sleep he was surrounded by something he would find nowhere else in the country. He wanted a mother’s arm to hold him firm on the bed, to lie across his rib cage, to bring a cool washcloth to his face

Understanding this passage in terms of the metaphor of ‘window’ invites the reader entry into the scene and offers the prospect of considering different interpretations arising from reading this passage e.g. why might Gamini find the experience of spending some time on a paediatric care ward so comforting?

The quest for meaning in reading literature may be illuminated further by considering Lewis’ (1961 p. 138) second metaphor, namely that of ‘door’. This metaphor suggests notions of openings or opportunities, of walking into other places and experiences culminating in a realisation that such transformation has occurred (‘I have got in’).
This ‘door’ metaphor might aid a reading of the formative nursing experience of student nurse Briony Tallis in McEwan’s novel *Atonement* (2002 p. 304):

all the training she had received, Briony felt later, had been useful preparation, especially in obedience, but everything she understood about nursing she learned that night. She had never seen men crying before. It shocked her at first, and within the hour she was used to it. On the other hand, the stoicism of some of the soldiers amazed and even appalled her. Men coming round from amputations seemed compelled to make terrible jokes. What am I going to kick the missus with now?

Literature may contribute towards a general understanding of human experience in another distinct way. Carr (2005 p. 148) observes that a central concern of literature, via its use of characters, lies in its potential to explore the ‘passions and desires of human agents’. Part of this may incorporate an exploration of all that men and women are capable of and can achieve. However, this is rarely done directly in literature (Carr 2005 p. 213). In its ‘indistinctness’, literature, via its use of discursive means such as narrative and metaphor, may instead permit exploration to take place more within the reader themselves in ways which may ‘temper real experience, modify experience, humanize’ (Gardner 1978 p. 114).

Nemirovsky’s (2007 p. 245) exploration of the capacity of one person to understand another’s situation might serve to challenge commonly accepted emotional responses of professional health carers:

‘You have no hope?’ asked the Viscountess, meaning ‘hope that he’ll soon come back home’. Madame Angellier shook her head and raised her eyes to heaven. ‘It's so sad’, said the Viscountess and added, ‘We’re going through such hard times’. She said ‘we’ out of that sense of propriety which makes us pretend we share other people’s misfortunes when we’re with them (although egotism invariably distorts our best intentions so that in all innocence we say to someone dying of tuberculosis, ‘I do feel for you, I do understand, I’ve had a cold I can't shake off for three weeks now’)

This potential of literature to understand human experience can also be found in poetry. A genre of many complexities and nuances, the term ‘poetry’ itself derives from the Greek *poiesis* and possesses meanings of “making” or “creating”. Assuming a wide range of forms (e.g. epic, lyric, narrative, haiku), poetry concerns itself with the expressive and aesthetic
use of language in its use of rhyme, rhythm, imagery, symbolism, sound (assonance and alliteration), metaphor and simile. According to Walker (1997 p. 23):

the poet uses images and objects and sensations much more than he uses abstract ideas

Poetry utilises visual language such as images (evoking sensation or movement) and symbolism where place, person or object represents an abstract idea or emotion. Through poetry, evocation of the reader’s imagination can be put into words. Consider the following short poem, Living, by Levertov (2003):

Living
The fire in leaf and grass
so green it seems
each summer the last summer.
The wind blowing, the leaves
shivering in the sun,
each day the last day.
A red salamander
so cold and so
easy to catch, dreamily
moves his delicate feet
and long tail. I hold
my hand open for him to go.
Each minute the last minute.

On reading this poem, a reader may be struck by sensory images of nature (‘fire’, ‘green’, ‘wind blowing’) that are considered unique in temporal terms by the poet. It is, however, around the symbolism of the red salamander that the poem pivots or centres. This tailed amphibian, long reputed to be poisonous, is considered to be able to live in fire and to possess fire-quenching properties itself. For Levertov, however, such a powerful mammal succumbs to the power and dominance of humankind itself. By leaving open, but not confirming, a way for the salamander to escape, the poem tantalisingly evokes the reader’s imagination to consider whether life itself may ultimately be able to be conquered, tamed and controlled.
Hurlock (2002 p. 15) stakes a place for a poetic pedagogy in nursing for the way in which nursing students may:

learn that their work exists within needed, contingent and contextualised meanings, and that their time and action is not solely to unify or make coherent all the different and needed ways of reading, but rather to just interpret them, and to respond and act as best they can within and from their own discernment and deliberation

It is also essential to address the possibility that the reading of literature and poetry may not always contribute to an enhanced understanding of human experience. Pickering (2000) argues that to read a poem for specific aims (e.g. for its contribution towards ethical practice) is to use (reduce) a poem for instrumental reasons only. Such a way of reading may prevent the reader from considering other, equally valid, interpretations. Poetry, as the example of Levertov (2003) indicates, can be complex and open to many interpretations. However, to suggest that reading a poem should avoid overt reduction to determined ends (e.g. learning outcomes) should not preclude all possible readings. If framed rather in terms of possible expectations, then the reading of a poem may parallel the ways in which seeing the ‘patient as text’ (Daniel 1986) may open up the therapeutic relationship itself to many (and varied) interpretations.

It is also feasible that interpretations of this narrative of a Canadian asylum might include one justifying cruel and unethical practice:

Cooper’s fist lashes out and he hits me. I fall, gasping, to the ground and spit out a tooth. Blood and mucus glisten on it in strings. I gaze up through the lank wing of my hair over my forehead. My ear and jaw burn. A spark of curiosity glimmers in Cooper’s small, faded eyes. ‘You’re on my mind, now, Grey’, he says. He straightens his hat and the lapels of his coat and goes

(Bowering 2007 p. 37)

It is, however, within the critical, reasoned and analytical dimensions of the humanities themselves that the reading of such passages may be considered. If considerations of ‘what it is to be human’ (Edgar and Pattison 2006 p. 92) can include features of human flourishing, relationality and reflexivity (Gregory 2002), then it is possible to ask of Attendant Pete Cooper’s actions: are these human? Or, in wider terms, it
might be possible to consider the state of the patient, Sandy Grey, by posing another question: does his treatment in this way enhance human flourishing or well-being? If art can contribute to the expression of meaning, then it is the role of the humanities to focus such quests by requesting particular interpretations to provide rationales. As Dillard (1982 p.10) states it: ‘art has meaning, which criticism discerns’.
3.4 The arts and humanities within professional health care education

3.4.1 Changing educational opportunities and approaches

Against a background of the changing place of the arts and humanities within higher education itself (Bassnett 2002) and the developing interest in the contribution of the arts and humanities to health care itself (Greaves and Evans 2000; Moos and O’Neill 2010) previously discussed in section 1.2, professional health care educationalists have been able, in modest ways, to include themes from the arts and humanities within the professional educational preparation of nurses, doctors, occupational therapists, physiotherapists and radiologists.

When the rationale for such thematic inclusion within particular curricula is considered, a number of different features can be discerned. In medical education, Macnaughton (2000) locates the humanities in instrumental terms as playing an important part in the preparation of the ‘good doctor’. Clinical judgment, based on knowledge derived from the scientific method, also requires the contribution of a ‘humane judgment’ which can be gained from perspectives majoring on ethics and ‘educatedness’.

In curricular terms, one example of such medical preparation is that of a Special Studies Module (SSM), jointly delivered by a medical school and a department of philosophy within the second year of a Scottish medical degree programme (Macnaughton 2000). Acknowledging that not all medical students will be uniformly receptive to humanities approaches, this module’s status as a relevant learning experience was enhanced by its voluntary uptake, but also by emphasising its integral and examinable place within the curriculum.

Scott (2000a) challenges the reductionist basis of much professional health care education in its over-reliance upon the scientific method. Inclusion of the humanities is justified in terms of their contribution to a ‘whole person understanding’. Acknowledging that such understanding is of a ‘general’ type, Scott (2000a) distinguishes this from a ‘generalised’ type of understanding derived from the scientific method by way of its use
of an ‘imaginative identification’ which can connect readers and viewers with the experiences of patients.

In nurse education, it is possible to identify several factors to account for the enhanced place of the arts and humanities within curricula. Darbyshire (1995) delineates the term ‘nursing humanities’ and observes that nurse education has always drawn upon the arts and literature to help students understand ‘more of what it means to be human and vulnerable’ (Darbyshire 1995 p. 211). However, following upon marginalisation within dominant behavioural and scientific curricular models, a new focus on ‘nursing humanities’ can help nursing students to challenge orthodoxies and orthopraxies within contemporary practice.

Levine (1999 p. 213), writing out of a North American context, similarly identifies arts and humanities themes deep within nursing curricula. Nursing as a ‘humanitarian enterprise’ has always included principles of ‘liberal education’ (e.g. reading, intellectual skills and life skills), but dominant scientific models of care have served to obscure such features: nursing education skirted the humanities, using what was deemed essential in a superficial way. While ethics, nursing history, and philosophy have had a foothold in the nursing curriculum, their impact has been meagre and restrictive (Levine 1999 p. 213)

Such perspectives, in fostering practices of analysis, reflection and reflexivity, would appear to stand in opposition to current demands for curricula to be ‘relevant’ and ‘practical’ (Drummond and Standlich 2007). McKie et al (2008) outline the place of an arts and humanities module within an ‘arts route’ of the third year of a nursing degree programme. Although students pursue this ‘arts’ theme from second year (from a choice of ‘arts’ or ‘science’ routes – see Appendix 1), explicit engagement with the arts and humanities towards the end of their degree programme would appear to be premised on the understanding that extensive practical and academic experience are prerequisites for meaningful engagement with ‘humanities learning activities’ (Hermann 2004). In a similar way, Casey (2009) outlines the place of an arts and humanities
module which incorporates the use of research methods as a second year option within an Irish nursing degree programme.

Alongside these developments, other initiatives within nurse education have provided opportunities for student engagement with the arts and humanities. One of these has been ‘enquiry’ based approaches to learning in the form of problem-based learning or enquiry-based learning (Kirwan and Adams 2009). These approaches to learning, based on teacher-student negotiation, transaction and flexibility, encourages in students the development of skills of criticality, innovation, creativity and reflection upon professional and personal dimensions of practice.

Inter-professional educational initiatives within health care have also embraced engagement with the arts and humanities (Curran et al 2008). Dellasega et al (2007), an inter-professional team representing the humanities, nursing and medicine within an American context, discuss the loss, rediscovery and location of the humanities within nursing and medical curricula. Presenting a model for interdisciplinary education, the potential exists for the humanities, as ‘ideal neutral territory’, to foster in doctors and nurses shared understanding of care cultures, patient-centred care and ethical decision-making (Dellasega et al 2007 p. 177).

These developments find parallels within allied health care professional education curricula. McAteer and Murray (2003) and Smith et al (2006 p. 421) share the perception that input from the medical humanities is essential to ‘balance the largely scientific content’ of the educational preparation of physiotherapy and occupational therapy students. Smith et al (2006 p. 422) explore the rationale for this inclusion within the curricula of allied health care professions further (Table 16; page 79).
Table 16 summarises this section on changing educational opportunities within higher education which permit the inclusion of the arts and humanities within professional health care educational curricula. With an emphasis on practice (e.g. observational skills, attribution of meaning, intellectual skills), the claim is made that inclusion of themes drawn from the arts and humanities can contribute towards a more comprehensive educational preparation within curricula increasingly dominated by the use of scientific models, specialist practice and technology.

### 3.4.2 Education in professionalism

Engagement with the arts and humanities has been able to contribute to developments in the understanding of professionalism in health care education. Where professionalism in health care has often been understood in terms of theoretical knowledge acquisition allied to the demonstration of specific skills within practice contexts, engaging with the arts and humanities has been able to develop this further by way of developing the relationship between ‘liberal arts’ education and professional health care education. ‘Whole person’ concerns regarding the ends of education suggest that preparation of the individual in personal (e.g. moral and citizen) terms may be no less significant than professional terms (e.g. empowered and competent practitioners) (Hermann 2004; Nussbaum 2010).
Languilli (2000 p. 39-40) develops this by suggesting that the primary goal of higher education institutions should not be to directly provide students with the skills and techniques to practise in the world. Rather, a university education should aim at the:

cultivation of the students’ minds primarily, then derivatively their hearts and their actions in such a manner as befits liberally educated persons

Such an education may be deemed essential to help practitioners address the ‘terrors of life’ which Languilli (2000) sees as those inevitable frustrations and crises that all practitioners will experience personally at various times throughout their professional careers. These issues can be supported by student nurse Linda’s narrative entitled ‘Arts and Science’ in section 6.2.

This desire to develop health care practitioners characterised by professional and personal maturity has been central to the debate on the place of nurse education within university settings. Glen’s (1995) philosophical ‘marker’ for nurse education’s entry into higher education contexts included features of ‘higher order thinking’ and a combination of liberal (extensive knowledge bases) and vocational (skills and practice) traditions of education. Over a decade later, these issues remain central to discussions on the philosophy of nurse education. Watson (2006) discusses the place of nurse education within a university context in terms of a fundamental shift from training (competencies and skills) towards education (featuring attention to self-awareness, criticality and accountability). Being a professional necessitates an educational experience that incorporates the attainment of competency in specific skills, but this experience may also need to ensure that students are ‘capable of reacting appropriately in unexpected circumstances and in unfamiliar surroundings’ (Watson 2006 p. 5). These issues can be illustrated in the narratives of nurse teachers Wendy (‘Isolation’) and Sam (‘You’ve Got It For Life’) in section 8.3.
Although it may be questionable whether higher education institutions always desire, or are consistently able to provide the conditions for, the nurturing of ‘critical persons’ (Barnett 1997), engagement with the arts and humanities has the potential to provide student practitioners with different perspectives on practice itself. Nussbaum (2010) argues that a ‘liberal arts’ education, with its features of promoting critical thinking skills within smaller student classes, can foster important links in students between the ‘imagination’ and the ‘real world’ of practice.

Evans and Greave (2003), in locating the place of the humanities in medicine, single out philosophical inquiry and literary criticism as emerging themes of significance. In the case of the latter, human experience is seen as a potential link between reading literature and the practice of medicine. Principles and themes of literature and literary criticism (e.g. narrative, texts, interpretation and understanding) can be applied to the world of clinical practice itself e.g. by viewing the ‘patient as text’ (Hawkins 1984; Greenhaugh and Hurwitz 1994; Charon 1994). It is also possible to discern parallels between ‘pathographies’, considered as illness stories of patients, and works of literature themselves with their explorations, amongst other themes, of sickness (Brody 2003).

This variation in the scope and shape of the arts and humanities in professional health care education can also be seen within nurse education. Darbyshire’s (1995) concept of ‘nursing humanities’ is restricted to consideration of sources derived from fictional and autobiographical narratives to the exclusion of other disciplines. Smith et al (2004) acknowledge the need for the curriculum to utilise a ‘wider variety of approaches’ and point to the potential use of literature, art, poetry, film, novel, short story, sculpture and music as relevant examples. In particular, inclusion of specific disciplines from the arts and humanities ought to be shaped by their contribution to student learning:

if nurses are expected to integrate humanities with their nursing practice, they must experience and practise a connection in their education, and that connection extends beyond the four walls of the nursing classroom

(Smith et al 2004 p.282)
The linkage between addressing themes in the arts and humanities within the nursing curriculum and students’ own practice of nursing is explored by McKie et al (2008). Foundation themes of art, narrative, interpretation, response, ethics and transformation of practice are explored within the context of a planned sequence of interactive workshops commencing with film and then addressing literature, poetry, photography, art, the ‘art of nursing’ and a student-led ‘exhibition’ where students present particular art works that have contributed towards their learning. By considering analytical frameworks (e.g. ‘context-text-subtext’ and narrative), connections are made between engagement with these forms and students’ own experience of nursing practice.

It is also important to note the prominence of literature within many arts and humanities initiatives in professional health care education. Freeman and Bays (2007) describe the use of literature as the ‘most widely employed’ humanities strategy in nurse education. Similarly, courses on loss and grief offered for allied health professions major on the use of literary texts (McAteer and Murray 2003) and in medical education the relationship between literature and medical practice appears to have been a longstanding one (Calman et al 1988; Downie 1991).

This shared understanding between reading literature and professional health care practice, particularly in the use of narrative (Chambers 1996; Brody 2003) may be illustrative of the way in which engagement with the arts and humanities can promote student understanding of professionalism. In particular, this lies within notions that professional practice must combine scientific, theoretical and specialist knowledge with deep and sensitive approaches to the varied human experiences of patients. This latter point is explored in student nurse Mary’s narrative ‘Understanding Someone Else’s Experience’ (section 6.2) on the potential benefits of reading poetry and in nurse teacher Morag’s narrative (‘Respect for Others’) in section 8.2.

A further key issue centres upon the position within educational curricula where student learning arising from engagement with the arts and humanities can best be maximised. Grant (2002) outlines the place of a mandatory humanities course during a second year of a medical degree in
New Zealand. McKie et al’s (2008) description of an arts and humanities module locates within the third year of a nursing degree programme. Smith et al (2006), within the context of interprofessional learning involving physiotherapy and occupational therapy students in a North of England faculty, outline the place of an arts and humanities module involving shared learning located within the seventh week of the first year of a degree programme. Although student evaluation on content was positive, others perceived the module as being placed too early within the programme, thus leading to a perception amongst some students that learning gained from such engagement could not be linked to experience gained from clinical practice.

These observations suggest that engagement with the arts and humanities may be best found at later, rather than earlier, stages of the curriculum. If the fostering and nurturing of professional and personal maturity in students is an aspiration of higher education programmes, then the basis of the humanities in action itself may suggest that such student learning is best promoted from an educational basis of considerable skills development arising from clinical practice and from a deepening reflection on lessons to be derived from life experience itself. These issues are explored further in the narrative of student nurse Linda (‘Experiences of Life’) in section 6.2.
3.4.3 Challenging prevailing biomedical cultures

Engagement with the arts and humanities has enabled professional health care students to challenge dominant cultures and paradigms within professional health care. Where such dominance has focussed upon a positivistic use of the scientific method, knowledge generation has often been considered in measured, counted, generalised, predictive and isolated ways, firstly, as part of a disease model (Schaler 2011) and, secondly, for its contribution to a so-called ‘evidence-based practice’ (Nutley et al 2007). In research terms, the position of the randomised controlled trial (RCT) as the ‘gold standard’ atop the pinnacle of a hierarchy of means of data generation may also be illustrative of such dominance (Rolfe 2010). Some of these issues are explored in nurse teacher Morag’s narrative (‘Integration’) in section 8.2 in which ‘we’re too busy trying to get/the medical model perspective’

Downie and Macnaughton’s (2007) differentiation of the arts and humanities into ‘critical’ philosophy and ‘supplementary’ literature and fine art strands can enable a critique of such contemporary health care cultures to be made. In particular, the arts and humanities can take up such a ‘critical function’ by acting as a ‘second-order’ or ‘meta-activity’ on the ‘first-order activity’ of health care practice. By focussing such critiques around such themes as ‘what it means to be human’ (Edgar and Pattison 2006 p. 62), discussed in section 3.2, differing modes of knowledge acquisition can then begin to be considered that can include personal, relational, ethical and contextual factors as valid forms of evidence informing, or contributing towards, practice itself (Rolfe and Gardner 2005).

An additional feature of such prevailing biomedical cultures centres upon ways in which ethical reflection is carried out. This has often been focussed around looking at ethics through the ‘prism’, as it were, of ‘problems’ or ‘dilemmas’ to be addressed as they arise in professional health care practice (section 1.1). The widespread use of general and universal approaches to ethical discourse in the shape, for example, of ethical principles (Beauchamp and Childress 2009) can be challenged by
practitioner engagement with the arts and humanities. In particular, the critical dimension of the humanities can place ethical discourse within broader frameworks that can enable ethical issues to be considered not in neutral and detached terms, but in contextualised ways which recognise salient personal, relational and environmental factors. These issues will be explored in greater detail in section 4.2.

This can also be related to the current interest in values-based practice in health care (NHS Education Scotland 2007; Pattison et al 2010). Values in health care can be considered in terms of key personal, professional and organisational assumptions and beliefs underpinning practice itself (Moss 2007). Exploring potentially different, not to say conflicting, sets of values within health care cultures may be no easy undertaking (Seligman 2010). Health care student engagement with the arts and humanities can be of potential benefit in an area which often presents formidable challenges in teaching and learning. Palmer’s (2004) consideration of engagement with the arts and humanities as ‘third things,’ avoiding didactic or student-centred approaches, may be one way in which values, via their linkage to practitioner skills (‘capabilities’), in professional health care may be explored by students in learning contexts of trust and sensitivity.

3.4.4 The use of literature and poetry within nurse education curricula

It may be helpful at this point to consider the ways in which literature and poetry, in their capacity to explore human experience, have been used within nurse education. Sakalys (2002 p. 386), in acknowledging the prevalence of diverse approaches in ‘literary pedagogy’ within nurse education for over thirty years, notes the absence of any theoretical or philosophical basis for the use of such approaches. In asserting that the quests for associations and emotional responses derived from a text form the essential teaching elements of considering literary texts, Sakalys (2002) develops a ‘reader-response’ theory towards literary texts involving the skills of reading, interpretation and criticism.
Given the use of such skills, literature and poetry have been used within nurse educational curricula to foster student learning in a number of different areas. Interpretive skills in engaging with a text can be linked to clinical reasoning to encourage skills of observation, interpretation, toleration of ambiguities and uncertainties, discernment, the use of ‘finely tuned skills’ (e.g. touch, eye contact, body postures), the development of holism and appropriate responses (Sandelowski 2003; Gallagher and McKie 2010). These points can be illustrated by considering the narrative of nurse teacher Morag (‘Observations’) in section 8.2.

Hunter (2002), in reviewing the place of poetry in the development of nursing theory and research, also acknowledges its potential in nurse education by way of the action of students’ reading and writing of it. Concerning the latter, Davis (1997) outlines ways in which the writing of poetry by nurses themselves (‘nurse-poets’) can encourage greater understanding of the patient experience.

In the area of developing relational skills and competencies, Newcomb et al (2006) outline ways in which imaginative literature can encourage student nurse development in the area of cultural competency. Such an approach is highly nuanced. Reporting on a study of forty Anglo-American maternal-child nursing students at a Texan liberal arts university engaging with two literary texts majoring on immigration themes, Newcomb et al (2006) conclude that the development of cultural competency as a result of reading texts is not a simple matter of raising reader awareness of cultural diversity. Rather, in ways resembling Gregory’s (2002) assertion that ‘human flourishing’ ought to be the centrepiece of an understanding of the humanities, Newcomb et al (2000 p.15) argue that:

reading imaginative literature serves as a conduit for students to identify sameness between their own lives and the lives of fictional characters that represent diverse cultures

Relationality, rather than difference, may then become a key insight to be derived from reading literature and poetry.
Student nurse engagement with literature and poetry has also been used to help students gain a better understanding of complex situations. Begley (1995; 2003) suggests that reading literature can act as a ‘vicarious experience’ to encourage in students a deeper insight into the experiences of their patients. In particular, addressing the complexity of nursing practice by way of reading literature and poetry may include students’ understanding of ethics (Begley 2003; McKie 2004a). In more specific terms, literature and poetry have been used to foster enhanced personalised ways of knowing in the areas of mental health, care of older people, care of the new born (McKie and Gass 2001; Schuster 1994) and Raingruber (2009) discusses the ways in which poetry can be used to facilitate student nurses’ skills in analysing qualitative research.

The ways in which literature and poetry might be used within nurse education curricula can be summarised in the following ways (Table 17).

Table 17: Using literature and poetry within nurse education

<table>
<thead>
<tr>
<th>Purpose</th>
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<tr>
<td>to understand the complexities of patients’ experiences</td>
</tr>
<tr>
<td>to develop students’ clinical skills within specific contexts</td>
</tr>
<tr>
<td>to develop students’ relational skills and competencies (e.g. culture)</td>
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<tr>
<td>to develop reflective and critical thinking</td>
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<tr>
<td>to foster students’ ethical practice</td>
</tr>
<tr>
<td>to promote the use of narrative pedagogies in curricula</td>
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3.5 Summary

In this chapter, I seek to discuss the use of literature and poetry in nurse education within wider frameworks of the scope of the arts and humanities, theoretical dimensions of literature and poetry as ways of understanding human experience and the place of the arts and humanities within professional health care educational programmes. By demonstrating the similarities, as well as the distinctions, between the arts and humanities, I seek to indicate the ways in which literature and poetry can potentially illuminate human experience as well as provide analytical and critical perspectives on it. This is, however, no straightforward relationship.

The quotation by Oates (2004) in the chapter preface suggests that the distinctions between art and life itself are complex and intricate. The ways in which the arts and humanities can be used to explore human experience require deep and serious consideration. Earnest engagement with the arts and humanities requires the exercise of sharp intellects and sensitive hearts. By drawing out some of the dimensions of action, narrative, relationality and human flourishing underpinning the arts and humanities themselves, ways in which relevant genres can illuminate the practice of nursing can be noted. Given these philosophical features set within the diverse context of professional health care education, the contribution of reading literature and poetry towards developing ethics education in nursing can now be considered. Such an aim is the subject of my next chapter.
CHAPTER FOUR

THE CONTRIBUTION OF LITERATURE AND POETRY TO A ‘HOW-TO-LIVE’ ETHIC
'I sat down among them and said: “Hey, you gents, take on my little brother as a learner. Teach him how to live”‘.

Alexander Solzhenitsyn *One Day in the Life of Ivan Denisovich* (1963)
Harmondsworth: Penguin Books
4.1 Introduction

In Chapter Three, I sought to demonstrate the capacity of literature and poetry to be both illuminative and analytical of human experience in general and to be of use within professional health care educational curricula, in particular. Such a discussion was set within a wider framework of considering the place of the arts and humanities within professional health care educational curricula and, in particular, of considering the dimensions of action, narrative, relationality and human flourishing. In this chapter, I wish to explore an assumption central to my thesis, namely that reading literature and poetry makes a vital contribution to an understanding of ethics in nurse education. In section 4.2, this is discussed in terms of locating a ‘how-to-live ethic’ within professional health care ethics and professional health care educational programmes, in particular. The relationship between literature, poetry and ethics, centring mainly on issues within the school of ‘ethical criticism’, will be explored in section 4.3. Finally, in section 4.4, specific ways in which reading literature and poetry might contribute to a ‘how-to-live’ ethic for nurse education and practice will be discussed.

4.2 The place of a ‘how-to-live’ ethic within professional health care ethics and education

This chapter seeks to explore key features of this ‘how-to-live’ ethic. Drawn in part from eclectic sources in classical Greek and Renaissance forms of Enlightenment, this ethic is teleological in its focus upon the interpretation of higher purposes, or ends (telos), of human action itself. Such an ethic, in its intentional, exploratory and aspirational dimensions, seeks ends of diverse ‘goods’ pertaining to human life itself and recognises the potential contribution of particularities (context), relationships, narrative and virtue. This ethic can also be considered to have significant temporal dimensions in containing ‘certain conceptions of a possible future’ (MacIntyre 1984 pp. 215-216). In so doing, the impact of salient features of ambiguity, uncertainty, provisionality and constraints
requires to be recognised. In particular, these features may underscore the significance of narrative as one means of human enquiry.

In locating the potential contribution of this ‘how-to-live’ ethic to ethics discourse within professional health care practice and nurse education in particular, a key assumption made is of its non-reductive nature, whether this is applied to health care, business, law or education, to name only a few examples. Deliberation and reflection upon ethics in any field of practice, whilst recognising the distinctive features of a particular practice, needs to remain open to the potential impact of wider and deeper insights drawn from life itself. In particular, a ‘how-to-live’ ethic suggests an approach to ethics featuring the adoption of a plurality of means alongside interrogative, speculative and performative aspects.

It is a challenging task to locate and explore the various dimensions of ethics discourse within professional health care contexts. Downie and Macnaughton (2007) position ethics alongside moral philosophy, logic, epistemology, political philosophy and aesthetics as part of a ‘philosophy’ strand of the arts and humanities within professional health care education, in addition to literature (poetry, prose, drama), fine arts and architecture. This ‘philosophy’ strand may act as a ‘second-order activity’ and commentary upon the ‘first-order activity’ of professional health care practice itself (Downie and Macnaughton 2007 p. 10).

Even if the position of ethics as a ‘second-order activity’ upon practice itself is accepted, it is still necessary to explore at the outset what constitutes ‘ethics’ in itself. In Vanier’s (2001 p.xiii) discussion on the ends of human action itself, a distinction is made between human desires and human constraints: ethics ‘helps us to clarify what is truly a human act’. Thompson et al (2006 p. 2) assert that ethics is concerned with the ‘conditions for human flourishing’ and that practice and embodiment, not theory, should be its starting point.

Within professional health care contexts, it is important to note a number of significant features. Beauchamp and Childress (2009 p. 1) observe that ‘ethics is a generic term covering several different ways of understanding and examining the moral life’. Similarly, Gillon (2003) notes a variety of methods used to undertake ethics discourse and includes those of
principlism (Beauchamp 2003; Beauchamp and Childress 2009), narrative ethics (Greenhaugh and Hurwitz 1994), virtue ethics (Banks and Gallagher 2009), an ethics of care (Gilligan 1982; Noddings 2003), casuistry reasoning (Jonsen and Toulmin 1988), religious ethics (Gill 1985), hermeneutic ethics (Ricoeur 1992) and discourse ethics (Habermas 1990). In addition, the status of professional codes of conduct as a way of approaching ethics in professional health care practice requires to be noted (Nursing and Midwifery Council 2008; Pattison and Wainwright 2010).

Within such a range of methods, it is, however, possible to discern other trends. Downie and Macnaughton (2007 p. 31) note the tendency for contemporary health care ethics to subsume ‘medical ethics’, ‘nursing ethics’ and ‘research ethics’ under the term ‘bioethics’. Located historically from the 1960s, a marked characteristic of recent bioethics discourse has been an emphasis on providing professional health carers with resources to make decisions, or to address dilemmas, arising within their practice.

Calman (2003) notes the impact of social and cultural change upon ethical discourse within professional health care practice. Acknowledging the impact of such factors (e.g. scientific, technological, managerial) might help in understanding the different possible directions which such ethical discourse may take. Concerning professional codes of conduct, Pattison and Wainwright (2010) argue that the nursing and midwifery code of conduct restricts ethics to normative and legislative dimensions only.

The use of principles and rational approaches in universal and generalised ways within healthcare practice reflects the philosophical foundations of prevailing features of contemporary professional health care practice. Such approaches, based upon the use of principles, are often alternatively termed ‘principlism’ (McCarthy 2003). This approach is built upon an earlier outline by Ross (1930 p. 26-27) of seven *prima facie* (or binding), universal principles: beneficence, non-maleficence, justice, self-improvement, reparation, gratitude and promise-keeping. This is a normative approach designed to help health care professionals decide what they ‘ought’ to do when ethical issues, in the shape of problems or dilemmas, arise in clinical practice. Its use receives robust support from
Beauchamp and Childress (2009 p. 13) at a ‘level three’ of specificity (Table 18) and is outlined thus:

that four clusters of moral “principles” or “general norms” are central to biomedical ethics is a conclusion the authors of this work have reached by examining considered moral judgments and the way moral beliefs cohere ...

<table>
<thead>
<tr>
<th>level four:</th>
<th>theories</th>
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<tbody>
<tr>
<td>level three:</td>
<td>ethical principles</td>
</tr>
<tr>
<td>level two:</td>
<td>moral rules</td>
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<tr>
<td>level one:</td>
<td>particular moral rules</td>
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Table 18: Hierarchy of ethical approaches (Beauchamp and Childress 2009)

In specific terms, the four ‘clusters of principles’ centre around those of autonomy (enhancing decision-making capacity of autonomous persons), nonmaleficence (avoiding harm), beneficence (promoting good) and justice (distributing benefits and fair ways) (Beauchamp and Childress 2009 p. 12-13). In terms of the impact of social and cultural factors upon ethical discourse (Calman 2003), Beauchamp and Childress (2009 p. 13) give prominence to autonomy and justice as key principles arising from more recent developments in health care practice. Underlying these four principles rest significant assumptions, in universal and general terms, of a ‘common morality’ applicable to, and across, different cultures, belief systems, values and time periods (Beauchamp and Childress 2009 p.3).

Considerable debate surrounds the scope and application of these principles to professional health care practice (Gillon 2003; Beauchamp 2003; McCarthy 2003). Gillon (2003 p. 313) accords them an elevated status for espousing a global ethic which simultaneously recognises the validity of other approaches. Edwards (2006 p. 62) outlines the way in which their ‘modest’ use can help nurses not necessarily to solve moral problems, but to ‘help their moral deliberations by signalling the relevant moral dimensions of their decisions’.
Not all commentators, however, accept the role of the principles in such ways. Carson (1990 p. 51) laments an all-pervasive aspect of principlism’s ‘applied action-guide approach’ and calls for bioethics to recognise hitherto neglected interpretive dimensions of its work. Acknowledging the role of discernment in the act of interpretation may permit principlism to give fuller recognition to aspects of the personal, the impact of response, outcomes of ‘probable certainty’ and the place of ‘communities of experience’ (Carson 1990 p. 58-59). In a related way, Hedgecoe (2004) critiques rational, deductive and universal aspects of principlism in two major areas. Firstly, substantial moral work is always done by practitioners in deciding which principle is to be used in any given situation. Secondly, the strict distinction made by principlism between normative ethics (what ‘ought’ to be the case) and descriptive ethics (what ‘is’ the case) breaks down when social, cultural and relational dimensions inherent within practice are more fully recognised (Hedgecoe 2004 p. 130).

Harnett and Greaney (2008 p. 4) support this by noting that ‘an overzealous focus on autonomy’ may not always be the most appropriate ethical framework to use in caring for vulnerable patients with mental health problems. This may be the result of such patients’ position within care settings (e.g. institutions) or as a result of their variable capacity to act arising from their mental state. Acknowledging contextual factors inherent within a patient’s narrative may permit development of the autonomy principle, rather than the simple recognition or assertion of it. Azetsop and Rennie (2010) offer similar arguments in highlighting the limitations of an ‘atomistic’ autonomy principle in addressing chronic illness in resource-poor countries. In related ways, Lee (2010) argues that the high status of the principles may leave them in a state of ‘thin in content’ when addressing the complexities of everyday ethical issues.

Furthermore, Liaschenko and Peter (2004 p. 490) argue that the use of the principles relates to outmoded conceptions of professional autonomy in health care. By predominantly addressing ‘crisis’ issues (often of a medical nature), other everyday ‘housekeeping’ issues may be ignored. Reconceptualising nursing as work may recognise the contribution of
wider contextual factors towards ‘an ongoing critique of how we want to live’ (Liaschenko and Peter 2004 p. 493).

A number of commentators suggest possible ways through the debate concerning principlism in professional health care practice. McCarthy (2003) suggests that the dichotomy between principlism and narrative ethics (majoring on communication) may be a false one. First person narratives as *prima facie* privileged act in similarly evaluative ways to certain principles (e.g. autonomy) being so highlighted (Gillon 2003). Chambers (1996 p. 32) notes the way in which the constructivist shape of narrative informs all ‘case study’ presentations based around principles:

all representations must adopt a particular point of view and that point of view will always carry with it a partial and limited understanding of the world

Finally, Drought’s (2006) contention that principlism can be viewed as a tool for ethical deliberation and not necessarily as a ‘template for action’ may qualify a perception that the principles remain the sole approach in professional health care ethics discourse. Ordered (rationalist) and calculative (cognitivist) approaches, represented in the use of principlism, certainly have important roles to play in professional health care ethics discourse. At the same time, however, the potential insights to be derived from a ‘how-to-live’ ethic may be able to add significantly to such a discourse.
4.2.1 *The virtues*

The virtues have received renewed interest in ethics discourse in recent years in general (MacIntyre 1984; Crisp 1996) and in professional health care ethics, in particular (Brody 1998; Banks and Gallagher 2009). This approach centres primarily, but not exclusively, upon the character of the person (ethical agent), including the professional health carer but also upon the ways in which these virtues might be cultivated in the patient (Campbell and Swift 2002).

The virtues claim multiple origins with influences deriving from classical Greek thinking (e.g. virtues of courage, patience and truthfulness), Christian theology (e.g. faith, hope and love) and Eastern philosophies (e.g. empathy, humility and tolerance) (Aristotle 1983; Meilaender 1984; Humphreys 2005). Amongst these influences, Aristotle’s exploration of the virtues is particularly prominent. This exploration originated in a desire to answer a crucial question posed by Aristotle’s predecessor, Socrates:

> the subject we are discussing is one which cannot fail to engage the earnest attention even of a man of small intelligence: it is nothing less than how a man should live.

(Plato 1971 p.106)

For Aristotle, the answer lay in the practical task of cultivating good people. In general terms, virtue is viewed as a ‘kind of disposition’, or state of excellence (*arete*) or practice, which renders both being and action (function) of a person, or thing, as good (Aristotle 1983 Book Two p. 99). Virtue is seen in goal-orientated, or teleological, terms as a ‘purposive disposition’ (Aristotle 1983 Book Two p. 101) or ‘practical reason’ which allows for the operation of the right type of feeling or action to take place within the right context:

> lying in a mean that is relative to us and determined by a rational principle, and by that which a prudent man would use to determine it.
The exercise of such virtues lay, for Aristotle, in the pursuit of happiness 
(_eudaimonia_). If the activities of human beings are linked to human 
flourishing then

the conclusion is that the good for man is an activity of soul in 
accordance with virtue ...

(Aristotle 1983 Book One p.76).

To illustrate the context-dependent nature of the virtues, Aristotle cites as 
examples those of courage, positioned as a mean between fear and 
confidence, and patience, in its position between irascibility and mean-
spiritedness (Aristotle 1983 Book Two p. 104). Such examples may be 
considered as examples of moral virtues and are included along with the 
virtues of temperance, truthfulness, modesty and magnanimity (Aristotle 
1983 Book Two p. 104). These virtues are to be acquired by the practice 
of them (habituation).

Although it might be tempting to ground the virtues solely in character 
terms (e.g. ‘how should I _be_?’ as a counterpoint to a Judeo-Christian 
position of ‘how should I _act_?’ Crisp 1996 p. 5), it is important that their 
link to action is not overlooked. The significance of the virtues lies within 
their contextualised positions as particular dispositions towards certain 
emotions or actions. Stocker (1996 p. 175) discusses the exercise of the 
virtue of caring within the context of a person being appropriately angry 
at their spouse’s experience of being wronged by another. In addition, 
intellectual virtues, in the shape of practical wisdom (_phronesis_), scientific 
knowledge (_episteme_) and technical skills (_techne_) can be seen in action 
and are acquired by being taught (Aristotle 1983 Book Six pp. 206-211).

Furthermore, the contextualised dimension of the virtues provides them 
with important social and relational features. Via the modes of habit, 
emotion and perception, the virtues can be cultivated within communities 
characterised by mutual learning, sustenance, content and the 
encouragement of the worth of each person (Blum 1996). The virtues, by 
emphasising the motivational and moral qualities of an agent, can be 
linked closely to teleological dimensions of human flourishing (Banks and 
Gallagher 2009 p. 40). Nevertheless, a complementary view of the place
of the virtues in professional health care education might legitimately recognise the ends of human flourishing as being important (e.g. health, well-being and social welfare).

By linking dimensions of personhood and action to issues of appropriate ends, or goals, the virtues can provide ethical discourse within professional health care practice with wider frameworks and potentially deeper questions to ask of practice. Incorporated into a ‘how-to-live’ ethic, the virtues can contribute to an approach which recognises their place within specific contexts linked to ends which are open and provisional.

A number of commentators recognise the potential significance of the virtues within professional health care ethical discourse. Lutzen and Barbosa da Silva (1996) outline the way in which a mental health nurse incorporated the virtue of trust alongside the ethical principle of autonomy into her care of a patient who had become suicidal. Campbell (2003) explores the potential of linking the ‘ethical principles’ to the moral character dimension of the virtues. Adopting a ‘moderate’ position of complementarity between the two approaches, Campbell (2003) argues that key ‘life’ questions (e.g. ‘how should one live?) necessarily form part of any action-based, or decisional, approach to ethics. Citing the example of members of the religious group, the Jehovah’s Witnesses, refusing to accept blood transfusions, Campbell (2003 p. 294) argues that both principlism and virtue are essential in recognising the centrality of issues of human flourishing within practice itself:

the courage, perseverance, and wisdom of the patient has to be the centre of attention, and we need to know that his choice, especially if it entails damage to a family, is true to the life he seeks to lead. For the staff, there is a clear conflict between what the patient requests and what their professional commitments require

We need Virtue Ethics – and not as optional extra – because by its nature it asks both how shall I live and how shall I live with mortality, the inevitability of death?
4.2.2 Narrative

The current versatility in the use of narrative in professional health and social care contexts is noteworthy. This can incorporate the writing of ‘life-stories’ with people with learning difficulties aimed at overcoming ‘disabled authorship’ (Meininger 2005 p. 108), typologies of patients’ illness experiences (Frank 1997) and understanding the therapeutic relationship itself (Polkinghorne 1995; Brody 2003; Sakalys 2003).

A rationale for using narrative in ethics discourse lies within its potential to develop intentional and exploratory dimensions of a teleological ethic. This ethic emphasises the end (telos) of actions in terms of aspirations, or quests, the unity of a life and links with the Aristotelian notion of human flourishing (MacIntyre 2004). Such a quest can also be linked to Aristotle’s ‘state of excellence’ (Aristotle 1990 Book 2 p. 90) by viewing a narrative as the best account of a practice and of subsequent narratives seeking to improve upon earlier ones (Carson 2009). For Ricoeur (1992 p. 172), this ethic comprises an exploration of, and quest for, the ‘good’ and eschews any individualistic notions by the incorporation of wider relational and institutional dimensions:

aiming at the “good life” with and for others, in just institutions

Ricoeur’s exposition of this ethic of intentionality also notes that any universalising, or abstract, notions of the ‘good’ are avoided by grounding it as ‘a question of the Good for us’ (Ricoeur 1992 p. 172 original emphasis). This may locate ethics in the pursuit of a ‘practical good’ which recognises the context of different types of actions. In addition, by noting that ‘the good is rather that which is lacking in all things’ (Ricoeur 1992 p. 172), the way is opened up for an ethic characterised by seeking after the good in specific situations. By recognising the vicissitudes of everyday life (e.g. pain and illness), a teleological ethic may be considered as an approach which seeks to find meaning and purpose (the ‘good’) within diverse contexts.
Several significant points require to be noted when Ricoeur’s ethical aspiration towards the good addresses issues of social context (‘just institutions’). The history of institutions providing care for the sick, elderly, orphans and the poor (e.g. hospitals, clinics, care homes and lodging houses) may supply many accounts where the good, or aspiration towards its attainment, appear to be in singularly short supply. To take one example, Foucault’s (1994 p. 19) wide-ranging analysis of the impact of the close link between power and knowledge in Europe from the 18th Century onwards in terms of the ‘inquisitorial civilisation’ is contextualised in his description of the psychiatric hospital. Where ‘power relations constituted the a priori of psychiatric practice’ (Foucault 1994 p. 48), the absolute dominance of professional expertise (medical doctors) over patients left the latter devoid of any tangible senses of dignity, respect, hope or recovery. In this sense, then, a teleological ethic expressed through narrative may be able to act as a critique upon specific interpersonal and social practices. This can be supported by student nurse Linda’s narrative (‘A Full and Fruitful Life’) in section 7.4 in which institutional practices, in particular the dynamics of the multidisciplinary team, are found to be wanting.

It is possible, then, to see the use of narrative in professional health care ethics discourse. By harnessing the features of narrative outlined in section 2.2 (e.g. plot, telling, re-telling, intentionality, action and coherence), narrative can be used as another way for health care professionals to address ethics within practice. It is within this context that one particular approach, namely that of reading works of literature and poetry, will be addressed in sections 4.3 and 4.4.

This section has explored some of the methods used within ethics discourse in professional health care practice. Although the force of critiques of principlism require to be recognised (Hedgecoe 2004; Harnett and Greaney 2008), the influence of the ‘four principles’ within contemporary professional health care practice should not be underestimated (Ebbeson and Pederson 2007; Numminen and Leino-Kilpi 2007). At the same time, however, exploring other approaches (e.g. the virtues and narrative), may enable other insights to be considered. In
particular, consideration of a ‘how-to-live’ ethic may allow deeper, and wider, questions to be asked within particular contexts of practice. Adoption of a pluralist view, incorporating insights derived from considering the place of virtue and narrative, may be a helpful way of addressing the complexities of ethical practice in professional health care.

4.2.3 Ethics in nurse education

In consideration of the teaching of ethics in nurse education curricula, several approaches may contribute to a ‘how-to-live’ ethic. Cooper (1991 p. 22-24), in exploring a ‘philosophical foundation’ of ethical nursing practice, observed in a qualitative study of critical care nurses the working of a ‘creative tension’ between a priori ethical principles approaches and an ethic of care.

These observations show the importance of recognising contextual influences within ethical practice itself. Applying ethical principles to patient scenarios may be limited if carried out in external and generalised terms. The experiential dimension of nursing practice suggests that ethical discourse, by taking account of ambiguity, uncertainty and struggle, requires to adopt approaches which equip nurses in the ‘immediate coping with what is confronting us’ (Varela 1999 p. 25). This is highlighted further by Doane et al (2004). In a qualitative study involving 87 participants, a ‘heart talk’ theme was identified which might provide the integrating factor between personal and professional dimensions of nursing practice.

This issue of reflexivity within nursing practice is also supported by Lemonidou et al (2004) in their qualitative study of Greek nursing students during initial clinical practice. Centred around caring as a ‘lived and profound mode of ethics’, students’ journal entries majored upon principles, as well as themes of empathy (core), identification with other nurses, ethical misconduct, moral awakening, moral conflict, transcending of conventional ethics and moral satisfaction. In addition, significant roles were identified in moral awareness development, empathy, caring and emotion as part of essential educational support given to students.
Woods (2005) amplifies these themes by recognising the complex and potentially distressing nature of clinical practice. Recognising that consideration of ethics requires to be grounded in everyday nursing practice, Woods (2005) acknowledges the need for ethics education to adopt different methods to meet students’ learning needs. Although a list of eight different teaching approaches excludes literary sources, focus on ‘relational narratives’ and the nurse-patient relationship may leave open the possibility for developments in this area to take place.

This emphasis on themes of practice and care within ethical discourse can be linked to human flourishing. Gastmans, Dierckx and Schotsmans (1998) develop an ethical perspective based on a distinctive view of nursing itself. Promoting patient well-being can be considered in goal-orientated (teleological) terms akin to the Aristotelian notion of the Good as ‘that for the sake of which everything else is done‘ (Aristotle 1983 Book One p. 73). If the aspiration to attain such human goals in nursing is accepted via meeting and often exceeding ‘regulative ideals’ of standards of correctness (e.g. codes of professional conduct), (Banks and Gallagher 2009 p. 23), then caring via the nurse-patient relationship may assume a central position in the understanding of ethical practice considered in normative terms as ‘good care’ (Gastmans et al 1998 p. 58). Purpose, relationship and context can then be explored:

nurses participate in an ethical practice. In each particular situation, they have to make personal choices and decisions based on the good that nursing practice sets as a goal. This ethical practice becomes concrete through the personal relationship between the nurse and patient
(Gastmans 2002 p. 490)

Gastmans et al (1998 p. 53) develop an ethic of practice around the central virtue of caring. Such practice seeks to integrate virtue (character, attitudes, emotions, motivations) and action (competencies and expertness), rather than separating them. Nurse education requires to recognise the importance of developing ethical approaches based upon an integration of these ‘ethics for life’ factors. Such an emphasis may highlight relational and practice dimensions of nurse education itself:
the ethical character formation of nurses can best be regarded as a practical educational event that gradually takes shape within specific narrative communities, of which health care institutions are a clear example.

(Gastmans 2002 p. 503)

This nurse-patient relationship may be seen as central to attaining the well-being of the patient. By expressing this relationship in metaphorical terms of ‘critical or skilled companionship’ (Vanlaere and Gastmans 2007 p. 758), an ethic of virtue can link character to action and permit the recognition of physical, social, psychological and moral dimensions of care (Gastmans et al 1998 p. 59). Simultaneously, however, an ethic centred upon the virtue of good care values the practice of nursing itself. Although the goal of patient well-being is primary, an ethic of caring values nursing actions in themselves:

nurses want to be more than just people carrying out specific functions or fulfilling certain roles. They also want their work to have meaning; they want to be involved in something worthwhile.

(Gastmans 2002 p. 504)

Such perspectives may be summarised within a ‘how-to-live’ ethic. Highlighting the end, or goal, of human activity can potentially give ethics wider and deeper dimensions than approaches dedicated primarily to finding solutions to immediate problems or consideration of specific dilemmas, important as these are. Ricoeur (1992 p. 172) expresses this ethic in intentional, interpersonal and contextual terms as ‘aiming at the “good life” with and for others, in just institutions’. Liaschenko (1995 p. 2) reinterprets this Socratic ‘goal’ of human activity for nursing in terms of ‘human flourishing’ by suggesting that nurses can help their patients to have:

a particular life, a life that patients can claim as their own, that is, as “my” life.
Two important points require to be discussed here. The first centres upon the view that modern health care systems, in their reliance upon efficiency, management models and the use of technology, may not always be exemplars of ‘just institutions’ featuring the promotion and encouragement of life-enhancing ends. O’Brien’s (2001 p. 131) description of the Victorian asylum of the mid-late nineteenth century as a ‘place of personal suffering and therapeutic despair’ may not find its precise contemporary equivalent. But many twenty-first century care settings of various types can still to be found which compromise genuine care of people as witnessed, for example, in the recent high-profile campaigns amongst the health care professions promoting such themes as human dignity, respect, compassionate care and civility (Meyer 2010).

The second concerns the concept of ‘human flourishing’ itself. This is often articulated in such terms as ‘well-being’, ‘human welfare’ and health. A key assumption here is that health care professional and patient will find themselves in agreement in working together towards such ‘collaborative ends’ (Mitchell 2011 p. 152). This may not always, however, be the case. Furthermore, attention to such positive purposes, or ends, may not always sit easily within health care contexts where ambiguity, unpredictability, pain, suffering, loss and, ultimately, death, summarised by Aristotle (1966 p. 10) in terms of ‘ill-being’, may be the common experience of most people. Such attention to ends, however, may still find relevance in the provision of comfort and care alongside the fostering of hope and derivation of meaning that may be integral to professional health care practice itself. Indeed, it may only be through the experiences of apparent weakness and powerlessness, in which ethics might appear to be ‘confounded’ (McKie 2010), that the ‘good’ in all its fragility may be sought after or found (Nussbaum 2001). Several instances of this aspiration, even struggle, towards the ‘good’ may be seen in the narratives of student nurses Ruth (‘It Could Have Been My Grandmother’ - section 7.2), Michelle (‘I Am Cancer’ - section 7.2) and Linda (‘Paint Pictures Using Words’ - section 7.5).
In addition, the means themselves (e.g. practising virtuously, the telling of narrative, recognition of relationality and the acknowledgement of contextual factors) may be given enhanced recognition by the ways in which these are seen and demonstrated in the good practice of practitioners themselves. In such ways, the overall ‘end’ of the welfare of the patient may be served.

This emphasis on life can potentially position ethical discourse within wider frameworks of patients’ quest for meaning, recognition of context, health care practitioner reflexivity, provisionality, openness and joint exploration of meaning. Nelson (2004) criticises the use of notions of ‘the good’ in ethics for encouraging an underlying Romanticism which might mask the use of power by health care professionals under the guise of ‘ethical expertness’. This, however, is suggestive of a monolithic view of ‘the good’ that need not necessarily be assumed. Instead, a ‘how-to-live’ ethic, characterised as interrogative, explorative and open to several different interpretations of context, may be able to recognise the presence of ‘contrapunctual voices’ (Milligan 2010) in a narrative and thereby seek after a multiplicity of ‘goods’ (Taylor 1993).

4.2.4 Section Summary

This section has highlighted distinctive features, trends and understandings of ethics within professional health care practice and education. In outlining a ‘how-to-live’ ethic, recognition is given to the practice of ethics based upon an articulation of the ends of nursing activity (e.g. human flourishing), the kind of person that the practitioner is, or aspires to be, via the exercise of particular virtues (e.g. caring) within particular contexts and the place of narrative in exploring such questions. That practitioners may not fully achieve an end of human flourishing does not in itself invalidate the quest (Gallagher and Tschudin 2010 p. 224). Significant ethical practice may still take place along the way.
The promotion of such an ethic may take place within a dominant bioethics paradigm in professional health care and may act as a critique on positivist trends of measurement, prediction, detachment and control (Downie and Macnaughton 2007). Nevertheless, if the development of these issues is considered crucial to the development of nursing practice giving central place to the person (both patient and practitioner), then placing the perspectives of a ‘how-to-live’ ethic alongside of other approaches to professional health care ethics (e.g. principlism) may not be considered incompatible. The main features of such a ‘how-to-live’ ethic can be summarised in Table 19.

<table>
<thead>
<tr>
<th>ends or purposes</th>
<th>kind of person</th>
<th>context</th>
</tr>
</thead>
<tbody>
<tr>
<td>human flourishing</td>
<td>character</td>
<td>action</td>
</tr>
<tr>
<td>the ‘good’</td>
<td>virtues</td>
<td>narrative</td>
</tr>
<tr>
<td>relationality</td>
<td>reflexivity</td>
<td></td>
</tr>
</tbody>
</table>

Table 19: A ‘how-to-live’ ethic

In consideration of the teaching of ethics in nurse education, these perspectives may be able to make a vital contribution to an eclectic approach aimed at practitioner achievement of a broad view of ‘ethical competency’ beyond current professional competencies (Nursing and Midwifery Council 2004). In identifying particular teaching and learning challenges that students might encounter in the areas of moral blindness, moral complacency and moral distress (reflecting institutional factors and curriculum issues), Gallagher (2006) outlines an eclectic model which incorporates elements of this ‘how-to-live’ ethic alongside those of professional ethics (Table 20; page 108).
4.3 Exploring the relationship between literature, poetry and ethics

In section 3.3, I demonstrated the ways in which literature and poetry might contribute in general terms towards understanding human experience. In this section, I wish to address more particular ways in which reading literature and poetry might contribute towards a ‘how-to-live’ ethic within a broad understanding of a teleological ethic. The relationship between literature, poetry and ethics is intricate and complex (Davis and Womack 2001). This can be illustrated by considering an early entry from my own research journal:

Table 20: Ethical competency: an eclectic model (Gallagher 2006)
Research journal entry November 2005

SCENE: The McKie household at breakfast. Claire, my fourteen-year-old daughter, is reading Jane Austen’s novel *Pride and Prejudice* as she awaits waiter/slave (myself) service. A frequent row over cereal choice and amount in bowl stimulated the following dialogue.

ANDREW: I’m sure Jane Austen wouldn’t have reacted like that, you know.

CLAIRE: What’s Jane Austen got to do with it?

ANDREW: Well, Jane Austen teaches you about living, manners, behaviour, that kind of thing ....

CLAIRE: Jane Austen’s got nothing to do with me (emphasis added)

ANDREW: Why are you reading Jane Austen, then?

CLAIRE: Because Darcy (main male character in novel) is hot!! (emphasis added)

Aside from the amusing details that this entry might reveal about one father-daughter relationship, several pertinent issues might emerge from such a dialogue. Can literature and poetry teach readers about human experience? Is it reasonable to expect readers to respond to reading literature and poetry in ways which might challenge, or change, them?

In section 3.3, a broad understanding of literature and poetry as genres exploring sensory experience was discussed. A ‘narrower’ definition can denote novels, plays, essays and short stories. Sakalys (2002), in discussing the basis of a literary pedagogy in nurse education, focuses on the world of the patient by highlighting works of literary fiction (e.g. ‘non-existent things’: Ricoeur 1991b p. 170) and autobiography within the curricula. Although such a focus has its place, professional nursing practice and the patient experience may be explored by considering the genres of literature and poetry in wider senses. Although valid distinctions between literature and poetry can be made (see section 1.1), both genres share much in common e.g. the ways in which poetry considered in narrative terms might be closer to everyday life itself than the more constructed dimensions of literature (Shapiro 2009 p. 37).
Sakalys (2002) identifies three different ways in which ethics can be explored within literature itself. Firstly, in the ‘ethical approach’ specific texts explore particular ethical problems. An example of this is the trilogy of novels written by McHaffie (2005 a b c) exploring issues of infertility and assisted conception. Although such an approach has its merits, it is open to the criticism, paralleling that of the ethical principles, of reducing ethical discourse to addressing sets of ‘problems’ or ‘dilemmas’ (Lorentzon 2006).

In a second approach, an ‘aesthetic’ type encourages the reader to employ literary skills such as reading, interpretation and criticism to place the reading of a text within wider contexts of personal, relational and professional experience. A third approach is termed ‘empathic’ where engagement with texts encourages readers to develop greater understanding of particular human experiences (e.g. of illness, ageing, pain or loss). Although each of these approaches has merit, it is within the ‘aesthetic’ and ‘empathic’ approaches that salient arguments favouring literature’s development of a ‘how-to-live’ ethic can be advanced.

The school of ‘ethical criticism’ derives from a liberal education perspective aiming ‘toward the perfection of both individuals and society’ (Gregory 1988 p. 34). By highlighting the significance of self formation, the use of vicarious imagination, the development of moral character via consideration of the ways in which readers enter literature, ‘ethical criticism’ emphasises the overall reading effect of a text on the character of the reader by way of ‘how to live and what to believe about how to live’ (Booth 1998 p. 3). Although critiques of such perspectives (e.g. from post-humanism) may centre upon certain covert didactic and moralistic tones within ‘ethical criticism’ (Posner 1997), these are countered by its proponents in terms of the new frameworks that literature can provide in allowing readers to develop in themselves and to consider different ideas concerning ‘how to be a human being’ (Gregory 1998 p. 13).

Moreover, the intricate relationship between form (e.g. narrative) and content in literature allows an exploration of events to take place with due attention being given to their uniqueness, contingency and to the value of emotion (Nussbaum 1990 p. 26). Compassion, the key emotion serving ethical inquiry, is looked upon as a type of reasoning:

a certain sort of thought about the well-being of others
(Nussbaum 1996 p. 28)

Emphasising that the study of novels is no simple substitute for consideration of philosophical traditions inherent within ethics, Nussbaum (1990 p. 27) notes that the ‘perceptive equilibrium’ of ‘finely aware and richly responsible’ reading can encourage a ‘general aim to live well’.

Nussbaum (1983 p. 35), acknowledging the influence on her of Anglo-American novelist Henry James, locates the power of vision in its ability to help the reader to recognise particulars, rather than abstractions:

see clearly and with high intelligence. Respond with the vibrant sympathy of a vividly active imagination. If there are conflicts, face them squarely and with keen perception. Choose as well as you can for overt action, but at every moment remember the more comprehensive duties of the imagination and emotions

By presenting readers with the question: ‘what is happening to them as they read?’, readers can, via identification with characters, events and other narrative details, develop greater ethical awareness and understanding of the needs of others (Nussbaum 1990 p. 233). These ‘concrete presentations’ derive from an ‘emotion-friendly’ presentation of moral reasoning in literature and can be illustrated by way of two examples (Altieri 2001).

The first, from James (1995 p. 114), centres on one of his characters, Maggie:

her own vision acted for every relation – she remarked beggars, she remembered servants, she recognised cabmen; she had often distinguished beauty, when out with him, in dirty children.
The second, derived from Coupland’s (1992 pp. 207-208) novel *Generation X*, involves the character of Andy:

I stood up and was considering this drop of blood when a pair of small fat arms grabbed around my waist, fat arms bearing fat dirty hands tipped with cracked fingernails. It was one of the mentally retarded teenagers, a girl in a sky blue calico dress ....

Then, from behind me I felt another pair of hands as one of her friends joined in. Then another pair. Suddenly I was dog-piled by an instant family, in their adoring, healing, uncritical embrace ....

These examples suggest that narrative particularities (e.g. James’ ‘beauty ... in dirty children’ and Coupland’s ‘adoring, healing, uncritical embrace ...’) can evoke an ethical response of compassion in the reader. Such an interpretive framework may, however, be criticised for a ‘dilemma of concreteness’ (Altieri 2001 p. 42). Why should compassion, and not other emotions (e.g. fear or anxiety), be the sole guide for ethical action? Posner’s (1997) critique reaffirms literature’s ‘aesthetic tradition’ over against such didactic tones of ethical criticism. Literature cannot carry such ethical and political responsibilities and, if it does, it is a diminished and highly selective canon that does so (Posner 1997 p. 17).

It is, however, possible to recognise aspects of these critiques of ‘ethical criticism’ without entirely dismissing the potential role of literature in encouraging ethical practice. Literature can be appreciated for both its literary and instrumental values (Lamarque 2009 p. 295). This can be considered by acknowledging the place of the emotions as a guide to further ethical inquiry (Miller, Finns and Bacchetta 1996 p.38; Riessman 2005). Scott’s (2000b p. 129) notion of an ‘educated perception’ is linked to an understanding of the emotions derived from an Aristotelian understanding of the virtues as dispositions to feel and act appropriately: by looking one comes to see. By practicing good habits one comes to feel and act in a morally virtuous way. By feeling and acting in certain ways one develops certain types of reflections on what are appropriate desires and perceptions. Teaching may develop these reflections in the morally best way.
This perspective can form part of an education based upon ‘emotional intelligence’ (Freshwater and Stickley 2004). The use of literature and poetry within the curriculum may be used as part of an approach which gives recognition to the place of the emotions in helping students to understand ethical dimensions of the therapeutic relationship more clearly. This explored by Diamond (1988 p. 264):

novelists and other writers can put before us and develop our concept of a human being by giving us scenes of such recognition or denial of recognition, by showing us, reminding us, that this is what it is like to recognize another human being, and that this is what it is like to fail to accord such recognition, to refuse it.

Insights may be derived from reading literature and poetry for an understanding of ethics. The key issue is to acknowledge these and to place their contribution alongside other methods of ‘doing’ ethics within professional health care practice and education.

4.4 Reading literature and poetry as a way of promoting a ‘how-to-live’ ethic

In section 4.2, I explored an understanding of a ‘how-to-live’ ethic in terms of, amongst others, features of ends (human flourishing), personhood (virtues), reflexivity, relationality, narrative, recognition of contextual factors and action itself. In section 4.3, notions of perception linked to emotion were discussed as possible ways of enabling ethical insights to be derived from the reading of texts.

Although these perspectives may have certain limitations, the key point is to make use of such insights (ethical ‘seeing’) alongside other approaches (ethical ‘knowing’ and ‘reflecting’) in ethical discourse. In this section, several different ways in which reading literature and poetry in nurse education might potentially contribute towards a ‘how-to-live’ ethic are explored.

The reading of literature (especially fiction) and poetry in ethics education has the potential to allow a variety of issues to be explored in depth and a variety of perspectives to be expressed. In contrast to case histories (or studies) presenting a unitary viewpoint (Carson 2001 p. 198), devices
such as narrative in literature and metaphor in poetry can enable the reader to make imaginative responses which can connect with professional and personal dimensions of action itself in ways suggestive of Ricoeur’s (1984) mimesis stage of refiguration (see Table 4; page 33).

Acknowledging that people like to read stories with content, it is recognised, however, that the activity of ‘reading’ itself (lectio) is complex. Although it is possible to consider reading as a ‘linear act’ (Peterson 2006 p. 91) in terms of eye-to-word-to-page contact, its operation is considerably more intricate than this. The act of reading seeks to understand the interconnectedness of words and their multiple meanings in terms of different usage within sentences, clauses, statements, paragraphs, dialogue, narratives, lyric and verse.

Sullivan (2007) outlines an ‘alternative view’ which locates reading beyond detached ‘consumerist’ perspectives (e.g. reading texts solely for ‘information’) as part of a wider relational framework incorporating personal, social, historical and ethical considerations. By considering reading as an ‘act of the whole being’ (Sullivan 2007 p. 31), sensory dimensions can be highlighted in terms of hearing (e.g. nuance of words pronounced and read in the company of others), the body (e.g. use of lips and gestures in reading aloud), the mind (e.g. meditation on words, themes and understanding) and the spirit (e.g. in terms of meaning conveyed). In such holistic reading, reader-text dynamics assume significance. Perspectives which major on the reader and decentralise the text (e.g. ‘reader-response’ theories – Rosenblatt 1978) may inadvertently involve readers in ‘overstanding’ a text by ‘excessive’ reading of assumptions into the text. Reading ‘of the whole being’ (Sullivan 2007 p.31) seeks an ‘understanding’ of text in terms of its subject area, the place of the reader in, and towards, the text and gives due recognition to the claims that the text might make upon the reader themselves.

Peterson (2006) similarly links reading to language by prioritising its verbal and hearing dimensions above the fixed dimension of textual language. If language is essentially oral, then it is possible to encompass the scope of reading beyond words within a text within wider frameworks. Peterson’s (2006 92-103) framework of reading of sacred scripture (lectio
divina) demonstrates the relationship between reading other texts and consideration of wider aspects of life itself (Table 21).

<table>
<thead>
<tr>
<th>Lectio (reading the text)</th>
<th>Meditation (use of memory to understand text as a whole)</th>
<th>Oratio (praying the text)</th>
<th>Contemplation (living the text)</th>
</tr>
</thead>
</table>

Table 21: Lectio divina (Peterson 2006 pp. 92-103)

It is also possible to consider the act of reading texts as a form of narrative ethics itself (Meininger 2005). Reading can possess an intentionality which can encourage a sense of purpose or exploration. This reading can go beyond ‘micro’ attention to its internal structure (e.g. sentence construction and grammar) to view it in two-way dialogue terms between the text and the reader: ‘What is happening to them as they read?’ (Nussbaum 1990 p. 230) This exploratory dimension of reading within classical ethical perspectives can be further located in terms of ‘how should a human being live?’ (Nussbaum 1990 p. 25)

Specific ways can be identified to demonstrate the contribution of reading texts to a ‘how-to-live’ ethic outlined in section 4.2. Meininger (2005 p. 111), in observing that reading literature can provide a ‘free space’ for the exploration of a combination of ethical pursuits, professional demands, social customs and personal values, notes the contribution of reading towards a narrative ethic in three ways: deeper understandings of multiple aspects of the self (narrator, author, characters and reader), orientation towards the future and a consideration of alternative ways of understanding ethics.
A number of examples of how reading literature and poetry might contribute to an understanding of this ‘how-to-live’ ethic can now be considered. In the first three examples, examples of literature and poetry are explored to illustrate aspects of a ‘how-to-live’ ethic based upon Ricoeur’s (1992 p. 172) understanding of ethics in goal-orientated, or purposeful (telos), terms of intentionality as:

‘aiming at the “good life” with and for others, in just institutions’

Three other examples (sections 4.4.4-4.4.6) offer further exploration.

4.4.1 Reading literature and poetry: patients’ aspirations, or personal quests, for meaning

Solzhenitsyn (1968 p. 112-113) explores aspects of a ‘how-to-live’ ethic by posing it as a question, or aspiration, in his novel Cancer Ward: ‘What do men live by?’ Amongst an array of fictional characters addressing the presence of cancer within their bodies, Yefrem Podduyev, discovers for the first time during hospitalisation a deep desire for reading books. Such reading, permitting Podduyev to meditate upon significant life events and the prospect of his own mortality, takes on relational dimensions when he includes fellow patients in consideration of the theme: ‘what do men live by?’

Yefrem opened it at the shortest one. He read it. He felt like thinking. He thought. He felt like reading the little story again. He felt like thinking again. He thought.

He had lived his whole life without a serious book ever coming his way. Yefrem had already noticed the title yesterday: What Men Live By. The title was so put together that Yefrem felt as though he had made it up himself. Stomping around the hospital floors, thinking his nameless thoughts, he had been thinking that very question during the past few weeks: ‘What do men live by?’

These explorations around patients’ lives contained here can demonstrate the capacity of literature and poetry to help professional health carers understand the world of their patients better. That patients might seek to engage professional health carers in their quests for meaning during times
of illness may not always be obvious (Brody 2003; Sakalys 2003). Nevertheless, significant narratives of patients’ explorations of their illness experiences are available as resources for professional nurses (Diamond 1998; McCrum 1998). Consideration of the ends of human life (the ‘good life’) may allow practice to incorporate these quests into the means (‘what do men live by?’).

Such understanding of ‘human flourishing’ will necessarily vary from person to person. For Yefrem and his fellow patients, potential means employed towards attaining such human flourishing (e.g. air and water, the practice of professional skills, a person’s homeland, society and love) reflected the widest possible range of human interests and views (Solzhenitsyn 1968 pp. 116-119). For practising nurses, their value may lie in recognising them as they arise in patients’ articulation of the meaning and purpose of their illness experience.

4.4.2 Reading literature and poetry: ethics as relational

Ethics expressed in relational terms, via Ricoeur’s (1992 p. 172) ‘with and for others’, can be seen by considering certain aspects of the therapeutic relationship. In Appignanesi’s (2004 p. 63) novel, The Memory Man, Bruno undergoes a medical examination in his native wartime Poland during the period of the Second World War:

When Bruno’s time with the Canadian doctor finally came, he had the dawning sense he was speaking to someone for the first time in years. Really speaking, which was an act in which another heard you. Intelligence, perspicacity, good will emanated from the man like beams of sunlight after a bitter grey winter. Or so it felt to Bruno, when the Canadian doctor gently prodded his chest and with equal gentleness asked him questions about his past, his war experience, his activities in the camp. He asked not in the ways of the camp interrogators, but as if he really wanted to listen, as if he fully believed he was speaking to another human being who had an equal grasp of experience.

The therapeutic relationship developed by Bruno’s camp physician may contrast with many current approaches which, in their use of theoretical models and bureaucratic assessment strategies, may fill up vital ‘space’ between patient and professional (Stickley and Freshwater 2009). By
combining the moral virtues of trust and faithfulness with the intellectual virtues of scientific knowledge (medical signs), technical skill (assessment) and practical wisdom (attention to particulars), a ‘how-to-live’ ethic is advanced which explores the complex character and technical actions of the medical practitioner himself within a context aimed at ‘human flourishing’ (the well-being of Bruno).

The dimensions of the therapeutic relationship within professional nursing practice is much discussed (Scanlon 2006; Shattell, Starr and Thomas 2007). By considering this relationship ethically, however, it is possible to see how an aspiration, or quest, for meaning might begin to be embodied in relational terms. Mitchell (2011) explores this in the context of the relationship which health care professionals may establish with patients and considers the principle of autonomy as an example. By viewing autonomy in relational terms rather than narrowly atomistic ways, an opportunity can be found for autonomy to be understood in ways which both patient and professional will agreed to and understand.

In addition, a patient’s suffering may incorporate a considerable degree of inequality into a nurse-patient relationship. Adopting approaches which demonstrate the common humanity between nurse and patient e.g. solicitude, reciprocity, mutuality and similitude may encourage the ‘ethical aim’ to become a genuinely shared experience in clinical practice (Fredriksson and Eriksson 2003). By adopting the stance of witness (Frank 1995), nurses can demonstrate their desire to stand alongside their patients in their suffering and quest for meaning and solace. Olthius et al (2006) utilise this ‘ethical aim’ to explore ways in which relationality can link the personal identity of the nurse via the ‘caring conversation’ of the therapeutic relationship within hospice care contexts. Raholm (2008) further develops this by suggesting that such suffering can be transformed via encouraging the patient to tell their own narrative. This can be shown in student nurse Michelle’s narrative ‘I Am Cancer’ (section 7.2) in which a relational ethic is demonstrated within the context of nurses supporting the relative of a patient who has narrated her traumatic experience of receiving a poor prognosis from health care staff.
4.4.3 Reading literature and poetry: ethics as social and contextual

Reading fictional narratives can promote an ethic of ‘the good’ within the context of Ricoeur’s (1992 p. 172) third aspect of his definition: ‘aiming at the “good life” … within just institutions’. Faulks’ (2006 p. 182) novel, *Human Traces*, explores the origins and practice development of psychiatry in nineteenth century Europe:

Thomas was surprised by how much he had come to tolerate, even to like, the asylum. The things he had seen inside the walls had seared his soul. But ‘sear’ was perhaps the word, he thought, like ‘cauterise’: he was burned, but he did not ‘bleed’. He dreaded becoming a ‘doctor’, like old Meadowes, someone who examined a patient and diagnosed by elimination ... He passionately hoped he had not become such a mechanical practitioner, such a clockmaker, such a cobbler of the human

This passage suggests that a relational ethic, involving attachment and commitment (e.g. ‘sear’ and ‘burned’) requires to acknowledge the social context of health care practice. Thomas, a medical psychiatrist, practises within the context of the asylum model of treatment. Although the asylum no longer occupies central position in contemporary European mental health services (Porter 1987), this passage may show ways in which a ‘how-to-live’ ethic might take account of the practice of ethics within specific ‘narrative communities’ (Gastmans 2002 p. 503): e.g. hospitals, clinics and day centres involving ethics rounds, the use of codes of professional conduct, ethical review committees and multidisciplinary meetings.

A careful reading of this passage also suggests that the consideration of ethics can act as a critique of certain social and institutional contexts of health care practice. This was discussed earlier in section 4.2.2 with respect to Foucault’s (1994) critique of institutions. A contemporary example of this may be found in Holmes’ (2001) critique, based on a Foucauldian perspective, of tendencies in mental health nursing to increased levels of surveillance of patients using technological, as well as therapeutic, means. A different, but related, critique of institutional
contexts can be found in student nurse Michelle’s narrative ‘The Night Shift’ in section 7.4.

4.4.4 Reading literature and poetry to develop insight and perception

The skill of ‘seeing’ can be considered as a precondition for ethical practice itself, alongside its ability to offer a commentary on actual (or assumed) practice (Gallagher and McKie 2010 p. 113). ‘Seeing’, in terms of considering literature and poetry as metaphors of ‘windows’ can use this metaphor as a way of looking through a text into a wider world of practice and the metaphor of ‘mirror’ to ‘hold up’ a text to practice itself.

Literature as ‘mirror’: Reflecting a perception of nursing practice

McCrum’s (1998 p. 191) perception of certain nurses caring for him following upon a stroke may be held up as a ‘mirror’ to the practice of nursing:

even the good nurses have no idea how much they can hurt, how much hurt they can cause by wrenching my left arm, which is still totally paralysed and helpless, at the wrong moment.

Poetry as ‘window’: Looking at the personal qualities of nursing practice

Ratcliffe’s (2005) delicate poem, ‘Nurse, Teddington Hospital’, may be taken as an example of a ‘window’ to look through into the practice of a nurse characterised by efficiency and attention to detail, but also in possession of sensitivity and poise:

They taught her to cure, not by the cradled arm, but by sharpness of heart in face of illness; she learned the cheerful delicate trade of orders, moving from bed to bed on the dull parquet, bearing the attributes of the absolute on the shoe of her poised leg.

These examples can contextualise a ‘third-person’ ethics based on the use of abstract principles (ethical principles) and rational analysis (ethical theories) (Altieri 1987 p. 135). By encouraging students to develop insight and understanding, reading literature and poetry can contribute towards a
‘first-person ethical life’ (Altieri 1987 p. 135). Students, as readers, may come to see themselves in these texts. This development of insight sees the reading of literature and poetry as playing a ‘vicarious’ role in fostering a ‘vertical’ (depth) understanding of experience itself (Begley 2003). This can be demonstrated by considering the insight gained by student nurse Jane from reading literature and poetry in her narrative ‘His Army Number’ (section 7.2).

4.4.5 The use of imagination and metaphor in literature and poetry as a way of promoting ethical awareness

Language has the potential to transform a reader’s understanding of the world. One of these, metaphor, extends the use of language beyond literalness to consider its referential use (what it is ‘about’). This device, encompassing pictorial and associative dimensions, can be defined in its everyday use as a means of ‘understanding and experiencing one kind of thing in terms of other’ (Lakoff and Johnson 1980 p.5). ‘Substitute’ metaphors (e.g. ‘this paperwork is a nightmare’) can be considered alongside others illuminative of the experience of illness itself e.g. a “shadow of their former selves” (Barker 2000 p. 97).

A more sophisticated ‘tension theory’ of metaphor locates words within sentences and, by seeing ‘sameness in the difference’ (Ricoeur 1991c p. 80), permits the reader to understand a perspective in more vivid terms. This use of metaphor by Wiesal (1960 p. 47) may assist understanding of a person’s experience within the extreme conditions of a concentration camp:

we were so many dried-up trees in the heart of a desert

The use of metaphor can also enhance the power of imagination derived from sensory experience by letting ‘new worlds build our self-understanding’ (Ricoeur 1991c). Ward (2006 p. 442) explores the place of the imagination:

reading is not then a mode of perception, and yet there is a seeing, a hearing, even sometimes a smelling, tasting and touching that does take place in this making present that we associate with imagination
Two examples illustrate this power of metaphor to understand and potentially transform experience, via imagination.

**Metaphor in literature**

Time doesn’t click on and on at the stroke. It comes and goes in waves and folds like water; it flutters and sifts like dust, rises, billows, falls back on itself. When a wave breaks, the water is not moving. The swell has travelled great distances but only the energy is moving, not the water. Perhaps time moves through us and not us through it..... that the past is in us, and not behind us. Things are never over

Winton’s (2005) description of the impact of time and the past on people can appeal to the imagination by its use of metaphor and allusion. By describing time in terms of ‘waves’, physical materials such as ‘dust’, ‘billows’ and in dynamic terms such as ‘falls back on itself’, a concept as complex as time may be given imaginative dimensions which may provide readers with a heightened sensitivity and understanding of its place and influence in the lives of other people.

**Metaphor in poetry**

*Two Pheasants*

As though from a catastrophic wedding reception
The cock pheasant in his elaborate waistcoat
Exploded over cultivated ground to where
A car in front of our car had crushed his bride.

I got the picture in no time in my wing-mirror
As in a woodcut by Hokusai who highlighted
The head for me, the white neck-ring and red whattles,
The long coppery tail, the elegance and pain.

Longley (2004) uses metaphor in powerful ways to illustrate the experience of sudden and painful loss. By using metaphors of joyful celebration (‘wedding’), colour (‘elaborate waistcoat’) and attention to life itself (‘cultivated ground’), the experience of the sudden death of a bird via a road accident is offered for human consideration in all its pain and drama. This vivid use of language may help practitioners understand other people’s experience (Walker 1997).
It is also important, however, to note certain limitations in the use of metaphor. Sontag (1991) argues that its over-use can lead to evasion of the truth. More cautionary is Lewis (1933 p. 144) who locates the epistemological basis of metaphor within the realm of the imagination:

and one must use metaphors. The feelings and the imagination needed that support. ‘The great thing’, said John, ‘is to keep the intellect free from them: to remember that they are metaphors’

Understanding the reasons for the use of metaphor in specific contexts is important. Metaphor can assist in ‘telling it slant’ by encouraging readers to explore experience in ways that do not directly derive from themselves nor from the direct approaches of a teacher (Palmer 2004). These issues may be supported by considering student nurse Michelle’s narrative ‘The Person is Still There’ (section 7.2) where an imaginative interpretation of a poem allows her to develop ways of enhancing the autonomy of a patient being cared for in a highly controlled way within a mental health setting.

4.4.6 Reading literature and poetry as a way of developing the interpretive virtues

In section 4.2.1, the virtues were discussed in terms of character formation and their relationship to action. Although particular virtues (e.g. courage and faithfulness) concern a person’s character formation, as dispositions they are acquired by action itself (habituation). Aristotle (1983 Book Two p. 91) delineates the relationship between virtue and action:

but the virtues we do acquire by first exercising them, just as happens in arts. Anything we have to learn to do we learn by the actual doing of it: people become builders by building and instrumentalists by playing instruments. Similarly we become just by performing just acts, temperate by performing temperate ones, brave by performing brave ones
Furthermore, although it is important to differentiate the virtues from feelings and actions, it is within the latter that the virtues work:

now neither the virtues nor the vices are feelings, because we are not called good or bad on the ground of our feelings, but we are so called on the ground of our virtues and vices...

(Aristotle, 1983 Book Two p. 99)

The precise dynamic by which virtues are chosen, or used, in any given situation is complex. If the virtues are to be considered as dispositions towards feelings and actions, then no simple understanding of choice can undergird this (Cain 2005). Rather, a deeper dynamic may be taking place in which ‘the virtuous person acts and is acted upon’ (Cain 2005 p. 174). This is suggestive of a view that locates the cultivation of the virtues in combining personal choice with wider contextual influences (social, cultural and political) inherent within actions themselves. This perspective might then accord greater recognition to contextual factors within nursing itself in terms e.g. by considering the traditions of a particular practice (Cash 1998).

Such issues can be considered within the context of reading texts. Cain (2005), in applying Aristotle’s virtue theory to the process of reading, suggests that reading can allow a person to be ‘acted upon’ by way of the text’s influence upon the reader, as well as by considering the reader’s response to the characters and events present within a text itself. Understanding the dynamic between a ‘proper passivity and passional response’ (Cain 2005 p. 177) may therefore enable the reading experience to be understood by considering the reader’s disposition to be open (or otherwise) to what a text might be conveying to them.

Understanding virtue in dispositional terms within the contexts of feelings and actions can be considered via the act of reading itself. Jacobs (2001) notes the ways in which a reader’s disposition (virtue) can influence how a text might be viewed in ‘Other’ terms of charity (love), friendship, neighbourliness or even enmity.
Slagter (2007) develops such dispositional reading within the context of encouraging student learning via the activity of reading texts out loud. Assisted by sufficient background information and preparation time, texts read slowly and carefully within communal settings can help students make links between the world of the text and their own personal and professional experience. Reading out loud can foster attention to detail, provide communal receptivity of words and can encourage reflection upon charitable, justice and empathic dimensions of ‘the Other’ demanding ‘not only interaction but response’ (Slagter 2007 p. 104).

At the same time, however, it is important to note that reading a text represents no guarantee of ethical (virtuous) practice. Schlink (1997 p. 145) expresses this vividly through the character of Hanna, a concentration camp guard, in his novel, *The Reader*:

I saw her being read to. She listened carefully, asked no questions, and made no comments. When the hour was over, she told her reader she would be going on the transport to Auschwitz next morning.

This point can be illustrated by considering student nurse Michelle’s narrative ‘You Cannot Become Complacent’ in section 7.2.

### 4.5 Summary

In this chapter I have sought to demonstrate the features of a ‘how-to-live’ ethic in terms of its promotion of a wide ranging understanding of the end (*telos*) of human flourishing. Such a perspective, in the context of professional health care practice, seeks to encourage breadth and depth understanding of the contexts of health care professional and patient, in addition to acknowledging the impact of the dynamic of the therapeutic relationship itself. This perspective of human flourishing, in ‘constituting the good of a whole human life’ (MacIntyre 1984 p. 189), can thereby stand over and evaluate human actions and practices themselves. This ethic can therefore serve as a critique of dominant biomedical approaches in professional health care, but this does not necessarily mean the supplanting or the replacement of these other approaches (e.g. 
principlism) used in current ethical discourse. Nevertheless, by drawing upon the influences of virtue and narrative, this ethic endeavours to take up a complementary position alongside these other, more dominant, paradigms in professional health care ethics.

The quotation by Solzhenitsyn (1963) in the preface to this chapter draws attention to a key underlying question of this study. Can the reading of literature and poetry contribute towards a ‘how-to-live’ ethic in professional health carers in general, and in student nurses in particular? In their relationship to, and exploration of, life itself, the genres of literature and poetry can offer valid perspectives on the promotion of such an ethic. By focusing on the development of an ethic based upon a quest for meaning, insight and understanding via such approaches as the encouragement of the virtues, the place of the emotions and narrative, the reading of texts of literature and poetry can make a significant contribution to an eclectic approach to professional ethics within nursing practice itself. It is to the contribution of such an ethic to the ethical practice of the student nurses in this study that narratives in Chapters Six and Seven are presented.
CHAPTER FIVE

PREPARING THE WAY FOR THE NARRATIVES OF STUDENT NURSES AND NURSE EDUCATORS
'Consider also the special word they used: survivor. Something new. As long as they didn’t have to say human being. It used to be refugee, but now there was no such creature, no more refugees, only survivors. A name like a number – counted apart from the ordinary swarm'.

5.1 Introduction

In this chapter, I seek to set out the context for the narrative explorations of a ‘how-to-live’ ethic to be presented in Chapters Six, Seven and Eight. In section 5.2, further aspects of the relationship between reading literature and poetry and ethical practice are explored. In section 5.3, pertinent features of this particular study are presented and analysed. Research design issues pertinent to this study and the rationale for use of specific data sources are discussed in section 5.4. Finally, in section 5.5, relevant ethical review procedures are presented and critically discussed.

5.2 Identification of the issue

In section 3.2, the intricacies of the relationship between the arts and humanities and human behaviour, understood broadly in terms of experience and action, were explored. In addition, the role of the arts and humanities within professional health care education was discussed in terms of rationale for inclusion, scope and shape, and position within curricula.

However, it is important to address a key question arising out of the modest place of the arts and humanities within such curricula (Macnaughton 2000). Can engagement with the arts or, more specifically for the purposes of this study, the reading of selected works of literature and poetry promote more sensitive and compassionate practice of nurses, doctors and occupational therapists? (Begley 2003; Mates 2002; McAteer and Murray 2003)

This issue is variably addressed in the literature. Macnaughton (2000 p. 23) discusses the role of the humanities within medical education and calls for ‘evidence of effectiveness’ of such innovations, but curiously offers none save the possibility of the humanities playing a future ‘seed planting’ role for a minority of practitioners. Goulston (2001) notes the need for further research into the effectiveness of such curriculum innovations in Australian medical education. Newcomb et al (2006) conclude from a study of Anglo-American maternal-child nursing students reading two literary texts that the attainment of ‘cultural competence’
may be unrealistic, favouring instead students’ exploration of their own cultural practice and values. Gallagher (2007 p. 428) notes the persuasiveness of arguments favouring introduction of the humanities into medical and nursing educational curricula but offers a challenge to curriculum designers:

it remains unproven whether those who undertake literature courses are necessarily more perceptive or more generally ethically competent than those who do not take such courses and whether literature courses are necessarily the best or only way to promote ethical practice

It is one of the purposes of this study to explore such challenges. By adopting a narrative methodology, however, this study eschews any suggestion of offering compelling ‘proof’ or ‘evidence’ demonstrating a causal, or direct, relationship between student nurses reading literature and poetry and their ethical practice. In developing the rationale for adopting a narrative methodology further (see section 2.4), I argued that the complexity of the topic made adoption of the exploratory features of narrative appropriate. If reading of literature and poetry as specific genres is open to multiple social, cultural and educational variables (Pike 2002; Sullivan 2007), no less so may be consideration of such reading’s potential consequences. In addition, the complex task of understanding the issues that might constitute the ethical practice of student nurses makes adoption of an exploratory narrative methodology appropriate.

Narrative methodology used as inquiry encourages the person to utilise narrative to explore the multiple dimensions of their experience. Holloway and Freshwater (2007 p. 34) suggest ten broad areas where narrative inquiry may be of benefit in nursing research (Table 22; page 131).
Furthermore, narrative inquiry may encourage the researcher ‘to attend first to what is placed immediately before them’ (Sandelowski 1991 p. 192). In the context of this study, prior to any interpretive process, these are narratives of eight student nurses in terms of their understanding of their own ethical practice arising from their engagement with literature and poetry within recent educational preparation for practice. Similarly, the narratives of four nurse educators relate their understanding of the role of the arts and humanities within professional health education curricula and in nurse education curricula. Data derived from research interviews requires to be seen primarily in terms of what people see and say, rather than being considered as necessarily what people do (Green and Thorogood 2004 p. 87).

Although this point might highlight certain limitations in the use of the interview method in narrative research, the use of narrative methodology encourages analysis not only of what participants say (content), but also addresses the performative aspect of how it is said. Other legitimate ways exist for evaluating the ethical practice of student nurses e.g. direct observation, surveys of patients and the use of educational assessment of skills (e.g. ‘proficiencies’ expressed in terms of learning outcomes). Nevertheless, narrative, in its focus on substantive and performative

<table>
<thead>
<tr>
<th>Characteristics of narrative inquiry</th>
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<tbody>
<tr>
<td>making nursing work visible</td>
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<tr>
<td>acknowledgement of all types of knowledge, including personal and aesthetic</td>
</tr>
<tr>
<td>developing local and contingent knowledge</td>
</tr>
<tr>
<td>provides meaning for routinised practices</td>
</tr>
<tr>
<td>facilitates interprofessional understanding of clinical situations</td>
</tr>
<tr>
<td>fosters creative thinking</td>
</tr>
<tr>
<td>allows co-existence of multiple voices and perspectives</td>
</tr>
<tr>
<td>makes explicit clinical reasoning processes</td>
</tr>
<tr>
<td>creates a therapeutic milieu allowing transformation of narrators and listeners</td>
</tr>
<tr>
<td>derivation of meaning from illness experiences</td>
</tr>
</tbody>
</table>

Table 22: Characteristics of narrative inquiry (Holloway and Freshwater 2007 p. 35)
dimensions, may be seen as offering a tangible contribution to the field of evaluation studies (Holloway and Freshwater 2007 p. 27).

5.3 Research design

In section 2.2, Crotty’s (2003) research framework (Table 2, page 19) highlighted the significance of epistemological and theoretical perspectives underpinning methodology choice and actions (methods). The linking of knowledge and ontology bestowed significance upon particular sources and researcher positions in research studies that adopted approaches of a broadly qualitative form. In adopting a narrative methodology, such recognition involves the researcher taking up participative and flexible roles alongside the utilisation of specific skills such as dialogue, interpretive thinking and reading/writing (Hurlock 2002).

The title of the research project, objectives, research question and key assumptions/terms are outlined in Table 11 (page 44). The study title indicates the precise focus of exploring the relationship between reading literature and poetry and ethical practice from the narrative perspectives of two groups of student nurses and one group of nurse educators. The objectives locate the study within wider contexts of the role of the arts and humanities in professional health care education and nurse education. A specific focus is then given to exploring the relationship between reading literature and poetry and the ethical practice of student nurses themselves (Objective 4). Significant underpinning assumptions centre upon action, ethics, reading, living, human flourishing, personhood and practice.

Precise details of research title, questions and objectives were revised throughout the course of this study (see section 9.4.1) and reflect development of my own expertise as a researcher and participation in important peer review arrangements (via supervision team) throughout this work.

These objectives can be operationalised in terms of broad and specific research stages (Figure 3; page 133).
These stages outline significant ‘macro’ and ‘micro’ dimensions of the study. The study itself is located within the broad areas of the arts and humanities and within professional health care education in general and nurse education, in particular (sections 3.2-3.4). Thereafter, the role of literature and poetry within nurse education (section 3.4.3), ethics within nurse education and the relationship between reading literature and poetry and ethics are all addressed (section 4.4). The exploration of these areas is placed within the named research question itself and the specific educational context for the research samples used for this study.

In addressing each objective, potential data sources are identified (Table 23; page 134). The breadth of Objective 1 directs potential data sources to a review of relevant literature and to analysis of data derived from a focus group of nurse educators. By way of contrast, the highly focussed Objective 4 suggests a wider range of potential sources with all of these, excepting a literature review, centring upon methods of data collection involving student nurses themselves.
<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To critically analyse the role and importance of the arts and humanities in professional health care education</td>
<td>Review of literature</td>
</tr>
<tr>
<td></td>
<td>Focus group – nurse educators</td>
</tr>
<tr>
<td>2. To critically analyse the role and the importance of the arts and humanities in nurse education</td>
<td>Review of literature</td>
</tr>
<tr>
<td></td>
<td>Focus group – nurse educators</td>
</tr>
<tr>
<td></td>
<td>Focus groups (2) – student nurses</td>
</tr>
<tr>
<td></td>
<td>One-to-one interviews with student nurses (7)</td>
</tr>
<tr>
<td>3. To critique current nursing curriculum philosophies from the perspective of the arts and humanities</td>
<td>Review of literature</td>
</tr>
<tr>
<td></td>
<td>Focus group – nurse educators</td>
</tr>
<tr>
<td></td>
<td>Focus groups (2) – student nurses</td>
</tr>
<tr>
<td></td>
<td>One-to-one interviews with student nurses</td>
</tr>
<tr>
<td>4. To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students</td>
<td>Review of literature</td>
</tr>
<tr>
<td></td>
<td>Focus groups (2) – student nurses</td>
</tr>
<tr>
<td></td>
<td>One-to-one interviews with student nurses</td>
</tr>
<tr>
<td></td>
<td>Reflective practice journals</td>
</tr>
<tr>
<td></td>
<td>Documentary source review</td>
</tr>
</tbody>
</table>

Table 23: Potential data sources

5.4 Research design and rationale for use of research methods

In this section and its sub-sections, I outline elements of the research design and provide a rationale for the research methods used. The key stages of the research design are outlined in Table 24 (page 135).
<table>
<thead>
<tr>
<th>Identification of issue</th>
<th>The relationship between reading literature and poetry and ethical practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research question</td>
<td>What is the relationship between reading literature and poetry and the ethical practice of student nurses?</td>
</tr>
<tr>
<td>Ethical approval</td>
<td>School of Nursing and Midwifery Research Ethics Committee (SERP) of Robert Gordon University</td>
</tr>
<tr>
<td></td>
<td>National Health Service (NHS) North of Scotland Research Ethics Committee (NOREC)</td>
</tr>
<tr>
<td></td>
<td>National Health Service Central Office for Research Ethics (COREC)</td>
</tr>
<tr>
<td>Research methods</td>
<td>Focus groups – student nurses</td>
</tr>
<tr>
<td></td>
<td>Focus group – nurse educators</td>
</tr>
<tr>
<td></td>
<td>One-to-one interviews – with student nurses</td>
</tr>
<tr>
<td></td>
<td>Reflective practice journals (student nurses)</td>
</tr>
<tr>
<td></td>
<td>Documentary source review – ‘Application to Practice’ section of students’ group modular assignment materials</td>
</tr>
<tr>
<td></td>
<td>Research journal – compiled by Principal Investigator</td>
</tr>
</tbody>
</table>

Table 24: Research design: key stages
5.4.1 Context – education and practice

Education

The context for this study is located within the learning and teaching experiences of student nurses and nurse educators respectively derived from a Bachelor of Nursing programme offered within the School of Nursing and Midwifery at Robert Gordon University in Aberdeen, Scotland where I am employed as a lecturer (section 1.3).

The samples of student nurses and nurse educators were drawn from their participation and interest (learning and direct/indirect teaching) in a third-year module entitled ‘The Expressive Arts in the Caring Context’. This module was a Scottish degree (SD) level 3 (Scottish Credit and Qualifications Framework: SCQF Level 9, 15 credits) module offered to students in Year 3 of a three-year degree programme of 135 weeks duration (see Appendix 1). The module was offered to students of all nursing branches within the programme: Adult, Mental Health and Children and Young People’s nursing.

The module sought to encourage students to explore the role of the expressive arts within the context of professional health care practice (Appendix 2). Modular foundation themes, centring upon art, narrative, interpretation, response, ethics and transformation of practice (McKie et al. 2008) were explored via approaches to student learning developed from recognised interactive and participative principles of teaching the arts and humanities within nurse education (Hermann 2004).

This approach included personal and professional dimensions of nursing practice in the shape of a ‘running theme’ of ‘the person and the professional’ (McKie et al. 2008 p. 158). These foundation themes articulated some of the forms shaping module content (art, narrative), key skills (reflection, interpretation, response) and possible result areas (ethics, transformation of practice).
These principles and themes in turn shaped modular content and session sequencing. To encourage student interaction and participation, formal taught sessions were limited to two introductory lectures. Six interactive (workshop) sessions explored art forms ranging from the familiar and concrete (e.g. film) to those considered more challenging and abstract (e.g. art, photography and poetry). Concluding workshops on the ‘art of nursing’, a student-led ‘exhibition’ and the modular assignment (a group presentation) linked foundational themes and content explicitly to the consideration of issues in the practice of nursing generally and to students’ own experience of nursing, in particular.

Interactive and participative principles in relation to student learning were also applied to pedagogical approaches adopted. Although primarily committed to student learning, module teachers considered themselves to be undertaking significant interdisciplinary ‘learning journeys’ (Pike 2002).

It is important to consider the particular roles of literature and poetry within the module. Derived from several influences, reading literature is recognised to be the most widely used humanities strategy within nurse education (Sakalys 2002; Hydo et al 2007) and has been used in nurse education curricula as a way of deepening student nurses’ understanding of a variety of human experiences (section 4.4) (Begley 1995; 2003).

The place of literature and poetry within the modular learning strategy reflected these considerations. Student engagement with such sources occurred in general ways as part of early thematic modular overviews and as part of possible art forms to be employed in a student-led ‘exhibition’ (Appendix 3). More particular engagement was considered in dedicated literature and poetry workshops. These sessions encouraged students to discuss literature passages and complete poems contained in modular learning source materials produced by the modular teaching team and distributed to students for reading in advance. Engagement with these sources was encouraged in small group (circa eight students) with linkage to themes in nursing and students’ own practice.
The compilation of these learning source materials reflected research design attention to an anticipated range of students’ needs: relevance for health care practice, educational ability, styles of reading, familiarity of genre (e.g. ‘classic’ and ‘popular’), personal taste and passage length (see Appendices 4 and 5 for sample learning sources used). No set ‘canon’ of approved sources (or ‘Great Books’ of nursing) existed save the potential of texts to contribute in broad educational terms to students’ learning (Leavis 1972; Haarlow 2003). In addition, students were encouraged to incorporate their own personal choices of literature and poetry into workshop discussions.

Practice

In a degree programme preparing students for registered practice, an equal balance between educational theory (university-based) and clinical nursing practice was maintained. Following completion of this academic module, students undertook a consolidation clinical practice module of 23 weeks duration (see Appendix 6). During this module, students’ clinical practice skills (‘proficiencies’) were assessed under four ‘Domains’: Professional and Ethical Practice, Care Delivery, Care Management and Personal and Professional Development.

In this first domain, Professional and Ethical Practice (Appendix 6), students’ practice skills (‘proficiencies’) were assessed in terms of management and delivery of care criteria based upon professional practice adherence to the then current version of the Code of Professional Conduct of the Nursing and Midwifery Council (NMC 2004). Such themes included respect for persons, consent, cooperation with others, upholding confidentiality, maintaining professional knowledge, practising trustworthiness and making use of principles of risk management.

Several issues pertaining to professional knowledge emerge from such an analysis of nursing practice: the relationship between theory acquisition and skills application, the nature of ‘theoretical’ knowledge, the practice of specific clinical skills and the assessment of these skills based upon attainment of standardised competencies (Competency-Based Education: CBE) (Chapman 1999). Lum’s (2007 p. 141) contention that certain areas of nursing practice (e.g. judgement, initiative, imagination and leadership)
may not be ‘amenable to being cashed out in terms of outcomes’ raises many relevant issues for the place of ethics within professional health care practice and education (section 4.2). Rather, to follow Parker (2008 p. 87), this view of ‘ethical competency’ suggests a deeper and more reflective ‘skills agenda’ which majors on ‘communication and rhetoric’.

5.4.2 The samples

To recruit participants, purposive sampling techniques were adopted. In narrative research, sample size as the main criteria in participant recruitment is eschewed in favour of obtaining a sample which will yield data of sufficient richness and detail to allow the specific research question to be explored (Holloway and Freshwater 2007 p. 66). A total of eight student nurses were recruited from two separate student cohorts (Stages One and Two) undertaking ‘The Expressive Arts in Caring Context’ module during the months of April and September 2006. Specific details of sample recruitment procedures are discussed under ‘ethical review procedures’ in section 5.5.

A similar strategy of purposive sampling was adopted to recruit participants for their potential to contribute narratives to address Objectives 1-3 (see Table 23; page 134) (Stage Three). Recruitment was targeted at the group of nurse educators employed at the School of Nursing and Midwifery of Robert Gordon University. Potential participants were identified for their possession, via their teaching experience, of breadth and depth understanding of the role of the arts and humanities within professional health care education and within nurse education. To this end, specific persons were invited to join the study from the following areas of the degree programme:

- Adult nursing
- Children and Young People’s nursing
- Mental health nursing
- ‘The Expressive Arts in the Caring Context’ module
- ‘Advancing Nursing Through Science’ module
Four members of staff were recruited. In the absence of a third-year programme leader accepting an invitation to participate, module teaching members of the above two named modules represented adult nursing interests. Further details of this recruitment process are discussed under ‘ethical review procedures’ in section 5.5.

5.4.3  *Research Methods – details and rationale*

The exploratory nature of this topic provides a rationale for the adoption of a narrative methodology. In this section, I seek to justify, outline and analyse specific research methods used in the study.

*Student Nurses*

Table 25 outlines the details of the research methods used for the two samples of student nurses.

<table>
<thead>
<tr>
<th>Focus groups (2):</th>
<th>Planned for a pre-arranged date two/three days after student nurses’ formal completion of module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research interviews:</td>
<td>Arranged by researcher at convenient time in each student’s clinical area around two weeks after commencement of placement</td>
</tr>
<tr>
<td>Reflective practice journals:</td>
<td>Compiled by student nurses during clinical practice placement</td>
</tr>
<tr>
<td>Documentary source review</td>
<td>‘Application to Practice’ section of students’ group modular assignment materials requested <em>after</em> written confirmation of students’ assignment grades</td>
</tr>
</tbody>
</table>

Table 25: Research design – key elements

*Focus groups*

Given this study’s exploratory dimension, an inter-related set of methods compatible with narrative methodology was adopted (Fontana and Frey 1994). Following recent formal completion of timetabled module sessions, students consenting to take part were invited to attend a focus group
aimed at exploring the research question as well as providing participants with further information about their role in the study.

The focus group has a recognised place in social scientific research (Merton and Kendall 1946). Considerable debate surrounds its purpose, scope and use in terms of analysis of data. The focus group can be defined as ‘a direct method of obtaining rich information within a social context’ (Robinson 1999 p. 905). Viewed as a type of group interview, the focus group also recognises the importance of social context in terms of members’ interaction. Typically comprised of between six and eight members, the focus group is considered as a useful way of exploring the views, ideas and perceptions of a purposively sampled group on a particular topic without any overt expectation that an overall consensus should be reached (Morgan 1998).

Recognition of a group’s social context may permit it to be conducted flexibly between an interview and a discussion-type format (Woodring et al 2006) and has implications for the role of the group facilitator (Figure 4; page 140).

![Figure 4: Focus group format (Woodring et al 2006)](image)

The plotting of a midpoint between a highly structured interview format and a more loosely structured discussion in terms of a ‘relatively planned discussion’ (emphasis added) may permit the focus group to be used with a degree of direction in the exploration of a specific topic (Woodring et al 2006). Given this scope, the focus group can be considered as a preliminary method of data collection prior to the employment of further in-depth methods during subsequent stages of research design.
Justification for the use of an interactive focus group approach as an initial means of collecting data can also be found in its parallels with this study’s educational context. Small-number (e.g. eight) workshop contexts were considered as potential opportunities for students to explore the impact of engagement with literary sources on their own practice of nursing (Slagter 2007).

The operational flexibility of the focus group also has implications for considering data analysis. Analysis or interpretation of data requires to be carried out at levels appropriate to the use of this method within an overall study (Krueger 1998) as outlined in Figure 5 below.

<table>
<thead>
<tr>
<th>raw data</th>
<th>description</th>
<th>interpretation</th>
<th>recommendations</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

Figure 5: Analysis continuum (Krueger 1998)

In considering analysis of data from focus groups which is audio-taped and transcribed (as in this study), twin features of data replication (raw data) and description are eschewed in favour of data reduction, interpretation and the drawing up of recommendations (Krueger 1998). The relative dearth of attention given to issues of data analysis derived from this method is noteworthy. Krueger’s (1998) recommendation to consider the use of this method in practical terms still leaves data analysis as a major methodological question for the researcher to consider. Plummer-D’Amato’s (2008 p. 69) observation of the ‘distinctive features’ of the focus group (interviewing, participant observation, group interaction) may be helpful in considering data interpretation in terms of the focus group’s status as one method, amongst others, within a study’s overall philosophical underpinning.

Lane *et al* (2001 p. 55), in noting how infrequently analysis of data derived from focus groups is discussed in the literature, acknowledge that analysis therefore:

relies heavily upon the conceptual and creative perceptions of the researcher in assigning interrelatedness and determining meaning between and across data sets
This observation is relevant for this study. By highlighting the exploratory dimension of the focus group, a way may be opened up to analyse this data using a narrative interpretive framework which can link with other research methods employed within this study (one-to-one interviews, reflective practice journals and documentary source review).

Aranda and Street (2001), in noting the ways in which the collective experience of the focus group can provide participants with some reflective distance from their own narratives, suggest that this process may encourage understanding of wider values and meanings (‘meta-narratives’). Ansay, Perkins and Nelson (2004 p.6) use narrative as an interpretive tool to analyse data from a focus group used in military personnel research for its ability to capture ‘depth and flavour’.

Banks-Wallace (1998), in a study of the health-promoting needs of Afro-American women, notes the ways in which a focus group’s interactive dynamics can encourage the telling of stories themselves. Narratives may come to replace participants’ direct answering of questions via such stages as ‘telling’ (communicating) and ‘taking’ (listening). Such narratives may be considered to have the potential to foster group appreciations of context, collegiality, affirmation of experience, emotional catharsis, learning with others and resistance to oppression.

In summary, the exploratory dimension of the focus group may be open to the potential use of narrative methodology in terms of analysis of data. In addition, where a position of researcher reflexivity within an overall ‘research narrative’ isfavoured, then the various positions of ‘participant observation’ offered by this particular research method (e.g. moderator, facilitator or ‘critical companion’) may provide insightful perspectives into the research process itself (Plumer-D’Amato 2008).

The two focus groups for the eight participating student nurses took place within classroom locations of Robert Gordon University during the months of July 2006 and January 2007. The first group comprised of five students and was facilitated by myself with a colleague, Dr. Pete Wimpenny, present as a ‘critical companion’. In the second group, three students were present (one Stage One student attending following her inability to attend the first focus group) and the roles of Dr. Wimpenny and myself
were reversed. Both groups lasted for durations of just over one hour and were entitled ‘reading/briefing groups’ to reflect their diverse purposes: exploration of relevant texts, discussion of issues pertinent to students’ recent learning experiences and information-giving related to later stages of the study (Appendix 7 contains a schedule for each focus group of student nurses and Appendix 8 contains an Information Sheet/Guidelines issued to participants to address the above issues).

Research Interviews

The purpose of conducting research interviews with participating students was to provide an opportunity for further exploration of issues discussed in the focus group and to explore students’ understanding of the research question within the context of their own nursing practice. These interviews, with one exception, took place at pre-arranged times at suitable locations within students’ clinical practice areas. Lasting for durations between 45 and 60 minutes and audiotaped, these interviews were arranged at dates beyond the second week of students’ commencement of their clinical practice placement. This timeframe was determined by me to permit student familiarity with the demands of new clinical environments and to give them time to consider the implications of the research question upon their own practice of nursing.

The research interview utilises conversation as a research method. Defined as a ‘face-to-face verbal interchange’ (Fontana and Frey 1994 p. 361), the research interview has an accepted place within the tradition of social science research (Fontana and Frey 1994). In contrast to a personal change feature of the therapeutic interview, the main purpose of the research interview is to explore the participant’s experience of learning within specific contexts. This ‘social production of knowledge’ (Kvale and Brinkmann 2009 p. 18) is characterised by features of attention to detail, probing of an interviewee’s sense of meaning, acceptance of ambiguity, sensitivity to an interviewee’s understanding, awareness of interpersonal aspects of the interview process itself and the cultivation of the interview itself as a positive experience for the participant.
Although exploratory in nature, the research interview should not be considered as lacking in direction and structure. If its use in narrative methodology tends towards the ‘unstructured’ end of a ‘structured-unstructured’ continuum (Gillham 2000), then researcher shaping of that direction is essential to ensure that relevant issues are adequately addressed. This can be illustrated by my use of an ‘indicative schedule’ which commenced with an opening invitation to the participant to ‘tell me the narrative, or story, of your practice’. This was followed by more specific questions (see Appendix 9).

The use of narrative as a means of analysing data derived from research interviews is well recognised (Riessman 1993; Polkinghorne 1995; Lucas 1997) and its features were discussed in section 2.4.1.

**Reflective Practice Journals**

The third area of direct student nurse participation requested was an invitation to compile reflective practice journals. The rationale for using this tool was to encourage each student in further exploration of dimensions of the research question in relation to their own nursing practice. Students were requested to compile these journals for a six-week period within a ‘middle’ period of this 23-week clinical practice placement. The rationale for determining such a time period was based upon my own perception as a teacher within the degree programme of students’ formal learning requirements (academic assignments and clinical assessment –see Appendices 1-2) and an ethical concern to ensure that participation would not overburden students with excessive workloads.

The low response rate for completion of these reflective practice journals (two returns) may not be unrelated to the impact of such factors on these students, although generalised low response rates for such journals has been noted (Paterson 1995).

The contemporary use of reflection as a tool for understanding nursing practice has a significant place within nurse education (Hannigan 2001; Gilbert 2001). One purpose of reflective practice is to enable practitioners to look back upon past events (reflection-on-practice) (Schon 1991). The reflective practice, or learning, journal can be used for this purpose.
(Paterson 1995) and narrative is identified as one approach by way of interpreting the journal as text. The learning journal can be considered as a form of transitional writing that stands ‘between life narrative and the university essay’ (Creme 2009 p. 49). By offering valuable ‘space’, this type of journal can invite use of the narrative form via attention to events on an academic course, visibility of the narrator, time and context, multiple uses of language and the considerations of interested readers.

Narrative can be considered as a way of promoting self-knowledge in addition to encouraging the self to become known by others (Johns 2006). Dialogue considered as a particular interpretive strategy can find a place within the processes of reflection itself. Johns (2006) summarises key aspects of this relationship between dialogue and narrative in Table 26.

<table>
<thead>
<tr>
<th>Dialogue with self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue with story (using model of reflection) to produce a text</td>
</tr>
<tr>
<td>Theoretical framing: text alongside other sources of knowledge interpretation</td>
</tr>
<tr>
<td>Dialogue: narratives and ‘curious readers’ (others)</td>
</tr>
</tbody>
</table>

Table 26: Narrative as dialogue (Johns 2006)

In this research design, a specific reflective practice model was offered to participating student nurses for optional use as a framework in compiling their reflective practice journals (Fish et al 1991) (Appendix 10). Denshrie and Ryan (2001), addressing interlinked aspects of personal and professional domains of health care practice, describe the ‘four-strand approach’ of Fish et al (2001) as a distinct narrative approach towards understanding practice. The use of reflective questioning is eschewed in favour of an approach emphasising time and the development of links between events (e.g. ‘fact’ strand), learning (‘retrospective’ strand), assumptions and values (‘substratum’ strand) and action (‘connective’ strand).
In similar ways to other critiques of narrative, the use of reflective practice accounts is open to charges of ‘romantic realism’ suggesting that reflection gives access to ‘purer’ perspectives on a practitioner’s practice (Taylor 2003). However, if the compilation of reflective practice journals is viewed in narrative terms as texts, then their constructivist dimensions as cognitive actions can be highlighted and their place within an overall narrative methodology established (see section 2.4.1).

**Documentary Source Review**

Review of documentary sources was considered as part of the educational context of this study and, in particular, the modular summative assessment undertaken by students. Students’ group presentations (teacher and peer assessed) considered the potential impact of the expressive arts upon their nursing experience:

to reflect and critically evaluate the place of the expressive arts as a means of offering alternative perspectives on practice

To facilitate external examiner validation of assessment grades, student groups were asked to submit a typed report of their group presentation (termed ‘representative materials’) e.g. PowerPoint print-out, summary of key issues and a mandatory list of references. For this study, attention was directed towards relevant sections addressing students’ understanding of the place of the expressive arts in relation to practice (‘application to practice’ section of grading schedule).

The use of documents has a recognised place within qualitative research (Silverman 2005). Their ‘pervasive influence’ (Atkinson and Coffey 1997) can be considered in terms of the various types available for analysis e.g. annual reports, minutes of meetings, memoranda, notices, health care records, financial statements and educational reports. In considering documents as texts, it is important to consider their ‘constructivist’ scope with language, styles of writing and priorities all reflecting highly contextualised aims and purposes (Atkinson and Coffey 1997).
As a recognised research method, documentary source review should not be considered as a ‘weak’ substitute for other types of data analysis. Considerations of inter-textuality suggest that documentary analysis recognises their significant links with other relevant textual sources. In the context of this study, these documents should be seen as educational materials which were not directly graded. Their inclusion as part of the study’s methods is justified for their potential to provide additional sources of data in order to address the research question.

As ways of obtaining data for the narratives of student nurses, these means (focus groups, one-to-one interviews, reflective practice journals and documentary source review) represented a diversity of methods compatible with adoption of a narrative methodology for this study. In respect of data derived from focus group and face-to-face interviews, extended extracts of personal experience (Riesseman 1993 p. 3) were parsed into narratives using the analysis approaches of the two narrative frameworks of Labov and Waletzky (1967) and Clandinin and Connelly (2000) (see sections 2.5.3, 2.5.4). Concerning data drawn from reflective practice journals and documentary sources, in the former use was made of a recognised narrative framework (Fish et al 1991) offered as an option to student nurse participants and for the latter the analysis approach of Clandinen and Connolly (2000) was adopted.

These two different narrative frameworks of Labov and Waletzky (1967) and Clandinin and Connelly (2000) were used to reflect the diversity of recognised methodologies in the field of narrative studies. In particular, my use of them sought to indicate the different emphases of each particular framework: the focus on a ‘problem’, ‘evaluation’ and ‘resolution’ in Labov and Waletzky (1967) and the broader ‘inquiry’ approach based on interactions in Clandinin and Connelly (2000).
Nurse Educators

Focus Group

The rationale for utilising a focus group with nurse educators in this study lies in the consideration of exploring curricular issues contained in Objectives 1-3 of this study (see Table 23 page 134). This focus group of four nurse educators from the School of Nursing and Midwifery took place at a pre-arranged time during April 2007 at a location within the faculty building. Lasting for a period of one hour, the proceedings were facilitated by me and audio-taped.

Research Journal

In section 2.1’s discussion of the epistemological basis of narrative, the participative and reflexive role of the researcher in research studies utilising narrative methodologies was noted. As part of the development of a ‘narrative research text’, I undertook to compile my own research journal. In entries of varying length, I record and explore various issues which appeared to me to be of significance as the research study proceeded. These entries are reproduced at certain points throughout the chapters of this thesis.

5.5 Ethical Review Procedures

In this section, specific ethical issues pertaining to this study are presented and discussed. Attention to the ‘microethics’ of a specific project (Kvale and Brinkmann 2009 p. 61) requires to be set within wider ethical considerations of a research project based on narrative methodology. Narrative research is relational and requires the researcher to simultaneously address the demands and responsibilities of participative and scholarship roles (Josselson 2007 p. 538). Such a perspective requires the adoption of an ‘ethical attitude’ (Josselson 2007 p. 538) towards the research project in its entirety, rather than limiting ethics to specific areas (e.g. site access, participant recruitment, informed consent and maintaining confidentiality). The key elements of an ‘ethical
Adoption of an ethical research methodology acknowledges the complexities and intricacies of the research process itself. Challenges presented in educational research may render reliance on general ethical principles as ethical guides in research unsatisfactory (Pring 2003). Instead, acknowledging that the researcher will necessarily require to address a multitude of anticipated, and unanticipated, issues along the way demands the adoption of a ‘primary ethical attitude’ featuring the ‘resolute honesty of the researcher’s reflexivity’ (Josselson 2007 p. 549). This reflexivity may be demonstrated in the practice of dispositional approaches (e.g. courage, honesty and modesty) towards particular aspects of this research project itself e.g. my own responses to participating students’ narratives to be found in Chapters Six and Seven.

This section focuses upon several issues falling within the second main area of an ‘ethical research methodology’ (Table 27), namely issues within formal ethical procedural review. Such procedures, via the review processes of research ethics committees, constitute key elements within...
research governance (Tinker and Coomber 2004; Hunter 2007). Five main areas will be discussed and analysed (sections 5.5.1-5.5.5).

5.5.1 Research design and access to research sites

The first formal ethical review of this study was conducted by the School of Nursing and Midwifery Ethics Review Panel (SERP) of Robert Gordon University. The submission of an ‘Ethics Application for Research Involving Human Participants’ (Form E3 in Appendix 11) to this panel in January 2006 incorporated a full outline of the research proposal alongside a completed Research Student Project Ethical Review (RSPER) form (Appendix 12). Panel review involves research proposal scrutiny and feedback by two panel members who are both academic members of the School of Nursing and Midwifery.

This panel review of research projects primarily addresses ‘ethical issues’, but also considers other issues related to research design (‘palliation’) (Macduff et al 2007). Full ethical approval was granted by this panel in March 2006 (Stage One) and December 2006 (Stage Two) and incorporated into a revised Methodology Plan (Appendix 13).

The practice dimension of this project (see Table 24; page 135), incorporating research interviews with student nurses within clinical practice placements and their compilation of reflective practice journals, necessitated important ethical review from a National Health Service (NHS) perspective. This involved submission of the full research proposal, including sponsorship from Robert Gordon University, to the NHS North of Scotland Research Ethics Committee (NOREC). Operating under the auspices of the NHS Central Office for Research Ethics (COREC), to which an on-line submission of the project was also made, ethical permission to access clinical research sites (clinical practice placements of participating student nurses) was granted, following revisions, in June 2006. Annual progress reports have been submitted in June 2007, June 2008, June 2009 and June 2010.
A second area of NHS scrutiny concerned adding details of the study to the National Research Register (NRR). This Research and Development Management Approval of the project involved submission of full ethical approval (university and NHS reviews), university sponsorship and approval from NHS Grampian’s Director of Nursing permitting student nurse research projects to proceed within clinical practice placements of the organisation. This registration and approval was granted in August 2006. Table 28 summarises these ethical review procedures.

- School of Nursing and Midwifery Ethics Review Panel (SERP)
  Ethical and research design scrutiny
  Stages 1, 2, 3

- NHS Central Committee on Research Ethics Committee (COREC)
  NHS North of Scotland Research Ethics Committee (2) (NOREC)
  Stages One and Two
  ethical scrutiny to protect dignity and well-being of actual/potential research participants

- NHS Research and Development (R&D)
  ethical scrutiny of project prior to placement on National Research Register (NRR)

Table 28: Ethical review procedures

It is salutary to reflect upon the experience of submitting this research project to formal ethical review procedures. Although requiring considerable administrative work, submitting a proposal to institutional ethical review in relational and dialogical ways is advantageous in terms of receiving ethical approval, clarifying research methods and in ensuring
that all research participants are safeguarded from potential harm (Eide and Khan 2008).

5.5.2 Sample recruitment

Student Nurses

Several ethical complexities may arise in involving students in educational research (Ferguson, Myrick and Yonge 2006). Amongst these, the following are salient: researcher–student power differentials, voluntary participation of students, robust informed consent processes, maintaining students’ educational experience over and above any agreement to participate, or declining to take part, maintaining confidentiality and anonymity and ensuring participants’ right to withdraw.

These issues received careful attention from me throughout this study. Potential conflicts of interest were raised in recruitment of student participants from a degree module in which major teaching and administrative responsibilities were held by me.

Prior to the commencement of this recruitment process, letters seeking student access permission were sent to the Head of the School of Nursing and Midwifery, the course leader for the degree programme, students’ personal tutors and to the three external examiners of the programme. In order to minimise potential conflicts of interest and to reduce any perceived pressure on students to participate, all invitation letters were given out by hand to students by modular teaching team colleagues in my absence before, or after, module sessions.

These letters contained a tear-off reply slip completion which registered students’ ‘expression of interest’ in participating in the research study. In order to ensure that I remained ‘blind’ to participant selection, all replies and future correspondence arising from such selection were handled by a teaching colleague with no direct, or indirect, involvement with the module. This colleague and modular teaching team colleagues were issued with a ‘Frequently Asked Questions’ sheet to assist them in answering enquiries from interested students about the study itself (Appendix 14).
Notwithstanding these ‘safeguards’, several students opting to participate voluntarily identified themselves to me during the course of the module:

*Research journal entry 26 June 2006*

It appears to be difficult, if not impossible, to keep my researcher role distinct from my role as teacher. Another participating student (the third) inadvertently revealed herself to me yesterday.

Although sample size is not a major determinant in narrative methodology (see section 5.4.2), certain aspects of the composition of the two student samples are noteworthy. In Stage One, six students out of a module class of twenty-six agreed to take part compared to two students from Stage Two’s module class of thirty students. In total, six students were pursuing degree studies in mental health nursing. These students were known to me from previous mental health branch teaching classes. Despite my best efforts to remain outside of the recruitment process itself, Ferguson *et al*’s (2006 p. 709) observation that ‘students are less likely to participate if they do not know the researcher’ may have had a bearing in this instance:

*Research journal entry 18 October 2006*

In the second recruitment stage, no positive responses have been received from my initial letter. BW and myself speculated upon a ‘loyalty factor’ at work in that five out of six students in my first group were mental health students and known to me. None of the new group is well known to me, although there are some mental health students. I am not sure about this and, in terms of present design, I won’t know until the ‘reading/briefing’ group in January.

*Nurse Educators*

The recruitment process to Stage Three of the study followed a similar format to Stages One and Two. Following upon letters of invitation and returned ‘expressions of interest’ to participate, an ‘Information/Guidelines’ Sheet outlining details of the study, and participants’ role within it, was sent out (see Appendix 15) along with a consent form.
5.5.3 Obtaining informed consent

Obtaining full and informed consent from participants engaged in any research study is fundamental to good principles of research governance. Informed consent can be defined as:

ongoing agreement by a person to receive treatment, undergo procedures or participate in research, after risks, benefits and alternatives have been adequately explained to them
(Royal College of Nursing 2005 p.3)

These issues were addressed in respect of the two groups of participating student nurses in a number of ways. Following students’ expressions of interest in participating, blank consent forms were sent out along with a six-page Information/Guidelines sheet (see Appendix 16 for consent form and Appendix 8 for Information/Guidelines sheet). This consent form outlined the study’s objectives, issues of consent, possible benefits and disadvantages of participation, details of the focus group and relevant contact details.

Only two students had returned signed consent forms by the commencement date of Stage One’s focus group. Given the importance of ‘continued consent’ in any research project (Royal College of Nursing 2005 p.3), a second (‘enhanced’) consent form outlining their participation in the study beyond the focus group was sent out to students. Completed forms were returned to myself by post or brought to the focus group itself by students.

A further dimension of obtaining informed consent pertains to the documentary source review element of the research design (Table 23; page 134). This involved accessing the ‘Application to Practice’ sections of modular students’ group assignments. The consent of all students undertaking the modular assignment was sought via explanatory letter and enclosed consent form (Appendix 17) sent out after modular assignment grades had been published. All participating students in the study consented to this access along with several modular students not participating directly.
5.5.4 *Maintaining confidentiality*

Maintaining confidentiality is a key element in the design of any research study (Shaw 2008). This was addressed in two main ways in this study. Firstly, data derived from different research methods (principally audio-taped information derived from three focus groups and one-to-one interviews) were stored within a locked cupboard located within my own work area (see Form E3 in Appendix 11). Participating students’ personal details (e.g. contact addresses) were similarly placed under restricted access.

Secondly, confidentiality and anonymity within this study has been aimed for, as far as possible, by ensuring that all names of participants (excluding myself and supporting colleagues) appearing within the research text have been changed.

5.5.5 *Ethical issues within the use of particular research methods*

Pertinent ethical issues arising during the period of data collection between July 2006 and April 2007 are here addressed. The first concerns the importance of participants within a research study understanding clearly what such participation involves. A key issue in enhancing the quality of informed consent given by participants is to allocate sufficient time for the research study to be discussed with them (Royal College of Nursing 2005 p. 10). This was recognised by devoting significant periods of time at the beginning of each focus group to taking students through the Information/Guidelines Sheet (Appendix 8) and in answering students’ subsequent questions.

As significant variations in students’ understanding of the issues were expressed, I viewed it an important ethical responsibility that these aspects of participants’ well-being were addressed. A letter of thanks written by myself was sent out within days to every participant of each focus group. For Stages One and Two, this included reminders about completion of reflective practice journals along with a stated intention
from myself for further contact to organise a mutually convenient date to conduct a face-to-face interview.

A second major issue concerning methods used in this study centred upon my own role as researcher. Although the issue of potential conflict of interest between my roles as teacher and researcher had been discussed earlier within my supervisory team, these were not considered insurmountable (Appendix 13).

Apart from adopting distancing strategies during the recruitment process itself (section 5.5.2), my own modular teaching responsibilities continued as normal, including participation in assessment procedures. In addition, the two focus groups in Stages One and Two were timed to take place after the formal end of each module delivery.

Nevertheless, it was agreed during research design that my adoption of different roles within the first two focus groups might be beneficial as a way of evaluating my participatory role within the overall research study. In the first focus group I took on the role of moderator, with my colleague, Dr. Pete Wimpenny, acting as a ‘critical companion’ to take notes and operate the recording equipment. In the second focus group, these roles were reversed. Issues arising from adoption of these roles are discussed further in Chapter 9.

A third issue concerns the use of reflective practice journals as a particular research method (see Table 24; page 135). Despite sending out one written reminder to each student, only two students returned completed journals. Although informed consent may place upon participants a ‘duty to the researchers’ (Royal College of Nursing 2005 p.8), no communication from any participant was directed towards myself concerning their ability, or inability, to complete these journals. It may be possible to interpret such inaction as participants exercising their formal right to withdraw from the project itself. Nevertheless, recognised variations in students’ ability to reflect upon their practice, and reluctance to expose their practice to perceived external scrutiny, may also have been relevant factors at work here (Paterson 1995).
Similarly, one recruited participant failed to attend Stage Two’s focus group and another participant failed to respond to requests to be interviewed following an elective clinical practice placement in Central Europe. These issues required careful ethical sensitivity on my part so that participants’ rights within the research study were seen at all times to be recognised.

5.6 Summary

In this chapter, I have sought to demonstrate contextual issues pertaining to these narrative explorations of student nurses and nurse educators presented in this study. The quotation by Ozick (1991) prefacing this chapter concerns the various levels of status accorded to persons in the aftermath of the Holocaust of European Jewry (and others) during the Second World War. It was the experience of the systematic abuse of prisoners’ rights during medical experimentation in the concentration camps that prompted the emergence of formal research ethics procedures in the 1950s and 1960s (Plomer 2005). In an explorative research study adopting a narrative methodology, it is essential that all those involved (participants and researcher) are accorded significant ethical status in terms of respect, dignity and well-being. It is to these narratives of student nurses and nurse educators that Chapters Six, Seven and Eight are now devoted.
CHAPTER SIX

NARRATIVES OF STUDENT NURSES (1)
‘.... a little gift of narrative that pleased him so much it conferred on himself, in dreams and waking, a sense of privilege, as if such scraps of stories and events composed for him a ragged gospel’.

6.1 Introduction

In this chapter, I present narratives of student nurses exploring a ‘how-to-live’ ethic derived from two different types of data sources (two focus groups and seven one-to-one interviews) in respect of Objective 2 of the study (see Table 24; page 135):

to critically analyse the role and importance of the arts and humanities in nurse education

In presenting these narratives, use is made of the structural analysis framework for narrative of Labov and Waletzky (1967; 1997) (section 2.5.3). In majoring upon features of narrative found in oral versions of personal experience derived from interviews, emphasis is placed on how the narrative itself is constructed by focussing upon elements of its sociolinguistic structure (see Table 13; page 49). Of these elements, particular attention is given to the narrator’s identification of a sequence of events centring upon a ‘problem’ (‘Complicating Action’) and the meaning derived from narrating the experience itself (‘Evaluation’). The use of the ‘Abstract’ and ‘Coda’ sections are optional.

In presenting these narratives, certain aspects of my own role as researcher require to be considered. Crawford, Dickinson and Leitman (2002 p. 176) observe that the personal and confessional aspects of telling a narrative requires an ‘expert’ interpretation to discern its meaning. However, although the narratives presented in this chapter are personal, they are also set within important professional, educational and practice contexts.

The stance adopted by myself towards these narratives seeks to avoid Crawford et al’s (2002) notion of ‘expert’ status. Nevertheless, as part of the dialogical nature of narrative research itself, my engagement with the transcribed texts necessarily involves my participation in processes of constructing and shaping the narrative, questioning assumptions, ‘naming’ sections, linking narratives to others and integrating them into wider aspects of this ‘research narrative text’ itself. Although these activities may be considered as the exercise of ‘expert’ skills, as far as possible my
aim has been to let these narratives express the voices of the students themselves.

6.2 Focus Groups – Stages One and Two

In this section, I present six narratives derived from each focus group carried out during Stages One and Two of data collection.

FIRST NARRATIVE

'The Imagination is Better'

This ‘group’ narrative, involving the facilitator and five group members, demonstrates ways in which interactive aspects of the focus group (dialogue and sharing) may contribute towards a critical analysis of the role of the arts and humanities within nurse education.

Abstract

Stanza 1
(Facilitator)

01 Are there any other examples
02 of texts or examples from the module
03 that stand out for you?

Orientation

Stanza 2
(Mary)

04 We were reading
05 The Bell Jar

Stanza 3
(Diane)

06 We watched the DVD
07 as well (Sylvia)
Complicating Action

Stanza 4 Differences
(Mary)

08 The film was very different
09 from the book
10 but the book was quite good
11 in that you could read it
12 and put yourself in her place:
13 how she was feeling
14 how’s she’s put into a psychiatric hospital
15 the way she’s treated
16 and how she felt

Stanza 5 Guess
(Ruth)

17 I enjoyed the film
18 because I haven’t read the book
19 but the thing about film
20 even if someone cannot understand
21 what the people are saying
22 you can still see if someone is happy
23 or sad or whatever
24 so you can relate to it more

Evaluation

Stanza 6 Another guess
(Ruth)

25 Even if you don’t speak English
26 because sometimes I don’t know
27 what people are saying
28 because English is my second language
29 and I just guess
30 especially on TV!

ALL LAUGH

Resolution

Stanza 7 Imagination
(Jane)

31 I would never think the film
32 is as good as the book
33 I think probably
34 the imagination is better
**Interpretation**

One purpose of using a focus group approach, in eschewing consensus, is to seek a range of views on a particular issue (Plumer-D’Amato 2008). This narrative indicates how the interactive aspect of a group discussion revealed different perspectives towards several art forms used during their educational experience. In particular, the dialogue between Ruth and Jane (Stanzas 5-8), in overlapping my parsing of the text into its ‘Complicating Action’ and ‘Evaluation’ sections, demonstrates the way in which the imagination may be used in different ways in the interpretation of art forms used (Scholes 2002).

Their dialogue centred around the loosely autobiographical novel written by the poetess Sylvia Plath, *The Bell Jar* (1966), and a recent film of her life, *Sylvia*. The medium of film is a recognised form for the presentation of narrative and exploration of audience responses (Morris 2010).

For Ruth, the visual aspect of film is an important dimension of communication and understanding in itself, given her own stated limitations in the English language (Stanza 6). By way of contrast, for Jane (Stanzas 7-8), the primacy of the written text over the visual allows greater scope for the role of the imagination in the derivation of meaning.

Both perspectives indicate the complex processes that are involved in the act of interpreting art forms themselves in terms of conception of ideas, the role of the imagination and the evocation of emotions (Lewis 1961 p. 32).
SECONd NARRATIVE – RUTH

'Somebody Else’s Narrative’

Abstract

Stanza 1

Beginnings

01 When I first started
02 doing this module

Orientation

Stanza 2

Recall

03 I don’t know if you remember me
04 saying to you
05 you brought in paintings
06 for us to look at

Complicating Action

Stanza 3

Confusion

07 And I’ll tell you:
08 ‘I don’t see the relevance of this painting
09 I don’t see how they’re related to nursing’
10 I did think it’s just a waste of time
11 Then

Evaluation

Stanza 4

Making the connection

12 But then when I started
13 looking at things differently
14 I do appreciate art
15 because I do paint
16 But I’ve never usually related
17 it to mental health nursing

Resolution

Stanza 5

Other perspectives

18 But now it’s made me look
19 at things differently
20 Somebody else’s perspective
21 I mean patient’s perspective
22 or a relative or another carer
23 either nurses
Interpretation

Ruth’s narrative centres upon how her perspective on the exploration of her practice of nursing via sources drawn from the arts and humanities changed during her educational experience of undertaking this module. Her narrative evokes memory in recalling her own previous comments in class about the relevance of such sources in the consideration of nursing (Stanza 3’s Complicating Action).

In Stanza 3, Ruth’s use of the word ‘then’ is pivotal. In the audiotape, her inflection is so marked that I have italicised it within the text’s transcription. Its use marks a distinct change in Ruth’s narrative in which a developing sense of meaning (Stanza 4) is linked to an altered perspective (‘looking at things differently’ in line 13) by connecting her own interest in the arts to the practice of mental health nursing. This application of art to practice is given specific content in the ‘Resolution’ section in terms of providing Ruth with insights into the perspectives of others (patient, relatives, carers and nurses). These insights may indicate ways in which the arts can be expressive of different dimensions of human experience itself (Baumann 1999). Ruth’s insight may also add support to Palmer’s (2004) observation that art forms can act as ‘third things’, or as ‘tell it slant’ metaphors, for exploring human experience with subtlety, indirectness and sensitivity.
THIRD NARRATIVE – MARY

‘Understanding Someone’s Experience’

Abstract

Stanza 1  First reading

01 I think the first time
02 I ever really tried to understand
03 something in poetry

Orientation

Stanza 2  Poetry at school

04 was a lot of years ago
05 and that was when
06 I was at school
07 and that was Wilfred Owen’s poems

Complicating Action

Stanza 3  Link to nursing

08 I suppose you could
09 relate it to nursing in a way

Evaluation

Stanza 4  Response

10 Actually reading his poetry
11 I found it quite touching

Resolution

Stanza 5  Empathy

12 That was my first instance
13 of being able to understand
14 what someone else
15 was going through
16 at quite an early age
17 and I’ve been interested
18 in literature throughout my life
Interpretation

Mary’s narrative is interesting for the way in which the personal and professional dimensions of being a student nurse may be enhanced by engagement with sources from the arts and humanities (McKie et al 2008). Mary, a mature student, is a general staff nurse who has returned to university to study mental health nursing. Her narrative explores the personal dimension in her recall of the impact of reading poetry during formative school years, an educational experience that is seminal to many people’s attitudes towards reading poetry later in adult life.

Initially, Mary’s application of this encounter with the poetry of the World War One poet Wilfred Owen (1893-1918) to her own nursing practice is tentative (Stanza 3). Such a response may be representative of many students’ initial enquiries about the relevance to their practice of nursing of engaging with a poem or a particular art work. As a way of understanding human experience, Mary’s response to Owen’s poetry is to consider it as her ‘first instance’ (Stanza 5) of understanding another person’s experience. Such a perspective supports calls for inclusion of the arts and humanities within professional health care education curricula for their potential to highlight the complexity of human experience and in permitting students to make deep connections between personal and professional knowledge (Table 16; page 79).
FOURTH NARRATIVE – MICHELLE

‘Magic’

Abstract
Stanza 1 The art of nursing
01 We always wanted to do the arts
02 as opposed to
03 the actual science route

Orientation
Stanza 2 Self-expression
04 We felt it was more
05 about expressing yourself
06 and understanding how
07 the patient expressed himself

Stanza 3 The Magic Flute
08 Which is why I brought in
09 the Egyptian alabaster
10 and it was about
11 The Magic Flute
12 which I love

Complicating Action
Stanza 4 No comprehension
13 Nobody could understand
14 what he was talking about
15 and he was quoting
16 from The Magic Flute

Evaluation
Stanza 5 Understanding
17 Because somebody understood him
18 the difference was just magical really

Resolution
Stanza 6 Meaning
19 And that’s why
20 it means so much
**Interpretation**

Michelle’s narrative occurs at an early stage of the second focus group when my colleague, Peter Wimpenny, in his capacity as facilitator, asked participants to reflect upon their experiences of undertaking this particular module. This narrative centres in part upon the ‘arts’ route of the course and gives an indication of how Michelle viewed engagement with arts and humanities themes presented within the curriculum.

Michelle makes a clear link between engaging with art forms and an important theme within her chosen branch of mental health nursing, namely self-expression (McArdle and Byrt 2001). Although this awareness of self, via engagement with art, is important to Michelle in personal terms, her narrative can be placed within the context of relating art to her own therapeutic practice of mental health nursing itself, namely that of understanding an acutely ill patient. Michelle is a mature student with previous experience in musical education. Her personal interest in music is evident in this narrative and influences her view of the therapeutic relationship (Stanzas 5 and 6).
FIFTH NARRATIVE – LINDA

‘Arts and Science’

Abstract

Stanza 1 Two routes

01 I think you need
02 to do both

Orientation

Stanza 2 Complementary

03 I think you need
04 to do the arts
05 and the science
06 they go hand in hand
07 you can’t do one
08 without the other

Complicating Action

Stanza 3 Change

09 But I do think
10 the arts are very important
11 and it’s changed
12 my perspective on practice

Evaluation

Stanza 4 Recommendation

13 But I do think
14 you need to do both modules
15 you shouldn’t just do one
16 they should both be compulsory

Resolution

Stanza 5 Science

17 You need to understand
18 the ‘science’ side of things
19 as to how the body’s working

Stanza 6 A different perspective

20 But the arts help you
21 relate to patients
22 and understand the patients
23 look at a situation differently
Interpretation

Linda, as a mature student preparing for registered practice in adult nursing, presents an interesting variation on Michelle’s narrative. In a curriculum programme embedding student choice of second year ‘arts’ or ‘science’ routes, Linda presents a case for inclusion of both approaches within the curriculum.

Given the dominance of the scientific paradigm in nursing curricula (Cody 2002), Linda’s observation is significant and opens up the possibility of different models of knowledge being recognised within the curriculum. In respect of the arts, Linda’s narrative (Resolution: Stanzas 5, 6) attests to the ways in which this engagement may provide opportunities for student nurses to consider their understanding of practice e.g. in the areas of relating to patients and in understanding patients’ experiences of illness (Brody 2003). By providing an alternative perspective, the dual particularising and holistic dimensions of the arts are placed alongside scientific perspectives ‘as to how the body’s working’ (line 19).
SIXTH NARRATIVE – SARAH

'A Happy Class’

Abstract

Stanza 1  Signs
01 I could tell the ones
02 that would go to the arts

Orientation

Stanza 2  Attitudes and actions
03 I could name lecturers here
04 that wouldn’t even
05 be touching the arts
06 because of the way
07 they act and attitude
08 and yet the ‘arty’ ones
09 these are really high class

Complicating Action

Stanza 3  Well planned
10 The arts is the only class
11 that I would say has been
12 the most organised
13 we always had a room
14 we knew exactly our plan
15 our tutors all turned up

Evaluation

Stanza 4  Quality of teaching
16 Everybody turned up
17 there was never a poor show
18 You go into a lecture-hall one day
19 and it’s jam-packed
20 and you go in the next day
21 and you could hand-pick people out

Resolution

Stanza 5  Participative
22 Whereas the class was always full
23 and it was a happy class
24 everybody joined in
25 and there was nobody
26 short of words
Interpretation

Sarah’s narrative explores deeper themes beyond a mere consideration of the organisational skills of one particular modular teaching team. Her narrative suggests a view of the arts and humanities embodying a particular set of values which may be demonstrated tangibly within the curriculum (Stanza 2). Edgar and Pattison’s (2006 p. 93) consideration of ‘what it is to be human’ has the potential to link the arts and humanities to a common purpose. Part of this ‘humanness’ may be relational in terms of concern for others (Gregory 2002 p. 141) and may lie behind part of Sarah’s narrative concerning the perceptions of students undertaking this particular module.

If educational programmes are considered in terms of an ‘ethical education’ (Milligan and Woodley 2009 p. 134), several issues may be raised: respect for persons (e.g. teachers actively seeking to get to know their students personally), student learning taking place within stimulating environments which encourages them to find their voice. Sarah’s narrative indicates ways in which engagement with the arts and humanities might be utilised to foster and develop interpretive skills of students and teachers alike via the use of narrative pedagogies (Nehls 1995; Ironside 2006).
6.3 Research Interviews

In this section, narratives of six participating students derived from one-to-one interviews are presented. Sarah, a member of the Stage Two focus group, declined invitations to take part in a one-to-one interview.

SEVENTH NARRATIVE – LINDA

‘The Whole Person’

Abstract

Stanza 1 Insight

01 I believe I had that insight
02 before I started the course
03 altogether

Orientation

Stanza 2 Development

04 But the ‘Expressive Arts’ module
05 has helped me
06 develop it further

Complicating Action

Stanza 3 Focus of course

07 The course itself
08 is very academic
09 and skills-orientated

Evaluation

Stanza 4 Different perspective

10 It’s rather nice
11 to take time out
12 to do this

Resolution

Stanza 5 Patients’ perspective

13 To stop and think about
14 the intellectual and
15 emotional side of it
16 from the patients’
17 point-of-view
Interpretation

Linda’s narrative focuses upon ways in which the inclusion of arts and humanities themes within the curriculum may encourage student nurses to develop holistic views of the patient. As a mature student with extensive working and life (family) experience, Linda’s narrative commences by recognising her possession of such insight prior to commencing her studies. In noting dominant academic and skills features of her course, Linda’s narrative appreciates the opportunity that exploring themes from the arts and humanities can give to her in terms of the perspective of the patient (Stanza 4).

This ‘time out’ (line 11) may be suggestive of this particular module’s position towards the end of Linda’s third year of study and may add support to arguments calling for the inclusion of the arts and humanities themes at later, rather than earlier, stages of professional health care educational curricula (section 3.4.2). In particular, the emphasis on human experience and ‘whole person understanding’ (Scott 2000a) derived from the arts and humanities may be a significant contribution to the study of these themes for some students (Stanza 5).
EIGHTH NARRATIVE – DIANE

‘You’re Healthy’

Orientation

Stanza 1 Learning context

01 Some of the workshops
02 with your photographs

Complicating Action

Stanza 2 Other lives

03 When you looked
04 it had a lot of meaning
05 how other people
06 lived their lives
07 who don’t have food
08 or who might have
09 a serious illness

Evaluation

Stanza 3 Self-awareness

10 How grateful you should be
11 that your own life is not like that
12 and that you’re healthy

Resolution

Stanza 4 Values

13 You might not have
14 a lot of money
15 it doesn’t matter
16 how much money you’ve got
17 you’ve got your health
18 you’ve got everything
Interpretation

In this narrative, Diane reflects upon the ways in which engagement with one genre in a humanities teaching strategy (Hermann 2004), namely photography, encourages her to think about other people (Stanza 2). In particular, Diane’s attention is directed towards those in need. By engaging with the visual dimensions of photography, Diane here reflects upon a learning opportunity centring upon the human experiences of, amongst others, homelessness, suffering, loss, death, caring and illness. Although the ‘point’ of Diane’s narrative may appear to present a tendency towards self-centredness (Stanza 3), the end of her narrative (Resolution) centres upon certain non-material values which may underpin the significance of health and well-being.
'An Open Approach'

Abstract

Stanza 1

Bibliophile

01 This is not just from being a student
02 this has been right from day one
03 I’ve always been the kind of person
04 that loves books

Orientation

Stanza 2

All arts

05 I love reading
06 and I love arts forms basically
07 any kind of art I’m interested in

Complicating Action

Stanza 3

One session

08 There was only really one session
09 that didn’t work for me
10 and that was the photographic session

Stanza 4

Photographs

11 Not the photographs of the old hospital
12 because I found that very interesting
13 but the newer photographs
14 the ones about the animals

Stanza 5

Abstract images

15 I personally did not enjoy that
16 that was one kind of art
17 that I would tend to shy away from
18 I couldn’t see the relevance
19 in somebody staging a dead animal
20 at the side of the road
**Evaluation**

Stanza 6  **Little dialogue**

21  It didn’t work for me  
22  and there wasn’t a lot of discussion

Stanza 7  **Open attitude**

23  I think it was very personal  
24  but I should have been  
25  slightly more open  
26  when you think back on it

**Resolution**

Stanza 8  **Open to art**

27  because I think you have  
28  to be open when you’re  
29  looking at art

**Interpretation**

Michelle’s narrative presents an interesting contrast to that of Diane’s (‘You’re Healthy’). Notwithstanding Michelle’s enthusiasm for the arts generally, her narrative indicates that students will differ in their responses to exposure to various art forms. For Michelle, engagement with photographs of historical care settings (Stanza 4) stand in sharp contrast to more abstract exhibits depicting loss and death (Stanza 5).

Student engagement with art forms demands the exercise of various skills including reflection, interpretation and response (McKie et al 2008). Michelle’s narrative, however, is significant for the way in which it demonstrates the insight which she gained from the act of narration itself, namely her perceived need to engage more openly with art forms and to open up new perspectives for her consideration.

It is salutary also to contrast Michelle’s narrative with her more positive perspective on the place of music (‘Magic’). The main point to draw from this comparison may be to recognise the varied ways in which students
engage with, and respond to, a range of different art forms offered to them within learning contexts.

TENTH NARRATIVE – LINDA

‘Experience of Life’

Abstract

Stanza 1  Life experience

01  The younger ones will disagree
02  but I think that life experience
03  is a great thing

Orientation

Stanza 2  Harnessing experiences

04  Mature students bring
05  so many experiences with them
06  it can only be a positive
07  if these experiences
08  are used in the right way
09  as far as training
10  to be a nurse is concerned

Stanza 3  Creative ways

11  As far as the expressive arts
12  are concerned
13  mature students can relate
14  to the expressive arts and use them
15  because of the life experiences
16  that they’ve had
17  in a more creative way

Complicating Action

Stanza 4  Cancer photograph

18  The presentation was about cancer
19  and the photograph that we used of a wall
20  a white wall in a derelict building
21  with a red heart
**Evaluation**

**Stanza 5**  
*Effects*

22 I haven’t been there  
23 but how they might feel  
24 when they’re told they’ve got cancer  
25 the world comes to an end  
26 and for a while that bleeding heart  
27 affects everybody

**Resolution**

**Stanza 6**  
*Non-verbal communication*

28 It doesn’t just affect  
29 the patient who’s got cancer  
30 but affects their family  
31 their friends and their whole environment  
32 and photography there  
33 summed it up  
34 you didn’t need any words

**Interpretation**

In this narrative, Linda tells how engagement with the arts and humanities may be able to address significant personal and professional dimensions of nurse education. For Linda, insights and lessons gained from life experience itself can be used for the benefit of a student nurse’s learning in nurse education if they are harnessed in the correct manner (Stanza 2). The particular example cited by Linda is the use of photography as part of her group’s presentation for their modular assessment. Derived from her engagement with photography during a module workshop, Linda shows how the symbolism of a particular photographic image (‘red heart on a white wall’ – Stanza 4) is able to convey to her multiple dimensions of a patient’s experience in receiving a diagnosis of cancer by health care professionals.
Abstract

Stanza 1  
  I’m not saying that young people don’t appreciate it

Orientation

Stanza 2  
  Its what kind of background you come from as well
  maybe your parents are academic

Complicating Action

Stanza 3  
  You said that your daughter had been sitting reading
  That’s a different background from where I came from

Evaluation

Stanza 4  
  If you are introduced to it early enough you might enjoy it

Resolution

Stanza 5  
  I think the majority of people appreciate it when they are older
Interpretation

The theme of life experience narrated by Linda and Michelle in previous narratives is further addressed in this narrative by Diane. For Diane, a key factor influencing student engagement with the arts and humanities may lie within a person’s formative educational and family background. In particular, Diane’s narrative (Stanza 3) contrasts features of her own background with that of an example which I cited during Diane’s focus group, namely that of my own daughter reading a Jane Austen novel (see section 4.3). Diane’s ‘point’ of her narrative (Stanza 4) on significant early influences is balanced with her ‘Resolution’ point (Stanza 5) that life experiences of older students may well positively impact upon the latter’s engagement with sources drawn from the arts and humanities.
‘Another’s Perspective’

Orientation

Stanza 1  Music
01 When Pip took that piece of music in
02 *Imagine* from John Lennon
03 I’ve loved that song
04 since I don’t remember
05 probably since I was little

Complicating Action

Stanza 2  General link
06 I never actually thought deep down
07 probably just thought
08 ‘Oh, I like that song’
09 because of this and that

Stanza 3  Deeper meaning
10 But the deeper sort of meaning
11 I had never really looked at that
12 before until the ‘expressive arts’ class

Evaluation

Stanza 4  Coping
13 I’m more open-minded
14 than I thought I’d ever be
15 everybody is able to think
16 everybody’s got their own way
17 of coping in different things

Stanza 5  Different strategies
18 My way of coping
19 could be totally different
20 from somebody else’s
21 way of coping
Resolution

Stanza 6  Promoting autonomy

22 I could think that someone’s
23 got a hectic life
24 that they could think as normal
25 and is really flamboyant
26 and I think:
27 ‘Oh, my God’
28 but if they’re happy
29 you have to leave them

Interpretation

In this narrative by Jane, she tells of the ways in which engagement with a popular song (*Imagine* by John Lennon) within the learning context of her modular class opened up for her new perspectives in understanding people. Often students’ appreciation of certain art forms (e.g. film or music) may assume different perspectives when these same art forms are considered within formal educational contexts (Mittell 2007).

For Jane, this new perspective of an aural form centres upon understanding a well-known song in new ways (Stanza 3). Such an understanding helps Jane to broaden, as well as to deepen, her experience of other people. The ‘point’ (Evaluation) of Jane’s narrative is to broaden her horizons and to allow her to recognise the different and various ways in which people may live and respond to life’s events.
'Interpreting Cancer'

Abstract

Stanza 1

Interpretation

01 It depends how you interpret
02 a lot of things that we learn
03 in the module

Orientation

Stanza 2

Several interpretations

04 Everybody probably interprets it
05 in a different manner
06 we get a set of photographs
07 the cancer one
08 with hair on the floor
09 there was the hospital bed
10 and there was a doll with no hair

Complicating Action

Stanza 3

Whether cancer

11 Not everybody
12 would have thought
13 'cancer’

Stanza 4

Other ideas

14 Somebody else
15 would have thought
16 something else

Evaluation

Stanza 5

Different views

17 That’s why we interpret things
18 from different views
19 and we all put it into practice
20 in different ways
Resolution

Stanza 6 Motivating factors

21 Depending on how
22 we performed in the past
23 and how we would like
24 to progress and how
25 we would like to do well

Interpretation

Ruth’s narrative here gives her perspective on the essential interpretive skills for engaging with arts and humanities themes within a nurse education curricula. Using the example of a set of photographs set around a ‘cancer’ theme during a module photography workshop, Ruth recognises that students will necessarily interpret such visual images in many different ways. These images may well be abstruse and abstract (Stanza 3, 4) and represent a challenge to students’ conceptual understanding of many phenomena. A key point to note, however, is that interpretation of data is always complex, subject to many different variables (Stanzas 5, 6) and that students’ responses may necessarily reflect these.
6.4 Discussion

In this section, I seek to discuss these narratives of participating students as presented in section 6.3 within the wider perspective of Objective 2 of this study:

to critically analyse the role and importance of the arts and humanities in nurse education

It is important at the outset to note the particular context from which these narratives are derived. These narratives derive from student nurses’ informed decision to follow, from their second year of study onwards, an ‘arts’ route of their degree programme. This choice of route, as opposed to a ‘science’ route, gave these students an important interest in, and commitment to, particular features of this part of the curriculum. This does not imply, however, that these narrators assumed uncritical stances towards the role of the arts and humanities within nurse education curricula. Nevertheless, it is important to acknowledge that these are the narratives of students already committed to studying aspects of the arts and humanities within their educational programme.

This discussion is structured around a number of key themes addressed in section 3.4, namely:

- defining the scope of the arts and humanities
- changing educational opportunities and approaches
- education in professionalism
6.4.1 Defining the scope of the arts and humanities

The arts, understood in terms of several key cultural activities, and the humanities, viewed as academic and critical disciplines, have shared interests in exploring human experience. The capacity of the arts and humanities to add significantly to this exploration incorporates such features as engagement via all of the senses, an understanding of the concept of action and a recognition of the significance of relationality (Gregory 2002).

Although the potential contribution of the arts and humanities to understanding human experience garners strong arguments and counter-arguments (Carey 2005; Steiner 2008), an important point to draw from such debates is to acknowledge the complex nature of human experience itself and the ways in which the arts and humanities, as sources of knowledge and understanding, may reflect, as well as explore, such complexity.

This point can be highlighted by considering certain features of these narratives. In the narratives of Mary (‘Understanding Someone’s Experience’), Linda (‘Experiences of Life’) and Jane (‘Another’s Perspective’), attention centres upon the ways in which the art forms of poetry, photography and music respectively can be used to explore and illuminate aspects of human experience itself. These explorations of war, disease and the welfare of humankind are universal topics that have been addressed by the arts and humanities over many years (Silkin 1996; Donahue 1996).

These topics can be related to aspects of the practice of nursing itself. To take the topic of war, it is possible to trace the origins of modern conceptions of the practice of nursing to Florence Nightingale’s late 19th Century innovations during the Crimean War (Nightingale 1992). Other advances in nursing practice taking place within contexts of caring for wounded armed service personnel within a variety of war settings (MacDonald 1983; Ondaatje 1992; Metcalf 2009) may lend support to the place of history as a distinct subject within the curriculum (Madsen 2008).
Although Mary’s ‘Complicating Action’ section in ‘Understanding Someone’s Experience’ may appear tentative, her narrative may be seen as her exploration of the ways in which universal dimensions of the arts in addressing human experience can be linked to particular dimensions of the practice of nursing itself (Stanza 3). Mary’s narrative does reveal the impact of art (e.g. literature) throughout her own life and how she has been able to relate these interests to her own practice of nursing.

Moreover, the critical and analytical dimension of the humanities as ‘second order critical activity’ (Edgar and Pattison 2006 p. 96) has the potential to allow different perspectives to be shed both on nursing curricula and practice. Linda’s narrative (‘The Whole Person’) highlights aspects of this:

Stanza 4  Different perspective
08   Its rather nice
09   to take time out
10   to do this

Stanza 5  Patients’ perspective
11   to stop and think about
12   the intellectual and
13   emotional side of it

The narratives presented here support a range of art forms used. Whilst issues of personal taste are highlighted (e.g. Michelle’s love of music in ‘Magic’ and Jane’s preference for books in ‘The Imagination is Better’), interesting issues of interpretation and perspective are explored featuring art and photography (e.g. Michelle’s ‘An Open Approach’ and Linda’s ‘Experiences of Life’). Beyond these differences of perception, certain integrating features of their use are noteworthy. In particular, the use of ‘foundation themes’ of narrative, interpretation, response, ethics and transformation of practice may be ways in which students are able to integrate different art forms (Vetrie 2002; McKie et al 2008). The first narrative (‘The Imagination is Better’) is one example of the way in which a foundation theme (narrative) provides a linkage between students’
different perceptions across a range of art forms, in this instance literature and film (Mittell 2007).

6.4.2 Changing educational opportunities and approaches

Several important contextual factors account for the opening up of new educational opportunities permitting the development of the arts and humanities within nurse education. One such lies within perceptions of the overall structure of nurse education curricula. An issue of ongoing debate (Simmons and Bahl 1992; Jordan, Davies and Green 1999), this rationale recognises the place of the arts and humanities alongside, often competing, interests of biosciences (anatomy, physiology, pharmacology), social and behavioural sciences (sociology, psychology, biology and health care policy) and practical nursing skills. At times, mutually exclusive educational interests may compete for curriculum ‘space’, resulting in the emergence of the ‘additive curriculum’ (Marnocha and Marnocha 2007; Hull 2009).

Another factor centres upon the long-standing debate between the ‘art’ and ‘science’ of nursing (Rafferty 1995; De Raeve 1998). In the post-World War Two era, nursing’s quest for patient-centred, or holistic, practice, witnessed the emergence of several competing paradigms of knowledge (May and Fleming 1997). Carper (1978) identified four major patterns of knowing within a conceptual understanding of nursing: empirics (the science of nursing), aesthetics (the art of nursing), personal knowledge and ethics (a moral component).

In highlighting the dominance of an empiric pattern, Carper (1978) nevertheless demonstrated the contribution of each pattern to an overall understanding of nursing practice. The enduring influence of the empiric (scientific) paradigm, characterised by features of objectivity, rationality, measurement and generalisability, in nursing’s quest for an epistemological basis to its practice continues to be highlighted (Cody 2002). Cody (2002) also observes how far removed findings derived from empirical means (controlled, measured, detached) are from insights gained from studies drawn from the arts and humanities.
Some commentators (Darbyshire 1995) view the role of the arts and humanities within nurse education curricula reactively to perceived reductionist tendencies in bioscience and behavioural science subjects. It is important, however, to emphasise the distinctive contribution that sources from the arts and humanities can make to curriculum content. By focusing upon the unique and the subjective via creative means of communication (e.g. visual, word and sound), the arts and humanities can contribute a ‘whole person understanding’ to students’ learning which can complement, rather than oppose, knowledge and understanding gained from other curricular approaches (Scott 2000a). This perspective is aptly highlighted by Greene (1985 p. 149):

you don’t see more of life in one place than another. One man in a desert is enough life if you are trained to observe or have a bent for observation

At the same time, however, significant changes in perception of the scientific paradigm should be noted (Cody 2002). Key positional assumptions of the observer, or researcher, may serve to question the principle of scientific ‘detachment’. Similarly, the emergence of approaches devoted to obtaining distinctively qualitative types of data may place limitations upon solely ‘quantitative’ means of measurement and control (Rapport, Wainwright and Elwyn 2005; Sandelowski 2003). Although issues of conflict between paradigms are not inconsiderable, it is also possible here to discern the emergence of a ‘dialogical rationality’ in which different modes of knowledge move beyond uneasy co-existence towards greater acknowledgement and respect for their different, but complementary, insights in the quest for overall explanation and understanding of nursing itself (Glen 1999).

Alongside these contextual factors, the introduction of such approaches as enquiry-based learning (Kirwan and Adams 2009) and a focus on learning from students’ own experience of practice via processes of reflection (Freshwater 2008) have allowed students to engage more fully with the arts and humanities. The narratives of student nurses Michelle (‘Magic’), Linda (‘Arts and Science’) and Sarah (‘A Happy Class’) in section 6.2 illustrate significant aspects of these changing educational and practice
contexts. Michelle’s perception of her chosen branch of mental health nursing includes both practitioner and patient perspectives as significant elements of human expression. Where patient-centred care and the therapeutic relationship are principle features of mental health nursing (Sullivan 1998; Scottish Recovery Network 2006), these may be developed by the inclusion of themes from the arts and humanities. The place of literature may be used to explore specific nurse-patient interactions by considering stages of the therapeutic relationship as the emergence of a narrative (Frank 2004).

Similarly, Sarah’s narrative may appeal to this person-centred dimension of nursing. For Sarah, following an ‘arts’ route becomes a defining characteristic of certain students and teachers alike (‘A Happy Class’, Stanza 1). Linda’s narrative (‘Arts and Science’), however, may support Glen’s (1999) notion of a ‘dialogical rationality’ between the arts and the sciences. By acknowledging their complementary relationship (Stanza 2), Linda demonstrates how a scientific understanding of many aspects of nursing (‘as to how the body’s working’– Stanza 5) can act in partnership with relational dimensions of understanding patients in a variety of contexts.

These narratives suggest that new opportunities and approaches in nurse education may be receptive to engagement with the arts and humanities. An essential aspect may be to provide students with opportunities within the curriculum to reflect upon the experiential dimension of being human in nursing. This can, of course, be addressed in many different ways within educational programmes, not least during and after students’ experiential learning during clinical practice. Nevertheless, these narratives may support careful inclusion of themes drawn from the arts and humanities at different stages of a curriculum in ways which complement other approaches towards enhancing students’ knowledge and understanding of nursing.
6.4.3 Education in professionalism

The narratives presented here suggest that engagement with the arts and humanities can contribute to distinct maturation processes in student nurses. Addressing this issue raises important considerations about the educational context in which student nurse learning occurs. In section 3.4.2, this was discussed in terms of the place of nurse education within higher education settings in the United Kingdom and in certain other Western countries. This university context highlighted certain opportunities and tensions between a ‘liberal arts’ approach emphasising ‘whole person’ concerns (Hermann 2004) and a professional education approach majoring on knowledge and skills acquisition. This debate shows no signs of abating (Drummond and Standlich 2007), but critical analysis of the scope of the arts and humanities within nurse education continues to highlight several important features. Three, in particular, are discussed in the light of the narratives here presented.

Critical thinking

Addressing student learning within higher education contexts in terms of ‘critical thinking’ (Barnett 1997) suggests the use of a range of different tools and perspectives. Amongst these may be included the use of scientific approaches to disease (e.g. pathology, epidemiology), the application of analytical tools to study health care policy documents, the use of evidence-based tools in analysing practice and the use of a range of information technology skills (Mason and Whitehead 2003; Short 2008; Scott and McSherry 2009; Fetter 2009). Alongside these, student engagement with sources drawn from the arts and humanities may contribute towards students developing perspectives on nursing practice via use of the imagination and narrative (Scott 1995; Liaschenko 1998). For Jane (‘The Imagination is Better’), engaging with literature and film favours the use of the imagination itself to bring about creative perspectives upon her practice of mental health nursing. Ruth’s narrative (‘Somebody Else’s Perspective’) suggests that critical thinking may be able
to incorporate alternative perspectives gained from engagement with sources in the arts and humanities.

Alongside this, the development of critical skills is given further support by Linda ('Whole Person') in her suggestion that the arts and humanities can provide students with critical distance from the curriculum itself and thereby encourage in students the development of important intellectual and emotional perspectives towards patient care.

**Person-centredness**

Professional health care education curriculum planners face constant demands to absorb more content in order to meet the ‘relevance’ criteria (Thornton 1997). Within such a context, the concept of the person being at the centre of, or providing the purpose for, educational curricula may easily be overlooked (Rolfe and Gardner 2005). The context-dependent dimension of the arts and humanities may be able to help re-centre the person and give students a point of integration through which previously isolated and separate elements of their learning can be brought together. Linda ('Whole Person') and Jane ('You’re Healthy') may demonstrate this emphasis on holism. For the latter, this holistic perspective also finds application to student nurses themselves in terms of consideration of their own values.

**Reflexivity**

A third area concerns attention to the personal dimensions of preparation for professional practice itself. Although the development of the self features prominently in recent approaches supporting the development of professional healthcare practice (Higgs and Titchen 2001; Johns 2006), engagement with the arts and humanities may permit a focus upon personal aspects (e.g. response) in deeper and more nuanced ways. Languilli’s (2000) prioritising of the cultivation of students’ minds, hearts and actions ahead of vocational knowledge and skills acquisition is suggestive of an educational experience specifically directed towards personal development. The narratives of Linda ('Experience of Life’) and
Diane (‘Formative Influences’) point towards the influence of personal factors upon professional practice that can arise from engagement with, and responses to, sources drawn from the arts and humanities.

Two other aspects of this maturation process in professionalism deserve to be noted. The first suggests that learning journeys of students of mature life experience may be optimised by careful engagement with the arts and humanities. This can be supported by considering the narratives of student nurses Michelle (‘An Open Approach’), Diane (‘Formative Days’), Mary (‘Understanding Someone’s Experience’) and Linda (‘Experience of Life’). In the case of Linda’s narrative, the life experience of mature students can be creatively linked to engagement with the arts and humanities. This is not, however, to underestimate the developmental potential that critical engagement with arts and humanities themes may have on younger students. This can be seen in Jane’s narrative entitled ‘Another Perspective’.

The second point to note is that understanding of professionalism in students may be enhanced by positioning the arts and humanities at later, than earlier, stages of the curriculum (Grant 2002; Smith et al 2006). The insights present in Linda’s narrative ‘The Whole Person’ may, for example, be the cumulation of theoretical and experiential learning gained over the course of a curriculum itself. If critical thinking, person-centredness and reflexivity are key indicators in students of an emerging sense of professionalism, then engagement with the arts and humanities may be educational opportunities that are best offered to students towards the end of programmes, rather than at earlier stages.

In addition, if engagement with the arts and humanities is structured via ‘electives’ at later stages emphasising student choice, then this may reinforce those interested students’ self-selection of this option only. Inclusion of some mandatory element within the curriculum may enable key issues within the arts and humanities to be considered by all students. The conundrum surrounding this is illustrated in nurse teacher Sam’s narrative (‘Essential for All’) in section 8.3.
6.5 Summary

In this chapter, I have presented narratives of student nurses in support of Objective 2 of this study. It is possible, in utilising Barry’s (2008) quotation cited in the preface to this chapter, to see these ‘little gift(s) of narratives’ of participating student nurses as ‘ragged gospels’ on the role of the arts and humanities within nurse education. Pace Barry (2008), these narratives may be seen as tentative and provisional, but no less engaged, perspectives of a group of student nurses on key aspects of their engagement with the arts and humanities within one nurse education curriculum. Nevertheless, by viewing narrative as a reconstruction of a person’s experience, these particular narratives can be considered as contributions towards exploring the impact of a teleological ethic in its broad understanding of human flourishing, relationality, context and narrative, as demonstrated through the use of the arts and humanities in one nurse education curriculum programme. In my next chapter, the focus of this exploration is directed towards student nurse narratives and their exploration of the impact of reading literature and poetry on their ethical practice.
CHAPTER SEVEN

NARRATIVES OF STUDENT NURSES (2)
What is the smallest act of kindness that is considered heroic? In those days, to be moral required no more than the slightest flicker of movement – a micrometre – of eyes looking away, or blinking, while a running man crossed a field. And those who gave bread or water? They entered a realm higher than the angels’ simply by remaining in the human mire.

Anne Michaels 1997 *Fugitive Pieces* London: Bloomsbury
7.1 Introduction

In this chapter, narratives of student nurses are presented from four different types of data sources (two focus groups, seven one-to-one interviews, two reflective practice journals and documentary sources) to explore a ‘how-to-live’ ethic via addressing Objective 4 (see Table 23, page 134):

to explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students

In presenting these narratives, principal use is made of the narrative inquiry framework of Clandinin and Connelly (2000). The key features of this particular framework were outlined in section 2.5.4. The rationale for adopting this approach centres upon the experiential basis of Clandinin and Connelly’s (2000) three-dimensional space narrative structure, in particular their emphasis on interaction, continuity and context. These were presented earlier in Figure 2 (page 51) and Table 14 (page 52). The main focus in addressing Objective 4 is relational, namely that of student nurse engagement with patients in specific clinical practice contexts. Consideration of this interpretive act of understanding between nurse and patient (e.g. ‘the patient as text’: Daniel 1986) may parallel one between that of reader and text in the shape of Ricoeur’s threefold mimesis presented earlier in Table 4 (page 33) (Ricoeur 1984). Narratives presented here indicate ways in which these two processes might interact and influence each other.

Each narrative is presented using an adapted framework of Clandinin and Connelly’s (2000) narrative inquiry (Ollerenshaw and Creswell 2002) and shown in Table 14 (page 52). As part of narrative’s enquiring dimension, the narrative researcher is encouraged to join participants and to offer an interpretation (‘restorying’) of each narrative.

Several entries derived from Linda’s reflective practice journal are presented using the narrative approach of Fish et al (1991) offered to participants for use during research design stages. Through her own choice, Michelle’s journal entries were not submitted using this format. In
presenting her narratives, I have therefore adopted the narrative inquiry approach of Clandinin and Connelly (2000).

7.2 Presenting Narratives: Focus Groups – Stages One and Two

In this section, I present narratives (and ‘restorying’ interpretations featuring exploration of meaning and social context) derived from each focus group carried out at the beginning of Stages One and Two of data collection.
FIRST NARRATIVE – RUTH

‘IT COULD BE MY GRANDMOTHER’

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<th>Interaction</th>
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<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>Death and dying, I did relate to that poem quite a bit</td>
<td>I remember one day I was working, I’ve never really seen someone dying, I wouldn’t have a clue whether someone’s just fallen asleep and I just walked into this lady’s room. This old lady was dying and I was just holding her in my arms and talking to her.</td>
</tr>
</tbody>
</table>
Restorying

Ruth’s narrative here gives an account of the way in which one particular poem (‘The Last Death’ by Steven 1995), read out by Diane during the first focus group and also presented at a module workshop facilitated by Steven himself, impacted upon her during her first encounter with a dying patient. The first two stanzas are reproduced below.

The Last Death

When an old woman dies in a cottage hospital
There is no-one at her bedside to print
Her last words in Gaelic in the papers,
To tell the world that her glen is gone.

But all the statesmen and all the kings
That made treaties and agreements for trade
Could never buy the shining that came from eyes,
The peace of God when she died.

Ruth’s narrative of engaging with a dying patient reveals several significant features: the suddenness of the encounter, her own perceived lack of preparation, her expressed sense of uncertainty about her benefit to the woman and her identification of the woman with her own family situation (‘it could be my grandmother’).

The act of dying itself is a central part of being human and a ‘how-to-live’ ethic, based on human flourishing, requires to address this (Brisley and Wood 2004). Although the quest for human well-being here may appear ambiguous (see discussion in section 4.2.3; page 105), Ruth’s narrative may be interpreted in terms of the comfort and care that she was able to offer to the patient by her actions. In addition, consideration may be given to what Ruth herself might take from this experience for her own ‘self-esteem’ and future practice (‘it had made me grow professionally’) requires to be noted. The narrative also reveals a widely accepted aspect of professional practice, namely that nurses should not express their emotions (‘crying and breaking down’). A ‘how-to-live’ ethic may suggest that an appropriate expression of emotions by nurses is an essential part of nursing practice itself (Herdman 2004).
SECOND NARRATIVE – JANE

‘HIS ARMY NUMBER’

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<th>Interaction</th>
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<tbody>
<tr>
<td>Personal</td>
<td>Social</td>
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<tr>
<td>I probably didn’t enjoy working in old age and I think it was just so task-orientated</td>
<td>Going in, getting them up, getting them washed and some of them were quite heavy and I think probably it was the poem ‘Look Beneath the Skin’ (‘Old Woman’ Steven) that made me think that they are just people, wanting to talk to you.</td>
</tr>
</tbody>
</table>
Restorying

In Jane’s narrative, the impact of engaging with a particular poem centres upon its critique of her own current practice characterised by routine-based tasks. One impact of reading the poem ‘Old Woman’ (Steven 2000) for Jane is to see beyond such repetitive practice (see ‘going in, getting them up, getting them washed …’ – note Jane’s use of language here) and to reinstate the person to the centre of care. For Jane, the promotion of human flourishing for her elderly patient (e.g. in terms of dignity and respect) is enhanced by her engagement with small, but significant, leads (e.g. her patient’s oft-repeated Army number and bedside photographs) and using these as triggers to promote communication beyond the ordinary (e.g. ‘its a bonny day outside’). Jane acknowledges that reading sources from literature and poetry may be able to help her promote such human flourishing by making her think critically within clinical situations themselves.
THIRD NARRATIVE – LINDA

‘LOOK AT THINGS’

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<th>Interaction</th>
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<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>Some of the poems that we did, there was one about an old man and another about an old lady and I linked those in my reflective pieces but it did very much link to what I was doing</td>
<td>When you see an elderly person coming in: You’ve got somebody in her seventies who’s lying on the floor before she was found and brought in: doesn’t say an awful lot but just sits and watches</td>
</tr>
</tbody>
</table>
Restorying

Linda’s narrative highlights the way in which two unnamed poems discussed during her recent module learning experience have encouraged her in the promotion of patient well-being in her own nursing practice. The poems’ central focus upon a person serves to act as a critique upon current nursing practice that Linda observes and participates in. This practice is described in depersonalised terms (‘it’s another body in another bed that’s got to be dealt with’), but Linda’s narrative indicates that the patient should not be viewed in, or reduced to, such generalised and ‘objective’ terms.

According to Linda, the humanity of this patient is not in question. The woman may be elderly, but she is alert and highly aware of her surroundings. By encouraging Linda to step back (‘it makes you just stop and think’) and think more about her immediate practice, her narrative demonstrates the way in which literary sources have the potential to promote consideration of the ‘Other’ in ethical terms by taking into account contextual factors (‘what’s her background about’) and of our need to engage with, and respond to, that ‘Other’ as a person (Scholes 2002).
### Interaction

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<thead>
<tr>
<th>Personal</th>
<th>Social</th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had one the other way round</td>
<td>Before I came to do the arts module, it was a community placement. It was the first assessment I had done by myself and the daughter burst into tears and we said 'What's wrong?' 'I've just been diagnosed with terminal cancer.'</td>
<td>One of the poems which we did was about cancer 'I Am Cancer'</td>
<td>And that made me think: it was in retrospect, I had the experience first</td>
<td>But it was very helpful in reflecting for a portfolio what was going through this lady's head as a 'secondary' patient. It was her mother who was the patient we were going to see. It was very difficult.</td>
<td>Clinical practice – community – engaging with relatives</td>
</tr>
</tbody>
</table>
**Restorying**

Michelle’s narrative responds to a question posed by the facilitator of the second focus group, namely for participants to identify examples of the interplay between reading literary sources and clinical practice itself. Michelle’s narrative centres upon an example where a prior experience was amplified by reading a particular poem during a module session. The poem was written by a young girl about her response to her mother’s experience of having cancer (Macduff and West 2002).

```
Cancer (anon)

What is cancer?
Who knows?
Is it a pink panther’s
big pink nose?
My mum is special
to me
My mum is special
to my family
My mum’s got cancer
I don’t care
even if she is losing
her hair
She’ll always be my mum
I love her!
```

Michelle’s use of the poem relates to a different context of encountering a patient’s relative (a daughter) who has herself recently been diagnosed with terminal cancer. Her narrative identifies relational dimensions of a ‘how-to-live’ ethic which may incorporate the need for nurses to respond appropriately and sensitively to the patient, but also to the needs of relatives as well.
FIFTH NARRATIVE – MICHELLE

‘THANK YOU FOR TAKING THE TIME’

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<th>Interaction</th>
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<tbody>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>I’ve had a really bad placement</td>
<td>And this gentleman and his girlfriend came up and said: ‘Thank you for taking the time’. I was just between the beds giving the newspaper to him or taking the time to explain his injuries because the other staff for one reason or another didn’t do it.</td>
</tr>
</tbody>
</table>
Restorying

Michelle’s narrative responds to the facilitator’s request for examples of the contribution of the arts to positive ethical practice within the contexts of challenging circumstances. Although not alluding to specific examples of literature and poetry enhancing her practice of nursing, the narrative does indicate ways in which engagement with these sources might be able to influence practice in terms of communication and attention to particulars of care (‘getting the paper, reading a book ...’). Michelle’s narrative also indicates the ways in which a ‘how-to-live’ ethic might incorporate both patient and relatives in a demonstration of particular virtues e.g. expressing gratitude for care received (‘thank you for taking the time’) (Campbell and Swift 2002). Michelle’s narrative concludes by drawing lessons for her own area of mental health nursing in terms of the development of the therapeutic relationship.

7.3 One-to-One Interviews – Stages One and Two

In this section, I present narratives derived from one-to-one interviews with participating student nurses during Stages One and Two of data collection.
### ‘INSTANCES OF CARE’

<table>
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<th>Interaction</th>
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<tbody>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>I’m quite an ethical person anyway</td>
<td>I found myself recently in a hospital doing drugs round, supervised by a mentor. When it came to it, the drugs round the likes of I had never done before, the patient’s identity wasn’t checked because they said they knew all the patients. I didn’t know these patients.</td>
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<tr>
<td></td>
<td>The NMC Code of Conduct points out that you need to know who administrates medication.</td>
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<td></td>
<td>When you look at literature and poetry there are instances of care: I’ve had the confidence doing the expressive arts module working in groups.</td>
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<tr>
<td></td>
<td>You have to be able to work in a team: truth telling comes into it. A lot of that has been tied up in this module. It’s given me insight ethically as to the tools to support you when a situation like this arises.</td>
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<td></td>
<td>Clinical practice – hospital context</td>
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</table>

**Situation**
Restorying

In this narrative, Linda highlights the ways in which insights derived from reading literature and poetry enabled her to address a particular ethical problem encountered during her nursing practice. Two major issues are addressed: firstly, nursing staff’s failure to follow recognised procedures in administering medication to patients (Erlen 2001) and, secondly, Linda finding herself in a position as a student nurse of challenging these procedural anomalies.

Linda’s does not cite specific examples of literature and poetry, but caring is identified as an important theme within sources previously engaged with during her modular sessions. These complement the profession’s use of the Code of Professional Conduct in clinical practice (NMC 2004).

Linda’s positional justification in refusing to administer medication to patients in the aforementioned manner rested upon the simultaneous influence of these twin sources and is supported by other observations that reading literary sources can provide ‘tools’ to contextualise the application of generalised ethical principles and guidelines derived from codes of practice (Begley 2003).

Linda’s narrative recognises that significant learning has taken place. This allows Linda to recognise relational dimensions to practice (‘work in a team’), in addition to her gaining confidence and understanding (‘insight ethically’) to identify and address such ethical issues as, and when, they arise in practice in the future.
SEVENTH NARRATIVE – MICHELLE

‘THE PERSON IS STILL THERE’

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<th>Interaction</th>
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<tbody>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>I love the poems of T.S. Eliot and the one that sprung to mind was <em>The Rum Tum Tugger</em>: how he’s very chaotic and he says: ‘For he will do As he do do’</td>
<td>That is what this patient does. No matter what you say, he will go in his way regardless</td>
</tr>
</tbody>
</table>
Michelle’s narrative centres upon the impact of a favourite poem (*The Rum Tum Tugger* by T.S. Eliot 1939) on her own nursing practice within an acute mental health nursing context. Eliot’s poem describes a cat’s sense of chaos and indiscriminate activity, as indicated in the first stanza:

The Rum Tum Tugger is a Curious Cat:
If you offer him pheasant he would rather have grouse.
If you put him in a house he would much prefer a flat,
If you put him in a flat then he’d rather have a house.
If you set him on a mouse then he only wants a rat,
If you set him on a rat then he’d rather chase a mouse.
Yes the Rum Tum Tugger is a Curious Cat –
And there isn’t any call for me to shout it:
For he will do
As he do do
And there’s no doing anything about it!

Michelle applies the reading of this poem to her care of one particular patient. As a result of their mental state and/or behaviour, this patient is receiving ‘special observations’ where a competent mental health nurse is responsible for ensuring that the patient is within ‘view’ at all times (CRAG 2002). Significant ethical perspectives here may centre upon promoting principles of autonomy, dignity and respect within a context of care where observation and control are considered pre-eminent.

This may be viewed as one example of an ethical problem, or dilemma, confronting practitioners in which the application of ethical principles (e.g. autonomy, beneficence, non-maleficence and justice) may require to be prioritised (Beauchamp and Childress 2009; Hedgecoe 2004). Michelle’s narrative suggests the centrality of ethics to practice, rather than only being considered when problems or dilemmas arise. Indicating how contextualised practice can become, Michelle’s narrative shows her acting with discernment and sensitivity to promote a fuller conception of human well-being.
That literature can provide such a ‘lived’ dimension to care has been noted (Begley 2003). Nevertheless, the evaluation of this specific intervention (Gass et al 2009) suggests that practising in such highly contextualised ways may be a major challenge to mental health nurses. Michelle’s key question: ‘what is wrong with letting them do as they want to do?’ may represent an ethical challenge to the promotion, or pursuit, of the personhood and dignity of the patient within a context where safety and risk assessment have become the main criteria in patient care.
EIGHTH NARRATIVE – JANE

‘THEY WANT TO BE LEFT ALONE’

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<tbody>
<tr>
<td>Personal</td>
<td>Social</td>
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<tr>
<td>Rather than speaking away to them and then thinking: ‘go away’</td>
<td>If somebody’s depressed and doesn’t want to speak</td>
</tr>
<tr>
<td></td>
<td>Before I’d an idea for just steaming in and nae thinking</td>
</tr>
<tr>
<td></td>
<td>I can cover that more now. If somebody wants to be left alone, they want to be left alone. I think doing poetry and reading <em>The Bell Jar</em> has influenced me</td>
</tr>
<tr>
<td></td>
<td>I think I’ll be thinking more</td>
</tr>
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<td></td>
<td>Therapeutic contexts in mental health</td>
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</tbody>
</table>
Restorying

Jane’s narrative indicates the ways in which reading literature and poetry may impact upon her understanding of the therapeutic relationship in mental health nursing (Callaghan, Playle and Cooper 2009). Jane suggests that she may lack experience in the intricacies of developing such a relationship and exhibit haste ('just steaming in and not thinking': NB: 'steaming in': Scots term for ‘rushing in’). Reading poetry and literature (in particular, Sylvia Plath’s novel *The Bell Jar* 1966) appears to have helped Jane’s understanding in two main areas:

- outlining the possible experience of a person suffering from depression as shown in the narrative of the novel’s main character, Esther
- helping Jane to understand the nuances of a relationship established with a patient and to become more responsive to her patient’s words and actions ('if somebody wants to be left alone …’)

A relational ethic may be able to demonstrate the practice of virtues of patience and faithfulness and may be suggestive here of care which is particularly sensitive to what can be ‘read’ from the patient in the therapeutic context e.g. Jane’s perception of interpreting the appropriateness of her therapeutic interventions. This therapeutic skill of ‘reading’, or interpreting, what goes on between nurse and patient may have parallels with a reader-text engagement:

here is a person (a text) with particular needs: what ethically sensitive response is demanded of me (the reader)?

(McKie 2004a)
NINTH NARRATIVE – DIANE

‘YOU’VE GOT FEELINGS’

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<th>Interaction</th>
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<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>You’ve got feelings</td>
<td>If you were reading something about a child, you would feel quite emotional and think: ‘It could happen to your own family’</td>
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<td></td>
<td>When you’re younger, it just goes over the top of your head</td>
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<td></td>
<td>My younger son is only nineteen and phones me every night and he’ll say: ‘I love you’. When you’re nineteen years old you don’t often get that. It’s nice</td>
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<tr>
<td></td>
<td>But the older you become, you can become more emotional and you’re not scared to cry</td>
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<tr>
<td></td>
<td>Reading literature and poetry within the context of personal and professional lives</td>
</tr>
</tbody>
</table>
Restorying

Diane’s narrative highlights certain dynamics which may be present in a reader’s interpretation of a text. The acknowledgment that a reader may bring significant aspects of their own life experience to the act of reading itself recalls the two stages (mimesis 1 – ‘prefiguration’ and mimesis 2 – ‘configuration’) of Riceour’s (1984) threefold mimetic model of reader-text engagement. For Diane, her own life experience as a mother is a vital part of that engagement:

- responding as a mother to reading a text about a child’s health (‘it could happen to your own family’)
- linking this to the close relationship she has with her own nineteen-year old son (‘I love you’)

Diane’s narrative suggests that an appropriate response to reading texts and in nursing practice might be to give a central place to the emotions. Far from being a response that might diminish over time, Diane suggests that the expression of emotions (e.g. crying) may deepen as a person gets older.

Professionalism in nursing practice often suggests that emotions are best expressed via distance and detachment (Herdman 2004). A ‘how-to-live’ ethic, via an integration of personal and professional dimensions of practice, may accord the expression of emotions distinct cognitive and social dimensions (Nussbaum 1996; Scott 2000b). One way of responding to reading literature and poetry may be to understand the way in which the expression of emotions may act as stimuli for change in one’s own ethical perspective and future practice (Riessman 2005).
TENTH NARRATIVE – MICHELLE

‘IN A DIFFERENT LIGHT’

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<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>This has been a joy to do because it has made me think about how I am interpreting it as well. It’s one thing to say: ‘Yes, I love this kind of poetry and literature’. But I suppose it gives you a deeper understanding.</td>
<td>The little poetry cards which we handed out: I’ve let a lot of people see these – medical and nursing staff – everyone here has said ‘What a wonderful idea’.</td>
</tr>
</tbody>
</table>
Michelle’s narrative indicates the significance of moving from a stance of appreciation of literature and poetry (‘I love this kind of literature’) to one of interpretation. Consideration of literary sources for ethical practice demands a deeper and closer reading of texts than may often take place in university-based learning contexts (Slagter 2007). Michelle’s re-reading of texts has helped her to apply them differently because each engagement may yield new insights and understanding (Nussbaum 1990). At the same time, however, Michelle’s enthusiasm for reading literary sources must allow that differing levels of students’ engagement with literature and poetry may be no less valid.

Michelle’s narrative also indicates some of the wider contextual and institutional benefits that this engagement might have on health care environments. The reference to poetry cards is to part of a local initiative to encourage greater appreciation of poetry within health care settings (Macduff and West 2002). This project is an example of a developing dialogue between the arts and health care (Staricoff 2004), although evaluating the impact of such initiatives may be challenging (McKie et al 2008).


**ELEVENTH NARRATIVE – LINDA**

**‘HER WHOLE FACE LIT UP’**

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<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>Literature and poetry has helped in a lot of instances</td>
<td>We went into a care home to visit an elderly resident and there was a cat there. I knew this resident from a previous placement. She was just sitting there gazing into space. But she was not interested at all. She realized there was a cat curled up. She knew the cat and I started talking to her about the cat and her whole face lit up and she started talking about her life</td>
</tr>
</tbody>
</table>
**Restorying**

Linda’s narrative is suggestive of the creative and imaginative possibilities that can arise from reading literature and poetry. Acknowledging the multiple ways in which such reading has helped her practice, Linda nevertheless concentrates on one example. By drawing upon an uncommunicative patient’s nascent interest in a resident pet, Linda demonstrates the ways in which a ‘how-to-live’ ethic might link to the encouragement of human flourishing by emphasising in nursing practice features of discernment, attention to detail, sensitivity, imagination, possibility and responsibility.

Nurses often use elements of the familiar and everyday (e.g. see Jane’s Narrative, ‘His Army Number’: family photographs, the weather, newspaper headlines, plants) to stimulate and encourage conversation with patients. Linda’s ironic questioning about the efficacy of pet therapy (‘I wondered whether the pet or who got most out of it’) may be accepted with good humour. Linda clearly saw that engaging the patient about the cat might be of benefit to the development of the therapeutic relationship itself.
‘YOU CANNOT BECOME COMPLACENT’

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<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>It obviously works for me but it’s what you take out of it</td>
<td>You cannot become complacent and you cannot say: ‘I don’t like that therefore that is bad’ which is probably what happened when you take the likes of Hitler because he wasn’t accepted to art school in Austria by a Jewish board</td>
</tr>
</tbody>
</table>
Restorying

Michelle here addresses a sceptical and critical stance that suggests that reading literature and poetry may not always contribute positively towards an ethics based upon an aim of the ‘good life’ (Ricoeur 1992 p. 172). According to Pickering (2000), poetry ought to be read for its own sake and not for instrumental ends of human flourishing (e.g. health).

Michelle’s narrative suggests that a reader’s aesthetic tastes require to be placed within larger frameworks. Her acknowledgement that one reader’s interpretation of Shakespeare’s play ‘MacBeth’ (‘I’m getting a buzz out of this’) could be diametrically opposite to another’s is indicative of the possibility that different interpretations (and practices) might emerge from such engagement. Placing the reading of certain parts of a text within the wider framework of the text is also important.

In addition, locating the reading of texts within particular social contexts (e.g. professional health care practice) may be one way of off-setting such individualistic interpretations (Gallagher and McKie 2010). Placing the insights derived from reading literature and poetry alongside other approaches to ethics discourse (e.g. ethical principles, ethical theories and codes of professional conduct) may be other ways of obviating certain interpretations.

Given the positive impact of reading literary sources in many of these narratives, Michelle’s narrative, however, may serve as a reminder of the limitations of language to transform people and practice (Stock 2005; Steiner 2008).
7.4 Reflective practice journals

In this section, I present narratives drawn from reflective practice journals returned by Linda and Michelle. Although this return of only two journals (from seven requested) represents a low response to an important element of the overall research design (the only research method resting entirely on participants’ sole motivation to complete and return), the narratives are interesting for the ways in which other aspects of a ‘how-to-live’ ethic are illustrated in terms of engagement with literary sources and ethical dimensions of nursing practice.

As indicated in section 7.1, Fish et al’s (1991) ‘four-strand’ reflective practice model adopts a distinctly narrative approach. This framework was used by Linda in submitting her entries. Michelle’s entries, however, adopted a ‘brief notes’ format. In presenting her entries, I have utilised Clandinin and Connolly’s (2000) three-dimensional space narrative structure as used in section 7.3. Some of Michelle’s narratives do not necessarily ‘fit’ all of the dimensions of this narrative framework. In these instances, the ‘restorying’ aspect supplied by myself as researcher extends the narrative by suggesting a ‘hypothetical narrative’ (Olsen and Terry 2006) for possible practice implications in the future. In presenting these narratives, all names of persons and places have been changed (RCN 2005).
THIRTEENTH NARRATIVE - LINDA

‘WHAT I DID WAS RIGHT’

Fact Strand (context, events, feelings)
A patient needed moving up the bed. I asked an auxiliary nurse to help me move her. The auxiliary nurse bent down to move the patient with one arm under the patient’s shoulder and one arm under the patient’s knees. She looked at me as though to say: “Come on, get on with it”. I suggested that we should use a glide sheet and that I was not happy doing it her way.

Retrospective Strand (patterns, meanings, links)
I felt that I was right in the stance I took. Common sense, personal responsibility and what I had been taught at university about moving and handling were my validation.

I can link this reflective account to My Year Off: Rediscovering Life after a Stroke (McCrum 1998): ‘even the good nurses have no idea how much they can hurt ...’ This speaks for itself.

Substratum Strand (assumptions, beliefs, values)
What I did was right – common sense dictates that I am responsible for my own and the patients’ safety.

The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics, 4:2 (NMC 2004) rules that you are expected to work cooperatively within a team and respect the skills of a colleague. The Code goes on to state in Clause 4.5 that a nurse is accountable for their professional conduct and any care given.

Connective Strand (connection with practice, change)
Being confident in my ability to say ‘No’ to something I do not agree with is positive. However, I must be aware to use my judgement and not appear to be objecting to doing something for the sake of it. I have moved on and would not have been able to speak up before.

Restorying
Linda’s narrative bears certain similarities to her narrative ‘Instances of Care’ presented in section 7.3. Both narrate situations in which Linda chose to make a stance against prevailing nursing practice on professional and personal grounds. In this instance, Linda finds multiple sources of ethical justification to challenge locally accepted practices of the lifting of patients (see Table 20, page 108).

Part of this justification is drawn from literary sources (McCrum 1998) and the ethical principle of non-maleficence (doing no harm to patients). Linda’s citation from McCrum is interesting. By highlighting that ethically sensitive nurses may not be free from the possibility of unintentionally
harming patients, Linda’s narrative demonstrates the importance of practice remaining sensitive and critical in all its approaches to patient care.

Linda’s narrative also indicates important personal and professional aspects of a ‘how-to-live’ ethic. Personal accountability for nursing practice is important, but this requires to be found within the context of a relational ethic of wider team practice (cf. ‘... not appear to be objecting to doing something for the sake of it’). In addition, whilst this narrative indicates that, for Linda, substantial learning in professional practice has taken place, it may support Erdil and Korkmaz’s (2009) observation that suitable role models may be in short supply to enable students to internalise relevant ethical knowledge.
FOURTEENTH NARRATIVE – LINDA

'A STRONG PERSPECTIVE ON LIFE'

Fact Strand (context, events, feelings)

My life was touched by my uncle Robert Campbell (1930-2001) who was a Professor at Wellington University, Ottawa (Canada). He helped establish a programme of medical services in Ghana and developed a training programme for primary physicians.

Whilst taking part in this research study, I indicated during the interview that some of the literature and poetry we had studied I had been able to link to my practice. However, the greatest influence had been my uncle’s journal of his experiences in Ghana.

Robert Campbell was a kind and moral man and, as he reminds me: “the finer feelings of compassion, justice, honesty and caring are so much easier in a society where we live in security and freedom” (Campbell’s diary entry). To me, these ethical perspectives are important in my personal and professional development.

Retrospective Strand (patterns, meanings, links)

My ‘makeup’ comprises, whether rightly or wrongly, a strong perspective on life. I tend to see things in black and white, with no shades of grey. I was aware that other members of the family had similar views; however, reading my uncle’s journal I have seen that we share similar views and characteristics.

If a problem exists, I tend to see a direct way of fixing it and become frustrated by bureaucracy and stupidity. An example of this which I can relate to is my uncle’s description of the matron in the hospital in which he worked. Observations were not taken or charting done because of a lack of equipment and competence. He claimed that standard of nursing care was awful and ineffective.

Substratum Strand (assumptions, beliefs, values)

Uncle Robert teaches me not to be judgemental and to have patience – which for me is difficult. Also that perseverance pays off in the long term.

Connective Strand (connecting, practice, change)

My uncle made a difference to peoples’ lives on a large scale. As a student nurse, I would hope to help and make a small contribution to the patients I care for on a daily basis.

Restorying

Linda’s narrative indicates the profound impact of personal, social, and cultural factors upon her development as a student nurse. If ‘ethics deals explicitly with reasons for acting’ (Hauerwas and Burrell 1997 p. 176), then this narrative may demonstrate the potential of exemplars to significantly influence ethical practice. If understanding comes through perception, narratives can provide ‘seeing’ examples which can be applied to one’s own situation.
A diary written by Linda’s late Uncle Robert, a medical physician, becomes a narrative which serves to shape her own narrative of nursing practice. A ‘how-to-live’ ethic acknowledges the personal and familial influences that may impact upon a person’s choice of career dedicated to promoting human welfare (‘a strong perspective on life’). It is also possible to discern the virtues of patience, compassion, justice, truthfulness and care, as seen in the character of her Uncle Robert, as aspirational for Linda to emulate in her own life and nursing practice.

The narrative demonstrates the importance of understanding relational and contextual factors in consideration of ethical practice. Patient care in Ghana has its own particular and unique features. Linda draws parallels from this context and, in applying it to her own situation, identifies different ethical perspectives for multiple contexts e.g. the emotional influence of surprise alongside the moral virtue of patience. It may be possible, however, to question Campbell’s assertion that ‘finer feelings’ of compassion and justice are practised better in more secure societies. Cultures of professional health care practice strongly reliant on technology and managerial models of efficiency may not always demonstrate sensitive ethical practice (McKie 2004b).
FIFTEENTH NARRATIVE – LINDA

‘A FRUITFUL AND FULL LIFE’

Fact Strand (context, events, feelings)
Whilst on placement with a Care Home Support Team, I accompanied the physiotherapist on a visit to see an elderly resident in a care home. The physiotherapist was to help the patient with advice on ‘positioning’ as she had a sore shoulder and arm.

I recognised the resident as a former patient I had nursed the previous week at a community hospital and commented on this to the physiotherapist. The physiotherapist said she had no knowledge of the resident being in hospital as nobody had told her.

Retrospective Strand (patterns, meanings, links to learning)
It was clear to me that communication had failed and that a multidisciplinary approach was not working and, therefore, the patient was not receiving holistic care.

Substratum Strand (assumptions, beliefs, values)
I got the impression that the care home perhaps was not interested in the ‘team’ or simply someone had just not done their job. I believe this scenario connects with the poem ‘Old Woman’ (Steven 2000).

Connective Strand (connecting, practice, change)
Good communication and best practice had not taken place. Therefore, holistic care was not carried out. If the resources in staffing and training are not adequate, the resident ultimately suffers.
Restorying

Linda’s narrative focuses upon issues of institutional ethics (cf. promoting the good in ‘just institutions’: Ricoeur 1992 p. 172) and the ways in which perceived deficiencies in multidisciplinary team communication affected the care of one elderly care home resident. Linda links this to the issue of health care professionals failing to accord older people due respect and dignity. She cites in support a poem read and discussed during a module poetry workshop: ‘Old Woman’ by Steven (2000). The second and third stanzas appear below:

Once she was beautiful, and knew it;
Once her blood’s fire burned in a man’s veins
Night after night, and her colours
Enflamed the coals of his heart.

Who may see that now,
When the nurses bring her things and swear
Behind her back because she cannot hold
A spoon, or manage all the stairs?

Although it might be not appear that communication deficiencies between health care professionals is comparable to the disdainful actions described in Steven’s poem (‘nurses … swear behind her back…’), Linda’s narrative indicates that holistic care (‘her interests’) should be considered as a significant ethical issue. Adequate staffing levels and appropriate staff training opportunities viewed as ‘macro’ ethical issues require to be considered as being of equal importance to ‘micro’ dimensions of the therapeutic relationship in any promotion of human well-being.
**SIXTEENTH NARRATIVE – MICHELLE**

‘THE TIME HAS COME’

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Continuity</th>
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<tbody>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
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<tr>
<td>One of my goals for module NU 3902 is the nurse’s role in ECT (electro convulsive therapy)</td>
<td>One morning I am given responsibility for a patient about to undergo this treatment. The pre-checks are finished and I tell the patient I will be back at 8.50am. As I wheel the chair down to the dormitory I recite the words of Lewis Carroll: ‘The time has come, the walrus said’</td>
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This narrative is set within the context of important nursing actions in an acute mental health (hospital) inpatient setting, namely the preparatory period for a patient receiving electro-convulsive therapy (ECT). This physical intervention, of considerable ethical controversy in mental health care services (Clarke 1995), is often given to patients suffering from depression. Given the form of the treatment (a short electric current passed through the temples), many patients receiving ECT experience anxiety during their preparatory time. Michelle’s narrative attests to the power of faithfulness as a practice virtue in fulfilment of a promise to return to the patient at a specific time.

By citing these lines from Carroll’s poem (‘the time has come …’), a sense of immediacy and attendant sense of responsibility on the part of Michelle in respect of her care towards this patient may be noted. The power of memory is evoked in respect of reading a much-loved poem from childhood and its application (‘it just seems appropriate for this time’) suggests for Michelle an appropriate degree of understanding of what her patient may be experiencing. It would have been good to read further dimensions of Michelle’s narrative, but we have here an interesting ‘fragment’ demonstrating how a ‘here-and-now’ ethic can promote human flourishing (Varela 1999).
That same week I am on late shift and early shift.

This particular morning has dawned misty, cold and damp. As I see a group of nurses coming out of the hospital having just finished their night shift. One of the nurses lights a cigarette.

And I remember the poem 'Night Nurses in the Morning'.

Hospital grounds (mental health)
Restorying

Michelle’s narrative indicates some of the ways in which a particular poem may evoke significant aspects of the social and professional culture of contemporary nursing practice. Her observation of a group of night nurses leaving a hospital at the end of their shift as she prepares to commence her own day shift fresh and alert is perceptive in its connection with her reading of a particular poem (‘Night Nurses in the Morning’ - Pugh 2002) during a module workshop. Several stanzas appear below:

No bench in the shelter; they slump against caving perspex, dragging the Silk Cut deep into their lungs, eyes closed, holding the moment, then letting a long breath go.
And they won’t talk. Swollen ankles above Big white boat-shoes, dreams of foot-spas.
Pale pink pale green pale blue, even without The washed-out uniforms you could tell them from us other early-morning faces going in, starting the day.

Several issues may be drawn from a reading of this poem. If the pursuit of human well-being is an important dimension of a ‘how-to-live’ ethic, then attention to the social and professional environment of care may be one facet of this for nurses. In addition, key dimensions of physical and emotional labour in nursing may require to be considered when addressing ethics in professional practice.

Although Michelle’s narrative does not overtly supply ‘present’ and ‘future’ dimensions, a ‘hypothetical narrative’ (Olsen and Terry 2006) suggests a continued focus on these important physical, psychological and emotional dimensions of nursing practice.
7.5 Documentary source review

In this section, I present narratives derived from a review of documents integral to participating students’ learning experience whilst undertaking the modular summative assignment. These documents relate to ‘application to practice’ sections of group assignment where the impact of engaging with literary and poetic sources might be expected to be explored (see section 5.4.3).
EIGHTEENTH NARRATIVE – LINDA

‘PAINT PICTURES USING WORDS’

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<tr>
<th>Interaction</th>
<th>Personal</th>
<th>Social</th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The poem ‘I Cried’ (Gordon 2001) illustrates how I have felt when being on placement in a hospital, caring for a patient who was to have a mastectomy. It is a heart-piercing, shattering, outpouring of emotion from a person who is in a tending role, trying to holistically support patients, looking at the situation from the helper’s perspective</td>
<td>I have found myself in this position, feeling totally devastated, empty, drained and flat, unable to respond to a patient with what I felt was enough genuineness, empathy and compassion</td>
<td>I did not know what to say to her tonight and I felt I’d let her down</td>
<td>Therapeutic writing helps people discover their inner healing soul. This is what Gordon (2001) has done, his written word has become independent from his mind, worked upon and viewed as a separate entity, then given back to him</td>
<td>I will use my imagination to paint pictures using words, so that next time I am faced with a situation like this, I can find the courage to sit, talk and listen to the patient, utilising and being conscious of my self-awareness and interpersonal skills as a care giver</td>
<td>Clinical practice - oncology</td>
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</table>
Restorying

I cried with her tonight and felt I’d let her down
I cried when her pain touched me and I could not hold the tears at bay.
I cried when I felt lost with her,
and I did not know how to stop.
I did not want to cry.
I wanted to be strong,
supportive, helpful.

Gordon, T. 2001 *A Need for Loving: Signposts on the Journey of Life and Beyond* Wild Goose Publications, Edinburgh

Linda’s narrative, part of her group’s oral presentation, powerfully demonstrates the impact which engagement with one poem had on her own practice of nursing. Perceptions of inadequacy in nurses practising in palliative care settings are well recognised (Stirling 2007). This narrative indicates how some student nurses might themselves experience this type of caring situation. In particular, this narrative suggests ways in which human well-being may be promoted within contexts where its apparent lack (‘unable to respond to a patient’ amidst conditions of pain and suffering) may be most striking.

Linda is able to show how one particular text (‘his written word has become independent from his mind ... a separate entity..’) might impact upon readers in different ways. In addition, when reading is considered as an action (see Ricoeur’s 1984 mimesis), then the power of such devices as the imagination and metaphor can effect deep and profound changes in the reader. For Linda, this is shown in the anticipatory practice of the virtue of courage where a relational ethic may be expressed by her in the exercise of enhanced interpersonal skills to promote human well-being in future practice in this area.
NINETEENTH NARRATIVE: GROUP OF PAEDIATRIC NURSES

‘CARING OR EFFICIENT?’

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<th>Interaction</th>
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<tr>
<td><strong>Personal</strong></td>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>I recognise the discomfort and pain the nurse felt on hearing Hannah’s prognosis and can recognise that this may be viewed by others as unprofessional: does she have the right to be upset?</td>
<td>I also recognise that the nurse who was ‘busy and efficient’ may be viewed as cold and too busy to care</td>
</tr>
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</table>
Restorying

This narrative is drawn from written assignment materials of a group of paediatric student nurses. Their engagement with one particular literary text during their module learning is in part disclosed by a single reference to ‘Hannah’ in the ‘interaction’ section (Housden 2003). The reading of this account from a mother’s perspective raises a key ethical issue concerning the level of engagement which nurses might expect to demonstrate with their patients.

This issue of engagement (emotions and personal involvement) versus detachment (efficiency and distance) is much debated in nursing practice (Begley 2003), but may be given sharper focus in the care of children. This narrative goes beyond familiar dichotomous contrasts by exploring the quality of nursing care given to the child from relational perspectives of both child and parent. By asserting that the ‘art of nursing’ might accommodate both perspectives (engagement and efficiency), this narrative suggests that a child-centred practice may helpfully draw upon multiple sources of knowledge (scientific, contextual, personal, aesthetic, relational and ethical) (Johns 2006).
**TWENTIETH NARRATIVE – DIANE**

*‘LOOK BENEATH THE SKIN’*

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<th>Interaction</th>
<th>Continuity</th>
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<tr>
<td><strong>Personal</strong></td>
<td><strong>Past</strong></td>
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<tr>
<td>I feel that my own personal nursing</td>
<td>Instead of being task orientated, as much of the care-of-the-elderly</td>
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<tr>
<td>practice can be enhanced by treating</td>
<td>wards are</td>
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<td>my patient as an individual person,</td>
<td>I should try and take time to look deeply into their souls and look deeply and</td>
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<tr>
<td>getting to know them better and</td>
<td>envisage what that person must be feeling or going through</td>
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<tr>
<td>treating them as a human being</td>
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<tr>
<td>instead of an illness or just a name</td>
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<td>on the ward</td>
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<tr>
<td><strong>Social</strong></td>
<td><strong>Present</strong></td>
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<tr>
<td>can be enhanced by treating my</td>
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<tr>
<td>patient as an individual person,</td>
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<td>getting to know them better and</td>
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<td>treating them as a human being</td>
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<td>instead of an illness or just a</td>
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<td>name on the ward</td>
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<td><strong>Future</strong></td>
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<td></td>
<td>By reading and critically examining this poem, I feel that ongoing nursing</td>
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<td>practice will be therapeutically enhanced. This should in turn be</td>
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<td></td>
<td>beneficial to both patient and nurse alike. One could say that now</td>
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<td></td>
<td>instead of just looking at a photograph, I can now see it as an x-ray</td>
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<td></td>
<td>image, in contrast seeing beneath the top layer, looking beneath the skin!</td>
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<td></td>
<td><strong>Clinical practice – care of older people</strong></td>
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Restorying

Diane’s narrative draws upon her group’s use of a particular poem (‘Old Woman’ by Steven 2000) which was previously read out by Steven himself and discussed during a module workshop. The final stanza reads as follows:

Inside her yet, beneath her autumn-wrinkled face
She lies, the girl she was: the dreams, the dance, the light,
Not dead, but sleeping, still alive and clear
To those who know to look beneath the skin.

For Diane, engaging with this poem has the potential to re-centre her nursing practice away from disease and task-orientated tendencies towards person-centred care in all its depth (‘...look deeply into their souls ...’) Reading this poem evokes, for Diane, the power of the imagination and, akin to the ways outlined by Ward (2006 p. 442), a sense of perception that may enable the words to be used to explore the depths of experience of another. In addition, narrative may be considered as a relational ethic which may be of benefit for Diane’s future care of other patients.
7.6 Discussion

In this section, I seek to discuss these narratives of participating students as presented in sections 7.2 to 7.5 within the wider perspective of addressing Objective 4:

explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students

In reviewing these narratives, it is important to recognise the twofold use of narrative in this study. Narrative is adopted as a distinct research methodology (see section 2.2) to organise data derived from a variety of sources. It is also considered as a ‘foundation theme’ in sources of literature and poetry and explored, in part, in terms of their impact on action. Both uses of narrative share a teleological, or intentional, ethic based on the ‘aim of the accomplished life’ (Ricoeur 1992 p. 170) in terms of human well-being and incorporate such features as intention, action, plot and character. In particular, these narratives indicate possible ways in which the reading of certain literary sources may come to shape the narratives of practice of these student nurses themselves. Such perspectives on the structure of narrative may be helpful in consideration of these narratives beyond certain immediate impressions gained from this sample (e.g. preponderance of mental health nursing practice examples and a focus upon a small range of literary and poetic genres).

This discussion is structured around a number of key themes addressed in sections 4.4.1 to 4.4.6:

- reading literature and poetry: patients’ aspirations, or quests, for meaning
- ethics as relational
- ethics as social and contextual
- reading literature and poetry to develop insight and perception
- the use of imagination and metaphor as ways of enhancing ethical awareness
- reading literature and poetry as a way of developing the interpretive virtues
7.6.1 Reading literature and poetry: patients’ aspirations, or personal quests, for meaning

As Table 19 (page 107) indicates, a ‘how-to-live’ ethic can be characterised by attention to the features of virtue and action within narratives aimed at aspiring towards, or seeking, that considered ‘good’ (e.g. ‘human flourishing’). Although not all of these narratives may be considered in terms of patients’ own direct quest for meaning, it is possible to see them as contributing to such an understanding of ethical practice. Such an end (or goal) of human flourishing may be considered as fundamental to all nursing practice (Gastmans 2002). This may be seen by recognising that an aspiration towards the ‘good’ may originate by noting its lack, or absence, in many contexts. In Jane’s narrative (‘His Army Number’), the absence of mental clarity and physical health in an elderly male patient may be seen as motivating factors in nursing actions directed towards enhancing ‘human flourishing’ in his terms. For Jane, this involves acknowledgement of how a particular poem (‘Old Woman’ by Steven 2000) revealed ways in which routine nursing care might earlier have contributed to that absence and how her practice might be able to change in the future.

Although the stated influence of sources of literature and poetry in these narratives may be considered highly specific (a preponderance of poetry, some drama, literature and a private diary), the important point to note is their place within narratives of these student nurses themselves. For them, these literary sources contribute to the ‘plot’ of their narratives and to the goal of promoting ‘human flourishing’ for their patients.
7.6.2 Ethics as relational

Ethics expressed in relational terms may be considered in terms of the therapeutic relationship. This may be seen as foundational to addressing Objective 4 itself for it is at the level of patient care ('personal-social’ interaction) that a large number of these narratives are focused. Developing their knowledge and understanding of the complexities of nursing practice itself (skills) is significant to many student nurses and it may be at this level that ethics can be understood.

Accordingly, the narratives of student nurses Ruth ('It Could Be My Grandmother’), Jane ('His Army Number’), Linda ('Look at Things’) and Michelle ('The Person is Still There’) exploring respectively the experience of a dying patient, identity, personhood and autonomy, may be considered as seminal to learning within the therapeutic relationship. For each student named above, the engagement with literature and poetry may be considered at different levels (elementary for Ruth and Jane and more advanced for Linda and Michelle).

7.6.3 Ethics as social and contextual

The influence of literary sources on an understanding of ethics in wider social and cultural terms may be seen in several narratives presented here. A number of these narratives derive from Linda and Michelle, both mature students with wide and varied experiences of life. Thus, Linda ('A Fruitful and Full Life’) and Michelle ('The Night Shift’) both narrate events in which wider aspects of ethics in terms of multi-professional communication and professional nursing culture respectively assume particular importance.

In addition, the potential of literary sources to contextualise the particularities of specific areas of nursing practice can be seen in the narratives of Michelle ('The Person is Still There’; ‘The Time Has Come’) and the paediatric nursing group ('Caring or Efficient?’). These three narratives show the potential of literary sources to illuminate ethical particularities, ‘ends’ of human welfare and sensitivities of nursing practice
7.6.4 Reading literature and poetry to develop insight and perception

That the reading of literature and poetry may foster the capacity of 'seeing' as a prologue for ethical practice has been noted (Gallagher and McKie 2010 p.13). Hauerwas and Burrell’s (1997 p. 175) suggestion that the capacity of narrative to ‘elicit critical awareness’ need not mean a wholesale rejection of the ‘standard account’ of ethical discourse (e.g. rational approaches of theories and principles) may then allow narrative an opportunity to provide different perspectives for judging and discerning. In the narratives presented here, this can be identified in two distinct ways.

A first can be termed a ‘critical thinking’ and can be seen in the narratives of Jane (‘His Army Number’; ‘They Want to Be Left Alone’) and Linda (‘Look at Things’). Each narrative concludes by indicating ways in which engagement with literary sources has helped each student within a ‘thinking again’, or reflective, process. Contemporary educational practice values ‘critical thinking’ to be an important outcome of learning (Glen 1995). Such examples may show the potential of literary sources to add ‘creative thinking’ to such skills in a way that allows both the science (critical thinking) and the art of nursing (creative thinking) to come together (Seymour, Kinn and Sutherland 2003).

A second can be identified in the ways in which narratives can assist student nurses in adopting distinct ethical stances. The narratives of Linda (‘Instances of Care’ and ‘What I Did Was Right’) attest to the potential of literary sources to support the use of professional ethical frameworks in the shape, for example, of the Code of Professional Conduct (Begley 2003). In these instances, Linda derived important insights from reading literature and poetry to support her in discerning which ethical stances to adopt within specific contexts of nursing practice.
7.6.5 The use of imagination and metaphor as ways of enhancing ethical awareness

In section 4.4, I outlined the ways in which the use of imagination and metaphor can develop an understanding of the ways in which reading texts can be considered as action. Ricoeur (1991 p. 174), in locating the imagination at the ‘crossroads’ between theory and practice, suggests that its use can allow the reader to amplify their understanding of different topics. This can be seen in the narrative of Michelle (‘The Person is Still There’) in her imaginative application of Eliot’s poem about a cat to caring for a patient in a mental health context. In two of Linda’s narratives, ‘Her Whole Face Lit Up’ also focuses upon an animal and in ‘Paint Pictures Using Words’ the imagination is powerfully evoked to allow the words of a poem to enable her to move beyond a recognised state of paralysis in therapeutic encounters (‘unable to respond...’) towards greater self-awareness and caring approaches with suffering patients.

It is also notable that at least one narrative recognises certain limitations in using literature, via the use of the imagination, to enhance and promote ethical awareness. Michelle’s narrative (‘You Cannot Become Complacent’) suggests that some imaginative readings of literary sources may foster practice that is unethical and of potential harm to patients. The uncontrolled use of the imagination requires to be noted and recognised instead as one approach amongst others within ethical discourse:

our imaginations, like our appetites, need discipline ... in the interests of our own solid good. That wild impulse must be tasted, not obeyed (Lewis 1953 p. 84-85)

In section 4.4.4, I noted the role of metaphor via its pictorial and associative dimensions, as a means of ‘understanding and experiencing one kind of thing in terms of another’ (Lakoff and Johnson 1980 p. 5). It might be argued that the narratives presented here, in not being replete with metaphorical examples, support Lewis’ (1933) caution about using them. When present, however, the use of metaphor is significant. Michelle’s narrative, ‘The Person is Still There,’ utilises an orientational use of metaphor by using the term ‘underneath’ to claim the ethical
significance of the person within the use of dominant classificatory systems and descriptions of illness. Linda’s narrative, ‘Her Whole Face Lit Up’, utilises a metonymic use of metaphor to highlight the vivid change in a patient’s demeanour (‘lit up’) as a result of engaging with a resident cat. Finally, in another of Linda’s narrative (‘Paint Pictures Using Words’) the ‘container’ use of metaphor in the words ‘drained’ and ‘empty’ vividly describes the relational dimensions of Linda’s desire to help a patient, but being limited by her perceived lack of experience in caring for patients in oncology care settings.

7.6.6 Reading literature and poetry as a way of developing the interpretive virtues

In section 4.2.1, the place of the virtues within ethical discourse was outlined. It was seen that the virtues, although concerned with the ethical formation of the person, are best viewed as dispositions acquired in, and from, action itself. If narratives are viewed as actions, or indeed as practices, of particular agents, then character, in comprising the ethical qualities of a person, can be considered as the ‘cumulative source of human actions’ (Hauerwas and Burrell 1997 p. 168). Considered in these terms, it may be possible to see the demonstration of particular virtues in the narratives of these participating students.

In two of Linda’s narratives (‘What I Did Was Right’; ‘Paint Pictures Using Words’), the virtue of courage can be seen within the context of Linda’s actions in terms of challenges made to accepted nursing practice in particular areas and in fostering better interpersonal approaches towards patients in oncology care. The important point to note is the contextualised nature of this virtue within the narratives of Linda herself. Similarly, two of Michelle’s narratives (‘Thank You for Your Time’ and ‘The Time Has Come’) demonstrate particular dimensions of the virtue of faithfulness. Both are concerned with actions (caring) that go beyond the practice of technical skills and demonstrate qualities of timeliness and personal commitment to the patient.
It is a complex issue to consider the process of how particular virtues are chosen in any given situation. If, however, disposition to act is dependent upon a combination of personal choice and wider contextual influences (Cain 2005), then it is possible to see that the reading of literature and poetry may form an integral part of such influences. The impact of reading particular examples of literature and poetry is acknowledged in three of the narratives discussed above. Whilst it would be difficult to identify their exact influence within these narratives, they may be considered to be seminal amongst other factors in shaping the ethical stances adopted.

7.7 Summary

In summarising the narratives presented and discussion of this chapter, I return to the quotation from Michaels (1997) in the preface to this chapter. These ‘little narratives’ (Rolfe 2010 p. 21) of student nurses, presented to addressing Objective 4 of this study, may add support to a ‘how-to-live’ ethic which seeks to incorporate micro and macro dimensions of human flourishing, personhood and action as part of ‘a comprehensive ethical environment or ethos’ (Blomberg 2009 p. 116). If conditions for human well-being may not always be immediately evident in every clinical context, another way by which this may be promoted is via nurses themselves through their own cultivation of particular virtues, changed ethical attitudes towards others and in transforming the wider circumstances of patient care. Although these narratives are personal, they need not be considered in narrowly individualistic terms. Rather, the cumulative events of these narratives may bear the imprint of multiple influences and can therefore be considered in relational and shared ways. In particular, they can be considered as part of the wider narrative(s) of the practice of nursing itself. As Hauerwas and Burrell (1997 p. 168) state it:

.... our experiences always come in the form of narratives that can be checked against themselves as well as against others’ experiences
Such considerations will be explored in greater detail in Chapter Nine. Nevertheless, these narratives are presented here as further contributions to this study’s exploration of the relationship between reading literature and poetry and the ethical practice of pre-registration student nurses.
CHAPTER EIGHT

NARRATIVES OF NURSE TEACHERS
But all this did not influence his sociological convictions, his education had had the effect of making things he read and wrote more real to him than things he saw. Statistics about agricultural labourers were the substance: any real ditcher, ploughman, or farmer’s boy, was the shadow.

8.1 *Introduction*

In this chapter, I present narratives of nurse teachers exploring the implications of a ‘how-to-live’ ethic in nurse education drawn from one principal source of data (focus group) to address Objectives 1-3 of the study (see Table 23, page 134):

**Objective 1**
To critically analyse the role and importance of the arts and humanities in professional health care education

**Objective 2**
To critically analyse the role and importance of the arts and humanities in nurse education

**Objective 3**
To critique current nursing curriculum philosophies from the perspective of the arts and humanities

In presenting these narratives, I make use of the structural analysis approach to narrative of Labov and Waletzky (1967). The key features of this approach were outlined in section 2.4.3. The rationale for adopting this approach to address these three objectives is twofold. Firstly, in utilising this approach, continuity of analysis is maintained in respect of Objective 2 where Labov and Waletzky’s approach was used to analyse data derived from focus groups and one-to-one interviews with participating student nurses (Chapter 6, sections 6.2 and 6.3).

Secondly, a valid case might be made for using the distinctive educational approach of Clandinin and Connelly’s (2000) three-dimensional space narrative inquiry, used in analysing data derived from student nurses to address Objective 4 in section 7.2, in analysing similar educational and curricular themes via interview data derived from nurse teachers. However, I came to the view that the interactive and relational features of Clandinen and Connolly’s (2000) approach were more suited to address solely Objective 4 with its central focus upon the ethical practice of student nurses. Accordingly, for these reasons I opted to retain the use of
Labov and Waletzky’s (1967) structural analysis as adopted in section 6 for use in parsing interview data derived from nurse teachers.

For the purpose of data presentation, Objectives 1 and 2 are considered together and data presentation supporting Objective 3 is addressed separately.

8.2 Objectives One and Two

In section 3.4, I explored various aspects of the literature addressing the role and importance of the arts and humanities within professional health care education and in nurse education. In particular, this discussion addressed issues concerning the rationale, scope and shape, position and critical use of arts and humanities themes within these two areas of professional health care educational curricula. The following narratives, therefore, should be read against the background of these issues previously explored in section 3.
FIRST NARRATIVE – RHONA

‘NEW CHALLENGES’

Orientation

Stanza 1 Challenges

01 I think more and more
02 nurses face challenges

Complicating Action

Stanza 2 No set formula

03 There isn’t going to be
04 an answer or cure or proforma
05 that you can give them

Stanza 3 New challenges

06 They’re coming up against
07 new situations when they’re qualified
08 and they can’t just look back
09 to a set of notes
10 and say:
11 ‘Oh yes, I learnt that in that module’

Evaluation

Stanza 4 How to learn

12 They have to learn
13 how to learn
14 and learn to think for themselves
15 and learn to reflect

Stanza 5 ‘Out of the box’

16 And to be innovators
17 and to think ‘out of the box’
18 as to what would be
19 the best solution

Resolution

Stanza 6 New things

20 You learn how to deal with things
21 that you come up against
22 that’s not factual
23 that you don’t have an answer for
24 that you haven’t come up against
Interpretation

Rhona’s narrative forms part of a response during the focus group to a question concerning the place of the arts and humanities within professional health care educational curricula. This question concerned a suggestion that the arts and humanities may ultimately be expendable, given the ever-changing context of health care practice and related demands placed on such curricula. Her narrative may be seen as a rigorous defence of the integrating role of the arts and humanities within a ‘liberal education’ strand of the nurse educational curricula (Languilli 2000).

Rhona’s narrative suggests that the curriculum need not address every issue or possibility that practice might conceivably present to new practitioners (Stanza 6). Rather, one of the aims of higher education may be to develop in students skills of critical thinking so that they might be able to recognise and address these new demands as and when they arise (Stanza 4). Part of engaging with themes in the arts and humanities may be to help students ‘to learn how to learn’ (Stanza 4).
SECOND NARRATIVE – SAM

‘ATTITUDES’

Orientation

Stanza 1 Interactive with others
01 Maybe she was at that level
02 of awareness where she could
03 be truly helpful
04 in her interaction with other people

Complicating Action

Stanza 2 Relational issues
05 I tend to find that it depends
06 The ‘art of nursing’ comes up
07 more readily when you’re
08 dealing with certain client groups
09 who have got problems
10 related to their interaction
11 with other people

Stanza 3 Certain client groups
12 Maybe people with learning disabilities
13 or people with mental health problems
14 or perhaps the elderly population

Stanza 4 Societal views
15 A lot of their problems stem
16 from the way in which
17 we in our society
18 tend to treat them

Evaluation

Stanza 5 Response
19 A lot of the discussion
20 that I have in class
21 to do with caring of these people
22 is to do with attitudes
23 with how do you view
24 and how to respond
Resolution

Stanza 6  Art of nursing

25  I would regard that
26  as very much
27  the ‘art of nursing’
28  as well as the more
29  ‘fact’ - based concrete
30  physical stuff

Interpretation

Sam’s narrative begins during the focus group following an observation made by myself, as facilitator, about a previous modular student’s scepticism of the ability of the arts and humanities in nurse education in helping her care for people. Sam, whilst not seeking to dismiss this view entirely (Stanza 1), provides a rationale for inclusion of the arts and humanities within the curriculum which may resonate with Scott’s (2000a) notion of ‘whole person understanding’.

His narrative articulates the role of the ‘art of nursing’ in its link to action via nurses approaching vulnerable clients (e.g. older people and those with learning disabilities and mental health problems) in ways different from prevailing societal tendencies. Societal and professional health carer attitudes (Stanza 5) become key factors in caring for such client groups and the use of the arts and humanities within educational curricula may have important contributions to make by way of shaping in such professionals different, and more appropriate, responses to patients in these groups mentioned.
THIRD NARRATIVE – MORAG

‘TEACHING AND LEARNING’

Orientation

Stanza 1  Two routes
01 I think the one interesting thing
02 which I think has come
03 from having both
04 the ‘art’ and ‘science’ route

Stanza 2  Staff development
05 is that it has enabled both
06 particularly the lecturers in both
07 to explore much further detail
08 in the ‘art’ and also in the ‘science’
09 and that’s quite a good aspect
10 in relation to their own staff development

Conflicting Action

Stanza 3  Student perception
11 From the student perspective
12 I’m not actually sure they see that

Evaluation

Stanza 4  Student learning
13 Saying that though
14 when I’ve spoken to one or two
15 particularly when they’ve gone
16 to look at pieces of art work
17 they’ve got a huge amount
18 out of that

Resolution

Stanza 5  Both routes
19 So maybe having the
20 ‘art’ and ‘science’ route
21 there’s actually quite
22 positive things
Interpretation

The narrative of Morag, an experienced adult nursing branch teacher, explores the relative merits of particular ‘arts’ and ‘science’ strands of one nursing degree programme. It remains an open question as to what Morag’s narrative denotes by a ‘science’ strand given the ‘natural’, ‘human’, ‘practical’ and ‘social’ dimensions of this term. Nevertheless, her narrative is suggestive of a curriculum containing significant attention to teaching and learning that will benefit both teachers and students alike.

It is possible also to see ‘science’ elements of the curriculum beyond ‘hard’ features of objectivity, detachment and neutrality (Rolfe 2010). If viewed as part of a curriculum with an ultimate aim of enhancing patient care, a scientific way of knowing may be seen as pragmatic and emancipatory in ways resembling Snow’s scientific culture example (see section 3.1).

Such pedagogical principles, involving both content and process, may sometimes be overlooked in discussions on the curriculum. This narrative resonates with that of another student nurse, Linda (‘Arts and Science’), presented in section 6.2. There, Linda clearly outlines the merits of students studying both ‘arts’ and ‘science’ modules for their giving different, but inter-related, perspectives on nursing patients themselves.
FOURTH NARRATIVE – MORAG

‘RESPECT FOR OTHERS’

Orientation

Stanza 1  Respect for others

01  What is interesting
02  is that the feeling of people
03  doing the ‘arts’ route

Stanza 2  Self and others

04  is the overwhelming response
05  about self and about respect for others
06  is far stronger in the ‘arts’ route

Stanza 3  Individuality

07  their perceptions of people’s individuality
08  was so much stronger in the ‘arts’ route
09  than from the ‘science’ perspective

Complicating Action

Stanza 3  Anonymous patients

10  They just treated people
11  with far more respect
12  whereas the others
13  it is still:
14  ‘Oh, the lady with whatever ailment was…’
15  and ‘third on the right’

Evaluation

Stanza 4  Lack of personhood

16  A sort of putting-together
17  of illnesses
18  and individual perspectives
19  really weren’t accommodated
20  even now

Resolution

Stanza 5  Significance

21  And that was very interesting
Morag’s narrative relates discussions carried out with her own personal tutor group of nursing students concerning whom she has pastoral responsibilities. Her observation is that, in undertaking an ‘arts’ route, some students appear to have a deeper sense of self-awareness and of their relationship to others by way of holding more developed views on the personhood and dignity of the patient. This may link with dominant themes within the arts and humanities on human flourishing, being human, action and response discussed previously in section 3.2. This point may have added significance given Morag’s main teaching responsibilities within predominantly ‘science’ themes. However, in keeping with Morag’s previous narrative (‘Teaching and Learning’), this narrative contains a recognition of the potential link between the arts and humanities and everyday nursing practice and inter alia to student nurses’ own learning experiences. Morag’s ‘resolution’ to this narrative is given added significance by the inflection in her voice emphasising the ‘very interesting’ in the last line (Stanza 5).
FIFTH NARRATIVE – RHONA

'SELF-AWARENESS’

Orientation

Stanza 1  Depth
01 Its not until you get
02 to the ‘Expressive Arts’
03 that we really go into depth
04 of what that means
05 and what the ‘art of nursing’ is

Complicating Action

Stanza 2  Awareness of self
06 Students find it
07 quite difficult to define
08 I think a lot of it has to do
09 with self-awareness

Evaluation

Stanza 3  A lack
10 I don't think
11 the majority of students
12 in first and second year
13 are really self-aware

Resolution

Stanza 4  Exploration
14 I think they may think they are
15 but I don’t think
16 they have explored themselves

Stanza 5  Caring
17 They would say
18 it has to do
19 with caring, communication
20 and all these kinds of issues
**Interpretation**

Rhona’s narrative develops the theme of self-awareness addressed in the previous narrative (Morag’s ‘Respect for Others’). In particular, this narrative links self-awareness to issues of caring and communication and to the various ways in which students may come to understand such a concept during their experience of nursing. Rhona’s narrative, in suggesting that these themes may be linked to an awareness of the ‘art of nursing,’ connects such learning to a developing sense of self-awareness in students and to a perception that deeper understanding of the issues involved in caring and communication may come at later stages of a student’s course. This may find links to discussions on positioning of the arts and humanities at later stages within the curriculum as previously discussed in sections 3.4.2 and 6.4.3.
SIXTH NARRATIVE – MORAG

‘OBSERVATION’

Abstract

Stanza 1  Complexity

01  In relation to the ‘art of nursing’
02  it’s really quite complex

Orientation

Stanza 2  Arts input

03  I must admit that in third year
04  to bring an ‘arts’ perspective
05  into science which I do use

Stanza 3  Observation

06  Then a lot of it is
07  when we’re looking at observation
08  and it is observation
09  of the patient
10  and observation from
11  an ‘arts’ perspective is looking at pictures
12  looking at photographs

Complicating Action

Stanza 4  Problem-solving

13  What it means to you
14  I did some problem-solving with them
15  we were looking at observation
16  of somebody with chronic lung disease

Evaluation

Stanza 5  Observe

17  How to observe them
18  and what you see in them
19  and also what the patient
20  will see in you
21  and how they observe you

Stanza 6  Exploration

22  It’s all about really
23  exploring that aspect
Resolution

Stanza 7  Learning struggle

24 Its quite interesting
25 for the students really were
26 struggling initially
27 at the beginning of the module

Stanza 8  Art and science

28 Now that we’re coming near
29 the end of the module
30 they’re beginning really to see
31 that nursing is an art and a science
32 we did it in relation to observation
33 very much as a whole

Interpretation

In this narrative, Morag demonstrates the ways in which an appreciation of key perspectives of the arts and humanities can complement student learning achieved via ‘science’ routes of nursing. Utilising the clinical skill of observation as an example, this narrative may indicate how different pedagogies of teaching and learning might beneficially engage in dialogue with each other.

In her example of a patient suffering from chronic lung disease, different but complementary ways of observing are indicated: an ‘objective’ (scientific) observation majoring on signs and symptoms alongside an insightfulness derived from the arts and humanities.

This narrative has connections with a student nurse narrative (Ruth’s ‘Interpreting Cancer’) presented in section 6.3. Ruth’s narrative, in similar consideration of the visual skills involved in engagement with photography, illustrates the importance of the interpretive process within all areas of nursing practice. The ‘evaluation’ sections of both narratives, however, illustrate the complexity of the process of interpretation.
SEVENTH NARRATIVE – MORAG

‘INTEGRATION’

Abstract

Stanza 1 Integration

01 I can see the ‘arts’
02 and the ‘sciences’ both together
03 as an integrated part

Orientation

Stanza 2 Two strands

04 I think from our curriculum
05 I would like to see
06 both strengths of the ‘arts’
07 and the ‘science’

Stanza 3 Mutual support

08 For nurses to have both
09 because I think one will
10 support the other very readily

Complicating Action

Stanza 4 Lack of time

11 That is a prime problem
12 that we have in the acute setting
13 that we haven’t got enough
14 therapeutic time with our patients

Stanza 5 Medical model

15 We don’t spend enough time
16 from an ‘arts’ perspective
17 we’re too busy trying to get
18 the medical model perspective

Stanza 6 Measurements

19 Looking at recordings
20 and looking at the nursing care
21 rather than from a communication point-of-view
22 or from a pain point-of-view
Evaluation

Stanza 7  
Musical effects

23  I’ve been doing teaching with music therapy  
24  where you have an amazing  
25  endorphin rise  
26  when you listen to key pieces of music

Resolution

Stanza 8  
Integration

27  I can see the ‘arts’ and ‘science’  
28  beautifully coming together

Stanza 9  
Therapy

29  In some areas they actually use  
30  music therapy pre-operatively  
31  and post-operatively

Stanza 10  
Curriculum integration

32  I can see that  
33  beautifully marrying up  
34  the two together  
35  which would enhance the curriculum

Interpretation

In this narrative, Morag continues to develop the theme of an ‘arts-science’ integration explored in her previous narrative (‘Observation’). Whereas the context in ‘Observation’ centred upon a specific classroom teaching and learning strategy, this narrative focuses upon ways in which ‘arts-science’ integration may be able to enhance the welfare of the patient (human flourishing). Citing the example of music therapy, Morag suggests that this is one solution to addressing recognised problems in the clinical area (‘we’re too busy trying to get/the medical perspective’ – Stanza 5). An understanding of how music therapy might work in holistic terms (Stanzas 7-9) may strengthen the case for further integration within the curriculum. This narrative also finds support from a student nurse, Linda’s narrative (‘Arts and Science’) presented in section 6.2 by way of its ‘evaluation’, namely that students should be required to address both themes within their educational programme.
EIGHTH NARRATIVE – SAM

'REAL CARING’

Orientation

Stanza 1  Tendency

01 I think we tend to value
02 the ‘science’ part of the course

Complicating Action

Stanza 2  Facts

03 Nurses in general tend to value
04 the ‘science’ side
05 because it seems to produce
06 the concrete ‘facts’

Evaluation

Stanza 3  Caring

07 People will see it as very important
08 to understand to care for someone
09 because the real caring for someone
10 that you’re involved with -
11 communication, touch, approach -
12 might be more emphasised
13 by the ‘arts’ route

Resolution

Stanza 4  Lack of emphasis

14 We don’t emphasise that enough
15 in our course
16 I would think
**INTERPRETATION**

In this narrative, Sam returns to the theme of caring which he explored in an earlier narrative ('Attitudes'). A dichotomy is presented: ‘scientific’ perspectives emphasise facts, objectivity and detachment and are favoured by some nurses themselves within a profession perceived by others to be characterised by caring (Stanza 3). Nevertheless, the devaluation of caring as a principle and guiding value within professional health care is well recognised (Drummond and Standlich 2007 p. 2). If, however, this view is contrasted with others suggesting distinct limits to the role of science in health care (Rolfe 2010), then there may be an opportunity for curriculum planners to address Sam’s challenge (Stanza 4).
NINTH NARRATIVE – SAM

‘PARADIGM CASE’

Orientation
Stanza 1 Student group
01 I had an Honours group
02 They had to pick out a case study

Complicating Action
Stanza 2 Science and art
03 They had to look at
04 the ‘science’ part of the problem the person had
05 and the ‘art of nursing’:
06 the nursing problem that the person had

Evaluation
Stanza 3 Student learning
07 It was fascinating
08 and they found it
09 a very good learning experience

Stanza 4 Twin perspectives
10 That’s the only time
11 where we’ve actually sat down
12 and looked at the ‘science’
13 and the ‘art’
14 of a particular caring situation

Resolution
Stanza 5 Student learning
15 The students found it really
16 meaningful and helpful to them

Stanza 6 Curriculum integration
17 Rather than having separate sessions
18 we need to think about how we can
19 incorporate them rather more than we do
20 into our more traditional everyday teaching
**Interpretation**

This narrative complements Morag’s (‘Observation’) in exploring a learning example illustrating certain integrative features of ‘arts’ and ‘science’. Utilising an example of a patient, the narrative (Stanzas 2 and 4) indicates ways in which so-called ‘scientific’ knowledge about a patient might be presented contextually i.e. within the practice of nursing (‘a particular caring situation’: Stanza 4). One of the characteristics of narrative is its potential to present exemplars which can be applied to other situations. Sam’s narrative also links with other narratives (e.g. Morag’s ‘Teaching and Learning’) emphasising specific ways of highlighting the distinctiveness of ‘arts’ and ‘science’ routes. The repetition of such narratives is noteworthy. In particular, they raise an issue outlined in section 3.4.2, namely the extent to which the arts and humanities are best placed within curriculum programmes in distinctive terms (e.g. addressed in ‘bolt-on’ terms via a specific module at later stages of a programme) or presented in integrated ways alongside other themes at every stage of the curriculum.
TENTH NARRATIVE – RHONA

‘DISCERNMENT’

Orientation

Stanza 1 Mature students
01 I think older students
02 who have life experience:
03 families and who have been
04 caring in other respects

Complicating Action

Stanza 2 Discernment
05 can link on to this ‘art of nursing’
06 and can make a judgment
07 about when something
08 is appropriate in care
09 and when it’s not

Stanza 3 Patient contact
10 the use of touch
11 or giving a patient a hug
12 or other things
13 and not thinking strictly
14 about infection control

Evaluation

Stanza 4 Vicarious experience
15 But to get that life experience
16 for younger students
17 you can perhaps get that
18 from reading literature
19 or watching a film
20 or seeing an example

Stanza 5 Lack of experience
21 Because their life experience
22 for some of them is so short
23 its difficult to carry with them
24 all those other things
Resolution

Stanza 6  Being human
25 They don’t have a past
26 of caring or the experience
27 of interacting with people
28 and knowing what it is
29 like to be a human being

Stanza 7  Different perspective
30 I think the older students
31 see it differently

Interpretation

Rhona’s narrative has key links with an earlier one (‘Self-Awareness’) in its emphasis on student maturity. Here Rhona focuses upon the particularities of nursing care in terms of appropriateness (physical context, flexibility with procedures) and suggests that mature students with life experience may be better equipped to address such contextual factors in practice. Nevertheless, this narrative indicates that the arts and humanities may have another role within nurse education by way of providing ‘vicarious’ experiences. Younger students, lacking life experience, may derive insight from engaging with sources drawn from the arts and humanities (e.g. literature and film).

Nevertheless, the cautious tone within Rhona’s narrative is worth noting. Student ability to absorb such insights may vary (Stanza 5). This narrative resonates with themes explored in several student nurse narratives presented in section 6.3 (Linda’s ‘Experience of Life’; Michelle’s ‘Views of Learning’; Diane’s ‘Formative Influences’ and Mary’s ‘A Vicarious Experience’). In these narratives, a common theme is the breadth-and-depth life experience that mature students can add to their learning. Life perspectives have the potential to promote positive student engagement with the arts and the humanities. However, it may be too simplistic to equate maturity of approach to uniform positive learning experiences. Cultural factors (Michelle’s ‘Views of Learning’ and Diane’s ‘Formative Days’) also require to be considered.
8.3 Objective Three

To critique current nursing curriculum philosophies from the perspective of the arts and humanities.

ELEVENTH NARRATIVE – WENDY

‘ISOLATION’

Orientation

Stanza 1  Same theme
01  Is it the art of caring?
02  are we saying
03  they’re the same
04  one and the same?

Complicating Action

Stanza 2  Fragmentation
05  At the beginning of the course
06  we are in danger of the students
07  not seeing that
08  because we teach things in isolation

Stanza 3  Recordings
09  maybe not in mental health
10  but taking blood pressure
11  vital signs

Evaluation

Stanza 4  Isolation
12  but they’re all done in isolation
13  there’s no holistic approach to it

Resolution

Stanza 5  Later focus
14  Communication and caring
15  are not focused upon
16  until later on in the programme
I think students miss that initial understanding of what it is to care for somebody.

**Interpretation**

Wendy’s narrative commences with her asking questions about those linking issues concerning the ‘art of nursing’ and ‘emotional intelligence’ to what she terms as the ‘art of caring’. The problem identified, namely that student nurse learning often occurs in isolation (e.g. the recording of vitals signs – Stanzas 2 and 3) is a frequent criticism levelled at competency and skills-based curricula (Chapman 1999; Drummond and Standlich 2007 p. 2).

By identifying a commensurate lack of attention to such areas as communication and caring in formative stages of educational programmes, Wendy’s narrative may connect with oft-repeated observations that caring has become devalued within contemporary nursing practice and education (Standlich 2007). This links well with Sam’s ‘Real Caring’ narrative in section 8.2.
"INNOVATIVE LEARNING"

Orientation

Stanza 1  Student responsibility
01  It’s empowering the student
02  to take responsibility

Stanza 2  Lifelong learning
03  They go on about life-long learners
04  and all these kind of phrases

Complicating Action

Stanza 3  Reflective practice
05  It helps their reflective practice
06  it makes them more innovative
07  it allows them that chance to think
08  and not just regurgitate facts
09  learnt specifically

Evaluation

Stanza 4  Scope
10  They do have a lot of freedom
11  or poetic licence
12  in their presentations

Resolution

Stanza 5  Depth learning
13  Some people interpret
14  that as woolliness
15  but it has to have the depth
16  and the good presentations
17  get that depth and benefit from it
Interpretation

Rhona’s narrative centres on student learning assessment issues. An underlying theme is its critique of a curriculum majoring on scientific and behavioural models (Stanza 3) and fostering in students mechanical learning responses and a distinct lack of thinking (Morall 2010). Rhona’s support for innovative assessment approaches majors on empowering student learning (Stanza 1). Such approaches can encourage depth learning along the lines of ‘thinking inside of the box’ (Drummond and Standlich 2007 p.3) (emphasis added).

Such a phrase may contrast, but not necessarily conflict, with a feature of central importance in using the arts and humanities, namely their potential to encourage teaching and learning across disciplines (or ‘to think outside of the box’). In consideration of nurse educational curricula, major challenges face nurse teachers to devise curricula which provide breadth, as well as depth, of content. Rhona’s narrative has interesting linkage with Morag’s ‘Teaching and Learning’ narrative (section 8.2) where ‘depth learning’ may be viewed as the characteristic feature of a curriculum containing both ‘art’ and ‘science’ dimensions.
THIRTEENTH NARRATIVE – SAM

‘YOU’VE GOT IT FOR LIFE’

Orientation

Stanza 1 Curriculum
01 If you are thinking about
02 filling up your curriculum
03 with information about
04 normal physiology
05 abnormal physiology
06 and disease process

Complicating Action

Stanza 2 Curriculum overload
07 You can go on forever
08 because there’s
09 so much information out there
10 and you could fill it up and up
11 you could increase your courses
12 and make them longer and longer

Stanza 3 Impossible
13 You’ll never manage
14 to tell all you need to know
15 at that moment in time

Evaluation

Stanza 4 Student responsibility
16 They have to go out there
17 they’ve got to see the situation
18 they’ve got to go
19 and read for themselves
20 as they progress through their careers

Resolution

Stanza 5 Life
21 This sort of stuff
22 is something that once
23 you’ve got it
24 you’ve got it for life
Stanza 6

Understanding

Once you’ve got an awareness of how people are how you are and how you relate to them your strengths and weaknesses once you’ve got that you can really help people

Interpretation

Sam’s narrative is a trenchant critique of a perspective on the curriculum which would link it exclusively to the demands of clinical nursing practice (the theory-practice ‘balance’). Programme planners’ commitment to an ‘additive curriculum’ may be questionable (Ironside 2004). In ways similar to Rhona’s ‘New Challenges’ narrative, this particular narrative is a call to reinstate principles of liberal education to the centre of the nursing curriculum. Such principles, in recognising several bases of knowledge, may be life-enhancing, as well as life-long, in their effects (Stanza 5).

Sam’s narrative may also provide a variant to Rhona’s call (‘New Challenges’) for students to think differently (Stanza 5). Engagement with the arts and humanities, in encouraging student nurses to engage in thinking and reflection ‘inside of the box’ (Drummond and Standlich 2007 p. 3), may help students to think more deeply on a range of issues within the curriculum instead of struggling to discriminate between excessive amounts of information (Stanza 2). In particular, Sam’s narrative identifies engagement with the arts and humanities themes to crucial factors in the helping relationship, namely self-awareness and relating to others (Stanza 6).
FOURTEENTH NARRATIVE - MORAG

‘CURRICULUM INNOVATION’

Orientation

Stanza 1  Interest

01  Its just to make
02  the curriculum interesting

Complicating Action

Stanza 2  Superficiality

03  Because it could be so easily
04  just so much in there
05  but nothing is ever
06  really discussed
07  in any kind of depth at all

Evaluation

Stanza 3  Skimming

08  Its very much
09  a superficial view of everything
10  and you never really study
11  anything to any real value
12  and quite a few curricula in Scotland
13  that’s beginning to happen

Resolution

Stanza 4  Two routes

14  At least we’re having
15  the ‘arts’ and the ‘science’ route

Stanza 5  Student motivation

16  We can really develop the students
17  and really get them to explore
18  which makes for a good curriculum
19  makes it interesting for them
20  rather than all very samey
Morag’s narrative develops themes explored in Sam’s previous narrative (‘You’ve Got It for Life’). Although the demands on nurse education curricula in terms of inclusion of theoretical knowledge, skills acquisition, clinical practice development and awareness of professional issues are considerable, Morag suggests here that student learning in higher education contexts ought to be characterised by creativity, innovation and enjoyment. For Morag, such features should pertain to all areas of the curriculum (Stanza 4). Nevertheless, innovative and creative learning can be promoted by engagement with different art forms (e.g. film, literature, poetry and photography) and by the encouragement of different learning strategies (e.g. reflection, interpretation, discussion and dialogue).

Morag’s narrative has some links with the narrative offered by Sarah (‘A Happy Class’) in section 6.2. There, traces of a philosophy of ‘ethical education’ (Milligan and Woodley 2009 p. 134) are discernable in terms of critical comments directed at the influence of certain teaching modes on student learning. Morag’s attention to dull uniformity in curricular approaches (Stanza 4) offers a challenge to nurse educators to consider adopting more creative and innovative approaches to teaching and learning (Morrall 2010).
‘ESSENTIAL FOR ALL’

Orientation

Stanza 1 Universal access

01 All students should
02 have access to this

Complicating Action

Stanza 2 Converts

03 At the moment
04 people can choose
05 but the people
06 who would choose to do it
07 are people who might pretty well
08 be skilled in those areas anyway

Stanza 3 Essential

09 But the people who choose
10 not to do it might be people
11 who find it uncomfortable
12 with themselves and other people
13 and may be people
14 needing to do it

Evaluation

Stanza 4 All

15 If you make it
16 part of the curriculum for all
17 then these people
18 can be doing it

Resolution

Stanza 5 Access

19 It really should be something
20 made available
21 rather than just a choice
Interpretation

Sam’s narrative centres upon the ways in which the arts and humanities might offer a critique upon curriculum philosophies which underplay the significance of exploring themes of self-identity, relationality and caring (see also Sam’s narrative ‘You’ve got it for Life’). Sam’s ‘problem’ (Stanzas 2, 3) highlights an issue first addressed in section 3.4 on the position of the arts and humanities within professional health care curricula. This centres around a perception that students undertaking these themes may often be ‘converts’ anyway (Stanza 2) and that students opting to explore other themes may often be exactly those ‘needing to do it’ (Stanza 3). This issue may represent something of a classical ‘dilemma’ for liberal education. To what extent should such curricular perspectives focusing on self-development, criticality and concern for others, be mandatory parts of the curriculum? If, however, nurse education curricula planners seeking to incorporate the arts and humanities, are part of higher education institutions with no discernable arts and humanities tradition, then the case for mandatory engagement might be harder to sustain, especially when current views of ‘customer perspective’ in education are taken into consideration (Hurrocks 2006).
SIXTEENTH NARRATIVE – MORAG

‘CURRICULUM RATIONALE’

Orientation

Stanza 1 Why

01 It’s back to the ‘why’s’, isn’t it?

Complicating Action

Stanza 2 Linkages

02 It’s not just from a scientific perspective
03 there’s so many things that link
04 and that’s getting them
05 to think about that

Stanza 3 Questions

06 A lot of people
07 just don’t think of:
08 ‘What next?’
09 ‘Why is that important?’
10 ‘Why do I not know that?’
11 then go and research it
12 and find out

Evaluation

Stanza 4 Measurement

13 Scientifically you can
14 put a measure on it

Stanza 5 Music

15 But something like
16 wonderful music
17 that puts the pain away
18 how do you measure that?
19 They’re beginning
20 to measure that

Resolution

Stanza 6 Both perspectives

21 I can see them very much
22 side by side
23 being the good aspects
24 of both coming together really well
Interpretation

This narrative resembles Morag’s earlier one (‘Curriculum Innovation’) in its critique of underlying curricular assumptions and associated expectations that nurse educators may hold of student nurses. It might appear straightforward to level criticism at students for their (apparent) paucity of critical thinking skills (Stanza 3). A more fundamental question, however, might be to consider the extent to which a curriculum philosophy itself encourages students themselves to adopt such stultifying learning habits (Morall 2010). If nurse education itself continues to remain unclear about its place within higher education (Watson 2006), then the vocational aspect of ‘becoming a nurse’ may mean that education is seen less in critical and life-preparation terms and more in ‘customer’ and ‘consumerist’ terms to access (Gass et al 2004). This has clear links with an earlier narrative (Sarah’s ‘A Happy Class’ in section 6.2) and the need for an ‘ethical education’ which promotes both creative teaching and learning and attitudes of mutual respect between teachers and learners. For Morag, the challenge is to draw students’ attention to the many linkages that make up the curriculum (Stanza 2). As in her previous narrative (‘Curriculum Innovations’), inclusion of both the arts and sciences may be one way of nurturing these skills of critical thinking in students.
8.4 Discussion

8.4.1 Epistemology

It is noteworthy that many of these teacher narratives focus upon epistemological issues. Framed in general terms of the ‘art’ and ‘science’ dimensions of nursing, it highlights the context of the particular curricular framework within which these teachers work. These themes are addressed in narratives exploring in-depth teaching and learning (Morag’s ‘Teaching and Learning’), the teaching of a particular skill (Morag’s ‘Observation’) and in the development of the therapeutic relationship in clinical nursing practice (Morag’s ‘Integration’; Sam’s ‘Real Caring and ‘Paradigm Case’). Although these narratives demonstrate the potential for integrating these two themes within the curriculum, other challenges remain. Sam’s narrative (‘Real Caring’) indicates the extent to which stereotypical perceptions of these two dimensions within the curriculum endure. The status of the ‘science’ element (Stanza 1), majoring on features of ‘facts’, objectivity, rationality and detachment, is elevated above an ‘arts’ route emphasising features of caring, communication and touch (Stanza 3). This perception may not be difficult to detect. Carper’s (1978) identification of four major patterns of knowing (empirics, aesthetics, personal and ethics) within a conceptual understanding of nursing remains seminal. Although emphasising the interrelated dimension of these four domains, Carper’s (1978) recognition of the enduring dominance of the empiric domain continues to find support in the areas of skills teaching and in understanding of the role of the physical sciences in clinical practice (Chapman 1999; Wilkes and Batt 1998).

Nevertheless, intriguing alternatives may be discerned. Gormas (2005), in discussing student learning of the ‘science’ of mathematics, notes significant distinctions between its formalistic and social constructivist dimensions. Framed in a language contrasting ‘instrumental’ understanding with ‘relational’ understanding, the science of mathematics in relational terms may be seen in the way in which students’ developing relationship with the subject incorporates wider contextual factors.
Westwell (2005) argues that science itself can best be understood in narrative terms. Citing the familiar example of Florence Nightingale’s influence on the development of nursing practice through her care for wounded soldiers in Crimea, Westwell (2005) also explores Nightingale’s lesser known work in developing statistical analysis as a tool for improving people’s health. Noting the place of a ‘mathematics-story’, a ‘knowledge-story’ and a ‘human-story’ within Nightingale’s overall narrative, the important point is made that science can never be considered in value-free, or acontextual, terms (Westwell 2005 p. 147).

Such a perspective has implications for the consideration of these narratives. Although a tendency may exist to see a ‘science’ of nursing in abstract terms, its place in the service of understanding the nature of nursing practice may lessen the force of this perception. Sam’s narrative (‘Paradigm Case’) may be a case in point here.

At the same time, however, it is important to acknowledge the place of art as a particular mode of knowing or enquiry. This understanding of art goes beyond purely visual forms (e.g. viewing paintings) to include a ‘learned way of attending to sensory phenomena’ (Feldman 1996 p. 70). In contrast to empiricism’s tendency to approach reality in detached, objective, measured and unitary terms, art can be characterised by features of particularity, rhythm, harmony, interiority, understanding of experience and in multiple quests for meaning. The impact of attention, or attending, may be considered to be one of art’s chief merits as a mode of inquiry and growth ‘by looking’ can occur via appreciative engagement (Murdoch 1970 p. 30). In addition, insights derived from the arts themselves can contribute towards a general knowledge, but one which is personal rather than abstract. As MacKay Brown (1991 p. 33) observes in respect to a particular fictional character:

This girl is all women, princess and peasant-lass and fish-wife, who have lived or who will live in time to come .... (emphases added)
The significance of art as mode of inquiry for nursing requires to be noted. For Carper (1978), the ‘aesthetic’ mode of knowing in nursing represents an integrative quality linking nursing actions (means) to patient outcomes (ends). For others, a distinctive ‘art of nursing’ summarises features of nursing practice focusing on harmony, order, flexibility, sensitivity, particularity (e.g. touch) and intuition (Donahue 1996; De Raeve 1998). For Chinn, Maeve and Bostick (1997), the ‘art of nursing’ is outlined in terms of movement (the practice of nursing skills) and the ways in which nurses often tell narratives to their patients (‘therapeutic emplotment’).

These features of an ‘art of nursing’ may suggest the importance of the personal and interpersonal dimensions of nursing practice (Fredriksson and Eriksson 2003). Morag’s narrative (‘Observation’) may be supportive of such multiple perspectives. Although ‘scientific’ observations of a patient suffering from lung disease are important, observations taking place between both nurse and patient (Stanza 5) suggest that an important relational dimension is also crucial within this particular knowledge domain.

These narratives of nurse teachers support a position of ‘dialogical rationality’ between nursing’s empiric and aesthetic modes of knowing (Cody 2002 p. 99). Nevertheless, a key question can be asked: to what extent is it possible to consider nursing itself as an ‘art’? Edwards’ (2001) exploration of nursing in ‘art’ or ‘craft’ terms turns upon a definition of ‘art’ in expressivist (emotions) terms and the active direction of ‘craft’ towards the making of a specific ‘end’ (e.g. a table or piece of jewellery). If such a distinction is accepted, it may be difficult to view nursing as an art when the patient is the primary concern (Edwards 2001 p. 173).

However, valid perspectives of nursing as an ‘art’ may still be retained. If one feature of a teleological ethic is the ‘end’ of human flourishing (articulated in terms of patient welfare), then one aspect of this may be the consideration of a nurse’s appropriate and imaginative expression of emotions in the practice of particular skills pursuing this ‘end’. Such deliberations may find their focus in the practice element of a discipline. Edgar and Pattison (2006 p. 96) question the critical and analytical role
that the humanities may play in respect of professional health care practice:

the medical humanities might then be quite simply replaced by an art of medicine

Several of the narratives presented here may support a parallel ‘fallback’ position of viewing the inclusion of the arts and humanities within the curriculum in terms of the ‘art of nursing’. Two possibilities may be identified. A first may be to emphasise the critical perspectives on practice that this engagement may provide. If the humanities have central concerns around being human, relational, reflexive and action, then their potential to offer critical perspectives on all aspects of the curriculum, including science and the humanities, may be developed (Gregory 2002).

A second lies in the consideration that different types of knowledge derived from science and the arts and humanities may find integration within the exercise of the intellectual virtue of practical wisdom (phronesis) (Aristotle 1983 Book Six p. 207-212). In differentiating scientific knowledge (episteme) from artistic knowledge (techne), Aristotle identifies a type of wisdom (phronesis) which is practical in its linkage of knowledge to action. Variously described in contemporary health care contexts as ‘clinical wisdom’, ‘practice wisdom’ and ‘professional wisdom’ (Haggerty and Grace 2008; Krill 1990; Banks and Gallagher 2009), such ‘professional artistry’ recognises the complexities and challenges of everyday practice and the limits of scientific and artistic knowledge alone to address these.

Practical wisdom recognises the contingent nature of action and may be encouraged within a curriculum which incorporates wisdom by student nurse engagement with the arts and humanities, self-scrutiny, reflection in/on practice and the facilitation of ethical decision-making (Banks and Gallagher 2009 p. 92-94). In this respect, it may be possible to envisage nurse educators themselves as exemplars, or embodiments of, a practical wisdom (phronesis) within the curriculum in their efforts to synthesise several different types of knowledge in the direction of encouraging their students to learn, and reflect upon, the act of caring itself.
8.4.2 Narratives on student learning

Several teacher narratives present perspectives on the contribution of the arts and humanities to the overall learning experience of student nurses. The clarity of these narratives is set against a background of the place of nurse education within higher education contexts, namely the ongoing debate between providing a professional and vocational education (based on a concept of training) along with elements of liberal education (emphasising broad knowledge bases and the development in students of critical thinking and life skills) (Pulsford 1995; Watson 2002; 2006). Features of this are addressed in more detail in the discussion on Objective Three (section 8.5), but some further relevant points can be made here.

Themes from the arts and humanities, channelled via an ‘art of nursing’ approach, offer some support for liberal education approaches majoring on student self-development. Rhona’s narratives (‘Self-Awareness’ and ‘Discernment’) are two examples of this. This learning may be dependent on such factors as the position of the arts and humanities within the curriculum, age of students and their own life experience (Smith et al 2006; McKie et al 2008). At the same time, however, if life experience offers vital learning opportunities for some students via identification in their engagement with these sources, the possibility of vicarious learning arising from the latter may assist younger students (‘Discernment’ – Stanza 4) themselves in achieving similar insights.

These narratives also offer support for liberal education perspectives promoting social and relational dimensions of being a nurse. Although it might be argued that concern for others (e.g. via caring) has always been a central feature of nursing practice, other recent evidence points to the impact of certain contextual and organisational factors reducing this importance (Drummond and Standlich 2007). Morag’s narrative (‘Respect for Others’) is an interesting example of the potential for engagement with the arts and humanities to impact ethical practice. By viewing human experience as an important unifying link between the arts and humanities and the practice of nursing, the embedding of such features within the
curriculum may be considered vital for the promotion of respect for others, dignity and caring.

8.5 Objective Three

A number of these teacher narratives offer support to recent critiques of contemporary nurse educational philosophies (Watson 2002, 2006; Drummond and Standlich 2007). Most prevalent amongst these are critiques on the assessment of student learning based upon the attainment of competencies in specific areas of practice, often known as Competency-Based Education (CBE) (Chapman 1999). This philosophy adopts a standardized approach which identifies essential competencies for different stages of clinical nursing practice.

In section 5.4.1 (see also Appendix 6), the competencies for practice used for the practice assessment of this study’s cohorts of student nurses were outlined. These competencies, in their focus upon student learning within clinical nursing practice, may give little recognition to contextual factors or to the explicit contribution that class-based university learning might make to a student’s practice (Chapman 1999). Although issues of managing oneself in adherence to a professional code of conduct, confidentiality, fair and anti-discriminatory practice and professional respect are all important factors within a student nurse’s professional and ethical practice (see section 5.4.1 and Appendix Six), it may be questionable whether adherence to a list of relevant competencies alone exhausts the complexities of factors that make up ethical practice within any therapeutic setting (Watson 2002).

Wendy’s narrative (‘Isolation’) addresses, in part, related critiques of the curriculum based upon perceived fragmentation of teaching important skills. Watson’s (2006) warning that ‘tick-box’ approaches to practice assessment ignore the complexities of the therapeutic relationship finds support in Wendy’s narrative on the dearth of attention given to caring as a basic principle within the curriculum (Stanza 5). Instead, Watson’s (2006) call for a shift from competency to capability suggests the need for a less systematic approach, instead adopting one which encourages more
innovative curricula that might help to develop students’ critical abilities. Such a perspective finds support in Morag’s narrative (‘Curriculum Rationale’) in which students’ lack of critical thinking is lamented. These narratives lend support to further critiques of contemporary nurse education philosophies. Amongst these are the adaptations which nurse education has had to make to various systems and procedures of higher education (Hurrocks 2006). This has centred upon adherence to features of ‘technical rationality’ in which learning is framed within a systematic ordering of the curriculum via the use of such strategies as dividing the course into modules, standardised modular learning outcomes, performance indicators (aims, objectives and goals), competencies, the use of information technology, wider systems of quality control and research activity governed by funding allocations based on ‘assessment exercises’ (Standlich 2007; Rolfe 2010).

Such service strategies may challenge cherished traditions of the university as a place for the nurturing in students of learning characterised by features of critical thought, exploration and creativity (Maskell and Robinson 2001). This raises important distinctions of ‘legitimacy narratives’ between different types of educational institution. If the ‘traditional’ university, in its focus upon amongst other disciplines the arts and humanities, has majored on the pursuit of knowledge as an end in itself (truth), the ‘modern’ university has typically been characterised as ‘emancipatory’ in its use of scientific knowledge in pursuit of practical ends (Rolfe 2010 p. 22-23). Nevertheless, it would be expedient not to make such distinctions too fixed. Although the majority of nurse education programmes in the United Kingdom are delivered within so-called ‘modern’ higher educational institutions, these narratives indicate that both (or several) narratives of legitimacy may be required to inform such educational contexts. The challenges of incorporating the tenets of ‘liberal education’ (see section 3.4.2) with nurse education curricula may be considerable, but there are sufficient pointers making such efforts necessary. Several are indicated below.
Although rationalist approaches to curriculum design and delivery have recognised places, it cannot be assumed that student learning will always proceed in such linear ways. Gass, Banks and Wilson (2004) demonstrate, within the context of mental health nursing education, that a course design divided into discrete modular units of learning may present formidable constraints on a subject (mental health) philosophy espousing student-centred learning and flexibility in terms of a ‘negotiated curriculum’. One consequence arising from such approaches to curriculum design may be teacher adherence to the demands of the ‘formal’ curriculum, whilst attempting to nurture different ('hidden curriculum') values in the preparation of students. Although these obstacles may not be considered insurmountable, the results may be confusing and ambiguous for the overall student learning experience.

Morag’s narrative (‘Curriculum Innovation’) represents a critical perspective on such rationalist tendencies. That a curriculum might be considered boring (Stanza 1), superficial (Stanzas 2, 3) and uniformly routine, or even dull, for students (Stanza 4), represents a strong indictment of certain higher educational provision. If creative and flexible learning ('Innovative Learning’) is to be encouraged via student empowerment and critical thinking (‘Curriculum Innovation’), then this must be based on a curriculum which encourages such learning to take place. The arts and humanities, in centreing upon action, being human and on multiple levels of understanding, can provide the basis for such learning. This can be a type of educational preparation (liberal education) which, in its selectiveness and discernment, can equip students for practice beyond the demands of their immediate course (see Sam’s narrative – ‘You’ve Got It For Life’).

Several other curricular issues may find support in these narratives. Firstly, it is often noted that student nurses have low levels of participation in university campus life in terms of membership of student societies and clubs and in the use of sports facilities (Pulsford 1995). Many reasons might be adduced for this, not least the fragmentation of university learning and campus life that student nurses often experience resulting from long time periods spent in clinical nursing practice in
locations far beyond the university campus itself. The inclusion of the arts and humanities within liberal-based elements of the nursing curriculum may be able to contribute towards the development of ‘graduate attributes’ in student nurses by encouraging them to become involved in the social, cultural and environmental life of university campus life itself (Quality Assurance Agenda 2008). This might include student visits to other schools on campus (e.g. viewing art school exhibitions), publicising campus visits of public speakers (e.g. poets and writers) and taking part in educational exchange electives within ‘twinning’ health care faculties overseas. These features may be integral parts to developing in students during their university years a ‘certain self consciousness’ (Graham 2002 p. 44) so essential for the challenges of future professional practice.

Secondly, these narratives may support more general critiques of values inherent within nurse education curricula. In Sarah’s narrative (‘A Happy Class’) in section 6.2, interesting comments were offered about the organisation of classes within the arts and humanities theme. Similarly, these teacher narratives suggest that further issues within a philosophy of nurse education might be addressed. These may include nurse teacher leadership within nurse education in respect of integrity (e.g. honesty, respect for persons, standards of excellence and courage), justice, acting with regard to consequences and power of information issues (Wehrwein 1996; Gray 2008). In addition, this may also incorporate specific pedagogical approaches encouraging mutual learning between teachers and students. Although narrative pedagogies have diverse philosophical origins (Nehls 1995), the inclusion of narrative in the curriculum as a way of exploring any given topic may encourage teachers to position themselves as learners alongside their students (Ironside 2006).

Such considerations suggest that the presence of the arts and humanities within the curriculum might contribute towards a general ‘ethical education’ (Milligan and Woodley 2009 p. 134) in which the cultivation of such issues is considered not only desirable, but essential.
8.6 Summary

The quotation from Lewis (1955) in the preface of this chapter presents in vivid terms ways in which systematic and generalised themes within higher educational curricula can often be perceived and experienced. Although the place of the arts and humanities, along with the sciences, within nurse education programmes can often be perceived in fixed and static ways (Rolfe 2010), potential does exist for nurse education curricula to be responsive to human experience and ethical values and aspirations towards human well-being. In particular, these teacher narratives, based on an awareness of time and articulation of values, provide interesting insights into the complexities of the place of the arts and humanities within professional health care education and nurse education. Adoptive of the contextual setting of one curriculum model (an ‘art of nursing’ approach), these narratives nevertheless present multifaceted dimensions of the role of the arts and humanities within professional nurse education. In providing many examples of tensions (e.g. liberal education alongside professional/vocational education) and opportunities (e.g. multiple factors influencing upon practice), these narratives can stand alongside those of participating students as presented in Chapter Six to give a fuller perspective on the role of the arts and humanities in professional health care education and in nurse education, in particular.
CHAPTER NINE

NARRATIVE: THEORETICAL AND EVALUATIVE DIMENSIONS
'I wonder', she turned to her other neighbour, 'whether as professor of creative writing you would agree that if reading softens one up, writing does the reverse. To write you have to be tough, do you not?'

9.1 Introduction

In section 2.2, I discussed the place of narrative as a methodology within wider frameworks of epistemology, theory, ontology and the use of research methods. Consideration of the claims of epistemological and ontological perspectives, in particular, enabled issues of knowledge, evaluation, place and identity of participants and researcher within any research project to be highlighted and addressed. In this chapter, I seek to explore, test and justify some of the ways in which narrative as a methodology has been used within this thesis. Or, to frame it in terms of Kreisworth’s (1992 p. 630) question: ‘why have we decided to trust the tale?’ Following Cousin (2009 p. 2), no attempt is made in this thesis to accord to narrative methodology hegemonic status over all others, but rather to demonstrate the ‘strong intellectual direction’ underpinning its use within this study and to indicate its strengths and limitations.

The evaluation of methodology, methods and findings assumes a major place in all areas of research (Polit and Beck 2006 p. 328ff). When framed in the language of ‘rigour’, terminology of the ‘scientific method’ is adopted to determine stances of objectivity, reliability and validity of methods employed within a study and to consider the extent to which findings can be generalised. Koch and Harrington (1998) note a researcher preoccupation in broadly qualitative research paradigms to reflect positivist (scientific) attempts at methodological rigour by seeking to establish the ‘trustworthiness’ of studies in terms of criteria of credibility, transferability, dependability and confirmability. Nevertheless, these criteria may have limitations when it comes to evaluating studies utilising a methodology focusing on exploring an individual’s experience via the telling (and re-telling) of their narrative.

If this position is recognised, it may be possible to view this research project as permitting some ‘slack’ on methodological exactness towards drawing upon the epistemological and ontological perspectives derived from the use of narrative itself. Even by viewing method as ‘servant’ (Cousin 2009 p. 2) in the hands of the researcher, it is still important to
establish rationale for the adoption of particular stances and for the presentation of findings as stated.

Although the logic of a strict ‘criteriology’ is eschewed, these issues will be discussed by addressing the use of narrative as a methodology in this study under three separate headings: truth, fidelity and reflexivity.

9.2 Truth

The place of a theory of knowledge (epistemology) within any research project was discussed earlier in section 2.2 (see Table 2 page 19). If the status of such knowledge claims are to be considered, then issues of truth as a condition of such knowledge itself require to be discussed (Lehrer 1978 p. 24). Although it may be possible to consider truth in some epistemological enquiries via objective, abstract and propositional terms, it is possible to consider alternative approaches. It may be possible to consider truth in more pragmatic and engaged terms (Paterson 2011). According to Palmer (1983 p. 49), it may be possible to consider truth as a form of inquiry that:

involves a vulnerable, faithful, and risk-filled interpenetration of the knower and the known

Inquiry by narrative, for example, would appear to require to address truth in ways which involve the researcher by taking account of personal, mutual and relational dimensions (Palmer 1983 p. 59). In addition, when the exploratory and inquiring aspects of narrative are considered, issues of provisionality and tentativeness also require to be taken into account.

Despite claims that the topic of truth is little addressed in contemporary philosophical discussions in nursing (Kikuchi and Simmons 1996 p. 5), consideration of it may allow significant understanding to be made of the place of narrative as a methodology within nurse education and practice. When nursing actions, considered in terms of specific interventions and distinctly ethical approaches towards patients in various states of need and dependency, are predicated upon the development of a distinct type
of nursing knowledge, then considerations of error and falsehood may present the issue of truth in nursing practice in less abstract terms.

It is important to note the ways in which different conceptions of truth can potentially impact upon the evaluation of research methodologies. Rolfe (2010 p. 22-23) indicates the extent to which, within historical educational contexts, ‘narratives of legitimacy’ focussed on the speculative pursuit of truth in the arts and humanities whilst the sciences majored on practical emancipation. The dominance of the scientific paradigm in research, in its tendency towards being the sole means of knowledge, has often framed conceptions of the truth as objective, whole and unchanging (Chalmers 1986; Rolfe 2010). However, the use of such evaluation tools as validity and reliability in any research project, owing to their reliance upon ‘rational’ methods, may only tangentially be concerned with ‘truth’ itself. The scope of methods used may construe findings that are ‘true’, but in evaluation of these same methods, these may be limited, provisional or, even in the course of refining methods over periods of time, be shown to be ‘false’ (Popper 1959).

There may be other possible ways of conceiving the truth. According to Solzhenitsyn (1972 p.6), art, as an aesthetic form (‘beauty’), has the potential to explore, express and contain both goodness and truth:

a work of art carries its proof in itself. Artificial, strained concepts do not withstand the image-test; all such concepts crumble, they are revealed as puny and colourless, they convince nobody. But works which have drawn on truth and presented it to us in live, concentrated form, grip us and communicate themselves to us compellingly – and, nobody, even centuries later, will ever be able to refute them

Similarly, Murdoch (2006 p. 64) argues that:

art is concerned not just primarily but absolutely with truth. It is another name for truth. The artist is learning a special language in which to reveal truth

Zuidervaart (2004 p. 128ff) argues that truth in art can be characterised by triple features of authenticity (true to an artist’s experience), significance (true to an audience’s interests) and integrity (true in terms of aesthetic communication). This capacity of art to be a ‘path of inquiry’
(Baumann 1999 p. 106) into human experience can lead to different conceptions of truth itself. Owing to the different ways in which art operates, ‘whole truth’ considerations can be explored via the imagery and sense experience of poetry (Watson 1996; Walker 1997), the plots and structures of literature (Gibson 2007) and the sense of harmony, shape and perspectives offered by visual forms of art (Feldman 1996).

Considered in these terms, narrative can also be viewed as another way of exploring and conveying truth itself. Sandelowski (1996 p. 112) recognises that the contextualised nature of pursuing the truth may reverse conventional ways of inquiry:

we might better serve the human subjects of our research by conceiving the goal of inquiry as getting, not the whole truth, but rather the whole story (original emphasis)

In this respect, then, it is possible to consider truth by setting several narratives alongside each other, by challenging narratives with possible alternatives and by evaluating them as ‘good’ using such criteria as believability, coherence, consistency and intelligibility (Sandelowski 1996 p. 115). In section 2.2, the distinctive features of narrative, centring upon plot, context, derivation of meaning and identity (both of narrator and reader) were discussed. If these ‘constructed’ features are recognised, acknowledgement of further constructive and interpretive dimensions may help to illuminate the ways in which truth can be further explored within the narrative form incorporating features of ambiguity, surprise, exaggeration, irony, perspective, omission and even error (Sandelowski 1996). Accepting this, it allows us to consider the ways in which truth can be conveyed in narrative in different ways. I demonstrate this in three different ways using the narratives presented in this study:

- reading narratives alongside wider cultural narratives
- presenting narratives to wider communities of scholars and practitioners
- focusing on interpretive dimensions of narratives
9.2.1 *Reading narratives alongside wider cultural narratives*

It is possible to place narratives presented within this study within wider cultural narratives. Two examples are offered here. Relevant narratives should be referred to in designated sections.

‘Formative Days’ (Diane: Section 6.3)

In Diane’s narrative, a key theme influencing student engagement with the arts and humanities may lie within a person’s formative educational and family background. This may stand in contrast with past and present cultural narratives placing the reading of literature and poetry within set frameworks of interpretation:

reading for comprehension, in order to extract information stands out against the meditative, contemplative as well as personally and spiritually responsive reading of monastic communities. Whereas monks ‘might dwell on a page or a passage or a line for hours or days at a time’ children in our schools are trained to extract information and present it in different forms as quickly and efficiently as possible

(Pike 2006 p. 282)

Diane’s narrative indicates the importance of formative influences on a person’s engagement with literature and poetry. Where engagement with literary works within a person’s formative educational years has been similar to Diane’s experience, this may account for certain challenges that some students require to address in reading literature as part of an educational course at a later period in their life. Pike’s (2006 p. 282) cultural narrative, in ‘reading for comprehension’, may serve to place the key themes of Diane’s narrative in sharp relief.
‘It Could Be My Grandmother’ (Ruth, section 7.2)

It is possible to place Ruth’s narrative alongside several cultural narratives. A first centres upon dominant cultural narratives viewing death as a distant, unknown and ‘taboo’ topic. One such cultural narrative links older people and death:

“Who dies?”
“Old people”.
“Well, that’s a relief. Where do they die?”
“Some place else. Not in our homes, not in our beds”.

(Kastenbaum 2000 p. 260)

A second dominant Western cultural narrative views older people in marginalised and excluded terms. This is expressed by de Beauvoir (1972 p. 245):

the characteristic mark of the adult’s attitude towards the old is its duplicity. Up to a certain point the adult bows to the official ethic of respect for the aged that has ... asserted itself during the recent centuries. But it is in the adult’s interest to treat the aged man as an inferior being and to convince him of decline. He does his best to make his father aware of his deficiencies and blunders so that the old man will hand over the running of his affairs, give up advising him and submit to a passive role

In a third cultural narrative, locatable within the nursing profession itself, the expression of emotions is viewed in negative terms. This may be linked to gender and professional issues in discussing ‘emotional labour’ in nursing and is summarised by Gray (2009 p. 171):

some people see general nursing as being for women and women’s work. That’s why a lot of men go into mental health ... It’s very hard to show that you care for a patient sometimes as you’re told not to get too close to the patient by some of the older staff and doctors on the wards. But that makes it impossible to empathise with the patient and try to feel what they’re feeling ... Nurses should be able to care and to get close with their patients. It comes with the job, really
Although it is possible to discern elements of uncertainty and even ambiguity in Ruth’s narrative (e.g. ‘I didn’t look at it thinking: “I am there for her”’/“I was there for her”), it is important to remember that this narrative was true for Ruth in respect of time (her current nursing experience), identity (her own self-esteem) and the influence upon her of certain social and institutional conventions (e.g. particular professional expectations about how nurses should act in specific contexts).

9.2.2 Presenting narratives to wider communities of scholars and practitioners

A variant of considering individual narratives alongside wider cultural narratives locates them within ‘communities of practice’ (Wenger 1998). These ‘communities of practice’, considered either as representative of a larger profession or as local groups of practitioners, can provide narratives of practice mediated through particular social, cultural and historical contexts. Nursing may be considered as a ‘community of practice’ by way of considering the impact of relevant contextual factors.

For the purposes of this study, such ‘communities’ of scholars and practitioners, by way of providing narratives of teaching and learning, can permit these individual narratives to be considered within wider perspectives. In order to further explore the truth of narratives constructed within this study, I locate these ‘communities’ of scholars and practitioners in terms of certain narratives of participants (students and teachers) returned to them by myself during the period of August-September 2009. The extent of this discussion is constrained by the limited response to these returned narratives following a gap of over three years since these interviews took place. No responses from students to my interpretation of their narratives were received. However, a number of my nurse teacher colleagues replied to my invitation to respond to my original interpretations.
Returning narratives to participants (‘member checks’: Holloway and Freshwater 2007) may have certain identifiable limitations in terms of the critical quality of feedback owing to time lag between data collection and response request. Nevertheless, the purpose of this exercise is to show the ways in which the ‘truth’ of a particular narrative may be amplified by a narrator by considering the perspective of time.

‘You’ve Got It For Life’ (Sam, Section 8.3)

**SAM’S RESPONSE**

“The narrative appears accurate. I was also trying to indicate that if you can encourage people how to learn then they would take that approach and apply it for the rest of their working lives. The nature of care and approaches to care will change throughout a whole working life and we need to prepare people to assimilate these changes into knowledge, skills and attitude bases. This fits with the investigator’s interpretation of the narrative”.

This response from Sam is interesting in its focus upon a central feature of ‘liberal education’ itself, namely that provision of tools of critical thinking and self-awareness will remain with students throughout their career in clinical practice (Languilli 2000). This assumption is open to testing but it may rest upon observations suggesting that social and institutional factors in practice can negatively influence practitioners and that the inclusion of ‘liberal education’ perspectives within the curriculum can counteract these tendencies (Drummond and Standlich 2007).

Although ‘member checking’ processes may run the risk of simply validating the researcher’s original narrative construction, receiving feedback of positive (and critical) types in the use of narrative methodology may serve to highlight again the provisional features of narrative itself as a means of understanding human experience.
9.2.3 Focusing on interpretive dimensions of narrative

A further dimension of evaluating the ‘truth’ of narratives lies in considering certain interpretive features. Noting that narratives in interpretive terms are ‘contested ground’, Poirier and Ayres (1997 p. 552) suggest that the researcher needs to be open to the possibility of ‘overreading’. This process is not indicative of dynamics of ‘excessive’, or over-interpreted, reading, but instead incorporates an awareness of such features of narrative as repetitions, inconsistencies, omissions, silences and endings. Attention to these features may highlight the ways in which ‘narrative vulnerability’ may be present in both interviewee and researcher and further help the reader to appreciate the open and provisional dimensions of truth in narrative.

Repetition

In section 7.3, Linda’s ‘Instances of Care’ narrative cites an interesting example of repetition.

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Future</td>
</tr>
<tr>
<td>I’m quite an ethical person anyway</td>
<td>You have to be able to work in a team; truthtelling comes into it.</td>
</tr>
<tr>
<td></td>
<td>It’s given me insight ethically as to the tools to support you when a situation like this arises</td>
</tr>
</tbody>
</table>

This narrative may illustrate the extent to which ‘truth’ may be reinforced by repetition. By commencing her narrative with a strong opening statement, Linda uses the structures of the narrative to justify her position with respect to a particular action. Learning derived from the module experience (‘its given me insight ethically…’) builds upon this opening statement and this repetition completes a narrative which is robust and indicative of a narrator who appears, in large part, to consider herself possessing some responsibility (agency) over events, rather than being their passive recipient.
A second example of repetition can be found in section 8.2 in Morag’s narrative ‘Respect for Others’.

**Orientation**

<table>
<thead>
<tr>
<th>Stanza 1</th>
<th>Respect for others</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>What is interesting</td>
</tr>
<tr>
<td>02</td>
<td>is that the feeling of people</td>
</tr>
<tr>
<td>03</td>
<td>doing the ‘arts’ route</td>
</tr>
</tbody>
</table>

**Resolution**

<table>
<thead>
<tr>
<th>Stanza 5</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>And that was very interesting</td>
</tr>
</tbody>
</table>

The impact of Morag’s narrative is strengthened by her double use of the word ‘interesting’ at the beginning and end of the narrative. To Morag, the impact on student nurses’ ethical awareness of exposure to arts and humanities sources is significant and telling. Nevertheless, as a reader it appears to me that an element of surprise (cf. her amplification of ‘interesting’ by the use of the word ‘very’ in line 21) lies behind Morag’s use of this word and that a future impact of this narrative lies in exploring this issue in greater depth.

**Inconsistencies**

It is possible to identify inconsistencies within a narrative and yet still accept, via an unobtrusive reading, that particular narrative’s overall ‘truth’. This can be shown in Michelle’s narrative, ‘An Open Approach’, as it appears in section 6.3.

Inconsistencies are identifiable in Michelle’s narrative in respect of her juxtaposition of the statement about her love for all art forms (Stanza 2) with negative comments about certain types of photography (Stanzas 3 and 5). However, the impact of this is modified considerably by Michelle’s awareness of this inconsistency (Stanza 7) and by her conclusion that an open attitude should be a prerequisite to engagement with art.
**Omissions**

It is possible to see ways in which omissions within a narrative may act as a counterpoint to ‘overeading’ tendencies within a researcher. This can be illustrated by reference to Michelle’s narrative, ‘The Night Shift’, as it appears in section 7.4.

In my interpretation of Michelle’s narrative, I noted the absence of ‘present’ and ‘future’ dimensions of the narrative. I further speculated that this narrative might raise significant issues for consideration of ethics in nursing practice. Nevertheless, narrative ‘omissions’ may act as checks upon such speculations. This does not necessarily remove them completely, but rather suggests that alternative readings may be possible.

**Endings**

Attention to the issue of narrative endings can help in the consideration of ‘truth’ dimensions of narrative. How a narrative ends can influence the ways in which earlier parts are constructed. This can be demonstrated in Linda’s narrative, ‘Paint Pictures Using Words’ in section 7.5.

The ‘ending’ of Linda’s narrative (‘Future’) is an evocative statement of intent featuring a union of skills, virtuous disposition and self-awareness. This positive ending influences the structure and tone of earlier parts of the narrative. This can be seen in ways which contrast sharply with that ‘ending’. In the ‘Social’ and ‘Past’ segments, Linda’s use of metaphors (‘drained’, ‘empty’ and ‘flat’) describe in truthful terms how she experienced her interaction with a female patient suffering from cancer and about to undergo surgery. The use of her imagination (‘...to paint pictures using words’) in the ‘ending’, standing in contrast to earlier, negative images, also influences the way in which the narrative unfolds the role of the poem in this process. The ‘Present’ segment of the narrative indicates something of that dynamic of the poem (‘independent from his mind’, ‘separate entity’) on Linda’s transformation.
9.3 *Fidelity*

Using the notion of truth as a means (criteria) of evaluating narrative research is complex. A variant on the criteria of truth centres upon the idea of fidelity, or faithfulness. Blumenfield-Jones (1995) locates fidelity within narrative inquiry as the meaning that a particular narrative possesses for the narrator. In considering narrative via fidelity, it is possible to understand truth factually (i.e. as a reasonably accurate account of events) and as a function of perspective or interpretation (meaningful). Such an understanding can add support to the basic ‘reconstructive’ principles of narrative outlined in section 2.2, namely that of plot giving meaning, value and direction to certain events as they have occurred in the past (Hardy, Gregory and Ramjeet 2009).

This notion of fidelity is developed by Blumenfeld-Jones (1995) in terms of ‘emerging criteria’: firstly, considerations of ‘betweeness’ of the situation between narrator and receiver and, secondly, issues of ‘believability’, or ‘lifelikeness’, of the narrative itself. The ‘betweeness’ of the situation in respect of narrator and receiver and the ‘believability’ of a narrative itself can be understood with reference to the six ‘dialogues’ outlined in section 2.5.1. For the evaluative purposes of narrative here, three ‘dialogues’ are identified:

- the original interaction between research participants and contexts (situation)
- the narrative inquirer (myself) and participants
- readers (supervisory team, external examiners and others) and this ‘narrative research text’
9.3.1 ‘Betweeness’: original dialogue between research participants and contexts

As a narrative researcher I cannot completely verify the ‘truthfulness’ of the narratives of student nurse and teacher narratives presented in sections 6.2-6.3, 7.2-7.5 and 8.2-8.3 (Holloway and Freshwater 2007 p. 106). Nevertheless, by considering the ‘fidelity’, or ‘faithfulness’, of these narratives in terms of the original events and ensuing interpretations, a perspective may be presented that may help to evaluate these narratives themselves. Although the strategy of returning narratives to participants (‘member checking’) has its limitations (see section 9.2.2), this may be one way of assessing the ‘fidelity’ of a narrative itself (Holloway and Freshwater 2007 p. 106).

This can be illustrated by consideration of Sam’s narrative (‘Paradigm Case’, section 8.2). Sam’s response, following the return of the narrative to him, indicates his understanding of fidelity in terms of the ‘science’ (events) and ‘arts’ (meaning) dimensions of narrative.

**Sam’s Response**

“The narrative accurately captures what I said. The ‘restorying’ aspect, or interpretation, of the narrative is good. Perhaps further consideration of how meaning can be improved using a unified approach could be given. The intention was to indicate that integration of the science and art elements would allow students to see the value of different perspectives in one situation to avoid the perils of compartmentalisation and associated reduced meaning”. (emphases added)

Certain features of Sam’s response are noteworthy. By suggesting the presence of fidelity, or faithfulness, in my interpretation of his narrative (‘accurately...’ and ‘intention ...’), Sam indicates something of the ‘betweeness’ of the original dialogue between participants and contexts. In terms of ‘intentionality’, this is important because one of the distinctive features of narrative is its directedness or particularity in this way rather than another. The response of Sam could conceivably have indicated that his narrative had been misrepresented by myself. However, one of the
merits of assessing the fidelity of a narrative in this way is to keep this possibility open for the researcher.

9.3.2 'Betweeness': narrative inquirer (myself) and participants

For this dialogue, it is possible to consider aspects of fidelity via the ‘betweeness’ of myself as narrative inquirer and the participants of this study. Firstly, this can be considered in terms of the narratives formed from data derived from the research methods using the stated features of narrative analysis and inquiry (Labov and Waletzky 1967; Clandinin and Connolly 2000).

Secondly, I have offered ‘interpretations’ and ‘restorying’ comments on each of these narratives. Such interpretations should not be considered as a simple retelling of participants’ narratives. Rather, these interpretations, as part of the larger narrative of this research study, locate these narratives within wider contexts and suggest, where appropriate, alternative readings. Their presentation might helpfully be considered as joint constructions incorporating features of provisionality and ‘verisimilitude’, namely that these are narratives appearing as truth but which cannot be proven. Such caution can find further support in applying a ‘word and deeds’ criteria to these narratives: ‘do people do what they claim to do?’ (Holloway and Freshwater 2007 p. 109)

This can be illustrated by considering Wendy’s narrative, ‘Isolation’ in section 8.3. The italicised element in Wendy’s response indicates her testing of the ‘betweeness’ between researcher and participant.
Wendy’s response

"Interpretation is accurate.

I guess what I was trying to say was do we teach students how to ‘care’. By teaching skills in isolation – they become ‘tasks’ which has the potential for students not to learn to take time to observe, communicate with and listen to their patients/clients”.

9.3.3 ‘Believability’: readers (supervisory team, external examiners and others) and this ‘narrative research text’

Blumenfeld-Jones’ (1995) third ‘emerging criterion’ on narratives considers their ‘believability’ or ‘lifelikeness’. Crafting of narrative must go beyond technical aspects (‘accuracy’) to include important aesthetic issues of presentation. Narrative construction requires to take account of the narrator’s intention to address specific audiences and therefore incorporates issues of quality and interest.

One important criterion in evaluating these narratives concerns issues of plausibility: is this narrative believable, or lifelike, in its presentation and interpretation of events? Blumenfield-Jones (1995 p. 31) develops further criteria about the presentation of narratives in terms of aesthetic processes of selecting data from original data, considering the inquirer’s processes of recoding data, understanding how a reader of these narratives may themselves recode data and how the inquiry itself relates to the original story.
9.3.4 Discussion on ‘believability’

It is possible to explore these issues of ‘believability’ further by reconsidering several narratives. In Linda’s narrative (‘Experience of Life’, section 6.3), it is possible to direct several questions towards the narrative analysis processes that I adopted in respect of certain sections:

- is the title of the narrative (‘Experience of Life’) apt?
- are the stanza sub-titles (e.g. ‘Effects’, ‘Non-Verbal Communication’ and others) appropriate? Could better titles be proposed?
- might alternative ways of parsing the text yield a richer narrative? e.g. could splitting both Stanzas 5 and 6 allow for enhanced interest and sharper meaning to emerge?
- does reading this narrative enhance an understanding of the narrative’s original purpose, namely to address Objective 2 of the study – ‘to critically analyse the role and importance of the arts and humanities in nurse education’?

9.3.5 Further discussion (1)

In terms of the ‘believability’ of these narratives, it is also possible for a reader to ‘test’ the interpretations and ‘restorying’ elements offered by myself on participants’ narratives. Michelle’s short narrative ‘The Time Has Come’ (section 7.4) centres upon her evocation of a well-loved childhood poem and its impact upon her nursing practice within a mental health context.

My ‘restorying’ of the narrative focuses upon the impact of Michelle’s recall of poetry in terms of demonstrating certain moral virtues within her practice. Although I remain open to this narrative’s many ‘possible interpretations’, a criteria of ‘believability’ may permit other, more sceptical questions to be asked:
• is this interpretation possible?
• is my interpretation based upon unstated assumptions and presuppositions?
• what other interpretations might be possible?

As a further means of testing the ‘credibility’ of these narratives, I offer the complete transcripts of the one-to-one interviews with Linda and Michelle (see Appendix Eighteen).

9.3.6 Further discussion (2)

It may also be appropriate to use the ‘believability’ criteria to consider participants’ understanding of their own narratives. This process is closely linked with issues discussed in section 9.3.3 above, but it is at least plausible to consider the direction and intent of what participants have said in these narratives.

An example of this may be found in Michelle’s narrative, ‘The Person Is Still There’ (section 7.3). This narrative recalls the impact of a specific poem on Michelle’s understanding of issues of personhood and dignity in caring for a male patient under specific treatment (‘constant observations’) conditions within an acute inpatient mental health context. My ‘restorying’ comments discuss this narrative within this context.

Nevertheless, it may be legitimate to ask:

• is Michelle’s narrative plausible?
• would it be possible for Michelle in her position as a student nurse to encourage patient autonomy in terms of ‘let them do as they want to do?’
• is Michelle’s narrative actually ‘ethical’?
9.3.7 Further Discussion (3)

It is also possible to consider the ‘believability’ of these narratives in specifically ‘ethical’ terms. In section 4.4, I outlined possible ways in which a ‘how-to-live’ ethic might be embodied in relational terms. An ‘ethics of the caring conversation’ was seen as an example of this relationality within the narratives of patient and health care professional (Fredriksson and Eriksson 2003). Carson and Lepping (2009), in noting that an ‘ethic of helping people’ might form part of a relational ethic, suggest that this ethic might be used as a non-prescriptive means of evaluating these narratives themselves. Therefore, it might be asked of these narratives: in what ways do they contribute towards helping people?

It is possible to consider several narratives of student nurses presented in section 7.2-7.5 in this way. These narratives were presented to address Objective 4 of the study:

- to explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students

In utilising the three-dimensional narrative inquiry framework of Clandinen and Connolly (2000), a key part of their inquiry centred upon ‘personal’ and ‘social’ aspects of ‘interactions’. Many of the narratives centre upon seeking meaning and understanding in, and from, events occurring in nursing practice.

It is possible to evaluate Michelle’s narrative, ‘Thank You for Your Time’ (section 7.2) in terms of an ‘ethic of helping people’. Against the background of a difficult learning experience, Michelle’s narrative centres upon a patient and relative acknowledging ordinary, but significant, actions (e.g. providing a newspaper, reading a book) carried out by Michelle. This simple narrative plausibly carries the weight of authenticity.

Jane’s narrative, ‘They Want to be Left Alone’ (section 7.3) may demonstrate the extent to which reading literature has helped Jane to become more reflective about her own practice. For Jane, an ‘ethic of helping people’ is shown by her more sensitive consideration of a client’s feelings (‘if somebody wants to be left alone, they want to be left alone’ – ‘Present’).
It is also possible to consider narratives in which an ‘ethic of helping people’ might not appear initially to be central. Michelle’s narrative, ‘You Cannot Become Complacent’ (section 7.3) outlines the prospects for practice of alternative interpretations of reading literature. By drawing attention to the importance of interpretation (‘And maybe fail to see what the play is actually saying’ – ‘Future’), the narrative may draw the reader to consider deeper and fuller implications for action as a result of reader engagement with a text.

9.4 Reflexivity

Commonly, but erroneously, understood as applying to engaged and subjective roles of the qualitative researcher alone (Dowling 2006), reflexivity can be viewed as a ‘humble and subjective enterprise’ (Freshwater 2007 p. 311) which involves the researcher assessing the impact of their participation at every level of the research process. This commitment to multiple level reflexivity, suggesting a stance of ‘reflexive pragmatism’ (Freshwater 2007 p. 311), moves attention away from strictly methodological concerns to issues of ontology (the realm of the personal) and epistemology previously discussed in section 2.2.

In recognising the contribution of these towards narrative as a distinct way of ‘knowing’ in research, addressing issues of reflexivity turns this focus towards the multiple factors, roles and positions that I have adopted as a narrative researcher with respect to this project.
9.4.1 *Epistemological reflexivity*

Dowling’s paper on reflexivity (2006 p. 11) posits two key questions: firstly, ‘how has the research question defined and limited what can be “found”?’ and, secondly, ‘how could the research question have been investigated differently?’ In this section, I seek to use Dowling’s questions to explore pertinent issues of epistemology in this thesis.

*The research question: issues of scope*

My initial research question derived from the title, objectives and key assumptions set out at early stages of this study (Table 29).

<table>
<thead>
<tr>
<th>TITLE</th>
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<tr>
<td>An exploration of ways in which reading poetry and literature may enhance the ethical practice of pre-registration nursing students</td>
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<table>
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<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>1. To appraise the place of the arts and humanities in professional health care education</td>
</tr>
<tr>
<td>2. To appraise the place of the arts and humanities in nurse education</td>
</tr>
<tr>
<td>3. To use the arts and humanities to provide a critique of current nursing curriculum philosophies</td>
</tr>
<tr>
<td>4. To explore the place of literature and poetry as a means of enhancing the ethical practice of pre-registration nursing students</td>
</tr>
</tbody>
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<tr>
<th>RESEARCH QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the place of the arts and humanities in professional health care education?</td>
</tr>
<tr>
<td>Does the reading of literature and poetry enhance the ethical practice of pre-registration nursing students?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>KEY ASSUMPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>action living human flourishing person practice</td>
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</tbody>
</table>

Table 29: Initial research title: Objectives, questions, assumptions
In early deliberations upon this study, the second research question assumed priority, namely:

Does the reading of literature and poetry enhance the ethical practice of pre-registration nursing students?

This reflected the original title of the project, as well as summarising the sequential objectives as outlined. This particular research question, in the terms so worded, defined early stages of the research in terms of exploration of the title and consideration of various dimensions of ‘ethical practice’ identified in professional health care practice in general and in nursing in particular.

Exploring the impact of reading literature and poetry on ethical practice had the potential of critiquing ‘rationalist’ approaches to ethics (based on theories, abstract principles and autonomous individuals), alongside evaluating approaches based on action, engagement and relationality (involving persons and environments) in their recognition of temporal, historical and dialogical dimensions.

This question, along with its partner and related objectives, established a framework for the early stages of this research study: design, data collection and data analysis. In terms of the latter, analysis of textual data using narrative frameworks (principally using the framework of Labov and Waletzky 1967) were incorporated into reports (‘Stage 1’ and ‘Stage 2’) and ‘position’ papers written for, or following, conference presentations.

Writing these reports and papers were invaluable exercises in developing my expertise in narrative methodology. Early narratives of student nurses could be ‘defined’ (interpreted) in terms of ‘enhancement’ of their ‘ethical practice’. However, discussions between my supervisory team and me during April 2009 highlighted certain limitations around the issue of the research question as originally framed:
Arising from supervision team comments on draft chapters, we have been engaged in a discussion on the merits of my present research title, question, objectives and key terms. The view expressed is that the present title/question may not be rigorous enough to meet the data collected. These have been issues which I have been pondering over and it is the value of a team that can bring these to the fore. It has resulted in a tighter and more coherent title/question.

Arising from this supervisory team discussion, significant adjustments were made to my research title, objectives, research question and key assumptions (Table 30).

<table>
<thead>
<tr>
<th>TITLE</th>
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<tr>
<td>A narrative exploration of the relationship between reading literature and poetry and ethical practice: narratives of student nurses and nurse educators</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>1. To critically analyse the role and importance of the arts and humanities in professional health care education</td>
</tr>
<tr>
<td>2. To critically analyse the role and importance of the arts and humanities in nurse education</td>
</tr>
<tr>
<td>3. To critique current nursing curriculum philosophies from the perspective of the arts and humanities</td>
</tr>
<tr>
<td>4. To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students</td>
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</tbody>
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<tr>
<th>RESEARCH QUESTION</th>
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<tbody>
<tr>
<td>What is the relationship between reading literature and poetry and the ethical practice of student nurses?</td>
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<tr>
<th>KEY ASSUMPTIONS</th>
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<tbody>
<tr>
<td>ethics action reading life human flourishing person practice</td>
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</table>

Table 30: Revised research title: objectives, question, assumptions
This review strengthened the research project in several specific ways:

- changes to the title permitted the choice of narrative as methodology to be made more explicit
- the revised title gave enhanced recognition to findings derived from narratives of nurse educators rather than considering these findings as interesting, but ultimately ‘background’, materials
- altering the wording of the objectives (e.g. insertion of terms such as ‘critically analyse’) sharpened the focus of the analysis. These objectives, moving from the general (1-3) to the particular (4), permitted as full a range of issues as possible to be explored in the study
- by framing the research question in more open terms, exploration of the topic might give greater recognition to its complexity instead of assuming that the ‘ethical practice’ of nursing students would necessarily be enhanced by their reading of literature and poetry
- revising key assumptions allowed for greater reflection on personal dimensions of this research process

It is important to consider the status of what has been ‘found’ in these narratives. Given the exploratory dimension of narrative in terms of plot, interpretation and meaning, it is not possible to draw any direct (or causal) link between student nurses’ narratives on reading literature and poetry and their ethical practice. In narrative research, the emphasis on the interaction between form and content points issues of credibility in the direction of illumination and penetration of, as well as insight and understanding into, particular human experiences. If ‘scientific’ research moves from the particular to the general, it is possible in narrative research to identify and locate the general within narratives considered to be particular and unique (Eisner 1981 p. 7). In so doing, knowledge considered as ‘general’ derived from these narratives can contribute critically to current discourse on ethical practice in nursing and to debates on the curriculum philosophies in nurse education (Duchscher 2000). As the narratives presented in this thesis have indicated, ethical practice in nursing is complex. The adoption, therefore, of a multiplicity of methods
which recognise and reflect such complexity (the particular and the general) can therefore be considered as sound.

**A Different Approach**

Dowling’s (2006 p. 11) second question – ‘how could the research question have been investigated differently? – invites consideration of several points. Given the intricate interplay of factors involved in the human experience of reading literature and poetry (discussed in section 3.3), I remain convinced that adoption of a broad narrative methodology was the best approach to address this research question. The research design methods broadly mapped key dimensions of narrative methodology itself, vis. focus groups (relationality), one-to-one interviews (exploration), reflective practice journals (action) and documentary source review (action).

Nevertheless, it is possible to identify ways in which certain aspects of the implementation of the research design might have impacted upon the quality of findings obtained. In retrospect, I consider that the ‘information-giving’ strand of the two student focus groups may have been over-emphasised. Although important, its allotted time may have reduced the impact of ‘reading’ and exploratory dimensions of the group experience itself. By way of contrast, the focus group for nurse educators required minimal ‘briefing’ aspects and was able to more fully explore the issues before it, although my teaching colleagues’ place within the overall research design was more circumscribed.

The low return of reflective practice journals from both student cohorts (two from a possible eight) and the limited, although interesting, scope of documentary source review, meant that the central focus of the research design apart from the focus groups centred around the one-to-one interviews. Whilst an invaluable means of exploring relevant issues with participating students, these interviews might have been better utilised by exploring issues in greater depth.
9.4.2 *Inter-subjective processes*

The dynamic of researcher reflexivity extends beyond private, or personal, dimensions to incorporate social and institutional perspectives (Carr 2003). It is possible to identify a number of important features in this study.

The process of reflexivity requires me to locate and acknowledge my own position as teacher and researcher within one particular educational setting. In particular, this seeks to recognise the opportunities, responsibilities and challenges accorded to me with teaching and scholarly interests in the arts and humanities within the nursing degree programme.

In terms of participant recruitment to the study, issues of reflexivity on my part as Principal Investigator were given high priority. These have been discussed in section 5.5 under ‘Ethical Review Procedures’ as part of an overall ‘ethical research methodology’ (Carson and Fairbairn 2002). In endeavouring to engage teaching colleagues in the formal process of student recruitment, I had been acutely aware of potential issues in the (ab)use of power appearing via conflict between my own teaching and research roles. On several occasions, safeguards put in place were undone by circumstances beyond my control:

*Research journal entry 26 May 2006*

it appears to be difficult, if not impossible, to keep my researcher role distinct from my role as teacher. Another participating student (the third) inadvertently revealed herself to me yesterday

The issue of reflexivity in terms of the two participating student nurse cohorts also concerned the facilitation of these focus groups. The use of the interactive mode of a focus group at the commencement of the data collection period was viewed as reflecting students’ recent learning experience in the shape of modular workshops devoted to reading and discussing literature and poetry (section 5.4.1). Within this, alternation of my roles between ‘facilitator/moderator’ and ‘technician/notetaker’, aided by the presence of a ‘critical companion’ during the two groups, enabled different perspectives on the research process to emerge.
I comment on my ‘participant observer’ role in facilitating the first focus group:

Research journal entry 3 July 2006

My first ‘reading/briefing group’ took place this afternoon. Five students appeared – all mental health, interesting in itself as I have known them since March 2005 (is there a connection here?)

For my first ‘reading group’ or research interview, I felt that it went reasonably well. I was conscious of Kvale’s point that qualitative interviewing represents something of a ‘midpoint’ between semi-structured interviewing and a completely ‘open’ agenda. I wanted their narrative to develop, but I was also conscious of the need to provide ‘markers’ along the way. As such, I had a ‘list’ of issues in front of me – some opening questions, stimuli for discussion and other information for the study ahead.

The students appeared to work through genuine learning insights from engaging with texts, vis.:

- evocation of feelings after reading a particular poem
- new understanding of personhood after reading poems about old age (major theme)
- similarities between ‘reading group’ and module workshop via engagement, participation, initial scepticism re the arts
- my own role: I stressed at the outset my role as ‘traveller’ with them, rather than as ‘miner’ (Kvale), but how imposing was I on the proceedings?

This process of reflexivity can be developed by considering the role of ‘critical companion’ (Plumer-D’Amato 2008). During my facilitation of the first focus group, a colleague, Dr. Peter Wimpenny, acted in the role of ‘critical companion’ by taking notes and attending to technical matters (audio-recording equipment). The following are excerpts from his own notes:

I wonder if the students grasped the issue of ethics as the relationship issue for the thesis?

- What about data that does not fulfil this ‘ethics’ box?
- No one mentioned emotions as the impact or process related to reading/words. However, this seemed a strong element to me
- The procedural approach in terms of what this was about and future involvement seemed clear and valuable at this stage
- When someone read a piece it gave it and them a voice
• What of other art forms – if these impact – e.g. songs will these be discounted? Someone mentioned art, but I know this is not on the agenda

• I thought that the pieces were related to a specific area – mental health, death and grief and old age – is this a reflection of types of literature/poetry available or is it the perspective of the researcher?

It is possible to make a number of comments on these aspects of reflexivity. Firstly, it is interesting to contrast comments made in my own research journal entry on students’ feelings and engagement with sources made by Peter in his notes e.g. feelings/emotions. Secondly, in considering perspective, Freshwater (2007 p. 311) discusses the topical issue of bias within all types of research. This is precisely what is being alluded to in terms of the student cohort itself (‘all mental health students’ in my journal entry) and the type of sources used (‘critical companion’ notes – final point). In narrative methodology, however, the main issue lies in acknowledging these identities and sources not in order to reduce, or eliminate, them, but rather to draw upon their depth and richness as ways of understanding the experience of practice itself.

In the second focus group (January 2007), these roles adopted by Peter and myself were reversed, although not precisely. Although Peter took on the role of ‘facilitator-moderator’, the group’s agenda paper outlined my role in terms of ‘participation in group’ along with addressing a ‘briefing’ remit.

The following excerpt from the transcript of proceedings (Stage 2 focus group) is taken from Peter’s introductory remarks:

I think Andy what he’s going to do is give you information about the participation over the next period of time in his work. I don’t have any understanding to some extent about that process, but what I’m here to do is to try and relieve Andy of some of the thinking of the issues to discuss with you. Because he’s got to do all the information gathering, it’s sometimes difficult for researchers to try and think ‘outside the box’ a little bit. So Andy’ll chip in as well, I don’t have all the questions.....
A further dimension of reflexivity centres on the dissemination of data beyond the boundaries of this research thesis itself. I first addressed this issue in preparation for a conference presentation in December 2007:

*Research journal entry 23 November 2007*

I am working on my London presentation at present, but I am troubled by an ethical issue that has arisen out of my recent reflections on narrative and ethics based and supported by literature. Accepting that ethics goes beyond formalist decisions about consent, to what extent will it be ethical to reproduce excerpts of my students’ narratives?

The issue was further addressed in September 2009 in consideration of contributing certain student nurse narratives to an academic journal. To address the issue of ‘continuing consent’ of participants (Ferguson *et al* 2006 p. 707), I wrote to all participants (student nurses and teachers) and for this journal submission used only those narratives of student nurses who had given their ‘continuing consent’ (see Appendix 19). Such a stance is justified given my commitment to an ‘ethical research methodology’ (discussed earlier in section 5.5; see Table 27 on page 150) and its features of researcher reflexivity throughout the entire research process.

Additional social and institutional aspects of researcher reflexivity can also be identified. The supervisory process established within an educational institution is a significant element for any student embarkation upon doctoral studies (Phillips and Pugh 1996). As well as providing critical academic direction, feedback and psychological support for the postgraduate student, the supervisory team provides an important framework to allow the student to develop critical stances toward their own research. In my own situation, this took place to a significant extent. Via face-to-face meetings at early stages of research design, regular meetings, email contact, detailed responses to work (reports, draft chapters) submitted, I benefited immensely from the commitment and participation of my supervisory team (originally three members and, at present, standing at two with one original member remaining).
In addition, I remain indebted to the ongoing interest and support of a colleague working in a National Health Service (NHS) clinical educational post. Identified from an early stage as someone who might be able to provide critical and emotional support outside formal supervisory processes, this person has supplied critical and constructive comments on every draft chapter. Together we have engaged in multidisciplinary teaching in palliative care using the arts and humanities and have had an evaluation of this teaching published by a British academic journal (see Appendix 21).

Alongside invaluable support, other discussions with various school and faculty teaching colleagues, as well as my own ‘community of readers’ (friends), have contributed to an ongoing position of reflexivity characterised on my part by dispositional (virtues) aspirations to respond appropriately and sensitively to such critiques and support (Pring 2003).

Related to the supportive dimensions of supervisory team, colleagues and others in shaping reflexivity is the place of doctoral work within the wider community of research and scholarship. No researcher can operate effectively within a vacuum, although the process of doctoral research may seem at times isolating and demanding.

Research and scholarship draws from, as well as contributes to, wider social and relational fields (Jackson 2009). In this, I have been indebted to the stimulus received from presenting papers at different stages of my research to a variety of international conferences, school and faculty seminars and receiving critical, but supportive, feedback from other researchers, scholars and practitioners from these opportunities (see Appendix 20).
9.4.3 Processes of writing

A further aspect of reflexivity lies in consideration of the activity of writing itself. If an expectation of narrative research is that it should be read (Richardson 1994), then such texts must be written in ways that are characterised by creativity, innovation and interest. In contrast to other research theses featuring a distinct ‘writing up’ stage, narrative research views the writing process as suffused within, and through, the whole research enterprise.

Writing can be seen as a distinct ‘way of knowing’ (Richardson 1994). As the quotation in this chapter’s preface indicates (Bennett 2008), the act of writing may be considered as distinctive in itself. In considering the ways in which the cumulative experience of conceptualising ideas, connecting, drafting and refinement that make up the craft of writing contributes to a completed article itself, it is possible to see writing itself as a form of contextualised and embodied knowledge. During a twelve-year period in academia, I have often observed that my understanding of a topic has not properly developed until I have either taught it to students or written about it. Engagement in the act of reading is important to researchers, but in the process of writing distinct understanding of knowledge and application may begin to emerge.

The re-telling of these participants’ narratives demand significant skills of writing. The skills of analysis and interpretation involve important acts of parsing and summarising texts using narrative analysis frameworks, selecting titles and sub-titles, offering interpretive comments and ‘signposting’ to guide the reader through the text itself. In addition, presenting these narratives within the larger narrative of the thesis demands skilled and crafted writing.

Consideration of the thesis as a whole also presents challenges to the act of writing itself. Assessing how well a narrative research text reads gives important consideration to how it has been written. In this thesis, this has involved consideration of chapter themes, titles, number, length and presentation (e.g. preface quotations), as well as consideration of experimental (‘transitional’) writing itself via the ongoing use of a research journal.
A major issue has been to locate my own self within a narrative dedicated to presenting the narratives of others. In addressing this, along with interpretations of participants’ narratives, I have sought to make judicious use of my own research journal entries. It may be possible to view these within the literary framework of narrative and text outlined in section 2.3. Sumara (2000 p. 94-95) notes the role of ‘commonplace books’, via processes of ‘reading, re-reading, marking and re-marking’, in ‘reading’ and ‘marking’ (changing) an author and reader. Used in this way, the research journal has enabled me to explore significant professional and personal dimensions of my research journey. One such entry attempts to bring these elements together:

*Research journal entry 22 October 2009*

It was a chance meeting with a respected colleague early one morning outside our faculty building that set me thinking (and writing). After sharing something of our personal challenges within our respective families over the summer, Rachel (name changed) turned to me and said: “it sounds as if life has entered your PhD studies”. In replying to the effect that I had never considered life itself ever to have been absent from my studies, I was not attempting to diminish the significance of Rachel’s remark. Rather, her observation simply amplified to me how integral my own narrative has been to the overall development of this research project.

Within the space of four months during this year, I have experienced significant personal loss through the passing of an uncle and my dear mother in Glasgow. In addition to supporting my elderly father in his double loss of his younger brother and beloved wife of fifty-five years, numerous administrative duties concerning my uncle and mother have come my way. Alongside these events, my own family life in Aberdeen has continued with my wife and I seeing our two children leave the family home to commence student life in Glasgow.

In seeking to interpret these recent events, I have been struck by how central a ‘how-to-live’ ethic, integral to my understanding of the relationship between reading literature and poetry and ethics, has been to my own personal narrative in this research journey. This ethic, in promoting human flourishing (the ‘good’) and attending to ethical characteristics of the person, is open, engages with others and recognises the influence of wider social contexts.

My teaching of the arts and humanities within the nursing curriculum during weekdays has frequently been informed by deeply experienced moments with my family in Glasgow at other times. Like getting entangled in invisible gossamer on an autumn day, we often move, with apparent seamlessness, between experiences of joy and sorrow, pain and deep gratitude.
I have also sought to engage in writing activities which, although formally outside the scope of this thesis, are related to its themes. Although challenging within the context of undertaking this research alongside the responsibilities of a full-time academic teaching post, these activities have been invaluable in helping me to position myself within this narrative research text. These writing activities have included journal papers, two book chapters, two book reviews and an educational case study (see Appendix 21).

9.5 Summary

In this chapter, I have sought to develop various dimensions of the use of narrative as a methodology and to test and justify their employment within this thesis. Noting the ‘strong intellectual direction’ (Cousin 2009 p. 2) underpinning narrative methodology may correct certain views that sees its use in research as lacking in rigour and structure. Instead, narrative methodology can be understood as another form of order through which human experience can be explored and investigated. Blomberg’s (2009 p. 119) depiction of narrative as ‘narrationality’ highlights its promotion of temporal and dialogical features of life, along with recognition of the twin features of particularity and universality.

Nevertheless, if a sense of order and structure in the use of narrative as methodology is forgotten or ignored, then its uncritical use as a more ‘natural’ way of understanding human experience may result in its use in weakened and impoverished senses as a methodology in research (Nelson and McGillion 2004; Paley and Eva 2005). As a result, in ways paralleling my argument for a teleological ethic being complementary to, and not in opposition to, deductive approaches to ethical discourse, narrative needs principles, or criteria (such as truth, fidelity and reflexivity), as ways of critiquing or evaluating such narratives themselves. Narratives should not be seen in terms of displacing scientific approaches to knowledge creation and use. Instead, narrative can reveal the temporal, linguistic and contextual dimensions of each epistemological endeavour (Borinsenkova 2009). It is in within these parameters that I have sought to highlight the
appropriateness of using narrative as methodology for addressing the research question in this study.
CHAPTER TEN

CONCLUSIONS AND RECOMMENDATIONS
‘Men truly manifest themselves in the long patterns of their acts, and not in any nutshell of self-theory’

10.1 Introduction

In this chapter, I draw this ‘narrative research text’ to a close. In keeping with key features of narrative itself, outlined in section 2.2., this is appropriate. Nevertheless, given the exploratory dimension of this narrative study, its findings are offered as a contribution to an ongoing ‘dialogue’ between the arts and humanities and professional health care education and, in particular, the more focused attention upon the relationship between reading literature and poetry and student nurses’ ethical practice. Notwithstanding their open and provisional nature, these narratives are offered as possessing credibility and worth. Indeed, although narrative is primarily attends to past events, their interpretation may also have significant future dimensions. Past tense perspectives on problems or issues require to be balanced by a future tense consideration of solutions or possibilities (Olsen and Terry 2006 p. 88).

These narratives are offered in support of the recognition of the legitimacy of a ‘how-to-live’ ethic in professional health care. This ethic incorporates the distinctive features of professional health care ethics, but also seeks to provide a fuller recognition of an understanding of human ends (welfare and flourishing), narrative, personhood, virtue, relationality, and of the impact of social and contextual factors. In terms of practice, such an ethic bears close resemblance to the eclectic model espousing a broad view of ‘ethical competency’ outlined by Gallagher (2006) (Table 20; page 108). Such a perspective, in giving recognition to the complex nature of ethical practice in professional health care, acknowledges the contribution which the arts and humanities can make to student nurses’ understanding of such practice. Locating the humanities under this eclectic model’s ethical ‘seeing’ dimension (Table 20; page 108) suggests a perceptual acuity important to the development of ‘ethical competency’. However, the scope of a ‘how-to-live’ ethic also recognises the potential insights to be derived from other dimensions and the ways in which the arts and humanities may be able to contribute to these.
This perspective further recognises that consideration of the research question in this particular study cannot be separated from a broad exploration of the place of the arts and humanities in promoting an ‘end’ of human well-being within professional health care education. In the following sections, each objective of the study is discussed, conclusions arising from relevant narratives are presented and select recommendations for nursing practice and nurse education offered.

10.2 Objective One

To critically analyse the role and importance of the arts and humanities in professional health care education

This objective was addressed via a review of relevant literature in sections 3.2-3.3 and in the presentation of narratives derived from nurse teachers in section 8.2. These narratives explored the role of the arts and humanities in professional health education and nurse education (also addressing Objective Two) in the language of epistemology and student learning. In particular, the former issue evoked narratives exploring various dimensions of the ‘art of nursing’ alongside the ‘science of nursing’ embedded within a curriculum model used within a particular higher education context.

In section 8.4.1, Edgar and Pattison’s (2006 p. 96) observation that any separation of the arts from the humanities may weaken the latter’s ‘second order analytic activity’ for professional health care educational purposes was discussed. Although these narratives may give an impression of viewing the place of the arts and humanities in predominantly ‘soft’ terms of an ‘art of nursing’ boundary, issues of criticality are not absent. As perceptions of one particular group of nurse teachers of the role of the arts and humanities within the curriculum, they are valid. It is in this respect that the narratives of Rhona (‘New Challenges’ and ‘Discernment’: section 8.2) and Morag (‘Observation’: section 8.2) are worthy of consideration.
Given the ongoing definitional debate surrounding the ‘art’ and science’ of nursing (Edwards 2001), it may be here that the arts and humanities can find an optimal role with the curriculum by offering critical perspectives on practice. Given the short lifespan of most undergraduate nurse education programmes, this may indeed make such a position clearer. This is supported within my own context as a teacher of the arts and humanities in nurse education. Following a duration of seven years, the module addressing arts and humanities themes outlined as educational context for this study has been omitted from a newly validated degree programme in favour of branch modules incorporating the arts and humanities to address ‘critical perspectives’ on the practice of adult, mental health and children and young people’s nursing. In addition, however, the aforesaid module is now being offered as an inter-professional education (IPE) option module to nursing, medical and occupational therapy students across the two universities in Aberdeen in the third year of their respective educational programmes. Arising from such regular curricular review and new developments, it is clear that advocates of the arts and humanities require to be constantly vigilant and watchful of their place within the curriculum.

In terms of student learning, these narratives offer some support for inclusion of principles of liberal education within professional health care education programmes (Graham 2002; Watson 2006). This focus on self-awareness (e.g. life skills), criticality and ethical sensitivity through learning derived from several knowledge bases is complex. It appears to be influenced by curricular factors governing the scope of the arts and humanities in higher education, changing educational opportunities and evolving notions of professionalism in health care. In addition, the impact of such variants as age and life experience on student learning appear to be significant. In summary, these narratives lend support for the development of ethical competence in broad terms by student nurse exposure to the principles of liberal education.
10.2.1 Recommendations

- The arts and humanities should be strategically incorporated into professional health care education curricula
- Critical perspectives on nursing practice offered by the arts and humanities should find pivotal places within nurse education curricula
- Alongside the development of specific disciplinary skills, professional health care students should be exposed to the tenets of liberal education, fostering self-awareness, critical thinking and concern for others
- Teachers of professional health care education should consider the place of arts and humanities themes within their own personal and professional development
- Arts and humanities themes should be introduced as part of inter-professional education initiatives in health care.

10.3 Objective Two

To critically analyse the role and importance of the arts and humanities in nurse education

This objective was addressed in a review of literature in section 3.4 and explored in the presentation of narratives of student nurses and nurse teachers in sections 6.2-6.3 and sections 8.2-8.3. Student nurse narratives support inclusion of the arts and humanities within the curriculum in terms of their potential to illuminate the diversity of human experience along the lines of Edgar and Pattison’s (2006 p. 93) apt question: ‘what is it to be human?’: an enhanced awareness of oneself, illumination of key aspects of the therapeutic relationship and in developing student nurses’ critical thinking skills and practical reasoning (Walker 2009).
In addition, critical perspectives are offered on the principles and structures of the nurse education curriculum itself. Sarah’s narrative (‘A Happy Class’, section 6.2) is illustrative of the way in which arts and humanities themes within the curriculum itself may be able to offer critical commentary upon underlying philosophical principles. That the delivery of a nurse education programme ought to aspire to features of an ‘ethical education’ (Milligan and Woodley 2009 p. 134) may be an important insight to be derived from inclusion of the arts and humanities. This may have greater significance in support of Objective Three, but its challenge to ‘curriculum relevance’ in highlighting aspects of the learning experience deemed pertinent to students themselves (e.g. organisation of sessions, teacher attitudes towards students and levels of student satisfaction) is noteworthy.

10.3.1 Recommendations

- Inclusion of the arts and humanities within nurse education curricula should be considered for their potential to illuminate key aspects of human experience for student nurses
- Inclusion of the arts and humanities within nurse education curricula requires to be viewed alongside the educational merits of the biosciences, social and behavioural sciences and the teaching of practical nursing skills
- Features of the arts and humanities should be explored for their potential to enhance student nurse understanding of patient care and dynamics of the therapeutic relationship
- Whilst acknowledging current rationalist tendencies within nurse education curricula, the scope and shape of the arts and humanities within the curricula should be used to promote ‘whole person’ concerns of ‘liberal education’ alongside student nurses’ acquisition of particular nursing skills. This juxtaposition of personal and professional dimensions of practice should include the development of critical thinking skills, person-centredness and reflexivity
• A range of resources from the arts and humanities should be used within nurse education curricula. Their relevance for student nurse learning may be enhanced by framing them under certain integrating principles e.g. narrative, interpretation, response, ethics and transformation of practice.

• Nurse curriculum planners should give careful consideration to chronological locations of the arts and humanities within programmes. This study supports a view that inclusion should take place in a variety of ways at different stages of programmes. Nevertheless, there is also support for addressing these themes in distinct (e.g. via specific modules) and ‘critical’ terms towards later stages of the programme.

10.4 Objective Three

To critique current nursing curriculum philosophies from the perspective of the arts and humanities

This objective was addressed in a review of literature in section 3.4 and in the presentation of narratives of nurse teachers in section 8.3. In addition, these narratives are supported by several student nurse narratives presented in sections 6.2-6.3. Although several nurse teacher narratives (sections 8.2 - 8.3) were presented as part of a discussion on the current use of learning competencies for specific ethical practice of student nurses, their insights can be applied to the general usage of Competency-Based Education (CBE) in nurse education (Chapman 1999). Such critiques of the use of behavioural approaches to practice learning may be linked to other critiques of curriculum design (Gass et al 2004) espousing principles of ‘technical rationality’. Features of curriculum design such as course modularisation, the use of performance indicators for learning and the use of systematic tools to measure ‘quality’ all serve to support a view of education in ‘product’ terms (Hurrocks 2006).
It is possible to draw upon aspects of the arts and humanities to support a critique of key tenets of nurse curriculum philosophies. The narratives of Wendy (‘Isolation’) and Morag (‘Curriculum Innovation’, ‘Curriculum Rationale’) in section 8.3 attest to deleterious effects on student nurse learning of perceived course fragmentation, adoption of superficial learning strategies and a lack of encouragement given to student nurses to think critically. Nevertheless, it is possible to cultivate a broad view of ‘competence’ (via ‘knowing’, ‘seeing’, ‘reflecting’, ‘being’ and ‘doing’ terms: Gallagher 2006) in student nurses by applying key themes in the arts and humanities to aspects of curriculum design and delivery.

10.4.1 Recommendations

- Curriculum planners should consider adopting broader concepts of ‘competency’ in assessing the practice of student nurses in practice settings
- Curriculum planners should implement ways of integrating key features of the pre-registration nursing curriculum (e.g. skills and ethics) at early stages of the student learning experience
- Curriculum planners should address the issue of the ‘additive curriculum’ (Ironside 2004) to ensure that subjects are covered in sufficient depth, rather than superficially
- Curriculum planners should implement features of ‘liberal education’ (outlined in 10.3.1) to encourage reflective learning in student nurses
- Nurse teachers should consider adopting pedagogical strategies and styles characterised by creativity and innovation to promote innovative and flexible learning in student nurses. Where possible, utilising resources from the arts and humanities should emphasise features of the imagination, action, relationality, narrative and human flourishing
Nurse teachers should seek to counter perceived institutional and systemic trends towards depersonalisation and student nurse perceptions of anonymity by promoting key tenets of an ‘ethical education’. This should incorporate adoption of appropriate means of academic and personal support so that students are addressed with dignity and respect at all stages throughout their course.

10.5 **Objective Four**

To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students.

In this thesis, I have sought to explore ways in which a ‘how-to-live’ ethic might be promoted in pre-registration nurse education via the reading of literature and poetry. The claim has been made that such reading can contribute towards the ethical practice of pre-registration nursing students via a broad-based teleological understanding of ethics based on personal, inter-personal and societal dimensions (Ricoeur 1992 p. 172). In section 4.4, the main features of this ethic within the context of ethical discourse of professional health care were discussed and links made to its promotion in nurse educational contexts via the reading of literature and poetry. This was discussed under six main headings (sections 4.4.1-4.4.6). Underlying features of this ethic resonate with key elements (‘knowing’, ‘seeing’, ‘reflecting’, ‘being’ and ‘doing’) of the eclectic model outlined in Table 20 (page 108). The ‘how-to-live’ ethic is an engaged and participative ethic which, in taking seriously the complex nature of ethical practice, seeks to recognise and understand the impact of many salient factors. This ethic offers a critique of, but does not necessarily seek to supplant, existing paradigms or tools in current usage within professional health care ethical discourse (e.g. principlism, codes of professional conduct, ethical theories).
Rather, engagement, via critical dialogue, is sought with other paradigms to promote a fuller understanding of ethics in nurse education and practice. In particular, it calls for ethical discourse in professional health care to recognise more fully such factors as human flourishing, narrative, virtue, relationality and other salient contextual issues.

Aspects of this critical dialogue are explored in student nurse narratives presented in sections 7.2-7.5. Linda’s narrative (‘Instances of Care’; section 7.3) addresses a distinct ethical ‘problem’ in practice (administering medication) and draws upon recognised sources (code of professional conduct) as well as sources of literature and poetry. Although not providing details of such influence, Linda’s citation of ‘instances of care’ (‘Present’) in such sources contributes in ‘knowing’ and ‘reflecting’ ways to her acquired confidence to address (‘doing’) such issues again.

The narrative of Diane (‘You’ve Got Feelings’; section 7.3) and a group narrative (‘Caring or Efficient?’; section 7.5) illustrate further aspects of this dialogue between a ‘how-to-live’ ethic and professional ethics. For Diane, reading literature and poetry links personal experience (‘knowing’) to an appropriate expression of emotions in nursing practice (‘doing’). Similarly, the ‘Caring or Efficient?’ narrative indicates the extent to which level of engagement may act as a gauge to integrate salient features of a ‘how-to-live’ ethic and a professional ethic (‘knowing’, ‘seeing’ and doing’).

A further aspect of this ‘how-to-live’ ethic concerns ways in which reading literature and poetry can promote ethical ‘seeing’ and ‘reflecting’. In the narratives of Jane (‘His Army Number’; ‘They Want To Be Left Alone’; section 7.2) and Linda (‘Look At Things’; section 7.2), a common feature of ‘future’ elements is the way in which reading such sources can promote critical thinking and reflection (e.g. Linda –‘It makes you stop and think’).

These narratives also permit ‘how-to-live’ ethical commentary upon wider aspects of contemporary professional ethics. Michelle’s narratives (‘In A Different Light’; section 7.3 and ‘The Night Shift’; section 7.4) offer pertinent comment on the ways in which literature and poetry can offer key perspectives on important aspects of social, or institutional, ethics. Concerning the latter narrative, crucial ‘seeing’ (via the use of
imagination), ‘reflecting’ (in terms of self-scrutiny) and ‘doing’ (consideration of professional practice role models) dimensions may indicate the possible ways in which a ‘how-to-live’ ethic might work more generally via a careful reading of literature and poetry.

At the same time, however, it is important to note several cautionary points. The first is to acknowledge sceptical views on the potential of literature and poetry to promote a ‘how-to-live’ ethic. Michelle’s narrative (‘You Cannot Become Complacent’, section 7.3) is a reminder that sensitive ethical practice may not always be promoted by such reading. The ‘application’ (refiguration) element of reading a text (Ricoeur 1984) may not be the desired (ethical) one. Such findings add support to critical views concerning the ability of the humanities to constructively shape human action (Steiner 2008) and indicate the importance of any ‘ethical competency’ assessment in practitioners drawing upon a wide range of sources and tools.

The second suggests that even where such reading is linked to positive influences on ethical practice, mapping out how this might be achieved may not always be clear. Michelle’s narrative (‘In A Different Light’; section 7.3) demonstrates this in personal and environmental terms. In terms of the latter, it may be very difficult to evaluate the precise impact that the reading of poetry might conceivably have on a care environment beyond a general sense of receptivity towards it.

Thirdly, it is important to consider a sceptical stance derived from postmodernism concerning these narratives of student nurses exploring their ethical practice (Rolfe 2000). As indicated in the recommendations below (section 10.5.1), it is important to set these narratives alongside others (drawn from consideration of ethical principles, codes of professional conduct and ethical theories) currently in use in professional health care ethics discourse.

In terms of evaluating ethical practice, it is important to consider narrative’s epistemological basis in this study. These are narratives of student nurses and, as such, are expressions of what these participating students have said about ethical practice, not necessarily what they have actually done. Narrative, however, as a genre cannot easily separate form
and content and it may be expedient not to press this ‘expression’/‘action’
distinction too far. As the preface quotation from Murdoch (2006)
indicates, action, in revealing personhood, may be able to uncover the
feelings, views and attitudes of men and women. Narrative, viewed in
terms of action, may therefore be able to find acceptance as one
legitimate means, amongst others, of exploring nursing practice itself.

10.5.1 Recommendations

Curriculum planners addressing issues of ‘ethics education’ in pre-
registration nurse education programmes should consider the following:

- use of select examples of literature and poetry from a range of
  sources (e.g. ‘classics’, ‘popular’ titles, ‘autopathographical’ titles,
  service users’ work) to highlight key aspects of the quest for
  meaning as a valid part of the patient experience
- use of literature and poetry in nursing skills sessions to permit
  student exploration of relational dimensions of ethics
- use of literature and poetry to help students explore social,
  contextual, professional and institutional aspects of ethics in relation
  to professional nursing practice
- use of literature and poetry to encourage student nurses to develop
  ethical ‘seeing’ and ‘reflecting’ e.g. through considering examples of
  metaphor
- use of literature and poetry to develop ethical ‘being’ in nurses in
  terms of the cultivation of moral and intellectual virtues
- use of literature and poetry as complementary approaches to the
  use of contemporary tools (ethical principles, codes of professional
  conduct, ethical theories)
- use of literature and poetry to address the above issues in workshop
  contexts in structured, but informal, ways
• use of literature and poetry in advanced stages of pre-registration educational programmes as part of ‘critical perspectives’ on practice

• use of literature and poetry in ethics education as part of inter-professional educational programmes (IPE) involving students from several professional health care disciplines

10.6 Concluding comments

This thesis contributes to current literature in the field of professional health care education by demonstrating the importance of findings derived from consideration of a particular type of teleological ethic within ethics education in nursing. In particular, reading texts of literature and poetry can contribute towards an interrogative and exploratory ‘how-to-live’ ethic by recognition of human ends (or purposes), agency (virtue), narrative and the importance of taking relevant contextual factors into account. The use of narrative as a research methodology, derived itself from the qualitative research paradigm as well as from the humanities themselves, is one important way of developing our knowledge in this area with its links to texts, action, persons and practice. In particular, the use of two different narrative research frameworks in the shape of Labov and Waletzky’s (1967) structural approach and Clandinin and Connelly’s (2000) narrative inquiry approach permits a range of insights to be drawn from consideration of the engagement of the arts and humanities in the promotion of ethical practice amongst student nurses and in the provision of learning opportunities within the educational curriculum more generally.

In this thesis, I have explored significant aspects of the relationship between the arts and humanities and professional health care education and practice. Such a relationship, based upon a shared exploration of such concepts as human ends (e.g. human flourishing), narrative, virtue, action, personhood and practice, is new and evolving (Greaves and Evans 2000). Therein, however, lies both potential and challenge. Given their depth and breadth, the arts and humanities possess the potential to influence, impact, critique and shape professional health care education in different ways e.g. via interdisciplinary research between teachers and...
practitioners in nurse education and practitioners within the arts and humanities.

At the same time, however, the arts and the humanities face constant risks of being marginalised within professional health care educational programmes via frequent reviews of curriculum design, rapidly changing health care practice environments and of ever-changing understanding of the scope and purpose of the arts and humanities themselves (Berube 2003).

Nevertheless, their interrogative and critical monitoring within professional health care curricula along the lines of Edgar and Pattison’s (2006 p. 92) evocative question ‘need humanities be so useless?’ may be the exact type of dynamic required. The arts and humanities within professional health care education need not be associated solely with ‘soft’ perceptions of ‘warm and fuzz(y)’ innovations within the curriculum (Berube 2003 p. 33). However, if a ‘new dialogue’ between the arts and humanities and professional health care education is to commence and develop, it will only begin to emerge within contexts that permit the arts and humanities to ask critical questions of nurse education curricula. If such a perspective is denied, then a danger may exist of the arts and humanities simply being subverted, or sidestepped, by the systematic and rationalist outcomes of curricular programmes discussed in section 8 (Berry 1990 p. 116; Rees 2010).

The reading of literature and poetry and the promotion of ethical practice share a joint interest, or participation, in life itself (Ricoeur 1991b). But every ethical discourse aspiring towards the ‘good’ must recognise certain limitations. Ethical practice, in its aspirational, relational, social, contextual and insight-forming dimensions, must acknowledge human fallibility and weakness. The actions of men, women and *inter alia* student nurses and nurse educators, are often tentative and error-laden, based frequently on a lack of knowledge, sometimes on wilfulness, questionable motives or under the impetus of other contextual factors. The need to adopt open and provisional approaches becomes imperative. This is clearly stated by MacKay Brown (1991):
....what we do for others’ good on earth may end in bitterness and terrible heart-wounds; and yet what we see as ‘an end’ is not the true end; no, all is gathered into a web beyond our computing or comprehension; and while we must always seek to do good, yet that good and every earthly striving to make thing well are (because of ignorance and the vain illusions of the self) but rags of the perdurable seamless garment: Truth itself.

An ethics education for the preparation of pre-registration student nurses based on the reading of sources of literature and poetry alone is not sufficient. Findings and results derived from rationalist and cognitive approaches are also required. But similarly, ethical discourse deriving insights from the latter may also benefit from taking account of the rich aspirational, personal, relational and contextual insights to be gained from engagement with texts of literature and poetry.

Professional nursing practice is complex and the demands placed upon student nurses in educational and practice terms are not inconsiderable. A ‘how-to-live’ ethic can be discerned in Fitzgerald’s (2009) mounting anxiety as she contemplates a future career in nursing beyond her pre-registration educational preparation:

now I am the professional who might one day mess up somebody’s care. According to the college of nursing I attend and Mount Sinai Hospital, I am ready for contact with human patients with genuine ailments. This conclusion is based on the fact that I’ve kept up with the reading and passed my skills evaluations each week. That qualifies me to care for patients? I can’t even care for myself: I go weeks at a time without shaving my legs, I have enormous credit card debt, and I frequently skip breakfast

An ethics education committed to a broad understanding of ‘ethical competency’ can contribute to an educational and practice preparation of student nurses which addresses Fitzgerald’s (2009) concerns for her professional and personal future. As the narratives of student nurses presented in section 7.2-7.5 of this thesis suggest, the reading of literature and poetry, in its dynamic between text, reader and life itself, has an integral part to play in the ethics education of pre-registration student nurses today.
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