

A moral profession

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Nursing as a moral profession: insight from nurse educators' elected narratives of care and compassion

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Abstract

Background: Lack of compassion is claimed to result in poor and sometimes harmful nursing care. Developing strategies to encourage compassionate caring behaviours are important because there is evidence to suggest a connection between having a moral orientation such as compassion and resulting caring behaviour in practice.

Objective: This study aimed to articulate a clearer understanding of compassionate caring via nurse educators' selection and use of published texts and film.

Methodology: The study employed discourse analysis

Participants and research context: 41 nurse educators working in universities in the UK (n=3), Ireland (n=1) and Canada (n=1) completed questionnaires on the narratives that shaped their understanding of care and compassion.

Findings: The desire to understand others and how to care compassionately characterised educators' choices. Most narratives were examples of kindness and compassion. 17 emphasised the importance of connecting with others as a central component of compassionate caring. 10 identified the burden of caring. 24 identified themes of abandonment and of failure to see the suffering person. 15 narratives showed a discourse of only showing compassion to those 'deserving' often understood as the suffering person doing enough to help themselves.

Discussion: These findings are mostly consistent with work in moral philosophy emphasising the particular or context and perception or vision as well as the necessity of emotions. The narratives themselves are used by nurse educators to help explicate examples of caring and compassion (or its lack).

Conclusion: To feel cared about people need to feel 'visible' as though they matter. Nurses need to be alert to problems that may arise if their 'moral vision' is influenced by ideas of desert and how much the patient is doing to help themselves.

Keywords

moral vision, non-abandonment, compassion, caring, moral practice

Introduction

Many see nursing as a moral not just a caring profession. Good nurses care about as well as for people.¹ Failures in compassionate care may arise when caring is reduced to technical tasks; even if those tasks are performed competently, losing the moral, compassionate component of nursing. Sadly, healthcare delivery in the United Kingdom (UK) has been beset by significant failures in patient care in some National Health Service (NHS) hospitals and caring about the patient is perceived by many to be lacking.^{2 3} Physical tasks are claimed to be too often conducted without emotional engagement or acknowledgement of the need for patients to feel cared about.³ Yet though nurses are taught about ethics, and its application to nursing practice as nursing ethics, calls have been made for nurse educators to re-examine their teaching practices.⁴

There is evidence to show that having a moral outlook such as compassion can lead to good actions in work⁵ and patients can recognise its lack even if competent skills are performed.⁶ It is recognised that education, especially moral education, can be greatly facilitated with the use of literature⁷ and art more generally.⁸

As nurses from three continents each of us could identify how key narratives had shaped our own understanding of caring, compassionate practice. We designed a research project with the purpose of asking other nurse educators which published narratives had most shaped their understanding of caring and compassion and how it was used in nursing ethics education.

Conceptual framework

Nursing as moral practice

Nursing practice is a humane practice. At least it ought to be. Nursing by its nature is value laden⁹; a moral practice.¹⁰ Nurses have direct and frequent interactions with patients who require their help. Nursing encompasses more than physical needs to include the psychosocial and spiritual aspects as well.¹¹ These needs, especially the physical, could to an extent be met by caring for the patient but literature and empirical work that includes patient reflections suggest more is required: a commitment to nursing as 'caring about' patients, understood as an attitude, feeling or state of mind.^{12 13} Boleyn-Fitzgerald¹⁴ (as well as much work in moral psychology) points out for all human beings (perhaps with the exception of certain pathologic

states such as psychopathy) it is implausible to hold that they have no sense of caring about their fellows.

Caring about patients especially in times of loneliness or when they are particularly vulnerable is or can be a moral stance which is also likely (*ceteris paribus*) to lead to caring for the patient in an excellent way.¹⁴ (Some evidence suggests that nurses who do not care about patients perform poorly in caring for them.⁶) Such excellence in caring about and for patients is to be understood in an everyday sense not just when significant events or dilemmas occur^{15 16}. The focus on excellence, emotions and reason, state of mind and everydayness as important to ethics has been brought back to the fore *via* virtues^{17 18}. The importance of virtues as moral and intellectual character traits has become popular within nursing ethics; especially the focus on discernment as moral sensitivity or perception and a focus on the particular.^{7 19 20} Compassion as an emotion and as a virtue is an example of caring about that also involves a discernment or perception of suffering with the motivation to do something to relieve it,^{21 22} being frequently understood to be a 'moral emotion' necessary for excellent nursing.²³

The use of the Arts, usually literature, is much to the fore in many accounts of virtues especially the intellectual virtue of practical wisdom (*phronesis*) as way to explicate what it is they know. The metaphor of vision or perception as a sensitivity or accurate construal of a particular situation is common in the philosophical literature.^{7 17 24} Nursing utilises such work to understand its professional nature and rationality where moral perception is deemed essential.

Occasion by occasion, one knows what to do, if one does, not by applying universal principles but by being a certain kind of person: one who sees situations in a certain distinctive way¹⁷(p. 73).

Ethical principles and rules and thus codes of ethics cannot be applied by just anyone (young, vicious or virtuous) alike in morality unlike mathematics. There needs be some appreciation of what counts as moral and such appreciation necessarily involves emotions such as compassion.

A kind person has a reliable sensitivity to a certain sort of requirement that situations impose on behaviour...a kind person knows what it is like to be confronted with a requirement of kindness. The sensitivity is, we might say, a sort of perceptual capacity¹⁷(p. 51).

And for Nussbaum²¹

It cannot be emphasised too strongly that what I am advocating, what I want from art and literature is not erudition; it is empathy and the extension of concern (p. 432).

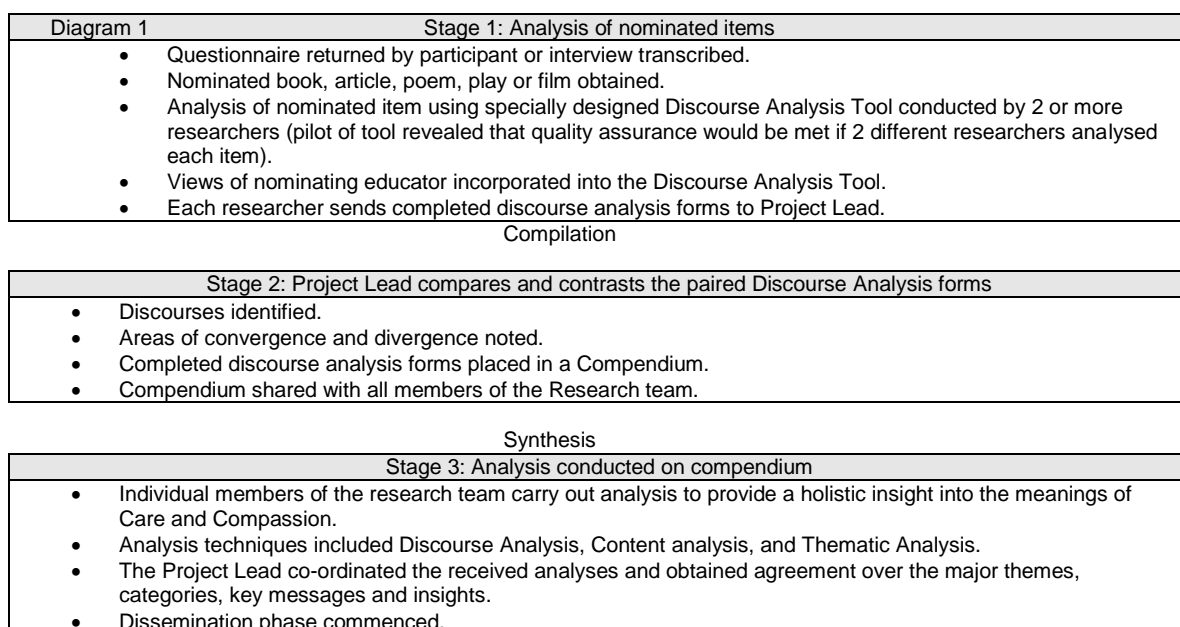
In effect with emotions such as sympathy and compassion one comes to "see by feeling" (p. 393).²⁵ The use of the Arts may be one way to meet what Boleyn-

Fitzgerald¹⁴ calls a professional obligation to cultivate compassion in nurses. (Note that this is different from claiming (implausibly) there is a professional obligation to be compassionate.)

Methodology

The study was initiated to identify which published narratives had been most influential upon fellow nurse educators' understanding of the importance of being caring and compassionate. Discourse analysis²⁶ was the chosen method. Broadly speaking discourse analysis utilises language (not only verbal) in particular contexts to understand social phenomena.^{26 27} It is the emphasis on the context in which the discourse occurs that was a main reason for choosing this method because it was hoped the use of Arts would engage critical and emotional engagement by nursing students and used to influence their nursing practice especially in relation to their own and patients' understanding care and compassion.

In this study what was being analysed were selections of narratives and film set in some radically different contexts but with a common focus of caring and compassion which was then applied to nursing education. Internal consistency was achieved by the use of a tool validated for this study and published elsewhere²⁸ and for validity each narrative was analysed by at least two of the researchers independently and the findings discussed and agreement reached at least on major themes. Finally each researcher discussed how the particular chosen narrative was used in nurse education in relation to caring and compassion. See diagram 1.



Participants

Three universities in the UK, one in Ireland and one in Canada were involved. There were 41 participants in total (38 nurses, 1 doctor, 1 biomedical scientist and 1 occupational therapist). Ethical approval was obtained from all five universities. An

ethics amendment was obtained from the Canadian university to replace the electronic questionnaire with interviews using the same questionnaire as a guide. This was because it was thought interviews were more culturally engaging after a poor response rate to the emailed questionnaire.

Data collection and analysis

Data collection started in November 2014 and finished in May 2016. A pilot questionnaire was piloted and emailed to nurse educators employed in the five universities. Participants were asked to identify which published narrative had most influenced their understanding of compassion and why it had been so influential. The identified themes were analysed by paired members of the research team using a specially designed discourse analysis tool and method.²⁸ Each identified narrative or film had the nominating educator's interpretation of how it conveyed compassion and then at least two researchers' interpretations were given of the same narrative or film. All analyses were shared with the whole research team in a compendium of 366 pages. Five members of the research team subjected the compendium to discourse analysis as a text in its own right with a final synthesising stage conducted by the two lead investigators.

The 39 nominated narratives are given in table 1.

Table 1. List of nominated items

Texts

Baiter, S. Zimmeth, M. *Bed Number Ten*. Holt, Rinehart and Winston, 1985 (book).

Bauby JD. *The Diving Bell and the Butterfly*, London: Harper Collins Publishers, 1998 (book, also a film).

Brown MF. *Morning Song* In: *What on Earth*. Moon Pie Press, 2010 (poem).

Burnett FH. *A Little Princess*, Ware: Wordsworth Children's Classics, 1905 (book, also a film).

Carel H. *Illness (the art of living)* McGill-Queen's University Press, 2008 (book).

Clare J. (1793 -1864) *I am*. In: Wright D (ed) *The English Book of English Romantic Verse*, London: Penguin Books, p272, 1968 (poem).

Davis C. *The Nurse's Pockets*. In: Judy Schaefer (ed) *The Poetry of Nursing*, Ohio, Kent State University Press, 2006 (poem)

De Beauvoir S. *Adieux: Farewell to Sartre*, London: Penguin Books, 1981 (poem).

Doyal L, Papanni S, and Anderson J. 'Elvis died and I was born': Black African men negotiating same sex desire in London, *Sexualities*, 11, pp.171-192, 2008 (article)

Finn CC. *Please hear what I'm not saying*, USA (self-published), 1966 (poem).

Gibran K. *The Prophet*, London: Pan, 1991 (book)

Hogben, L. *The Nurse's Reply*. <http://nurse2nurse.com.au/a-nurses-response-with-poem/> (poem)

Hugo V. *Les Miserables*, 1862, translated by Julie Rose, 2007, [Vintage Classics](#), 2007 (book).

Kipling R. If. In: Kipling R. *Rewards and Fairies*, London: MacMillan and Co.Ltd, 1910

Lee H. *To Kill a Mockingbird*, Philadelphia, USA; JD Lippincott & Co, 1960 (book).

McCormack P. *Crabbit Old Woman* (also called *Look Closer Nurse*) Sunnyside Hospital Montrose Newsletter, 1966 (poem).

Montgomery LM. *Anne of Green Gables*, Boston, USA: LC Page & Co, 1908 (book).

Nolte DL. *Children learn what they live*, The Torrence Herald, Los Angeles, USA, 1954, 1972 (poem).

Perry B. As you journey through life (poem). In: Beth Perry (1998) *Moments in Time: Images of Exemplary Nursing Care*, Canadian Nurses Association at pp.157-158, 1998 (book).

Quill TE, Cassell C. Nonabandonment: a central obligation for physicians, *Annals of Internal Medicine*, 125(5), pp368-373, 1995 (article).

Taylor A. 'Kindness', In: *And Time Stood Still*, Dublin: Brandon Press, p.189, 2012 (poem).

Walker B. *Reading by Moonlight*, Penguin Australia, 2010 (book).

Visual items

Apollo 13 (1995) Director Ron Howard, starring Tom Hanks (film).

Dad (1989) Director Gary David Goldberg, starring Ted Denson, Jack Lemming and Ethan Hawke (film).

Defiance (2008) Producer and Director Edward Zwick, starring Daniel Craig (film).

Dr Peter Living with AIDS Documentary, Dr Peter AIDS Foundation, Canada (film).

Invictus (2009) Director Clint Eastwood, starring Morgan Freeman (film).

Les Miserables (2012) produced by Working Farm Films (also a Musical: 1980 in Paris, 1985 in London).

M.A.S.H.(1970) Director Robert Altman, starring Donald Sutherland, Elliott Gould and Tom Skeritt (film).

Mission to Lars (2012) Stars Kate, Will and Tom Spicer (siblings) <http://www.missiontolars.com> (film)

Oleanna, (1993) by David Mamet, Published Josef Weinberger Plays (first performed 1992 also available as a 1994 film).

One flew over the cuckoo's nest (1975) (based on 1962 book by Ken Kesey) Directed by Milos Forman, starring Jack Nicholson (film).

On Giant's Shoulders (1979) (also a book; by Glenn Christoloudou) BBC Play of the week: <http://www.youtube.com/watch?v=sTMHk3iYleE> (film)

Patch Adams (1998) Director Tom Shadyak starring Robin Williams (film).

The English Patient (1996) Director Anthony Minghella, starring Ralph Fiennes and Kristen Scott Thomas (film)

The Raging Moon (1971) Director Bryan Forbes, starring Malcolm McDowell and Nanette Newman (film)

Wit (2001) Director Mike Nichols, starring Emma Thompson (film, also a play)

X-Files – episode called "All Things" Director Gillian Anderson (film).

Findings and discussion

The narratives presented in this study were not value free descriptions. As art they were all designed to invoke either or both critical and emotional responses. This fits well with the account of morality by such philosophers as McDowell and Nussbaum in the conceptual section of this paper taking nursing to be a moral outlook or/and practice. Frequently the narratives involved some form of suffering, probably because of the study's focus on caring and compassion.

The label compassion was rarely explicitly mentioned in the findings. But it was portrayed in 37 of the 39 narratives via behaviours and actions of empathy, kindness, patience, offering hope and comforting. Being moved, understood as both affect and motivation, by the suffering of another and to respond in a practical (sometimes ingenious) way was evident in 24 narratives. One example of this was the modifying of an alarm clock to act as a call bell for a patient when they recovered the ability to twitch a leg muscle. Being affected and motivated to relieve the suffering of another is a classic definition of compassion.^{21 22}

The clearest finding, present in 25 of the narratives, was that in order to be caring and compassionate it is necessary to see the other person as they really are. This resonates with the metaphor of vision often used in moral philosophy^{17 24 25} focusing on virtues and ideas of moral perception and moral sensitivity of wise nurses.^{19 20 29} The philosopher and novelist Iris Murdoch developed dementia in her later years and the film *Iris* was based on her husband's book trilogy of her life.³⁰ His struggle to ensure others see Iris as she really is and was is evident. In one scene, Iris, played by Dame Judi Dench, has become distressed, fighting her husband, the Oxford professor of English John Bayley, and eventually he shouts back and runs out of the room shutting her in. He then sits crying for a time before going back to her and apologising. He starts reading out loud and Iris remembers saying "I wrote". "Yes, you wrote books... special things, secret things." Plaintive violin music starts and grows louder; he looks lose into her eyes and asks "Do you know many secrets now Iris?" Her eyes remain blank. In the next scene, John asks the doctor how it is that Iris is sometimes able to saw some things of consequence. He asks perhaps they should learn her language "before the lights go out". The doctor just affirms that the lights will go out. It would be wrong to hold out false hope. John accepts that and says Iris herself might know this as well but shouldn't we try?"

The following are a small selection from other findings around seeing the person as they really are. Havi Carel³¹ in *Illness* writes:

...the ill person may be reduced to her illness...Nothing frightens me more than being 'the woman with the oxygen', memorable for her deficiency (p.59).

In the film *Invictus*³² Nelson Mandela works constantly at ensuring he knows who people are so he can ask them about the things that are important to them. He has good observation skills as well. These are part of his political skills set but it makes

him seem very caring. He asks the bodyguard about his mother and notes that his personal assistant has had her hair done. He is twice seen memorising the names of the members of the rugby team so he can wish them luck by name. “*To him, no one is invisible*”. And in *As you journey*³³ caring, and probably compassion too, means being open to seeing the beauty around you even though many of the people that healthcare professionals care for are not physically beautiful people and illness, disease and old age can be merciless: “*for it is all around you in forms not easily recognisable*”.

Though the metaphor of moral vision is common and may help explicate the force of moral notions such as caring and compassion there are problems with its use. The virtuous person or virtuous nurse (who has practical wisdom or *phronesis*) gets things right. Scott claims that nurses need to be competent in their perception and navigation of the moral domain.¹⁹ But what is it to count as right or be competent? Iris Murdoch, a strong advocate of the (Good) Arts for helping us to understand visions of the good, emphasises potential problems. People may have radically different moral visions and use concepts in ways that are not transparent to others³⁴. Sometimes if we do not share the same contexts, we fail to grasp each other’s meanings and that understanding is not always possible.^{34 35} If nursing’s very nature includes the psychosocial and spiritual caring about as well as the physical caring for, then such failure of understanding may be more than possible especially in a multicultural, religious and morally pluralistic environment.

In addition, if rules and principles on such perceptual accounts are not sufficient, or sometimes not necessary, for knowing what is morally relevant then how will this fit with nursing as a profession as opposed to the person who also happens to be a nurse? Can a profession rely on individuals’ moral vision? In this study’s findings a distinction was made between an individual’s moral outlook and a professional outlook; seemingly at odds to this paper’s conceptual understanding of nursing as a moral practice. 15 narratives showed that responding to another’s suffering was characterised by generosity in the giving of self as something more than a professional role. In *Reading by Moonlight*³⁶ Walker, writing about her experience of having breast cancer, observes without any recognition she was placing on the doctor “I saw a great deal of my GP. I didn’t need to make an appointment –his receptionist would lead me to a side room and he’d come and see me between his other patients. His diagnosis was simple and he repeated it kindly: I was experiencing grief, he explained. I knew, rationally, that I was devastated, I just didn’t expect it to affect my body in this way. He always walked me to the door afterwards” (Chapter 1). The burden of caring was evident in 10 narratives but with little evidence of how such burden can become so heavy that they cause emotional harm to the carer or even burnout and abandonment of patients.³⁷

Abandonment of the suffering person was evident in 24 narratives. Bauby’s *The Diving Bell and the Butterfly*³⁸, nominated three times, is a clear example. Bauby, a journalist has ‘locked in syndrome’, paralysed except for the ability to purposely blink and unable to speak. “...the less conscientious minority, who make their getaway [from his room] pretending not to notice my distress signals” (p. 47). And on page 108 he writes of how people put the television onto programmes he hates and observes “...three or four hours are likely to go by before the return of the kindly soul who can change channels”.

Another very powerful account of abandonment, which is equally balanced with accounts of caring and compassion, is found in Sue Baier's account of spending months in *Bed Number Ten*³⁹ in an intensive care unit with Guillain-Barre syndrome, completely paralysed except for the ability to blink her eyes. One example is when she was having a reaction to the antibiotics and her desperate blinks are ignored or missed by the nurse and doctor. To make things worse her husband is present and, because he trusts the professionals, decides it is best to leave as well. "His departure was devastating. Tears gushed. I felt abandoned" (p. 370). She nearly died as a result. Another time, when she was developing pneumonia and had to be reventilated, she records "In the midst of all this staff, I was alone and ignored" (p. 182). The sense of abandonment need not be physical; it may be spiritual or emotional. It may even be a mis-interpretation on the part of the one suffering. The abandonment felt by John Clare (1793-1864) in his poem *I am*⁴⁰ may be because his mental illness has distorted his sense of reality.

In contrast to abandonment (only) 17 of the 39 narratives raised the importance of the ability to connect with others as a component of being caring and compassionate. In Quill and Caswell's article⁴¹ on non-abandonment, they write; "Relationships between physicians and patients can be both personal and professional, and empathy and personal connection can enrich the task of facing the reality of the patient's condition together" (p. 379). In *The Prophet*⁴² the Islanders, with whom the prophet has lived for several years, are told, "If in the twilight of memory we should meet once more, we shall speak again together and you shall sing to me a deeper song. And if our hands should meet in another dream we shall build another tower in the sky" (p.132).

However much hangs on what is meant by connect. It may be understood on a continuum ranging from very strong emotional attachment to mere fellow feeling. And there is a similar continuum from the personal to professional. As Curzer⁴³ explains depending on the account it can lead to bias within healthcare relationships. Certainly very strong emotional engagement with all or even many patients (and relatives, staff and colleagues) is not a psychologically, realistic possibility for nurses.⁴⁴ Compassion fades when the number of people suffering is as low as two⁴⁴ and literature on emotional labour⁴⁵ and 'burnout' in nursing is well known.^{37 45}

In addition to the external difficulties with acting compassionately from social psychology⁴⁶ there are more specific problems to do with the use of art for explicating ideas of moral perception or vision. There can be just bad art that may be unintelligible, manipulative, sentimental and corrupt.⁴⁷ Most of the literature chosen in this study plausibly avoided this criticism. But there were examples such as Hodgson Burnett's *A Little Princess*⁴⁸ which seems at times to be overly sentimental:

If Nature has made you for a giver, your hands are born open, and so is your heart; and though there may be times when your hands are empty, your heart is always full, and you can give things out of that-warm things, kind things, sweet things-even help and comfort and laughter-and sometimes gay, kind laughter is the best help of all (Chapter 6).

As well as the concern about selfish fantasy in or through art Iris Murdoch raises another point that "...even great art cannot guarantee the quality of its consumer's consciousness"⁴⁹(p. 83).

Related to the concerns of accurate perception of both aesthetics and morality, is the fact that just under half of the responses suggested a rather 'muscular' or robust form of compassion. The suffering person is expected to accept life changes in a somewhat Stoic fashion such as in Kipling's *If*.⁵⁰ 15 of the chosen narratives indicated the nurse educators who chose them considered patients should help themselves or try to rise above their suffering. There was or seemed to be a duty to help oneself, for example the film *Apollo 13*.⁵¹ However, this was also interpreted in another light in some other narratives. In the film *Raging Moon*,⁵² Bruce's journey from despair at becoming paralysed eventually showed him accepting that life still has value, falling in love with Jill and publishing his first story. In one scene Bruce and Jill are introduced as the 'intellectuals' to a rather pompous man who completely dismisses them. So Bruce and Jill start circling around in their wheelchairs talking about how fascinating it is that some of the people walking around on two legs are able to talk and some of them have five fingers "which is quite incurable you know". In *Anne of Green Gables*,⁵³ Anne decides that although she has won a scholarship to go to college for four years to get her degree, she will stay with Marilla (who gave the orphaned Anne a home despite intending to take in a boy who would be able to do heavy farming work). Anne tells Marilla "...don't you go pitying me. I don't like to be pitied and there is no need for it. I'm heart glad over the very thought of staying at dear Green Gables" (p. 636).

Although very important comments have been made over the potential dangers of the use of the Arts in explicating emotions such as compassion and of caring, it should not detract from the fact that they can be a useful tool facilitating a critical stance to one's practice. The pedagogical use of the Arts can facilitate agents to look outside of their own outlook and social milieu that influences it. It may function to develop our (nurses) capacity for attentiveness in the giving of care. Murdoch⁴⁹ claims

Most of all it [art] exhibits to us the connection, in *human* beings, of clear realistic vision with compassion... Art then is not a diversion or side issue, it is the most educational of all human activities and a place in which the nature of morality can be *seen*. Art gives a clear sense to many ideas which seem more puzzling when we meet them elsewhere, and it is a clue to what happens elsewhere (p. 85)

Reading for example *The Diving Bell and the Butterfly*³² one may come to realise what a lack of attention; of careful, honest perception is like. It may make oneself critical of reasons or excuses given *post hoc* to oneself when one didn't attend to patients. It may stimulate attempts at making efforts not to abandon patients in the future. The people who 'abandoned' Bauby seemed not to recognise themselves as

being uncaring. Did they refuse to see him or did they not notice? Either way the use of the Arts can facilitate change in the future; to notice and not to refuse to look. Good art is usually critical of the status quo.⁴⁹ Thus art, in the form of published narratives, is one way of aiding accurate moral perception.

Of course there is no avoiding the fact that one must come to such works from within a moral outlook; something emphasised in some work on the virtues by Neurath's metaphor of trying to repair a ship at sea.^{17 54} Clarke⁴⁷, analysing Murdoch's work, brings out clearly the type of moral knowledge which does not rely upon an independent principle (though it does rely on a dependent one of the 'Good') and yet can be critical. To be critical, one must ask the right questions, whose accurate or correct answers require good character. But asking the right questions is a part of developing good character. This 'circular' account of moral knowledge is prominent in neo-Aristotelian virtue ethics (see for example Hursthouse¹⁵, McDowell¹⁷ and Russell⁵⁵). Within virtue ethics there is the intellectual virtue of *phronesis* (practical wisdom) and some of the participant's comments on 'balance' may reflect ideas of *phronesis*. Many of the published narratives, particularly the films, seem to encourage finding the right questions to be asked; such as how much of the burden of other people's suffering should be shouldered by healthcare professionals? The question as to how nurses can take a balanced approach to the care of the individual patient was present in 8 of the narratives. Tiberius⁵⁶ advocates "The person with perspective is not misled by inappropriate emotions...because her emotional responses are appropriate to the various values that are at stake in her decisions" (p.106). However, identifying what our moral values require of us and the shifting from such deliberation to action is difficult⁵⁶ (pp. 164-166). Using narratives to trigger discussions of professional nurses ethical behaviour was common to all participants; providing a way of learning to ask the right questions and identifying the right responses. In addition the Arts, narratives in particular, allow a range of social factors and contexts to be explored in a safe yet challenging way.

Limitations

Fewer nurse educators than hoped participated. This may have been because the questionnaire required detailed and reflective responses. However having participants from five universities in three different countries and healthcare systems suggests that the findings can be transferable.

Conclusion

The explicated discourses suggest that when people feel cared about, not merely cared for, their suffering may be lessened. To be cared about people need to feel visible; as though they matter to the nurse. However the whole discourse of caring and compassion and its use in nurse education is very complex, with many situational variables. Art can facilitate reflection and explicate metaphors of moral vision and moral sensitivity. Moral vision that includes factors such as whether and

how much patients are helping themselves or deserving of compassion are difficult to evaluate from a third person perspective after the event. But the desert requirement for compassion is problematic for nursing practice and can lead to inappropriate care or lack of care. The (promoting) independence requirement is actually emphasised in modern Western nursing discourse and models of care. Such problems of *post hoc* reasoning are common in moral philosophy and it is expected that they will be so for this study as well whose focus is on nurse education and the use of Arts for moral issues of compassion and caring and ideas of a moral profession or moral practice. Notions of 'muscular' or robust compassion to do with non-desert however ought to be resisted in such a context.

Declaration of Conflicting Interests

The Authors declare that there is no conflict of interest.

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