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

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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

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ABSTRACT

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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 relationality 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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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).

Title of Study

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

Objectives

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

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

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

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

Research Question

What is the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students?

Key Assumptions/Terms

ethics   action   reading   life   human flourishing   person   practice

Table 1: Research study: title, objectives, research question, key assumptions/terms

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, inter-personal 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'.

Michael Ondaatje *Running in the Family* (1984) London: Picador

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):

709	Hard winter. Duke Gottfried died.
710	Hard year and deficient in crops.
711	
712	Floods everywhere
713	
714	Pippin, Mayor of the Palace, died
715	
716	
717	
718	Charles devastated the Saxons with great destruction
719	
720	Charles fought against the Saxons

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

Solzhenitsyn (1974) combines the forms of chronicle and narrative in his three-volume history of the network of prison and labour camps established between 1918 and 1956 in the Soviet Union. Subtitled 'an experiment in literary investigation', *The Gulag Archipelago* combines a chronology of events with chapters exploring such themes as 'The Law as a Child', 'The Law Becomes a Man', 'The Archipelago Metastasizes' and 'The Ascent'.

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.

Mimesis 1	Pre-understanding issues of human action reader asks of text: who agents are, symbolism, time, signs, rules, norms reader approaches text with their assumptions *prefiguration*
Mimesis 2	'Literary universe' of text itself the 'as if' of text via emplotment transformation of events into a story *configuration*
Mimesis 3	Coming together of world of text and world of reader making/remaking of a world of action application *refiguration*
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 pre-figuration, 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:

 emplotment 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
naïve	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 twinfold 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).

language - interpretation - temporality - action – ethics
Table 6: Ricoeur's dimensions of interpretation (Frid *et al* 2000)

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.

Characteristic	Narrative research	Phenomenology
Focus	Exploring life of an individual	Understanding essence of the experience
Type of problem	Need to tell stories of individual experiences	Need to describe essence of lived phenomenon
Discipline background	Humanities including anthropology, literature, history, psychology	Drawing from philosophy, psychology, education
Unit of analysis	One or more individuals	Study of several individuals sharing the experience
Data collection forms	Primarily interviews, documents	Primarily interviews with individuals, but some documents, observations
Data analysis strategies	Stories, 're-storying', use of themes, developing chronology	Significant statements, meaning units, description of essence
Written report	Developing a narrative about the stories of an individual's life	Describing essence of experience

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).

Type of inquiry	Experience	Seeing	Mode
narrative	reconstruction of	in time	historical
phenomenology	reflection on	becoming	present
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).

beginning - middle – end past-orientated linear and sequential plot makes sense to narrator 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).

Title of Study

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

Objectives

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

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

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

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

Research Question

What is the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students?

Key Assumptions/Terms

ethics action reading life human flourishing person practice

Table 11: Research study title: objectives, research question, key
assumptions/terms

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).

Voices

*narrator (via tape, texts)

*theoretical framework (tools used for interpretation)

*reflexive monitoring of act of reading/interpretation (e.g. self-awareness
  of research participants, researcher narrator, reader)

Table 12: Dialogical listening: three voices (Lieblich *et al* 1998)

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).

Abstract	summary of substance of narrative
Orientation	time, place, situation, person
Complicating Action	sequence of events
Evaluation	significance/meaning of action, element of mystery, attitude of narrator
Resolution	what finally happened
Coda	returns verbal perspective to narrator
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.

Figure 1: Dewey's criteria of experience
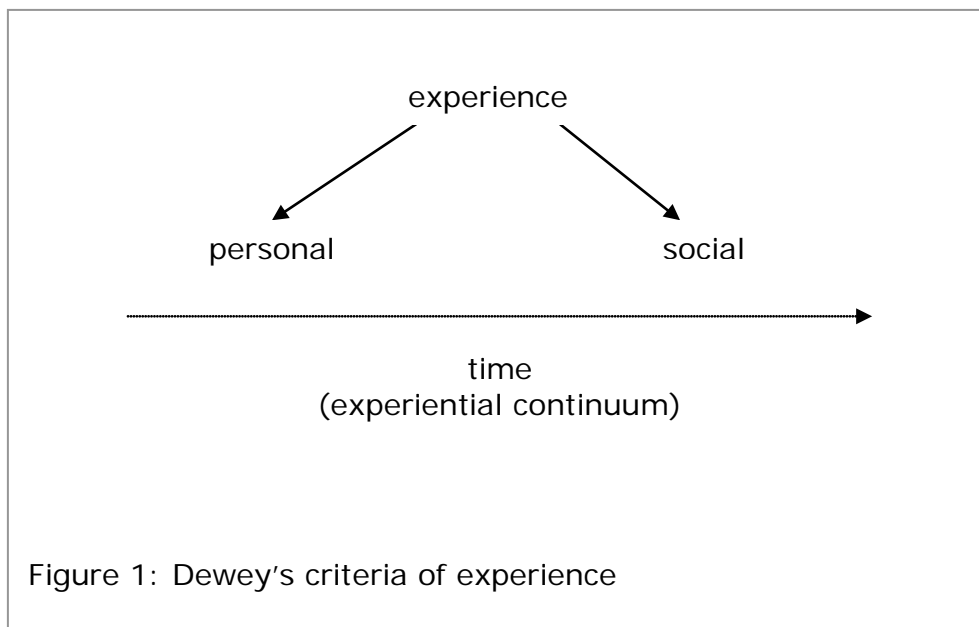
The world of education is explored via the conduit of Dewey's theory of experience (Clandinin and Connelly 2000). Narrative represents a means of studying personal experience in structured ways (Clandinin and Connelly 1994 p. 418). By posing the question 'why narrative?' the answer provided is: 'because 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).

Figure 2: The three-dimensional space narrative structure
          (Clandinin and Connelly 2000)
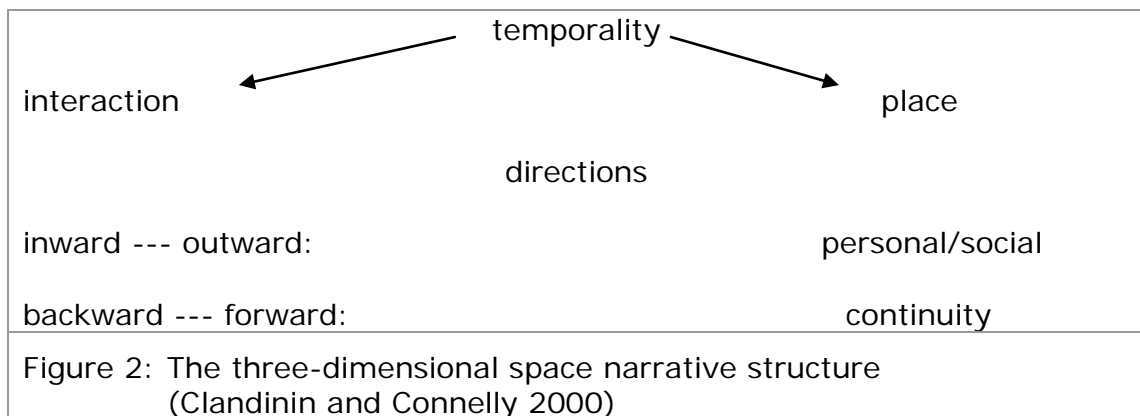
If considered as a form of narrative *inquiry*, this approach avoids strict definition of narrative in favour of seeing both participant and researcher as engaged in 'a form of living, a way of life' and as 'walking into the midst of stories' (Clandinin and Connelly 2000 p. 78). Acknowledging the potential 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

| | Interaction | | | Continuity | | |
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
look inward to internal conditions	look outward to existential conditions in environment with other people's intentions	looking backward to remembered experiences	looking to current experiences	look forward to implied and possible experiences	look at context, time and place – in a physical landscape or setting with special boundaries
Feelings	Purposes	feelings	feelings	plot lines	
Hopes	Assumptions	stories from earlier times	stories		
aesthetic reactions			relating to actions of an event		
moral dispositions					

Source: Ollerenshaw and Creswell (2002) – adapted from Clandinin and Connelly (2000)

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).

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

Joyce Carole Oates *The Tattooed Girl* (2004) London: Harper Perennial

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, existing 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, nano-technology, 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).

1. Develops an appreciation of the complexity of human experience

2. Promotes an appreciation and sensitivity of difference

3. Encourages a more complex appreciation of meanings that are attributed to illness, suffering, dying and grieving

4. Engagement with works of art can enable students to make rich connections between personal and professional knowledge experience

5. Develops more sophisticated expressive and observational skills

Table 16: Using the arts and humanities in the training of allied health care professionals (Smith *et al* 2006)

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).

to understand the complexities of patients' experiences
to develop students' clinical skills within specific contexts
to develop students' relational skills and competencies (e.g. culture)
to develop reflective and critical thinking
to foster students' ethical practice
to promote the use of narrative pedagogies in curricula
Table 17: Using literature and poetry within nurse education

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 …

level four:	theories
level three:	ethical principles
level two:	moral rules
level one:	particular moral rules
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.

ends or purposes	kind of person	context
human flourishing	character	action
the 'good'	virtues	narrative
relationality	reflexivity	

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).

Ethical 'Knowing'
- personal, public and professional ethics
- ethics in health care and in nursing
- ethical theories and practical decision-making

Ethical 'Seeing'
- particularities
- cultivation of moral imagination
- use of the humanities
- patients' narratives

Ethical 'Reflecting'
- thinking and reflecting critically
- use of reflective models
- self scrutiny

Ethical 'Being'
- cultivation of virtues (disposition to act)

Ethical 'Doing'
- from aspiration to action
- the place of role models

Table 20: Ethical competency: an eclectic model (Gallagher 2006)

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:

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).

The foundations of the 'ethical criticism' of literature lie in ancient sources. Classical philosophy adopted a broad approach – involving logical argument, rhetoric, tragedy and poetry – toward addressing a single question: 'how human beings should live?' (Nussbaum 1990 p. 15)

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 ₃ 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 decentre 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).

Lectio (reading the text)

Meditation (use of memory to understand text

as a whole)

Oratio (praying the text)

Contemplation (living the text)

Table 21: Lectio divina (Peterson 2006 pp. 92-103)
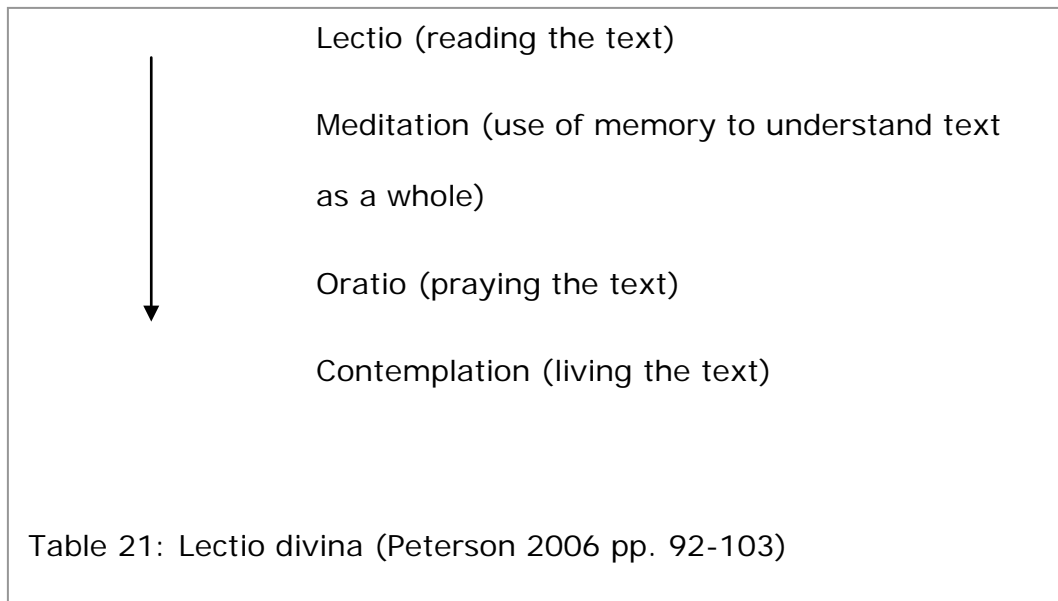
It is also possible to consider the act of reading texts as a form of narrative ethics itself (Meininger 2005). Reading can possess an intentionality which can encourage a sense of purpose or exploration. This reading can go beyond 'micro' attention to its internal structure (e.g. sentence construction 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'.

Cynthia Ozick *The Shawl* (1991) London: Jonathan Cape

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).

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

Table 22: Characteristics of narrative inquiry (Holloway and Freshwater 2007 p. 35)

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

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).

arts and humanities

↓

arts and humanities within professional health care education

↓

arts and humanities within nurse education

ethics in nurse education   literature and poetry in nurse education

literature /poetry and ethics

specific educational context

B.N. module NU 3681

The Expressive Arts in the Caring Context

↓

A narrative exploration of the relationship

between reading literature and poetry and ethical practice:

Narratives of student nurses and nurse educators

Figure 3: Flow chart of research stages (based on objectives)

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.

OBJECTIVE	DATA SOURCE
1.To critically analyse the role and importance of the arts and humanities in professional health care education	Review of literature Focus group – nurse educators
2.To critically analyse the role and the importance of the arts and humanities in nurse education	Review of literature Focus group – nurse educators Focus groups (2) – student nurses One-to-one interviews with student nurses (7)
3.To critique current nursing curriculum philosophies from the perspective of the arts and humanities	Review of literature Focus group – nurse educators Focus groups (2) – student nurses One-to-one interviews with student nurses
4.To explore the relationship between reading literature and poetry and the ethical practice of pre-registration nursing students	Review of literature Focus groups (2) – student nurses One-to-one interviews with student nurses Reflective practice journals Documentary source review

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).

• Identification of issue	The relationship between reading literature and poetry and ethical practice
• Research question	What is the relationship between reading literature and poetry and the ethical practice of student nurses?
• Ethical approval	School of Nursing and Midwifery Research Ethics Committee (SERP) of Robert Gordon University
	National Health Service (NHS) North of Scotland Research Ethics Committee (NOREC)
	National Health Service Central Office for Research Ethics (COREC)
• Research methods	Focus groups – student nurses
	Focus group – nurse educators
	One-to-one interviews – with student nurses
	Reflective practice journals (student nurses)
	Documentary source review – 'Application to Practice' section of students' group modular assignment materials
	Research journal – compiled by Principal Investigator

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.

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

interview <... > discussion

high facilitator   low facilitator
involvement   involvement

relatively planned discussion
facilitator active

Figure 4: Focus group format (Woodring *et al* 2006)
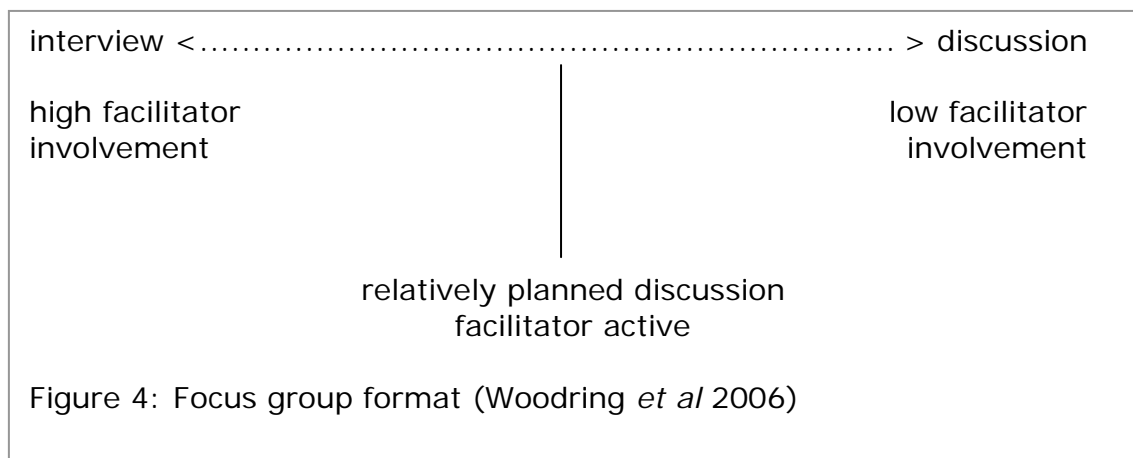
The plotting of a midpoint between a highly structured interview format and a more loosely structured discussion in terms of a '*relatively planned discussion*' (emphasis added) may permit the focus group to be used with a degree of direction in the exploration of a specific topic (Woodring *et al* 2006). 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.

raw data ---- description ---- interpretation ---- recommendations
analysis continuum

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' is favoured, 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.

- dialogue with self

- dialogue with story (using model of reflection) to produce a text

- theoretical framing: text alongside other sources of knowledge interpretation

- Dialogue: narratives and 'curious readers' (others)

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). Denshire 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

research methodology' with reference to this study are set out in Table 27 (Carson and Fairbairn 2002).

<div style="border:1px solid black; padding:1em;">

<u>Narratives</u>

Helping whole persons to tell their narratives

<u>Reflexive research</u>

Listening and learning
interviewing
transcribing
interpretation
reading and writing
dissemination

<u>Ethical review procedures</u>

Access to site
recruitment of samples
informed consent
maintaining confidentiality
research methods

Table 27: An ethical research methodology

</div>

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'.

Sebastian Barry *The Secret Scripture* (2008) London: Faber & Faber

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   <u>Other approaches</u>
(Facilitator)

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

Orientation

Stanza 2   <u>One text</u>
(Mary)

   04   We were reading
   05   *The Bell Jar*

Stanza 3   <u>Its DVD version</u>
(Diane)

   06   We watched the DVD
   07   as well *(Sylvia)*

Complicating Action

| Stanza 4 | <u>Differences</u> |
| (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 | <u>Guess</u> |
| (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 | <u>Another guess</u> |
| (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 | <u>Imagination</u> |
| (Jane) | |

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

Stanza 8	<u>Interpretation</u>
(Jane)	

35	It's what you think
36	when you read a book
37	but if it's in film you think:
38	'That's not what I thought'

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   <u>Beginnings</u>

  01   When I first started
  02   doing this module

Orientation

Stanza 2   <u>Recall</u>

  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   <u>Confusion</u>

  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   <u>Making the connection</u>

  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   <u>Other perspectives</u>

  18   But now its 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	<u>First reading</u>

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

Orientation

Stanza 2	<u>Poetry at school</u>

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	<u>Link to nursing</u>

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

Evaluation

Stanza 4	<u>Response</u>

10	Actually reading his poetry
11	I found it quite touching

Resolution

Stanza 5	<u>Empathy</u>

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 <u>The art of nursing</u>

01 We always wanted to do the arts
02 as opposed to
03 the actual science route

Orientation

Stanza 2 <u>Self-expression</u>

04 We felt it was more
05 about expressing yourself
06 and understanding how
07 the patient expressed himself

Stanza 3 <u>*The Magic Flute*</u>

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 <u>No comprehension</u>

13 Nobody could understand
14 what he was talking about
15 and he was quoting
16 from *The Magic Flute*

Evaluation

Stanza 5 <u>Understanding</u>

17 Because somebody understood him
18 the difference was just magical really

Resolution

Stanza 6 <u>Meaning</u>

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   <u>Two routes</u>

  01   I think you need
  02   to do both

Orientation

Stanza 2   <u>Complementary</u>

  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   <u>Change</u>

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

Evaluation

Stanza 4   <u>Recommendation</u>

  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   <u>Science</u>

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

Stanza 6   <u>A different perspective</u>

  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   <u>Signs</u>

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

Orientation

Stanza 2   <u>Attitudes and actions</u>

    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   <u>Well planned</u>

    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   <u>Quality of teaching</u>

    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   <u>Participative</u>

    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   Patients' perspective

Stanza 5

  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   <u>Learning context</u>

01   Some of the workshops
02   with your photographs

Complicating Action

Stanza 2   <u>Other lives</u>

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   <u>Self-awareness</u>

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

Resolution

Stanza 4   <u>Values</u>

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.

NINTH NARRATIVE – MICHELLE

'An Open Approach'

Abstract

Stanza 1   <u>Bibliophile</u>

  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   <u>All arts</u>

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

Complicating Action

Stanza 3   <u>One session</u>

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

Stanza 4   <u>Photographs</u>

  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   <u>Abstract images</u>

  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.

ELEVENTH NARRATIVE – DIANE

'Formative Days'

Abstract

Stanza 1   Appreciation

  01   I'm not saying that
  02   young people don't appreciate it

Orientation

Stanza 2   Context

  03   Its what kind of background
  04   you come from as well
  05   maybe your parents are academic

Complicating Action

Stanza 3   Background

  06   You said that your daughter
  07   had been sitting reading
  08   That's a different background
  09   from where I came from

Evaluation

Stanza 4   Early exposure

  10   If you are introduced
  11   to it early enough
  12   you might enjoy it

Resolution

Stanza 5   Different perspective

  13   I think the majority of people
  14   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.

TWELFTH NARRATIVE – JANE

'Another's Perspective'

Orientation

Stanza 1	<u>Music</u>
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	<u>General link</u>
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	<u>Deeper meaning</u>
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	<u>Coping</u>
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	<u>Different strategies</u>
18	My way of coping
19	could be totally different
20	from somebody else's
21	way of coping

Resolution

Stanza 6   <u>Promoting autonomy</u>

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.

THIRTEENTH NARRATIVE – RUTH

'Interpreting Cancer'

Abstract

Stanza 1   <u>Interpretation</u>

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

Orientation

Stanza 2   <u>Several interpretations</u>

  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   <u>Whether cancer</u>

  11   Not everybody
  12   would have thought
  13   'cancer'

Stanza 4   <u>Other ideas</u>

  14   Somebody else
  15   would have thought
  16   something else

Evaluation

Stanza 5   <u>Different views</u>

  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'

	Interaction			Continuity		
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
Death and dying, I did relate to that poem quite a bit	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.	I looked at her and thought: 'God, it could be my grandmother. Somebody could have been here for her but I didn't look at it thinking 'I'm here for her'.	When I reflected on it I thought I was there for her. I was the last person to see her, she wasn't alone, she would remember my voice saying 'You'll be okay'. That's how I'll always remember that, she was the first person ever to die on me.	But now I look at it, it had made me grow professionally and I know next time I won't start crying and breaking down, I'll be much more professional.	Context – care of older people

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'

	Interaction			Continuity		
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
I probably didn't enjoy working in old age and I think it was just so task-orientated	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.	I think it is one of the guys at the weekend that I was looking after. The only thing he remembered was his army number. I think probably before its mair superficial conversation, it's just going in: 'It's a bonny day outside' or whatever	But even looking at their pictures, by their bedsides, speaking about their pictures	Probably looking at literature and poetry has made me think, when I go into people's rooms.	Care of older people

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'

	Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
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	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	Just wonder what's going on in her mind	One of the pieces that we did makes you think of where that person comes from, what's her background about, why she's in that state and it does make you sit down and look at things rather than just rushing in: it's another body in another bed that's got to be dealt with	It makes you stop and think	Clinical practice context: care of older people

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).

FOURTH NARRATIVE – MICHELLE

'I AM CANCER'

	Interaction			Continuity		
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
I had one the other way round	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.'	One of the poems which we did was about cancer '*I Am Cancer*'	And that made me think: it was in retrospect, I had the experience first	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.	Clinical practice – community – engaging with relatives

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).

<u>*Cancer*</u> (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'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
I've had a really bad placement	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.	Just by spending a wee bit of time doing an everyday thing	Getting the paper, reading a book and it's nice when somebody does acknowledge what you've done	It doesn't always happen in mental health. It tends to be that wee bit more difficult to get in. You've got to establish a relationship before you can start going into too many things	Clinical placement - general setting

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.

SIXTH NARRATIVE – LINDA

'INSTANCES OF CARE'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
I'm quite an ethical person anyway	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.	The NMC Code of Conduct points out that you need to know who administrates medication.	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.	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.	Clinical practice – hospital context

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'

	Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
I love the poems of T.S. Eliot and the one that sprung to mind was *The Rum Tum Tugger*: how he's very chaotic and he says: 'For he will do As he do do'	That is what this patient does. No matter what you say, he will go in his way regardless	I'm in my third year now and I don't look at people who are in a mental health hospital as institutionalised	You cannot always be saying to them: 'You cannot do this, you cannot do that'. It's like being a teacher with a bunch of five or six-year-olds. But underneath the illness the person is still there.	As long as care, safety and the risk are identified, what is wrong with letting them do as they want to do?	Acute mental health care – special observations

Restorying

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'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
Rather than speaking away to them and then thinking: 'go away'	If somebody's depressed and doesn't want to speak	Before I'd an idea for just steaming in and nae thinking	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 *The Bell Jar* has influenced me	I think I'll be thinking more	Therapeutic contexts in mental health

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'

	Interaction		Continuity		
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
You've got feelings	If you were reading something about a child, you would feel quite emotional and think: 'It could happen to your own family'	When you're younger, it just goes over the top of your head	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	But the older you become, you can become more emotional and you're not scared to cry	Reading literature and poetry within the context of personal and professional lives

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'

	Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
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.	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'.	It's made me go back over literature, plays and poems that I've read	And see them in a different light and it's also brought new poems and literature to me	It has certainly benefited me	Module learning/clinical practice contexts

Restorying

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'

	Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
Literature and poetry has helped in a lot of instances	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	I've seen pet therapy in action before	I wondered whether the pet or who got the most out of it	I used the situation so we could help this lady	Care home context

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.

TWELFTH NARRATIVE – MICHELLE

'YOU CANNOT BECOME COMPLACENT'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
It obviously works for me but it's what you take out of it	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	It would depend how you read into the words	Take *'MacBeth'*: *'MacBeth's* quite a bloody play so somebody who is enjoying this could say: 'I'm getting a buzz out of this, I'm enjoying this.'	And maybe fail to see what the play is actually saying	Life

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 Clandinen 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'

<u>Fact Strand</u> (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.

<u>Retrospective Strand</u> (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.

<u>Substratum Strand</u> (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.

<u>Connective Strand</u> (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'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
One of my goals for module NU 3902 is the nurse's role in ECT (electro convulsive therapy)	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'	One poem I loved in my childhood	It just seems appropriate for this time		Mental health acute in-patient context

Restorying

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).

SEVENTEENTH NARRATIVE – MICHELLE

'THE NIGHT SHIFT'

Interaction		Continuity			
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
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'

	Interaction			Continuity		
Personal	*Social*	*Past*	*Present*	*Future*	*Situation*
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	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	I did not know what to say to her tonight and I felt I'd let her down	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	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	Clinical practice - oncology

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 [3]), 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?'

	Interaction			Continuity		
Personal	Social	Past	Present	Future	Situation
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?	I also recognise that the nurse who was 'busy and efficient' may be viewed as cold and too busy to care	which is all too often the case	It makes you see what the child/parent sees, what is important and allows us to better our care and begs the question: 'who would we want our sick children to be looked after? By a nurse who was caring, gentle and empathetic? Or someone who was efficient and purposeful?'	In all truthfulness I think a balance of the two would encompass the 'art of nursing' and make us feel 'safe' our child was being well looked after on a medical basis, but by nurses who genuinely cared and recognised the needs of a child not just those of a sick child	Paediatric nursing – acute care

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'

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

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

in areas where procedural paradigms ('means') may assume positions of dominance.

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.

C.S. Lewis 1955. *That Hideous Strength* London: Pan Books Ltd.

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		<u>Challenges</u>
	01	I think more and more
	02	nurses face challenges

Complicating Action

Stanza 2		<u>No set formula</u>
	03	There isn't going to be
	04	an answer or cure or proforma
	05	that you can give them

Stanza 3		<u>New challenges</u>
	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		<u>How to learn</u>
	12	They have to learn
	13	how to learn
	14	and learn to think for themselves
	15	and learn to reflect

Stanza 5		<u>'Out of the box'</u>
	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		<u>New things</u>
	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   <u>Interactive with others</u>

    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   <u>Relational issues</u>

    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   <u>Certain client groups</u>

    12   Maybe people with learning disabilities
    13   or people with mental health problems
    14   or perhaps the elderly population

Stanza 4   <u>Societal views</u>

    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   <u>Response</u>

    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   <u>Art of nursing</u>

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

Stanza 6   <u>Depth learning</u>

    23   Having explored something
    24   in a bit more depth
    25   is beneficial
    26   rather than having them
    27   both together

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   <u>Respect for others</u>

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

Stanza 2   <u>Self and others</u>

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

Stanza 3   <u>Individuality</u>

    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   <u>Anonymous patients</u>

    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   <u>Lack of personhood</u>

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

Resolution

Stanza 5   <u>Significance</u>

    21   And that was *very* interesting

Interpretation

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   <u>Depth</u>

    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   <u>Awareness of self</u>

    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   <u>A lack</u>

    10   I don't think
    11   the majority of students
    12   in first and second year
    13   are really self-aware

Resolution

Stanza 4   <u>Exploration</u>

    14   I think they may think they are
    15   but I don't think
    16   they have explored themselves

Stanza 5   <u>Caring</u>

    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   <u>Complexity</u>

01   In relation to the 'art of nursing'
02   it's really quite complex

Orientation

Stanza 2   <u>Arts input</u>

03   I must admit that in third year
04   to bring an 'arts' perspective
05   into science which I do use

Stanza 3   <u>Observation</u>

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   <u>Problem-solving</u>

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   <u>Observe</u>

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   <u>Exploration</u>

22   It's all about really
23   exploring that aspect

Resolution

Stanza 7   <u>Learning struggle</u>

24   Its quite interesting
25   for the students really were
26   struggling initially
27   at the beginning of the module

Stanza 8   <u>Art and science</u>

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   <u>Integration</u>

    01   I can see the 'arts'
    02   and the 'sciences' both together
    03   as an integrated part

Orientation

Stanza 2   <u>Two strands</u>

    04   I think from our curriculum
    05   I would like to see
    06   both strengths of the 'arts'
    07   and the 'science'

Stanza 3   <u>Mutual support</u>

    08   For nurses to have both
    09   because I think one will
    10   support the other very readily

Complicating Action

Stanza 4   <u>Lack of time</u>

    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   <u>Medical model</u>

    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   <u>Measurements</u>

    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   <u>Musical effects</u>

   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   <u>Integration</u>

   27   I can see the 'arts' and 'science'
   28   beautifully coming together

Stanza 9   <u>Therapy</u>

   29   In some areas they actually use
   30   music therapy pre-operatively
   31   and post-operatively

Stanza 10   <u>Curriculum integration</u>

   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 <u>Student group</u>

    01   I had an Honours group
    02   They had to pick out a case study

Complicating Action

Stanza 2 <u>Science and art</u>

    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 <u>Student learning</u>

    07   It was fascinating
    08   and they found it
    09   a very good learning experience

Stanza 4 <u>Twin perspectives</u>

    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 <u>Student learning</u>

    15   The students found it really
    16   meaningful and helpful to them

Stanza 6 <u>Curriculum integration</u>

    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   <u>Mature students</u>

    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   <u>Discernment</u>

    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   <u>Patient contact</u>

    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   <u>Vicarious experience</u>

    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   <u>Lack of experience</u>

    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   <u>Being human</u>

  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   <u>Different perspective</u>

  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

Stanza 6   <u>Care missing</u>

17   I think students miss
18   that initial understanding
19   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.

TWELFTH NARRATIVE - RHONA

'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   <u>Curriculum</u>

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   <u>Curriculum overload</u>

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   <u>Impossible</u>

13	You'll never manage
14	to tell all you need to know
15	at that moment in time

Evaluation

Stanza 4   <u>Student responsibility</u>

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   <u>Life</u>

21	This sort of stuff
22	is something that once
23	you've got it
24	you've got it for life

Stanza 6	<u>Understanding</u>
25	Once you've got
26	an awareness of how people are
27	how you are
28	and how you relate to them
29	your strengths and weaknesses
30	once you've got that
31	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   <u>Interest</u>

     01   Its just to make
     02   the curriculum interesting

Complicating Action

Stanza 2   <u>Superficiality</u>

     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   <u>Skimming</u>

     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   <u>Two routes</u>

     14   At least we're having
     15   the 'arts' and the 'science' route

Stanza 5   <u>Student motivation</u>

     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

Interpretation

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).

FIFTEENTH NARRATIVE – SAM

'ESSENTIAL FOR ALL'

Orientation

Stanza 1   <u>Universal access</u>

          01   All students should
          02   have access to this

Complicating Action

Stanza 2   <u>Converts</u>

          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   <u>Essential</u>

          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   <u>All</u>

          15   If you make it
          16   part of the curriculum for all
          17   then these people
          18   can be doing it

Resolution

Stanza 5   <u>Access</u>

          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   <u>Why</u>

   01   It's back to the 'why's', isn't it?

Complicating Action

Stanza 2   <u>Linkages</u>

   02   Its 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   <u>Questions</u>

   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   <u>Measurement</u>

   13   Scientifically you can
   14   put a measure on it

Stanza 5   <u>Music</u>

   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   <u>Both perspectives</u>

   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 emphasis 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 centring 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?'

Alan Bennett *The Uncommon Reader* (2008) London: Faber & Faber

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.

Interaction	*Continuity*
Personal	*Future*
I'm quite an ethical person anyway	You have to be able to work in a team; truthtelling comes into it.
	It's given me insight ethically as to the tools to support you when a situation like this arises

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

Stanza 1 <u>Respect for others</u>

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

Resolution

Stanza 5 <u>Significance</u>

  21 And that was *very* interesting

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; Clandinen 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).

TITLE

An exploration of ways in which reading poetry and literature may enhance the ethical practice of pre-registration nursing students

OBJECTIVES

1. To appraise the place of the arts and humanities in professional health care education

2. To appraise the place of the arts and humanities in nurse education

3. To use the arts and humanities to provide a critique of current nursing curriculum philosophies

4. To explore the place of literature and poetry as a means of enhancing the ethical practice of pre-registration nursing students

RESEARCH QUESTIONS

What is the place of the arts and humanities in professional health care education?

Does the reading of literature and poetry enhance the ethical practice of pre-registration nursing students?

KEY ASSUMPTIONS

action   living   human flourishing   person   practice

Table 29: Initial research title: Objectives, questions, assumptions

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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:

Research journal entry 15 April 2009

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).

TITLE

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

OBJECTIVES

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

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

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

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

RESEARCH QUESTION

What is the relationship between reading literature and poetry and the ethical practice of student nurses?

KEY ASSUMPTIONS

ethics   action   reading   life   human flourishing   person   practice

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

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'Men truly manifest themselves in the long patterns of their acts, and not in any nutshell of self-theory'

Iris Murdoch (2006) *The Black Prince* London: Vintage Books

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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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
Aberdeen
Scotland

Appendix Materials

January 2011

List of Appendix materials

Consent form

APPENDIX ONE

PROGRAMME OVERVIEW

PROGRAMME OVERVIEW

Bachelor of Nursing – Stage 3

School of Nursing and Midwifery

The Robert Gordon University, Aberdeen

2006-2007

Weeks 91-110

NU 3742 Facilitating Learning and Mentoring

NU 3901/2/3 Transition to Professional Practice

NU 3904 Applied Nursing/Midwifery Research

NU 3681 Expressive Arts in the Caring Context
(Arts Route)

OR

NU 3906 Advancing Nursing Through Science
(Science Route)

NU 3905 Nursing/Midwifery and Health Policy

ONE OPTION

Weeks 111-134

NU 3672/3674/3676

Managing Care and Resources

Week 135
Theory

APPENDIX TWO

MODULE DESCRIPTOR

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

Module Title	Reference	NU3681
Expressive Arts In The Caring Context	SCQF Level	SCQF 9
	SCQF Points	15
	ECTS Points	7.5
Keywords	Created	May 2002
Expressive arts; interpretation; social context; culture;	Approved	June 2002
images; metaphors; change.	Amended	September 2004
	Revision No.	2

This Revision is No Longer Current

Prerequisites for Module

Satisfactory completion of required modules for mode of study. NU2909 Person / Family Centred Care.

Corequisite Modules

None.

Precluded Modules

NU3906 Advancing Nursing through Science.

Aims of Module

To appreciate the place of expressive arts within the caring context.

Learning Outcomes for Module

On completion of this module, students are expected to be able to:

1. Reflect on examples of different images of health and ill health within the expressive arts.
2. Compare and contrast these different individual perceptions of images.
3. Examine these images of health and ill health in relation to cultural and societal perceptions.
4. Evaluate the use of expressive arts as a way of offering another perspective on practice.

Indicative Module Content

Exploration of sources of expressive arts eg. literature; poetry; media; art; film; interpretation; response; understanding; insight; caring; social context; culture; images; metaphors, photography, music, theatre; narrative; transformation; identity.

Indicative Student Workload

Contact Hours	Full Time
Enquiry Based Learning	5
Lectures / Group Activities	35

Directed Study	
Enquiry Based Learning	40
Module Focussed	20

Private Study	
	50

Mode of Delivery

Modified lectures; discussions; seminars; visits.

Assessment Plan

	Learning Outcomes Assessed
Coursework	1,2,3,4

Coursework will be assessed through presentation.

Indicative Bibliography

1. BEGLEY, A.M., 1995. Literature, Ethics and Communication of Insight. *Nursing Ethics,* 2(4), 287-294.
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APPENDIX THREE

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

TEACHING MATERIALS

READING LITERATURE WORKSHOP

The purpose of this workshop is contained in the following aims:

(1) to reflect upon different images of health and ill health

(2) to compare and contrast these different images

(3) to examine these images of health and ill health in relation to cultural and social perceptions

(4) to evaluate the use of such literature as one way of offering another perspective on practice

The workshop will centre around *reading* and *discussing* excerpts from literature on a number of different themes. On receiving material in advance, students should read the material (and other relevant background reading) ahead of the workshop date.

The following questions (not exhaustive) are intended as prompters for the workshop discussion:

♦ what are the main themes explored by the author in this piece?

♦ how do these themes relate to current social views on these issues?

♦ how is caring (and nursing) explored in the passage?

♦ how will your response to reading this passage inform your practice of nursing?

Think of a book, poetry, painting or other art form that has made a significant impact upon your life and/or nursing career. Consider exactly what this influence was and be prepared to discuss this with your colleagues at our next session.

NOTES:

2. Read over the following literature excerpt carefully within your group

and discuss your response.

'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, trying to pull my head down to her level. I could see
her long, streaky, fine blond hair from my height, and was drooling somewhat
as she said, *urrd*, meaning bird, several times.

I bowed down my knees again before her while she inspected my talon cut,
hitting it gently with an optimistic and healing staccato caress – it was the
faith-healing gesture of a child consoling a doll that has been dropped.

Then, from behind I felt another pair of hands as one of her friends joined in.
Then another pair. Suddenly I was dogpiled by an instant family, in their adoring,
healing, uncritical embrace, each member wanting to show their affection more
than the other. They began to hug me – too hard – as though I were a doll,
unaware of the strength they exerted. I was being winded – crushed – pinched
and trampled.

The man with the beard came over to yank them away. But how could I explain
to him, this well-intentioned gentleman, that this discomfort, no this pain, I was
experiencing was no problem at all, that, in fact, this crush of love was unlike
anything I had ever known.

Well, maybe he did understand. He removed his hands from his wards as
though they were giving him small static shocks, allowing them to continue
crushing me with their warm assault of embraces. The man then pretended
to watch the white bird feeding in the black field.

I can't remember whether I said thank you'.

Douglas Coupland   *Generation X* – Tales for an Accelerated Culture
Abacus Press, U.K., 1992   pp.207-208

NOTES:

1.

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!

'Cancer' (anonymous) : from MacDuff and West (2002)

2.   Never shall I forget that night, the first night in camp, which
has turned my life into one long night, seven times cursed
and seven times sealed. Never shall I forget that smoke.
Never shall I forget the little faces of the children, whose
bodies I saw turned into wreaths of smoke beneath a silent
blue sky.

15-year old Elie Wiesal's recollections of Buchenwald concentration
camp in *Night* Avon Books, 1960

3. I've been worrying about why people don't seem to learn from what happens. And in spite of all the literature which is almost prophetic .... I've been thinking about how literature works, and how it is not politics. It seems to me that literature works on the imaginary domain, on the discourses representing reality, and if mentalities are changed, on an individual level, then collective behaviour can change. But literature can only influence in the world to come. It doesn't "work" immediately.

Wanquet, E. in Warner (2003)

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Seerveld, C. (2000) *Bearing Fresh Olive Leaves* – Alternative Steps in Understanding Art Piquant, Toronto

Steiner, G. (1967) *Language and Silence – Essays 1958-1966*
Faber & Faber, London

Tamplin, R. (ed.) (1991) *The Arts – A History of Expression in the Twentieth Century* Harrap, London

Warner, M. (2003) Who's sorry now?   *Times Literary Supplement* 1 Aug 10

APPENDIX FOUR

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

LITERATURE WORKSHOP

SAMPLE OF SOURCE MATERIALS

NU 3681

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

Literature Workshops

Samples of Source Materials

Peterson, A. 2002. *A Will to Win*. Pan Books, London

Diamond, J. 1998. *Because Cowards Get Cancer Too*. Vermillion, London

Austen, J. 1965 ed. (original publication 1818). *Persuasion*. Penguin, Harmondsworth

Galloway, J. 1999. *The Trick Is To Keep Breathing*. Vintage, London

McCrum, R. 1998. *My Year Off: Rediscovering Life After A Stroke*. Picador, London

Plath, S. 1966. *The Bell Jar*. Faber & Faber, London

Dickens, C. 1984 (original publication 1844). *Martin Chuzzlewit*. Everyman's Library, David Campbell Pub., London

Lewis, C.S. 1961. *A Grief Observed*. Faber & Faber, London.

Solzhenitsyn, A. 1971. *Cancer Ward*. Penguin Books, London.

Picardie, R. 1998. *Before I Say Goodbye*. Penguin Books, London.

Housden, H. 2003. *Hannah's Gift – Lessons From A Life Fully Lived*
Element, London

APPENDIX FIVE

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

POETRY WORKSHOP

SAMPLE OF SOURCE MATERIALS

NU 3681

THE EXPRESSIVE ARTS IN THE CARING CONTEXT

POETRY WORKSHOPS

Samples of Source Materials

MacBeth, G. 1992. 'The Worst Fear'. In: *The Patient* Hutchison, London

Stallworthy, J. 1999. 'The Almond Tree' In: G.R. Jones ed. *The Nation's Favourite 20th Century Poems.* BBC Books, London

MacDuff, C. 2007. 'Touching the Void', 'First Ward Anatomy Lesson', 'Bedside Photo', 'Male Nurse' In: *In Wards, Out Wards: Poems and Stories from Nursing and Beyond.* The Joanna Briggs Institute, Adelaide

Steven, K. 1997. 'Napoleon in Hospital' In: *The Pearl Fisher*. The National Poetry Foundation, Hants

Steven, K. 2000. 'Old Woman' In: *Iona*. Saint Andrew Press, Edinburgh

Steven, K. 'Donald', 'The Last Death' In: *The Missing Days*. Scottish Cultural Press, Aberdeen

Causley, C. 2000. Ten Types of Hospital Visitor. In: *Collected Poems: 1951-2000.* Picador, London

Pugh, S. 2002. 'Night Nurses in the Morning' In: *The Beautiful Lie.* Seren Books, Bridgend, Wales

Ratcliffe, E. 2005. 'Nurse, Teddington Hospital' In: *PoemHunter* website: http://www.poemhunter.com

Blackhall, S. 'Half-Hourly Observations, ARI Casualty Dept', 'Side-Ward' 'The Dying Room', 'Howdie'

Easton, J. 'Grief Rehearsals'

* both local authors: (C) The Robert Gordon University

APPENDIX SIX

SCHOOL OF NURSING AND MIDWIFERY

CLINICAL ASSESSMENT PROFILE

SCHOOL OF NURSING AND MIDWIFERY

ROBERT GORDON UNIVERSITY

Proficiencies for entry to the Register – Adult Nursing Branch
Module 3672 – Managing care and resources

Domain 1 – Professional and Ethical Practice.

Module learning outcome:
Ensure management and delivery of care is in accordance with an ethical and legal framework associated with professional practice.

NMC proficiencies:

NMC proficiencies:	Status achieved in each outcome; mentor's initial and date.		
	Placement 1	**Placement 2**	**Placement 3**
1.1 Manage self, one's practice, and that of others, in accordance with the NMC *Code of professional conduct*, recognising one's own abilities and limitations			
• practise in accordance with the NMC *Code of professional conduct*			
• use professional standards of practice to self assess performance			
• consult with a registered nurse when nursing care requires expertise beyond one's own current scope of competence			
• ✓consult other health care professionals when individual or group needs fall outside the scope of nursing practice			
• identify unsafe practice and respond appropriately to ensure a safe outcome			
• manage the delivery of care services within sphere of one's own accountability			
1.2 Practise in accordance with an ethical and legal framework that ensures the primacy of patient and client interest and well being and respects confidentiality			
• demonstrate knowledge of legislation and health and social policy relevant to nursing practice			
• ∫ensure the confidentiality and security of written and verbal information acquired in a professional capacity			
• demonstrate knowledge of contemporary ethical issues and their impact on nursing and health care			
• manage the complexities arising from ethical and legal dilemmas			
• act appropriately when seeking access to caring for patients and clients in their own homes			

- **Bullet point items serve only as a guide to mentors to help determine the degree to which the outcome (in bold) is achieved by the student i.e. ONE entry (A or N) will be recorded in the relevant box along with the mentor's initials and the date.**

Achievement status   A   The student's performance in the outcome is satisfactory and safe
                      N   The student's performance in the outcome is not yet satisfactory and safe

The student's performance in year three should be judged against the four elements on page 1. *It is expected that the student will operate without the need for*

Proficiencies for entry to the Register – Adult Nursing Branch
Module 3672 – Managing care and resources

Domain 1 – Professional and Ethical Practice.

	Status achieved in each outcome; mentor's initial and date.		
	Placement 1	Placement 2	Placement 3
Module learning outcome *Ensure* management and delivery of care is in accordance with an ethical and legal framework associated with professional practice. **NMC proficiencies:**			
1.3 Practise in a fair and anti-discriminatory way, acknowledging the difference in beliefs and cultural practices of individuals or groups • maintain, support and acknowledge the rights of individuals or groups in the health care setting • act to ensure that rights of individuals and groups are not compromised • respect the values, customs and beliefs of individuals and groups • provide care which demonstrates sensitivity to the diversity of patients and clients.			
1.4 Demonstrate professional responsibility for oneself by adherence to prescribed dress code, attendance to one's own personal hygiene, and meeting requirements for attendance and timekeeping			

• Bullet point items serve only as a guide to mentors to help determine the degree to which the outcome (in bold) is achieved by the student i.e. <u>ONE</u> entry (A or N) will be recorded in the relevant box along with the mentor's initials and the date.

APPENDIX SEVEN

INDICATIVE SCHEDULE FOR FOCUS GROUPS

STAGES ONE AND TWO

FOCUS GROUPS WITH STUDENT NURSES – INDICATIVE

SCHEDULE

Welcome to group/introductions

Issues of consent (forms)

Purpose of group (refer to Information Sheet/Guidelines)

Aims and Objectives of study
Development of module learning experience
Texts and new texts
Relate to practice: 'ethical competencies'
Information on one-to-one interviews, reflective practice journals

Discussion on students' module learning experience

Sample literature passage (from *The Patient* – Simenon, G.)
on handout distributed
read out by facilitator and discussed by group

Discussion on students' practice and elements of research process

Questions from group participants

Summary, conclusion and thanks

FOCUS GROUP WITH STUDENT NURSES – INDICATIVE SCHEDULE

Wednesday 24 January 2007   Reading/briefing group

Welcome

Ethics – consent forms   use of tape recorder

- briefing and discussion of project – use aims & objectives (Information Sheet)

- my role – facilitative/participative (e.g. journal)

- Pete's role

- Module learning – texts and new texts (e.g's – ask for)

- links to practice – 'ethical competencies' (e.g. NMC Domain – Professional and Ethical Practice – linked to NMC Code of Professional Conduct)

- clinical placement – your narrative via clinical journal (Fish's reflective model)

- interviews – placement locations

- questions, clarification

- thanks

APPENDIX EIGHT

STAGES ONE AND TWO

INFORMATION SHEET/GUIDELINES FOR

PARTICIPATING STUDENT NURSES

INFORMATION SHEET/GUIDELINES

MPhil/PhD Study: An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students

CHIEF INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery, The Robert Gordon University, Garthdee Campus, Aberdeen, AB10 9QG

INVITATION

Thank you for agreeing to take part in stage 3 of the above study. The purpose of this Information Sheet is to help you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is unclear, please do not hesitate to communicate with the contact name at the end of this sheet.

AIMS AND OBJECTIVES OF STUDY

(1) to explore student nurse perspectives on the place of literature and poetry as a means of enhancing their ethical and professional development

(2) to seek student nurse perspectives on the overall place of ethical and professional issues within the nursing curricula

(3) to consider the place of the arts and humanities in nurse education

CONSENT

Your participation in the study is entirely voluntary and you are free to withdraw from the study at any time.

BENEFITS OF TAKING PART

It is hoped that you will derive benefit from the opportunity to reflect upon and discuss key aspects of the nursing curriculum here in this School

POSSIBLE DISADVANTAGES OF TAKING PART

It is not envisaged that you will be exposed to any harmful effects from taking part in this study.

'FOCUS/DISCUSSION GROUP'

Objectives (1) and (2) are being addressed with participating student nurses using a narrative research methodology. The purpose of the group is to address objective (3): 'to consider the place of the arts and humanities in nurse education'. To this end, the perspectives of nurse teachers in this School of Nursing and Midwifery are being sought with regard to the place of the arts and humanities in the nursing curriculum.

The group will be invited to reflect upon a number of themes of potential relevance to objective (3):

- the place of arts and science 'routes' within the present programme
- positive/negative perspectives on the arts within nurse education
- the art of nursing
- arts and humanities as part of curriculum innovation within a degree programme
- the practice of nursing
- future perspectives

The group will meet once for a period of one hour on *Wednesday 25 April 2007* at 1300 hrs in the Faculty of Health and Social Care (room to be arranged). Facilitated by the Chief Investigator, the group's proceedings will be audio-taped and these will be subject to the study's overall narrative analysis.

ORGANISATION AND FUNDING OF THIS RESEARCH

This study is sponsored and funded by the Robert Gordon University.

REVIEW OF THE STUDY

This stage of the study has received full ethical approval from the School of Nursing and Midwifery Ethics Review Panel.

FURTHER INFORMATION

Further information about the study can be obtained by contacting:

Andrew McKie   Tel: 262689   email: a.mckie@rgu.ac.uk

Thank you again for agreeing to participate in this study. It is very much appreciated.

APPENDIX NINE

STAGES ONE AND TWO

RESEARCH INTERVIEWS – INDICATIVE SCHEDULE

RESEARCH INTERVIEWS – INDICATIVE SCHEDULE

Overall theme

'Tell me the narrative, or story, of your practice ....'

- 'In the reading/briefing' group, one of the respondents stated that reading literature and poetry had helped them to 'think differently' about, and to 'look differently' at, their practice. Would you be able to comment on this?

- One of the group stated that literature helped to 'fill out', or make 'alive', the lives of their patients. Would you be able to comment on this?

- How have the insights from literature and poetry enhanced your understanding of the ethical competencies contained in your assessment documents?

  Thereafter, follow-up questions as they arise.

APPENDIX TEN

'STRANDS OF REFLECTION: FOUR-STRAND APPROACH'

'STRANDS OF REFLECTION': 'FOUR-STRAND APPROACH'

(possible areas of application in italics)

(Fish *et al*, 1991)

(1) 'fact' strand

describe context, what happened, critical incidents, feelings
patient scenario/intervention, ethical issues

(2) retrospective strand

patterns, new meanings, links to previous learning
'reading group' insights related to current practice

(3) substratum strand

assumptions, beliefs, values, underlying judgments
key underlying aspects of ethics, 'how to live', axioms

(4) connective strand

making connections to wider world or practical situations, action
plan
transformation, change, evaluation, ethical comportment

Reference:

Fish, D., Twinn, S., Purr, B. (1991) *Promoting Reflection: Improving the Supervision of Practice in Health Visiting and Initial Teacher Training* West London Institute, London

APPENDIX ELEVEN

ETHICS APPLICATION FOR RESEARCH INVOLVING

HUMAN PARTICIPANTS

FORM E3

ROBERT GORDON UNIVERSITY

THE ROBERT GORDON UNIVERSITY

ETHICS APPLICATION FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

Form E3

This form should be completed by the Principal Investigator for research that requires ethical approval by the University's Research Ethics Sub-Committee, and which involves human participants.

Research Title:	An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students.
Principal Investigator:	Andrew McKie
Head of School:	Jenny Parry

1. Who is the project funded by? *(if internally funded please state "RGU")*

RGU

2. Summary of proposed research and objectives

SUMMARY

The developing role of the arts and humanities in professional health care education provides opportunities for teaching ethics in nurse education in new ways. Notwithstanding the limitations of some current approaches to teaching ethics in terms of excessive abstraction and rationality, an arts and humanities perspective, by being interdisciplinary, can work alongside current approaches to offer new perspectives on the ethical challenges facing nursing practice today. The proposed study focuses on the place of literature and poetry upon student nurses' ethical and professional development and makes important links with emerging trends in ethics in terms of narrative, virtue and communitarian perspectives.

OBJECTIVES
1. To seek student perspectives on the overall place of ethical and professional issues in the nursing curricula
2. To explore student nurse perspectives on the place of literature and poetry as a means of enhancing their ethical and professional development
3. To consider the place of the arts and humanities in nurse education

3. Summary of expected outcomes

1. Demonstration of the nature of ethical awareness, reflection and action in student nurses.
2. Understanding of the role of literature and poetry in enhancing ethical practice of student nurses.
3. Outlining the place of arts and humanities approaches in nurse education

4. Summary of ethical issues *(expanded from Form E1/Research Governance Checklist)*

Cohort recruitment (see enclosed RDR application, p. 5, 8-10)
The process of recruitment members to 'reading groups' from April 2006 and October 2006/information on study/consent procedures raise two important ethical issues.
   (i)   recruitment requires to take place whilst potential students are still undertaking studies in Module *NU 3681* 'The Expressive Arts in the Caring Context': danger of research participation influencing studies
   (ii)   the role of researcher being compromised by his position as module leader of *NU 3681*

'Reading' groups
transparency of proceedings and freedom of participants to withdraw from study

Completion of reflective journals by students during placement
The influence of participating in the 'reading groups' on student nurses' practice may involve written disclosure on patient care and relevant interventions: anonymity assured within journal guidelines

4. **Where appropriate please provide page references in research proposal (RDR application) of the description of any/all of the following:**

	Page reference in proposal
Rationale/method for selecting sample	5 sect. 4.3
Method used to estimate the required number of participants	5 sect. 4.3
Power calculations - if study involves comparisons	not applicable
How the results will be measured and statistically analysed	7

6. **What kind of participants are being used for the research, i.e. such as children or adults with severe learning disabilities**

Student nurses on stage 3 of Bachelor of Nursing (including Hons.) programme at the School of Nursing and Midwifery, Faculty of Health and Social Care, The Robert Gordon University

7. **Estimates of risks and benefits to participants of proposed research**

Benefits
participation of students as part of their continuing professional education and ongoing interest in themes of module recently undertaken

Risks
group work, exposure to potentially stressful encounters in 'reading group' and clinical practice, personal awareness of these

8. **Plans for obtaining consent where applicable**

letter – Head of School, Course Leaders
        student participants

        Consent form to student participants

letter of information – Personal Tutor

9. **Steps that will be taken to ensure confidentiality of data**

Storage of data – within locked metal cupboard file in School of Nursing and Midwifery

10. **Other comments**

Enclosed: draft copies:

- letter to Head of School requesting access permission
- letter to Course Leader requesting access permission
- letter to individual students' personal tutors – information, relevant issues
- letter inviting students to consider participation in study
- consent form
- Information Sheet/Guidelines for participants

Signature: _____ Date: _____

(Principal Investigator)

Signature: _____ Date: _____

(Head of School/Centre/Associate Dean/Ethics Advisor)

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APPENDIX TWELVE

RESEARCH STUDENT PROJECT ETHICAL REVIEW

(*RSPER*) FORM

ROBERT GORDON UNIVERSITY

THE ROBERT GORDON UNIVERSITY

RESEARCH STUDENT PROJECT ETHICAL REVIEW (RSPER)

(TO BE COMPLETED AND APPENDED TO A RESEARCH STUDENT REGISTRATION APPLICATION)

SECTION A: TO BE COMPLETED BY STUDENT

Before completing this section, please refer to the *Research Ethics Policy* and *Research Governance Policy* which can be found online at http://www.rgu.ac.uk/policies. The student's supervisor is responsible for advising the student on appropriate professional judgement in this review.

Please ensure that the statements in **Section C** are completed by the student and supervisor prior to submission to the Head of School/Centre.

Project Title:	An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students.
Student:	ANDREW MCKIE
School/Centre:	School of Nursing and Midwifery, Faculty of Health and Social Care
Supervisor:	Dr. Bernice West
Start Date:	February 2005

SECTION B: ETHICS REVIEW CHECKLIST - PART 1

To be completed by student

		Yes	No
1.	Is approval from an external Research Ethics Committee required/being sought?	☐	☐
2.	Is the research solely literature-based?	☐	☐

If you answered YES to 1 and/or 2 please go to the Ethics Review Checklist - Part 2

		Yes	No
3.	Does the research involve the use of any dangerous substances?	☐	☐
4.	Does the research involve ionising or other type of dangerous "radiation"?	☐	☐
5.	Could conflicts of interest arise between the source of funding and the potential outcomes of the research?	☐	☐
6.	Is it likely that the research will put any of the following at risk:		
	(i) living creatures?	☐	☐
	(ii) stakeholders?	☐	☐
	(iii) the environment?	☐	☐
	(iv) the economy?	☐	☐
7.	Does the research involve experimentation on any of the following?		
	(i) animals?	☐	☐
	(ii) animal tissues?	☐	☐
	(iii) human tissues (including blood, fluid, skin, cell lines)?	☐	☐
8.	Will the research involve prolonged or repetitive testing, or the collection of audio or video materials?	☐	☐
9.	Could the research induce psychological stress or anxiety, cause harm or have negative consequences for the participants (beyond the risks encountered in normal life)?	☐	☐
10.	Will financial inducements be offered?	☐	☐
11.	Will deception of participants be necessary during the research?	☐	☐
12.	Are there problems with the participant's right to remain anonymous?	☐	☐
13.	Does the research involve participants who may be particularly vulnerable (such as children or adults with severe learning disabilities)?	☐	☐

To be completed by student

Please give a summary of the ethical issues and any action that will be taken to address the issue(s). If you believe there will be no ethical issues please enter "NONE" into the box.

Administrative process of recruiting cohort members: requires to be carried out during delivery of module NU 3681 'The Expressive Arts in the Caring Context' of which researcher is module leader

ACTION: all administrative matters (recruitment, consent, information) to be handled independently by one of the researcher's colleagues within the School

Data collection period (reading groups, reflective journals, selective interviews)

ACTION: ensure issues of beneficence, non-maleficence, autonomy, justice are demonstrated via written information to students and in operations of the above stages

Students' reflective journals to be compiled during clinical placement: ethical approval to be sought from Grampian NHS Research Ethics Committee

SECTION C: STATEMENT BY RESEARCH STUDENT

I believe that the information I have given in this form on ethical issues is correct.

Signature: _____ Date: 2/11/05

AFFIRMATION BY PRINCIPAL SUPERVISOR

I have read this Ethical Review Checklist and I can confirm that, to the best of my understanding, the information presented by the student is correct and appropriate to allow an informed judgement on whether further ethical approval is required.

Signature: _____ Date: 1/11/05.

SECTION D: SUPERVISOR RECOMMENDATION ON THE RESEARCH PROJECT'S ETHICAL STATUS

Having satisfied myself of the accuracy of the research project ethical statement, I believe that the appropriate action is:

The research project proceeds in its present form	
The research project proposal needs further assessment under the School Ethics procedure*	✓
The research project needs to be returned to the student for modification prior to further action*	

* The School is reminded that it is their responsibility to ensure that no project proceeds without appropriate assessment of ethical issues. In extreme cases, this can require processing by the University's Research Ethics Sub-Committee or by external bodies.

INSTRUCTIONS FOR RESEARCH STUDENT:

Once the School is satisfied with the ethical check surrounding your research work, please attach original signed copy of this form to your Registration Application Form (RDR). Once your RDR form is complete, signed and has all appropriate attachments, you should then forward it to the Research Degrees Office, AB44, Schoolhill.

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APPENDIX THIRTEEN

METHODOLOGY PLAN (VERSION 2)

METHODOLOGY PLAN (VERSION 2)

The following plan seeks to categorise key stages of a narrative

methodology in respect of this study.

April 2006: recruitment processes (myself as 'researcher blind': all correspondence, enquiries through Jane Knox, Lecturer, School of Nursing and Midwifery)

'briefing' to Jane Knox (and to other members of module team) in form of possible 'Frequently Asked Questions' sheet: to answer enquiries from potential participants re aims and objectives of study, shape of 'reading group', reflective journal, interviews

PART 1   week of 3/7/06

'Keen Readers' group
- view in terms of briefing, discussion of research project, aims and objectives
- build upon module learning experience: texts and discussion of new texts (choice)
- relate to practice: link learning to 'ethical competencies' e.g. Domain 1 'Ethical and Professional Practice' of NMC proficiences (NMC, 2004)
- look ahead to clinical placement – student narratives via reflective journals, use of appropriate reflective models
- my role – facilitative/participative; reflexivity via reflective journal

ACTION:
- 'critical companion' to notetake
- audiotape proceedings

PART TWO   Student groups assignment presentation

The assessment mode for the module is via student group presentations on *Friday 30 June 2006*. It is proposed that my 'teacher/module leader' role is not made more complex for potential participating students by adding a 'researcher' element until *after* formal completion of the module. Therefore, I will take part in the group presentations as a 'teacher-assessor'.

Established administrative practice for this module is to request student group submission of 'representative material' (CD-Rom, Power Point handouts, reference list) to assist external examiner validation of module team moderation of grades.

It is proposed to request access to copies of these materials and to treat as 'historical documents' and secondary to data obtained from 'Keen Readers' group.

ACTION

- to seek consent from *all* assessed students to access materials as these are 'group' owned

- to seek *specific* consent for materials to be used anonymously by the researcher for this study and any subsequent output

- to seek such consent *after* 14/7/06: when provisional assignment results are sent out

- to seek consent from External Examiner to access such materials

- ethical approval for above actions to School Ethics Review Panel

DATA ANALYSIS OF 'REPRESENTATIVE MATERIALS'

The aim of accessing these materials is to capture elements of students' learning on the module to support data collected via the 'keen readers' group and students' reflection upon their practice.

It is envisaged that particular attention will be paid to presentation materials in the areas of 'application to practice' e.g. certain texts indicating the relevance of specific ethical issues (respect, personhood, autonomy) or more reflectively ('this poem showed us the value of listening more closely to our patients').

Such data, along with potential data derived from select interviews (see Part 3 below), will be used to support data derived from participants' reflective journals.

These narratives may be analysed in the shape of suggested ways of framing these journals e.g. Fish *et al* (1991) 'Strands of Reflection: Four-Fold Approach', as outlined below.

'STRANDS OF REFLECTION': 'FOUR-FOLD APPROACH'
(possible applications in italics)

(1)   'fact strand'
describe context, what happened, critical incidents, feelings

patient scenario/intervention, ethical issues

(2)   retrospective strand
patterns, new meanings, link to previous learning

'reading group' insights, related to current practice

(3)   substratum strand
assumptions, beliefs, values, underlying judgments

key underlying aspects of ethics, 'how to live', axioms

(4)   connective strand
making connections to wider world or practical situations, action plan

transformation, change, evaluation, ethical comportment

PART THREE

'follow-up' interviews with (selected) students on clinical placement
- to encourage 'connection' of texts with students' own developing narratives
- to consider and discuss examples of ethical practice

ACTION: audiotape

ANDREW MCKIE
School of Nursing and Midwifery
3 March 2006

APPENDIX FOURTEEN

'FREQUENTLY ASKED QUESTIONS'

SOME POSSIBLE 'FREQUENTLY ASKED QUESTIONS'

FOR USE OF BY JANE KNOX AND OTHER MEMBERS OF THE MODULE

DURING RECRUITMENT PERIOD: APRIL 2006

STUDENT: I have recently received Andy's invitation to take part in his research and I am interested. Could you tell me more about it?

ANSWER: Andy is interested in finding out more about the impact of of your learning during the expressive arts module on your actual nursing practice. There are so many issues to look at, but Andy is particularly interested in finding out how it may affect your understanding of ethics in nursing practice. He hopes that you will find taking part interesting, especially after completing the module recently. It is hoped also that the study will shape future use of the arts in nurse education.

STUDENT: The 'keen readers' group sounds interesting. What will it involve?

ANSWER: It will be a 'briefing' group, informal, with an opportunity to discuss the project fully. There will be some discussion of literature and poetry texts which you read during recent workshops and an opportunity to look at some new ones. Andy will take part in the discussion himself and for further analysis of issues, he will tape it. It is probable that another colleague of Andy's will there to take some notes of how the session went.

STUDENT: Will writing of a reflective journal when I am on placement take up a lot of time? This is a busy time of the course for me.

ANSWER: Andy is aware of other course requirements for you at this stage. He hopes, however, that you will be able to write down issues arising from your practice fairly quickly. You will be a full 'Information Sheet/Guidelines' to help you do this.

STUDENT: I'm a little concerned that taking part, or declining to do, will affect my module performance and grade. Should I have these fears?

ANSWER: I can understand your point. However, one of the reasons that I (Jane) am involved now is to take Andy out of the recruitment phase of the study. He will not know which students have agreed to take part until the 'keen readers' group meet in July. In addition, the study at this stage has had the full ethical approval of our School's Ethics Review Panel.

Your participation in the study is entirely of your choice. Andy will be giving out a consent form to those who agree to take part, as well as another one for interviews.

STUDENT: What will happen if Andy recruits more than ten students for his study?

ANSWER: This will be a good problem for him to have! He will simply draw names out of a hat to get the right number.

APPENDIX FIFTEEN

STAGE THREE

INFORMATION SHEET/GUIDELINES FOR

PARTICIPATING NURSE TEACHERS

INFORMATION SHEET/GUIDELINES

MPhil/PhD Study: An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students

CHIEF INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery, The Robert Gordon University, Garthdee Campus, Aberdeen, AB10 9QG

INVITATION

Thank you for agreeing to take part in the above study. At this stage it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is unclear, please do not hesitate to communicate with the contact names at the end of this guideline.

AIMS AND OBJECTIVES OF STUDY:

(1) to explore student nurse perspectives on the place of literature and poetry as a means of enhancing their ethical and professional development

(2) to seek student nurse perspectives on the overall place of ethical and professional issues in the nursing curricula

(3) to consider the place of the arts and humanities in nurse education

As part of the Chief Investigator's postgraduate studies, the duration for this part of the study will be until the end your placement in April 2007.

CONSENT

Your participation in the study is entirely voluntary and you are free to withdraw from the study at any time. A decision to withdraw at any time will not in any way affect your academic progress.

BENEFITS OF TAKING PART

It is hoped that you derive benefit from taking part in research into themes of a course module which you have recently completed. Dissemination of provisional results will take place later in 2007.

POSSIBLE DISADVANTAGES OF TAKING PART

It may be that discussing certain issues of your clinical practice will evoke unpleasant reactions in you. The Chief Investigator is aware of this possibility and will understand if you do not wish to continue any part of your narrative.

'READING/BRIEFING' GROUP

This group will meet *once* on *Monday 3 July 2006* at 1400 hrs in room H408 of the Faculty of Health and Social Care. It is anticipated that this meeting will last approximately 1 and 1 ½ hours.

The format of the group will resemble recent module workshops and will seek to develop themes which you may have recently considered:

- briefing and discussion of research project, aims and objectives
- development of module learning experience: texts and new texts (*please feel welcome to bring along other texts of literature and poetry sources which you think might be helpful to discuss. These may include texts used during module workshops, but other texts of your own choosing can also be considered*)
- reading and discussion of these
- relate to practice: link learning to 'ethical competencies'
- link these to Domain 1 'Ethical and Professional Practice', NMC
- look ahead to clinical placement – your narratives via reflective journal
- the researcher's role – facilitative/participative

In order to 'capture' the discussion of the reading group, the proceedings will be audio-taped. In addition, given the Chief Investigator's participative role, it is likely that one of his colleagues will be present to take notes of the 'research process'.

REFLECTIVE JOURNALS

The compiling of these should take place during your final (rostered service) clinical placement between 11/9/06 and 20/10/06 (a period of six weeks). Areas of relevance for your notes or narratives may include:

- ethical issues arising from practice
- use of ethical approaches in these (e.g. principles, codes)
- your response to texts discussed in reading group e.g. narratives, incidents, questions
- your linking of these responses to events in your nursing practice
- evidence of your ethical and professional development (e.g. skills of discernment, creativity, understanding, ethical competencies (e.g. Domain 1 'Ethical and Professional Practice' of NMC proficiencies)
- comments on benefits of this approach in ethics education

A particular model of reflective practice (Fish *et al*'s 1991 'Strands of Reflection: Four-Fold Approach') will be introduced at the 'reading/briefing' group'. You are, however, free to make use of any reflective model (e.g. Gibbs, Driscoll, Johns) which you are familiar with to help structure your narrative.

Normal confidentiality guidelines should be adhered to in your completion of these journals.

There is no need to append your name.

Completed journals should be returned to myself at the School of Nursing and Midwifery by *Friday 27 October 2006..*

INTERVIEWS

It is anticipated that the Chief Investigator will ask to interview you during your clinical placement. The purpose of the interview is to provide another perspective on the impact of engaging with literature and poetry on your ethical and professional development as a nurse. These will be arranged at a mutually convenient time and they will be taped. Following this, the tapes will be kept under secure arrangements at the School of Nursing and Midwifery, transcribed, analysed for the purposes of the study and destroyed after the duration of the study.

REPORT ON FINDINGS

It is anticipated that an interim report of the study's findings will be made available to you later in 2007.

ORGANISATION AND FUNDING OF THIS RESEARCH

This study is sponsored and funded by the Robert Gordon University.

REVIEW OF THE STUDY

This study has received full ethical approval from the School of Nursing and Midwifery Ethics Review Panel and Grampian Research Ethics Committee.

FURTHER INFORMATION

Further information about the study can be obtained by contacting:

before Reading Group:　Jane Knox　Tel: 262983　email: j.o.e.@rgu.ac.uk

during reflective journal period: Andrew McKie Tel: 262689
email: a.mckie@rgu.ac.uk

Thank you again for agreeing to participate in this study.

APPENDIX SIXTEEN

STAGES ONE AND TWO

CONSENT FORM

CONSENT FORM

School of Nursing and Midwifery

The Robert Gordon University

Aberdeen

STUDY: MPhil/PhD: An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students

PRINCIPAL INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery

I hereby agree to take part in the following sections of the above study:

- 'reading/briefing' group
- individual interview
- reflective journal completion

I agree that the proceedings of the 'reading/briefing' group and interviews will be audio-taped.

I understand that I can withdraw from the study at any time.

NAME: _____   SIGNATURE: _____

DATE: _____   INTAKE: _____

01/07

11/06

APPENDIX SEVENTEEN

STAGES ONE AND TWO

ACCESS TO 'APPLICATION TO PRACTICE' SECTIONS

OF MODULAR ASSIGNMENT

CONSENT FORM

CONSENT FORM

School of Nursing and Midwifery

The Robert Gordon University

Aberdeen

STUDY: An examination of the place of literature and poetry in the ethical and professional development of pre-registration nursing students

CHIEF INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery

I hereby agree to the above investigator accessing the 'application to practice' section of my group assignment in Module NU 3681 'The Expressive Arts in the Caring Context'.

NAME: _____   SIGNATURE: _____

DATE: _____   INTAKE: _____

APPENDIX EIGHTEEN

TRANSCRIPTS OF RESEARCH INTERVIEWS

STAGE ONE – LINDA

STAGE TWO - MICHELLE

A.McK.   The theme of the interview is the story of your practice. But in particular what I want to do is to ask you how the expressive arts, in particular the reading of literature and poetry, has impacted upon your practice so far. I was wondering if you give me a few examples of that at this early stage.

LINDA   I think it makes you think about the ethical side of your practice …. em … when you've got a patient in a hospital, an elderly person, say for example, or perhaps MS or is in terminal care, it is important to look beyond the body there, to realise that there was, there is a person there, that person has had a very full life. Talking to them, the patient, you can find, if you want to, tell them a little about their life and you find out quite a bit about them, but by reading literature and poetry it helps you, if don't have knowledge about what they're talking about, it helps you visualise not the physical experience but intellectually experience what their life was like or relate to what they're talking about.

A.McK.   One of the students in the group said that literature helped to 'fill out' the lives of their patients. Is that what you are trying to say?

LINDA   In what way?

A.McK.   That it make them become 'alive', the comment about the poem by Kenneth Steven, 'Old Woman', helped one student to see that she just wasn't a case in a bed, but she had been a young woman once, but was still a person now. Is that what you are trying to say?

LINDA   Yes, that makes sense. That you have to look beyond the body and look at the whole person holistically and to realise that that person has had, has a life which is equally as important as yours. Just because you are busy, especially in adult nursing, rushed off your feet and short staffed, it is important to try and pause and find time to relate to that

person and to interact with that person and sometimes by using poetry and literature, not necessarily at the time, but you can go back and, like I said, understand, even understand what it like for that person in that bed and to try to put yourself in their shoes, what it might be like lying there, having people buzzing around you or ignoring you, whichever way it is, talking over you, you know, say for example, a person with MS lying in a bed who can only move their neck, you know, from neck upwards, it must be incredibly frustrating seeing all these health care professionals drifting in, drift out, sometimes talking down to you and poetry and literature can look at what its like from their perspective.

A. McK.   One of the things that I am interested in – was this insight something which you had on the course before you started the 'Expressive Arts' module or has this insight been something that has developed since being exposed to literature and poetry?

LINDA   I believe I had that insight before I started the course altogether, but the 'expressive arts' module has helped me develop it further and the course itself is very academic and skills-orientated: its rather nice to take time out to do this, to stop and think about the intellectual and emotional side of it from the patients' point of view.

A.McK.   Earlier on, you spoke about the intellectual side of care which the module gave you, but you also spoke about the emotional side. Two of the respondents in the focus group also spoke about the way in which literature and poetry helped them to 'think differently' and also 'look differently'. Is that something you would agree on?

LINDA   I would agree, for example at the moment I'm caring for a patient with MS who can't …… but can only move her head from the neck up and she can barely talk. It has helped me look at things from her perspective, especially what it must be like to be in a bed 24/7 and it has helped me to try to look at things from her angle.

A. McK.   One of the other aims of the study was to see in what way literature and poetry could help develop your ethical practice alongside the ethical competencies that you are being assessed on e.g. the Code of Conduct, autonomy trustworthiness, truthtelling and these sort of things.

Have there been ways which you have noticed that your ethical competencies have developed and could you give some examples?

LINDA   Yes, definitely, I've written a couple of reflective pieces which you can take with you. I'm quite an ethical person anyway but one of them was on a drugs round and I think it has given me the confidence using expressive arts literature and poetry you're reading scenarios actually that you can find yourself in in that situation and I found myself recently in a hospital doing a drugs round, supervised by a mentor; however, when it came to do it, the drugs round the like's of I had never done before, all the drugs had been checked by the night staff, the expiry dates and trolley had been refilled by the night staff which was fine but when it came to doing the drugs round no expiry dates were checked and the packets or boxes of the drug, the patients' identity wasn't checked or administered because they said they knew all their patients. This particular place is very short staffed and has a high turnover of staff. I didn't know these patients, I had just arrived and they are teaching students how to do drugs rounds and I questioned practice and was told that you have to be able to trust your colleagues. In the NMC Code of Conduct, the thing about working as a team, that I pointed out that we are all individually accountable, the NMC Code of Conduct points out that you have to know who administrates medication and I wasn't happy to do it the way they wanted me to do it and I refused to do it the way they wanted me to do it. There were other students on placement there who were happy to go with the flow but I wasn't so they are now, because I raised this issue, having to look at how they're training students and how they're doing the drugs round.

A.McK.   So this was a particular example of an ethical issue in practice for you ?

LINDA   Yes, it was a question of I knew I was right, I felt I was right I have the NMC Code of Conduct behind me to prove I was right and they're still doing it like that.

LINDA   It has, not all instances, but in a lot of instances. Other patients that I've come across, one example with, when I was working with a local care home support team recently on placement, we went into a care home to visit an early resident, it was a residential home, not a nursing home, and there was a cat in there. Now you don't see many cats in places like this. I actually knew this resident from a previous placement and had looked after her for quite a while and she had been in her own home, she had been in a local hospital, but she had also been going back to and from hospital to her own home, but now she had been moved into the residential home and she had become institutionalised, she had seen people coming and going, she was just sitting there like you see so many people like the residents in so many of these places, you know gazing into space. The physiotherapist I was with brought her over and introduced herself and I introduced myself, but she just wasn't interested in it at all. Until she sat down, she realised that there was a cat curled up next to us. She knew the cat, but it was the physiotherapist that I was with left the room for a moment and I started talking to her and talking to her about the cat and her whole face light up and she started talking about her life before she moved into the home, how she liked animals, the cat only had one eye, why she thought the cat had one eye, and talking to her through the cat, if you like, using the cat as a tool, as an instrument, we managed to ascertain the information which the therapist when she came back wanted to know.

A.MCK   It's a bit like some poetry, or I'm thinking of some childrens' literature that I'm sure you might be aware of: that some animals can talk and its through animals that important points are made. I'm aware that in some areas, mental health for example, animals can be seen as a very important part of a care setting.

LINDA   I've seen pet therapy in action before and I've actually wondered whether the pet or who got most out of it and didn't think it had worked, but in this instance by the residential home actually having a pet there it was a positive, adding quality of life to the residents. And it was used, well we used the situation, or I did actually, to try and find out a little bit more of what was going on so that we could help this lady.

A.MCK   One of the other areas that came up in the reading group was the idea that literature and poetry can help you express yourself better, that because you hear a poem being read and comment on it or sometimes you might have read it out together as well, it can make you understand the importance of communicating with patients. Now communication is seen as one of the hallmarks of nursing. Has that been something that you have been aware of, that literature and poetry might, as it were, help your communication skills – listening, talking, hearing the story of your patient?

LINDA   Yes, definitely. I suppose by reading the poetry that we were given and also other literature because I have been reading other literature in connection with this module, its stops the 'bull-in-a-china-shop' syndrome, it has helped to take a step back, to review a situation before I wade in, to try to take time, when you're communicating with patients each patient is different, has a different reason for being or coming into contact with you and a difffent background socially – you know, some live in the city, some in the country, some with learning disabilities, some are intellectuals, you know, whatever and it can help you relate to them and give you an insight into how to approach them.

A.MCK   The term that comes to mind, although you didn't say it, was a term which you will be familiar with from day one: that of 'reflective practice'.

LINDA   Yes

AMCK   You say that you think more or take a step backwards. Do you think literature and poetry can be part of that whole reflective tools that we are encouraging you to use?

LINDA   Definitely, I've done four reflective pieces here, apart from reflecting generally. One of the things which I have been doing actually through this module it was actually a diary written by my uncle which didn't come with the module I've actually been reading it at the same time alongside. Its been fascinating - he was a doctor out in Uganda – and its been fascinating reading the situations that he had come across, his reflections and his ethical views are very, very similar to my own. And by me having been reflective and reading his diaries and reading his reflective account , its given me a better insight into my own practice and also how I am made up because there are very similar, you know, I how react to people, how I communicate, my thoughts, my views, are very, very similar to his, actually.

AMCK   I'm interested in that because one of the other features of this whole area is looking at the personal and professional dimension of practice. Often we asked yourselves to respond to literature and poetry and that has a personal dimension responding as a man or as a woman or as a wife or as a mother, as a nurse, but also responding professionally. You said earlier on that you were quite an ethical person and you also said just there too that's its given you some understanding of who you are vis-à-vis the story of your uncle's practice. How does all that come together?

LINDA   It helps me understand myself and by understanding myself I can relate to people, appreciate, look at, self-awareness really, look at how the people you are communicating to them. Sometimes I come across as being very defensive, ehm, by the reading the literature I also have very strong opinions also and by reading these diaries I realise, I hadn't realised it before because he was Canadian, my father's brother, I hadn't realised before quite how a lot of his views are very similar to his views and my father's views are completely the opposite. And yet, there seems to be something in my make-up which I can identify with his. By looking at that, by looking at myself as a person I can find myself in situations as a nurse, or as a student nurse, I should say, makes me again take a step back and look at the situation and think, well, I can identify with this situation – been there, got the t-shirt or read something, you know, that has helped me understand the situation better. I actually think that in life if you have been through the situation as a mother, as whatever, you can identify with people and relate to them a lot better, but if you can't do that by reading or by watching a film or writing or reflecting, it can help you by way of being a 'substitute' experience.

A.MCK.   One of the issues, well for me anyway, as a researcher, about literature and poetry is that it raises the 'who am I?' question and you seem to be quite aware of that and not only the module contents but your obvious interest in this area has helped you look, not in a negative way at yourself, but as sort of mirror, as some sort of commentary upon yourself.

LINDA   It definitely has, I mean, I'm training to be nurse, hopefully by
        February 07, I'll be qualified. I came to nursing very late in life,
        I am a mature student, nursing was the last I would have done,
        When I left school, family tried to push me into it and I didn't want
        to know yet my mother was a nurse, my grandmother was a
        nurse and midwife, there are doctors right through the family. My
        father's not a doctor but my uncle, my cousins, my grandfather
        was a doctor, he delivered me, and its just so bizarre, strange
        that I find myself doing this now. It wasn't something I wanted to
        do when I was younger and yet now it seems almost meant to
        be.

A.MCK   Some sort of calling?

LINDA   Something like that, I can't put my finger on it.

AMCK   Some sort of intergenerational calling?

LINDA   It could be, my life circumstances changed and I had to do
        something, I had to retrain career-wise. I had been a mother and
        and housewife for a long time and the skills that I had I thought
        were transferable and it was something I wanted to do. All of a
        sudden, I had a 'eureka' moment and I did it and the more I get into
        the course the more I think hard, but I've enjoyed it and I'm finding
        myself its just happened and I'm having to look myself and, good
        grief, I'm going to be a nurse, but it seems to be a natural process
        and whether its genetic, something in the genes, I don't know, but
        by reading these diaries it just seems to be a natural evolution, if
        you like to put it that way.

A.MCK. Trying to draw, or summarise, some of that together, I think it is
        interesting that a number of people who have chosen to take part
        in the research are mature students. Do you think there might
        be something in the sense that looking at nursing through literature
        and poetry might be best done by people who have had some life
        experience and that they what the author, or writer, is speaking
        about and, also, that they will know their patients?

LINDA   The younger ones will disagree, but I think that life experience is
        a great thing. You bring, mature students bring, I'm not saying that
        younger ones don't, I'm not trying to rule them out, but mature
        students bring so many experiences, life experiences with them
        it can only be a positive, if these experiences are used in the right

way, as far as training to be nurse is concerned. As far as the expressive arts are concerned, I think it is probably that mature students can relate to the expressive arts and use them because of the life experiences that they've had in a more creative way.

A.MCK In a more creative, different, but not necessarily exclusive or better way? You can't deny students their younger years.

LINDA I'm not ruling out younger students, but I take your point about older ones.

AMCK I think it is interesting that that personal dimension is there.

LINDA It is, its been fulfilling, actually, very fulfilling and its given me confidence as well that I'm doing is right and the module itself, by using literature and poetry and film and photography, especially, is so important, that presentation which we did the photographs that we used, the presentation was about cancer and the photograph that we used of a wall, a white wall in a derelict building with a red heart, that sort of summed up to me how somebody, I havn't been there touchwood, but how they might feel when they're told they've got cancer, the world comes to an end and for a while that bleeding heart it affects everybody it doesn't just affect the patient who's got the cancer, but affects their family, their friends, their whole environment and photography there just summed it up, you didn't need any words.

A.MCK The power of the visual image.

LINDA That's right.

AMCK Which is different from literature and poetry, but it is still a similar art form.

LINDA That's right. Similarly, with music. Music is a fantastic way of being able to relate to patients and for patients to being able to relate how they are feeling. Wanting to play it, or listening to it, even. Again if you've got, go back to cancer, the patient with cancer, music, different types of music, can help lift their mood.

AMCK Are there any other issues which have come out of the module for you in terms of your practice?

LINDA I think that, as I said before we started, that the module, the art side of nursing should be run alongside the science side because I think the two are very interlinked. When you get out on to the practical, on placement, in the real world, you know, away from university if you ask a nurse about the art of nursing, nurses practising for a long time, they actually will find it very hard to relate it to practice and when you talk to them about it what comes back is that they see it as communication, it all links to communication, that's how the arts fit into nursing which in a way is what I have been saying about the cat being used to communicate to the resident or ….

AMCK But that would be an ethical issue itself: communication relates to community which means people being together, the way we relate to one another and a lot of nursing is about that, isn't it, the way we relate to our patients or to relatives

LINDA Or to the team you're working with, for if you can't relate to the team you are working with or fit in then you can't provide the best care for your patient and you're not fulfilled yourself

AMCK So you would be saying that the art of nursing was, for most people in practice, related to communication?

LINDA I would say that for nurses who have been trained for a long time, practising for a long time, yes. I think people that coming through the academic system now would maybe have done this module would be different, look at things differently and for the nurse, so to speak, on the hospital floor, the shop floor, if you know what I'm meaning, that is how they see it and they are a bit sceptical about the arts of nursing. You actually have had to have done the module to be able to understand it and to put it into practice.

AMCK But presumably someone who was convinced of the science of nursing and working in a very technological area e.g. scanning, could still practice the art of nursing by being communicative to their patients, by being sensitive towards them and by allaying their fears so that the science of nursing and the art of nursing really go together

LINDA They're intertwined, they're intertwined, they run alongside, I agree with you, yes, it comes back down to communication which is what I'm looking at at the moment, the two are interlinked, you need both, you need training in both, I think, they're both of equal importance because if you can't communicate with your patient properly you're not going to be able to care for that patient properly, if you're being overly scientific, you know, things that are required, you have got to offer, you've got to look at the patient holistically

AMCK Or you may well if you are being very scientifically orientated, you could be very efficient, but you could be demeaning them and be disrespectful or you could be in the wrong or you could even be harming them

LINDA Which links backs to the NMC Code of Conduct on negligence and the ethical side of it comes in there.

AMCK Are there any things that you would summarise to end this interview on?

LINDA I think reflection is the core, by using the arts and using reflection that is the centre of the module, if you see what I am meaning, By reflecting upon your practice and looking to the arts, you are able to see, to learn from it and encourage your professional development, you know, where your practice is concerned, that

AMCK So literature and poetry would be another means of reflection -one of the terms that we use is as a 'mirror' or as a 'window' on our practice

LINDA Yes, definitely.

AMCK Thank you very much.

THE END

STAGE 2 RESEARCH INTERVIEW TRANSCRIPT – 24/04/07
'MICHELLE'

A. McK. – Andrew McKie

A.McK

Thank you very much for agreeing to take part in the interview. The purpose of the interview is to follow on from a number of the issues that we looked at in the 'reading/briefing group' back in January. And while its, and while I've got here something of a schedule to ask you, it's a very open format so if we digress and look at other things related to the issues, that's fine. There are some set questions that we have and will move on from and then we'll see how we get on.

As I say, the purpose of the interview is to explore some of the themes with regard to the impact of reading literature and poetry on your ethical and professional development as a mental health nurse. But first of all, what I would like to ask you, Michelle, is for you to say something about the place of ethical and professional issues on the nursing course which you've just been studying.

MICHELLE

I think ethical and professional issues are very interesting for mental health because there's a lot of issues that come up within that sphere, ehm, which I personally think should maybe be addressed more rather than having to deal with them on the ward when things come in. I know its impractical to get clinical experience in the university but certainly I think there is so much legality and ethical terminology going on that I think it needs to be addressed more openly at university level.

A.McK

According to your understanding, how is it addressed at university during your course if you think of stage One right through to your present situation?

MICHELLE

There are issues that are, you do get told about the ethics of nursing which is fine for a pre-registration course but I feel, from a mental health perspective, and certainly with some of the junior students that I've had on this ward, you know, their understanding of the Mental Health Act, Incapacity Act, especially with the Incapacity Act, most of them have turned and said 'what is that?' Which I think is an issue that, as I said, needs to be addressed, I think, on mental health nursing within the theory part of the course: maybe not going in to depth but certainly making people aware of these issues.

A.McK.

One of the issues that I wanted to ask you, leading on from that is that in Domain 1 of your assessment profile, you're being assessed on professional and ethical practice and there you're asked to demonstrate 'knowledge of contemporary ethical issues and their impact on nursing and health care'. How has that particular domain – of ethical and professional practice – influenced your practice here?

MICHELLE

It makes you aware of it and, I think, if you are, this is a personal thing, but if you are keeping up-to-date with the NMC chart, you should be constantly aware and you should be constantly looking for issues that arise on the ward, initiating discussion with senior members of staff, trained members of staff, even untrained members of staff but you can address these issues: yes, a lot of it is finding out about it yourself, but I think if you don't have background knowledge beforehand then it is quite difficult to be looking for that on the ward.

A.McK

And in this domain which you'll be assessed on in a few short weeks at the end of your placement, there are contemporary ethical issues. Would you be able to give an example of what these might be?

MICHELLE

For this ward?

A.McK.

Yes.

MICHELLE

Well, yes, I didn't realise that it was legally required now to have male and female staff on the ward. There is a discussion going on actually at the moment between the acute ward managers in Cornhill about if somebody comes in and requests a female nurse then that's fine, there's always a female nurse but what happens if somebody requests a male nurse? There isn't always male nurses on the ward which I would never have thought of as an issue..

A.McK.

So that would be a particular ethical issue?

MICHELLE

Yes, but I think it is a very modern one as well and I think it could be a cultural one, too.

A.McK

So what would identify that as in terms of an ethical topic, how would you define that?

MICHELLE

I suppose its patients' autonomy, they have a right to choose, so if they choose to have a male nurse then practically possible then that is their right, especially in today's health service, its very much patient-centred, very much patient care, again particularly with mental health with the Mental Health Act its more open than its ever been, its for patients, their right, their autonomy so I think its probably where it comes from.

A.McK

So that would be autonomy and choice or autonomy and sensitivity to their particular gender needs?

MICHELLE

I also think it could be classed as therapeutic need as well.

A.McK

Are there any other contemporary ethical issues that have come up for you on this particular placement?

MICHELLE

Eh, yes, we have a patient that is at the moment very challenging ethically for nursing staff as it is extremely difficult to engage with the patient, carry out your duty of care with the patient, get yourself involved therapeutically with the patient as in one minute you're trying to react therapeutically and in the next minute you're pushing ward alarms, you know, control and restraint. Ethically, this patient, although yes she has rights is detained not as a mental health patient, so that the ethical issues are extremely major in what's going on at the moment.

A.McK.   What sort of professional and personal qualities did you have
          to have in yourself to raise that issue and to see it through?

LINDA   I had the confidence in what I was saying was right, I didn't want
          to go on and come out with, it wasn't an accusation, but saying,
          look, that what I'm saying, just saying something for the sake of
          saying it without it being correct. I wanted to check, well I knew
          because of my training that the way, what I was saying was right
          when I went back to my NMC Code of Conduct. When you look
          at literature and poetry, there are instances, you know, of care, its
          almost, I think I've had the confidence with doing the expressive
          arts module, standing up and having to do presentations, work in
          groups, teamwork, which isn't always easy because you have
          diverse characters. You have to be able to work as a team, but
          you also have to, veracity comes into it, you also have to,
          truthtelling comes into it, a lot of that has been tied up in this
          module

A.MCK   So, to summarise, has this module been a particularly important
          one for you in your development?

LINDA   Yes, it has, it has given me incredible confidence, it has also…
          the scenario I was just talking about, I was actually on placement
          there eighteen months ago and I wasn't confident at all and
          wouldn't have had the courage to, or maybe I would have, but
          maybe I wouldn't have been as diplomatic in the way I had handled
          the situation, but also to turn round and to stand up to a mentor and
          to say, look, I'm not happy with this, I'm not going to do it. When
          she point out to me that they have a timescale, the drugs round has
          to be done, they check all the drugs each time they administer it,
          its going to take too long, well, it doesn't matter and they have to
          have their drugs in a specified time, by doing this module I just
          think its given me the confidence, its given me the insight ethically
          as to the tools that are there to support you when a situation like
          this arises.

A.MCK   One of things you will remember that we were at pains to stress
          on the module was that it was linked very directly to practice,
          although looking at art, poetry, architecture, photography, some
          people might think 'what's this all about?' But it sounds to me as if
          the practice element of it has been very clear to you.

A.McK

Would you like to identify one or two of these?

MICHELLE

The patient does not suffer from a mental illness, but due to child protection agency concerns, was detained under short-term detention order which is now going on to a CTO order or safety of the unborn child and the unborn child is being taken away from the patient: the patient doesn't know this and it is extremely difficult to interact therapeutically when talking about the unborn child, staff may know what's going to happen.

A.McK

So it would be difficult to engage with her therapeutically when there are things you can't talk about.

MICHELLE

Extremely. And also she has a very long memory so she remembers exactly what you're saying which is extremely, I personally, have found it very difficult to deal with and I know that there is now clinical supervision for members of staff on the ward to talk this through.

A.McK

So from what you're saying in this first part , you started off by saying that there are a number of ethical and professional issues in mental health nursing of a very sensitive and challenging kind which, from your perspective, are not necessarily addressed, are not addressed properly, within the curriculum in the theory section. Would that be a correct view of what you've just said?

MICHELLE

Yes, as I've said, it is difficult, I mean obviously with this scenario that I've just described, nobody could prepare for this kind of scenario, it would be impossible to even attempt to try to prepare for this scenario, but I think as the Mental Health Act is now up, running and in force – obviously its difficult for general students, its different for children – but for mental health nursing students, I think possibly a short extra few lessons in some part on the curriculum for extra issues arising from the Mental Health Act or any legal thing that's coming out of the ward would be invaluable.

A.McK

Now the context for this particular study is the 'expressive arts in the caring context' module which you did earlier on in the year and towards the end of last year and, in particular, what I wanted to ask you was how has the reading of literature and poetry helped you in understanding ethics and ethical practice?

MICHELLE

A few of the scenarios that I've come across on the ward, some of them have been very helpful in establishing therapeutic relationships with the patients. One of our patients is an extremely difficult patient to deal with, he likes to be known as a little bit mad, he likes when you say that to him, but I've had a few conversations with him about literature and I actually think that that has actually heightened my relationship with the patient.

A.McK

Could you be more specific about that?

MICHELLE

He likes Shakespeare which I happen to love, I love Shakespeare, and one day I was 'obing' (special observations) the gentleman and he suddenly came out with a line from 'MacBeth': he came out with the opening line from 'MacBeth' which people had passed off as his raving, but it obviously was, I knew what it was and since then we've had few conversations about Shakespeare, about the sonnets, about his plays and it turns out that the gentleman has read a lot of Shakespeare's work, a lot of Shakespeare's plays and we have had conversations about Julius Caesar, MacBeth, we've had conversations about Othello, Midsummer Night's Dream, which has been wonderful for me because its been absolutely fantastic.

A.McK

Is that an example of nurse and patient finding a topic of interest like a nurse and patient find they like sport together and having something that can help the therapeutic relationship or do you think its something more: that understanding Shakespeare and these characters have helped you to understand this particular patient? Do you see what I mean?

MICHELLE

I think it is, I've actually got it in the journal that the patient, although schizophrenic, does have OCD tendencies and obviously in MacBeth, MacBeth's wife in the famous soliloquoy, you know, 'out damned spots', she's continually washing her hands, its like a repetition of what would today be classed as mental illness, probably OCD, and I think by saying and talking about the illness as well as putting the literature into place, I think, to answer the question, it helps both taking the therapeutic relationship forward, undoubtedly forward, but has also given the patient an insight into the 'why' or I understand the nature of the illness which I think heightens the therapeutic relationship even further so I think its both.

A.McK

I think that's interesting because, if you remember at the Ted Bowman workshop which was combining our literature and poetry workshops, he, as a bibliotherapist, was saying that he uses literary materials as therapeutic sources for people who have been bereaved. Do you think that it is in that area that you perhaps, in quite a tentative way but no less helpful from what you say, have perhaps been working in?

MICHELLE

Possibly, possibly. As I say, I think its definitely both ways because to do any kind of therapy with this patient, you basically couldn't because he sees himself as a 'little bit mad' so it is very difficult to engage in any kind of therapy with the patient: so although it was 'chit'chat' on the ward, yet there probably was a wee bit of therapy in that he did understand the illness slightly better, he knew what he was doing, but a lot of it as well was basically being, I think, a general light and also, I think, a misunderstanding, no disrespect to some of the staff, but what he's been saying, they probably haven't picked up on and that, as I say in no way means that I'm trying to decry the intelligence of any member of staff because I am not- but it was interesting.

A.McK

And have you, in this particular situation, been aware of some of the limitations that you might have had to be aware of in that therapeutic relationship and also some of the limitations of using literature as a therapeutic tool?

MICHELLE

Yes, one of the other instances that I've got, that I'm just thinking about, its not written down: we had a patient that was extremely ill, very, very bad schizophrenic, very religious ideation, and he kept on talking about, he would talk in Latin, I studied Latin at the school, and he would talk in, about ancient religions and one of the religions he spoke about was Zoroastra and, you know, the medical staff nor the nursing staff knew what he was talking about and, again, could not engage therapeutically with this person. It just so happened that Zoroastra is in Mozart's opera and so, again, because I had read that, because I had read part of the opera, I was able to say 'yea, I know what he's talking about, he is genuinely talking, he wants someone to explain this to him so, again, I think that is another instance that, through no fault of anybody, yes, its good that I could understand that, but I suppose in a way you could say that if I wasn't there or if I'm not on the ward, what would have happened? Yes, it does make you think, you know, what would have happened, what will happen.

AMCK

So its helped you as a form of engagement with the clients, but its also helped you therapeutically but it could also be a hindrance as well. As I recall from the 'reading/briefing group' back in January, you spoke about Mozart there as well, didn't you, with regard to *The Magic Flute* so this has been another instance of your knowledge of literary sources helping you in a therapeutic way.

MICHELLE

Definitely, definitely: and I think I do use them quite a lot. It all seems to be part, maybe it's the way that I engage: that's quite interesting actually: that's a research project all on its own, yea it is quite interesting.

AMCK

Have you got any other examples where literary sources, like literature and poetry, have helped you understand some of the ethical issues that you mentioned earlier on with regard particularly to mental health nursing?

MICHELLE

Yes, I've got a few, ehm, its one quite, again the person that I was mentioning, the OCD and such like, he's very chaotic, he's an extremely chaotic person, but a very, very nice person and you know how in mental health sometimes its terrible having to 'ob' somebody (carry out 'special observations), but this person to me, I enjoy 'obing' this patient and this was just me. One day I was sitting and he was busy hurrying around his room and, ehm, I love the poems of T.S. Eliot and the one that just sprung into my mind was the 'rum a tum tum a', how he's very chaotic and he says 'he'll do as he do do's' and that basically is what this patient does, no matter what you say, he will go his own way regardless and he will do what he does, ehm, and I think, you've got to accept that. If you try and intervene and you're going to

lose any relationship, any contact that you have, but it amused me that day, the poem suddenly sprung into my head and I suppose in a way it did help me understand because what the 'rum tum targa' does is he is a very chaotic person, you can't put a lead on him, you can't, you can't contain him, I think you have to understand that about some people in a mental health setting, that some people you can't confine to the ward, I think there comes a time when you have to say 'right, let's try it, let's give this person freedom of the ward or maybe a pass' and this is what happens with this person, I mean, he does come back to the ward, he is compliant.

AMCK

I think, for example, of some examples in caring for the elderly. If you were caring for a dementia patient, you might not be able to restrict them to their room but as long as they were safe, they might be scurrying about, looking at a paper here, picking up a magazine and flicking through other things, but as long as you were still with them at a safe distance then and maintaining that safe environment then you're giving them that freedom from being agitated by someone saying 'you can't look at that'. Is that something akin to, that this line of poetry would have shown you the sound, not of chaos but of therapeutic creativity, perhaps?

MICHELLE

I think what it told me was is, ehm, and I know I'm in third year now and I don't look at people who are in a mental health hospital as institutionalised, but you do get 'long timers' and I think it made me see just when it clicked that day, yes, you can't just always be saying to them 'you cannot do this, you cannot do that'; its like being a teacher, you know, with a bunch of five year olds or a bunch of six year olds and I think you have to remember that, underneath this illness, there is positive stigmatisation as well, but underneath the illness, the person is there and its all very well saying inflicting your rules on them, but they don't always abide by your rules and I guess, as you say, as long as the care's there, as long as the safety's there, as long as the risk is, you know, identified, what wrong, in some cases, with just letting them do as they want to do?

AMCK

But this is often one of the dilemmas in mental health nursing, isn't it, between care and control? In your opinion, or in your view, how do mental health nurses generally work out that dilemma or dichotomy?

MICHELLE

I think, from what I've seen on this placement, I think it needs to be assessment of mental state which has always been, but I also think it, what you see as a nurse and how you see it, I was asked yesterday by one of the consultants how I felt about another patient being put on pass and I think it boils down to the fact that it is the nurses who are closest to the patients which is why I think, my perspective is gaining the therapeutic relationship because if you don't gain that then you sometimes you don't get to know the patient and how are you then in a position to say 'yes, I think this person should go on pass', 'this person should get time off the ward'.

AMCK

You see, one of the claims of literature in terms of ethics is that it can help us to see the openness of relationships, you know, you speak about the autonomy of a patient or their personhood: literature can help us understand that in any encounter between two people, its never just a set of rules but its got to be flexible, its got to take into account all the little bits and pieces of that relationship and the context.

MICHELLE

I think its like, ehm, mental health nursing is not black and white: in that grey area, isn't it, where you have to take into account all the little bits, all the formal and such like that go into it which, I think, is what is being said about the literature and I think it helps to open out this grey area a wee bit, ehm, because you can look into what the words are saying in the literature, ehm, for me anyway, any kind of literature and I can see basically where I want, you know, what they're saying and get an understanding, I suppose, of what I'm trying to do and what I want to achieve, you know, with the patient.

A.MCK

In the 'reading group' you said that the arts could help develop therapeutic relationships and I think you mentioned the example of, on re-reading it, the patient and girlfriend: I think they thanked you at the bedside: do you remember that incident, maybe on one of your previous placements? And you used this as an example of the way in which the arts helped you develop that therapeutic relationship.

MICHELLE
Yes, it was a first year placement, two years ago now, the girlfriend in particular was very arty, she read a lot, she drew, you know visual art, and I think, just before risk-taking, it took time for somebody to sit down and go through this is the work, see what they were saying with their art, see what they were trying to say with their art: again, I suppose its therapeutic, it's the communication side, isn't it, ehm, and I think just having somebody say, you know, taking the time, somebody just trying to understand what the art was saying, had spoken to them about the different kind of art and at the end, yes at the end, she came up to me and said 'thank you very much for taking the time'. The person was a brain injury, had a brain injury due to lack of oxygen during a cardiac arrest so, again, it wasn't mental health, although it was drug related that had caused the cardiac arrest in the first place and I think a lot of people were frightened, he was quite a bit gentleman, and then for folk to understand, folks tended to shy away, the pictures were quite meaningful and they were quite deep and I'm quite interested in that.

AMCK
That was another example that stood out for me. Okay, I want to move on to another area. One of the educational features that we've emphasised during the module was the students' engagement with the material, but also the response to the art forms and you might remember that we said that it is about engaging with the literature or poetry or the art or the photographs, but also responding to them: not just in the sense of 'I like this' or 'I like that'. Could you say something about how that engagement and response with respect to literature and poetry has impacted on you in a personal way, not just as a professional nurse? How has literature and poetry impacted upon you as a person?

MICHELLE
I think and this is not just from being a student, this has been right from day one, I think I've always been the kind of person that loves books, I love reading and I love art form basically, any kind of art I'm interested in. What I would say was though the module, there was basically only really one session that didn't work for me and that was the photographic afternoon: not the photographs of the old hospital because I find that very interesting, but the newer photographs, I think particularly the ones about the animals: I personally did not enjoy that and I think that was one kind of art that I would probably tend to shy away from; I couldn't see the relevance in somebody staging a dead animal at the side of the road. To me that didn't, that doesn't speak to me of what I get personally out of the arts, whether it be visual, audible, you know, that didn't work for me and I certainly remember the discussion afterwards, ehm, it was Colin that did the discussion with our group and there wasn't a lot of discussion and I think in general, again it wasn't the older pictures, certainly the older pictures of the hospital because I think the ones that had the leaves and such like I think is a very good example of mental health hospitals now because, I mean, most of them are closing down

but it didn't instigate an awful lot of discussion and probably me being very, very blinkered but I did of kind did shut off slightly from that kind of

AMCK
For the reasons that you've given?

MICHELLE
Probably, yes, I think again it was very personal, but I should have been slightly more open when you think back upon it because I think art is, you have to be open when you're looking at art.

AMCK
One of the claims that I put forward in the second lecture on 'art, ethics and humanities' is that we engage with literature and poetry not just a professional level as nurses but as men, as women, as wives, husbands, of people of a certain age and with certain interests and its this engagement and response at a personal level that I'm interested in so I'm wondering if you could say something a bit further about how you have engaged at a personal level with some of the literature and poetry that we looked at on the module?

MICHELLE
Personally, ehm, yea, one morning I came into the grounds of the hospital, and it was an early, and the 'Nurses in the Morning', the 'Night nurses in the Morning' (poem), its brilliant, three night nurses were coming out after having done their night shift and the cigarettes, you know, dragging the Silk Cut, ehm, no bench in the bus shelter, it was just absolutely, it was nothing to do with what I was thinking about for this place or anything, it was just my own perspective and I remembered this one so that was very, very interesting and I immediately when I went home I went back and re-read the poem and the words were just wonderful and really, really let you get into what, it just speaks of exactly what happens in the morning and I think its wonderful and I was really, really pleased about that. Again from my own point of view, and this is quite, when I was small we used to have poetry competitions at school and I used to go in for them and one of the favourite poems I have is 'The Tiger' by William Blake and I don't know, I think its probably because this has been quite a difficult placement, but just going home and just reading the words of the poem, its nothing to do with nursing, nothing to do with, you know, study or students, its just always been a poem that means something to me and it means it quite personally : again, Kipling, I love the works of Kipling, I love his literary works and I love his poetry work and it was my father that taught me Kipling. He, my grandfather had the whole journals of Kipling and my father, I remember my father talking about the 'Justin' stories and, you know, 'If' and all these kind of things and my father died before I started my course and its just something that's there with you and someone that you can remember and I think that gives you energy, from my point of view, to keep going, certainly at this stage in my training.

AMCK
So its an encouraging dimension as well as maybe a consolation element as well?

MICHELLE
Yes.

AMCK
Its also suggested too that literature and poetry can help us look at the kind of people we are and, if you remember, I was suggesting that when we look at ethics we're not just necessarily looking at principles and Code of Conduct, but we're also looking at the kind of people we are as nurses and that brings the personal and professional in. So I was wondering if you were able to say anything about how literature and poetry can help you look at the kind of person that you are who is also going to be the mental health nurse engaging with others?

MICHELLE
I think very much so: again, as I say, I love the 'just so' stories and I love 'The Cat that walked by Himself', I just love it and I am, I can see myself that like that, the career path that I want to go into is community, a lot of it is lone nursing, it doesn't mean to say that I can't work as a team because I like working in a team, but I think deep down and sometimes, especially on this placement, I probably am the oldest student on the placement which I think kind of sets you apart a wee bit even with some of the senior nurses: my mentor was just saying to me yesterday afternoon that he sees me on a different level, even from some of the senior nurses, just because of the life experience. So and I think that one particular story – just the words 'that walked by himself/waving his wild tail/walking by his wild main?' – I just think that probably is me.

AMCK
A couple of the students in the previous stage (stage one) were mature students like yourself and they made the observation that perhaps it is mature students with more life experience that have understood the impact of literature and poetry on their ethical practice better. What do you think of that claim?

MICHELLE
Definitely, absolutely: I suppose I didn't really think about it when I was at Robert Gordon's (University) because there were students in the class who were older than me and even when I started I realised that I wasn't the oldest by far, so I think you become complacent and I panic at assignments but the older students, you know, were panicky and I think 'what are you panicking for?' so, I suppose, you can see the difference between mature mature students, for want of a better word, the middle lot and the younger lot and I think that's a cultural thing as well.

AMCK

But what would it be about life experience that might help a student understand the impact of literary sources more than a younger student?

MICHELLE

I think it depends what kind of literary sources you're talking about and I think … the books, I think, were probably more well used in that time whereas its now its all text your mobile phone, you know, or if you get it off the Internet, you know, I suppose you could say books as such don't exist, please don't ever come to that from my point of view, but I think and I think that maybe has a bearing on it and I don't think at school the emphasis on English is so great as it used to be and I wonder if, personally, I think that has something to do with it.

AMCK

So there are background social and cultural influences on the arts?

MICHELLE

I think also, especially in today's world, its so fast, isn't it, whereas reading a book, finding a book, is a slower, is a slower pace.

AMCK

Others have claimed though that because life experience has meant that in many instances, not all, an older person may have experienced more growing up – loss, family, childbirth, work – that they will be able to understand and empathise more with some of the material that literature and poetry will present them with rather than a younger student. What do you think of that?

MICHELLE

Yes, I agree with that a hundred per cent because the younger student probably is still growing up and, for want of a better word, they haven't, as you say, come across so many of life's, let's just say, darker areas yet, as you say, they probably haven't got, they've probably come straight from school so its interesting: a friend of mine on the course became very panicky about the module, is doing the degree, is younger than me and he said 'this is my last chance: if I don't do it now I'm not going to do it'. I don't think like that but it was quite interesting that this is how some of the, more of my age group, are seeing things and, yes, he, because of his work, has dealt with people, he knows what the problems are, he sees, he sees the different kinds of people which I don't think the younger ones have always seen.

AMCK

Although we have had one of two younger students on the module in recent years who have been very sensitive and acutely aware of the issues so it is not a complete rule.

MICHELLE
Oh no, absolutely not, yea, I think, that's not being totally dismissive of younger students – absolutely not – but I think on the whole …

AMCK
But I think its part of this engagement with the material and this is the claim that we come to literature and poetry not just as you read a report to get facts out of it but we come and engage with it, we get attached to it and then respond to it in a whole variety of different ways, one of which may be the way you relate to patients and the way that you understand ethics as you have indicated today.

MICHELLE
I think so and because of the experience, you know, you can, maybe not place yourself there because no-one's saying that as a nurse you can understand exactly what the patients are going through and I think if you say that and I think it is a very false statement that you're making and probably a terrible statement to make to make to a patient, but you can probably empathise more with it or you maybe had someone who had been in the same kind of position and you be involved or you become involved or will be involved whereas maybe a younger person might not have just the same kind of experience of life that impact on that person.

AMCK
The last area that I want to ask you about is this: we've been very positive about the place of literature and poetry in understanding ethics but there may well be some limitations. Some of the world's greatest tyrants were well educated and well read. So what I wanted to ask you: could there be any limitations on the impact of reading literature and poetry on nurses' ethics. In other words, could it be that it doesn't have any impact at all?

MICHELLE
Quite difficult, it obviously works with me but its what you take out of it and it's the type of literature and the type of art that you enjoy and I think that you cannot become complacent and you cannot say 'I don't like that therefore that is bad' which is I think probably what's happened or, you know, when you take the likes of Hitler because he wasn't accepted to art school in Austria by a Jewish board he suddenly became so anti-Jewish it wasn't true and, well, we know what happened there so I think you can, it depends how you take it. It would depend how you read into the words and I think, you know, take MacBeth, MacBeth's quite a bloody play so that I suppose somebody who is enjoying this could then, yes say fair enough, 'I'm getting, I'm getting a buzz out of this, I'm enjoying this ' and maybe fail to see what the play's actually saying.

AMCK
A bit like the claim that violent television produces violent young people?

MICHELLE
Yes, again we have that on the ward. There is a patient on the ward who
is very into heavy metal but it is deaf metal, there is actually in the care plan
a plan that is just music and literature becomes imposing on others and others
are beginning to feel frightened or offended by it, then it has to be removed
so I think that works perfectly with the plan I'm trying to put across.

AMCK
But it is a very important principle.

MICHELLE
Exactly, exactly.

AMCK
Thank you. In conclusion, we've looked over the ethical and professional
issues on the course, we've looked at some of the ethical issues in mental
health nursing practice, we've looked at the literary sources on the module,
we've also looked at personal dimensions of these sources and also some of
the limitations. Are there any other comments you would like to make just
before we close?

MICHELLE
Well, yes, I mean to me this has been a joy to do, it really has because it has
made me think about how I'm interpreting it as well. Its one thing saying 'yes, I
love this kind of poetry' or 'yes, I love this kind of literature' but I suppose it
gives you a deeper understanding. It certainly has with me even with some of
the examples that I've got down here, things that I probably would have read
but until you actually, you skim the words, don't you, and its made me go back
over the literature that I've read, the plays that I've read, the poems that I've
read and see them in a different light and its also brought new poems and
new literature to me. And the little poetry cards which we handed out : I've
actually let a lot of people see these – medical and nursing staff – everyone
here has said 'what a wonderful idea' and I personally would love to see some
of that rolled out at Cornhill because I think a lot of people could benefit
from that. It certainly has benefited me.

AMCK
So that could be a challenge for you to take on the philosophy of this module
into your practice beyond your registration.

MICHELLE
Absolutely. I think even when you're working on a one-to-one with patients,
I think, a lady, again a patient in my team, was given a book on, tapes on CBT
but she got a lot of comfort out of the one and when she saw it written down
on paper, she then began to see exactly what they were trying to do: so, okay,
that's a professional book, its not a novel or autobiography or something, its
professional but I think it works. I really do think it works, I don't think its
possible she's been cast aside and certainly me from doing this and from
doing the module, I'm glad he has, I can use it and for my practice, but I can
use it.

AMCK
Excellent, I think that's an excellent place to stop and thank you very much.

MICHELLE
No, thank you.

END OF INTERVIEW

Transcribed: end 14/5/07.

APPENDIX NINETEEN

CONTINUING CONSENT

LETTER TO STUDENT NURSES

LETTER TO NURSE TEACHERS

CONSENT FORM

19 August 2009

Name

Dear

PhD Study: A narrative approach of the relationship between reading literature and poetry and ethical practice: Narratives of student nurses and nurse educators

PRINCIPAL INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery, Faculty of Health and Social Care, The Robert Gordon University, Garthdee Campus, Aberdeen, AB10 9QG

You will remember participating in the data collection stages of my study (focus group, interview, reflective practice journal) during 2006. You may be interested to know that I am now in the 'writing' stage of the project with a view to completing the thesis in 2010.

I am also receiving requests to contribute parts of my research to projects (e.g. journal papers, on-line forums) related to the themes of my research.

I am therefore writing to ask if I might be able to use some of your narratives for these external projects. As before, maintaining anonymity of contributions is given high priority by ensuring that all names and care locations are changed.

In addition, if you would like to read and further discuss these narratives, I would be very happy to make arrangements for this.

I enclose a consent form for your completion and return in the enclosed envelope.

I hope your career as a nurse is going well in your chosen area of practice.

Once again, many thanks for your contribution to this research.

With kind regards

Andrew McKie
Lecturer

1 October 2009

Name
Lecturer
School of Nursing and Midwifery

Dear

PhD Study: A narrative approach of the relationship between reading literature and poetry and ethical practice: Narratives of student nurses and nurse educators

PRINCIPAL INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery, Faculty of Health and Social Care, The Robert Gordon University, Garthdee Campus, Aberdeen, AB10 9QG

You will remember participating in the data collection stage of my study (focus group of nurse teachers) in 2007. You may be interested to know that I am now in the 'writing' stage of the project with a view to submission of the thesis in June 2010.

I am also receiving requests to contribute parts of my research to projects (e.g. journals, on-line forums) related to the themes of my research.

I am therefore writing to ask if I might be able to use some of your narratives for these external projects. As before, maintaining anonymity of contributions is given high priority by ensuring that all names and locations are changed.

In addition, if you would like to read and further discuss these narratives, I would be very happy to make arrangements for this.

I enclose a consent form for your completion and return in the enclosed envelope.

Once again, many thanks for your contribution to this research.

With kind regards

Andrew McKie
Lecturer

CONSENT FORM

School of Nursing and Midwifery

The Robert Gordon University

Aberdeen

PhD STUDY: A narrative approach of the relationship between reading literature and poetry and ethical practice: Narratives of student nurses and nurse educators

PRINCIPAL INVESTIGATOR: Andrew McKie, Lecturer, School of Nursing and Midwifery, Faculty of Health and Social Care, The Robert Gordon University, Garthdee Campus, Aberdeen, AB10 9QG

- I agree to narratives from the above study being consid⌐ ⌐

  for inclusion in projects beyond this PhD study   (   )

- I would/~~would not~~ be interested in reading/discussing

  these narratives with the Principal Investigator (delete

  as appropriate)

NAME   SIGNATURE:

DATE:

APPENDIX TWENTY

CONFERENCE PAPERS GIVEN

OCTOBER 2005 – OCTOBER 2010

CONFERENCE PAPERS PRESENTED
OCTOBER 2005-JUNE 2010

- 'Researching Curriculum Innovations': Challenges and Opportunities'
  Research into Practice Conference, June 2006

- 'Windows and Mirrors': The place of an arts and humanities module within a nurse education degree programme
  Nurse Education Tomorrow International conference
  University of Durham, September 2006

- 'Literature and poetry as part of the ethical development of pre-registration nursing students: Some initial findings'
  Royal College of Nursing International Research conference, Dundee, May 2007

- 'Humanities and Action'
  Health Through Occupation – Putting It Into Practice conference
  Faculty of Health and Social Care, The Robert Gordon University, Aberdeen, September 2007

- 'Engaging with literature and poetry: Does it enhance the ethical practice of nursing students?'
  Unhealthy Boundaries? Working Together in Health and Social Care conference, Goodenough College, London, December 2007

- 'An answer to human need? Reflections on eight years of teaching the arts and humanities in nurse education'
  Research seminar, School of Nursing and Midwifery, The Robert Gordon University, June 2008

- 'Thinking with narrative': The place of narrative methodology in nurse education research
  Nurse Education Tomorrow International Conference, University of Cambridge, September 2008

- 'Evidence-informed wisdom': The contribution of narrative methodology in nurse education research
  Research seminar, School of Nursing and Midwifery, The Robert Gordon University, Aberdeen, April 2009

- 'Mrs. Gamp is still alive!' Exploring the contribution of reading literature towards a narrative ethic in nurse education
  Nursing Ethics: Looking Back, Moving Forward: Tenth Anniversary conference, International Centre for Nursing Ethics, University of Surrey, September 2009

- 'A strong perspective on life': Narrative explorations of student nurses' ethical practice
  Research seminar, School of Nursing and Midwifery, The Robert Gordon University, December 2009

- 'Is There Anyone Still Caring?'
  Short presentation: Research and Information seminar, Faculty of Health and Social Care, The Robert Gordon University, December 2009

- 'The arts and humanities at the Robert Gordon University'
  Presentation at: 'Whether Medical Humanities?', mini-workshop, Centre for Medical Humanities, University of Aberdeen, February 2010

APPENDIX TWENTY-ONE

RELATED PUBLICATIONS

OCTOBER 2005 – JUNE 2010

(1) McKie et al 2008. Windows and mirrors: reflections of a module team teaching the arts in nurse education. *Nurse Education in Practice* 8 3 156-164 Available from: http://hdl.handle.net/10059/538

(2) Lawton, S. and McKie, A. 2009. Using art and literature as educational resources in palliative care. *Journal of Medical Ethics: Medical Humanities* 35 120-122 Available from: http://hdl.handle.net/10059/539

(3) McKie, A. 2010. Narrative and ethics in the literary hermeneutics of Paul Ricoeur: an exploration within the context of professional health care education. In: E. Milligan and E. Woodley eds. *Narrative: Confounding Ethics*. Cambridge: Cambridge Scholars Press

(4) Book review 2006: McHaffie, H. (2005) *Paternity: A Story of Assisted Conception. Nursing Ethics* 13 5 566

(5) Book review 2010: Shapiro, J. (2009) *The Inner World of Medical Students: Listening to their Voices in Poetry. Nursing Ethics* 17 2 275 Available from: http://hdl.handle.net/10059/594

(6) Gallagher, A. and McKie, A. 2010. The potential of literature and poetry. In: T. Warne and S. McAndrew eds. *Creative Approaches to Health and Social Care Education*. Hampshire: Palgrave MacMillan Available from: http://hdl.handle.net/10059/541

Narrative and Ethics in the Literary Hermeneutics of Paul Ricoeur: An Exploration Within the Context of Professional Health Care Education

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In the recent interest expressed in exploring the intricacies between narrative and ethics (Charon 1994; Frank 1995; Downie and Macnaughton 2007), few people have addressed the philosophical issues underpinning this relationship with such depth and originality as the French literary philosopher Paul Ricoeur (1913-2005). In works such as *Time and Narrative* (1984-1988), *From Text to Action* (1991a) and *One Self as Another* (1992), Ricoeur explores these issues via an understanding of the person in terms of self-identity as revealed primarily through acting with others and, secondarily, through the construction of narrative.

In this chapter, I seek to address five distinct aims:

1. to present Ricoeur's broad understanding of narrative as outlined in his threefold mimesis model
2. to explore Ricoeur's understanding of self and the "ethical aim"
3. to explore the relationship between the self and narrative identity as found in *One Self as Another* (1992)
4. to consider dimensions of reading as a distinct action
5. to consider the application of examples of Ricoeur's work within the context of professional health care education where literary narratives may "confess," as well as "confound," perceptions and understanding of an ethic of the "good life."

Ricoeur's Understanding of Narrative

In his preface to volume one of *Time and Narrative* (Ricoeur 1984, ix), Ricoeur brings together metaphor and narrative as synthesising examples of "semantic innovation." Whereas metaphor concerns itself with using words beyond their literal use within sentences to create new meaning, narrative is characterised by its use of "plot" as the way in which "it 'grasps together' and integrates into one whole and complete story multiple and scattered events, thereby schematizing the intelligible signification attached to the narrative taken as a whole." (Ricoeur 1984, x).

This understanding of narrative in terms of an holistic form carrying meaning is developed further by linking narrative to a theory of action. Ricoeur draws upon an Aristotelian understanding of *mimesis,* or likeness, in which, to use Aristotle's example, tragedy as a particular form of narrative is viewed as a mimetic form not primarily of persons (agents), but rather of the structure of events (action).

> Tragedy is not an imitation of persons, but of actions and of life. Well-being and ill-being reside in action, and the goal of life is an activity, not a quality; people possess certain qualities in accordance with their character, but they achieve well-being or its opposite on the basis of how they fare. (Aristotle 1996, 11)

Ricoeur, however, takes Aristotle's notion of mimesis beyond a mere imitation of a given reality. By seeing written texts in enhanced terms of re-presenting events in the shape of a configurative "single story" featuring imagination and fiction (Ricoeur 1991b), an active dimension is accorded to texts which permit the reader, as a purposeful agent, to see reading as an action itself and therefore the reading of a text as entry into life itself.

Ricoeur develops the notion of time within narrative by linking texts directly to an understanding of their interpretation (reading). It is the task of hermeneutics (the art of interpretation) to

> reconstruct the set of operations by which a work lifts itself above the opaque depths of living, acting and suffering, to be given by an author to readers who receive it and thereby change their acting. (Ricoeur 1984, 53)

Understanding the dynamic between texts, authors and readers is central to Ricoeur's notion of narrative. Considering texts in narrative terms permits an appreciation of how time and the particular significance of events might be linked. This is done by Ricoeur (1984) by presenting a threefold mimesis model as part of a "circle of narrative and temporality" in which the links between reader, text and response (action) are shown. This is demonstrated in Table 1 below.

mimesis 1	pre-understanding of issues of human action reader asks of text: who agents are, symbolism, time, signs, rules, norms reader approaches text with their assumptions *prefiguration*
mimesis 2	"literary universe" of text itself the "as if" of emplotment transformation of events into a story *configuration*
mimesis 3	coming together of world of text and world of reader making/remaking a world of action application *refiguration*

Table 1: Ricoeur's (1984) threefold model of mimesis

According to Ricoeur (1984, 53-56), this "circle of narrative and temporality" operates with the inter-linking of these pre-figuration, configuration and refiguration "stages." In mimesis 1 , the reader approaches the text with her own assumptions and specific questions about the text itself (e.g. "who," "whom," and "how" questions). In the mediatory stage of mimesis 2 , the text is considered in "as if" terms by allowing emplotment to draw events into a coherent whole. Finally, the stage of mimesis 3 represents an intersecting stage when text and reader come together to create a new world of understanding and possible actions.

Ricoeur's discussion of narrative makes use of literary and historical examples (Ricoeur 1984). Nevertheless, particular dimensions of narrative as fiction are addressed which are relevant to the purposes of this essay (Ricoeur 1991a). Viewing fictional narratives in terms of "not about absent things but nonexistent things" (1991a, 170), Ricoeur argues that these can be useful as a means of addressing the complexities of the practical world. By use of such devices as "fictive representation(s)" (1991a, 176) and imagination, narrative can be considered beyond its structural forms and used as a "specific speech act" in itself to incorporate particular dimensions of the power to act and the promotion of intersubjectivity (Ricoeur 1991a, 176ff).

The Self and the Ethical Aim

In *Oneself and Another* (1992), Ricoeur outlines an understanding of ethics via a deeper exploration of the relationship between a theory of action and narrative. By placing the latter at the "crossroads" between description (action) and prescribing (ethics), Ricoeur (1992, 170) utilises the form of narrative as a way of exploring these actions in ways which are rich, anticipatory and full of meaning. Such "narrative fictions" become opportunities, or "imaginary spaces," for reflection upon actions themselves (Ricoeur 1992, 170).

Ricoeur (1992, 171) asserts the primacy of ethics over morality. Drawing upon an Aristotelian notion of the good as "that for the sake of which everything else is done" (Aristotle 1983, Book 1, 73), Ricoeur frames his 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"(Ricoeur 1992, 172).

An ethics based on moral norms, constraints (rules) and principles (theories) is not dismissed entirely. These moral norms are necessary to avoid any tendency in the "ethical" approach towards mere "effusion of good sentiments" (Ricoeur 1992, 172). Similarly, appeal to a teleologically orientated ethics may be necessary when moral norms conflict with one another e.g. the principles of autonomy and beneficence (McCarthy 2003).

Nevertheless, Ricoeur's primary aim is to outline a full account of an ethic based upon teleology. This definition of ethics is broken down into three constituent parts. Firstly, ethics is directed towards the intention, or aim, of "the Good". Universalising notions of the Good are eschewed in favour of grounding it as "a question of the Good *for us*" (Ricouer 1992, 172; original emphasis). This particularising tendency of grounding ethics in the pursuit of the "practical Good" allows the context of different actions to be recognised (Aristotle 1983, Book 1, 93). In addition, Ricoeur avoids any

individualistic notion of the Good by locating an understanding of ethics in social terms of the Good being absent, or lacking, in specific practice contexts of a profession e.g. nursing or medicine. The "internal Goods" of a practice (e.g. profession, game or an art) can contribute towards the Good by way of the exercise of that particular practice's "standards of excellence" or virtues (Aristotle1983, Book 2, 99).

At the same time, Ricoeur (1992) identifies an ongoing dynamic of interpretation ("hermeneutical circle") between the aim of a good life and the everyday choices and decisions that constitute the world of practice. If the subject of ethics is to be considered in narrative terms, this is to acknowledge that the "text of action" of any life is complex. This interplay between intentions, causes, contingency, acting, failure and suffering may then make up a "narrative unity" of a life (Ricoeur 1992, 178).

Secondly, Ricoeur (1992, 180) locates the intention of the Good in relational terms—"with and for others." By developing the notion of "solicitude" in terms of "benevolent spontaneity" (Ricoeur 1992, 190), a real danger of the Good being pursued in individualistic and self-absorbing terms is avoided. Instead, as Ricoeur (1992, 180) states it, "to say self is not say *myself*" (original emphasis). Rather, by way of alternatives, the relational dimension of an ethic expressed in pursuit of the "good" places capacity ("I can") before accomplishment and the exercise of the virtue of friendship becomes one way of addressing the "problematic of the self and the other than the self" (Ricoeur 1992, 182).

This relational dynamic of an ethic of the Good expressed in terms of solicitude is tested by way of its response to the weakness and pain of the "suffering other." Suffering may reduce the capacity of a person to act, but solicitude may enable power to be drawn from weakness itself.

> When unequal power finds compensation in an authentic reciprocity in exchange, which, in the hour of agony, finds refuge in the shared whisper of voices or the feeble embrace of clasped hands...A self reminded of the vulnerability of the condition of mortality can receive from the friend's weakness more than he or she can give in return by drawing from his or her reserves of strength. (Ricoeur 1992, 191)

Such relational practice has profound repercussions for the pursuit of an ethic based upon the aim of the Good. Expressed in terms of similitude, which is "the fruit of the exchange between esteem for oneself and solicitude for others" (Ricoeur 1992, 193), such an ethic may permit a new understanding of how a person might relate to an other. As Ricoeur (1992, 193) expresses it, "this exchange authorizes us to say that I cannot myself have self-esteem unless I esteem others *as* myself." Relationality takes on a significance which allows such terms as "as myself" and "you too" to enter the language of an ethic of the Good.

Thirdly, Ricoeur (1992: p. 194) completes his definition of the pursuit of the good life by locating such a goal within wider contexts ("just institutions"). Structures of living together, in the shape of institutions belonging to historical communities, give further shape to the pursuit of the Good. Such institutions (e.g. political, legal, economic, family, educational, welfare, religious) may be considered in terms of the ways in which they reflect "common mores" or values, instead of merely "constraining rules" (e.g. procedures) of morality (Ricoeur 1992, 194).

Self and Narrative Identity

In his Sixth Study of *Oneself as Another,* entitled "The Self and Narrative Identity," Ricoeur (1992) discusses narrative identity in terms of the location of the self in relation to life and in fiction. Self, understood via narrative identity, is placed between a static conception of selfhood as remaining the same (*idem-id*) in its interaction with others, on the one hand, and a conception of selfhood as self-constancy (*ipse-id*) in its accessibility to others and openness to change, on the other (Ricoeur 1992, 168). Ricoeur concedes that there may be many differences between life and fiction, not least in the areas of beginnings and endings (e.g. a narrator's perspective on their own birth and death), the part played by others in any one life and conflicting senses of self-identity as part of any understanding of the "narrative unity" of a life.

Nevertheless, narrative expressed as fiction, can help us "to organise life retrospectively" (Ricoeur 1992, 161). Such a perspective can give us "a slice of life" that may help us in our present and future conditions. Narratives can enable us to exchange experiences and thereby to consider the merits of different understandings of the good life itself.

> The thought experiments we conduct in the great laboratory of the imaginary are also explorations in the realm of good and evil. Moral judgment has not been abolished; it is rather itself subjected to the imaginative variations proper to fiction. (Ricoeur 1992, 164)

Narrative may help a person to see the merits of different understandings of the Good. By viewing one's own life and that of others via narrative and fiction, it may be possible to see the influence of factors of change and stability upon such pursuits of that Good.

Considering Ways of Reading as an Action

In this section, I explore the contribution that reading can potentially make toward the attainment of an ethic of the good life. In this, restriction is made to the consideration of "nonexistent things"(Ricouer 1991a, 170) of fiction as found in the literary form of novels, but also found, of course, in paintings, dreams and drama. There exists an intentionality to reading which can evoke a sense of purpose and exploration. Engagement with the text by the reader goes far beyond "micro" attention to the text's internal structure (e.g. sentence construction and grammar). Rather, this engagement can be seen as a form of two-way interrogation, or dialogue, between text and reader: as the text, with its manifold agents, plots and time frames, addresses the reader; and as the latter comes to the text with her own assumptions and questions. Nussbaum (1990, 230) summarises this dialogue with respect to the reader by asking this question: "What is happening to them as they read?"

Nussbaum (1990: p. 25) places the act of reading within classical ethical perspectives of "how should a human being live?" This exploration may allow literary fiction to play a part in a dialogue about the good life and to allow the reader, using Frank's (2004, 6) phrase, to think *with* these fictional narratives in our ethical quest for that good life.

In what ways might the reading of works of literary fiction contribute to the ethical aim of the good life? Although Ricoeur (1991b) posits a "reading texts-reading life" dynamic via his threefold mimetic model, the central enigma of the status of fictional lives as they appear within fictional texts remains. A real person, even if a stranger, may be present in real life. But a character within a work of fiction is fundamentally characterised by their absence and non-existence. Wolterstorff (1997, 137) describes this ontological issue of being present, or absent, in these terms: "It is only *persons* who speak. Characters are mute. For characters are not persons but, so it seems to me, *types* of persons. And *types* of person do not speak" (original emphasis).

One possible resolution to this problem is presented by Ward (2006). Arguing that the ontological issue regarding fiction concerns believability in terms of the ability "to make present" and to "be present with," Ward (2006, 442) suggests that this may be achieved by the very act of reading itself generally, and the intricacies of the narrative (plot, coherence, meaning), in particular. Reading fiction can be "made present" by contrasting the powers of imagination with those of perception.

> 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. And imagination, like perception, is a form of consciousness. It is a consciousness informed by (in the act of reading) words. But words are not images: they are signifiers related to signified. (Ward 2006, 442)

Ricoeur (1991a, 174) locates imagination at the "crossroads" between theory and practice. Defining the imagination in terms of the "free play of possibilities in a state of noninvolvement with respect to the world of perception or of action" (Ricoeur 1991a, 174), the role of imagination within the fictional text is linked to the use of metaphor. This literary device, "to see sameness in the difference," (Ricoeur 1991c,) identifies the power of metaphor not only in "substitute" terms around the replacement of a single word (e.g. "man is a wolf"), but also in "tension" terms within sentences or paragraphs which potentially allows the "difference" to enhance, and deepen, the reader's understanding. Consider how this use of metaphor by Rush (2006, 17) might expand an understanding of a person's waiting experience in hospital.

> Under that gown skulks your even more absurd carcass, entering its Prufrock stage. 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.

The use of the imagination, then, can be seen as a potentially helpful way towards seeking attainment of an "ethic of the good life". Consider the way in which Lewis (1953, 31-32) uses the imagination via

an evocation of the senses to describe an early experience of his character Ransom on the planet of Venus.

> When he next began to take any notice of his surroundings he was, at all events, well rested. His first discovery was that he lay on a dry surface, which on examination turned out to consist of something very like heather, except for the colour which was coppery. Burrowing idly with his fingers he found something friable like dry soil, but very little of it, for almost at once he came upon a base of tough interlocked fibres.

Ricoeur (1991a, 176ff) locates this "meaning-making" ability of imagination within fictional texts to include a "projective function" of acting ("a luminous clearing" to measure the scope of "I can"), freedom, intersubjectivity and recognition of relational dimensions ("every man my brother"). Such understanding of the imagination may find resonance within professional health care in terms of promoting empathy (Scott 1995, 1198), the "fine tuning" of perceptive skills (Pask 1997, 202) and in "helping people have a life" (Liaschenko 1998, 130).

At the same time, however, it is important to be aware of possible limitations to the use of the imagination. Keenan's (1992, 32) observation of the distorting power of the imagination may be salutary. Or, as Lewis (1933, 84-85) puts it: "Our imaginations, like our appetites, need discipline ... in the interests of our own solid good. That wild impulse must be tasted, not obeyed."

Narrative as "Confessing" and "Confounding" Ethics

In this section, I seek to explore some of the ways in which narrative, via the form of literary fiction, may contribute towards understanding ethics in "confessing" and "confounding" terms. To express this differently, to what extent might the reading of fictional narratives contribute towards an understanding of ethics "aiming at the 'good life'" (Ricoeur 1991,172)? Alongside such affirming dimensions of narrative, however, it is necessary also to address the possibility of its opposite. Could there be examples of fictional narratives that might serve to obscure, thwart or even deny the influence of an ethic based on a pursuit of the Good? In this section, a selection of texts of literary fiction will be discussed which will consider these questions within the context of professional healthcare educational programmes.

The use of literary texts within the professional educational preparation of nurses, doctors, occupational therapists, social workers and physiotherapists has been part of a modest, but significant, dialogue between the arts and humanities and professional health care education over two decades (McAteer and Murray 2003; Downie and Macnaughton 2007; McKie, Adams, Gass and Macduff 2008). In particular, these texts (of literature and poetry) have been used to address, amongst others, issues of communication (Begley 1995), skills development (Sandelowski 1994), cultural awareness (Cagele, Walker and Newcombe 2006) and ethics (Begley 2003). In terms of the latter, the use of literary fiction has been viewed as an alternative, or supplement, to dominant ethical discourses in health care practice based upon rationalist and detached approaches (e.g. the "four principles" of autonomy, beneficence, non-maleficence and justice. See Beauchamp and Childress 2009). Moreover, perceived deficiencies in such approaches (Hedgecoe 2004) may permit Ricoeur's teleological ethics of the Good—involving intentionality, quest for meaning, relationality and context—to occupy places of greater significance within professional healthcare education curricula.

Narrative as "Confessing" Ethics

One way of considering how narrative works is to note its potential for a person to acknowledge, rather than merely know about, a particular human experience (Gibson 2007, 103). Such personal understanding may involve a response which incorporates ethical considerations of the Good. This quest for, or exploration of, the Good may be summarised in specific terms of a "how-to-live ethic" (Frank 2004). Solzhenitsyn (1968, 112-113) explores this theme by posing it as a question in his novel *Cancer Ward*: "What do men live by?". When fictional character Yefrem Podduyev, a loudmouth crook and womaniser, is admitted to hospital for treatment of throat cancer, he discovers for the first time a deep desire for, and satisfaction from, reading books. Such reading stimulates in Podduyev reflection and meditation on the events of significance in his own life and what the prospect of death might mean for him. Podduyev's exploration is extended to include fellow patients by considering 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 did. He felt like thinking again. He thought again.
>
> 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?'"

That clients might seek to engage professional health carers in their quests for meaning as a result of experiencing an illness or addressing enforced lifestyle changes (e.g. disability following an accident) may not always be apparent to healthcare professionals themselves (Brody 2003). However, this is an ethical stance that might helpfully frame every approach towards clients. Consideration of the purpose (or end) of human life may allow practice to move beyond merely finding solutions to immediate health problems or dilemmas (real as they are). Liaschenko (1995, 2) reinterprets this "end" of human activity for nursing practice in terms of "human flourishing." Nurses can help their patients to have "a particular life, a life that patients can claim as their own, that is, as 'my life'" (Liaschenko 1995, 2).

In a second example, Ricoeur's ethic of aiming at the Good within the context of relating to others is given expression in an extract which centres upon the therapeutic relationship. This is drawn from Appignanesi's novel *The Memory Man* (2004, 63) in which the novel's main character, Bruno, receives a medical examination in his native wartime Poland during the period of the Second World War:

> When Bruno's turn 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 on experience.

The therapeutic relationship initiated and developed by Bruno's Canadian doctor demonstrates Ricoeur's (1991) relational understanding of ethics. The quest for the Good may be seen in the doctor's aspiration towards achieving "standards of excellence" (virtues) within the exercise of specific skills of examination and assessment. Such skills of observation and assessment are allied to virtues of practical wisdom (Haggerty and Grace 2008); openness and to a genuine sense of embodying similitude via dialogical understanding.

The quality of the therapeutic relationship within professional health care practice is much discussed (Scanlon 2006; Shattell, Starr and Thomas 2007). By considering the dynamics of this relationship in ethical terms, however, it can be seen how an aspiration, or quest, for meaning might begin to be embodied in relational terms. Fredriksson and Eriksson (2003) adopt Ricoeur's threefold understanding of ethics (personal, interpersonal, societal) to consider the therapeutic relationship in terms of a "caring conversation." In a similar way, Olthius, Dekkers, Leget and Vogellaar (2006) investigate the ways in which relationality links the personal identity of the nurse to the "caring conversation" of the therapeutic relationship within hospice care contexts. In particular, the concept of reciprocity inherent within the therapeutic relationship suggests that "hospice nurses not only give while they provide care, they also receive. Patients not only receive but they also give" (Olthius et al. 2006, 35).

In a third example, it is possible to see how a fictional narrative might promote an ethic of the Good within the context of Ricoeur's (1991, 172) third arm of his definition: "aiming at the 'good life'...within just institutions." This is taken from Sebastian Faulks' (2006, 182) novel, *Human Traces*, exploring the development and practice of psychiatry in nineteenth century Europe.

> Thomas was surprised by how much he had come to tolerate, even to like, the asylum. The vast lateral folly was hidden from his view by the elms at the edge of the cow pastures, and he could briefly view it with detachment. 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 narrative suggests that a relational ethic of solicitude (Ricoeur 1991, 190) requires us to take account of the social context of practice. Thomas, a medical psychiatrist, practises within the context of a nineteenth century European social model for the treatment of the mentally ill, namely the institution of the asylum. Although the asylum no longer assumes the social influence within contemporary European mental health services (Porter 1987), this example shows the importance of considering ethics within "specific narrative communities" (Gastmans 2002, 503) e.g. hospitals, clinics, day centres and community settings. This example may acknowledge Ricoeur's (1991, 194) notion of "structures of living together" in which common mores and values (ethos) need to be recognised alongside the operation of constraints, rules and procedures within a particular context.

Narrative as "Confounding" Ethics

To what extent might it be possible to consider narrative as "confounding," thwarting or even confusing the pursuit of the good life? Are there, to use Ricoeur's (1991, 167) searching expression, instances of "troubling cases of literary fiction"? This is a serious issue because it may be possible for health care professionals to be presented with fictional narratives where the quest for "meaning" may not always be obvious or even be present at all. Three examples will be considered.

The first derives from Michael Ondaatje's novel *The English Patient* (1992, 43-44). Here the experience of nursing practice within the context of war and conflict may challenge simplistic notions of the pursuit of the good life.

> Nurses became shell-shocked from the dying around them. Or from something as small as a letter. They would carry a severed arm down a hall, or swab at blood that never stopped, as if the wound were a well, and they began to believe in nothing, trusted in nothing. They broke the way a man dismantling a mine broke the second his geography exploded. The way Hana broke in Santa Chiara Hospital when an official walked down the space between a hundred beds and gave her a letter that told her of the death of her father.

Such experiences may ask profound questions of a pursuit of the Good in professional and personal terms. Where practice is considered solely in professional terms of distance and detachment, the meaning of such experiences (e.g. "believe in nothing, trusted in nothing") may often be denied completely. However, such experiences may have deep and lasting repercussions at both personal and professional levels of practice itself (Macduff 2007).

A second example is drawn from Elie Wiesal's (1958, 47) fictional memoir *Night*, which is based upon his experiences as a fifteen-year old boy in the concentration camps of Auschwitz in Poland during the period of the Second World War.

> A barrel of petrol at the entrance. Disinfection. Everyone was soaked in it. Then a hot shower. At high speed. As we came out of the water, we were driven outside. More running. Another barracks, the store. Very long tables. Mountains of prison clothes. On we ran. As we passed, trousers, tunic, shirt, and socks were thrown to us.

> Within a few seconds, we had ceased to be men. If the situation had not been tragic, we should have roared with laughter.

Wiesal's terse and at-speed narrative may challenge the reader to consider the ways in which professional health care practice generally, and specifically, treats others. Is it possible that professional health care practitioners might inadvertently (or otherwise) participate in practices towards persons that are dehumanising and depersonalising (McKie 2004)?

In a third example, the experience of illness or disability is presented in metaphorical terms in Kafka's famous short story, *Metamorphosis* (1999). Here the main character, Gregor Samsa, wakens one morning to find himself transformed into a large insect.

> As Gregor Samsa awoke one morning from uneasy dreams he found himself transformed in his bed into a gigantic insect. He was lying on his hard, as it were armour-plated, back and when he lifted his head he could see his dome-like brown belly divided into stiff arched segments on top of which the bed-quilt

could hardly keep in position and was about to slide off completely. His numerous legs, which were
pitifully thin compared to the rest of his bulk, waved helplessly before his eyes.

The capacity of metaphor to see "sameness in the difference" (Ricoeur 1991c, 80) can evoke
imaginative readings of this passage. In literal terms, the body is not an insect. But by using metaphor
to heighten tension in reading, it is possible to understand how an illness or chronic condition might be
experienced by the person (and others) in radically altered ways.

In what ways might reading these three narratives, via the act of imagination, contribute towards
obscuring a quest for the good life? All of these narratives, in their depictions of pain, suffering, death,
cruelty, indignity and altered appearance, fall within the possible range of experiences of contemporary
professional health carers (McKie et al. 2008). Nurses, for example, may often have to address issues
of "burn-out" in themselves as a result of practice experiences not dissimilar to Hana's narrative in
Ondaatje (1992). In a similar way, although the experience of witnessing human atrocities such as
those that took place during the Holocaust may not feature in every professional health carer's
experience, reading imaginatively may help to show that the potential for acts of indignity and
dehumanisation of patients lies within the social and historical contexts of all health care systems
(Harrington 1996; McFarland-Ike 1999).

In drawing the themes in this section together, it is helpful to return to Ricoeur himself and to two
key points in particular. A first to note is the *intentional* dimension of the ethical quest (Ricoeur 1992,
172). The Good is to be perceived by its "lack," rather than its presence, in all things. This gives a
sense that the Good is to be pursued and looked for, even tenaciously, in all situations. Secondly, if the
subject of ethics is "one to whom narrative assigns a narrative identity" (Ricoeur 1991, 178), then any
conception of narrative unity must see that person's identity in terms of a mixture of intentions, causes
and chance. To put it another way, a person's experience represents a complex mixture of acting and
suffering (or the reduction in the ability of "being-able-to-act"). For Ricoeur, the "ethical aim" of the
Good incorporates the experience of suffering itself. Such an understanding of narrative unity suggests,
to use Nussbaum's (2001) phrase, the "fragility of goodness" itself. Suffering may not extinguish the
Good, but it might suggest that goodness itself is often mediated through experiences of weakness and
powerlessness. Practitioners, therefore, can move from detached spectators of clients' sufferings to
active witnesses of the same (Arman, 2007).

For Ricoeur (1992, 179), engagement in "interpreting the text of an action" permits an ongoing
dialectic of interpretation between the aim of a good life and the particular choices that people make
within their own lives. In narratives where the Good is found to be wanting to extraordinary levels,
narrative may appear to "confound," or distort, that intention of seeking the Good. And yet, to follow
Bellow (1959, 107), "when you don't die of a trouble somehow you begin to convert it—make use of
it, I mean." There often is present in men and women an exceptional ability to find meaning and
purpose in the most adverse, and trying, of circumstances (Frankl 1984).

Conclusion

In this chapter, I have sought to explore a teleological approach to ethics as found in select writings
of Paul Ricoeur. Narrative can explore that intention towards the Good, linked with personal, relational
and contextual dimensions, via consideration of fiction, imagination and metaphor. Given the
intricacies of professional health care practice, such an ethic has potential to work alongside existing
ethical paradigms and to offer the prospect of new insights upon practice being achieved.
Understanding ethics in these terms may help the professional health care practitioner:

- to see practice in ethical "first-person" terms
- to participate in clients' quest for meaning within their illness experience
- as part of a relational dimension in ethical discourse
- to consider the significance of social context within ethical deliberations
- to understand the significance of perception and imagination within the act of reading as valid
  ways of understanding ethics

Acknowledgement

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